**Course title:** Life skills, HIV/AIDS management and prevention simulation

**Description:** The course is designed for the acquisition of life skills necessary for survival and good citizenship. The Simulation is geared at increasing awareness of the effects of the HIV/AIDS pandemic and behavior change in the participants.

**Justification:**

UNAIDS reports a minimal but gradual decrease in the prevalence rates of new HIV/AIDS infection globally, however, there is a more significant increase in the number of people living with AIDS all over the world. The UNAIDS global AIDS report indicates that there is more than 39.5 million people living with AIDS globally in 2006, of this 24.7 million were in Sub-Saharan Africa. There was an estimated 4.3 million new HIV infections globally in 2006, of this 2.8 million, more than half of the new infections, was in Sub-Saharan Africa. In the same year, 2.9 million deaths due to AIDS were recorded globally. 2.1 million of these were in sub-Saharan Africa. Even though there seem to be a generally high level of awareness of the disease in many communities, there is not a corresponding behavior change in the life style of the people. In many rural communities, there still a lot of discrimination and stigmatization of PLWA. This keeps many people from getting tested so that they can know their status. The statistics also indicates that there was significantly less infection in children between the ages of 0-14, consequently leading to their being called the ‘window of hope’. This has led to calls for increased education of these young people, to equip them with skills and knowledge to help keep them HIV free, and give them skills to deal with the effects of HIV/AIDS in their own families and in the community. The most affected age group 15 – 49 years are the ones who also live most dangerously, and they need to be targeted as well.

**Target audience:**

This simulation will be targeting young people in organized training camps and clubs. It can also be used by adult groups to increase their awareness and insight into the issues and impacts of HIV/AIDS.

**Type of simulation**

This will be a empathy-insight simulation

**Scope**
♦ The simulation will seek to provide participants with a new appreciation of handling a health crisis as one posed by the HIV/AIDS pandemic.
♦ They will be living the lives of those infected, and affected by the disease, so that they can have a better appreciation of what the real PLWA goes through.
♦ They will be allocating resources the running of a health care facility for the care of PLWA.

Skills to be covered include

- Decision making skill
- Negotiation skills
- Management and leadership skills
- Crisis management skills
- Emotional and health management skills
- Social interaction skills
- Dealing with negative reactions from friends, family and outsiders.

Learning objectives

- Explain risky and non-risky behavior associated with the care of PLWA.
- Identify risky and non-risky behavior associated with the care and living with PLWA.
- Identify processes and services that are necessary for the optimal function of a health care facility.
- Allocate resource efficiently for the running of social systems and care of PLWA
- Interact effectively with other people in the community for the common good

Framework

A new virulent strain of the HIV/AIDS has just evolved in a town in West Africa. Some how it has managed to affect every sexually active individual in the community, and it has proven to be so deadly that, infected people die within a year or two.

It is believed that this virus was initially carried by a man who had just arrived from abroad with a lot of money. He went around the town and befriended a number of unmarried and married women with whom he had affairs. These women also had other sexual partners, who likewise had other sexual partners other them. A few months after this man arrived, he was sick and shriven, but the traditional priest said it was his punishment for sleeping with people’s wives.

Some where along the line the virus had mutated to become one of the deadliest in the history of the HIV, it takes its victims is a very short time. It has wiped out all productive adults in this town, which had a population of about 4000 people.

Now all the secondary schools have closed down because the teachers are either dead or too sick to teach. Only two primary schools are open, and they are staffed by three retired teachers each. The power company is running on autopilot, the radio station has only one broadcast journalist well enough to run it. The community bank has not been opened for
more than a month. The traditional rulers are all dead dying; the heir to the paramount throne is a twelve-year-old girl.

An emergency town hall meeting has just been convened by the three remaining teachers of the local primary school, with the help of a young broadcaster, who is in his early twenties and still a virgin.

During this town hall meeting or even before, randomly assign participants to two groups, PLWA, and caregivers. Do not tell them why and what their roles will be until the simulation step where they are to be divided up. The roles are to be cast in a ratio of 1:PLWA: 5:health care provider or worse.

**Participant roles**

- The participants will be themselves, ages and sex will the same, but in this hypothetical village where all their adult relatives are dead or are dying.
- Participants will then be randomly assigned to two teams; one team will represent PLWA while the other team will be the caregivers, who will simulate doctors and nurses.
- Civil and government workers, such as workers at the utility companies, etc

**Staff and peripheral roles**

- Central government representatives
- Inspectors
- Fund/resources administrators

**Anticipated events**

- At a gathering in the community center, the young people are discussing a news article, explaining the events that have been happening in the town
- The new report will attempt to explain HIV/AIDS, how it is acquired, symptoms of a full blown AIDS and a guess as to how the current crisis might have come about.
- The group will analyze their current position as a town and make decisions as to how to avert further calamity.
- Prioritize what needs to be done, such as, caring for the sick, provision of food and water, sanitation in the town, etc.
- Maintaining and running the health facility with minimal interruptions

**Projected sequence**

- At the gathering, the whole group is briefed on the town situation, HIV transmission, progression and AIDS is explained to the young people so they know exactly what has brought about the crisis.
- They are then told the status of the town, how many adults are already dead, how many are sick, which institutions are still functional and which are not.
They are also informed of the resources available to them, food, money, medical supplies etc.

They group is then asked to come up with a list of prioritized actions they need to take in order to maintain a healthy town.

They are then to assign roles among themselves, and seek to allocate human and material resources in a way that will help them achieve the goals they set up in their action plan.

PLWA are expected to be completely dependent of caregivers, to turn on their bet, go to the bathroom, eat, or drink.

PLWA are to make constant demands on the caregivers throughout the simulation

Facilitator can ask the PLWA to cause accidents, such as, a participants falls from bed and is injured, or a neglected patient soils their bed.

Health care providers are constantly on the move, assisting patients, giving medication periodically, ensuring that all are comfortable, etc.

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### Simulation Model

- **Initial gathering,** random assignment to groups
- **PLWA meets to Discuss their conduct**
- **Care team discuss Care and resource**
- **Care team request and gather resources Needed to run facility.**
- **PLWA help set up Health care facility And take positions**
- **Break/formative evaluation**
- **Simulation of Running health facility At least 3 hr stretches**

### Consequences

- If the health team in allocating resources do not ask for food/snacks, water etc, they will have to do without for the duration of the simulation.
- If the care givers do not use appropriate care and safety practices in caring for those who are sick with AIDS, they get infected.
- If they do not practice good hygiene, they can get sick from diseases
- If they do not put in place a good system of governance or leadership, anarchy will reign, and the whole health care system will run to ground.

### Resource requirements
• Papers and pencils to write with
• Role cards that will give participants some idea of how they are expected to play their parts
• Information cards that can be used as a source of reference
• Radio receiver or cassette player with pre-recorded news broadcast
• Newspapers with reports that can discuss
• Medical supplies, e.g., gauze, band aid, anti-retroviral drugs, latex gloves, surgical masks
• Cleaning supplies, paper towels, washing sink/bowls, soap, etc.
• Food

Resource rational (cost)

The simulation is designed to be suitable in any part of the world, minimal resources requirement and small capital makes it especially suitable for the developing and poor countries, where the HIV/AIDS prevalence rates are highest.

Expected outcomes

It is anticipated that by going through this simulation, participants will begin to grasp the scope of the HIV/AIDS pandemic and the consequences thereof. Participants will come out with more sympathy and empathy for the PLWA, so that the silence and stigmatization will be overcome to make way for treatment and prevention action to be taken openly.

Follow-up activities

• After the simulation, facilitator/instructor should meet with the students in a group to debrief, asking them to share their observations and impressions of the events.
• Participants will then be asked to write a journal about the events and their feelings, how they would have done things differently, or what different behavior they would expect from some of the other participants. This can spread over a period between one day to one week, so that they can better assimilate new knowledge and organize their thoughts and feelings.
• Reenact the simulation if time permits, allowing participants to reverse some roles to see if they can perform with more intensity than they did before.
• Provide opportunity for the participants to interact with some real PLWA so that they can understand their lives better.
• Create forums and opportunities for participants to share their new insights with their contemporaries who did not participate in this simulation.
• Follow-up with participants simulating other aspects, such as risky life-styles, dealing with HIV/AIDS in the family setting can also be done to take the learning even further.