

KICKING AIDS OUT

Through Movement Games and Sports Activities

Oscar Sichikolo Mwaanga for the “KICKING AIDS OUT Network”





CONTENTS

Foreword

Introduction

1. Planning “KICKING AIDS OUT” (KAO) Activities
2. Beginning to Conduct KAO sessions
3. Leadership in KAO
4. Presenting KAO Movement Games and Activities
5. Organising Sports and KAO Events
6. What you need to know about HIV/AIDS

Appendix

Glossary



FOREWORD

Foreword from Dr. Gro Harlem Brundtland,
Director-General
 WORLD HEALTH ORGANIZATION

1.2 billion – one fifth of the global population – are in their teen years. They have survived childhood and are rapidly becoming adults. Patterns of behaviour take root and lifestyle choices are made. These will affect their chances of a long and healthy life.

HIV/AIDS is – to a large extent – a disease of children and young people. The majority of those who are newly infected with HIV are aged less than 24. Their infection rates are increasing.

As many will not acknowledge the presence of the AIDS epidemic, misconceptions about HIV/AIDS can prevail. Some people say talk does not save lives. I disagree. We can never talk enough about AIDS and the disaster it represents: to individuals, to communities and to entire nations. AIDS is a question of personal commitment, from each one of us.

Out of Africa comes a new method of using sport to unite children and youth to form an alliance against the ravages of HIV/AIDS. Infected or not, young people can find strength and information in games and in the joy of sports.

Sports are the most popular activity among youth and have a unique chance to educate and influence the future generation of people. Sports give the children joy and hope, opportunities to learn whilst they play with others. Using sports to educate children about HIV/AIDS can help them protect their own lives in an environment filled with positive energy. Through sports they can acknowledge the epidemic and learn the life skills to survive it.

At all times we must build on experiences from fighting the epidemic in real life. The goal of this book is to spread the method of KICKING AIDS OUT to leaders in sport and development work, and to youth around the world.

We need to continuously build our commitment, and we do it by spreading knowledge about the consequences of this global disaster – and even more importantly, about the ways to fight AIDS.

Gro H. Brundtland



This book is dedicated to all the peer coaches who work voluntarily to teach and inspire their peers and young children to survive the HIV/AIDS disaster.

Tove Strand, Director General of Norwegian Agency for Development Cooperation

This book was written by Oscar Sichikolo Mwaanga, the president of EDUSPORT on behalf of KICKING AIDS OUT Network:

EDUSPORT, Zambia

EMIMA, Tanzania

MYSA, Mathare United Sport Association, Kenya

SCORE in South Africa and Namibia

Zimbabwe Sport and Recreation Commission/Sport For All

Norwegian Olympic Committee and Confederation of Sports

The Norwegian Football Association

The Stromme Foundation, Norway

Norway Cup

NORAD

Ministry of Foreign Affairs, Norway

Special thanks to Ompy Halwindi, Emma Mutoloki, Cyprian Maro and Daphne Mwaanga

"KICKING AIDS OUT"

Through movement games and sport activities is financed by NORAD, Norwegian Agency for Development Cooperation





INTRODUCTION

People in sub-Saharan Africa and in other parts of the world, have arrived at a crossroad in the history of the acquired immunodeficiency syndrome (AIDS). AIDS has become the most serious disease to appear in modern times. In addition to the alarming statistics as shown in the foreword AIDS affects communities and families more seriously. For example it makes families poor as they try to meet the costs of health care and funerals. They become even poorer as they cope with the loss following the death of a breadwinner. AIDS disease leaves behind a trail of orphans with uncertain futures. Like many sub-Saharan Africans, I have suffered personal loss and I have been deeply affected by AIDS.

I am mindful that the fight against AIDS in the third world will be determined more by social, political and economic factors than only medical break through or technological fixes. It is also clear that local and external factors are important in the fight against AIDS. Technological interventions such as KICKING AIDS OUT at best will give very limited results unless they are integrated into comprehensive, equity-oriented and empowering approaches. As sport responds to the call to fight AIDS, it is imperative that sport leaders understand that to get at the root cause of the AIDS epidemic will require for a start cancellation of foreign debt, reversal of poverty increasing approaches, fight against corruption, and also solidarity for social justice among other things. As many have echoed, this fight also requires that we act locally and think globally.

This book is an attempt to respond to the challenge described above, and should be considered a supplement to the already existing HIV/AIDS education and work programs and activities in your school, or sports club or local community.

The justification for writing this book is twofold. Firstly, sport has the potential to deliver HIV/AIDS education and awareness activities. Secondly, the majority of the people who participate in sports activities belong to high-risk groups. Children and youth who are the most involved in sports both belong to high-risk groups. In sub-Africa, the area most affected by the AIDS epidemic, children under the age of 18 years constitute about half of the population. Thus, with regard to this area, the inclusion of AIDS work in sports is particularly crucial.

Sports activities also offer an opportunity for much-needed physical activity for HIV positive people. Physical exercise has been known to boost immunity and strengthen the psychological well-being for HIV positive people. Considering that over 90 % of the people who are HIV positive are unaware of the fact that they are infected, the opportunity to boost immunity through physical activity should be given special consideration. Sports also provide an arena for social inclusion and support, which is extremely important for HIV positive people. Furthermore, sports demonstrate both to the non-active HIV positive population and the community that being positive is not the end of the world. Sport also provides an arena where important values such as volunteering can be nurtured and fostered. Volunteers in sport represent a united force through the personal time they invest and the values they create. These volunteers represent a dedication, a wish to contribute to something that benefits the individual volunteer, the sport as a whole and the local community. This is the value of being a volunteer.

We must emulate and learn from what has been done in other sectors with regard to

HIV/AIDS. The risk of HIV transmission in sports settings is small, and most of the athletes who are infected have contracted the virus from outside the sports arena. This means that people involved in sports are faced with the same challenges when it comes to contraction of HIV. We must ensure that proper precautions against blood-borne pathogens (germs) are taken to minimise even the slightest possibility of HIV transmission in sports. Rather than repeating the mistakes that have already been made, we must build on prior successes such as united efforts of prevention and care.

on where to include other fun and educational activities such as role-playing, child-to-child activities, open discussions etc. The book contains numerous diagrams and illustrations to help you understand the proposed activities. It covers basic information about several aspects of HIV/AIDS. Many of you will have different needs, so I encourage you to adapt and use the information to suit your own situation and circumstances, such as available resources, number of participants and age groups. Throughout this book I have been guided by and used experiences, recommendations and contributions



Who is this book for?

This book is mainly for instructors of peer coaches or trainers of trainers – especially those instructors who are peer coaches themselves. Parts of the book are useful for KAO activity leaders. However, this book can also be of use for anyone involved in promoting and including HIV/AIDS education and work in sports activities and programs. This makes it a useful tool for physical education teachers and sports teachers in schools. You do not need extensive experience in coaching or in teaching sports, nor do you need access to expensive equipment to use this book. However, you need to be "AIDS competent" and capable of communicating HIV/AIDS education aspects properly. Review those pages that apply to your particular interest, for example KICKING AIDS OUT movement games and activities, leadership, planning KAO sessions etc.

How to use this book?

The book presents various ways to integrate HIV/AIDS education and work into your sports activities, in your physical education lessons and in your sports club. Several suggestions are given

from EDUSPORT peer coaches in Zambia and delegates of the KICKING AIDS OUT workshop that was held in Nairobi, Nov. 2001. The delegates represented organisations that together make up the KAO network and partnership.

I also hope that this book will provide practical advice to the sports coaches who have to deal with the numerous and complex issues surrounding AIDS and players. Sports teachers and coaches are obviously concerned about not only how to protect their players from becoming infected, but also how they can protect themselves from HIV infection. As leaders, they must deal with several dilemmas. For example, whilst working to protect the non-HIV infected, sports leaders must protect the rights of the HIV infected. This means fighting stigmatisation and discrimination of those infected and affected by HIV wherever it occurs, be it in or out of the sports arena. This book believes that HIV/AIDS work in sports (KICKING AIDS OUT) should focus on prevention and care simultaneously. This means that fighting stigma = fighting AIDS.

This book is not a "recipe" for how to address HIV/AIDS through sport activities in schools, sports clubs and the community. Experience has taught me that such a book could easily do more harm than good. Instead, I consider this a collection of examples and ideas, experiences and opinions, a means of "triggering the imagination". It is an invitation to adventure, discovery and creativity.

What areas does this book cover?

This book is a collection of methods, aids, ideas and experiences of how we can confront AIDS in and through sports. The central issue is the strategy for adapting movement games and creating new ones for the purpose of helping participants learn to develop KAO skills through a combination of sport and life skills. Particular attention is given to necessary life skills with regard to HIV/AIDS prevention. Since sports and AIDS are both broad subjects, I will not cover all major issues concerning the two areas. In addition to what has been mentioned above, this book covers the following areas:

- Planning KICKING AIDS OUT sessions (KAO)
- Conducting KAO sessions
- Leadership in KAO activities and programs
- Examples of KAO movement games and activities
- Organising KAO events
- What you need to know about HIV/AIDS

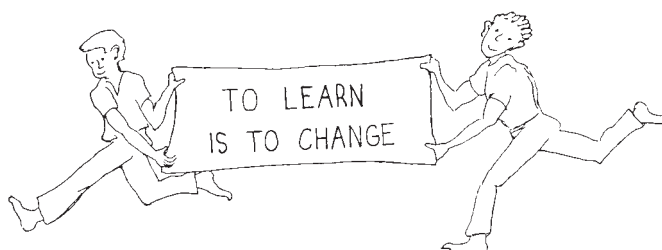
One of the valuable and exciting aspects of learning, is finding out "how to do it" on your own as well as together with other people. You learn by looking at the ways things have been done before, and by improving and adapting these methods to suit your own situation. This kind of open-ended, creative learning process is as important for instructors and trainers of peer coaches as for peer coaches. After all, finding ways to do things is the key to fighting AIDS and ultimately improving the quality of life in our communities. The instructors and trainers of peer coaches and the peer coaches themselves can set an example.

A good activities program is like a person. It ceases to be interesting when it ceases to grow or be unique!

Thus, rather than being a "blueprint" of how to conduct KAO activities, this book is a craftsman's kit of nuts and bolts and tools. The games and suggestions are based mainly on my personal experience and what I have learnt while working with the EDUSPORT FOUNDA-



TION (ZAMBIA). Some suggestions are based on several formal theories from AIDS related subjects and successful practices from other sub-Saharan African countries, for example the Mathare Youth Sport Association (MYSA) in Kenya, and the Sport Coaches Outreach (SCORE) in South Africa. So pick and choose from the proposed KAO movement games and activities, yet be critical. Use and adapt what you can, and continually recreate your own very special, unique and renewed movement games and activities. Such creativity will help Kick AIDS Out from our communities forever. Involve the participants (children and youth) in designing KAO movement games and activities in ways that allow them to claim ownership over these experiences.



1.

PLANNING "KICKING AIDS OUT" (KAO) ACTIVITIES

By the end of this chapter you should be able to plan KAO sessions

¥ That are safe, and adapted to the group and the individual;

¥ That have clear objectives

How to plan a KAO session

There is more to planning a KAO session than writing down a few ideas on a piece of paper. Players will be quick to notice if your sessions are poorly planned and they soon become bored. **Warning:** A boring session will do little to deliver KAO skills (sports and life skills). It is important to add variation to your KAO sessions and split them into parts, for example warm up for 5 minutes, followed by 20 minutes for the main activity, then cool down for 5 minutes. This helps you to plan time effectively and prevents important aspects of the sessions from being left out due to lack of time. It is better to prepare too much rather than too little, provided you do not cram everything into one session. Activities you do not use in one session can be used in another. Consider the following factors when planning a KAO session:

- Who will be in the session?
- How will the session be kept safe?
- How to begin and end a session, and what to do after the session?
- What activities should be included?

The following is an example of a session plan for an independent KAO session. An independent KAO session is one that is not done as part of any sport-specific practice. It stands on its own as a KAO session. The other type of KAO session is called an integrated session and will be discussed in detail later. In Zambia, KAO independent sessions are usually performed during P.E. (physical education) classes. When they are conducted for children under the age of 12, they are combined with basic sport skills. **Basic sport skills** form the foundation for all sport skills, such as running and jumping, throwing

and catching and hitting and kicking. For those over the age of 12, KAO chooses activities that the players are already familiar with.

KAO session plan

Date: 03.07.02
Venue: St. Patrick's school
Time: 14:00 hours
Duration: 30 minutes
Group: girls

Age: 8/9 years Number: 40

KAO Objectives

Life Skills Objectives (LSO): To help players understand that HIV infection in our community is spreading rapidly

Sport Skills Objectives (SSO): To help players learn sprinting and changing direction while in motion.

Equipment

Soft home-made balls.

Organisation

Verbal introduction and warm up with Sugar Daddy, which is game number 2 in chapter 5 (5 minutes).

Main content

- Jogging to sprinting when coach blows the whistle (5 minutes).
- Jogging to change of direction when coach blows whistle (5 minutes).
- Group relay games combined with picking cards with "HIV spreads fast" written on them. Race to a 30m line, pick card and race back to starting point and tag the next player. Place

the card in an agreed upon order near the group (15 minutes).

- As part of the final activity, the activity leader facilitates a discussion about how fast HIV infects a population (3 minutes).
- As part of the child-to-child assignment the players must go home and teach their younger siblings about how fast HIV infections can be spread in the community.

you plan to teach. For example, if you find that during a match your players have difficulty getting free to receive passes, you may want to teach them dodging. A KAO tag game, for example game number 4 in chapter 4, can help you combine both dodging skill and life skill. Through this game you can combine your dodging skill training with a lesson on how condoms protect. This could be an excellent warm up



Integrated KAO sessions

Most of the KAO movement games and activities in sports clubs will be done as an activity during breaks or as a warm up or cool down before, during and/or after sport-specific practice. This means that integrated sessions are planned as part of the daily practice. 10 minutes is sufficient to conduct a KAO activity as part of an integrated session. The KAO activities will mainly constitute a movement game and a short discussion that concludes with a child-to-child assignment. Role-playing, dances or non-movement games can be used to add variety. In this book, however, the emphasis is placed on movement games. When you plan an integrated session, make sure your movement game includes both Sport skill objectives (SSO) and Life skill objectives (LSO) games. It is important that your SSO and LSO are communicated to ensure that the players understand the purpose of the set objectives.

When possible, the SSO in the KAO movement game should be related to the sport skill that

activity. An example of an integrated KAO session plan has been left out because such KAO sessions are planned as part of the normal practice, or as part of physical education lesson plans.

KAO objectives

For all KAO sessions, we set two types of objectives: Sport skill objectives (SSO) and Life skill objectives (LSO). Examples of these types of objectives are given in the KAO session plan presented above. In addition to these objectives, enjoyment, fair play, satisfaction, enhanced skills, empowerment and self-esteem development, leadership development, co-operation and sportpersonship are emphasised in all KAO activities. To evaluate if you have achieved your purpose, cross check with the objectives you have written down in your session plan. As a general rule, all your objectives must be "**SMARTER**". They must be:

Specific. For example: players will run for 3 minutes non-stop (SSO), and be able to list one available essential HIV/AIDS prevention method.



Measurable. Players must improve their personal record by half a second (SSO) and name at least two diseases associated with AIDS (LSO).

Agreed Upon. The players must agree with your objectives.

Realistic. To have knowledge about LSO, for instance that it is unrealistic to eliminate AIDS in a community within a period of one month.

Time – frame. By the fourth session, students have improved their passing by 10% (SSO) and players must have acquired knowledge about all methods of HIV prevention.

Exciting. All KAO activities must be exciting for the players if they are to benefit from them.

Recorded. Make a note of the progress so that all players can measure their improvement.

Who will be in the sessions?

Before you plan the activities in your sessions, it is important to think about the players you are teaching. You can then prepare the sessions according to their needs and level of experience. The following examples show the sort of information you will need to know.

- How many players will be attending your sessions? This helps you to ensure that there is enough space and equipment to carry out the various activities. Make sure you are prepared to adjust activities/sessions to include fewer or more players than planned for.
- What are the abilities and experiences of the players you are teaching? For example, are they beginners? Do they take part in any KAO or sport activities in or out of school or in a club? Are some players more skilful or more experienced than other players?
- Are the players mature enough for HIV/AIDS education and is it culturally acceptable for the coach to teach about AIDS?

- Are there both boys and girls in the group? Some KAO topics are best dealt with by dividing girls and boys into separate groups. Others are best covered in mixed groups.
- What is the range in terms of physical and mental maturity of the group? Sometimes age can be misleading as students develop at different rates, particularly in terms of size and strength levels.
- What are the needs of the group? Some groups need more explaining, encouragement, and guidance or time when doing KAO activities.

Disabled players should be involved in KAO movement games and activities. To include disabled players, discuss with your colleagues what modifications to make in the activities to accommodate the disabled players.

How to keep sessions safe?

In sports, accidents do sometimes happen, and coaches have a responsibility to try to prevent them from happening. Sessions should start with a warm-up and finish with a cool-down to reduce the risk of injury. The following list shows you examples of safety aspects that you should consider at all times throughout the planning phase. You should check:

- For obstacles or potential hazards, for example dangerous surfaces.
- Whether there is enough playing area for the number of players in the group.
- The location of the nearest medical help or first aid
- That any equipment needed for the session is safe and in proper working condition
- Whether any of the players have a specific disease such as epilepsy or diabetes. Note that HIV-infected people are not suffering from any disease, they are simply HIV positive. You do not need to know the HIV status of your players. Remember that the risk of HIV transmission in sport settings is very small. Proper use of universal precautions for blood-borne germs, such as removing all bleeding players from the playing field, provide proven and effective methods of prevention against contracting HIV.
- That safe drinking water is available
- That activities are managed, controlled and officiated properly.
- That players do not dehydrate: look out for signs of faintness.

How to begin the session

The start of each session is very important. It can affect the players' attitudes towards learning, their enthusiasm and their desire to have fun. Start with a brief recap from the events and the knowledge gained from the previous sessions. Get feedback from the child-to-child assignment. Also, set aside some time to find out if they remember the sport skill they learnt the previous session. You should acknowledge their efforts in doing the child-to-child assignment, and the effort they put into the previous session. Also, it is important that you motivate the players by creating a safe and inclusive atmosphere.

When planning KAO sessions for young children, you should:

- Make sure the activities, and especially life skill education, are suitable for their age, physical development and sports skill level.
- Modify all aspects of the game to fit the children.
- Make sure there are frequent breaks so that they can have a rest and a drink.
- Make sure to vary the activities and keep each one short; children get bored very easily and do not concentrate for very long on one activity.
- Use different movement games and activities for children to understand any given life skill. The same applies for sport skills. Use different drills to teach each skill.
- Teach them what they need and what you want them to learn, and conduct your teachings in a way that allows them to enjoy it.

How to end the session

At the end of the session always try to recap on what your groups have achieved in terms of set KAO skill objectives. This reinforces progress and learning. Being positive at the end of your sessions will help encourage players to practice some of their skills, look forward to the next session and carry out the child-to-child assignment with enthusiasm. To prevent muscle soreness and injury, your groups should cool down at the end of each session. Cooling down activities might include gentle jogging or walking and stretching. Cooling down activities should never be physically demanding.

After the session

One very important stage often overlooked by coaches is evaluating a KAO session or course of sessions. This is important not only because KAO activities are a type of health education, but also because evaluation forms a basis for future planning. It helps you to evaluate your progress as a coach, as well as providing you with feedback on the progress of your groups. To ensure an accu-

rate record, take notes as soon as possible after each session.

Planning a series of KAO sessions

In order to help your groups further develop their sport and life skills, there needs to be continuity and progress from one session to the next. To go through a session once is of little use if you never revisit the work covered; the chances are your groups will forget most of what they learned. Revisiting already covered KAO sessions has many advantages:

- It reinforces what players already know and helps them remember what they know.
- It gives players a chance to evaluate themselves on their progress.
- If there is improvement, confidence is boosted and they can move on to the next stage.
- It gives you feedback on the effectiveness of your teaching, coaching and facilitating.



Keep in mind that KAO activities are based on the needs of the players and the community. Your objectives must reflect both of these aspects.

Your objectives may have to be changed according to how quickly and effectively players learn. In order to keep objectives SMARTER, you need to revise them on a frequent basis. Ensure that your long-term KAO sessions plan shows how you progress from one session to the next.

Integrating KAO into school and sports club programs

From the introduction you recall that doing KAO sessions should be complemented and supported by what you do in other school and club activities and programs. Integrating KAO sessions and activities into other school and club programs is very important. Integrating KAO into already existing AIDS work in your school and sports club will ensure that you put to maximum use the limited resources you have for AIDS work. Planning the integration well will also prevent you from repeating what the players have learnt in other school or club programs about AIDS.

Planning a KAO session can be a more complicated process than it sounds. There are several factors you will have to consider as you work and plan to integrate the KAO sessions into other school or club AIDS programs. Here are some of the questions you will need to ask when planning to integrate KAO sessions and activities into your school's or sports club's AIDS work:

- What is being done with regard to AIDS work? Is there already an existing curriculum or other activities that focus on HIV/AIDS in your school or club? Who is in charge of the

AIDS activities? Does an HIV/AIDS policy exist and to what extent is it being implemented and supported?

- What topics are being taught and covered on AIDS? How do they feel about each topic, including sensitive subjects such as sex education?
- Are young people involved as peer educators? If yes, are they "AIDS competent"? What type of health educational material is available, and to what extent and in which ways can this material be included into the KAO activities?
- Are HIV positive role models being used as resource persons in the school's or the sports club's HIV/AIDS work?
- What do parents, teachers, community leaders and health workers feel about the need for integrating KAO programs into what is already being done?
- How should the KAO content be organised to ensure an integrated and comprehensive curriculum rather than a haphazard and crisis oriented approach?
- How much time should be allocated on the timetable for HIV/AIDS related topics?
- Should KAO be assessed as part of the health education or PE examination in schools?
- Do we need to change the KAO activities in order to increase their effect with regard to AIDS related work?
- What scope is there for project-based activities, field visits and child-to-child activities?
- What can local participants (such as the club or school task force or committee, contact person etc.) do to involve target groups (such as sports associations, health workers, health organisations, parents and teachers) in the planning and implementation of KAO activities?
- Which organisations are working with the club or school with regard to AIDS work?

IN THIS CHAPTER I HAVE LOOKED AT:

1. Planning and its importance for KAO sessions. We have seen that planning is an essential part in conducting KAO sessions. It is always better to prepare too much rather than too little; what is not needed immediately can always be used in another session or event or activity. To help your groups progress in their skill development, it is vital that you think about what they and you are aiming to achieve. Once your goals are established, you can proceed with planning your sessions accordingly, and gather or make any necessary equipment.
2. How to integrate KAO sessions and activities into already existing AIDS work in the school or sport club is important. I have brought up a number of factors you need to consider when you decide to integrate your KAO sessions and activities into the school or club programs.

2.

BEGINNING TO CONDUCT KAO SESSIONS

‡ By the end of this chapter you should be able to make productive, enjoyable and motivating KAO sessions.

Most of the work we do in KAO focuses on how to effectively make sessions that are enjoyable, motivating, yet educative and productive. To be able to conduct and lead successful KAO sessions and activities, you must:

- Understand your players and their needs.
- Be "AIDS competent".
- Understand the dynamics of integrating sports and life skill training.

It is important to know and understand your players and their needs as individuals and as a group. Once you have some knowledge about your players, it will be much easier to help them and encourage them in both life and sport skills. What is your role?

The nature of KAO: to integrate sports and HIV/AIDS life skill training, makes your role a dynamic and challenging one. You will be expected to assume different roles in different situations. Your role includes acting as:

- Guardian and motivator to ensure that activities are fun, safe and fair, and to generate a positive and enthusiastic attitude in each player.
- Organiser to ensure that every player gets maximum opportunity and time in each session and activity.
- Trainer and educator to improve both sports and life skills.
- Leader: To commit to lead by example in both sport and life skills aspects of KAO.
- Facilitator: To ensure that an environment marked by open dialogue and respect is created and maintained at all times.

The kind of activity climates you set in your sessions and the way you relate to your players says a lot about how well you perform with regard to the roles listed above.

Motivation

Not all players will be enthusiastic about taking part in KAO activities, particularly if they fear they will not be good enough. As a guardian and motivator, your effort in motivating players is important and cannot be overemphasised. Because most of you will be dealing with large groups, it is impossible to deal with the individual player's motivation problems. Thus, it is important to create a motivating activity climate that the players as a group can respond to. I suggest a procedure represented by the acronym TARGET or simply the TARGET procedure.



By using the TARGET procedure, we can create suitable and motivating KAO activity environments.

T = Task design

A = Authority structure

R = Rewarding

G = Grouping

E = Evaluation

T = Timing

1. Task design

- A. Structure the sessions and activities so that everyone can feel a sense of achievement.
- B. Make the tasks interesting and fun through variation and personal challenge
- C. Establish realistic short and long term goals

2. Authority structure

- A. Involve the players in decision making, for example when finding alternatives to a new game.
- B. Provide opportunities to choose and make decisions during the activity or learning process and empower players to take responsibility for their own learning.
- C. Empower the players to develop personal control and independence, and be sensitive to any pressures/anxieties players might have.

3. Rewarding

- A. Be enthusiastic at all times; this has positive effects on others.
- B. Recognise, reward and encourage individual effort and achievement.
- C. Give rewards that are informative and related to the learning process. For example, instead of money, you can give a ball to the most community active team.

4. Grouping

- A. Remember that the way you group the players can have motivating or de-motivating effects. Rarely allow players to pick teams. When players pick teams they usually discriminate the untalented or unpopular players. Obviously, it is demoralising for players to be discriminated against.
- B. Encourage and provide opportunities for group learning and keep all players actively involved.
- C. Give the players opportunities to be in mixed groups, for example boys and girls, skilled and less skilled, etc.

5. Evaluation

- A. The way you evaluate your players is crucial to their learning and enjoyment.
- B. Evaluate for improvement and learning in both sport and life skills.
- C. When evaluating, do not compare one player to another. Evaluation should be self-referenced. For example, a player can compare his or her

performance yesterday with today's performance.

6. Timing

- A. The pace of instruction and the time allocated to completing tasks can be motivating or demotivating.
- B. Adjust task and time requirements for players who are experiencing difficulty in acquiring skills.
- C. Try to allow players to determine the optimal progress of their own learning process.

It will take some time to master these procedures, but when you do, you will surely appreciate the magic it puts into KAO activities.

Demonstration

Actions speak louder than words. Many young players find it easier to take in visual information rather than long explanations. This means that demonstrations are extremely powerful tools in KAO activities. You must, however, learn to use them appropriately.

- Position the group so everyone can see the demonstration clearly and hear what you have to say. For example, make sure no one is behind you or looking directly into the sun.
- Make sure the demonstration is simple enough for the group to copy.
- Do not be tempted to tell the group everything at once, select one or two key points, for example 'watch my feet'.
- Repeat the demonstration at least twice.
- Let your players have a go and give them sufficient time to practice.
- Use the players in your group (rather than yourself) for demonstrations as often as possible.
- Encourage players to observe and learn from the other players' actions.

How to give positive feedback

Players like to know how they are doing and will often look to you for feedback. Your comments will inspire them but when practicing sport skills, you should also encourage the players to listen to their own senses. They should learn to ask themselves questions such as: 'Does this action feel right? Does the statement agree with what I know? Feedback helps the learning process as it can reinforce good practice (effort) and highlight how the effort can be further improved. Too often, coaches and instructors and people in general are inclined to focus only on what is wrong, which can be very demoralising. Here are some tips on how to give players positive feedback.

- Build on what they do well and show how they continue to improve their skills.

- Make sure you give feedback both on sport skills as well as life skills practice.
- Your life skill feedback should include what the players are doing or trying to achieve in their community and at home. For example, you can give feedback to those players who do well in their child-to-child assignments.
- Make sure feedback is accurate and frequent; this helps the learning process and reduces the likelihood of reinforcing bad practices.
- Give feedback when it is needed and when it seems appropriate. It is possible to overdo feedback. Overdoing feedback may cause in the players an increased lack of confidence.
- Give credit only when it is due but always acknowledge effort.
- Encourage players to give each other feedback and rather than always relying on you for feedback. Also teach players how to give each other positive feedback.

How to find out more about conducting KAO session

As your involvement in conducting KAO activities increases, you will become more and more experienced. You will learn from observing and analysing the progress of those you teach

during sessions and other KAO activities. You will learn from your players, other KAO activity leaders and from your own successes and mistakes (for example, why did that group expand its knowledge about HIV prevention methods faster than the other one? Or why did that group progress faster in passing skills than the other one?)

Clearly, to learn more about conducting KAO activities and programs one has to gain a sufficient understanding of three things: HIV/AIDS related life skills, sports and the players. Chapter 6 covers the minimum HIV/AIDS facts and information you need to conduct KAO sessions. You will be wise to take a course with your local AIDS organisation to build up your AIDS competence. It is important that you connect your KAO activities and program to your AIDS organisation. They will usually be happy to work with you. They may help with training and in the provision of HIV/AIDS materials and teaching aids. For your sport skill knowledge, your national sports councils and associations usually have basic sport coaching courses and materials. Most material dealing with life or sport skills will have some topics about how to work with young people.



IN THIS CHAPTER I HAVE LOOKED AT:

1. Teaching and conducting KAO sessions can be extremely rewarding. Your effort will not only offer your players enjoyment, personal development and physical well-being. It may also save their lives in equipping them with AIDS-related life skills.
2. The way you teach and deliver sessions will determine how much they will gain from their involvements in KAO activities. Understanding the learning process, which is an essential part in the development of KAO skills, is very important.
3. Effective communication, demonstration and feedback are important aspects of good KAO sessions and activities. Always strive to keep your group motivated and encourage players to respect each other's rights through fair play, both on and off the playing field.

3.

Leadership in KAO

By the end of this chapter you should be able to:

¥ Understand the meaning of leadership in KAO programs.

¥ Understand the importance of good leadership.

¥ Understand your role as a leader in KAO.

We have heard it said many times that leadership at all levels is crucial in the fight against AIDS. In this context, leadership simply means the process of influencing others towards the set goals. Team leaders, team captains, and peer coaches, instructors and trainers of trainers, coaches, and P.E. teachers and sports administrators, are all central agents in this work. The AIDS work in sports or KAO calls for leaders who are willing to make tough choices with a reasonable degree of honesty, confidence and courage, even when their choices are being challenged or met with local scepticism. For example, good leaders in sports and KAO will choose to speak openly about AIDS and sex to the players, even if it conflicts with local cultural practices to do so. *Our players' lives depend on our courage and willingness to take the lead in confronting AIDS.*

Our Responsibilities (see also Appendix)

Leaders in sports and KAO programs have a clear responsibility to:

- Acknowledge the presence of the AIDS epidemic.
- Initiate activity and develop programs that are free of stigma and discrimination of those infected and affected by HIV.
- Ensure that the rights to privacy and confidentiality of those who have contracted HIV are respected.
- Ensure that HIV/AIDS prevention and care are done together and that they are included as central aspects in all programs and activities in sports.
- Ensure that all players are treated fairly regardless of their sex, skill level, appearances, tribe, race etc. (i.e. ensuring equal rights).
- Encourage open discussions about sexual relationships

- Seek and provide resources that are required to reverse the spread of HIV/AIDS, especially to those involved in KAO programs.
- Network with organisations in the community that work with HIV/AIDS education, care and support.
- Ensure that your sports organisation has a sound HIV/AIDS policy and that this policy is implemented.
- Ensure that Red cards are given to sports leaders who expose players to sexual and/or other forms of abuse. Also, Red cards should be used to reprimand acts of stigmatisation and discrimination of HIV-infected people, and given to participants who are under the influence of alcohol and/or drugs while participating in sports and KAO programs.

Acknowledging the epidemic

If we are to be able to do anything worthwhile about HIV/AIDS in sports, we must first and foremost break the silence surrounding the epidemic. AIDS is real. To acknowledge this epidemic also means that we must be willing to engage in an honest and open discussion about HIV/AIDS. Though difficult, sports leaders should acknowledge that they personally as well as professionally, are living with and affected by the epidemic just like the rest of society. A good sports and KAO leader understands the consequences the AIDS epidemic has on him or herself and his or her players, their families and community. Experience from around the world shows that by discussing HIV/AIDS openly and sensitively and then taking action, leaders at all levels can make a difference. KAO movement games and activities in chapter 4 are useful tools in helping sports leaders introduce discussions about HIV/AIDS in a "sporty way".



A good leader knows that his players (especially the girls) are among the most vulnerable to infection. The epidemic should force good sports leaders to show courage and take personal responsibility to ensure that we do more than just talk about the actions required to confront the epidemic. For example, knowing that alcohol and drugs impair judgement to use condoms, a good coach will ensure that the 'no alcohol and drugs' rule is upheld among the players on his or her team.

In addition, sports leaders have a responsibility to contribute to the well-being of their community. Sports leaders use the popularity of sports to confront the negative issues in society. Good leaders can use the popularity of sports to influence positive changes. This will include insisting that the community talk about sex and AIDS in an open manner, to openly react against the violence against girls and women, and to openly speak up against drug use, poverty etc. KAO and sportleaders should make a clear stand on issues related to HIV/AIDS.

The role of KAO and sports leaders in the fight against stigmatisation and discrimination

With good leadership, the fight against stigma and discrimination in sports may earn quicker results. There are more difficulties in addressing stigma and discrimination in families and in the religious sector. Sports is the most popular activity among youth, thus it has become an important part in the development of many young people. This has given sports a far-reaching influence on many young people throughout the world. This presents opportunities and challenges for KAO and sports leaders to build non-stigmatising attitudes in young people and sports fans. Below are listed some tips for sports and KAO leaders in fighting discrimi-

nation and stigmatisation in their organisations:

- Using KAO movement game and other activities such as role-play, sports leaders should start to educate their players about the unfairness of stigmatisation and discrimination.
- Encourage and support research on stigmatisation and discrimination within the sports setting, and use the findings to design actions and policies to promote openness and acceptance.
- Include educational activities developed specifically to help HIV-infected and affected children to cope with stigma.
- Involve sports men and women living with or affected by HIV/AIDS as resource persons in your sports programs and activities.
- Ensure that sport coaches are "AIDS competent" by including HIV/AIDS related issues, such as counselling skills, in their coaching education.
- Identify sports slang, songs, gestures and traditions in general that are stigmatising, and promote alternative language that is caring and non-judgemental.
- Raise awareness so that players and communities can access interventions (e.g. care and support services, prevention of mother to child transmission, etc.) as they become available, or hold authorities accountable if not available.
- Create important networks between your sports organisation and HIV/AIDS organisation and support groups at the local level.
- Appoint HIV/AIDS or KAO contact persons in each sports team or group you work with. Also make your contact persons "AIDS competent" through training them.
- Promoting hope and acceptance should be the key response to stigma at all levels of your sports organisation.

The Chinese proverb says it all about the KAO leadership:

*Go in search of Your People;
Love Them;
Learn from Them;
Plan with Them;
Serve Them;
Begin with what They have;
Build on what They know.*



*But of the best leaders
when their task is
accomplished,
their work is done,
The People all remark:
"We have done it Ourselves."*



Practical guidelines for KAO and sports leaders

In my opinion, the most important quality of the KAO and sports leaders is their ability to serve as positive role models through their own actions. "Do as I say not as I do" leadership styles are not only outdated, they are disastrous in light of AIDS work. As leaders we need to:

- Be willing to review those of our habits that contradict what we want our players to learn, such as making jokes that are stigmatising to girls or to HIV-infected people. One example I like to give is about a football coach in Zambia who tells his players not to play as if they are HIV infected (meaning that they are not playing tough enough).
- Respect the ideas of the players and build on their experience. A good leader constantly reminds his players how much they count as individuals and as a group.
- Communicate effectively. Keep your language simple. Use words that players can easily understand. Avoid technical language; it is a sign of a poor communicator.
- Be a good facilitator. Encourage free dialogue, criticism, questions, initiative, and disagreement. Ask questions to encourage players to think critically and figure out things for themselves.
- Identify with and defend the rights and interests of those in greatest need. These include the infected and affected by HIV, the poor, girls and street kids who are part of your program.

IN THIS CHAPTER I HAVE LOOKED AT:

1. The importance of good leadership in sports related KAO or AIDS work. Leadership at all levels of sports is needed in order to effectively address HIV/AIDS in and through sports.
2. That we must acknowledge the existence of the AIDS epidemic and how it affects you as a person, and to honestly and openly talk about it to your players is an important role in KAO leadership. Leading the way in fighting HIV/AIDS-related stigma is another area where good leadership is required. Leading by good example sums up the type of leadership that is required in KAO.

4.

Presenting KAO Movement Games and Activities

¥ By the end of this chapter you should be able to understand how KAO movement games and activities are presented.

KAO movement games and activities: ideas and examples

Anyone can change or create a new game for Kicking AIDS Out. During the past 5 years, I have witnessed EDUSPORT youth peer coaches in Zambia; and devised literally hundreds of KAO movement games. In this chapter, I will present some of the more familiar game forms as well as a few not so familiar games. All games presented

are workable and effective in the sense that players enjoy playing them, they foster motor and sport skills development and they are able to communicate health education information. To meet specific objectives with the KAO approach and to meet the needs, interests and abilities of your players you may need to make adjustments in these activities. Sometimes these adjustments will be minimal, other times dramatic.

The process of changing games involves three basic stages:

- a) understanding the basic structure of games in general,
- b) modifying the structure for a specific game and
- c) altering the game's degree of difficulty.



How the games are presented

Each game has several sub-themes and illustrations to make it easy for you to use and follow the explanation. Some obviously important sub-themes such as introductory remarks and conclusions have been left out, since the game leaders are expected to make their own remarks. Remember to be brief in your remarks.

Your introduction will help your players understand the objectives that you wish to achieve in the game. On the other hand, your concluding remarks will help put things together. Especially for KAO movement games, your concluding remarks are important as they make it clear to the players that what happens in the game may conflict with what happens in the real world. This will also give you an opportunity to correct misunderstandings that may occur during a game.

Now let me say a few things about some sub-themes. Each game has a sub-theme with suggestions of **varying degrees of challenge**. They are meant to provide you with options to quickly add variations as you observe the game being played. You will notice that only sports skill related variations are presented. This is because we want to use several sports skills variations to emphasise the same life skill lesson. We want to avoid having more than one emphasised life skill objective. This makes it easier for the players to understand the life skill purpose of the game.

Every game also has a **follow-up activity**. Some consider this a concluding activity. Whichever way you choose to look at it, remember to take this part seriously. Using the follow-up activity, we want our players to start to think seriously about the life skill presented in the game. Using several other enjoyable activities such as role-play, songs, dance, puppet shows, open discussions (dialogue) and question and answer sessions, the players are involved in reflecting on the issue at hand. During the follow-up activities, we want the players to find practical solutions to the problems. The players will be more willing to commit to good health practices if they participate actively and are responsible for their own learning process. An important part of the follow-up activity is the child-to-child activity. Child-to-child activities provide an opportunity for your players to take the health and sports lesson to their younger friends and siblings at home.

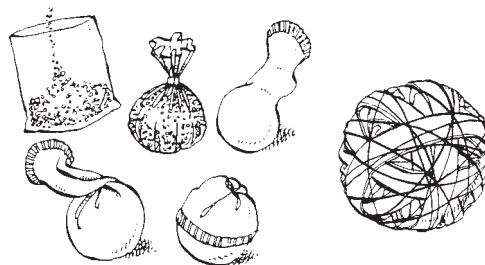
I have also included a list of **alternatives** to help you start thinking of creating new games for future use. The list is meant to offer alternatives

generated by using the "what if" approach. The alternatives are both life and sports skill based. Also note each game has a space for you and your players to write the local name of the game. All the games also have suggestions about where the game can be used: that is, i.e. an integrated activity within a normal practice session or an independent session for example in P.E. classes. This has been called the **recommendation** sub-theme. Although each game targets specific age groups, individuals of all ages, sexes and abilities can play most if not all games presented. I have used complexity of the life skill objective to classify the games according to age groups. The age group classification is as follows: 7–10 years; 10–13 years; 13–16 and 16–19 years. As a game's design changes, it might be more appropriately classified for one age group than for another. **Perhaps there are more suitable ways to categorise the games! What do you think?**

Movement games are not without weaknesses. We run the risk of misinforming the players or fostering unwanted behaviour, such as stigmatisation of the HIV infected. For example, a game can show that people infected with HIV/AIDS will die from this infection. Movement games as a tool to teach health education is new, thus they present us with more questions than answers. The weaknesses of movement games in presenting health education should not overshadow its strengths. I encourage KAO game leaders to be aware of the weaknesses but continue to build on the strengths this method offers. Use the follow-up activity to communicate the right information in the right manner.

Note:

1. For basic facts and information about HIV/AIDS needed for all the games, see chapter 6.
2. All KAO games presented in this book can be done successfully using cheap home-made equipment and materials.



3. Depending on the time needed to complete the activity, the following games or activities can be used as independent or integrated sessions (see also Chapter 1).

GAME 1 • SUGAR DADDY (ADD ON TAG) LOCAL NAME •

- LSO** • To help participants learn about refusal skills
SSO • To help participants practice sprinting and changing of direction

- Playing area** • A medium-sized space, indoors or outdoors
Number of players • 10 or more
Type of players • Usually played by girls
Equipment/materials • None

Description

The object is for players to try and make it across to the safe side of the city (across the playing area) without being tagged.

One player is picked to be the rich man or child abuser (in Zambia called the Sugar Daddy). The Sugar Daddy, who stands in the playing field, calls out to the kids. He or she begins the game by calling the rest of the players to play with him or her. At this time, the players are outside the city (safe side). He tries to convince them to approach him. The dialogue may be as follows:

- Sugar Daddy: Kids, Kids, lets go out and have fun together
 Kids: We are afraid
 Sugar Daddy: What are you afraid of?
 Kids: We are afraid of being abused
 Sugar Daddy: I will buy sausages and chips for you

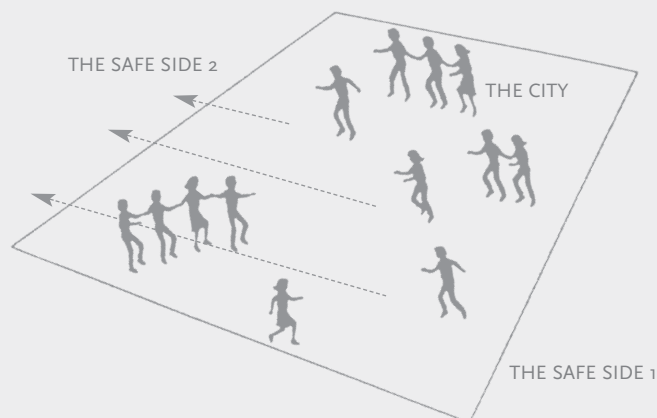
After the third attempt, the Sugar Daddy succeeds in his efforts and the kids are convinced it is safe to play with him. The players enter the city. They must run across the playing area to the other safe side without being tagged by Sugar Daddy. When tagged, a player joins hands with the Sugar Daddy and together they chase after the other players. As players are tagged, they continue to link with the Sugar Daddy by forming a chain. When there are more than three Sugar Daddies, the chain must split up. After the last player is tagged, the game begins again with someone else starting as the Sugar Daddy.

Before the game starts, the participants plan and agree on how they will answer and challenge the Sugar Daddy when he or she tries to persuade them. It is important that the players use the expressions and words that are used in real life situations.

Varying the Degree of Challenge

Could:

- We have the players run in pairs?
- We blindfold the Sugar Daddy and have the players hop on one foot as they avoid being tagged?
- We have players run backwards?



1

Age Group 7-10 years SUGAR DADDY

Follow-up Activity

The game leader assigns five players to do a short role-play on the theme in the game. The role-play may be about how adults (especially men) try to sexually abuse children. Tips on what you should do when an adult tries to sexually abuse or harass you conclude the role-play. The game leader assigns players in pairs to tell their friends in the community about what they should do when an adult tries to sexually abuse them.

→ ALTERNATIVES FOR YOUR NEW GAME

What if:

- We increased or reduced the size of the playing area?
- We have more Sugar Daddies?
- We blindfold the Sugar Daddy and reduce the playing area?
- the Sugar Daddy and the players must vary the statements during the dialog. Eg. Sugar Daddies have no AIDS.

→ RECOMMENDATION

This game is suitable for physical education lessons and extra-curricular activities. It may not be suitable as a warm up or cool down because it takes time. It can also be too physically involving as a cool down.

- LSO • To help participants learn that AIDS is real
SSO • To help participants train Sprinting

- Playing area • A large open space, indoors or outdoors
Number of players • 10 or more, but must be an even number
Type of players • Boys and girls
Equipment/materials • Small dry sticks

Description

This is a common relay game. Two teams are picked and they must race from one end of the playing area to the other, and back again. They must pick small sticks the size and length of pens from the opposite end of the starting point. Each team has an equal number of sticks at the opposite side of the playing field. They must race and each player must pick one stick at a time and take it to his or her team, which has remained at the starting point. The sticks should be lined up to make the sentence "AIDS IS REAL". A total of 27 sticks is needed for this task.

Varying the Degree of Challenge

Could:

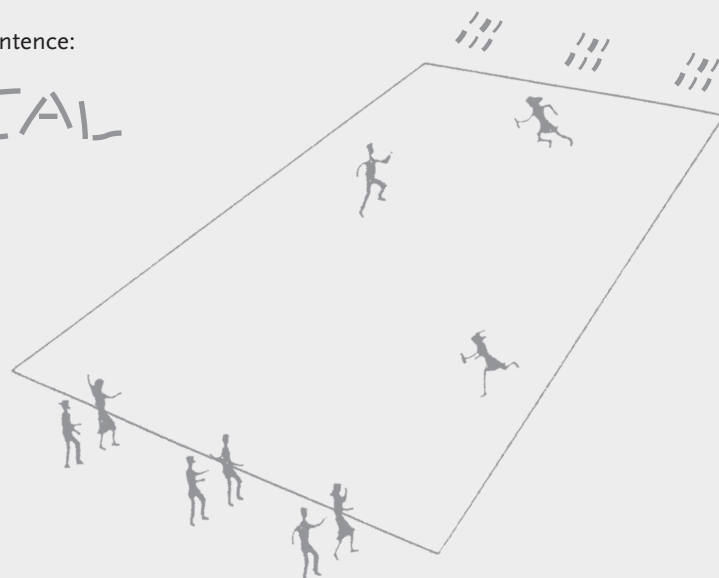
- We have the participants do frog jumps relay?
- We have the participants do a hopping relay on one foot?
- We have the participants run backwards?

Follow-up activity

The games leader assigns 4 players to do a short role-play about the theme "AIDS IS REAL." As a child-to-child activity, the participants should find out from their community why people think that AIDS is not real.

They collect sticks to make the sentence:

AIDS IS REAL



2 STICKS RELAY

Age Group 7-10 years

→ ALTERNATIVES FOR YOUR NEW GAME

What if:

- The players do different types of progressive dribbling through cones lined up along the course of the race?
- The players make sentences about HIV/AIDS prevention methods?
- We have two players from each team do the relay at the same time?

→ RECOMMENDATION

This game can be used for P.E. lessons and for extra-curricular activities. It can also be used as a warm up for most team sports.

GAME 3 • SURVIVAL

LOCAL NAME •

- LSO** • To help participants learn about germs and the body's immune system
SSO • To help participants practice throwing, running and dodging

- Playing area** • Gymnasium or an outside playing area
Number of players • 8 or more
Type of players • Boys and girls
Equipment/materials • Sand/beanbags, softballs and cones

Description

Line up all the players on the sideline, except for one, at one end of the playing area.

This player is to be the survivor (the one to be tagged). He or she begins at the opposite end of the area with ten bean or sandbags in one arm. The other arm must be free to deflect the attacking germs (balls). The free hand should be on the same side the balls are being thrown from.

Set up a course using cones in a straight line spaced about 3–4 meters apart. The object of the game is for the survivor to make it through the course to the last cone, attempting to keep as many of the body cells (beanbags) as possible. The other players throw the softballs at the survivor, trying to hit him or her with the balls. The players have one ball each to tag with and they stand on one side of the field. The taggers are only allowed to take one step as they try to tag. Every time the ball touches the survivor body, except for the deflecting free arm, the survivor must drop one of the body cells (bags). The balls can only hit the survivor when he or she is moving between two cones (between stations) and not when he or she is at the station (around the cones). Once the survivor finishes or goes through the course to the end, the remaining body cells are counted and a new survivor is chosen. Repeat the game until all have had a chance to be a survivor.

Varying the Degree of Challenge

Could:

- We have the survivor run a zigzag course?
- We have the survivor catch the tagging ball to earn extra points?
- We have the players use underarm throwing or striking?

Follow-up activity

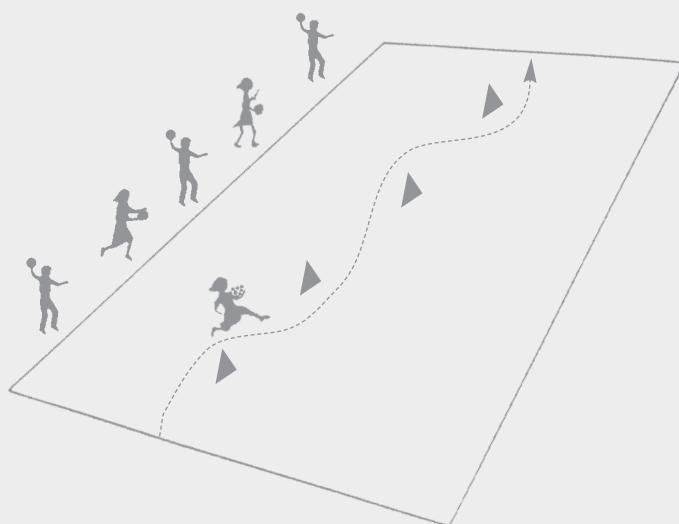
The game facilitator leads the discussion to answer questions about how germs attack our immune system. He asks the players to explain what happens to our immunity when we have AIDS.

As a suggested child-to-child activity, players find out from their teachers, friends, siblings and parents what they should do to avoid being attacked by germs, especially the HIV virus.

3

Age Group 7-10 years

SURVIVAL



→ ALTERNATIVES FOR YOUR NEW GAME

What if:

- We have more than one survivor moving at a time?
- We shorten or lengthen the course the survivor must take?
- We call the softballs different germs.

→ RECOMMENDATION

This game is suitable for P.E. lessons. It can also be used for extra-curricular activities provided there is a trained KAO games facilitator present.

- LSO • To help participants learn that condoms can protect them from HIV infection
SSO • To help participants develop dodging and running skills

- Playing area • A medium-sized space, indoors or outdoors.
Number of players • 10 or more
Type of players • Girls and boys
Equipment/materials • Balls, preferably home-made balls

Description

The object of this game is for the players to be the last to get tagged. One player is picked to be the "HIV". He must try to physically tag the other players by touching them on any part of the body. A player can only be tagged if at that moment, he or she is not in possession of the ball. As there are a limited number of balls, the players must pass the ball to the player who is to be tagged. The ball acts as the protection against "HIV". When a player is tagged, they leave the game for a moment. They may go to the counselling corner to learn about the importance of counselling and testing. When everyone is tagged, a new game is started and all can rejoin.

Varying the Degree of Challenge

Could:

- We have the players keep their hands held behind their backs as they run away from the "HIV"?
- We have the players run backwards from a blindfolded "HIV"?
- We have the players operate in pairs as they run away from the "HIV"?

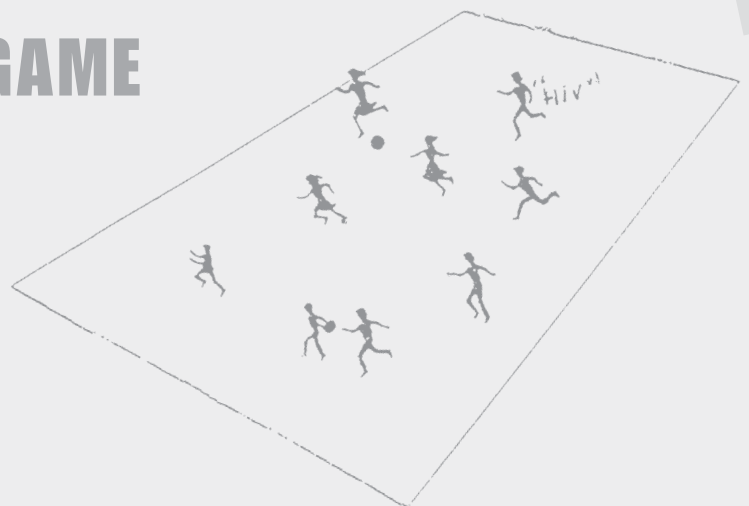
Follow-up activity

The game leader facilitates a question to initiate a discussion (dialogue) about the importance of using condoms. The players agree on the action one can take to start using condoms. He or she explains that the ball in the game cannot protect against HIV infection, and that in real life a condom if properly used can protect against HIV infection.

4

Age Group 10-13 years

COMMON TAG GAME



➔ ALTERNATIVES FOR YOUR NEW GAME

What if:

- The "HIV" becomes STDs?
- The player uses actual condoms instead of the ball as "protection"?
- The "HIV" is allowed to tag only those outside a defined area within the playing field?

➔ RECOMMENDATION

This game can be used as a warm up for team sports practice, P.E. lessons and extra-curricular activities.

GAME 5 • SNAKES AND LADDERS
LOCAL NAME •

- LSO •** To help learn about HIV/AIDS in general
SSO • To help participants develop ball control

- Playing area •** A medium-sized clear space, indoors or outdoors
Number of players • 2, 3 or 4
Type of players • Boys and girls
Equipment/materials • One ball, 2–4 small stones or beans

Description

Each player juggles the ball with both feet. The player with the highest number starts the game. The first player juggles the ball and moves his marker according to the number when he or she loses control and the ball drops to the ground. Begin from square one, marked START. If a marker (seed or small stone) stops on the head of a SNAKE, the snake swallows it. The player then moves the marker down to the tail of the snake, and reads the message to all players. The player's turn is over, and his or her next turn begins from the square at the tail of the snake. Not: it is better that the snakes and ladders chart is prepared beforehand on a large hard paper.

If a marker lands on a square that has the foot of a LADDER, the player moves it to the top of the ladder, and reads the message to all the players. That player's turn ends at the top of the ladder, and his or her next turn begins from there.

The first player to reach square 100 wins the game, but the player must have juggled the exact number needed to land on the final square. It is not allowed to touch or handle the ball with hands during the juggling. (Each player has his or her own marker.)

Varying the Degree of Challenge

Could:

- We have the players use a smaller ball?
- We have the players juggle the ball with their weaker foot?
- We ask the players to juggle the ball while blindfolded?

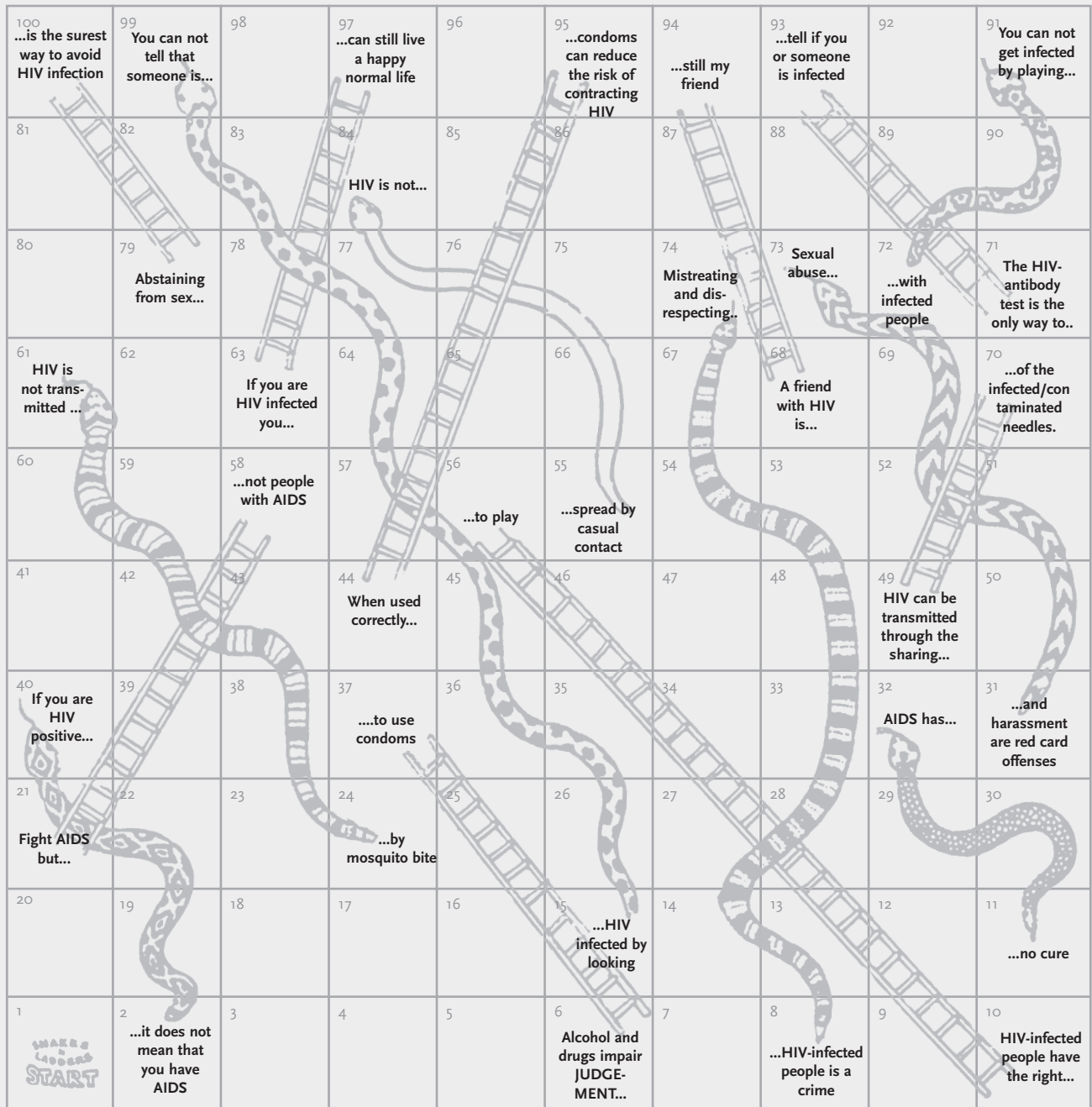
Follow-up activity

The players are assigned to go home and try out the game with their siblings as a child-to-child activity.

Age Group 10-13 years

SNAKES & LADDERS





➔ ALTERNATIVES FOR YOUR NEW GAME

What if:

- We use the game to teach about HIV/AIDS related diseases?
- We use the game to teach about dangerous drugs?
- We use the game to teach about equality?

➔ RECOMMENDATION

The game can be played both at home and at school. In schools it can be both as part of extra-curricula and P.E. classes. Young football players can also play it.

GAME 6 • BALL CONTROL

LOCAL NAME •

- LSO** • To help participants learn about HIV/AIDS basic facts
SSO • To help players develop Ball control skills in soccer

- Playing area** • A medium-sized space, indoors or outdoors
Number of players • 4 or more
Type of players • Boys and girls
Equipment/materials • A ball, chalk or dry stick to mark the field

6

Age Group 10-13 years

BALL CONTROL

Description

Players begin by marking off the playing surface. A larger square is divided into four equal squares about 2 to 3 m wide. Each player is assigned a square. The object of the game is for players to kick the ball over the line and land it in the opponent's square, thus scoring a point. Each player must defend his or her area while trying to land the ball in the opponent's square. Players are allowed to use any body part apart from the hands. They are allowed two touches only. When the ball lands in your area or you fail to control it or you kick it outside the defined area or you touch the ball twice, you are given the first letter in the word "AIDS". When the same player makes another mistake he or she receives the letter "I". 4 mistakes will make the word "AIDS". A player with "AIDS" steps aside to answer questions about HIV/AIDS basic facts. The game continues without him or her. The player may continue after the HIV/AIDS quiz. The players must keep their own record of letters.

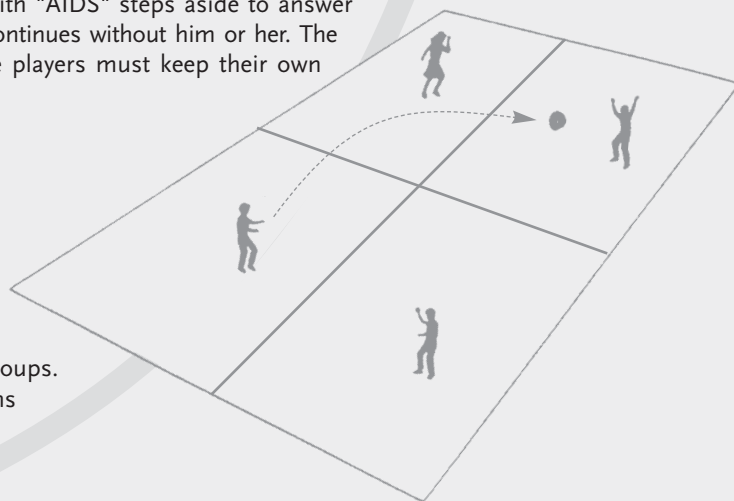
Varying the Degree of Challenge

Could:

- We use a smaller ball?
- We use two balls instead of one?
- We limit the players to use only the weaker foot?

Follow-up activity

The game leader divides the participants into groups. Each group works separately to answer questions about basic HIV/AIDS knowledge. The questions are already prepared and are written on cards. The players must tell their friends in the community about what they have learnt.



➔ ALTERNATIVES FOR YOUR NEW GAME

What if:

- We play the game with only two squares marked, and two teams playing against each other?
- The life skill focus on another common disease or other AIDS related diseases?
- We reduce or increase the size of the playing field?

➔ RECOMMENDATION

This game can be used as part of physical education lessons and as part of extra-curricular activities. It can also be used as a cool-down activity for soccer

- LSO • To help participants learn how HIV/AIDS is transmitted
SSO • To help players develop running and dodging skills

- Playing area • A large space, indoors or outdoors
Number of players • 10 or more
Type of players • Boys and girls
Equipment/materials • A small football

Description

Players begin by marking the playing surface using a dry stick. The object of this game is for the teams to score as many runs as possible and to give correct answers about true or false questions about how HIV is and is not transmitted. The game is played between two teams. One team starts as taggers and the other as dodgers. Two players from the taggers are picked. They are located on spots A and B on the diagram above. The other taggers are spread around the playing area to help gather the ball. The taggers try to tag the dodgers as they make their rounds progressively from the starting point. Dodgers are out of the game when they are tagged or when they fail to give the correct answer. The players who are tagged must cheer and help their team members while in a station; the dodgers may at any time be asked a true or false question about how HIV/AIDS is transmitted. The dodgers can only be tagged when they are outside the stations. The dodging team makes one point when one of their team members completes a round. When everyone on the dodging team has been tagged, the teams change roles i.e. the taggers become dodgers and vice versa.

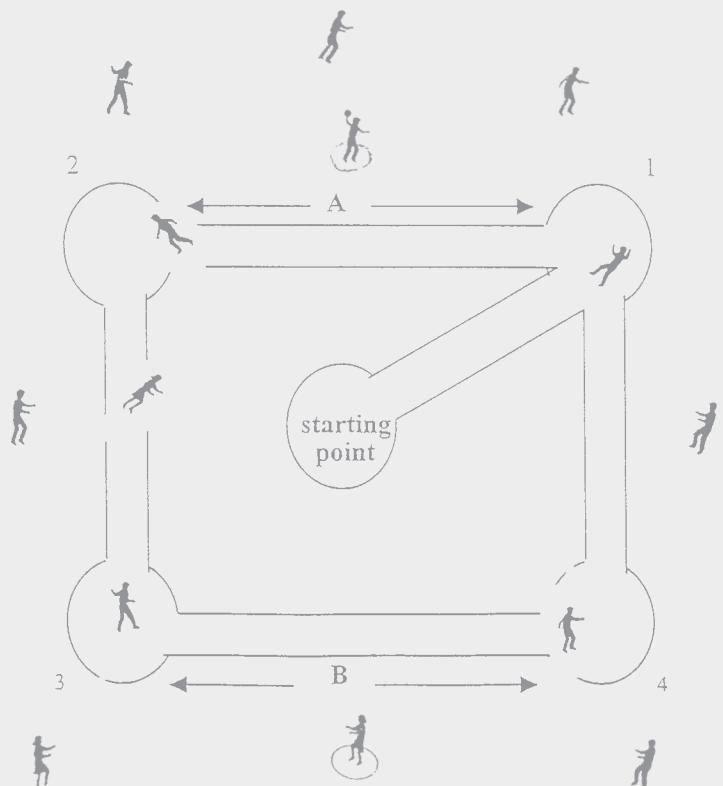
Varying the Degree of Challenge

Could:

- We use a smaller ball?
- We use two balls?
- We lengthen the distance between the stations?

Follow-up activity

The game leader assigns some participants to perform a short role-play about how HIV is transmitted. The participants are given an assignment that requires them to involve teachers, peer coaches and local health personnel or community health workers. They can ask the involved parties to explain the most common way HIV is transmitted in their community. The participants may also be asked to find out what prevention methods are available in their community.



7

Age Group 13-16 years

TRUE OR FALSE

➔ ALTERNATIVES FOR YOUR NEW GAME

What if:

- We use the game to teach about HIV prevention?
- We use the game to teach about gender equality?
- We use the game to teach about other diseases?

➔ RECOMMENDATION

This game is suitable both for P.E. and extra-curricular activities.

GAME 8 • ABC COUNT DOWN

LOCAL NAME •

- LSO** • To help introduce a lesson on ABC (abstinence, be faithful to one sexual partner and condom)
SSO • To help participants develop kicking and catching Skills

- Playing area** • A medium-sized space, indoors or outdoors
Number of players • 3 or more
Type of players • Boys and girls
Equipment/materials • Balls

Description

The object of this game is to catch three fly balls. One player is the kicker and the other two are receivers. When a player makes the first catch, they have A and they must shout "A for Abstinence". For the second catch they must shout "B for be faithful to one sexual partner" and likewise for the third catch they must shout "C for condom". After shouting out their letter and what they stand for, the players must return the ball to the kicker. The first player to catch three fly balls (ABC) trades places with the kicker and the count begins.

Varying the Degree of Challenge

Could:

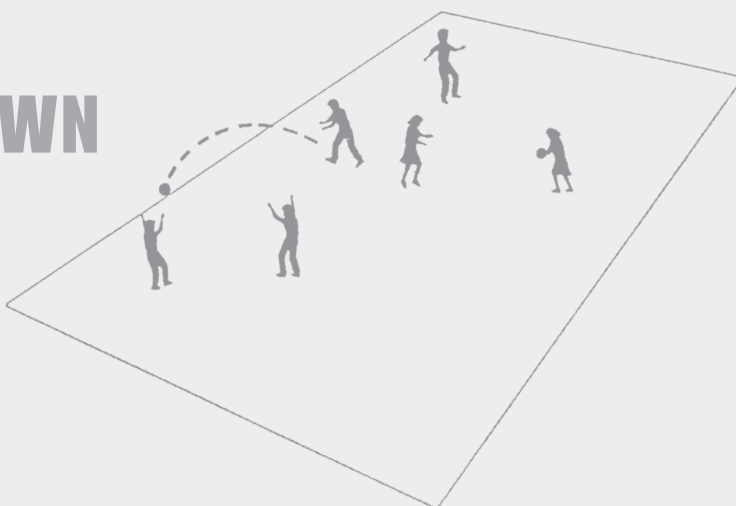
- We use a smaller ball?
- We have players catch the ball three times in a row to become the kickers?
- We increase the distance between the kicker and the receivers?

Follow up activity

The game leader divides the participants into three small groups. One group will discuss and come up with support points for each of the safer sex methods introduced in the movement game. The game leader then facilitates a debate between the three groups about which method is the best to adopt.

Age Group 13-16 years

ABC COUNT DOWN



ALTERNATIVES FOR YOUR NEW GAME

What if:

- We allow the ball to bounce before it is caught?
- The game uses the letters HIV or STD instead of ABC?
- We use the word Condom instead of ABC?

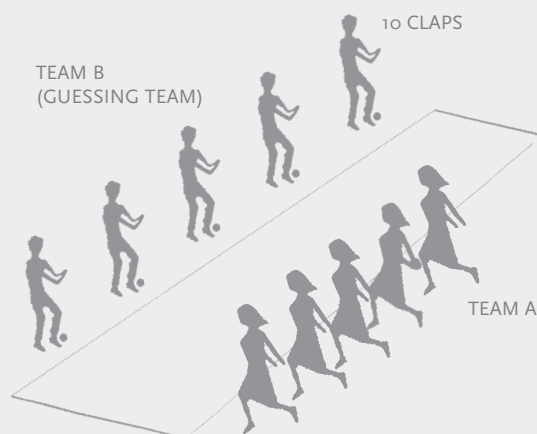


RECOMMENDATION

This game can be played as part of P.E. and extra-curricular activities. It can also be used as cool down for after soccer practice.

- LSO** • To help understand that you cannot know that someone is HIV- positive simply by looking at a person
SSO • To help participants develop Balancing skills

- Playing area** • A small-sized space, indoors or outdoors
Number of players • 10 or more
Type of players • Boys and girls aged
Equipment/materials • A tennis ball or small stone and sandbags



Age Group 13-16 years

DON'T TRUST YOUR EYES

Description

Two teams are picked. Team B is the guessing team and team A is the one handling the ball (hiding the object). They stand in two lines about 4m apart, facing each other. Members of team A pass a small ball behind their backs. They move it from one hand to the next so as to confuse members of team B as to who has the ball at any given moment. The object of the game is for a chosen member on team B to guess who on team A has the ball after every 10 claps. The guessing team makes the claps. During the guessing and the clapping, team B (the guessing team) members balance beanbags on their feet. All members of team A must keep their hands behind their backs during the guessing and clapping phase. They only show their hands after the guess has been made. When the player on the guessing team guesses right, his or her team gets a point and the other team shouts, "lucky, lucky". When a player makes a wrong guess, he or she is out of the game. When all members of the guessing team have had a go, the teams exchange roles.

Varying the Degree of Challenge

Could:

- We have the players balance two sandbags at a time?
- We have the players balance softballs instead of sandbags?

Follow-up activity

The game leader asks 4 players to prepare a short role-play about the theme "you cannot tell that a person is HIV positive by looking at that person". The role-play must confirm that only an antibody test can confirm whether one is HIV infected or not. The participants must tell their siblings about the day's lesson.

➔ ALTERNATIVES FOR YOUR NEW GAME

What if:

- The guessing players juggle a ball to the count of 5 before he or she makes the guess?
- All players on the guessing team sprint to the end of the playing field and pick out a card with the statement "You cannot use your eyes to tell who is HIV positive" before they exchange roles?
- All players who have made the guess run backwards to a chosen corner of the playing field for a voluntary counselling session?

➔ RECOMMENDATION

This game can be used in many ways. It can be used for a P.E. lesson, as extra-curricular activities, and as a cool down after team sport practice.

GAME 10 • KNOCKING DOWN BARRIERS
LOCAL NAME •

- LSO •** To help introduce ways of breaking down cultural barriers for talking about HIV/AIDS
SSO • To help participants develop accurate throwing skills

- Playing area •** A medium-sized clear space, indoors or outdoors
Number of players • 10 or more
Type of players • Girls and boys
Equipment/materials • Milk containers and balls

Description

The object of this game is for teams to try to knock over as many of their opposing team's cultural barriers (milk containers) as possible within a specified time period (up to five minutes per block of time). A player is allowed only one step from their location when throwing or stopping the ball. Neither team is permitted to cross the centre dividing line. The balls are to be thrown or rolled at the opposing team's cultural barriers. Players must use their feet to stop the balls before they hit their milk containers. The team knocking over the most cultural barriers at the end of the play is declared the winner.

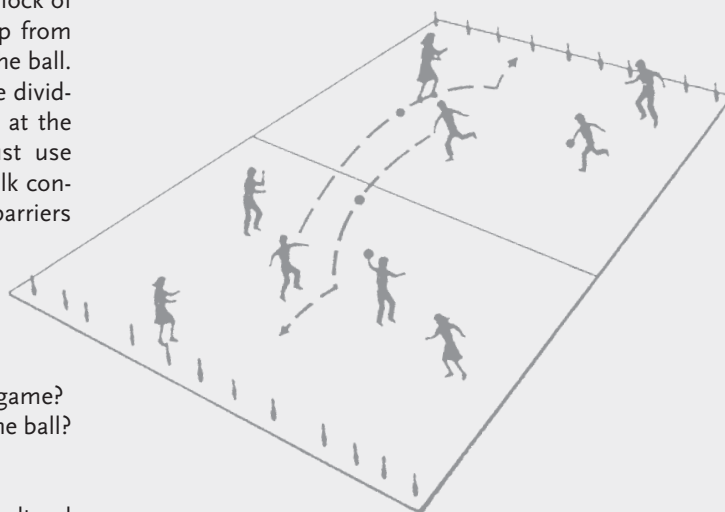
Varying the Degree of Challenge

Could:

- We increase/decrease the number of players?
- We increase/decrease the number of balls used in the game?
- We allow only limited foot movements when stopping the ball?

Follow-up activity

The game leader facilitates a discussion about how the cultural barriers surrounding HIV/AIDS education and awareness work. All participants will suggest action we can take to knock over these barriers. The participants should prepare a puppet show to teach their young friends in junior class or team about the cultural barriers surrounding the use of condoms.



Age Group 16-19 years

KNOCKING DOWN 10 BARRIERS

→ ALTERNATIVES FOR YOUR NEW GAME

What if:

- We reduce or increase the size of the playing area?
- We use the game to help teach knocking over the barriers created by gender inequality?
- The players kick instead of throw the balls at the targets?

→ RECOMMENDATION

This game can be done as part of physical education and as an extra-curricular activity. It can also be done as a cool down activity after regular practice.

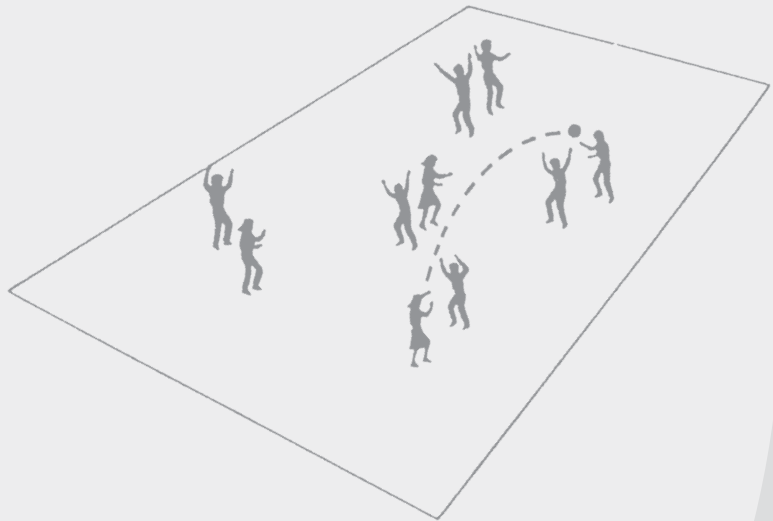
- LSO • To introduce a lesson on ABC (Abstinence, Be faithful to one partner and Condom)
SSO • Throwing and catching

- Playing area • A medium-sized area, indoors or outdoors
Number of players • Boys and girls
Type of players • 10 or more but the number must be even
Equipment/materials • One ball

11

Age Group 16-19 years

10-PASS



Description

The object of this game is for team members to throw and catch the ball 10 times without the other team intercepting the passes. This game is played in three sets of 10 passes. ABC represents the sets. The team winning the 1st set gets A (abstinence). The second set is awarded B (Be faithful to one partner) and the last set is awarded C (condom). When a team makes 10 passes, they are awarded a point (A or B or C). The ball is then given to the other team to try to accomplish the same task. As the ball is passed among team members, the opposing team is permitted to intercept or deflect the ball. Body contact is not permitted. If a ball is dropped or intercepted, simply continue to play. Do not count passes from zero.

Varying the Degree of Challenge

Could:

- We have the ball bounce once before the next player receives it?
- We use a smaller ball?
- We use two balls at the same time?

Follow-up activity

The game facilitator divides the players into three groups. Each group will discuss one of the safe sex practices and come up with arguments for adopting it. The groups then dialogue together to find out which are the best methods to adopt for adolescents. The players must tell their younger siblings what practical action one can take in order to use the best (most applicable) method for safer sex.

→ ALTERNATIVES FOR YOUR NEW GAME

What if:

- We use the game to introduce a lesson on AIDS related diseases?
- We increase or reduce the size of the playing area?

→ RECOMMENDATION

This game can be used as warm up activity for the team sports. It can also be used for P.E. and extra-curricular activities.

- LSO • To help participants learn about HIV prevention methods
SSO • Ball control

- Playing area • Large open space, indoors or outdoors
Number of players • 16 or more
Type of players • Boys and girls
Equipment/materials • Balls and some hard paper

Description

This game is similar to the common circuit training, where players perform different activities in different stations. The difference is that players have to stop by a life skill station (LSS) before they proceed to the next sports skills station (SSS). The object for this exercise is for players to carry out the different tasks they are assigned in each life and sports skill stations within a given time period. There are a total of 8 stations: 4 sports skills stations and four life skill stations. Upon hearing the signal from the game leader, the players start to work at the tasks. There are equal numbers of players in all the stations. The game leader will decide how long the players will be in one station and how many times the players will visit each station. Remember that for both life and sports skills tasks, players need to be given sufficient time to finish the tasks.

The following are the tasks for the sport skills:

- SSS 1: Players will juggle the ball with stronger foot (for many that will be the right foot).
SSS 2: Players will juggle the ball with their weaker foot (for many that will be the left foot).
SSS 3: Players will juggle the ball with both feet.
SSS 4: Players will juggle the ball with all body parts allowed in soccer.

The players should practice several variations of the task in each sports skills station.

For the life skills station, the players will discuss and write down their points on a piece of paper. In case players fail to finish the life skill task on time, they should leave it and go on to the next station. It is usual for players to have two rounds in this KAO activity.

The assignments for the life skills stations will be as follows:

- LSS 1: Why should we use condoms?
LSS 2: What actions should we take to ensure that we use condoms?
LSS 3: What should we do to ensure that the condoms are used effectively?
LSS 4: What other practices for safer sex are available and how can we use them?

12

Age Group 16-19 years

SKILLS CIRCUIT



Varying the Degree of Challenge

In the sports skills stations, the players must start with the easy tasks, and proceed with the difficult ones. For example, they can juggle once and hold the ball in SSS 1 before they do continuous juggling.

Follow-up activity

Together the participants discuss the answers given by the groups in LSS 2 and 3. The players will discuss with a team or school HIV/AIDS contact person or counsellors about the action they want to take to prevent HIV infection.

➔ ALTERNATIVES FOR YOUR NEW GAME

What if:

- We teach communication and refusal skills as a life skill?
- We teach about AIDS-related diseases as a life skill?
- We do dribbling skill instead of ball control?

➔ RECOMMENDATION

Life and sports skills circuit can be adapted to most sports. It can also be used for P.E. lessons.

TRUE & FALSE STATEMENTS

TRUE	FALSE
You cannot get HIV from mosquitoes	You can get HIV when you drink from the same glass as somebody with AIDS
It is safe to touch somebody who is infected	Beautiful girls can't be HIV-infected
The HIV-virus can be spread through injection needles	An HIV-infected person is very thin
An infected woman may pass the virus on to her baby	An infected pregnant woman will always pass the virus on to the baby
Normal kissing will not transmit the HIV-virus	It is safe to use the same condom two times
The HIV-virus may spread through blood transfusion	A person cannot be infected first time he or she has sex
A baby may be infected through breastfeeding from a HIV-infected woman	You must never share toilet with a person with HIV
The virus cannot pass through plastic or rubber	If you become HIV-infected, you will feel sick



IN THIS CHAPTER I HAVE LOOKED AT:

Depending on your objectives, you may decide to use some of the suggestions and ideas presented above. Children in backyards and on playgrounds have been modifying games haphazardly for years. However, by using the steps outlined in this chapter, you can design games in a manner that will allow you to achieve planned outcomes.

The next chapter explores some ideas for presenting KAO movement games in an effective manner.

5.

Organising Sports and KAO Events

‡ By the end of this chapter you should be able to know how to organise a simple KAO event.

The focus in this chapter is placed on sport competitions and they are the most common and important events for KAO interventions. There are, however, other events worth mentioning. These will be presented in the following section. In addition to the competitive aspect enjoyed by many of the players, sports events provide players and coaches with time to socialise and have fun with each other. Using sports events we can also reach out to players that play for teams without KAO programs. Like KAO movement games, they are independent and integrated KAO events. This chapter will provide you with ideas of how to organise both independent KAO events (where KAO activities are the main event) and KAO events that are run alongside the main event such as a sport competition (integrated). We shall also look at the factors you need to consider when planning to organise such events.

What are KAO events?

KAO events include a range of activities such as sports competitions, public campaigns, fun runs and KAO open days. In some events KAO activities are the main event, whereas in others KAO activities are done alongside the main event, for example sports competitions. You may organise your own KAO event or you may be asked to manage a KAO stand and run some activities during or alongside the main event. Whether you choose to run your own KAO events, or you run them alongside main events, this chapter will help you run them efficiently and effectively.

Sports competitions may range from a simple friendly match between two teams within your group, to multi-sports competitions for different age groups lasting a whole day or a whole week. There are two types of competitions: Knockout (where teams leave the competition when they

lose one match) and round-robin competitions (where every team plays an equal number of matches and no team is out in the first round). You may find that in your area, teams play against each other over a period of time either on knockout or round-robin bases. Knowing what type of competition is being used will help in planning how to integrate your KAO activities.

Preparations

Any event needs preparation and success largely depends on the effort invested beforehand. The success of the event is measured mostly against the goals you set way before the event. In KAO, you always set two types of goals: one for the sports and social experiences, and one for the life skill (usually HIV/AIDS education, awareness or work related to these issues). The goals you want to achieve by organising the event will direct you towards the factors you need to consider, such as number of players, age groups, sex and competency level.

Whether you are organising an event with the school or an open tournament, you need to confirm your access to sites, equipment and helpers/officials. If you are recruiting helpers, make sure you explain exactly what they will need to do. Only then will they be able to judge if they are willing and able to help. It is important to remember that you will need helpers with different kinds of expertise. You will need KAO competent volunteers, i.e. volunteers with training in both sports and HIV/AIDS education, and in the case of a sports competition, you will need organisers and sports officials.

There are other more specific and unique factors you have to consider when preparing for a KAO event or planning to manage KAO activities alongside the main event – in most cases, a

sports competition. As a general rule, whenever you organise your KAO events, consult your six basic questions for good planning, i.e. what, why, how, who, where and when. For example:

- *What is the theme of this year's KAO soccer tournament?*
- *Why should we focus on this theme?*
- *How shall we organise our tournament and fixture so that the focus on girl-child empowerment will get the attention of the media?*
- *Who shall our target group be or who shall be our co-operating partners in this year's KAO event?*
- *Where shall we locate the KAO tournament?*
- *When during the school holiday is the best time to organise this event?*



On the day

Certain things need to be checked on the day. The following checklist shows you the sort of things you need to consider to help the event run smoothly.

On the day of the event, you should check that:

- You arrive in good time to check if the facilities are in place and safe.
- All the equipment for both the KAO activity and the other activities is ready and in working order.
- You have access to first aid support.
- You have a timetable on display that lists the individual activities, for example marches and KAO activities, so that players and officials know when they are needed.

- A captain or contact person is appointed for each team.
- Captains hand in results immediately after a game.
- Results are displayed so that everyone can follow the progress of the competition. If it is a KAO sports competition only, show which teams have points from their work on AIDS at the start of the competition.
- You explain how the score will be made, including for example points collected from a team's previous AIDS work.
- You treat teams fairly. Teams should be given equal rest times, equal number of marches and KAO activities and responsibilities etc.
- Teams and officials can be identified, for example by the colour of shirts, kit etc.
- Players meet and are told how the event will be run. Make sure they know where to go and also where to find important information.
- Helpers know where to go and what to do.
- Players know where the toilets are and also where they can get water.
- Players know where they can get different kinds of help.
- You have an alternative plan and procedure in case of bad weather or if teams fail to turn up.

After the event

It is important for the participants to walk away from the event feeling positive and satisfied. Whether they win or lose, play well or badly, they should be happy about the benefits of learning something about HIV/AIDS and other life skills. Make sure that:

- You congratulate everyone for taking part.
- You thank all the participants, officials, the media, helpers and the guest of honour for their support.
- You help clear away the equipment.
- Help clear out the premises.

Evaluation

Evaluate all your KAO events as soon as possible. Evaluation is needed if we are to move forward, because it allows us to learn from our successes and mistakes. To be useful, the evaluation must be kept simple. It cannot cover every aspect of the KAO event in depth. Focus on what you did before, during and after the event to guide you through the evaluation process. Always ensure that your evaluation comments are written down in a simple language for future reference.

Evaluation should not only measure whether we have achieved our goals. It should help us judge whether our goals were appropriate in the first place.

6.

What you need to know about HIV/AIDS

‡ By the end of this chapter you should be able to understand the basic facts about HIV and AIDS.

Basic knowledge about HIV/AIDS is important to sports leaders if they are going to be able to do AIDS work in sports effectively. In fact, the training course for KAO trainer of trainers (TOT) demands that the participants are "AIDS competent" before they can be enrolled for the TOT training program. HIV/AIDS training is offered by many local AIDS organisations in your area. Most of this training is given as part of the peer educators training program. Training to make sports leaders "AIDS competent" is one reason why KAO programs in schools and clubs should be linked to local AIDS organisation. This chapter is not meant to replace the training for coaches to become "AIDS competent". It is meant to complement what you already know and to provide instant points of reference and facts in case you should need them for your KAO sessions. This chapter will also help the KAO leaders make decisions based on facts rather than myths with regard to the integration of HIV/AIDS issues in their programs.

What is HIV?

HIV stands for Human Immunodeficiency Virus. This is a virus that kills the body's cells called "CD4 cells". The CD4 cell is an important cell in the blood stream that helps to protect the body to fight diseases and strengthens the immunity of the body from numerous types of infections and cancers. If a person infected with HIV has a low CD4 cell count, they are diagnosed to have AIDS. HIV can be passed from person to person if someone with the HIV infection has sex with or shares drug injection needles with another person. It can also be passed from mother to her baby when she is pregnant, when delivering her baby, or if she breastfeeds her baby.

What is AIDS?

AIDS stands for Acquired Immunodeficiency Syndrome. People with HIV are susceptible to

several infections. The person with AIDS will show different symptoms of infections depending on how much his or her CD4 count has decreased. Tuberculosis (T/B), Herpes zoster, particular types of cancers, pneumonia and meningitis are all common conditions among people with AIDS. T/B is the most common AIDS-defining condition in sub-Sahara Africa.

TB is a disease caused by a germ called Mycobacterium (my-ko-bak-TEER-i-um) tuberculosis. TB is an airborne bacterium. TB usually affects the lungs, but TB germs can also infect any part of the body. TB may be latent or active TB. "Latent" means that the germs are in the person's body but are not causing illness. If you have latent TB you will not have symptoms and cannot spread TB to other people. However, if HIV has made your immune system too weak to stop the TB germs from growing, they can multiply and cause active TB (also called TB disease).

As sports leaders we should encourage our players to get tested for TB as soon as possible after learning that they have HIV. Advise them to go to the health centre or hospital for a skin test for TB. Since people infected with HIV are likely to be unaware of this fact, it would be a good idea to encourage people to take the TB test.

HIV is transmitted in the following ways:

1. Unprotected sexual intercourse

HIV can enter the body during sex through the anus, vagina, penis or mouth, as well as through cuts, sores and abrasions on the skin. Unprotected anal and vaginal sex are the riskiest sexual activities.

Anal intercourse is more dangerous than vaginal, because unlike the vagina, which produces lubricating secretions that lubricate the vaginal wall,

the anus does not produce secretions. There is a small, but growing, number of reported cases of HIV transmission through oral sex. However, the risk of oral trans-mission is clearly lower than that of anal or vaginal sex. The virus has to enter the blood- stream of a person in order to infect that person.

2. From an infected mother to her infant
HIV can be transmitted from mother to child during pregnancy, birth or through breastfeeding. Treatment during pregnancy can reduce infections from mothers to infants.

3. Injection drug use
HIV can also be transmitted through the sharing of infected/contaminated intravenous needles among drug users. After use, small amounts of blood can remain in the used needles and syringes. This remaining blood is enough to infect the next user if the needle or syringe is not disinfected or sterilised to kill the HIV virus.

HIV is rarely transmitted in the following ways:

1. Blood transfusion and organ transplants
The risk of acquiring HIV from a blood transfusion today is much lower than before. The risk of acquiring HIV from an organ transplant is equally lower. Today, blood and organ banks screen out the potential donors at risk for HIV infection in advance. They then do extensive testing on specimens of blood, blood products and organs for HIV and other blood-borne germs.

2. The health care setting
There is a very small, but real risk for health care workers getting HIV from patients as a result of needle stick accidents and other substantial blood exposures. The risk of patients getting infection from health care workers is also very small.

3. Kissing
Unless the persons have sores in their mouths, kissing is regarded as a safe activity, although it may be a theoretical risk for infection.

HIV is NOT transmitted by:

1. Casual contact
HIV is not spread by casual contact. It dies quickly outside the body and is easily killed by soap and by common disinfectants such as bleach. There is no risk of infection from:
 - Donating blood
 - Mosquito bites
 - Toilet seats
 - Shaking hands
 - Hugging
 - Sharing eating utensils

- Food or objects handled by people with HIV/AIDS
- Spending time in the same house, business, or public place with a person with HIV/AIDS
- Doing sports activities together (unless people are heavily wounded and bleeding, such as through boxing)

For the sports leaders this means that it is OK for players to play sports, shake hands, hug or kiss cheeks or hands, sleep in the same room, share drinking and eating utensils and towels with HIV-infected people or players.

The best way to know whether you are infected: HIV voluntary counselling and testing

You cannot tell whether a person is infected by simply looking at him or her (see game 9: Don't trust your eyes in Chapter 4). A boy or girl on your sports team, at school or anyone (including yourself) in the community might be carrying HIV but look completely healthy. During this time of apparent health, he or she can infect someone else. In fact, most people who carry HIV do not know about it. Neither does their sex partner.

The HIV-antibody test is the only way one can tell if you are infected. When HIV enters the blood stream it begins to attack the immune system. The immune system then produces antibodies to fight off the infection. Although these antibodies are ineffective in destroying the HIV virus, their presence is used to confirm the HIV infection. Testing can tell you whether or not you have developed antibodies to HIV. Most people will develop detectable antibodies within three months after infection. The period when the test cannot detect antibodies is called the widow period. You may test HIV-negative if you take the test during the widow period. For this reason, it is recommended to take the test 6 months after the last exposure to the virus.

You should receive counselling before and after taking the HIV-antibody test. This counselling will help you understand the results of your test, learn how to protect your health, and (if you are infected) provide you with knowledge of how to prevent passing the virus on to others. Regardless of your HIV status, counselling should be a central part of the testing process. (Counselling is covered in depth in later sections.)

What happens if I become infected with HIV?

Being infected with HIV does not mean you have AIDS. It does mean however, that you will carry the virus in your body for the rest of your

life. It also means you can infect other people – for instance if you have unprotected sex. You can infect others even if you feel fine and have no symptoms of illness. Perhaps more importantly, you can infect others without even knowing that you are carrying the HIV virus.

Being infected with HIV is not only a health matter. It raises financial issues and social issues as well. One issue is whether you can afford treatment. One's ability to pay for health care can affect people's access to monitoring and treatment. People must discuss these issues with

cally. Sports and recreation and going to work also give the infected people an opportunity to socialise and continue with their new lives.

PREVENTION – how to avoid infection

There is no vaccine to protect people from getting infected with HIV. There is no cure for AIDS either. This means that the only certain way to avoid AIDS is to prevent getting infected with HIV in the first place. Since HIV is transmitted in different ways, there are also different ways to prevent this transmission from happening. The following are ways to avoid being infected by HIV:



a qualified counsellor. A doctor should be able to advise you on the approved drugs that act to slow down the effects of the HIV virus, as well as treat your overall health as an HIV positive person in general. In addition to medication, you can strengthen your health through a good diet and exercise.

Some people may avoid persons who they believe are infected with HIV. Some people who are infected have been targets of discrimination in employment, housing, school and even in sports and recreation. Some have been deeply hurt by the reactions of friends and family members. However, in most areas you find organisations, and especially non-governmental organisations (NGOs), that protect the HIV infected against all forms of discrimination, especially discrimination at the workplace. Some NGOs even help to ensure that one receives services and resources available to the public. Support groups can offer the help needed to cope with fears or discrimination. A counsellor may help connect the infected person to the relevant organisations and groups.

Being infected does not mean the end of an active and productive life. You can continue to participate in sports, go to school and work normally. Being able to participate in physical activity such as sports and recreation will boost your immunity and will also benefit you psychologi-

1. Prevention of HIV transmitted through sexual intercourse

An important way to protect oneself from HIV infection through sexual transmission is through practising safer sex. This is summarised as **ABC**, which stand for Abstinence, Being faithful to a faithful partner and Condom. The safest thing to do is to abstain from sexual intercourse all together. You are also safe if you are in a stable relationship where both you and your partner are free of HIV and neither of you have other sex partners. Safer sex also includes using condoms (both female and male condoms can be used, but you do not have to use them at the same time). Condoms must however be used correctly, and you must use one every time you have sex. Sex without penetration is another way to have safer sex. You can have a great deal of stimulation and pleasure through caressing, hugging, kissing, and massaging different parts of the body.

Related to matters of HIV transmission through sexual intercourse in sport, is the sexual abuse of especially girls by their male coaches. Your AIDS policy should clearly show how a coach guilty of such behaviour should be dealt with. Delegates at the Nairobi Kicking AIDS Out conference (2001) recommended that organisations within the KAO network should **GIVE RED CARD TO SEXUAL HARASSMENT, ABUSE AND EXPLOITATION**.

Many people find it hard to abstain and we are not as faithful as we like to believe. Thus, using condoms is the most realistic and practical safer sex method option we are left with. Although condoms are not 100% effective in preventing HIV transmission, when used correctly and consistently, condoms are highly effective and reliable in reducing the risk of transmitting and acquiring HIV, stopping unintended pregnancies and sexually transmitted diseases (STDs) such as syphilis, gonorrhoea, and chlamydia. When condoms do fail, it is most often because of improper and/or inconsistent use.

Following these basic rules will further reduce the small chance of condom failure.

1. Use latex (rubber) or polyurethane condoms.
2. Open and handle condoms carefully. Never use a condom in a damaged package or one that is past its expiration date. Do not store condoms in hot or sunny places (like in a wallet or by the window).
3. Use plenty of water-based lubricants to reduce the friction that can cause the breakage. Never use oil-based lubricants like Vaseline, hand cream or mineral oil, which can rapidly break down latex and allow the virus to pass through. Most contraceptive jellies are water-based lubricants.
4. Put the condom on after erection but before insertion. Leave some room at the tip for the discharged semen (some condoms have a reservoir tip for this). It is important to pinch the tip as you roll it down onto the penis to be sure that there are no air bubbles that could pop under pressure. If the penis is uncircumcised, pull back the foreskin before unrolling the condom all the way down to the base of the penis.
5. After intercourse, withdraw the penis while it is still erect, holding the base of the condom to prevent it from slipping off or spilling semen. Remove the condom and wash the penis with soap and water.
6. Use a condom only once and dispose of it in the garbage; do not flush condoms down the toilet. **Never reuse a condom.**

It is the job of the KAO leaders to encourage their players to use a condom EVERY TIME during sex when transmission or acquisition of HIV is possible. **It helps if the leaders practice what he or she preaches.**

Other measures:

- Know your partners
This may sound obvious, but many people engage in sexual activity without first establishing a committed relationship that allows for trust

and open communication. You should be able to discuss past sexual histories and any previous STD (sexually transmitted diseases) exposures or IV (intravenous) drug use, as well as current health status. Both partners must be empowered to either start or terminate sexual activity.

- Stay sober
The use of alcohol or drugs may impair judgement, communication abilities, and the coordination required to properly use barrier devices (condoms) or lubricants. Alcohol and drugs can impair the ability to make the right choices about sex. With this knowledge in mind, sports leaders should ensure that the NO DRINKING AND NO DRUGS RULE for players below 18 years is followed.
- Be considerate of your partner
People with AIDS or HIV infection should not donate blood, plasma, body organs, or sperm. From a legal, ethical and moral standpoint, they should inform any prospective sexual partners of their HIV status. They should not exchange bodily fluids during sexual activity and must use whatever possible preventive measures (such as latex condoms) that will afford the partner the most protection.

2. Prevention of HIV from infected mother to her infant

Women with HIV and the partner should be counselled before becoming pregnant about the risk to their infant. She must have access to medical care, which will help prevent the baby from becoming infected. The HIV positive mother should not breastfeed their infant if other options are safe. Alternatively, the mother should breastfeed EXCLUSIVELY, that means never give the baby anything else than breastmilk (not even water), till she changes completely to other kinds of food. Modern treatment can reduce infection from mothers to infants.

3. How can HIV transmission from injection drug use be prevented?

The surest way to completely avoid HIV infection from drug use is to abstain. The next surest way is to use a brand new syringe every time you inject yourself. If brand new syringes and needles are not available, to properly bleach used syringes and needles may be an effective method of reducing HIV transmission.

Drugs – injected or not – can also increase a person's risk for HIV by causing impaired judgement, reduced decision-making ability, and/or by enhancing sexual drive. Based on this fact you may as a KAO leader or sports coach want to introduce a RED CARD against drugs in clubs.

VOLUNTARY HIV COUNSELLING AND TESTING

According to the UNAIDS policy, voluntary testing accompanied by counselling plays a vital role in HIV/AIDS prevention and support. VCT (Voluntary HIV Counselling and testing) should therefore be encouraged. The potential benefits of testing and counselling for the individual include:

- Knowing whether or not you have HIV infection would alert you to your need to seek medical care to prevent or delay life-threatening illnesses. Your test result (positive or negative) would also help your doctor determine the cause and best treatment of your various illnesses you may have now or in the future. For example if you are HIV positive, tuberculosis and syphilis are treated differently than if you are HIV negative.
- Motivation to initiate or maintain safer sexual and drug-related behaviour.
- Emotional support; better ability to cope with HIV-related anxiety.
- Awareness of safer options for reproduction and infant feeding.

This section covers important information to help you understand the benefits of voluntary counselling and testing. The section addresses facts, issues, questions and answers that all relate to HIV, testing and counselling. You may find that some information from previous sections has been repeated in this section. This has been done so that you can understand the information as it relates to VCT.

New choices: HIV and AIDS medical care offers vital benefits

Early medical attention can slow the growth of the human immunodeficiency virus (HIV), the virus that causes acquired immunodeficiency syndrome (AIDS). The slower the virus spreads, the longer an individual's body will be able to fight off the illnesses and life-threatening conditions that often accompany AIDS.

Some Q and A (questions and answers) about VCT

1. Should I seek HIV counselling and testing?

If you have engaged in behaviour that can transmit HIV, it is very important that you consider counselling and testing. The following check list will help you assess your degree of risk.

2. If I think I have been exposed to HIV, how soon can I get tested?

To find out when you should be tested discuss it with your testing site staff. As discussed earlier, the tests commonly used to detect HIV infection actually look for antibodies produced by your

body to fight off the HIV viruses. Most people will develop detectable antibodies within three months after infection, the average being 20 days. In rare cases, it can take up to 6 months. It is extremely uncommon that the body uses more than 6 months to develop detectable antibodies. For this reason it is recommended that one gets tested 6 months after the last possible exposure to the virus. (It is possible to be exposed during unprotected vaginal, anal, or oral sex, as well as when sharing needles.) It is important, during the 6 months between exposure and the test, to protect yourself and others from further possible exposures to HIV.

3. Who should get HIV tested

Counselling and early diagnosis of HIV infection are recommended for:

- Persons attending sexually transmitted disease clinics and drug treatment clinics;
- Persons who have had more than one sexual partner and had unprotected sex;
- Persons with partners who have had other sexual partners over the past months;
- Persons who inject drugs;
- Partners of injection drug users (either spouses, sex partners, or needle-sharing partners);
- Women of childbearing age;
- TB patients;
- Patients who have received transfusions of blood or blood components.
- In addition, couples considering marriage should together seek information about AIDS, as well as voluntary counselling and testing.

HIV counselling and testing regulations and routines

It is important that you understand your rights with regard to testing and counselling. You can ask your testing counsellor how the testing centre will protect your result. It is important that you understand the confidentiality policies of your testing centres. Most counselling and testing centres follow one of two policies:

Confidential Testing

The confidential testing site records your name with the test result. Your record will be kept secret from everybody except medical personnel or in some countries, the ministry of health. You should ask who will have access to the result and how it will be stored. If you have your HIV antibody test done confidentially, you can sign a release form to have your test result sent to your doctor.

Anonymous testing (not available in many countries). No one asks your name. You are the only one who can tell anyone else your result.

Deciding where to go for Counselling and Testing

Depending where you live, you may have several counselling and testing options. These options include HIV testing centres, community health centres, hospitals, TB clinics, private doctors, family planning clinics and sexually transmitted diseases (STD) clinics. In making your choice, you want to consider the following factors:

- If you have been to a particular place for health care before, you may feel more comfortable receiving counselling and testing from staff you know rather than from strangers.
- Should you be infected with HIV and the centre can provide immune system monitoring and medical care, this might speed up the starting of your medical treatment.
- Some counselling and testing centres offer special features. For instance, if you use drugs, you can receive counselling, testing and help to deal with your addiction problems at a drug treatment facility.

It is possible that some centres, such as doctor's offices or clinics, will use the information about your test result as part of your medical record. Thus, the information gathered from the tests may be seen by other health workers or employees.

If any healthcare provider suggests testing you for HIV antibodies, discuss the potential benefits before deciding whether or not to take the test.

The Process of Counselling and Testing Counselling

You should receive informative reading material before you enter a group or private session with a counsellor or doctor. He or she might ask why you want to be tested. Your counsellor should ask about your behaviour and the behaviour of your sex partner(s). This will help you and your counsellor determine if testing is appropriate for you. If testing is the appropriate thing to do, your counsellor or doctor should:

- Describe the test and how it is done.
- Explain AIDS and the ways HIV infection is spread.
- Discuss ways to prevent the spread of HIV.
- Explain routines of confidentiality of test results.
- Discuss the meaning of possible test results.
- Ask what impact you think the result will have on you.
- Address the question about whom you might tell about your result.
- Discuss the importance of telling your sex and/or drug-using partner(s) if the result indicates HIV infection.



If these questions are not covered, or if you have any other questions, ask them. You should prepare the questions that have been on your mind in advance. Also ask your doctor or counsellor how they will inform you about the result. If your test is negative, the post-test counsellor will talk to you about how to avoid behaviour that will put you at risk of infection.

Informed Consent

You have the right to be fully informed about any medical procedure, to refuse it, or to agree to it. You should ask to read a statement saying that you have been informed about the HIV-antibody testing procedure, you understand it, and that you have given your consent to having it done.

The Blood Test

A small amount of blood will be drawn from your arm, taken to a lab, and tested. Sometimes you only need to give a prick of blood from your finger. The time it takes to get test results varies from one area to the next. It can take anywhere from a few days to a few weeks. Some rapid tests give the result in only fifteen minutes.

The Waiting Period

The waiting period of days and weeks can produce anxiety and tension. Some people decide they do not want to know their test results, and never return to receive it. It is very important that you finish the process and find out the test result in spite of your anxiety. Living with such anxiety can actually be worse than adjusting to the truth.

It is also important that until you return for your result and post-test counselling, you act as though you were infected and could transmit the virus. In other words, don't have unprotected sex or don't have sex at all, and don't share needles.

When your result arrives, you may be asked to return to the counselling and testing centre to receive the information in person. Everyone tested should receive counselling, whether the result is positive or negative.

Counselling after the test

Your counsellor should tell you your result and, regardless of whether it is positive or negative, the counsellor should inform you on how to protect your health and the health of others. He or she will review methods used to prevent the spread of HIV.

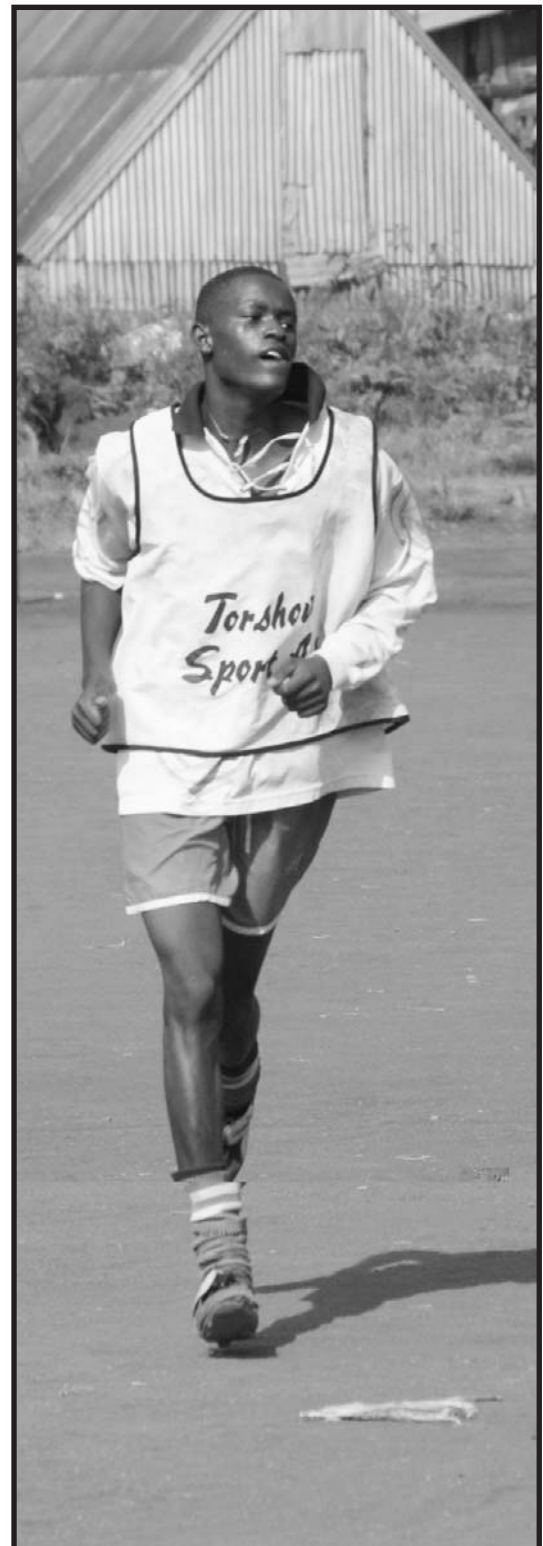
The Meaning of Your Test Result

Negative Result

A negative result means that no HIV antibodies were found in your blood. Your condition is

called seronegative. This usually means you are not infected.

A negative test result does not mean you are immune to the HIV virus. Even if you test negative you must take steps to protect your health and the health of your sex and/or drug-using partner(s). Do not engage in behaviour that can transmit



HIV. This includes having unprotected sexual intercourse with an infected person or sharing needles or syringes with an infected person. Your post-test counsellor will discuss this behaviour with you.

Indeterminate Result

Once in a while, test results are unclear. The lab cannot tell whether they are positive or negative, even if the test has been performed correctly. If this happens to you, it is important that you discuss this with your counsellor or doctor, and, if appropriate, be tested again.

Positive Result

A positive result means antibodies to HIV were found in your blood. This means you have HIV infection. Your condition is called HIV positive or seropositive. You will most likely develop AIDS, but no one can know when you will get sick. Within 10 years after infection, about half of untreated people have developed AIDS. However, prompt medical care may delay the onset of AIDS and prevent other life-threatening conditions.

4. What if I test positive for HIV?

If you test positive for HIV, medical treatment and a healthy lifestyle can help you stay well. There are now many drugs that treat HIV infection and AIDS-related illnesses.

You can immediately take a number of prompt steps to protect your health:

- See a doctor even if you do not feel sick. Try to find a doctor who has experience in treating HIV.
- Have a TB (tuberculosis) test done. You may be infected with TB and not know it. Undetected TB can cause serious illness, but it can be successfully treated if caught early.
- Smoking cigarettes, drinking too much alcohol, or using illegal drugs (such as cocaine) can weaken your immune system. Cessation programs are available that can help you reduce or stop using these substances.
- Have a screening test for sexually transmitted diseases (STDs). Undetected STDs can cause serious health problems. It is also important to practice safe-sex behaviour (ABC) so you can avoid getting STDs.
- You should practice safer sex measures to protect your partner, but also to protect yourself from being reinfected, and several HIV-infections are a risk for a more rapid progression of the disease.

You should tell anyone with whom you have had unprotected sex (vaginal, anal, or oral) or

shared needles that you are infected with HIV. It is especially important that you tell current and recent partners. Health professionals can tell your sex and/or drug-using partner(s) for you or help you tell them yourself. All your present and past partners should be referred for counselling and testing. You have an important role to play in helping stop the spread of HIV infection.

Telling people about your test result may be a very sensitive matter. When you tell your partners, do not make accusations. Be prepared for partners to become upset or hostile. Urge them to be counselled and tested as soon as possible.

5. If I test negative, does that mean that my partner is HIV negative?

No. Your HIV test result reveals only your HIV status. Your negative test result does not tell you whether your partner has HIV.

HIV is not transmitted every time a person is exposed to the virus. Therefore, your taking an HIV test should not be seen as a method to find out if your partner is infected. Testing should never take the place of protecting yourself from HIV infection. If your behaviour is putting you at risk for exposure to HIV, it is important to reduce these risks.

6. My partner tested positive. That means I'm infected, right?

Your partner's test does not always tell your status. The only way to know whether or not you are infected is to have your blood tested for HIV infection.

7. Even though I tested negative, why do I have symptoms?

See a doctor about your symptoms. They are most likely caused by something other than HIV infection. Early symptoms of HIV infection can be similar to symptoms of many diseases that occur in people who are not infected with HIV. If you test negative and still think you might be infected, consider re-testing. If you test negative again, and you have not engaged in behaviour that can transmit HIV in the past 6 months, you should regard yourself as not infected with HIV.

8. How can I find a doctor who will treat me?

Contact your local health centre and AIDS organisations. They should be able to refer you to a doctor who is experienced with HIV and AIDS-related conditions.

APPENDIX:

The delegates from the Nairobi KICKING AIDS OUT workshop in 2001 recommended that sports organisations adopt and adapt the following policy statements for their work, and develop a plan of action to implement the policies. The following were suggested:

Prevention

- The policy should target all members at all levels.
- The organisation should acknowledge the existence of HIV and AIDS.
- The organisation should work towards creating awareness, providing information and taking preventative actions.
- The organisation should create an open and transparent environment with relation to HIV and AIDS.
- The organisation should establish links between and within programs and activities, both nationally and internationally to address HIV and AIDS.
- The organisation should endeavour to make a meaningful contribution to the awareness and prevention of substance abuse and other poverty-related problems, which make members vulnerable to HIV/ AIDS infections.

Care and Support

- The organisation should accept and support members and participants infected and affected by HIV and AIDS.
- The organisation should support and encourage mutual respect and understanding of members irrespective of their status.

- The organisation should establish links with services that provide for the infected and affected and support members and participants in accessing them.
- The organisation should encourage participation of HIV infected members to act as role models.

Gender

- The organisation should advocate equal gender rights for HIV infected and affected.
- The organisation should provide equal opportunities in programs and activities.
- The organisation should GIVE RED CARD TO SEXUAL HARASSMENT, ABUSE AND EXPLOITATION of its members and participants.
- The organisation should encourage women to take up leadership positions.

Resources

- The organisation should allocate resources to enable the implementation, monitoring and evaluation of HIV and AIDS program activities.
- The organisation should utilise available human resources in implementation of HIV and AIDS programs and activities.
- The organisation should allocate resources for capacity building within the field of HIV/ AIDS for its members and participants.
- The organisation should actively liaise and network with other sports organisations nationally and internationally.

Glossary

AIDS:	Acquired immuno deficiency syndrome
Child-to-child:	In this book, child-to-child is an idea based on the use of children who participate in KAO activities to reach out to their siblings at home and friends in their communities.
Facilitator:	In this book, a facilitator is the one who guides the players during KAO activities. He or she ensures that the activities are enjoyable and that learning takes place.
Grid:	A designated area within which players must stay to ensure safety and better activity organisation.
Health education:	An educational process related to activities that increase the ability of people to make informed decisions affecting their personal, family and community well-being.
HIV:	Human Immunodeficiency Virus
KAO:	In this book the letters KAO stands for "Kicking AIDS Out".
Leagues/fixtures:	A round-robin tournament played over a period of time. Each arranged match between two teams/players is called a fixture.
LSO:	In this book, the letters LSO stands for Life Skills Objectives.
Life skills:	Life skills are abilities that help one to adopt positive behaviour that will enable an individual to deal effectively with the demand and challenges of everyday life.
Movement games:	In this book, movement games are games that involve considerable movement and where movement is either a primary ingredient or is incorporated solely as a motivator.
NGO:	Stands for Non-Governmental Organisation.
NORAD:	Stands for Norwegian Agency for Development Co-operation.
Players:	In this book, the term player refers to children and young people who are being encouraged and guided by coaches, teachers or facilitators during KAO activities.
Round-robin:	A form of competition in which the teams/players are divided into groups and each team/player plays all of the other teams/players in the group.
SSO:	In this book, the letters stand for Sports Skills Objectives.
STD:	Stands for sexually transmitted disease.

KICKING AIDS OUT partners

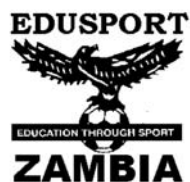


NORAD

DIREKTORATET FOR
UTVIKLINGSSAMARBEID
NORWEGIAN AGENCY FOR
DEVELOPMENT COOPERATION



ROYAL MINISTRY
OF FOREIGN AFFAIRS
NORWAY



SFA
ZIMBABWE

MYSA





Over 40 million people have become infected with HIV. An increasing number of young people, especially girls, are becoming both infected and affected by the pandemic.

Youth themselves are the forces of change and sport is a powerful tool to reach out to both youth and children.

This book presents practical guidelines on how to use sports in information work on HIV/AIDS. It promotes volunteer work among young people and explains how to combine sport skills and life skills. Sport skills provide better health and more fun on the playing field or in the schoolyard. Life skills include important information about HIV/AIDS and also how to avoid stigmatisation of the infected as well as the affected.

The book contains illustrations to help you understand the proposed activities and how to make your own games into KICKING AIDS OUT games. You can also order an instructionvideo on KICKING AIDS OUT movement games through www.norad.no.

The book covers basic information on HIV/AIDS. We challenge you to contact a local HIV/AIDS organisation and start up a sport and life skills program in your organisation or in your community.

The KICKING AIDS OUT movement games in this book were designed by Oscar.S. Mwaanga and tested by peer coaches in the EDUSPORT program in Zambia on behalf of the KICKING AIDS OUT network. The Norwegian Olympic committee and Confederation of Sports has worked over the movement games. All the partners in the KICKING AIDS OUT network have been using sport as an arena for HIV/AIDS information and other life skills training. They have all contributed to this book.

About the author

Oscar Sichikolo Mwaanga is the founder and President of The Education through Sport Foundation (EDUSPORT) of Zambia. He has a bachelor's degree in sport science and physical education at the Norwegian University of Sport Sciences. The author's work and research focuses on using sport as an arena for development work, empowerment and life-skill training for marginalised and underprivileged young people.