



Manual

HIV/AIDS Platform and Collaborative Gaming in Youth Work

Youth E-collaborating in HIV/AIDS Prevention Project (2009-3516/001-001)

<http://elearning-hivaids.org/>

ISBN: 978-954-92311-4-4

2010

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The project **YOUTH E-COLLABORATING IN HIV/AIDS PREVENTION** is
implemented with the financial support of
Youth in Action Programme of the EC

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chapter 1



YOUTH E-COLLABORATING IN HIV/AIDS PREVENTION

KEYWORDS

HIV/AIDS education, youth work, e-games, non-formal education, prevention;

OBJECTIVES OF THE CHAPTER

This is the first introductory chapter to the Manual. In this respect its main aim is to present to the reader the idea behind “Youth e-collaborating in HIV/AIDS prevention” project, the driving force that led to its implementation. After that the chapter briefly outlines the different aspects of the project as these were planned and implemented: main aims, main activities and the partnership.

1.1. Youth e-collaborating in HIV/AIDS prevention

The project “Youth e-collaborating in HIV/AIDS prevention” (www.elearning-hivaids.org) was launched in the year 2009. It is supported by “Youth in Action” Programme of the EC, action 3.2 “Youth in the World”: Cooperation with countries other than the neighbouring countries of the European Union.

The project was initiated by National association SCAS, Bulgaria (www.scas.acad.bg) in

partnership with 2 other European organizations from Latvia and Slovenia and 3 African organizations from Uganda and Sierra Leone (for more details on partner organizations see Section 1.4 from the current chapter).

The idea about this project came as a continuation of an idea developed some years ago by UNESCO in partnership with SCAS, namely a project called “Youth creating and communicating on HIV/AIDS” (www.digiarts-hiv-unesco.org). The idea behind this previous project was to draw youngsters’ attention to the different aspects of HIV/AIDS issue by involving them creatively. Thus, a website was created where youngsters could play a game in which they have to make their own pictures related to HIV/AIDS and then publish them on the website. Consequently, their published work is subject to comments and discussions among all other users. The basic aim of this creative process is to make youngsters think about HIV/AIDS and also discuss HIV/AIDS-related issues with their peers. The project was very well accepted but no matter its advantages it also has some disadvantages. The main disadvantage is that this “game” is too long and tiring for the youngsters. Nowadays the tendencies are moving towards a more dynamic and lively experience in e-games. Moreover, this game has one purely technological drawback, namely that an administrator has to approve each published picture. Thus, we decided to take into consideration both the advantages and the disadvantages of this project and initiate another project aiming to further strengthen the advantages and eliminate the disadvantages of the previous one.

This is how “Youth e-collaborating in HIV/AIDS prevention” was born. The idea of the current project is not to make some complex long game on HIV/AIDS which is full of many steps and stages, but to develop 2 smaller games (1 for kids 10-13 and 1 for teenagers 13-18). The point is that the two games are much shorter and much more dynamic, resembling the everyday life of the youngsters. By involving elements and scenes of youth’s everyday life the games are at the same time touching upon HIV/AIDS issues such as “Living with/without HIV/AIDS”, “Different prevention strategies” etc. The aim was not to put youths in the position of being scared by HIV/AIDS or thinking so deeply on the problem but to make them learn something about HIV/AIDS. What they learned will then help them prevent themselves; encourage them to ask questions about HIV/AIDS instead of closing their eyes to the problem.

1.2. Project aims

At the application stage of the project the following basic aims were identified which were the guiding force of the partnership throughout the implementation of the project:

- @ To develop a new **set of online multimedia games** exploring the topics of HIV/AIDS prevention suitable for non-formal training of young people;
- @ To develop an online **training course** and a **manual** in order to help youth workers implement the online games in their work with the youngsters;
- @ To develop **new methods of training** (via collaborative online games) that could be used by the youth trainers and youth workers;

- @ To promote the cooperation between European and African youth organizations and youth centers working in the sphere of non-formal youth training;
- @ To raise the awareness of the young people in one very important problem nowadays, HIV/AIDS spreading among youngsters by using new media and in this way to contribute to one of the Millennium Development Goals (MDG 6);
- @ To train youth workers, youth trainers and youth leaders via including them in specific training events (training course, contact seminar, online course) and via producing concrete training tools;

1.3. Project activities

There were **2 main types of activities** in the frame of the project: training activities and development activities.

1.3.1 Training activities

3 main training activities were planned and implemented in the frame of the project. **1 additional event** was further planned towards the end of the project related to the need of further disseminating of the project results among the interested parties.

- @ **Contact-making seminar** “Youth collaboration on HIV/AIDS prevention” – 17 – 21 March 2010, Sofia, Bulgaria.



Main aim: give an overview of the existing practices for HIV/AIDS prevention in 2 African countries (Sierra Leone and Uganda) and 3 European countries (Bulgaria, Slovenia and Latvia); presenting partners’ activities and proposing ideas for game scenarios;

Main activities: all partners presented the existing strategies for HIV/AIDS prevention in their countries; workshop with existing e-games developed previously by SCAS (www.youth-egames.org); presenting project “Youth creating and communicating on HIV/

AIDS” (<http://www.digiarts-hiv-unesco.org/>) as a basis for the idea of the current project;

Main results: 3 e-games scenarios on topics related to the issue of HIV/AIDS; existing strategies for HIV/AIDS prevention identified;

@ Co-ordination and Evaluation Meeting – 15 – 17 June 2010, Kampala, Uganda



Main aim: identifying contents and design of platform with e-games; identifying the content of “HIV/AIDS platform usage in youth work” Manual;

Main activities: presenting the current status of the project; discussions of contents of platform and manual; meeting local NGOs

Main results: additional ideas for scenarios gathered from local participants; gathered reports from partners on “Existing strategies for HIV/AIDS prevention”

@ Training course “Implementation of game-based HIV/AIDS prevention strategy” – 20 - 26 September 2010, Freetown, Sierra Leone



Main aim: to train 20 youth workers, youth leaders and youth trainers to implement in

their work the 3 training e-games, online training course and the manual developed within the project;

Main activities: activities devoted to the following topics: e-learning; international project management; HIV/AIDS prevention experience and modern media;

Main results: 20 youth workers, youth leaders and youth trainers got to know more about e-learning methods and activities and how they can use these in practice in their real everyday work with young people;

@ Valorization and Evaluation Seminar - 23 - 26.11.2010, Maribor, Slovenia



Main aim: evaluation of the whole project; disseminating project results in Slovenia; steps for further contacts among partners;

Main activities: presenting dissemination activities carried out by partners, meeting local organizations and discussing possibilities for future cooperation;

Main results: dissemination strategy further developed and evaluation carried out;

1.3.2. Development activities

- @ HIV/AIDS platform with an online training course and 3 e-games about HIV/AIDS related issues;
- @ Manual “HIV/AIDS platform and collaborative gaming in youth work”;
- @ CD with the 3 e-games;

1.4. The partnership

The “Youth e-collaborating in HIV/AIDS prevention” partnership involves 7 partners

from 3 European and 2 African countries: Bulgaria, Latvia, Sierra Leone, Slovenia and Uganda:

- @ Student Computer Arts Society /SCAS/ - Bulgaria - www.scas.acad.bg
- @ NNEK Unesco - Bulgaria - www.nnek-unesco.org
- @ Youth against AIDS - Latvia - www.jpa-aids.lv
- @ West African Youth Network – Sierra Leone - www.waynyouth.org
- @ National Federation of UNESCO Clubs – Sierra Leone
- @ Association for Culture and Education KIBLA – Slovenia - www.kibla.org
- @ Rural - urban Initiatives to Support own Efforts /RISE/ - Uganda

chapter 2



HIV/AIDS PREVENTION AND YOUTH IN EUROPE AND AFRICA LOCAL REALITIES IN THE PARTNER COUNTRIES

KEYWORDS

HIV/AIDS, prevalence rate, HIV/AIDS response, policy, prevention programme, vulnerable groups/groups at risk, anti-AIDS campaign;

OBJECTIVES OF THE CHAPTER

The objective of the current chapter is to give an overview of the HIV/AIDS situation in each of the partner countries under “Youth e-collaborating in HIV/AIDS prevention” project. The articles on the HIV/AIDS situation are ordered alphabetically in the following sub-chapters – Bulgaria, Latvia, Sierra Leone, Slovenia and Uganda. Each article for each country begins with some general information which is followed by a more detailed statistical data. At the end of each article there is information on the challenges and policies related to the HIV/AIDS issue in the respective country. Special attention (where possible) is paid to the situation and measures undertaken regarding prevention of young people.

Africa is one of the most affected regions by HIV/AIDS. Young people in Africa need a lot of extra training activities in order to understand the prevention and identify different problems related to how to live in such areas (highly affected by HIV/AIDS), how to communicate with peers and how to prevent HIV/AIDS spreading. Although Internet and e-games are poorly developed in many regions in Africa, most of the youth organizations and centers are starting to use more and more the net in their training and in the youth information exchange. That is why online (and free) training tools are very important support for their work. Moreover, combating HIV/AIDS is one of the Millennium Development Goals (MDG 6).

2.1. Bulgaria

As of 15.05.2010 Bulgaria officially recorded to the Ministry of Health a total of 1160 HIV-positive persons (population 7.5 million). This is 89 persons more compared to the results from 15.11.2009 when registered HIV-positive people in Bulgaria were 1071.

This number, however, does not reflect the real picture of HIV prevalence in the country. One of the main features of HIV infection is the absence of symptoms for a prolonged period of time after infection (between 5 and 10 years), so a significant proportion of the infected are unaware of their status. Over the past two years the UN Program on HIV/AIDS (UNAIDS) has developed a system of models for scientific evaluation and forecast of the AIDS epidemic in the world and individual countries. These were used by a group of Bulgarian experts and with methodical assistance to UNAIDS in 2008 HIV prevalence in the country was estimated. The results showed that the likely number of infected with HIV are about 4000.

For the period 01.01 - 15.11.2009, the number of newly registered HIV-positive individuals was 133, of whom 102 men and 31 women.

The predominant modes of HIV prevalence in the country are:

- @ through injecting drugs use;
- @ homo/bisexual contacts among men.

Namely these two groups (**homosexuals and injecting drug users**) are the most vulnerable in terms of HIV infection in Bulgaria.

Over 65% of the newly HIV-infected persons in 2009 were found in **19 of the Cabinets for Anonymous and Free Counseling and Testing for HIV/AIDS (KABKIS)**. For the first nine months of 2009, there were a total of 44 724 persons tested, which is about 1.5 times more than 31 021 tested persons in 2008. During 2010, 3019 persons have received counseling and HIV testing in 13 prisons in the country.

HIV-positive persons have been registered in the very wide age range - 16 to 66 years. The average age for men is 31 years and for women it is 32 years. 69 people or **67% of the newly**

registered in 2010 are in the age group between 15-29 years.

Regions with largest numbers of HIV-infected persons are Sofia - city (44) and Plovdiv region (20). **Nearly 60%** of the newly discovered during the first 11 months of 2009 HIV-positive persons come from these two regions.

Main prevention policies in Bulgaria are concentrated **under “Prevention and Control of HIV/AIDS” Programme** under Ministry of Health (www.aidsprogram.bg). The main objective of the program is to contribute to limiting the spread of HIV among the population and improve the quality of life of people living with HIV/AIDS in Bulgaria. The Programme aspires to achieve the following:

- @ Increase the scope of most risk groups with targeted, stable and proven interventions for HIV prevention. The planned increase is from 37% in 2007 to at least 60% in 2014. The purpose is to reduce the risk of infection and transmission of HIV.
- @ Increase of coverage of most at-risk groups with services for voluntary counseling and testing for HIV. The planned coverage increase is from 33% in 2007 to at least 75% in 2014. The purpose is to increase the percentage of people infected with HIV who know their status.

Target group of the Programme includes the following:

- @ injecting drug users (IDUs);
- @ men who have sex with men (MSM);
- @ young people from Roma at the highest risk (IDUs, MSMs, sex workers, persons who have served a custodial sentence and mobile people);
- @ persons deprived of liberty;
- @ young people at risk;
- @ people living with HIV/AIDS.

Each year since 2004 “Prevention and Control of HIV/AIDS” Programme also organizes an **anti-AIDS campaign**. In 2009 the slogan of the campaign was “Be Informed”. The slogan of the campaign for 2010 is “Condomize Yourself”. The campaigns always try to be original so that they can reach their main goal – to attract the attention of the young people. The main objectives of these campaigns are to popularize the non-risk sexual behaviour and use of condoms as well as to fight stigma and encourage tolerance towards those living with HIV.

Other activities for fighting HIV/AIDS in Bulgaria are:

- @ national telephone line for free advice and consultations;
- @ foundations “Plus & Minus” and “i-Foundation” – www.aidsbg.info;

2.2. Latvia

From 01.01.1987 to 31.12.2009 a cumulative total of 4614 HIV infections were registered in Latvia (population 2.3 million). However, the actual number of HIV-infected people may be higher than this. For example, international agencies estimated that there were 10 000 people living with HIV in Latvia at the end of 2007 according to UNAIDS. Latvia so far belongs to the countries in EU where HIV infection rates are high. With 157.6 cases per million populations in 2008, Latvia has doubled the EU average rate. The major HIV increase in Latvia was observed during 2001. Since then the numbers declined and stabilized during the period 2005-2009.

HIV infections are distributed unevenly through the regions of Latvia. Riga, the capital and the largest city in Latvia, appeared to be a central scene of HIV spread and drug use. Thus, Riga and the region show the highest HIV prevalence figures.

Injected drug users (IDUs) clearly dominate in the current Latvia's epidemic and account for 58.3% of all registered cases. The figures as to the other modes of transmission are: heterosexual transmission – 21.1%, homosexual transmission - 4.4 %, mother-to-child transmission – 0.8%, and unidentified transmission - 15.5%.

Relatively stable HIV prevalence rates since 2002 among IDUs could present evidence that concentrated epidemic has reached its “saturation phase” and prevalence rates could decrease in following years.

Since 2001 there is also another tendency of decrease of the HIV infected IDUs and increase of the HIV infected men who have sex with men (MSM). This growing tendency means that special target attention has to be paid to this group at risk.

Over the course of recent years, infection is moving into female population, and in 2009 females contributed 60% of cases found among people 15-24 years, while in 2001 this group only accounted for 24% of HIV positive cases.

What is rather specific, however, concerning the situation in Latvia is that although the epidemic's peak was caused by infected IDUs infecting their female counterparts, there is also an increase of the cases in which female IDUs infect their male counterparts. Thus, these infections would more accurately be categorized as sex with IDU partners and not just as heterosexual transmission.

Since 1993 **the national HIV/AIDS prevention policy** in Latvia has been developing. The national HIV/AIDS policy is based on the national Public Health Strategy and four consecutive national programs to limit spread of HIV/AIDS in Latvia. The new Programme covering period 2009-2013, has been developed, agreed and formally adopted by Government in May, 2009.

Five strategic objectives were identified to reach the goal of the Programme:

- @ Reduce new HIV cases among main groups-at-risk (IDUs, prisoners) through targeted HIV prevention activities and through promoting changes in HIV risk related behaviour;
- @ Implement wider prevention strategies among general population;
- @ Improve quality of life of people living with HIV through provision of health and social care as well as avoiding stigma and discrimination;
- @ Generate and use evidence for response planning and implementation management;
- @ Strengthen national coordination capacity to respond to HIV and AIDS.

Currently **Infectology Centre of Latvia** is responsible for HIV case management and provides the following services:

- @ Diagnosis, laboratory and clinical monitoring of patients;
- @ HIV/AIDS treatment and care, including anti-retroviral treatment (ART);
- @ Provides ART in prisons;
- @ ART for prevention of mother-to-child transmission of HIV;
- @ Post-exposure prophylaxis for medical practitioners;
- @ Laboratory confirmation of HIV infection for the network of 24 laboratories ;performing screening on HIV;
- @ Management of HIV co-infection;
- @ HIV/AIDS hotline;
- @ Training of medical professionals;

One of the most notable achievements of the national HIV/AIDS response in Latvia is the introduction of **harm reduction programs for IDUs**. Evidence shows that HIV transmission through injecting drug use can be controlled by effective harm reduction interventions. These measures not only protect those who inject drugs but also the entire population. The reduced number of men infected annually through injecting drug use, since the peak in 2001 and stabilization of prevalence rates are evidence that these measures are beginning to have a positive effect in Latvia.

A **pilot needle-exchange program** was opened by the AIDS Prevention Centre (a former state's institution under Ministry of Health) in Riga at the end of 1997 as an early response to the emerging HIV outbreak among IDUs. This project was aimed at establishing a primary contact with the hidden IDUs population and interrupting chains of new infections at their start. In the next stage of the project (1999) street outreach activities were introduced. Previous drug users, familiar with the natural environment of IDUs, were employed as street workers. The street work proved to be particularly efficient

and the capacity of the program increased a lot. The program expanded its operation beyond the initially expected syringe and needle exchange and was transformed into Low Threshold Centres for Affected Population Groups offering low-threshold services for IDUs.

Major **challenges** for HIV/AIDS Prevention Programme in Latvia:

- @ Limited, inadequate funding available for the implementation of the Programme;
- @ Limited involvement of NGOs particularly in service provision for key vulnerable populations;
- @ Weakness of prison health system;
- @ The need to expand ART and support services for people living with HIV and AIDS;
- @ Greater integration of government services with those provided by NGOs.

2.3. Sierra Leone

Sierra Leone's HIV/AIDS infection rate has not reached pandemic proportions. However, the infection rate is on the increase. The majority of infected persons live in the urban and semi urban centers of Freetown, Bo, Kenema, Makeni and Koidu.

The estimated adult rate (15-49) of people living with HIV and AIDS in Sierra Leone is 1.6 (2009). The number of children living with HIV/AIDS is 2 900.

The majority of the Sierra Leoneans know little about the virus - its causes and prevention. Studies done in 2003 among Sierra Leoneans and adolescents reveal that although 72% of the sample studied have heard about HIV/AIDS, 47% do not know any of the modes of transmission. Only 48.6 % believe that any one could be at risk of infection. 10.5% would use a condom and 20% would use abstinence as a means of prevention. These figures show that a great deal of work needs to be done to impact behavioral change that would slow down and reverse the prevalence rate.

The Government of Sierra Leone has taken the lead in HIV/AIDS education and dissemination of information on its prevention and combating stigmatization. **The National HIV/AIDS Secretariat (NAS)** in collaboration with the Global Fund for HIV/AIDS in Geneva is organizing a response to the growing threat of HIV/AIDS. They established partnership in the field of HIV/AIDS Prevention and Impact Mitigation with the workers association.

The overall goal of this collaboration is to assist the Sierra Leone Labor Congress in establishing a **Joint Management Committee to address HIV/AIDS within all work places** in the country. The Committee members need to be trained to Training of Trainers. Further, a joint action plan to address HIV/AIDS in all work places, where union representatives are present, needs to be developed and implemented.

A Committee was established to supervise and manage the response within work places. NAS in collaboration with the union has come up with Terms of Reference detailing the roles and responsibilities of this Committee, some of which are as follows:

- @ Spearhead in the preparation, resource mobilization and implementation of the unions' Action Plan on HIV/AIDS;
- @ Designating HIV/AIDS focal points in all organized work establishments;
- @ Advocating for the review of labor laws to incorporate HIV/AIDS;
- @ Monitoring all union activities on HIV/AIDS;
- @ Establishing partnerships with local and international affiliated unions on HIV/AIDS;
- @ Reviewing monthly and quarterly activities of all HIV/AIDS focal points;

The basic **challenges** for combating HIV/AIDS in Sierra Leone can be summarized as follows:

- @ Funding – HIV/AIDS Response is under-funded. The Sierra Leone HIV/AIDS Response Programme is funded by the World Bank and was designed to be active in 4 districts. The funds, however, were transferred to serve the needs of the whole country thus making the funding situation even more acute. NAS is constantly trying to find additional funding.
- @ Low level of literacy – provided the statistics of literacy rate of 38.1 (United Nations Development Programme Report, 2009) as a whole Sierra Leone population lacks knowledge and understanding of HIV/AIDS including people living in the Western Area incorporating the capital Freetown.
- @ Low availability of reliable data – there is a lack of large-scale studies and biological data on HIV/AIDS where these are vital for the planning of an effective national programme to combat HIV/AIDS.
- @ Low levels of care and support for HIV positive people – people who are tested HIV-positive need care and support – medical, psychological, and economic. When obtaining this support HIV-positive people can afford a better life. However, very few are the organizations providing such support for people who are already HIV-positive. **Moreover, very few can afford antiretroviral drugs.**
- @ No sufficient resources to provide support to AIDS **orphans** – this is **one of the most vulnerable groups** in terms of HIV/AIDS in Sierra Leone. Children of single-parent families very often end up in the street. The resources for providing support to AIDS orphans are not sufficient.

In Sierra Leone youth organizations are taking the lead in HIV/AIDS education and prevention through advocacy and other methods of information dissemination (both formally and informally). The informal sector has been commonly used. Examples are

football Galla, drama performances in schools and some others.

2.4. Slovenia

Slovenia is a quite small country with only 2 millions of population. Number of infected, according to recent statistics (2007) is 0.1% of total population. Because of that there are only a few associations that are primarily dealing with HIV infected people and people living with AIDS in Slovenia.

At the International Conference on AIDS in 1998 the results stated for HIV/AIDS epidemic in Slovenia showed that HIV/AIDS epidemic is rather minor. The annual AIDS reported incidence rate varied between 0.5 to 7 per million population during 1986 to 1997, being only 0.5 per million in 1997. Among the cumulative total of 62 reported AIDS cases the majority occurred in **men having sex with men (MSM)**. In addition a cumulative total 64 HIV infection cases without developed AIDS were reported. Although rapid and extensive spread among injecting drug users (IDUs) has not started, there has been fears that it might start in future.

By 2009 rates of HIV infected people have increased by more than 50% in Slovenia (WHO, HIV/AIDS Surveillance in Europe, 2009). Slovenia is in Central Europe and according to the same report the epidemic in Central Europe is characterized by its heterogeneity, with different transmission modes predominating in different countries. More than 50% of all diagnoses were reported among MSM in Slovenia. In conclusion, it can be stated that Slovenia is one of the countries which reported a higher rate of AIDS cases although the number is low – 17 cases.

Institutions dealing with HIV/AIDS in Slovenia are:

- @ National AIDS Committee at the Ministry of Health – established in 2009
- @ IVZ (Institute for Health Prevention) - www.ivz.si
- @ Association DIH - www.dih.si
- @ Association SKUC - www.skuc.si
- @ Association Legebitra - www.legebitra.si
- @ UNICEF;
- @ Project Positivo – anti AIDS performance www.mkc.si

New Strategy for preventing and controlling HIV infection for the period 2010-2015 has been developed and adopted by the Government of Slovenia in 2009. The most important principle of the Strategy is to respect the human rights.

However, there is no national HIV prevention, treatment and care budget. HIV prevention, treatment and care have been mainstreamed into different governmental

sectors' activities. For example, HIV testing, treatment and care is reimbursed through mandatory health insurance scheme and provided within outpatient and hospital care reimbursement mechanisms. How HIV prevention, care and support activities funds are spent and where they originate is not monitored on a national level.

In 2008, the Ministry of Health, the National Institute of Public Health, several MSM NGOs and the Faculty of Social Sciences formed a coalition to prepare a **communication campaign** primarily targeted to young people with the aim to encourage responsible sexual behaviour and use of condoms. In cooperation with all coalition members, the campaign was designed under the lead of 6 students of the Faculty of Social Sciences. The campaign implementation started at the end of 2009. The slogan used was "Spread the word, not the virus!".

Since 2007 NGOs working in the area of HIV prevention and care have formed a coalition "**STOP AIDS Slovenia**" resulting in better synergy in HIV prevention efforts. Civil society representatives participated in the development and implementation of the most recent national HIV prevention campaign. In 2008, online HIV counselling was implemented by three main MSM NGOs. The project "Everywhere" started also in 2008 aiming to increase social responsibility of MSM.

Organizations and associations indicate as **key problems**, which should be overcome, when working with HIV infected people the following:

- @ lack of interest in testing;
- @ lack of information;
- @ lack of cooperation between the infected and the general population;
- @ a problem in the country's approach to this issue.

In Slovenia, the Government supports the work and information dissemination for only certain target groups of population (MSM), but it does not inform the people in general. The problem also represents a lack of publicity about HIV/AIDS in general and the fact that young people are not taking the problem seriously enough.

2.5. Uganda

In Uganda the HIV rapid spread throughout the country resulted in a **generalized heterogeneous epidemic**. Heterogeneous means that the epidemic is affecting different sub-groups of the population and generalized means that HIV is firmly established in the general population and the prevalence in the general population is enough to sustain an epidemic. In terms of the risk factors contributing to the spread of HIV in Uganda it can be claimed that on top of this list is the factor of the "**multiple partners**". However, there has been a **shift in the epidemic** from spreading mainly in casual relationships to large proportions of new infections among people living in long-term stable relationships.

AIDS began as an epidemic primarily spread by adults to adults through sexual activity but the disease did not remain among adults for long. Children and youths soon began to contract HIV through mother-to-child transmission (MTCT) and sexual contact. In 2004-2005, 3% of the young Ugandan women and about 1% of their male counterparts were HIV positive and this resulted into devastation of the youths economically, emotionally and socially in a very short time. More than one quarter (28%) of youths between 15-18 years of age were left with only one parent or without parents. This has made them more vulnerable to sexual abuse and living in the streets. (Guttmatcher, 2008)

The UNAIDS report (2008) estimates that in a projected total population of 32 million Ugandans, approximately 1.1 million people were HIV-positive in 2006 and about 120 000 had developed AIDS. Yet only 3% had been enrolled on antiretroviral treatment (ART) causing a threat that this rate might rise to 1.3 million people by 2012.

Sentinel surveillance figures indicate higher prevalence rates of HIV/AIDS infection in urban sentinel sites as opposed to those located in rural areas. Nearly 80% of those infected with HIV are in the 15 - 45 age group. This group is the most economically productive and often takes care of the family which fact in turn leads to certain economic problems.

The highest prevalence is in the Kampala, Central and North Central regions (over 8%). The lowest prevalence is in the North-Eastern and West Nile regions (below 4%). All in all the percentage of HIV positive women is higher (7.5%) compared to men (5%). Prevalence of HIV for both women and men increased with age reaching its peak for women at ages between 30 - 34 years (12.1%) and for men at ages between 40 - 44 years (9.3%).

Studies carried out by National HIV and AIDS Strategic Plan (2007/8-2011/12) found out that the overall prevalence is 2.9% for the young population with the female youth falling at 4.3%. The percentage of HIV positive female youth, however, rises rapidly with age compared to the male youth at 1.1%. The urban youths in general are more likely to be infected than those in rural areas with a ratio of 4.8% : 2.5%.

Since the emergence of HIV/AIDS in Uganda, the primary emphasis has been put on prevention of the virus from spreading. In the year 2000, The Republic of Uganda developed a set of goals for the millennium among which combating the spread of HIV was strongly emphasized. In a bid to achieve this goal, special attention has been given to strategies such as: information dissemination, education and communication, promotion of condom use, surveillance, expansion of HIV screening laboratories and patient care services, (UAC, 2008).

Uganda's response to HIV/AIDS is widely viewed as a model for the rest of sub-Saharan Africa and comprises:

- @ strong public commitment;
- @ mass mobilization and education campaigns;
- @ political openness and vision;

- @ strong community involvement and recognition that HIV/AIDS is a threat to development apart from being a health hazard. (UNAIDS, 2008).

In Uganda, the **Multi-sectoral Approach to the Control of AIDS (MACA)** was adopted in 1992. This was in recognition of the fact that the dynamics and impacts of the epidemic are beyond the health sector though it is the most strategically positioned to respond. The MACA strategy mobilized concerted efforts from the public and non-public sectors, at national, district, community and individual levels. Since then the country had registered modest achievements demonstrated by declining HIV prevalence and incidence from 6.5% in 1998 to 4.1% in 2002 (Ministry of Health, 2004). However, after a few years, the prevalence rate started rising rapidly and by 2006 it was as high as 6.7% which was an indication that HIV is still a big challenge in Uganda.

MACA stipulated that all Ugandans had **collective responsibility** to be actively involved in the AIDS prevention and control activities in a coordinated manner at various administrative and political levels down to the grass root level.

Consequently, the MACA policy mobilized efforts through government ministries and departments, local and international civil society organizations, faith-based organizations, organizations working with people living with HIV/AIDS and development partners including the private sector.

As a result, a number of **policies** have been created:

- @ Health Care and Treatment;
- @ Routine Counseling and Testing/Voluntary Counseling and Testing;
- @ Anti Retroviral Therapy;
- @ Orphans and Vulnerable Children;
- @ Condom policy and strategy;
- @ Prevention of Mother-to-Child Transmission guidelines;
- @ HIV/AIDS in the World of Work.

These policies and guidelines have been so instrumental in the success of the national HIV/AIDS response for which Uganda has been internationally credited and recognized. The draft for HIV/AIDS policy is currently before Cabinet and this policy will address a multi-sectoral nature of the response by bringing together all sectoral HIV/AIDS policies into one document.

chapter 3



HIV/AIDS EDUCATION AND THE YOUTH WORK

KEYWORDS

HIV, AIDS, HIV/AIDS prevention, prevention strategies, youth work, peer education, active learning, non-formal education;

OBJECTIVES OF THE CHAPTER

The main aim of this chapter is to acquaint youth workers, tutors and trainers with the main aspects of HIV/AIDS, HIV/AIDS prevention and the place of the topic in youth work. The chapter is divided into 2 main sub-chapters. The first is dedicated to the role of youth work in HIV/AIDS education. The second presents the important aspects in HIV/AIDS education, including definitions of HIV and AIDS, prevention strategies, role of formal and non-formal education in HIV/AIDS prevention.

3.1. The role of youth work in HIV/AIDS education

Before paying special attention to the role of youth work in HIV/AIDS education, it is important that we clarify what youth work actually means.

Youth work plays an important role in the process of HIV/AIDS education and prevention of kids and teens. Through learning in non-formal education settings, HIV and AIDS education can reach out-of-school children and young people, parents and communities.

Wikipedia describes youth work as “the process of creating an environment where young people can engage in informal educational activities”. Youth work is focused on five areas, including: a focus on young people, an emphasis on voluntary participation and relationship, friendly and informal atmosphere, and acting with integrity (Smith, M. K. (2002)).

In the frame of the current project the partnership identified **3 main questions** that need to be answered in terms of clarifying the place of youth work in HIV/AIDS education. These 3 are described in details as follows:

3.1.1. Why youth work is so important in the field of HIV/AIDS education?

HIV/AIDS education is sometimes present in the formal learning environment namely at schools. Why sometimes - because this largely depends on national government policies in the respective countries – e.g. Ministry of Education decides whether and how HIV/AIDS lessons will be included in the curriculum. Although, some information is usually presented to the students when they are in their teens and in high school, this information is usually scarce and some facts are avoided because they are considered inappropriate. However, the need for spreading information about HIV/AIDS among young people is still present. This is the point where youth work comes as a particularly useful way of reaching out the younger generations on a topic such as HIV/AIDS.

Youth work is important in terms of HIV/AIDS education because of the following:

- @ It is most often not dependant on the national schemes adopted and mainstreamed in schools by government. It is autonomous meaning that organizations are “**free**” to employ their own creative methods in addressing the issue of HIV/AIDS when working with youngsters, e.g. they might include information which is usually spared in schools, they might use non-formal methods such as games and role-playing which is usually not the case at schools in a more formal and static environment etc.
- @ In youth work we are often talking about **peer education**. It is much more comfortable for the youngsters to talk about HIV/AIDS and sex-related issues to other young people and youth workers than to adults – parents, teachers etc.

- @ Youth work **methods** are very much appropriate for addressing the topic of HIV/AIDS. Youth work typical **methods and activities** are, for example, role-play, work in small groups, discussions, simulation games, confrontation games, non-entertainment computer games. Practicing these is more fun than listening to a lecture at school, for example. And more fun for young people means longer attention span, greater involvement in the topic and more **active learning**. Being engaged in the learning process youngsters feel more comfortable and free to initiate discussions, to participate in discussions, to ask questions on the topic, to reflect on the topic and the discussions, to exchange ideas with their peers.
- @ Youth work and non-formal education as a whole **addresses various social groups** of young people – not only those who go to school but also those who have dropped out of school for some reason. This fact is not to be neglected provided the statistics that usually marginal groups (school drop-outs, children from low-income families) are the most vulnerable groups. These groups of young people can't be reached through the formal education but can be reached by youth centres and organizations working in the non-formal education sector.

3.1.2. What activities can we consider a part of youth work and HIV/AIDS education?

Events during which HIV/AIDS-related issues can be presented to the youngsters in the frame of non-formal education and youth work:

- @ Seminars on the topic of HIV/AIDS prevention
- @ Training courses on the topic of HIV/AIDS prevention
- @ Workshops with e-games on the topic of HIV/AIDS prevention
- @ Workshops using various other creative tools and methods for working on the topic of HIV/AIDS prevention – e.g. painting, theatre, movie-making etc.

Activities youth workers may use during the above-mentioned events to address the topic of HIV/AIDS in a more creative and engaging way:

- @ Traditional games (for more information on traditional games please go to Chapter 4.1.1.)
- @ E-games (for more information on e-games please go to Chapter 4)
- @ Theatre
- @ Movie-making
- @ Applied arts
- @ Sport
- @ Discussions
- @ Work in small groups
- @ Case studies and others.

3.1.3. Where is youth work necessary when speaking about HIV/AIDS education?

The answer to this question is very simple – **everywhere**. Youth, being one of the most vulnerable groups in terms of HIV/AIDS, have to be engaged in HIV/AIDS education on all fronts: not only at school but also in other places where youth can find help and answers related to HIV/AIDS.

All over the world youth is one of the groups with highest risk of HIV/AIDS because of various reasons. Thus, the number of youth organizations and centres working with young people on this topic is constantly increasing. In the frame of the current project, for example, the partnership identified the thriving of the youth sector in Sierra Leone and Uganda. There are a lot of youth in these countries who are engaged in various youth organizations and most of these youth organizations incorporate as part of their work the topic of HIV/AIDS. In Uganda and Sierra Leone it is much easier to reach out to the youths through peer education and youth work rather than by introducing nationwide school programmes teaching HIV/AIDS prevention. Youths trust more the youth workers, their peers than adults and this is a widely known tendency during the recent decades.

Youth work is also necessary in places the following:

- @ **geographically disadvantaged areas, rural areas** where schools simply don't exist;
- @ **economically disadvantaged areas** where there is a high risk of children dropping out from school because their families can't afford to pay for formal education;
- @ **minorities regions** – ethnical, religious etc. – where children in minority families can't find the culturally and religiously relevant attitude in school.

3.2. Important areas of HIV/AIDS youth education

As already mentioned youth are among the most vulnerable groups to HIV/AIDS. Around half of the people who acquire HIV become infected before they turn 25, and AIDS is the second most common cause of death among 20-24 year olds (Patton G et al (2009). UNAIDS 2009 AIDS Epidemic Update discloses that in 2008 around 430,000 children aged 14 or younger became infected with HIV. These facts are sufficient to prove that implementing consolidated prevention measures, including HIV/AIDS education in non-formal educational contexts such as youth work is crucial.

HIV/AIDS education can be a quite comprehensive topic, but there are several key aspects that youth workers, trainers, facilitators and tutors should be aware of. These can be summarized as follows:

3.2.1. What is HIV/AIDS?

HIV stands for the Human Immunodeficiency Virus, and is the virus that causes AIDS (Acquired Immune Deficiency Syndrome). It is a virus that attacks the human immune

system. Over time, and without treatment, HIV gradually destroys the body's defenses against the disease, leaving the person vulnerable to various other infections. Even without treatment, some people living with HIV have no symptoms or just mild health problems, while others have severe health problems associated with AIDS.

Since AIDS is the disease caused by HIV by the time of an AIDS diagnosis, HIV has already seriously damaged the body's immune system. Sometimes, a person living with AIDS could already have had life-threatening infections or cancer.

3.2.2. HIV/AIDS prevention strategies

Principles of effective HIV/AIDS prevention

Prevention is crucial for reducing HIV/AIDS. Non-formal education and youth work can play an important role in this process, especially in terms of human rights education, fighting discrimination and promoting gender equality. UNAIDS (2005) states that "All HIV prevention efforts/programmes must have as their fundamental basis the promotion, protecting and respect of human rights".

Meantime, a successful HIV/AIDS prevention strategy has to combine the promotion of safer behaviors, reduction of vulnerability to transmission, encouraging use of key prevention technologies, and promotion of social norms that favor risk reduction and addressing drivers of the epidemic. The challenge is to make HIV a personal issue which goes beyond an abstract understanding: to make HIV something that people realize can affect their lives and that the risk is real.

In order to implement an effective prevention strategy, it is important that one is aware of the key principles for effective prevention:

- @ Prevention should be a sustainable process, in order to lead to sustainable changes;
- @ Accessibility to devices that are necessary for safer practices reduces risk of HIV infection;
- @ More intense interventions are more likely to result in greater risk reduction;
- @ Skill building and the modification of social norms appear to enhance behavior change;
- @ HIV counseling and testing have a place in HIV risk reduction;
- @ Social factors (e.g. gender inequality and human rights violations) should be taken into account;
- @ Identification of risk factors associated with transmission of HIV and epidemiology will contribute to more effective prevention strategies;

Last, but not least, there are 3 important factors for effective HIV/AIDS prevention and these include:

- @ The family;
- @ Peers and friends;
- @ Local communities.

These should be informed and engaged so as to provide additional support to the HIV-positive youths.

Types of HIV/AIDS prevention strategies

There are three main ways in which HIV can be transmitted: sexual transmission, blood transfusion and mother-to-child transmission (MTCT). Thus, prevention education, strategies and policies are concentrated mainly on prevention of these three modes for HIV transmission.

Prevention strategies related to **sexual transmission** of HIV/AIDS:

Sexual intercourse is the **most common mode of transmission** of HIV. Promotion of safer sexual behavior holds the key to preventing sexual transmission.

The main types of prevention technologies related to sexual transmission of HIV/AIDS are:

- @ Preventive advice via: using explicit and clear messages that individuals can understand; dispelling myths and erroneous beliefs; providing individual preventive advice to suit the person's needs;
- @ Partner counseling;
- @ Condom usage promotion;
- @ Abstinence;

Prevention strategies related to **blood transmission** of HIV/AIDS:

Blood transfusion is the second most widely spread mode of HIV transmission after the sexual transmission. The following activities should be implemented in order to prevent blood transmission of HIV/AIDS:

- @ Use of protective equipment (e.g. gloves, safety containers for collecting sharp waste) to prevent occupational exposures;
- @ Safe disposal of needles and other sharp instruments;
- @ Training in infection control;

- @ Improving safety of both blood supply and administration of blood;

Prevention strategies related to **mother-to-child transmission** (MTCT) of HIV/AIDS:

These include prevention of HIV transmission from the mother to her baby while in the womb, during birth or infant feeding. Prevention technologies encompass:

- @ Preventing primary HIV infection in women;
- @ Preventing unintended pregnancies in women living with HIV;
- @ Preventing transmission from pregnant women living with HIV to their infants;
- @ Providing care, treatment and support for women living with HIV and their families;
- @ Testing of pregnant women (the so-called “screening”);
- @ Timely administration of anti-retroviral drugs to the HIV-diagnosed pregnant woman and her newborn.

3.2.3. Fighting discrimination

HIV is an epidemic of prejudice that feeds on other prejudices. Groups who are already discriminated against in society can be highly vulnerable to HIV infection. The prejudice around HIV then gets bound up with wider discrimination. This is one of the reasons why the battle for HIV prevention needs to become political, because it will involve breaking direct prejudice about HIV and fighting for the rights of groups who already suffer from multiple discrimination and disadvantage.

In fighting discrimination and prejudice, it is very important to **teach youth the ways HIV cannot be transmitted**. Some of these are:

- @ Shaking hands, hugging;
- @ Coughing or sneezing;
- @ Working with or being around someone who is HIV-positive;
- @ Being stung or bitten by an insect;
- @ Sharing food or drinks;

In Europe, HIV is considered a chronic but manageable health problem. Unlike most parts of Africa, HIV is not seen as a death sentence and people on treatment can expect to live long and healthy lives.

3.2.4. Living with HIV

People with HIV/AIDS can live healthy and productive lives when they have access to

information and counseling, get the necessary treatment, care and support. Here are some of the most important aspects of providing support to youth living with HIV/AIDS:

Information

Developing youth friendly HIV/AIDS information/resource services focused on the needs of people living with HIV/AIDS is not difficult. A simple information leaflet, a discussion in a peer group, a list of important phone numbers and people who can help can make a big difference.

People living with HIV/AIDS, as well as their families need to obtain **up-to-date information on a number of issues** such as: talking about HIV (to peers, friends, etc), staying active (being physically active and getting exercise), healthy diet, HIV and depression.

Counseling

Counseling can be very useful for anyone in a difficult and stressful situation including anyone going for an HIV test, anyone diagnosed HIV-positive and anyone who is looking after someone who is ill.

When counseling HIV-positive youth, the following should be taken into account:

- @ Treat them with dignity and respect;
- @ Listen to them;
- @ Respect their need for confidentiality and privacy;
- @ Let them know that it is okay to talk about their feelings or to show anger;
- @ Share your concerns and feelings; do not pretend that everything is normal;
- @ Help them take their medication and seek treatment on time;
- @ Do not allow them to become isolated. Tell them about support groups and other services that may be available in the community.

Care and Support

The aim of HIV/AIDS care and support is to **improve the quality of life of people living with HIV/AIDS, their families and communities**. Care and support are also important because they help preventing the spread of HIV/AIDS.

Support means **acceptance, affection, respect** and **love** from friends and family and from the community. It also means supportive **laws** to protect against discrimination and stigma. When talking about improving the daily lives of people living with HIV/AIDS the community, family and friends have to play an important and dynamic role. Care includes moral support and access to necessary medical treatments, a healthy diet, clean water and accommodation.

3.2.5. HIV/AIDS education in different learning contexts

Education plays an important role in HIV/AIDS prevention, as well as in the mitigation of its effects on individuals, families, communities and society. Education for HIV prevention should begin at an early age. Thus children and youth will be aware of the issue before being exposed to risks. HIV/AIDS education should include measures to reduce individual risk as well as to reduce contextual, environmental and societal vulnerability to HIV/AIDS.

In order to be effective, HIV/AIDS education should be relevant both in formal and non-formal educational contexts.

The role of formal education

Schools should play the primary role in providing information about prevention methods in the fight against HIV. A number of studies show that in many countries, including the world's poorest, the more educated and skilled young people are, the more likely they are to protect themselves. The **benefits of education** come from actual knowledge that students gain about HIV, from training in life skills and from their increased ability to think critically and analyze situations before acting.

Schools should also be actively involved in **reducing the risks and vulnerability** associated with the HIV/AIDS. Some of the actions that should be prioritized, according to UNESCO (2002) are:

- @ Efforts to ensure that teachers are well prepared and supported in their work on HIV/AIDS through pre-service and in-service education and training;
- @ Preparation and distribution of quality teaching and learning materials on HIV/AIDS, communication and life skills;
- @ Promotion of life skills and peer education with children and young people, and among teachers themselves;
- @ Elimination of stigma and discrimination, with a view to respecting human rights and encouraging greater openness concerning the epidemic;
- @ Promotion of policies and practices for gender equality, school attendance and effective learning.

Teachers can provide support to HIV-infected students by treating them with kindness and understanding. At school, students as well as teachers can safely work and learn alongside someone who is infected with HIV. However, in many countries teachers feel uncomfortable speaking openly about HIV/AIDS in the classroom, although talking about it in school with the young people is very important. If young people have a good example set, they will be more likely to be frank and open when they themselves become older.

Some of the challenges to African countries in relation to the role of formal education on HIV/AIDS can be summarized as follows:

- @ The pedagogical basis to HIV/AIDS education is weak;
- @ Insufficient funding on equipping AIDS educators with the skills and resources they need;
- @ Barriers, such as poverty and gender inequality hamper behavior change;
- @ Low-quality and under-resourced educational institutions undermine the quality provision of HIV and AIDS education;
- @ Disagreement on what messages about sexual behavior should be delivered in schools.

Teacher education is still a burning issue for many countries. For instance, in Sierra Leone the Ministry of Education, Science and Technology (2007) states as a specific objective to “revise and improve the teacher education curriculum and syllabus and ensure that issues such as HIV/AIDS education are well covered”.

The role of non-formal education

Having in mind the current deficiencies in formal education in relation to HIV/AIDS education, the role and potential of non-formal education is growing.

Definition and main features

The term “non-formal education” can be described as “any organized educational activity outside the established formal system - whether operating separately or as an important feature of some broader activity - that is intended to serve identifiable learning clientele and learning objectives” (Coombs , Prosser and Ahmed (1973)).

Non-formal education is more **learner-centered** than formal education. It emphasizes on free curriculum where options and choices are encouraged. In non-formal education the inter-personal relationships are more informal than in schools where there is hierarchical relationship between teachers and students. Another asset of non-formal education is the **focus on practical skills and knowledge** while schools often focus on information provision.

Main **objectives** in relation to HIV/AIDS prevention

The main objectives of non-formal education in HIV/AIDS prevention, defined by the International Institute for Educational Planning (IIEP, 2009) are:

- @ Teach young people how to prevent from contracting HIV/AIDS;
- @ Help young people recognize symptoms, as well as supporting the victims to seek counselling and medical care;
- @ Teach youth about peer and community support to people with HIV/AIDS;

In non-formal education, including youth work, it is very important to know what type of activities and what methods to implement. Kalichman and Hospers (1997) propose the following methods, where games play an important role:

- @ Instruction: providing an explanation and rationale for learning.
- @ Modeling: providing an example of effective enactment of behavior by a credible model.
- @ Practice: for instance role-playing games to practice given behavior or skill;
- @ Feedback: using feedback on performance from the young people to measure to what extent the learning has been efficient;

3.2.6. Programmes and initiatives in support of HIV/AIDS prevention

HIV/AIDS prevention is part of the United Nations Millennium Development Goals (MDG), a global action plan to achieve eight anti-poverty goals by 2015, including improving women's and children's health and other initiatives against poverty, hunger and disease.

Two of the three main targets of MDG 6 "Combat HIV/AIDS, Malaria and other diseases" are related to HIV/AIDS: 1. Halt and begin to reverse, by 2015, the spread of HIV/AIDS; 2. Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it directly HIV/AIDS.

Among the most active world-wide initiatives in the field of HIV/AIDS are those of:

- @ UNAIDS (The Joint United Nations Programme on HIV/AIDS)

UNAIDS brings together the efforts and resources of ten sponsoring UN System organizations to assist countries with technical support in the implementation of their national AIDS plans.

- @ UNICEF (The United Nations Children's Fund)

One important aspect of UNICEF work is dedicated to preventing the spread of HIV/AIDS among young people. It helps children and families affected by HIV/AIDS to live their lives with dignity.

- @ Global Fund to Fight AIDS, Tuberculosis and Malaria

The Global Fund is an international public-private initiative launched to help raise the resources needed to effectively combat HIV and AIDS globally. It is designed to overcome some of the criticism about aid money being wasted and programmes being imposed

rather than adequately owned by countries.

Also, there are lots of national, regional and local initiatives, donor programmes and projects implemented in countries with high prevalence of HIV/AIDS, including in the project partner countries Sierra Leone and Uganda.

chapter 4



THE E-GAMES CONCEPT

KEYWORDS

non-entertainment games, e-games, games development, stages of the game development process, tools for game development;

OBJECTIVES OF THE CHAPTER

The main aim of this chapter is to present the use of e-games in HIV/AIDS education of kids and young people from Europe and Africa. The first section presents the basics of youth work and use of games (both traditional and computer-based) in non-formal education. The next section focuses on the topic of non-entertainment games and their advantages in educational contexts, including HIV/AIDS education. The last section presents the main tools and stages of games development.

4.1. Youth work and games

Games (both traditional and computer-based) are a distinct part of the youth work and the whole area of non-formal education. The advantages of games and especially e-games are numerous and widely recognized. Thus, all the information below is dedicated to the link between youth work and games.

4.1.1. Games in youth work

Games play a crucial role in youth work. Games reinforce learning by means of their ability to offer immediate feedback to learners. Quite often, games are used to break up a training session, to initiate a learning event, or to conclude a learning event. Games usage in youth work is mainly carried out because they help instructors maintain participant interest or make the training more enjoyable and fun.

In informal and non-formal learning games are commonly used to supplement traditional lecture-based or online delivery of information. The role of games is primarily to reinforce the understanding of presented material, to invoke deliberation or discussions or to add variety in training.

With a view to modern technology and ICT, there are 2 main types of games used in youth work nowadays: traditional and computer-based games (online, offline, also called “e-games”). With the advance of technology all over the world, e-games use is getting more and more popular not only in formal, but also in non-formal education, including youth work.

Traditional games

Traditional games are non-computer games such as board games, card games, table games, dice games, etc. Some of them come from the ancient times and since then have not lost their popularity. In every culture, in every time people have played games: to amuse themselves, to challenge each other and to teach their children.

Here are some of the most widely used types of traditional games in youth work:

- @ Ice-breaking games - These are simple games used to get participants to know each other; These games are especially well-suited for the very beginning of youth trainings, exchanges or other events, because their objective is to make everyone comfortable and have fun.
- @ Brainstorming games – these games are an organized approach to generate ideas on a given topic. Brainstorming can be done either individually or in a group.
- @ Energizers - Energizers can be useful to set the mood or create the appropriate atmosphere, to wake people up before or during an activity and to introduce a topic in a light-hearted way.

- @ Quizzes - games, where the player tries to answer properly questions related to a certain field of knowledge; usually they comprise a set of multiple-choice questions dedicated to a certain topic.
- @ Simulation games - The simulation game experience is a model of reality in which the potential exists for players to test boundaries and discover facets of them they never knew before. Simulation games trigger a co-operative atmosphere where young people feel confident to explore their full potentials and creativity- this does not necessarily take place in conventional classrooms.
- @ Role-play games – This is a type of active learning method, based on exploring the experience of the participants, by giving them a scenario, where each person in the group has a particular role to play. The role play is a very powerful instrument for bringing the experience of the participants to the table, especially when using it in intercultural learning sessions.
- @ Adventure games - games, characterized by investigation, which can include exploration, puzzle-solving, interaction with game characters (Wikipedia).

E-games

The e-game, also known as an online game, is a game played through some form of computer network. The expansion of online gaming has reflected the overall expansion of computer networks from small local networks to the Internet and the growth of Internet access itself. Online games can range from simple text-based games to games incorporating complex graphics and virtual worlds populated by many players simultaneously. Many online games have formed online communities, making online games a form of social activity beyond single player games.

4.1.2. Advantages of using games in youth work

Games (both traditional and online) are a powerful tool in the hands of youth workers, trainers and tutors when implementing youth activities. In training activities games are commonly used to supplement traditional lecture-based or online delivery of information.

Games usage in youth activities (training courses, seminars, youth exchanges) is concentrated on reinforcing the understanding of the presented topic via a lecture or a presentation, to invoke deliberation or discussions, to lead to interaction among the participants, to present a topic in an amusing and engaging manner, to obtain immediate feedback from learners. Games are used in youth work mainly because they help instructors maintain participants' interest or make the training more enjoyable and fun.

When can games be used?

With a view to use in time, games can be used before, during and after the other youth work methods.

- @ Games used before traditional training methods (e.g. lectures, presentations): the aim is to create friendly atmosphere, to make participants get to know each other in a more informal way.
- @ Games used during training activities: the aim is to provide instruction and specific knowledge and skills; measure criterion performance; aid formative and summary evaluations.
- @ Games used after traditional training methods: the aim is to assess the level of acquired knowledge; check whether the information has been conveyed properly and young people have understood it; provoke creativity and inspiration.

Why are games used?

Games have some advantages which are also important factors for increasing their use in youth work:

- @ Games are interactive and provide entertainment and pleasure;
- @ Games are motivating – they have a goal that has to be reached;
- @ Games have a topic and provide knowledge in a given field, thus achieving learning outcomes;
- @ Games are competitive – users have to compete in order to win;
- @ Games invoke creativity – users have to solve problems, find the right answers, etc;

4.1.3. The intercultural aspect of games

Intercultural learning is a cornerstone in youth work. The principal aim of intercultural education is to promote and to develop the capacities of interaction and communication between pupils and the world that surrounds them. Games in youth work should take into account the intercultural aspects as well as the fact that: every culture and religion is to be equally valued. Thus, pluralism has to be a component of the education given to all pupils;

“Youth e-collaborating in HIV/AIDS prevention” partnership has developed a set of training e-games that take into account the importance of multiculturalism. (More about the project e-games you can find in Chapter 5)

4.1.4. Access obstacles

in most of the African countries, including the partner countries Uganda and Sierra Leone there is limited access to computers, internet and modern media. This is a serious obstacle especially when it refers to educational contexts (formal or informal). The availability of computers and internet connection are very rare due to poverty and under-developed infrastructure in these areas, especially in the rural regions.

Nevertheless, young people, youth workers and trainers from these countries are enthusiastic and highly motivated to take advantage of the non-entertainment e-games in the field of HIV/AIDS prevention, developed in the frame of the project. In order to enhance the access to these educational tools, project partners developed off-line versions of the games. These do not require internet connection. For those without access to a computer, there are supporting materials, current manual and hand-outs to assist youth workers, trainers and facilitators in their work with young people and kids. Partners also developed a “traditional game” from one of the e-games for kids called “I play”. This game can be printed together with the set of questions in it and then played in the style of the traditional board games. In the current Manual one can find this board game annexed at the end of the book. So, just cut it from the book, take dice and start playing!

4.2. Non-entertainment games

4.2.1. What is a non-entertainment game?

Definition

There is no single definition of non-entertainment (also referred to as “serious games”), though they are generally described to be games used for training, advertising, simulation, or education. Alternate definitions include the application of games concepts, technologies and ideas to non-entertainment applications. In an attempt to explain what a non-entertainment game means, the first obvious characteristic is that its primary goal is different than entertainment. The marketing and technology research company Forrester Research broadly defines serious games as “the use of games and gaming dynamics for non-entertainment purposes.”

Common structure of a computer-based game

The six key structural elements of games, according to Marc Prensky (2001) are:

1. Rules

Rules are what differentiate games from other kinds of play. Probably the most basic definition of a game is that it is organized play, that is to say rule-based.

2. Goals and Objectives

In a game, achieving your goals is what motivates you. The goal is often stated right at

the beginning of the rules, for instance: Your goal is to get the highest score.

3. Outcomes & Feedback

Feedback comes when something in the game changes in response to what you do — it is what we mean when we say computers and computer games are interactive. It is in the feedback in a game where learning takes place.

4. Conflict/Competition/Challenge/Opposition

Conflict/competition/challenge or opposition is what gets your adrenaline and makes you excited about playing the game. This also serves as an important motivating factor for the player.

5. Interaction

Interaction has two important aspects: the first is the interaction of the player and the computer, which we have discussed under the above topic of feedback. The second, though, is the inherently social aspect of games — you do them with other people. Computer games are actually bringing people into closer social interaction — although not necessarily face-to-face.

6. Representation or Story.

Games always try to tell us something. This can be abstract or something dedicated to a concrete topic.

4.2.2. Types of non-entertainment games

There are different approaches in defining the existing types of serious games. We have identified the following main categories:

@ Persuasive Games:

These are games that make arguments and influence players. Games represent how real and imagined systems work, and they invite players to interact with those systems and form judgments about them.(Ian Bogost, 2007).

@ Learning games:

These types of games have defined learning outcomes. Generally they are designed in order to balance the subject with the gameplay and the ability of the player to apply the learnt subject to the real world. The structure of Learning in these games is different. It can be: 1. Learning by Doing; 2. Learning process has a high contingent of trial and error; 3. Just learned knowledge can be demonstrated immediately.

@ Military Games:

Military and emergency services organizations were very early adopters of serious games for training. The highly coordinated and cooperative nature of military work requires a learning environment that builds teams and prepares personnel for highly specific and highly coordinated missions.

@ Games in healthcare:

These are games for psychological therapy, or games for cognitive training or physical rehabilitation uses.

4.2.3. Advantages of e-games

There are many reasons why more and more people prefer game-based learning than traditional learning methods. Among these can be enumerated the following:

- @ Digital games are faster and more responsive.
- @ Digital games are capable of a better and far more varied graphic representation.
- @ Digital games can generate and allow huge numbers of options and scenarios.
- @ Digital games present differing levels of challenge.
- @ Digital games can be updated quickly.
- @ Digital games can be customized to and by the desires of each player.
- @ Digital games can be modified and added to, making the player part of the creative team.

A report by the computer magazine Next Generation (1997) discloses that there are six elements that make a good game. These are:

- @ The good game is balanced: it makes the player feel that the game is challenging but fair, and neither too hard nor too easy at any point.
- @ The good game is creative: it incorporates something original.
- @ The good game is focused: it gives the player as much as possible, without distraction.
- @ The good game has character(s): the characters in a game are the memorable element in it.
- @ The good game has tension: it makes the player care about the goal of the game, and then makes it hard to achieve.
- @ The good game has energy: this comes from things like movement, momentum and pacing.

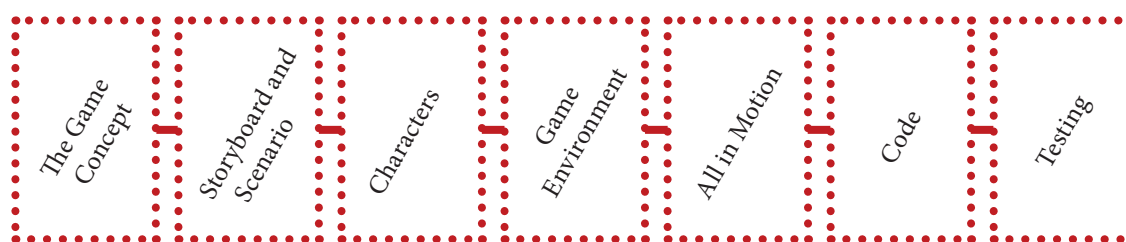
4.3. Stages and tools in game development

This section provides some basic information on the game development process. The main stages are briefly presented, so as to give an idea on how a simple game can be developed by non-professionals. This information can be of use for youth workers, trainers, tutors in NGOs or youth organization who want to implement small computer-based learning

games on different topics. Of course, some developers, programmers and designers will be needed in order to implement those games.

4.3.1. Stages in game development

The process of game development is organized into several stages that can be summarized as follows: developing the game idea; developing the scenario; storyboard; creating the characters; putting all into motion; game environment development; writing the code; post-production and testing.



Here is a brief description of each of the stages in the game development process:

The game concept

Generating the game concept is a creative process. It is important that brainstorming is carried out in order to develop a pool of ideas and scenarios to be used in the game development. At this concept level, several things have to be clarified:

- @ Topic of the game;
- @ Target group;
- @ Goals and objectives of the game;
- @ Expected learning outcomes;

Storyboard and scenario development

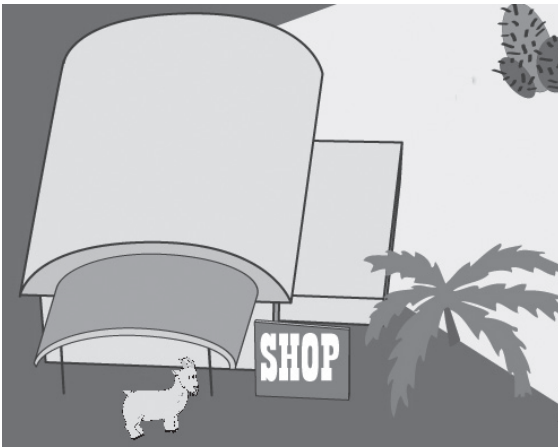
A storyboard looks like a comic and shows the key scenes of an animation or represents the behavior of a character. The scenario, on other hand, is a plan of what will happen in the game. It comprises details on how everything happens in the game, with all details. At this stage, it is useful to draw graphics. The idea here is to give the production team enough information so each member can take the storyboards/scenario and start developing his/her portion of the final product.

Creating the characters



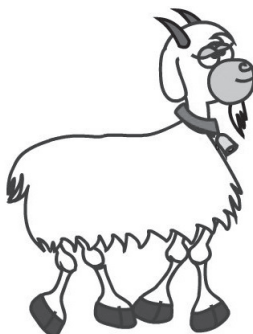
This stage includes 1 main process - graphic design of the character(s). It is important that all details about a given character are clarified in advance: its role, behavior, how it will interact in the game, its appearance. When all this information is well sorted it becomes a very helpful guide when the programming part and motion part of game creating start.

Creating the game environment



One of the most important aspects of modern game creation is the environment. The environment is extremely important. It should be design to suit the target groups, the characters that are created, with the type of the game etc. Game environment can be changed in the development process, this applies to all elements of the game. In the figure above, you may notice how the scene with the shop has changed in the process of development of the game “Billy the Goat”.

Putting all in motion



At this stage, the character is being animated. Several techniques can be used to do this, depending on the type of game and motion desired. In some games the motions of a human actor are captured using a special suit of sensors to represent the control points of the character’s skeleton. These movements then can be mapped onto the character’s skeleton to produce

ultra-realistic motion. In the figure you can see how the character of the goat is separated to different parts. This separation allows to the developers to create motion.

Writing the code

The code is what makes all of the game elements work together, though unseen by the user. The code is the set of computer language instructions that controls every aspect of the game. Most games are written with custom code based on the C++ programming language. When 3D games are being created there is another important aspect of the code - artificial intelligence component. This is the logic of the game, and it also establishes the physics of the game world, detecting the interactions and collisions between objects and controlling their movement.

Postproduction and Testing

Once the game is finished, it enters the postproduction phase. This phase comprises extensive testing, review, marketing and finally, distribution. The job of the testers is to play the game repeatedly to find all the mistakes, or “bugs.” Problems are prioritized in many ways, from “fatal” bugs which must be resolved immediately, to minor issues which may or may not affect the game’s release.

The first version sent to testers is called the “alpha” version, and it is tested to detect any major flaws in the game while they are still relatively easy to fix. Once all of the major flaws are addressed, a “beta” version is released, often to a larger group of testers that sometimes includes the public as well. The beta version is exhaustively tested, fixed and re-released until the developers are satisfied with the game.

4.3.2. Tools for game development

Among the most popular tools for game development, the following can be listed:

@ Game Maker

Game Maker allows you to make exciting computer games, without the need to write a code. Using easy to learn drag-and-drop actions, you can create professional looking games within very little time. You can make games with backgrounds, animated graphics, music and sound effects, and even 3D games. And when you’ve become more experienced, there is a built-in programming language, which gives you the full flexibility of creating a high-level games. Game Maker can be used free of charge.

@ Game editor

Game Editor is a game design software that gives you the opportunity to create computer games. Games can be developed in a quite intuitive way. With Game Editor you can build a game prototype, including graphics and sound, with minimal programming. Game Editor supports almost all image and audio formats. So, you can use your images, animations, music and sounds in your game project.

@ Adobe Flash

Flash is the industry's most advanced authoring environment for creating interactive websites, digital experiences and mobile content. With Flash professionals design and author interactive content rich with video, graphics, and animation for truly unique, engaging websites, presentations or mobile content. You can find more information on how to use Adobe Flash in the online training course on http://elearning-hiv aids.org/devflash/Developing_Games_Module.html

@ XNA studio

XNA Game Studio Express enables hobbyists, academics, and small, independent game developers to easily create video games for Windows and the Xbox 360 console using new, optimized cross-platform gaming libraries based on .NET. This official release enables the creation of games for Windows XP SP2-based PCs. Combined with an active membership in the XNA Creators Club (available from Xbox Live Marketplace), you can also create, debug, and play games on your Xbox 360 console.

@ Blender

Blender is the open source software for 3D modeling, animation, rendering, post-production, interactive creation and playback. It is available for all major operating systems under the GNU Public License.

@ OGRE

OGRE (Object-Oriented Graphics Rendering Engine) is a scene-oriented, flexible 3D engine written in C++ designed to make it easier and more intuitive for developers to produce applications utilising hardware-accelerated 3D graphics. The class library abstracts all the details of using the underlying system libraries like Direct3D and OpenGL and provides an interface based on world objects and other intuitive classes.

chapter 5



E-GAMES IN THE PRACTICE

KEYWORDS

e-games, non-formal education, workshops, youth exchanges, tips for facilitators, online training course, online and off-line games usage

OBJECTIVES OF THE CHAPTER

The main aim of this chapter is to introduce the developed e-games and online training course and to propose some scenarios for workshops or other activities in which they could be implemented. The developed e-games are suitable for youth exchanges (youth training courses, youth seminars etc.) and for guided learning (training with facilitators). The games and the online training course are modern media tools that could be used by youth trainers and youth workers.

5.1. The developed e-games with tips for facilitators

One of the project “Youth e-collaborating in HIV/AIDS prevention” aims was to develop a new set of online multimedia games exploring the topics of HIV/AIDS prevention suitable for non-formal training of young people. In addition to that the project aimed to develop an online training course and a manual in order to help youth workers

implement the online games in their work with the youngsters. This chapter serves to contribute the mentioned objectives. The games and the online course are published on <http://www.elearning-hivaids.org/> site and could be downloaded for free and used as tools during youth activities like youth exchanges, out-of-school youth training course, youth seminars. Of course, they could be also used in any other type of training activities related to HIV/AIDS topic.

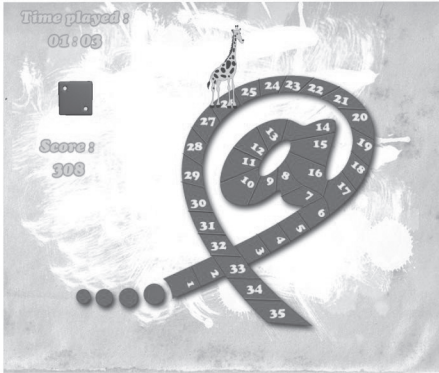
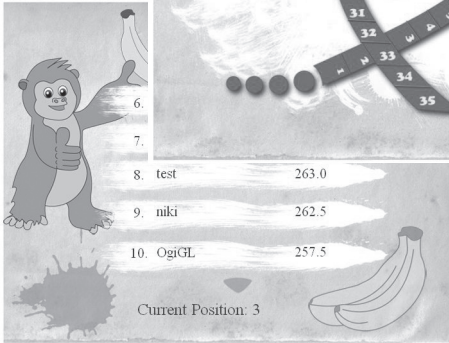
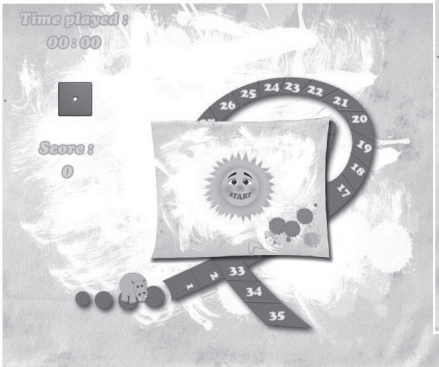
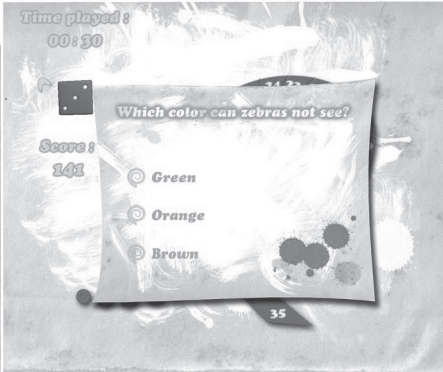
Also, the developed e-games could be a model for instructional designers and youth organizations to design their own new games. That is why we are trying to present not only the specific developments but to show how they could be adapted, how such games could be developed by non-professionals, in youth organizations or youth centers.

The games and online training course require basic computer skills and could be started on any computer. The system requirements are very low, the user just need a computer with Flash installed.

The games could be played both online and off-line which makes them suitable for regions with pure Internet connection (in some African or European districts). Also, some of them could be adapted as paper-based games (for example, “I play” game) and could be used in places where computers are limited.

5.2. List of developed games

5.2.1. I play

Title: I play
Size: 1.5 MB
Platform: PC, MAC
Playable online: Yes
Time: 15 - 20 min

Game abstract

The aim of this game is to reach the end of the ribbon by giving correct answers to question or winning small games. By playing the game you will obtain useful information about HIV/AIDS, as well as learn some curious facts about different animals. Most of the positions on the ribbon are questions but there are positions in which there are some sub-games:



Educational goals

- @ to stimulate awareness about HIV/AIDS;
- @ to learn some facts about HIV/AIDS;
- @ to teach us how to protect ourselves from HIV/AIDS;

How to use the game

The game is mostly suitable for guided learning during youth training activities. Usually, during the youth exchanges, training course and seminars, there are workshops or

some type of interactive activities. E-games are suitable for illustrating some topic of the workshops. The game usage in the frame of workshop is illustrated in the Workshops scenario section. Here we could just mention some aspects of the practical implementation of the game:

- @ The game is suitable for playing in groups with the facilitator;
- @ After the game playing the trainer/facilitator could discuss what the users have learned concerning the HIV/AIDS topic, do they enjoy the game, what they like and what they don't;
- @ After the workshop, the facilitator could discuss some aspects of using games for arising self-awareness in HIV/AIDS topic; How games could facilitate us to think about the problems, how to combine the fun and educational aspect;
- @ After playing the game, the trainer could show the users some aspects of the game scenario, user interface, characters design and how such games could be developed;
- @ All the Flash games could be executed both online and off-line. The only part that will not work off-line will be the winners list which needs constant update and a data-base support.
- @ Last but not least, this game could be even simplified and played without a computer; this case is presented in the end of the manual. In regions where there is lack of computers the trainer could use the paper-based simplification of the game;

5.2.2. Billy the goat



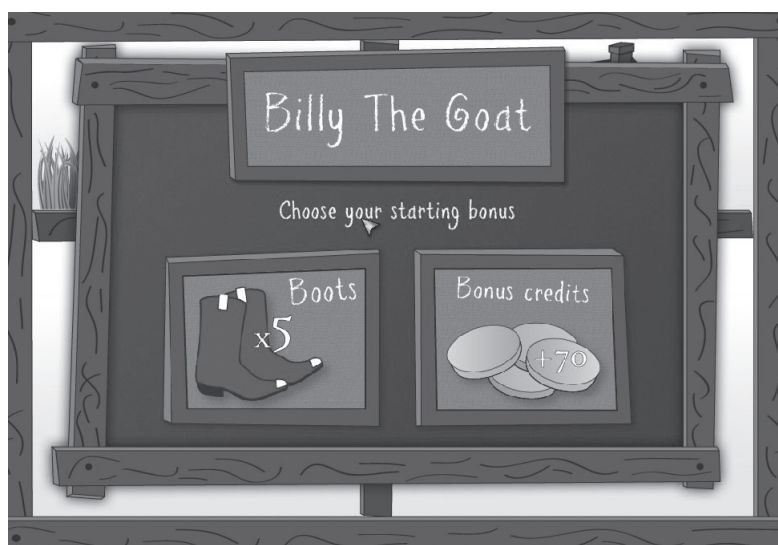
Title: Billy the goat

Size: 2.6 MB

Platform: PC, MAC

Playable online: Yes

Time: 20 - 30 min



Game abstract

It all starts with a Goat. The goat(Billy) is a teenager in an African village where there are lots of choices and opportunities, but also challenges. In this village, there are two kinds of grass; plain grass-which is everywhere and risk free; and Greener grass-which is represented by patches by the roadsides in the village. The normal grass is okay and healthy and Billy is safe for as long as he eats it. After getting ill, Billy has several options, going home and talking, going to hospital and consulting etc. Depending on the choice you could win points but you could also lose life. For example, in the beginning of the game you could choose boots or points, the points are some advance but without boots it is easier to get infected. If you select boots they could preserve you during 5 attempts to eat grass. The game has some constraints- time and number of life. So, you have to earn more points during some time and during the life you have.



Educational goals

- @ to stimulate awareness about HIV/AIDS;
- @ to learn some facts about HIV/AIDS;
- @ to teach us how to protect ourselves from HIV/AIDS;
- @ to show the user that in case of infection it is better to get consulted and take some actions which could ensure your life for many years;

How to use the game

Like the previous game, this one is suitable for guided learning and better to play in groups. The game doesn't need any special prior knowledge about the topics, just general computer skills and general knowledge about HIV/AIDS. In relation to "I play" this game is little bit more complex and needs some guided discussion afterwards;

For users who are not familiar with computer games (with poor ICT skills) the trainer probably has to explain that e-games usually have some formal goal function like points, time to play, number of lifes etc. which stimulates the user to compete with other users. Also, the "grass" and "boots" symbols should be discussed. Choices and next steps are also interesting to explore.

5.2.3. Living wih/without HIV



Title: Living wih/without HIV

Size: 3.1 MB

Platform: PC, MAC

Playable online: Yes

Time: 15 - 20 min

Game abstract

The games provide information about HIV/AIDS and the life of people with HIV/AIDS. You start the game by choosing a character. Two of them are HIV positive and the other two are not. You have to answer questions, play mini-games and solve crossword puzzles. Min-games are quite different and the user will enjoy changing the games and playing them.

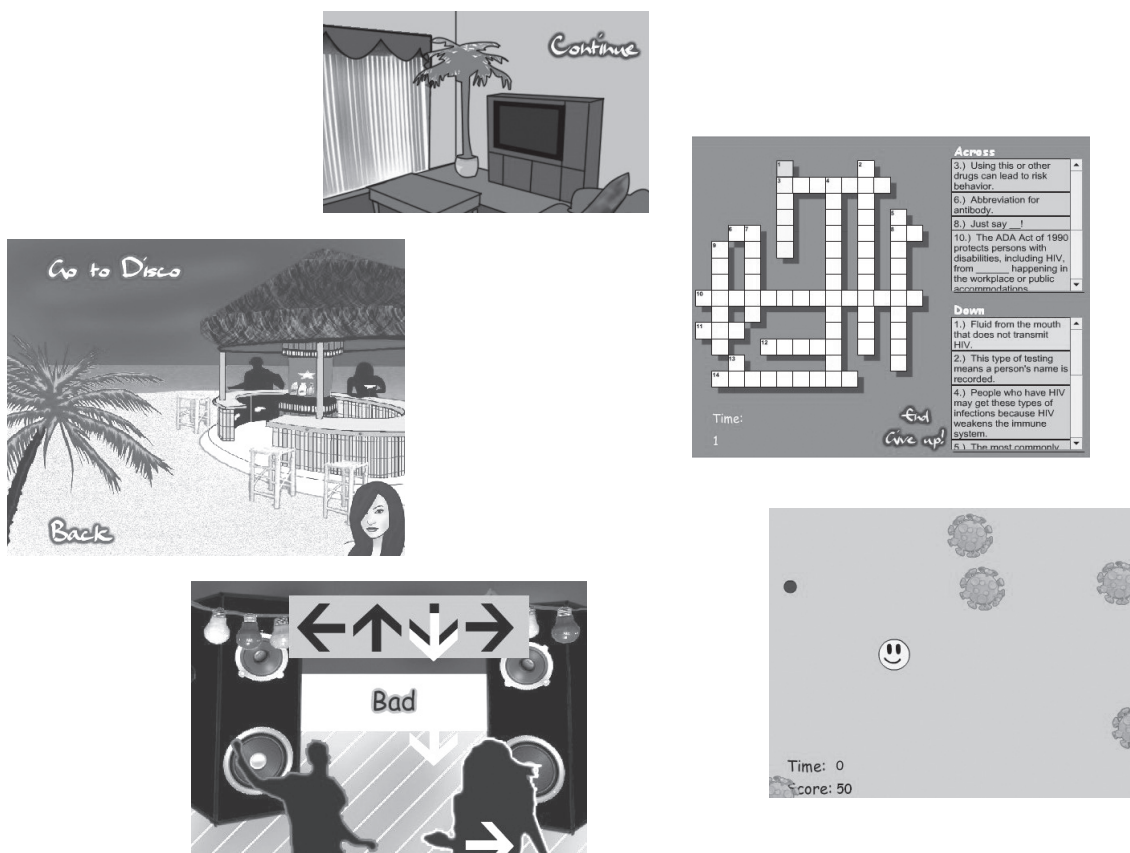
Educational goals

- @ to stimulate awareness about HIV/AIDS;
- @ to learn some facts about HIV/AIDS;
- @ to give some floor about discussions for HIV/AIDS;

How to use the game

Like the previous game, this one is suitable for guided learning and better to play in groups. The game doesn't need any special prior knowledge about the topics, just general

computer skills and general knowledge about HIV/AIDS. The game is a combination of small sub-games with different approaches and way of playing;



For users who are not familiar with computer games (with poor ICT skills) the trainer probably has to explain that e-games usually have some formal goal function like points, time to play, etc. which stimulates the user to compete with other users. More information how to use such games is given in the Workshop scenarios section;

Last but not least, the trainer could encourage the users to debate how such games could be developed, what kind of tools could be implemented and how such developments could be done in small youth organizations, by teams of young developers;

5.3. Workshop scenarios

5.3.1. Typical youth events where such educational youth e-games could be implemented

When we are speaking about youth activities we are mostly envisaging out of school activities. Such activities could include youth exchanges like youth training courses,

youth seminars, youth conferences etc. Such non-formal youth activities could have different duration from one day to several weeks. Of course, the games could be also useful in the formal educational activities in schools. For example, the events organized in the frame of Youth in Action programme of EU could benefit from such tools. During the youth exchanges there are usually workshops and e-games are powerful method of training the youngsters. The games motivate the participants to interact and remember better the received knowledge.

5.3.2. How to plan workshops using “Youth e-collaborating in HIV/AIDS prevention” project games?

E-games related to HIV/AIDS could be useful in any youth activities exploring the topic of HIV/AIDS and young people. The games are suitable to be executed in different platforms (PC,MAC) without any special requirements and also both online and offline. Having in mind the specific situation in some developing countries and some disadvantage regions, some of the tools could be easily adapted (which is shown in one example) in paper based versions and even executed without computers. Before starting some workshops there are several steps that are recommend to follow.

- @ The workshops are usually part of some training programme. So, it should be clear where the place of the training game is in the whole training process? How the workshop could be combined with the other training methods like inputs, discussions, presentations etc. In typical youth training course, there are number of training methods employed.
- @ Workshops with computer games obviously need computers and some hall equipped with certain number of computers and Internet access (not obligatory but preferably). It is necessary to prepare and check the computers, to check how the games work before the workshop. In places where the Internet is very slow the games could be downloaded in the cash memory (in advance) and then executed. In some places in Africa where there is lack of cable connections to the net but the mobile phones are quite popular, the GSM-Internet connection could be used as well. But because usually the mobile Internet connection is much slower than cable one the games and training materials should downloaded before the workshop.
- @ The trainees have to be also prepared for the workshop. They have to be familiar with some basic issues related to HIV/AIDS, also to know a little bit about computer gaming and how to use computers. In case the group is with very low ICT skills, it is preferable that the trainer is organizing some general computer skills workshop explaining how Windows (or MAC OS X) works, how to browse in the net, how to use Windows applications in general etc. The language barrier should be also addressed. Although in our project all the African partner countries have English as official language, it may happen some of the participants are not so fluent in English. Some important parts of the training www site have been translated to the local languages.
- @ The trainer should be also prepared for the workshop, he/she has to get familiar

with the games, to be ready to explain them in details, to read the help of the games and the online training modules. The trainer should have clear imagination how to organize the workshop and especially the timing, how much time will be needed for introduction, for playing the games, for discussions etc.

Example of workshop

Duration: Approximately 90 min.

Users and groups: Training courses including between 5 and 30 people.

Technical requirements: Suitable hall with computers and Internet. If there is a lack of computers, there could be 2 or 3 people located in front of one computer. It will be difficult to play the observe the games if there are more than 4 people in front of one computer, in this case the group should be divided in two or more parts and the workshop could be repeated.

Introduction (warming up): Approximately 10 minutes. The trainer should address some topics related to HIV/AIDS. The warming up should be short, it is not necessary to explain the games content in advance, there should be some curiosity what is inside.

Tasks explanation: Approximately 5 minutes. There should be clearly explained what is expected by the trainees, for example, that they have to play some game for 30 minutes, that they have to be prepared to share their thoughts about the games, the questions aroused after that. It is good in advise them how to document their thoughts, questions.

Assisting during the games playing: Each game could be played for approx. 20-30 min but having in mind that in a group the time is usually more, the time allocated could be 30-45 min. During the game running the trainer could watch how the users start the game, if they read the help, if they face some difficulties. It is important to advise the users not to hurry and stressing during the play (although some of the games have timer) but to read carefully the scenes and questions and think carefully how to respond. If some users have poor ICT skills the trainer could play the game on their computer and then ask them to repeat. Usually, in such workshops it is important to observe what is happening on each computer. After 45 min the trainer should remind the users to finish and after few minutes to ask them to close the game and to start discussion (next step).

Discussion after playing: Approximately 30 minutes. The trainer should ask the users to close the game and encourage them to share their thoughts. It could be started with main questions like how the young people find the game, what they think the game like to show. Then questions like do the game cases have some relation to real life cases should be discussed. Some HIV/AIDS prevention issues could be debated. Last but not least, how to develop such training games could be discussed (in general, without entering in technical details).


5.4. Online training modules

Online training modules are training sources for youth trainers. They could be used also by the trainees. Each module include intro, video and slides in Flash.

Youth e-coll@borating in HIV/AIDS prevention [contents](#)

How to plan workshops using "Youth e-collaborating in HIV/AIDS prevention" e-games?

The proposed training games are useful for activities exploring HIV/AIDS prevention, stigma and some other problems. These training games are suitable for kids and for teens in a wide age range. The games usage is quite easy and the interface is user-friendly. Of course, the workshops should be planned in advance in order to achieve better educational results. There are several steps usually necessary to plan a youth workshop.



Workshops in Youth Events
<http://learning-hivids.org/>

This whole section is dedicated to the practical implementation of non-entertainment e-games in youth work.

You can get concrete information about usage of the games in workshops during youth activities – training courses, seminars and youth exchanges.

You will get basic knowledge of what type of organizations can implement youth events. As a result you will learn how to use “Youth e-collaborating in HIV/AIDS prevention” project games in your work and how to plan a workshop.

Youth e-coll@borating in HIV/AIDS prevention [contents](#)

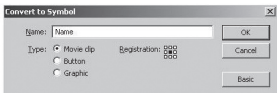
Symbols in Flash (part 2)

Creating Symbols is very easy. It can be done in two steps:

First, select an object in your Flash movie and press F8.

Second, in the "Convert to Symbol" dialog box that will pop up, you can specify our Symbol's:

- Name
- Type
- Registration point



The Name is mainly for your use—it is not very important. However, choosing the Type depends on the purpose you want to use your Symbol for. We are going to talk about it in more detail shortly.

Developing Flash Games
<http://learning-hivids.org/>


The objectives of the module are to:

- @ Introduce to you the most important steps in game design and development;
- @ These are proven to be successful in the given order;
- @ The module shows Adobe Flash as an option in game development and explains its basics

Youth e-coll@borating in HIV/AIDS prevention [contents](#)

Types of Non-entertainment Games

Non-entertainment games can be applied to a broad spectrum of areas, but they can be categorized in a number of different ways. Some categorize serious games into pedagogical, idealistic, politic, or social games. Other examples are games for education, healthcare, national security, corporate management.



Non-entertainment Games
<http://learning-hivids.org/>

The objectives of the current module are to throw light upon the concept of non-entertainment games and give examples of different categories of serious games.

What are the advantages and characteristics of serious e-games and what are the main types of non-entertainment games? How they can be classified?

Here you can find best practices of non-entertainment games.

The Stigma

Stigma-related violence or **the fear of violence** prevents many people from seeking HIV testing, returning for their results, or securing treatment, possibly turning what could be a manageable chronic illness into a death sentence and perpetuating the spread of HIV.



HIV/AIDS and Youth Work
<http://learning-hivaids.org/>

The objectives of the current module are to educate the readers on:

- @ HIV/AIDS as a world issue
- @ Ways of contamination
- @ The discrimination towards HIV-positives
- @ How youth people can help the cause of eliminating the disease

glossary



abstinence – the practice of refraining from some or all aspects of sexual activity for the purposes of HIV/AIDS prevention. This is one of the ways for prevention.

active learning – learners being actively engaged in the material and the learning process and not being just passive listeners or observers. There are various models of active learning proposing different activities considered as active learning. Most of them focus on engaging learners in discussions, dialogues, simulations, role-plays etc.

advocacy – active support of an idea or cause etc.;

AIDS – AIDS stands for Acquired Immune Deficiency Syndrome and is the disease caused by HIV;

ART – antiretroviral treatment. A treatment towards retroviruses.

cumulative total – the difference between “total” and “cumulative total” implies that “cumulative total” is the total amount over a period of time;

e-games – a device or a computer program that provides entertainment by challenging a person’s eye-hand coordination or mental abilities. The games may be contested among several players, or an individual may engage in a test of skill against the computer. Some Internet-based games involve thousands of individuals interacting with each other in ongoing, open-ended play.

epidemic – we talk about an epidemic when new cases of a certain disease, in a given human population, and during a given period, substantially exceed what is expected based on recent experience

game development - the process of producing a game, starting from the idea and finishing with the testing and implementation. Today this term refers to the development of all the variety of electronic games - computer-based, console games, mobile games etc.

generalized epidemic – we talk about a generalized epidemic when the disease in

question is firmly established in the general population and the prevalence in the general population is enough to sustain an epidemic;

harm reduction programme – refers to a range of public health policies designed to reduce the harmful consequences associated with recreational drug use and other high risk activities. Examples of harm reduction programmes are: Needle and syringe exchange and related programs, Safer sex programs and others related to alcohol, tobacco, safe driving etc.

heterogeneous epidemic – the epidemic is affecting different sub-groups of the population;

HIV - HIV stands for the Human Immunodeficiency Virus, and is the virus that causes AIDS. It is a virus that attacks the human immune system.

HIV/AIDS Prevention and Impact Mitigation – “HIV/AIDS prevention and mitigation” has emerged as a central feature of effective development outreach in sub-Saharan Africa. The idea is that although HIV/AIDS infection might not be neutralized it can be reduced to its minimum so that the effects are not devastating to a country’s population, economics etc.

HIV/AIDS prevention strategies – strategies combining the promotion of safer behaviors, reduction of vulnerability to transmission, encouraging use of key prevention technologies, and promotion of social norms that favor risk reduction and addressing drivers of the epidemic.

IDUs – injecting drug users;

incidence - a measure of the risk of developing some new condition within a specified period of time. Sometimes loosely expressed simply as the number of new cases during some time period.

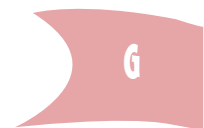
MACA - Multi-sectoral Approach to the Control of AIDS (Uganda) is an approach aiming to control AIDS not only through the health sector but also through other sectors in the country both public and non-public (more detailed description of MACA you can find in Chapter 2.5)

MTCT – mother-to-child transmission;

mode of transmission – the way in which HIV is transmitted from one person to another, e.g. one of the modes of transmission of HIV can be from mother to child;

MSM – men who have sex with men;

needle-exchange programme - a social policy based on the philosophy of harm reduction where injecting drug users can obtain needles and associated injection equipment at little or no cost;



non-entertainment games (serious games) - the use of games and gaming dynamics for non-entertainment purposes

non-formal education – learning that occurs in a formal learning environment such as an educational organ, but that is not formally recognised within a curriculum or syllabus framework. It typically involves workshops, community courses, interest based courses, short courses, or seminars.

peer education – an approach to health promotion. It revolves around the fact that the influence of young people upon one another is stronger than the influence of adults upon the youths. Peer educators usually go through special training programmes beforehand.

prevalence – in epidemiology, the prevalence of a disease in a statistical population is defined as the total number of cases of the disease in the population at a given time, or the total number of cases in the population, divided by the number of individuals in the population

stigmatization - refers to the expression of prejudice, negative attitudes, abuse, maltreatment and discrimination towards HIV-positives. Literally it means that a person is “marked”, so he/she is different from the others in some way.

storyboard - a sequence of images and annotations for a cartoon, animation or video drawn on paper or rendered in the computer. Storyboards are previews of the final version and typically contain mockups rather than final art and images.

surveillance (of a disease) – an epidemiological practice by which the spread of a disease is monitored in order to establish patterns of progression;

UNAIDS - the Joint United Nations Programme on HIV/AIDS (www.unaids.org)

vulnerable group – a social group of people possessing certain weaknesses towards HIV infection, e.g. one vulnerable group can be IDUs;

youth work – the process of creating an environment where young people can engage in informal educational activities

youth workers - youth workers are people who work with young people in a wide variety of non-formal and informal contexts, typically focusing on personal and social development through one-to-one relationships and in group-based activities. Being learning facilitators may be their main task, but it is at least as likely that youth workers take a social pedagogic or directly social work based approach. In many cases, these roles and functions are combined with one another.

resources



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g a m e s

paper-based version of some of the games

Here you can find a paper-based version of some of the games. This is an option in some cases where there is a lack of computers.

Instructions - I Play

In order to play the game you need dice. Before starting you have to also cut the animals so that you make them look like pawns. Each participant has to take one of the animal pawns and play the game with it.

The aim of this game is to get to the end of the ribbon by giving correct answers to the questions or completing the small games. By playing the game you will obtain useful information about HIV/AIDS, as well as learn some interesting facts about different animals.

How to play:

- @ Maximum 3 players and minimum 2 players can participate in the game.
- @ In order to start the game you have to throw “6” with the dice.
- @ The players take turns to throw the dice. Every time after throwing the dice the player moves his pawn on the numbered boxes on the game field according to the number on the dice and then takes a question card. If the answer is incorrect, you have to move back to your previous position. A correct answer gives the player the right to stay at his/her current position. If your field has “G” you should to play “Find the Couples“ or “Find the 5 differences“ game.
- @ Two pawns cannot be on the same numbered field. If you turn up on a field where there is already another player’s pawn you have to turn back to your previous position.

The correct answers to the questions and the small games you can also find in this book.

Instructions - Find the Matching Pairs

First, you have to take a pair of scissors and cut the 16 cards with the animals. After that shuffle the cards and arrange them on the cardboard turned on their back sides. You have to turn up a card and then another card. If the pictures on the two cards match (e.g. both pictures are of “snakes”) you can take these two cards and continue. If the pictures don’t match you have to put the cards back to their places on the cardboard. You need to have good memory and be quick. The goal is to manage and take all the cards (following the above instructions).

Questions Key

1 a; 2 a; 3 c; 4 b; 5 c; 6 b; 7 a; 8 a; 9 a; 10 b; 11 b; 12 b; 13 c; 14 c; 15 c; 16 a; 17 a; 18 b; 19 a; 20 a; 21 b; 22 c; 23 a; 24 b; 25 c; 26 a; 27 a; 28 c; 29 c; 30 a; 31 b; 32 c; 33 c; 34 b; 35 a; 36 a;

1. Do you know what HIV is?
- A virus that attacks your body
 - An animal
 - An insect

2. You can see elephants only in Africa. Is it correct?
- No, also in Asia,
 - Yes,
 - No, only in Europe

3. Do you think that people with HIV get sick from other diseases more easily?
- No, not at all
 - No, they get sick as often as the people without HIV
 - Yes

4. Can you get AIDS from sharing the cup of someone with HIV?
- Yes, for sure
 - No
 - Yes, in some cases

5. You are walking in the forest and suddenly an insect bites you. Can you get HIV infection?
- Yes, by all insects
 - Yes, but only by mosquito,
 - No, not at all

6. AIDS is a disease. What causes it?
- Insect bite
 - HIV
 - Shaking hands

7. Do you know where the first case of AIDS was reported?
- In the USA
 - In Africa
 - In Europe

8. Which of the countries below has the biggest number of people living with HIV?
- South Africa
 - India
 - Nigeria

9. Did you know that the giraffe is the world tallest animal? Can you imagine where does it come from?
- Africa
 - India
 - South America

10. What is the difference between HIV and AIDS?
- There is no difference, they are both diseases
 - HIV causes the AIDS disease
 - AIDS causes the HIV disease

11. Which of the following animals cannot be seen in the African desert?
- Camel
 - Bear
 - Ostrich

12. Imagine a friend of yours has HIV and he wants to play with you. Will you do it?
- No, because I can get infected
 - Yes, for sure
 - Yes, but only if he does not touch me

13. Which of the following is the fastest animal in the world?
- Puma
 - Tiger
 - Cheetah

14. Which part of your body HIV affects?
- Your brain
 - The whole body
 - Immune system

15. What is the number of monkey species in the world?
- 138
 - 15
 - 264

16. How do you think a person with HIV can be helped?
- By special treatment
 - With a vaccine
 - Cannot be helped

17. The collective name for a group of lions is called
- Pride
 - Tribe
 - Flock

18. Do you think that kids who have HIV can go to school?
- No, they are not allowed
 - Yes, they can do normal things that other kids do
 - No, they are dangerous

19. What is the size of the smallest monkey in the world?
a. 14 cm (5 in)
b. 30 cm (12 in)
c. 80 cm (31 in)

20. How do you think a person can get HIV?
a. Through blood transfusion
b. With food
c. With water

21. Which is the biggest cat in the world?
a. Lion
b. Tiger
c. Panther

22. Do you think you can protect yourself from HIV?
a. Yes, by not shaking hands with people with HIV
b. No, never
c. Yes, by using special means for protection

23. Do you think that the elephant can swim?
a. Yes, long distances
b. Yes, a little
c. No, it cannot

24. Where do you think a person with HIV should first go to get treatment?
a. At home
b. To the hospital
c. To the pharmacy

25. What do you think lions most often do during the night?
a. Play with each other
b. Sleep
c. Hunt

26. Do you think that people with HIV become sick immediately?
a. No, they don't
b. Yes, immediately
c. Yes, on the next day

27. Baby camels;
a. Are born without a hump
b. Start eating solid food immediately after being born
c. Are born with a hump

28. HIV can be diagnosed by:
a. The doctor
b. Cannot be diagnosed
c. A test

29. Which color can zebras not see?
a. Brown
b. Green
c. Orange

30. When someone gets HIV infected, he understands it immediately?
a. No, in most cases
b. Yes, in most cases
c. Yes, always

31. A group of kangaroos is called:
a. A flock
b. A mob
c. A tribe

32. Most snakes have;
a. 2 teeth
b. No teeth at all
c. Six rows of teeth

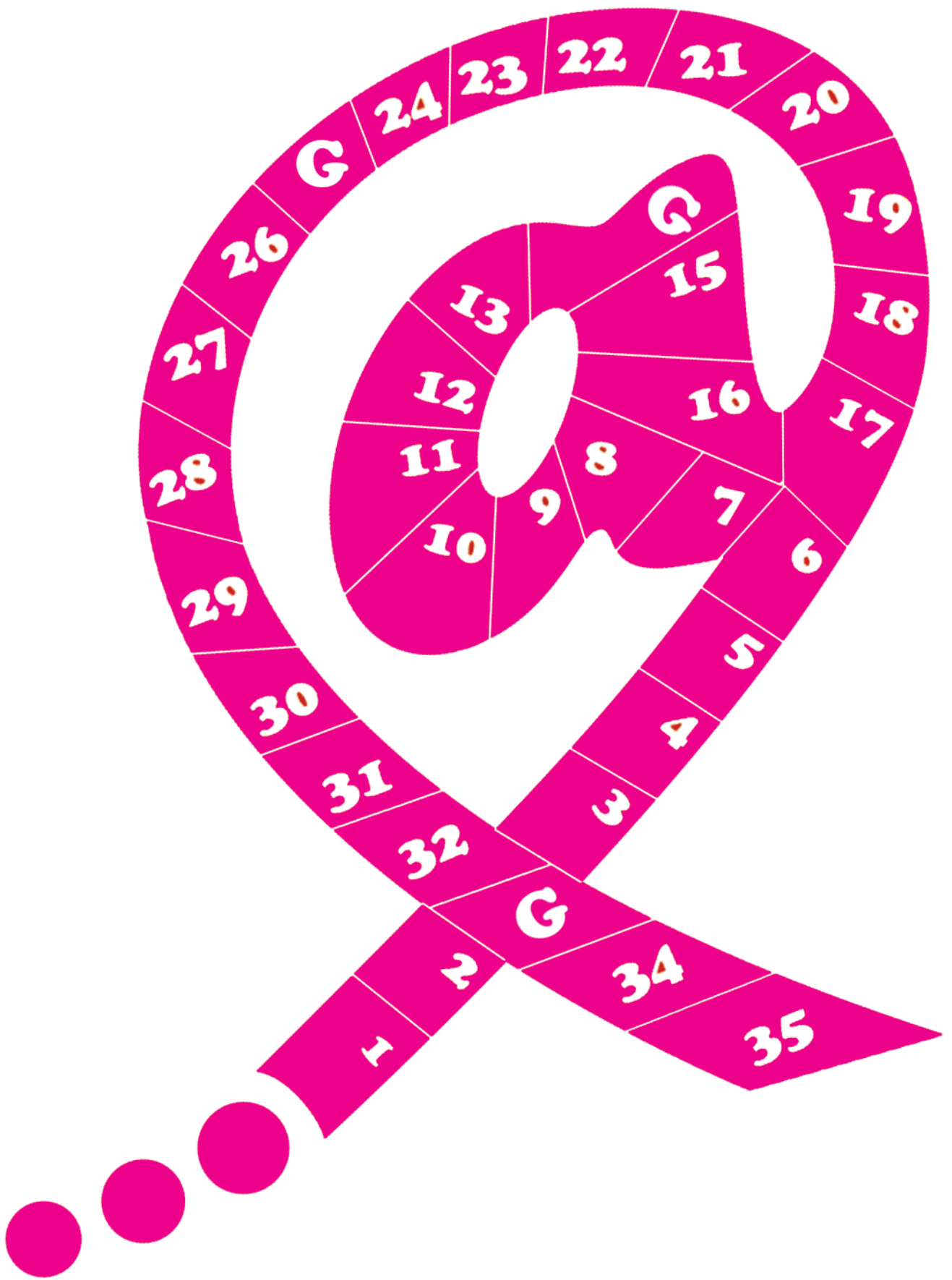
33. Kids become HIV infected as often as adults. Is it correct?
a. Yes
b. No, kids cannot be HIV affected
c. No, HIV rarely affects children

34. Do you know how a group of owls is called?
a. A tribe
b. A parliament
c. A flock

35. Salamanders breathe:
a. Through their skin
b. With lungs
c. Through their tails

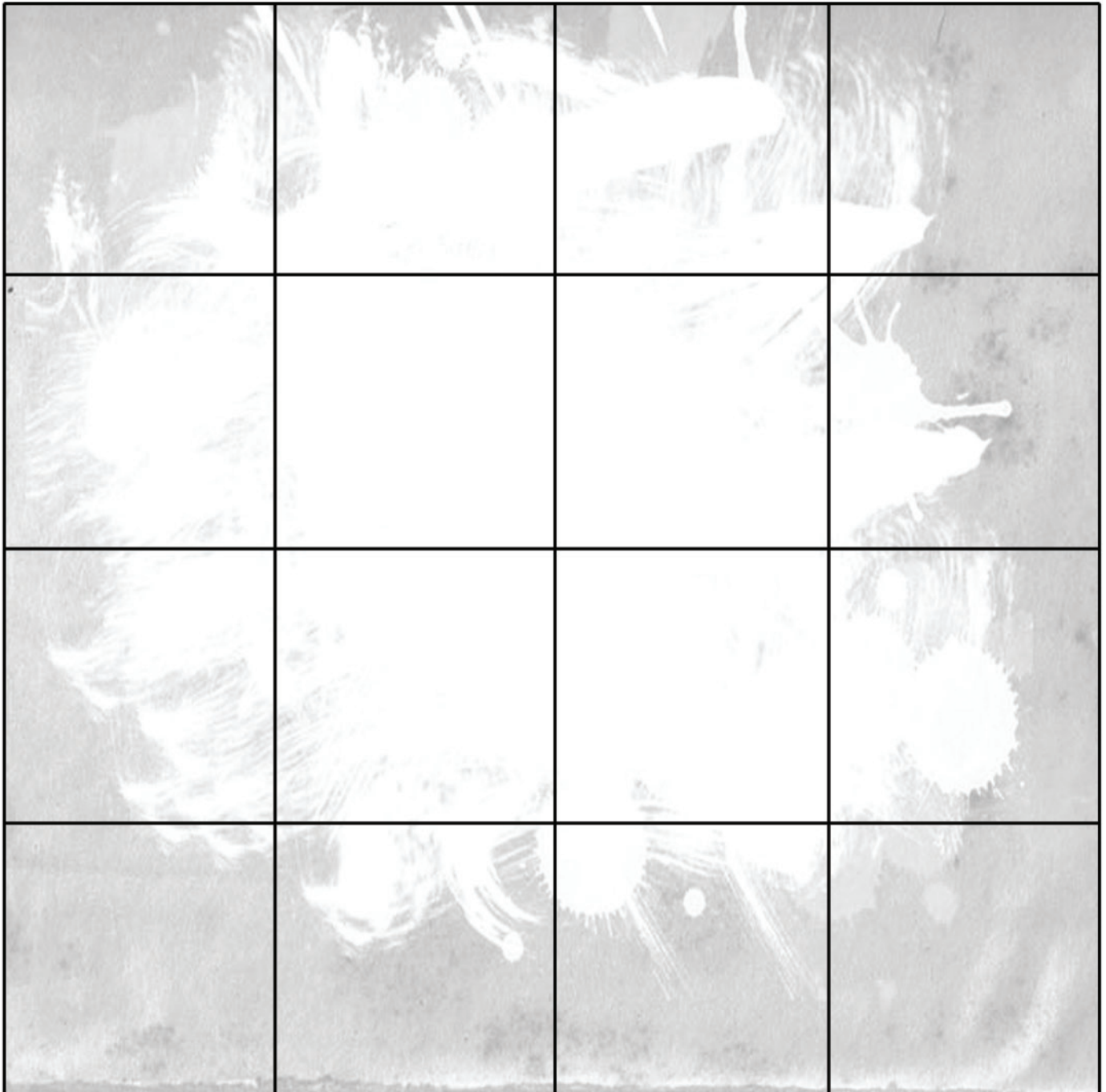
36. Alligators cannot:
a. Move backwards
b. Swim
c. See very well

I Play

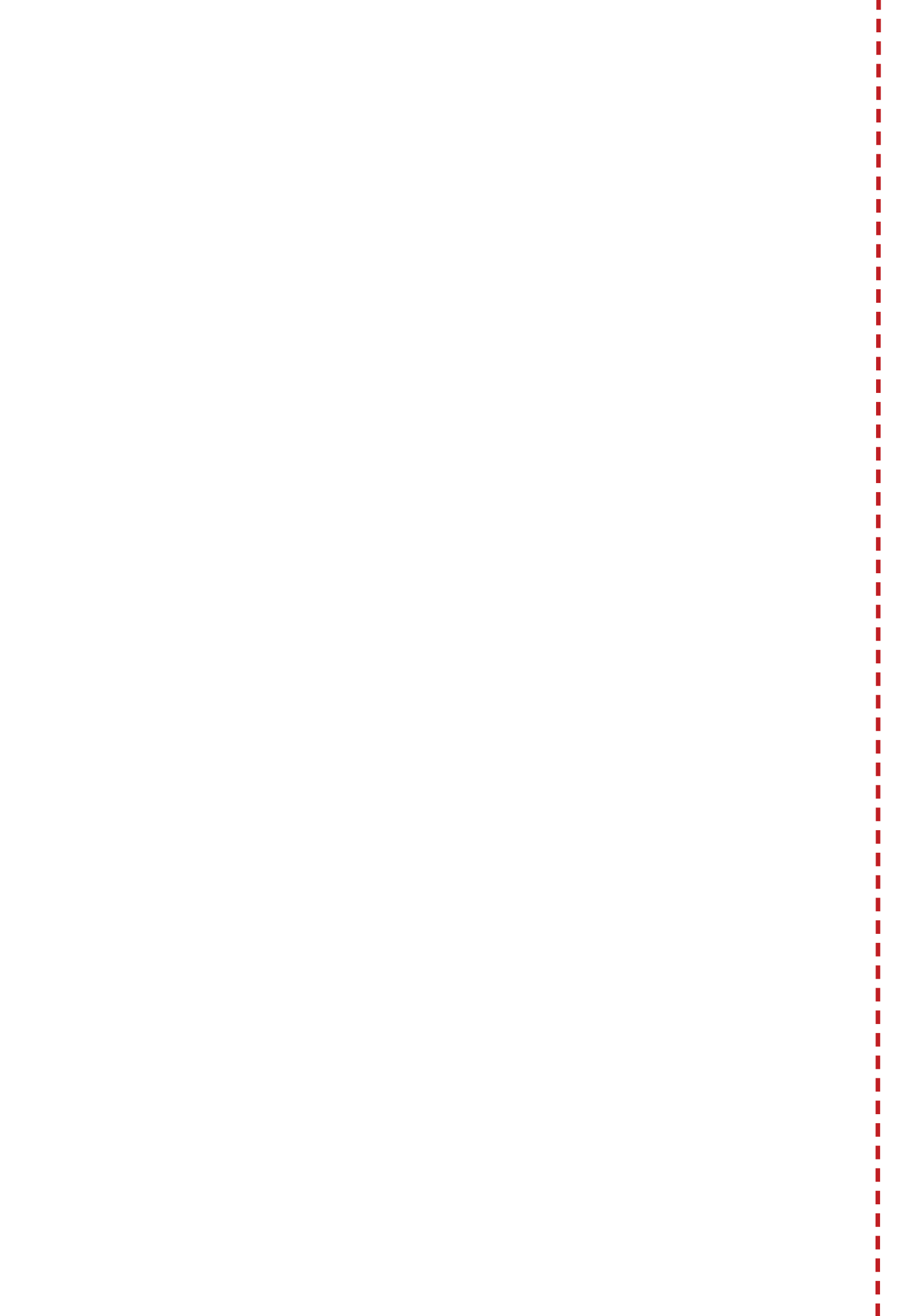




Find the Matching Pairs

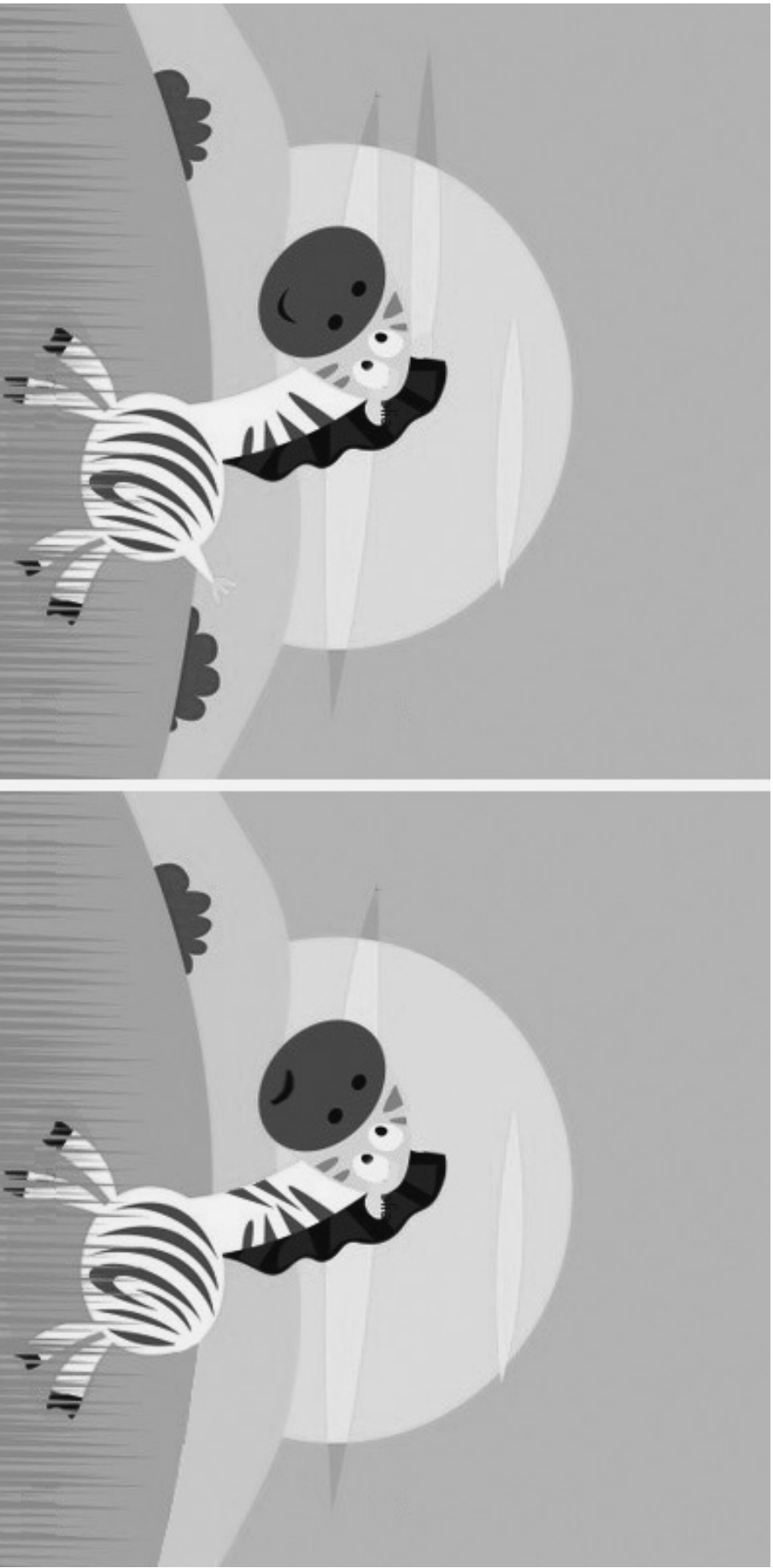


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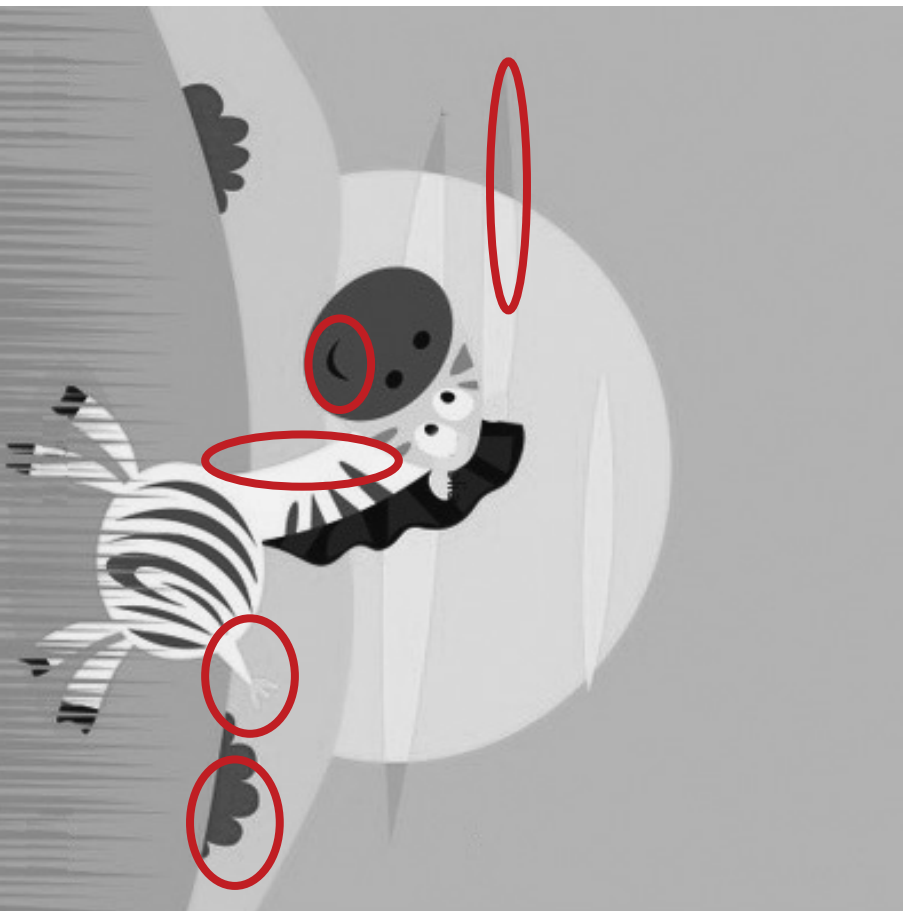


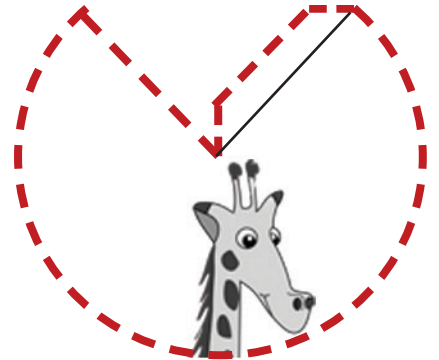
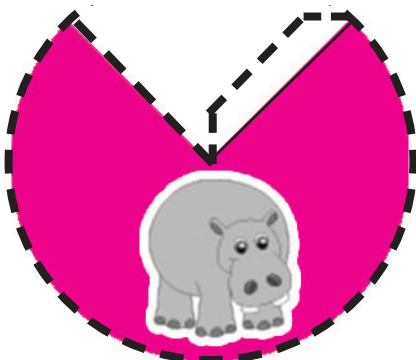
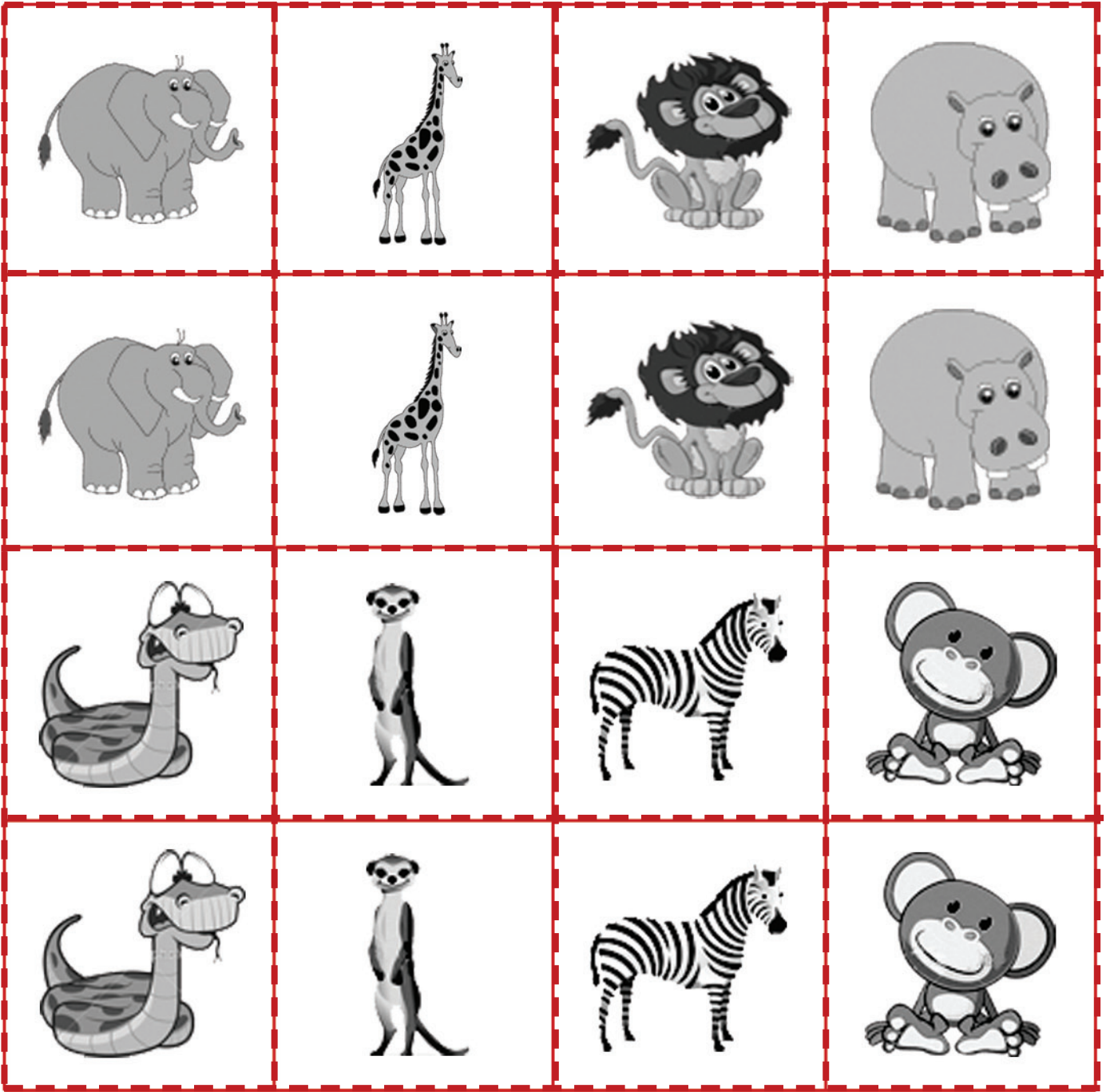
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<http://learning-tivoids.org/>



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notes

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YOUTH E-COLLABORATING IN HIV/AIDS PREVENTION

manual

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Special thanks to:

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