

TAKINGITGLOBAL HIV/AIDS YOUTH GUIDE TO ACTION

An Interactive Guide To Realizing Your Goals and Making A Difference



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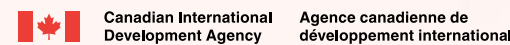
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TakingITGlobal (TIG) is an international youth-led organization that helps young people find inspiration, access information, get involved, and take action to improve their local and global communities. The TakingITGlobal.org online community reaches 200,000 visitors each month and connects youth in over 220 countries and territories. TIG builds the capacity of youth for development, supports youth artistic and media expression, makes educational experiences more engaging, and involves young people in decision-making.

"In too many countries, an official conspiracy of silence about AIDS has denied people information that could have saved their lives. We must empower young people to protect themselves through information and a supportive social environment that reduces their vulnerability to infection."

~Kofi Annan, United Nations Secretary General

"Focusing HIV prevention on young people is imperative because young people between the ages of 15 and 24 years are both the most threatened by the AIDS epidemic – accounting for nearly half of all new infections – and the greatest hope for turning the tide against AIDS"

~UNAIDS et al. Young People and HIV/AIDS: Opportunity in Crisis, 2002

HIV/AIDS YOUTH GUIDE TO ACTION

An Interactive Guide To Realizing Your Goals and Making A Difference

Process Overview



Guide available at: <http://hivaidsguide.takingitglobal.org>

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Introduction

CONGRATULATIONS on taking the first step!

As young people, we have a unique role to play in the fight against HIV/AIDS. Over half of all new infections occur among young people making us a critical element in the battle against this epidemic.

We believe that it is crucial to involve more young people in combating HIV/AIDS as well as to highlight the innovative ways that young people are already engaged.

It is our intention that you find this guide a source of valuable information and, more importantly, a catalyst for meaningful action on HIV/AIDS in your community.

HIV/AIDS Guide to Action Online

Share your experience of using the Guide with us!

Visit: <http://hivaidsguide.takingitglobal.org>

Make connections!

- Learn about what other organizations are doing to help prevent the spread of HIV/AIDS and how you might collaborate

Exchange information!

- Troubleshoot with others doing similar work and share lessons you've learned. Take a look at documents that others have used in their work

Track your progress!

- Let the staff at TakingITGlobal know how you've used the Guide and what further plans you have

How to Use this Guide

The TakingITGlobal HIV/AIDS Youth Guide to Action, is intended to inspire, inform, and involve you in taking action on HIV/AIDS. While each section of the guide highlights important steps in taking action, you will find certain parts of the guide particularly useful (based on your knowledge and needs).

To help you navigate your way through the structure and content of this guide, flip back to the flow chart on page (4). The following summary outlines the objectives of each section.

Get Inspired (Page 8)	Find out what inspires you to take action on HIV/AIDS, and learn from young people taking action around the world.
Get Informed (Page 14)	Learn more about HIV/AIDS in Canada, around the world, and in your own community. This section will help you understand the issues surrounding HIV/AIDS so that you can take more effective action.
Get Focused (Page 22)	Identify the issues that are most important to you and clearly focus your passions. This section provides useful information on leadership and teamwork, and will help you determine what you want to achieve when you take action on HIV/AIDS.
Get Connected (Page 30)	What is networking? What resources are available to me? In addition to answering these questions, this section shows you how to track your contacts, and effectively use your resources.
Get Moving (Page 37)	Ready to develop your action plan? This section of the guide will help you to choose a project and implement your plan to take action on HIV/AIDS.
Have a Lasting Impact (Page 46)	Reflect on what you have achieved, and what you have learned from your project. This section of the guide will help you to evaluate your work and celebrate your success. You will also find useful information on how to sustain the action you have taken against HIV/AIDS.

Using the Appendices

Each section is supported by information that has been appended at the back of this guide. Throughout the guide, you will be asked to turn to a certain page in order to answer a question, or find more useful information in the appendices. The Inspiration Section, and Resources Section are included as appendices. Further information on TakingITGlobal's involvement on HIV/AIDS-related projects is also available on page (78).

GET INSPIRED

Julie Sermer, Students Against Global AIDS (SAGA)

HIV/AIDS "affects every aspect of life. You can't address any other global social issue without first giving consideration to this pandemic."

Julie Sermer was inspired to take action when she realized that it was very difficult to address any social issue without first addressing HIV/AIDS. Julie observed that it "affects every aspect of life." She is now the director of the University of Toronto chapter of Students Against Global AIDS (SAGA), a national group that combines raising awareness with political advocacy.

This year, the U of T chapter conducted a High School Outreach Program, teaching youth about the issue and what they can do to make a difference. They also planned a one-day conference, during which participants listened to presentations given by professors and attended advocacy skill-building sessions.

Julie, along with her peers at SAGA, recognize that youth are greatly interested in getting involved in the battle against HIV/AIDS. She believes in making action accessible by providing motivated students with more information and opportunities to actually make a difference. In addition to the educational component of the program, Julie has done a lot of advocacy work with SAGA. Last year the group was part of a coalition composed of groups in the United States and United Kingdom that worked on the Make AIDS History Campaign. They held a rally and sent letters to important political officials.

SAGA is also involved with the Access to Medicines Group. This group works to change policies at universities so that new health-related research and technologies are made accessible to other parts of the world.



Check out <http://www.treatthepeople.com> to learn more about SAGA, and how you can get involved!

Find Your Inspiration

Being aware of what inspires you will help you take more effective action on HIV/AIDS. Get inspired by the words and actions of youth advocates, diplomats, and artists!

“Global success in combating HIV/AIDS must be measured by its impact on our children and young people. Are they getting the information they need to protect themselves from HIV? Are girls being empowered to take charge of their sexuality? Are infants safe from the disease, and are children orphaned by AIDS being raised in loving, supportive environments? “These are the hard questions we need to be asking. These are the yardsticks for measuring our leaders. We cannot let another generation be devastated by AIDS.”

– Carol Bellamy
Executive Director, UNICEF

“Young people are assets in the fight against HIV/AIDS, and their voices must be heard. When young people are able to identify the main issues of concern to them and are empowered to develop, implement and manage youth-owned strategies to address those issues; real change will take place.”

– Alex McClelland, Young Person Living With HIV/AIDS, and Youth Programme Coordinator, XVI International AIDS Conference

“I think [AIDS] is one of the biggest problems on the planet, absolutely. It’s something that’s going to affect everybody in one way or another. I think that one of our biggest issues as humans is that we don’t look at each other as part of the same life.”

– Alicia Keys, Co-Founder and Goodwill Ambassador for the Keep The Child Alive foundation and U.S. recording artist

“In many countries, youth are the majority affected by HIV, and often cannot access essential prevention or treatment mechanisms. In order to reverse these trends, it is essential that youth are heard, listened to and included in HIV/AIDS prevention, treatment and care initiatives.”

- Mwansa Njelesani, Co-Chair of the Youth Advisory Committee, AIDS 2006 Youth Program, XVI International AIDS Conference

Who, or what, first inspired you to take action on HIV/AIDS? Your inspiration can be anything from a personal experience, to a song, poem, film or community leader whose words inspired you.

How are youth taking action on HIV/AIDS, and what can you learn from them? The following are summaries of inspirational youth who are taking action. Check them out!

Trevor Sylvain is a student at Canterbury High School, Ottawa. With the help of his peers, he made a film entitled “28 Short Takes on AIDS”. The film focused on 28 people in recognition of the 28 years since the (estimated) first AIDS infection. What difficulty did Trevor come across as he conducted interviews at his school?
Find out more on page (38)

While based in Vancouver, Ivy Vuu was involved in Forum Theatre on Sexual Health, aimed at young immigrants. During Forum Theatre, audience members become part of the performance. This process led to a productive discussion on healthy sexuality in first generation immigrant youth.
Find out more on page (55)

The Coming of Age Project and the Youth Strengthening Circle were new opportunities for Aboriginal youth to learn more about HIV/AIDS prevention. Why does Melanie Rivers stress the importance of having culturally relevant programs?
Find out more on page (31)

Interact with someone who is interested in HIV/AIDS. Visit:

<http://members.takingitglobal.org>
&
<http://youth.aids2006.org>
(official youth website created by TakingITGlobal for the XVI International AIDS Conference)



Positive Responses

The following journal entry is by Hayden Horner, an HIV-positive South African male. Hayden's diary is published on the UN HIV/AIDS news service called PlusNews (www.plusnews.org). Check out more of Hayden's journal entries in the Inspiration Section at the back of the guide.

Dear Diary:

I remember the first time I heard about the mysterious and deadly new disease that was thought to affect only homosexual men. There were reports of how it could be spread through any kind of physical contact and killed the infected person within a matter of months, if not days. I was 18 years old at the time, and sat with a couple of my close friends in my small bedroom to discuss this plague.

A number of concerns came up that night. Making do with what little information we had available to us about AIDS, my friends and I tried to determine whether we were susceptible to what we thought could possibly be a man-made virus to eradicate all gays. After much discussion and the weak assurance that we lived in deepest, darkest Africa and there was only one known case of AIDS on the other side of the globe, we eventually tackled the question playing on all our minds. What would you do if you found out you were infected? As if being homosexual and closeted wasn't difficult enough, how would you cope with being immediately outed by a disease that only kills gay men?

My immediate reaction was that I would very quickly, and in the most painless way, take my own life. I remember one of my buddies asking: "So, what form of suicide would you use?"

For whatever reason, maybe even just to lighten the mood, I said I would definitely take lots of tablets because I always wanted an open casket and had to look my best. We all laughed together. We were so young. How could we have known, how could anyone have known, that this was to become the deadliest and most talked about virus in human history?

And nobody ever suspected that this plague would claim the lives of more Africans than any other group of people on earth. The subject never came up again, but with so few facts about the disease, we all kept the fear of what we thought was inevitable infection in the back of our minds. It's been 12 years since our first AIDS meeting, conducted in secrecy and in such hushed tones. And thinking back now, I realize how nature can alter circumstances.

I am now 30 years old and have been HIV-positive for close on six years. Out of fear and ignorance, I promised to take my own life if I ever became infected. So why then am I still here? Maybe because when I was diagnosed, all I found myself wanting, more than any other time in my life, was to live for as long as I could. No matter what.

"Nature alters circumstances". William Golding in his book 'Lord of the Flies' used that line to describe how the fear of the unknown can be a powerful force, which can turn you either to insight or hysteria. But with all the resources available to us now to tackle the global HIV/AIDS pandemic, it is safe to say that hysteria is something that should take a back seat. Golding's words have become my guide for dealing with my virus and have helped me to help numerous other people deal with theirs.

Forever Positive
Hayden Horner

E-mail Hayden at hayden@plusnews.org

MAYO WANDI *

by Mwansa Njelesani

'Purely Simple, or simply complicated'
can be applied to many aspects of her life,
In anyone she can see good,
Hold onto this 'good',
Be determined to love - despite the crap

Isn't that what a woman is supposed to do?
Isn't that the reality of her life?
To embrace life and its challenges,
And not to question pain or injustice,
because this is the plight of a woman, the 'strong woman'
the woman who remains silent, nurtures.

So what about the love that abounds in her?
How does she express it, sexually, spiritually,
in all aspects of her being?
Where is the room for love, if all you have is silence?
Where is the room for hope, desires, passion,
for life, and her God?
What is the image of her God?
Society's image: Masculine, protector, condemner,
shows his compassion through pain and hardship.
These being the plight of the strong woman.

Dear Lord, I wonder, where is the Joy?
Where is the hope?

Where is the passion?
Where is the room for love, if all you have is silence?
Mayo Wand: in your silence, I share your pain,
Mayo Wand: in your silence, you comfort me,
you endure,
you hope,
you dream and endure some more

Mayo Wand: You love in your own quiet way,
in your silence you love, with a passion, quietly
Mayo Wand: Speak UP!
Be silent only if you want to
Express yourself, teach me how to grow closer to God,
To abound in this painful love, this painful journey
I'll be your companion in your pain

Speak through me,
Speak for me,
Speak with me
Dispel this illusion of woman, of silent woman

*Mayo Wand: means "my mother" Zambian language Bemba

Express your thoughts about HIV/AIDS in a poem or song. You never know whom you might inspire!

Feel free to add your story or poem to Panorama (an online publication) <http://panorama.takingitglobal.org> and your artwork or images to the Global Gallery <http://gallery.takingitglobal.org>

**- CHECKING IN -
BY NOW...**

- You may have been further inspired to take action by some of the stories shared
- You have learned from the experiences of other youth who have taken action
- You are ready to learn more about HIV/AIDS

GET INFORMED

Moni Kim, Canadian Youth Advocate

Moni Kim had long been involved in local community activities, but wanted to be able to contribute to the international cause of HIV/AIDS by volunteering abroad. "There are millions of people infected and affected by AIDS around the world, and this was too large for me to ignore", she says. Moni was accepted into an internship funded by the Canadian International Development Agency, at a Youth Centre in Matuli Village, one of several Botswana Family Welfare Association branches across the country.

While at the Centre, she helped the Youth Officer conduct outreach to promote awareness of HIV/AIDS prevention. Moni was inspired daily by other youth in Botswana active around HIV/AIDS, who were volunteering, running workshops, and even creating rap music on social and political issues. "They are younger than me with less education and are taking action regardless of their credentials," she said.

At first it was "really tricky" as many in the village assumed she had been sent because she was "better educated" and some had difficulties accepting and trusting an outsider to deal with sensitive issues. But soon, by observing and showing she was a hard worker, Moni began to work on "anything and everything" from recruiting and training new volunteers, to working with them on youth outreach programs that teach skills and give the local young people a voice. She learned that being knowledgeable about the context in which you are working is just as important as being informed about the issue. General HIV/AIDS knowledge was necessary when promoting awareness about the disease, however gaining an understanding of the people she was working with and the efforts that they had already made proved even more useful in Moni's experiences.

Now back in Canada, she's considering another volunteer trip to a hospital to see a different side of the fight against AIDS.

Moni's advice for others considering similar volunteering experiences?

"I think it is important to have an open mind - an attitude of learning as opposed to an attitude of contributing or making a difference. It is a different system overseas, a different ethic. More relaxed. Not work, work and work. Be humble and support the work that is already being done, as opposed to going as a leader and undermining local people."

Get Informed

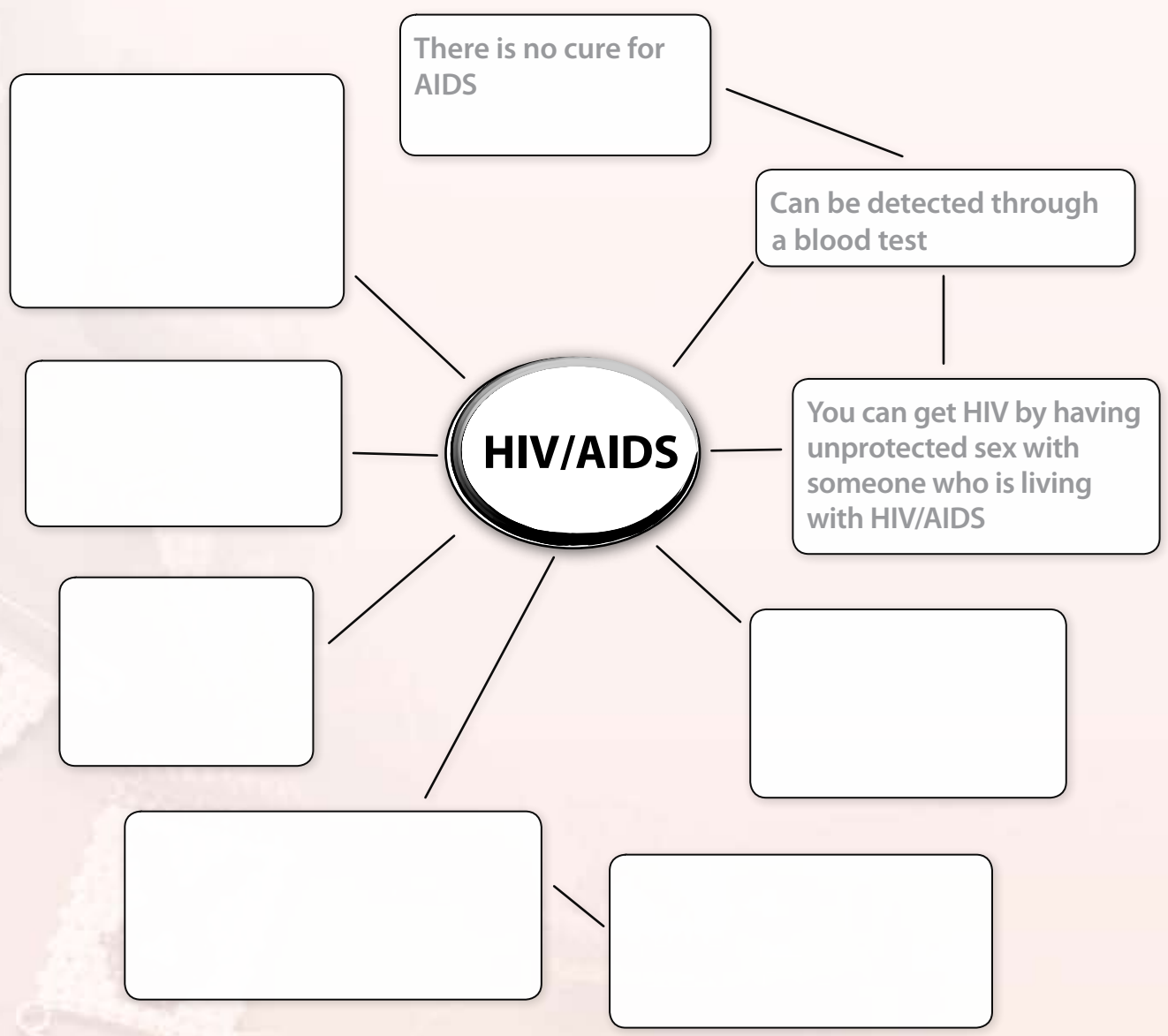
Check Your HIV/AIDS Knowledge

This section of the guide is designed to help you build a very important tool: knowledge. It's time to get more informed! This will help you to create a better project, motivate others, and successfully take action against HIV/AIDS.

Check Your HIV/AIDS Knowledge

Complete the mind map below by connecting your thoughts with lines, as shown.

TIP: If you are working in a group put your heads together and create a joint mind map.



Get Informed

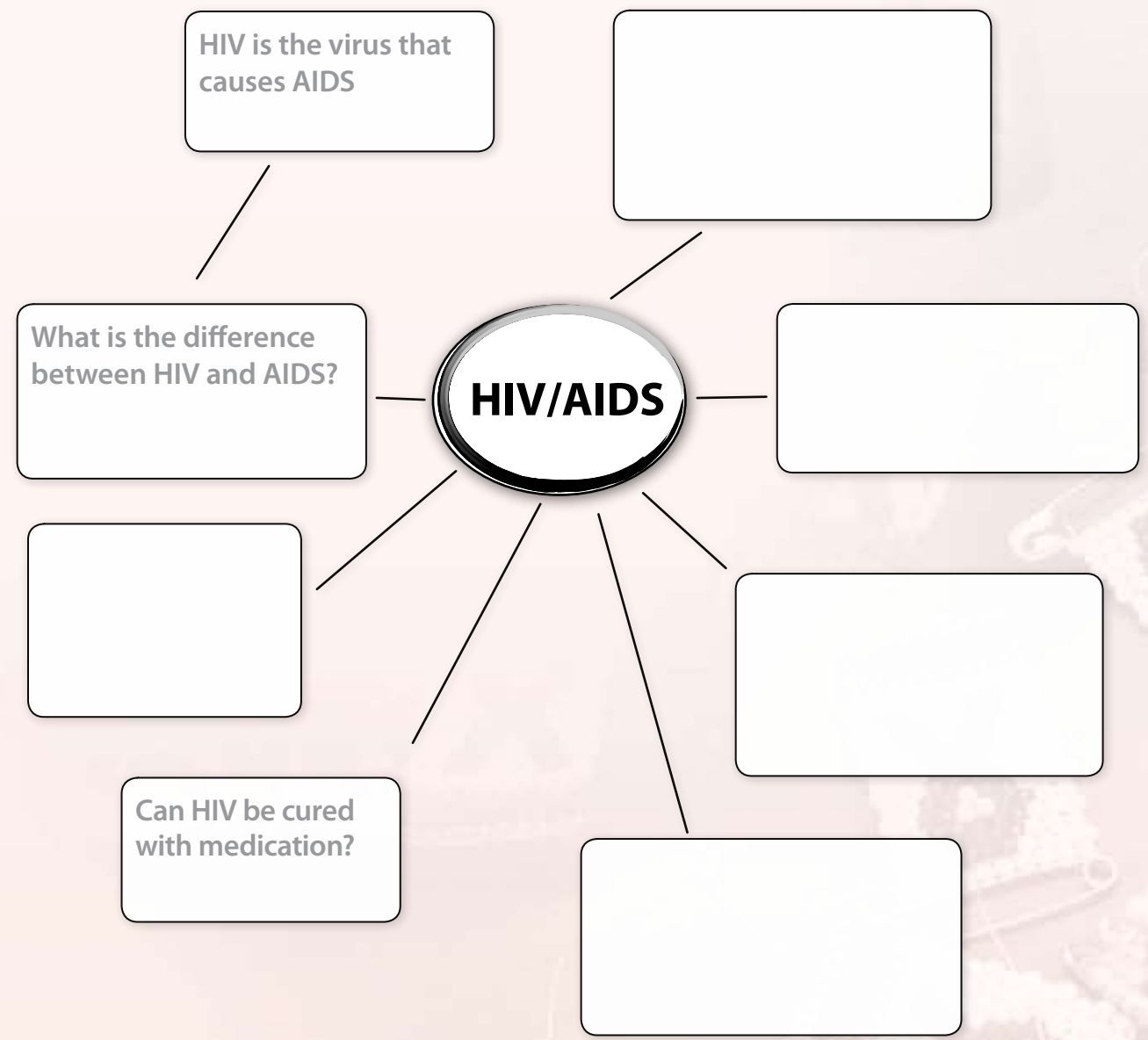
Expand Your Understanding of HIV/AIDS

Expand Your Understanding of HIV/AIDS

Use the space below to create another mind map. This time, explore what you *want* to know about HIV/AIDS.

TIP: ASK YOURSELF...

- How does one get HIV?
- Is there a vaccine?
- Is HIV/AIDS widespread in every country?
- How can I help in the fight against HIV/AIDS?



Statistics

According to UNAIDS, 39 million people are living with HIV around the world, and people under the age of 25 account for over half of all new infections.

While young people are highly affected, youth around the world are taking action on HIV/AIDS.

Turn to *HIV/AIDS Around the World* on page (66)

List a few statistics that really surprised you:

- _____
- _____
- _____

Imagine you are trying to raise awareness about HIV/AIDS in your community. Which statistics would you use to get people's attention?

- _____
- _____
- _____

Ways that young people change the world: If you are working in a group put your heads together and create a joint mind map.



- As voices against injustice
- As promoters of social awareness
- As presenters at conferences, forums and summits
- As trainers, mentors, coaches and tutors
- As artists, musicians and actors
- As organizers of petitions, campaigns and protests
- As entrepreneurs creating businesses and jobs
- As volunteers and fund-raisers for charity
- As conscious consumers
- As responsible users of natural resources

HIV/AIDS Around the World

TIP: Know your context



Each country or region has a different context for HIV/AIDS and the issues that surround its spread. Being aware of this context is essential, and will help make your action more effective.

Turn to *HIV/AIDS Around the World* on page (66)

What region of the world are you most interested in? _____

Which issues did you find most intriguing?

- _____
- _____

HIV/AIDS in Canada

Turn to *HIV/AIDS in Canada* on page (64)

Recall the statement made by the *Malaysian youth* on page (66). Compare how the Malaysian context differs from that of Canada. Why would you shape a project in Canada differently than in Malaysia?

- _____
- _____

How has the number of new HIV infections in Canada changed over the past five years? Why do you think this is?

- _____
- _____

Get Informed

HIV/AIDS in Canada

Now that you know more about HIV/AIDS in Canada, is there anything that you find especially interesting or surprising?

- _____
- _____

Does understanding more about the Canadian context for HIV/AIDS give you any ideas for taking action? What further information will help you better understand the impact of HIV/AIDS in your community?

- _____
- _____
- _____

HIV/AIDS in Your Community

MYTH OR FACT?

Learn more about HIV/AIDS awareness in your community. Do a quick survey among your family, classmates and friends. Look to page (62) for more ideas.



Turn to the Myth or Fact Sheet on page (62)

Choose a combination of five myths and facts about HIV/AIDS. Ask 10 people to identify the statements you choose as "true" or "false". Who can tell the difference between a myth and a fact? The following chart may help you to organize your information.

Statement	Number of People Who Answered "True"	Number of People Who Answered "False"	Out Of 10, How Many Were Correct?
If caught early, HIV can be cured. (myth)	6	4	4 out of 10, or 40%

Review the information you collected. Was there any particular myth that most people believed to be true? What does this tell you about HIV/AIDS awareness in your community?

Get Informed

HIV/AIDS in Your Community

Continue Your Research

After you have read the Resources Section at the back of this guide, you may want to continue your research and find out more about HIV/AIDS in your own community. Check out these sources of information:

School or local library: Check out books, magazines, films, and more.

The Internet: Visit the websites of organizations, on-line newspapers and magazines. Check out the Web Guide on page (71)

Family, friends, and teachers: There is no harm in asking! You may be surprised by what they know.

Community Organizations: Call an organization and ask them for help. Unsure about calling someone you don't know? Try this:

Useful Link: Are you looking for an organization that works in your area of interest?

<http://www.takingitglobal.org/resources/orgs/>



"Hello my name is _____. Your name was given to me by _____. I understand that your organization works on _____. I am interested in learning more about _____ and I was wondering if you, or someone you know, could help me in my research."

- CHECKING IN - BY NOW...



You have a strong knowledge of HIV/AIDS in Canada, around the world, and in your community



You are interested in one or more issues related to HIV/AIDS



You have started to think about how you would like to take action

GET FOCUSED

Nidhi Punyarthi: Exploring the Intersection of Sexuality and HIV/AIDS Prevention

Nidhi was passionate about how gender and culture affect sexuality for South Asian women.

Nidhi Punyarthi is a 20-year-old woman of South Asian descent, currently living in Toronto, Ontario. She has been involved with the Gendering Adolescent AIDS Prevention (GAAP) project since 11th Grade, when she attended a GAAP workshop on arts-based approaches to HIV/AIDS awareness. Nidhi was passionate about how gender and culture could affect sexuality. GAAP's goal "to develop gender-based analyses of HIV/AIDS that can be used in prevention programs with youth," spoke to Nidhi's interests and experiences.

Nidhi has personally observed how South Asian women are [supposed to be] seen in different spheres of life; how they challenge, resist, and negotiate around these behavioral norms. Nidhi feels that it is important to challenge mainstream notions about South Asian female sexuality.

Since being involved with GAAP, Nidhi has continued to campaign on the Intersection of Sexuality and HIV/AIDS Prevention, working to raise awareness and combat stereotypes. She even performed a controversial monologue about South Asian female sexuality at the Ontario HIV Treatment Network Conference. When asked what advice she has for other youth, she responded,

“*My advice would be to go with their instincts and produce what they've always wanted to produce... to go ahead and make that statement. It is such a fulfilling personal experience. It is a difficult path and is full of challenges, but it really helps you explore your possibilities.*”

Get Focused

Identify Your Passions

Identify Your Passions

HIV/AIDS is an enormous and evolving topic, surrounded by social, behavioral, and medical issues. Taking the time to identify and focus your passions will help you turn inspiration into effective action!

What are you passionate about?

Below, check the issues that you believe are most important:

- HIV/AIDS In Children And Youth
- Youth Response To HIV
- Youth Vulnerability To HIV
- Youth Friendly Services
- AIDS Orphans
- Woman And HIV/AIDS
- Safe Sex Practices Among High School Students In Toronto
- Access To Comprehensive Sex Education
- Access To HIV/AIDS Medication
- Mother To Child Transmission
- HIV/AIDS Awareness
- Stigma And Discrimination
- Microbicides And Vaccines For HIV
- Sex-Workers And HIV/AIDS
- Injection Drug Use And HIV/AIDS
- Men Who Have Sex With Men And HIV/AIDS

List any other issues that you are passionate about:

Get Focused

Identify Your Passions

Focus your passions by prioritizing what you believe are the top three issues.

Example: HIV/AIDS Awareness
1.
2.
3.

Keeping your "number one passion" in mind, what do you want to achieve when you take action?
Example: I would like to make more people aware of HIV/AIDS and how to protect themselves.

When you take action, which group of people (youth, adults, females, males) do you want to reach?
Example: I would like my project to target Canadian youth in Grade 9.

Every action makes a difference. Here are some ideas to get you started...

- Wear and sell red ribbons and donate proceeds to your favourite AIDS project
- Create awareness by putting posters around school for World AIDS Day on December 1st
- Make a short film about HIV/AIDS and show it at your school
- Participate in "AIDS Walk Canada," held every September
- Give your opinion about HIV/AIDS on a call-in radio show
- Organize a sports tournament, talent show, or car wash to raise funds
- Educate yourself and get others interested in HIV/AIDS
- Write to your MP to increase access to support for those living with HIV/AIDS nationally and globally
- Buy Fair Trade certified products
- Create a special edition of your school newsletter to inform others
- Join or start a theatre group focused on HIV/AIDS awareness
- Join a socially beneficial organization working on HIV/AIDS issues
- Volunteer in your community at an AIDS-service organization and promote volunteer opportunities to your friends

Get Focused Lead Your Project to Success

Lead Your Project to Success

Are you going to work on your project alone, or in a team? Either way, identifying your skills and characteristics will help you lead your project with success!

What leadership characteristics do you think are important?

Can you think of someone who shows strong leadership? What makes that person a good leader?

Reflect on the following leadership characteristics. Circle the characteristics that most apply to your personality and abilities, and add any that you think are missing.

- | | |
|--|---------------------|
| Able to accommodate diverse needs | Creative |
| Focused | Patient |
| Good decision-making | Responsive |
| Ability to work well under pressure | Talented |
| Personable | Open-minded |
| Approachable | Modest |
| Honest | Motivational |
| Compassionate | Humble |

Get Focused Lead Your Project to Success

What are your top two (strongest) characteristics?

1) _____
2) _____

List the characteristics that you would most like to develop and how you can make it happen.

Characteristics you would like to work on	How can you improve?

TIP: If you are working in a team, have an open group discussion about how each person can further develop their own leadership abilities. It is important to realize that everyone in the project can lead in different ways!



Get Focused Leverage a Team

Leverage a Team

If you are working in a team, all team members can fill out the following chart in order to identify the ways in which they can best contribute to a project.

Name	Things I like to do:	Words that describe me:	What can I do:
Amy	writing for the school newspaper, school plays	hard working, creative outgoing	write documents, present in front of audiences
Steve	checking out cars, playing video games	competitive, athletic	organize a car wash or sports tournament to raise money

Now that you know what each team member is able to do, you can identify his or her skills. First talk about this in a group, and then fill in the chart below. You will find that each member of your team brings a unique set of skills and experience to the table. This is good! It makes for a stronger team, and will ultimately help you to reach your project goals and objectives.

Team Members	Skills
Amy	Written Communication, Public Speaking
Steve	Inter-personal skills, Fundraising

Get Focused Leverage a Team



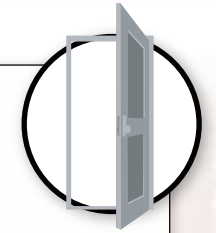
WHAT MAKES A GREAT TEAM

- There is effective and ongoing communication
- Everyone is treated as an equal, and feels like they belong
- A sense of fun and openness can be developed through shared events for people to get to know each other
- There is a common understanding of project goals
- Each team member is motivated to achieve the desired goals, and takes the time to problem-solve together
- Roles and tasks are well-defined and equally distributed
- The leader consults with team-members and wants them to share in important decisions
- Creativity is encouraged, and mistakes are seen as a learning experience
- Team members respect each other, are patient and tolerant, and act with a high level of emotional intelligence and understanding
- Team members are able to express concerns in a constructive manner



- CHECKING IN – BY NOW...

- You have identified the issue that you want to focus on**
- You know whether you will take action alone or with a team**
- If you are working in a team you have identified the skills and abilities of each team member**



GET CONNECTED

Melanie Rivers, Coming of Age Project

“Melanie found it essential to network and collaborate with a variety of local partners... she commented on how helpful it can be to work with adults; fighting HIV/AIDS requires as much support and advice as possible.”

Melanie first became involved in the HIV/AIDS movement when she worked with The Atlantic First Nations AIDS Task Force, based in Halifax, Nova Scotia. Melanie worked in community development, helping to write a manual on AIDS prevention specifically for Aboriginal communities. She believes that HIV/AIDS will continue to have a devastating impact on the Aboriginal community if more isn't done.

Melanie's job in Halifax led to more projects in her home province of British Columbia. She became involved with the Chee Mamuk Aboriginal Programme for STD/AIDS Control, in particular with the Coming of Age (CofA) project and the Youth Strengthening Circle (YSC), run by educator Lucy Barney. The CofA project targeted Aboriginal youth, who form a significant percentage of the Aboriginal population, and are most at risk for HIV/AIDS. The project aimed to reduce unprotected sex through peer education.

The program emphasized the importance of incorporating local culture and resources. “We tried to utilize the strength of the culture from all angles. It is important to target the underlying issues that are putting our youth a risk...include[ing] the fact that many youth have low self esteem and...are lacking a connection to [their] culture and community.” The YSC took the next step and focused on the creation of tools that would be relevant to Aboriginal culture. The CofA project and the YSC were particularly effective because they incorporated videos, guidebooks, and other resources for the participants to use. These program materials were designed to be shared with others, so they would diffuse into the community and further increase awareness about HIV/AIDS.

Melanie found it essential to network and collaborate with a variety of local partners, including Youth Co (a youth advisory group), a Street Nurse program, and a Youth Resource Centre that provided space and outreach to identify participants. She also believes it can be extremely helpful to work with adults; as fighting HIV/AIDS requires as much support and advice as possible.

As the YSC drew to a close, aboriginal elders and cultural workers from the Vancouver, BC area were invited to attend a final ceremony, held to honor and celebrate the young participants. Parents of the participants were also included so that they could understand, support, and reinforce the experience of their children. It was the strength provided by this network of parents, educators, elders, and health-workers that made these projects successful.

Their advice: “HIV/AIDS is a challenging area to work in. Make sure that you have ongoing training and emotional support. It is important to have connections to others who are doing similar work.”

The Importance of Networking

What is a Network? A network is a group of people or resources that can help make information and opportunities more accessible to each other.

How can this help me to take action? Networking can give you ideas, give you access to knowledge and experience, help you gain support for your project, and finally, take the best action possible against HIV/AIDS.

TIP: Networking means to use your contacts, so that you can exchange information, share ideas, and ultimately strengthen the quality of your work. Building and maintaining your network is also a vital part of networking.



Check this out...



CREATING LOCAL CONNECTIONS (CLC) CANADA

CLC Canada is a three-year program (2006 to 2009) run by TakingITGlobal to promote youth participation across the country.

The goals of the CLC Canada program are:

- To raise awareness and provide access to youth opportunities and resources
- To connect and encourage collaboration between youth/youth initiatives
- To strengthen the capacity of youth/youth initiatives in Canada

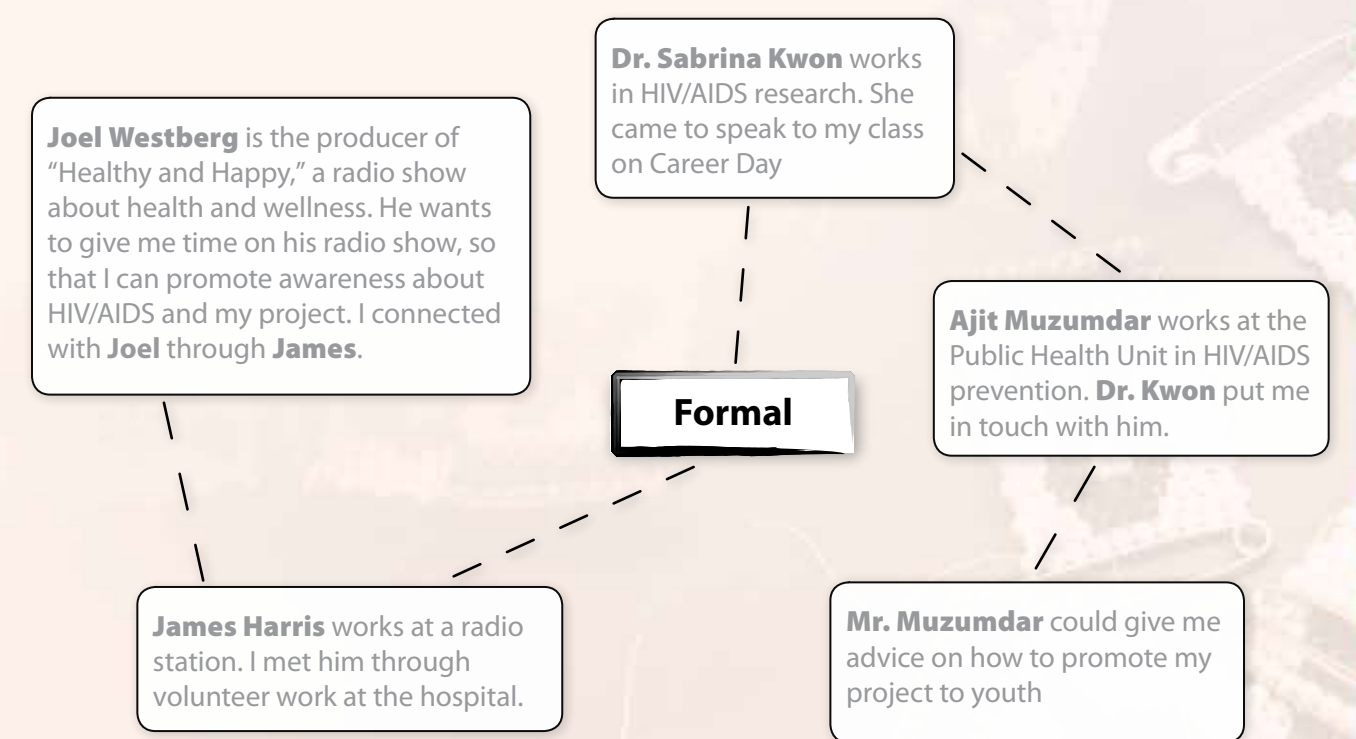
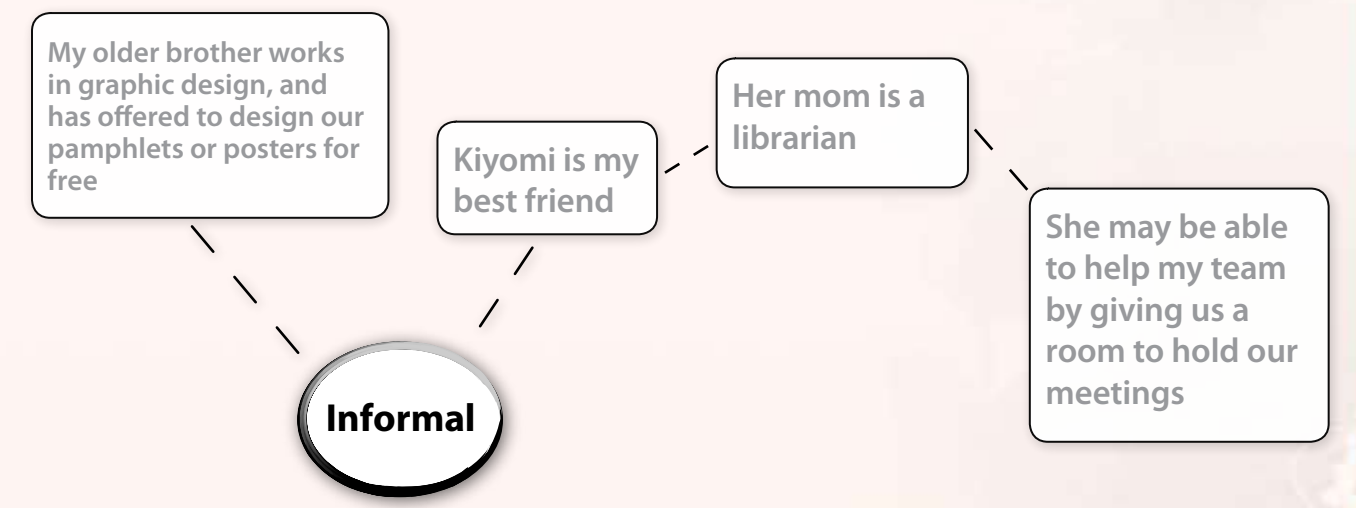
The overarching aim of the CLC Canada program is to foster a vibrant culture of youth participation and engagement among Canadian youth by promoting and supporting local, provincial/ territorial, and national initiatives.

Go to the CLC Canada Project page to connect with other youth organizations working in your province <http://projects.takingitglobal.org/clccanada>. List at least three organizations that you would like to connect with:

Name	Organization	Contact Information

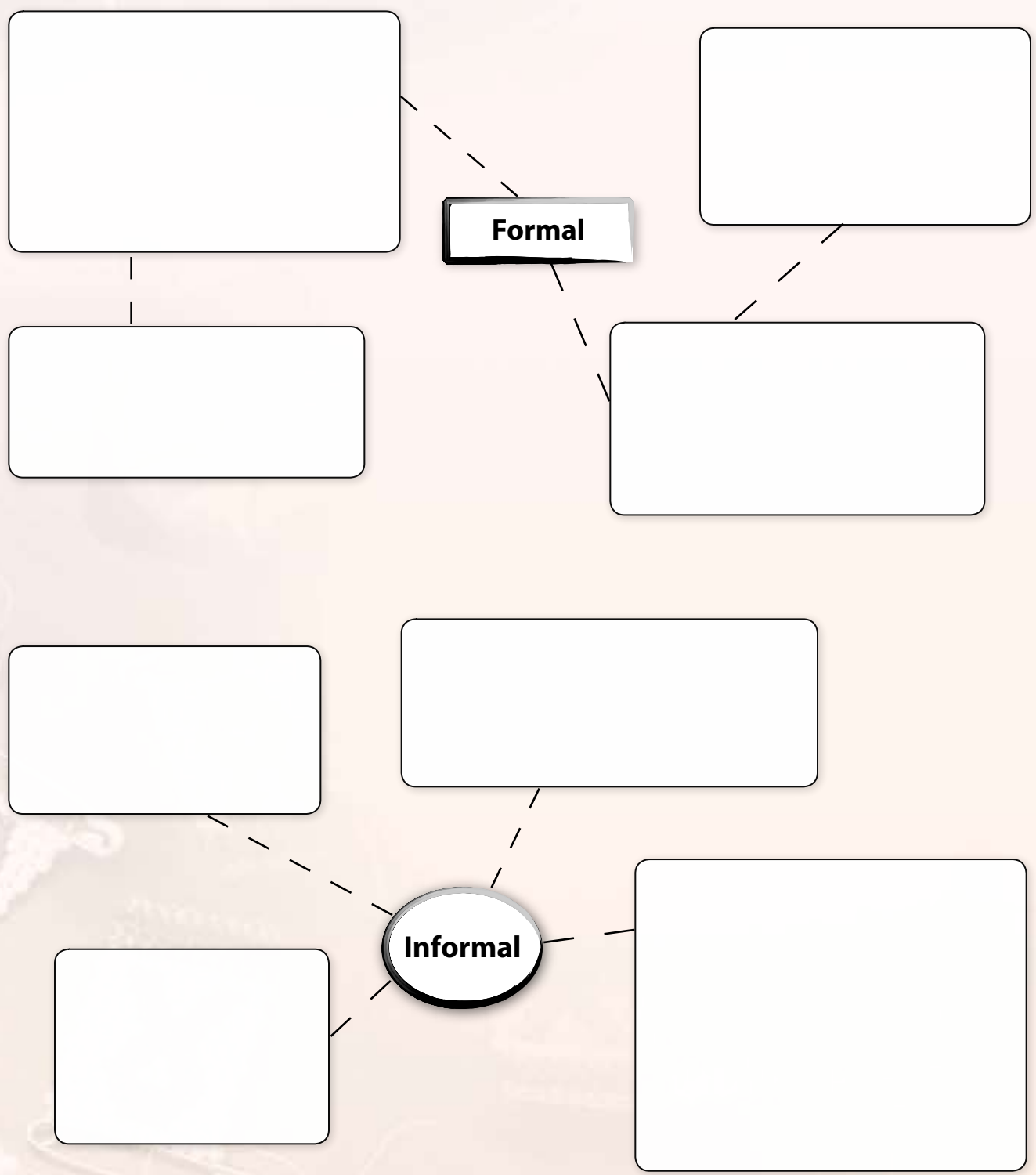
Identify Your Networks

There are many types of networks. Informal networks include friends and family, and more formal networks include business contacts, people you meet at a conference, or people you know through volunteer work. Check out the examples of informal and formal networks below. Try mapping your own networks on the next page.



Get Connected *Identify Your Networks*

Draw a map of your formal and informal networks.
As your project progresses, you will notice that your networks will grow as you connect with more people



Get Connected *Track Your Contacts*

Track Your Contacts

When building your network, keeping track of contact information is essential. The following chart shows examples of potential collaborations. Use the remaining space to keep track of your own contacts.

Name of Person	Where I made the contact/ How I know them	Contact Information (Email Address and/or Phone Number)	Potential collaboration
Marek	I met him while Volunteering at St. Joseph's hospital	marek@network.com (905) 555-1234	Marek works in Radio, and he can give us time on the air to promote our project
Sarah	My mom	(647) 555-1234	She is a teacher and can put up posters in her school about our project

Return to Melanie Rivers' story at the beginning of this section, on page (31) . How did networking help the Coming of Age project to take action?

How do you think networking can help you to take action?



GET MOVING


Know Your Resources

People in your network may be able to connect you with valuable resources. Knowing what your resources are, and how to use them, can truly enhance your work.

Certain resources, such as radio or television, can help you to spread information about your project. Others, such as willing organizations, can help to lower your project costs by giving you free access to meeting rooms.

What resources do you have readily available to help you with your work?

Earlier, you identified your "number one passion," and stated what you wanted to achieve. Now that you know more about your network, and available resources, has anything changed?

Example Resources 

Media: Awareness promoted by radio, print, television, and the Internet may attract support

Organizations: May give you access to posters, materials, meeting rooms, funding (donations and grants)

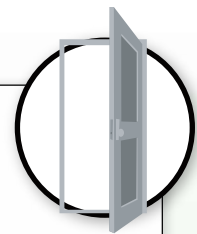
People: Friends, volunteers and mentors might have valuable knowledge

Schools, libraries: May give you access to useful information, or rooms for meetings and events

- CHECKING IN - BY NOW...



- You understand the importance of networking
- You have begun to identify your networks and listed potential collaborations
- You are aware of resources available to you
- You are ready to choose a project idea and come up with a plan to take action on HIV/AIDS



Trevor Sylvain Film: 28 Short Takes

Trevor chose to tackle HIV/AIDS by making a movie. He and his team conducted approximately 100 interviews at their school, talking to students, teachers, and parents.

When Trevor Sylvain, a student at Canterbury High School in Ottawa, had to do an assignment on a global issue, he and his peers chose HIV/AIDS. The film was eventually called, "28 Short Takes on AIDS," because it featured 28 different people representing the 28 years that have elapsed since the estimated first case of AIDS. Their project was inspired by a discussion with Lucas Robinson, from the AIDS Picture Change Project (www.picturechange.ca).

Trevor and his group conducted approximately 100 interviews at their school, talking to students, teachers, and parents. At the beginning of the process, they noticed that people attempted to "distance themselves" from the issue while "still trying to show sympathy." As a result, they began each interview with very general questions and eased into the topic of HIV/AIDS. As the interviews progressed, it became clear that the general public was not well informed. "[AIDS] was seen as a problem overseas, not necessarily a local result." In the end, they created a film that encouraged its audience to question their assumptions about HIV/AIDS.

Creating the film led to a difficult question: "Once you have [the audience] interested ... what is there for them to do?" Trevor's solution was to raise awareness and then focus on government initiatives.

Trevor believes that the project's success was due to the fact that it was youth-led. Most youth relate better to each other than they to adults and are likely to be more engaged when they feel a connection to project leaders.

Choose a Project Idea



In "Get Focused" you identified your passions, and thought about what you want to achieve. In "Get Connected" you learned about the importance of networking, and knowing your resources. You are now equipped with two key pieces of information: knowing what you want to achieve, and understanding how to leverage resources to *make it happen*.

Every project is unique, and every type of movement different. Use your creativity to come up with actions that will make a difference.

List all the ideas you have for potential projects:

- _____
- _____
- _____
- _____
- _____
- _____

Example project idea:

I wanted to raise HIV/AIDS awareness in my high school, so my project will be to organize a concert, sell tickets to people in my high school, and donate the proceeds to the Stephen Lewis Foundation.

If you are working in a team, discuss the project ideas listed above and circle the top three.

Individually, write one project you want to pursue: _____

Here are some project ideas to get you going:

- Advocacy/Awareness Campaign
- Fundraisers (i.e. bake sales, coffeehouses)
- Film about HIV/AIDS
- Workshop on HIV/AIDS Prevention

Still stuck? Check out page (56) for even more ideas!

Set Goals

Now that you are inspired, informed, and have developed a clear focus for what you want to achieve, you can decide *how* to take action.

First, define your project by setting goals. Next, come up with an effective action plan to make your goals materialize.

Setting SMART Goals

Good goals are the key to great projects

- S pecific** Answer the six "W"s: "Who," "What," "Where," "When," "Which," "Why"
- M easurable** Concrete criteria to measure progress helps you stay on track
- A ttainable** Visualize yourself achieving your goals. As you grow and develop, your goals become more attainable.
- R ealistic** You must be both able and willing to work towards your goals. Your goal is probably realistic if you really believe it can be accomplished.
- T angible** If you can see or feel the end product, it becomes more measureable and easier to attain.

What specific goals do you want to achieve?

<ul style="list-style-type: none"> • _____ • _____ • _____ • _____ • _____ • _____ • _____ 	<p>Example Project Goals:</p> <p>Increase HIV/AIDS awareness among students at my high school, by raising \$1,000 for the Stephen Lewis Foundation before summer break.</p>
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Create your Action Plan

Take some time to go over the steps that need to be taken in order for you to achieve your project goals. The following charts will help you to create your "Action Plan" and prepare for any challenges that may arise.

The examples given continue the idea of having a benefit concert for the Stephen Lewis Foundation (SLF). Use the charts provided on the following page to create your own action plan.

Step Number	Steps Needed To Achieve Your Goal	How Will You Do This?	What Help Will I Need?	How Will You Know You Are Successful?
1	Find out more about the Stephen Lewis Foundation.	Call the SLF. Visit their website. Conduct more research at the library.	Ask the librarian about electronic journals and magazines.	I will have found out how the SLF takes action on HIV/AIDS. I will know more about how they will use the money from my project.
2	Raise awareness about the SLF and the benefit concert in my school.	Give out written materials, put up posters, and make an announcement during an assembly.	Ask my friends to help me give out pamphlets and put up posters.	People will start asking me lots of questions, wanting to buy tickets, and offering to help with the concert.

Possible Challenges	How Can I Overcome This?
How will I know whom to speak with at the foundation?	Look at the SLF website to find out about their staff. Contact whoever works in general inquiries or communications for the Foundation.
People may not pay attention to the pamphlets or posters	Use bright colours and clear, large writing. Make sure that any statistics you use are applicable to your audience.

Create your Action Plan


Your Action Plan:

Step Number	Steps Needed To Achieve Your Goal	How Will You Do This?	What Help Will You Need?	How Will You Know You Are Successful?

Possible Challenges	How Can I Overcome This?

Break It Down

Look back to the chart you created that documents your team members and their skills. Use what you know about your team to assign tasks for your project. Breaking your project down into manageable tasks will ensure its success!



TIP: Be flexible!
As you carry out your project you may find that you will need to adapt your plans to unexpected circumstances. Remember to keep an open mind and try new approaches!

Task	Resources	Responsibilities	Deadline
Example: Create posters about HIV/AIDS and the benefit concert	Example: Art supplies/materials (paper, paint, markers)	Example: Pemma: Find out about the SLF and choose the information for the posters Kareem: Design Michael: Photocopy posters and put them up all over school	Example: September 30, 2006

Implement Your Action Plan

It might seem like you've been thinking and planning for a long time now. You'll be pleased to know that it's time to implement your action plan, and put the wheels of your project into motion!

Overcoming Challenges

You may encounter challenges, or unexpected outcomes, as you carry out your action plan. This is normal! If you are working in a group, bring your entire team together to review the project and reflect on the situation.

To deal with a challenging situation, you must first **understand** the problem. After you have gathered enough information to understand your problem, you can try and **brainstorm** solutions. Once you **choose** the best problem solving strategy, and give it a try, you can **evaluate** the outcome. Did your strategy work?

YOU MAY...

- Feel overwhelmed by the heavy workload
- Feel like people aren't taking you seriously
- Need places to meet, and access to the Internet and telephone
- Feel hesitant about making big decisions on your own
- Need help managing and motivating your team
- Experience language barriers
- Experience higher costs than expected

TIP: Each situation is unique, and "cookie-cutter" solutions are not always available.

While you carry out your action plan, try to surround yourself with positive influences and connect with helpful resources.

Stay focused, enthusiastic and determined!

Monitor Your Progress, and Celebrate Your Success!

Any project can be a lot of work, so it's important to stop and re-examine your goals as you carry out your action plan. Monitor your progress along the way, and celebrate your success! Keep yourself (and your team) energized and positive.

Here's how:

- When a team member experiences success, no matter how small, send an SMS, IM, or e-mail to your entire team
- When you achieve a major milestone, consider having a party to celebrate. Include people in your network who have helped you - let them share in your success!

TIP: Look at the next section for more information on how to monitor your progress as you carry out your action plan.

Global youth advocates share their thoughts on project implementation:

- "It won't happen over-night and you've got to be prepared to work hard..."
- "Take a few steps backwards before you can make a step forward"
- "A proper support system needs to be established"
- "Motivation is key and it is often hard to keep this high in a large group"
- "Young people are willing to take part in creating change but need empowerment"
- "There are many ways to address a problem but you can't succeed unless you take one of those ways and try it"
- "It is good to involve the target group in their own development issues"
- "There can be a lot of paperwork and bureaucracy involved in the simplest things"

- CHECKING IN - BY NOW...

- You have created an action plan, and started to put it in motion**
- You've thought about possible challenges and how to overcome them**
- You have considered the words of advice from other youth advocates**

HAVE A LASTING IMPACT

Romi Chandra

At Condomania, sustainability is ensured through annual training...

Looking at Romi Chandra's track record, it is clear that he has tried to make a lasting impact in his community with regards to both youth sexuality and HIV/AIDS prevention. At 16, he pushed school boards and the education system to create policies that addressed the ill treatment of queer youth. At 19, he continued this work on a provincial level as a youth worker with the GLBT (Gay, Lesbian, Bisexual, or Transgendered) Community Centre for over 5 years. Currently he coordinates an adolescent sexual health program with the Vancouver Coastal Health Authority.

Romi's work was driven by his personal experience as a young male trying to come to terms with his sexuality. He soon realized that, like himself, many youth were misinformed about HIV/AIDS. Romi decided to work on minimizing these misconceptions. Some of the work that he has done on this issue has been with Condomania, a program of the Vancouver Coastal Health Authority. The team behind this program is made up of teen website committee members, youth peer educators, and staff who care about young people and their sexual health.

While Condomania works to raise awareness about contraception and safer sex in general, this work has a clear influence on preventing the spread of HIV/AIDS. Romi's work specifically addresses the ways in which HIV/AIDS is presented to young people.

Sustainability of a project is very important, especially when working in the health sector. At Condomania, sustainability is ensured through annual training. Each year the program recruits and trains approximately 12 new people. These individuals soon become members and/or mentors and are able, in turn, to train a new batch of youth. This cycle ensures the continued impact of the program, and allows for the exchange of both experience and new ideas.

Evaluate Your Progress

Along The Way:

At the end of your project, you'll want to be able to know how much of a difference you really made, so that you can see if you achieved your objectives. This process is called "Evaluation." You should also check in at different stages of your project to monitor your progress along the way.

Monitoring your project can help you make sure that everything is on track by choosing indicators of success for each of your objectives. The more specific your "indicator", the easier it will be to evaluate your achievements. The example below uses "raising \$1000" as an indicator of success.

<p>Possible Indicators of Success:</p> <ul style="list-style-type: none"> • The number of people who have attended your event • The amount of money you raised • The number of people who said, in an evaluation form, that they learned from your project • The number of people involved with your project (team members and participants) • How many other projects have been inspired by your work 	<p>Example:</p> <p>Raise Funds for the Stephen Lewis Foundation</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Activity</th> <th>Indicator of Success</th> </tr> </thead> <tbody> <tr> <td>Nov. 2007</td> <td>Benefit Concert</td> <td>\$1000</td> </tr> </tbody> </table>	Date	Activity	Indicator of Success	Nov. 2007	Benefit Concert	\$1000
Date	Activity	Indicator of Success					
Nov. 2007	Benefit Concert	\$1000					

TIPS FOR EVALUATION:



- Keep your evaluation simple and relevant
- To avoid bias, try to gain inputs from a lot of different sources. Ask your participants, your partners and your team members what they thought.
- You will probably learn that the project has unexpected outcomes, both positive and negative. Think about how the project has influenced and affected the participants, your community, your organization, and even yourself.
- Include details on factors that negatively impacted your project (were these truly outside your control, or were they risks that could have been avoided?)
- Spend some time highlighting recommendations for the future, so that when similar projects are launched, they are more likely to have a greater impact.

Ask yourself the following questions. If you worked in a group, discuss the answers with your entire team.

Go back to *page (40)*, and re-examine your goals. Did you achieve what you wanted to?

In what ways were you successful? Were you surprised by any of your successes?

What skills have you developed by taking action?

How much time and effort did your project require, as compared with what you anticipated?

If you were to repeat this project, what would you do differently? (this will help you with your recommendations for similar projects in the future)

Global youth advocates tell us what skills they have developed by taking action:



- Leadership, communication and management skills
- Teamwork and organizational skills
- How to recruit participants
- Learning to interact with people from different backgrounds
- Advocacy skills
- Determination, patience and clarity of purpose
- Handling pressure
- How to be more confident in your ideas



Sustain Your Action

Make Your Mark Last Longer

Sustaining a project for a long time can be a major challenge. Even if you decide not to continue your project, think about the ways that people involved in your project can sustain their interest in taking action against HIV/AIDS.

Sustainability is about:

- **Having a Clear Timeline**
- **Collaborating With Other Organizations:** By spreading responsibility for your project across several different groups, you're building a stronger support structure for the future. If one group discontinues their support, at least there are others who can take on more responsibility.
- **Building Strong Alliances with Adults & Mentors:** Adults & mentors can be a vital source of wisdom, financial resources, and technical expertise that is often required to take a one-time project to a more long-term venture.
- **Plan for Leadership Transition:** You may not always be the person in charge of your project! Leaving the right information so that a new leader can take over is essential. Put together a package of useful information for the next project leader.
- **Keep Good Records and Manage Knowledge:** Keeping good records of your contacts, how you do things, and your achievements will help you to sustain the effect of your project in the future. This includes documenting what you have learned through the process of evaluation.

- CHECKING IN - BY NOW...



- You have reflected on what you have achieved and what you have learned through your project
- You have taken the time to celebrate your success with those who helped along the way
- You have considered how to make your message memorable, or how to continue your project in the future

Congratulate yourself on having the courage and perseverance to see your idea through!

APPENDIX A: INSPIRATION SECTION

- I) **SIGNS OF HOPE**
- II) **SELECTIONS FROM HAYDEN HORNER'S JOURNAL**
- III) **INTERVIEW WITH IVY VUU, CANADIAN YOUTH ADVOCATE**
- IV) **PROJECT IDEAS**

I) SIGNS OF HOPE

*"Every day lost is a day when ten thousand more people become infected with HIV.
We can beat this disease, and we must."*

Kofi Annan, Secretary General of the United Nations

- Young people, through alliances and organizations such as the Toronto YouthForce, the Global Youth Coalition on HIV/AIDS, and the African Youth & Adolescents Network on Population and Development, are successfully advocating increased spending on comprehensive HIV/AIDS programs targeted at youth, and are increasingly involved in the delivery of these programs.
- 66 countries have a policy or national HIV/AIDS strategy in place to promote HIV-related sexual health education for young people.¹
- 74% of primary schools & 81% of secondary schools now provide AIDS education (58 countries reporting data).²
- The World Health Organization's 3 by 5 Initiative (a program aiming to provide 3 million people living with HIV with antiretroviral treatment by 2005) and other innovative treatment programs are helping to raise awareness about HIV/AIDS, mobilizing people across the world to work together and most importantly are giving hope to millions of families.
- The percentage of young people who initiated sex prior to age 15 declines in 9 of the 14 sub-Saharan African countries for which trend data are available.²
- 6 of 11 African countries heavily affected by HIV reported a decline of 25% or more in HIV prevalence among 15-24 year olds in capital cities.³
- Condom use among sexually active people ages 16-24 increased in 8 of 11 countries in sub-Saharan Africa.⁴
- Evaluations of more than 150 programs around the world have shown that no increase in sexual risk-taking is associated with providing complete information and sexuality (including contraception and condoms) to young people.^{5,6}

II) SELECTIONS FROM HAYDEN HORNER'S JOURNAL

Hayden Horner is an HIV positive South African male. His diary is published on the UN HIV/AIDS news service, PlusNews (www.plusnews.org). Contact Hayden by email at: hayden@plusnews.org

Dear Diary

I had that dream again last night. The one about how my sister looked not long before she died. My pillow was soaked when I woke up and this time it wasn't from the night-sweats. Those have stopped since I started the antiretroviral drug therapy three months ago. The dream, however, was vivid enough to keep the tears flowing for the better part of an hour. My doctor warned me of nightmares as a result of the Stocrin, but I never imagined these dreams would be real enough to force me to confront a question that had been nagging at me since I first saw my sister's emaciated body in that small bed at home.

The tears couldn't come when I told her how much I'd miss her when she was gone. And I had to be strong for my mother and my two little nieces at the grave side. But I realise now that the reason I had such difficulty dealing with my emotions, was because my sister fit the picture of someone on the verge of an AIDS-related death. I had, after all, seen enough pictures of AIDS patients near death to wonder whether there was in fact more to her illness than I was being told.

The certificate said the cause of death was cervical cancer that had spread to the kidneys and spine. This was completely acceptable by social standards. And good enough to keep tongues from wagging. I'll probably never know the truth about Dawn, despite the disclosure of my own HIV status to my family and friends. Funny thing is, in light of the latest research on the high number of women affected by HIV/AIDS around the world, Dawn was a perfect candidate for HIV infection. She was unemployed and dependant on a man who physically abused her and openly took multiple sex partners. She eventually divorced her husband, but it was too late, and her secret was buried along with her in the little community where we were born and raised. Buried like all the other people supposedly from asthma, pneumonia and tuberculosis.

But who am I to be so suspicious? Do those horrible pictures in the newspaper really give me the right to suspect HIV/AIDS? I know now that they do not, because I am the picture of what many people would call "perfect health". What's frightening, though, is that many of those same people are still engaging in unprotected sex based on physical appearances. The old adage that "appearances can be deceiving" really does hold more truth than many of us are willing to admit, and secrets will remain just that. Secret. But the reality that people are still reluctant to talk about a virus that is responsible for claiming more lives than any other disease, is no secret.

Forever Positive

Hayden Horner

Dear Diary

The day to get my CD4 count done, to see how I've been coping with the anti-AIDS drugs these past four months, is drawing closer. A check on my weight just before last December read 72 kilograms, down from my usual 95 to 98 kilograms. I spent that December holiday with my family, and whether out of good manners or

just not to scare me, nobody brought up the topic of my obvious weight-loss. Along with them I pretended not to notice, but at that point the weight-loss was the least of my concerns. I was also experiencing a dramatic loss of appetite. And what a time too, with all the lovely festive treats being prepared.

Not even my mother's tasty Christmas lunch was enough to throw me into that trademark feeding frenzy my friends and family had come to know so well. Although I did not show it, I was worried, and was confronted with a reflection of that worry every morning that I greeted my mother. The time with my family wasn't anything like the other holidays. In fact, I was quite miserable and I just wanted to get back to Johannesburg and to the safety of my doctor's examining room. As suspected, my CD4 level had dropped. I had somehow lost count of it when I foolishly decided that what was more important to me was keeping track of the number of days I actually enjoyed life. I should have noticed the symptoms, which by now were quite clear. The painful boils on my right leg, the nausea at the sight and smell of food, the headaches and the constant exhaustion, despite the extra hours of sleep put in above the recommended eight. Maybe I did not want to accept the rapid progress of the disease, or maybe I just was not ready to admit what at the time I thought of as defeat.

Since my diagnosis, it has taken a great deal of strength for me to accept and adjust to being HIV-positive. And just when I thought I could go on forever, comfortably co-existing with the virus, it reminded me that I had no say in the matter. After the new blood tests revealed that my CD4 was 25 below the 200 mark where HIV-positive people have to begin treatment, it felt like that first time I received my positive result. A part of me wanted the test to be done over again, in the hope that the first one was off the mark. Another part remembered how hurt and desperate I felt after requesting additional tests on my initial diagnosis, and still they read positive.

Once more I felt as if all of this was just a horrible nightmare, and I would wake up sweaty and shaken but relieved that I was healthy, and able to go on realising life goals and planning for the long term. But this dreamlike state did not last as long as all the other times I'd visited that place in my head. I realised right away that it was time for the real fight to begin, and that everything before now was just a scene-setter. So it's been four months since I started taking the drug cocktail despite the frightening tales about its toxicity and ensuing side effects. And so far, it's been hell. But I'm still here, and that's all that really matters. In the meantime, my appetite is back to normal and I've eased right back into those good old throes of ravenous feeding. Completely devoid of guilt about never achieving the 'body-beautiful'. I can feel my body getting used to the poison I'm using to keep this virus under control. And it's become almost second nature to pop one Purback and one Combiver tablet first thing in the morning for a fresh bout of nausea, followed by another Combiver twelve hours later for a short recap, and then three Stocrin capsules just before bed for vivid nightmares. I am looking forward to seeing the results of my CD4 count when I get tested in two months time. But for now, the poison can flow and let me prove to this virus that I do have a say after all.

*Forever Positive
Hayden Horner*

III) INTERVIEW WITH IVY VUU, CANADIAN YOUTH ADVOCATE

*Interview Conducted by Mwansa Njelesani
Topic: Forum Theatre on Sexual Health for Immigrants, Vancouver*

What inspired you?

When I was 18, I started to volunteer with Condomania and volunteered for four years. This was a great opportunity to empower youth. I feel that it is important to empower youth to make their own decisions. As a youth worker I am trying to integrate sexual health into developing as a healthy person.

Could you tell me about the Forum Theatre Project? What was the process?

We ran a five-day workshop for youth in which we developed many recurring issues related to the topic of immigrant and first-generation youth and sexuality... [and] used these themes to create a play, which we performed for the public. [We then performed] it again; but this time we invited the public to come up whenever they saw an opportunity where there was a struggle that they could help to overcome.

This kind of process leads to productive discussion. It is a very strong community-based way of getting feedback on the right and wrong ways of dealing with things.

What motivated you to address these particular issues?

Immigrant youth are invisible minorities. They are often very affluent, but a lot of their parents work or live overseas. Often, when they are faced with issues related to sexuality, they have nobody to turn to and remain silent.

When you first decided to do the performance theatre was this a one-time thing?

At the beginning it was just 'hey, let's try this'. This was a good way to engage the youth I was working with because it implied a short time commitment and minimal pressure.

Did you collaborate with other groups?

[We worked with] schools and ESL classes to recruit participants, but the doors were open to anyone who identified with the struggles with which we were dealing. We sent invitations to all schools and youth workers [in the area]. In the end we had nine youth involved.

What were some of your struggles and challenges? How did you overcome them?

One major struggle was funding. Although we tried to get funding from different areas, one of my partners in the project ended up having to ask for funding from her organization.

What would you do differently?

I would include youth in the initial process. This would build their capacity by giving them a leadership role. It is important for other youth to see that the effort is youth-driven.

What advice do you have for others?

My advice for anyone wishing to run a program involving youth is to do training beforehand to ensure that they know how to effectively work with all types of youth. The rules of interaction are different depending on the circumstances and it's important to know how to approach people.

IV) PROJECT IDEAS:

Advocacy/Awareness Campaign
 Community Service / Volunteering
 Creation of Educational Materials
 Creation of a Youth Council to Advocate
 Distribution Of Health Kits
 Formation of a Student Club
 Fundraisers (e.g. bake sales, coffeehouses)
 HIV/AIDS Website / Discussion Board
 Internships With HIV/AIDS Organizations
 Making a Film about HIV/AIDS
 Mapping HIV/AIDS Youth Organization and Groups
 Open Discussion Forums
 Peer Education (on HIV/AIDS)
 Peer Support Groups
 Public Speaking Competition (on topic of HIV/AIDS to help raise awareness)
 Put on an Art Show
 Research and Sharing of Best Practices
 Run a Workshop on HIV/AIDS Prevention
 Volunteering with Relevant Organizations
 Working with Organizations in HIV/AIDS Affected Communities

The following activities can be used to enhance your project:

Contests, Games, Cultural Events, Leadership Training, Role Playing, Skills Training

APPENDIX B: RESOURCES SECTION

- I) FAST FACTS ABOUT HIV/AIDS**
- II) YOUNG PEOPLE AND HIV/AIDS** (PROVIDED BY THE TORONTO YOUTHFORCE)
- III) MYTH VS. FACT SHEET**
- IV) HIV/AIDS IN CANADA**
- V) HIV/AIDS AROUND THE WORLD**
- VI) GLOSSARY**
- VII) WEB GUIDE**

I) Fast Facts about HIV/AIDS

What is HIV?

- HIV, or Human Immunodeficiency Virus, is known as “the virus that causes AIDS”
- HIV is a virus that negatively affects a person’s immune system. When a person becomes infected with HIV, the virus goes through a “latent period”. During this time a person may be able to function normally without showing symptoms of having HIV.
- With proper medication and care, some individuals are able to live more than 10 – 15 years without developing AIDS.

What is AIDS?

- AIDS, or Acquired Immune Deficiency Syndrome, is a disease eventually caused by HIV.
- Because their immune system is compromised, a person with AIDS usually suffers from a number of different infections of the lungs, brain, eyes, and other organs.
- Someone with AIDS will often experience extreme weight-loss, diarrhea, Kaposi’s Sarcoma (a kind of cancer), as well as tuberculosis. These infections are called ‘opportunistic diseases’ because they take advantage of an already weak immune system.

How do you get HIV/AIDS?

HIV can be contracted from the following bodily fluids:

- Semen
- Vaginal fluids
- Blood
- Breast milk

Note: it is nearly impossible to contract HIV through tears, sweat or saliva.

How can you or I become infected?

- Unprotected vaginal or anal sex with a person who is living with HIV
- If you have open cuts or sores on (or inside) your mouth, you can become infected through unprotected oral sex with a person who is HIV positive
- Contact with contaminated blood and blood products during injection drug use or blood transfusions (by reusing/sharing needles and syringes)
- Without medication, an HIV positive mother can pass the virus on to her baby during pregnancy, childbirth or breast-feeding.

I) Fast Facts about HIV/AIDS

How do I reduce the chances of contracting HIV/AIDS?

- Do not have unprotected sex. Use a condom for vaginal or anal sex, and condom or dental dam for oral sex.
- Before having sex with your partner, make sure that both of you get tested for HIV/AIDS and other STIs (some research has been done to prove that one’s chances of contracting HIV/AIDS increases when other STIs are present).
- If you and your partner do choose not to use condoms, agree to be monogamous with your partner (this means that neither of you will have sex with other people).
- Take precautions to avoid accidental contact with blood or other bodily fluids (e.g. Wearing protective gear while playing rough sports, or giving first aid to an individual).

Is there a cure for HIV or AIDS?

There is no cure or vaccine for HIV or AIDS. There are medications that can delay the onset of AIDS, and help people live longer and healthier lives.

What do You do if You think You might have HIV/AIDS?

Know your status – get tested! Ask your partners to do the same.

If you believe that you may have contracted HIV, contact your health worker, or an HIV testing centre for confidential counselling and testing. If you are living with HIV and you are pregnant, it is important that you see a health care provider, to reduce the risk of transmitting HIV to your child.

YOUNG PEOPLE AND HIV/AIDS

(PROVIDED BY THE TORONTO YOUTHFORCE)

Infection Rates Remain High Among Youth

- UNAIDS estimates that people under 25 years of age account for half of all new HIV infections.²
- Globally, 1.4% of men and 3.8% of women ages 15-24 are HIV infected.²
- About 10,000 new HIV infections a day occurred worldwide in 2005.²

Challenges in Increasing Knowledge and Changing Behavior Persist

- Although nations committed to ensuring that 90% of young people were fully educated about HIV and AIDS, young peoples' knowledge of HIV remains inadequate. A survey of young people ages 15-24 from 18 countries worldwide between 2001 and 2005 found that fewer than 50 per cent had an accurate understanding of HIV, with young men having a higher level of knowledge than young women in all but one country.²
- Countries reported that in surveys, only 33% of young men and 20% of young women could correctly identify ways of preventing HIV transmission.²
- The percentage of young women and men reporting sex with a casual partner over the past year varies tremendously by country, region and gender. Little or no change has been observed in the frequency of sexual activity with casual or non-marital partners over the past year.²
- Although countries report that 74% of primary schools and 81% of secondary schools now provide HIV/AIDS education, the percentage of schools where trained teachers actually delivered HIV/AIDS educational sessions in the past year varies widely among reporting countries (from 3 per cent to 100 per cent). Among the 21 countries having comprehensive coverage data, only 9 reported having delivered HIV/AIDS education to more than 50 per cent of young people in 2005.²

Gender Disparities in the Pandemic

- In Sub-Saharan Africa, around 59% of those living with HIV are female.⁷
- In parts of Africa and the Caribbean, young women ages 15-24 are up to three times more likely to be HIV-infected than young men.²
- Gender-based violence is now one of the leading factors for HIV infection.³ Men who attack or rape women are more likely to be HIV-infected than non-violent men.⁴
- Child and adolescent marriage is common in many parts of the world. In some developing countries, married women have higher rates of HIV infection than their unmarried peers; in Kenya, for example, married adolescents' HIV rate is 6.5%, vs. a rate of 2.5% for their unmarried peers.^{5,6}
- Young women may simply not have the power to negotiate condom use, while young married women may simply rely on their husbands to remain faithful, putting them at higher risk for HIV.⁵

UNDERSTANDING HIV/AIDS PREVENTION

If you are trying to take action on HIV/AIDS, and you are conducting research to get better informed, you might come across unfamiliar words or concepts. This page will break down the terms and jargon that often surround HIV/AIDS prevention.

What are evidence-based prevention programs?

Evidence-based programs are based on scientific research evaluating past programs and strategies, to serve as evidence. Future HIV/AIDS prevention efforts are then based on the programs and strategies that have proven to be most effective.

What is the ABC model of HIV/AIDS prevention, and what does it mean to go "beyond the ABC model?"

The ABC model uses the keywords of "Abstinence", "Being Faithful", and "Condom-use" to guide HIV/AIDS prevention efforts. The ABC model has been criticized for oversimplifying prevention, and failing to address the socio-cultural issues such as gender inequality. To learn more about such criticisms, and moving beyond the traditional ABC model, check out the following websites:

<http://www.medscape.com/viewarticle/468833>

<http://www.iwhc.org/resources/gettingreal.cfm>

<http://www.washingtonpost.com/wp-dyn/articles/A13501-2004Jun28.html>

http://www.usaid.gov/our_work/global_health/aids/News/abcfactsheet.html

<http://allafrica.com/stories/200608020027.html>

III) MYTH VS. FACT SHEET

MYTH	FACT
Only homosexuals get HIV	The most common way HIV is spread is from man to woman, or woman to man, through sexual contact. In Canada, new HIV infection rates have been increasing among women (from 15% between 1985-1997 to 25% in 2001) ⁸ . It is possible for anyone to become infected regardless of race, colour, religion, wealth, sex, or age.
These days, AIDS is not that bad in Canada - it's really only a problem overseas, in low-income countries.	Though Canada may have a lower rate of HIV/AIDS than some other countries, the Canadian infection rate is 3 times that of Australia and Great Britain. Clearly, much more needs to be done in order to combat the disease. Every year 4, 200 Canadians become infected, and there are currently 56, 000 Canadians living with HIV/AIDS. The Canadian AIDS Society estimates that a third of HIV positive Canadians are unaware of their status and pose a risk of transmitting the disease. ⁹
I would be able to tell if my partner or I were HIV positive	People who have HIV can live for years without seeming sick, or showing any sign of having the disease. The only way to know your status is to be tested. As mentioned earlier, it is estimated that a third of Canadians who are HIV positive are unaware of their status.
In Canada, the West Nile Virus and SARS are much more deadly than HIV/AIDS.	Despite the media coverage, more people have died or have been infected with HIV/AIDS than people who have died from West Nile and SARS combined. According to the Canadian AIDS Society, during the recent SARS epidemic, there were approximately 450 probable/suspected cases in Canada, including 44 deaths. ¹⁰ Between 2001-2003, there were around 500 confirmed cases of West Nile virus and 10 deaths in Canada. ¹¹ In comparison, 12,500 Canadians have died from AIDS since 1979 and 56,000 more are currently living with HIV infection (representing a 24% increase from 1996). ⁸ In 2002 alone, it is estimated that 4,200 more Canadians became infected with HIV and 89 people died. ⁸
You can't transmit the virus when you are on HIV therapy.	Antiretroviral drugs don't keep you from passing the virus to others. Therapy can help keep the levels of the virus low in your body; however you can still infect others.

III) MYTH VS. FACT SHEET

MYTH	FACT
You can't get HIV when you use birth control methods such as the Pill, diaphragms, cervical caps, sponges, and spermicides, Depo-Provera or Norplant.	The aim of birth control methods is to prevent pregnancy. They do not prevent the spread of sexually transmitted diseases (STDs), such as HIV. Abstinence (not having sex) or a condom used correctly and consistently combined with birth control methods can help lower the risk of contracting an STD or becoming pregnant. Make sure that you speak to your health care provider for further information.
HIV testing is pointless.	Getting tested is important. It is the only way to know if you need treatment, so that you can live a longer and healthier life. It can also help protect your partner from becoming infected.
There is a cure for HIV/AIDS.	AIDS is fatal. In a recent survey by Health Canada, 1 in 5 people wrongly believed that HIV/AIDS could be cured if treated early. ¹² Though Canadians have access to medication (antiretroviral treatment –ART) that can help them to live longer and healthier lives, they have to continue to use this medication for the rest of their lives. In low-income countries only 400,000 of the six million people who need HIV drugs have access to AIDS treatment. ¹³

IV) HIV/AIDS IN CANADA

"Some elders say that HIV is a gift that the Creator has given us so that we will learn to care for ourselves and each other again."

BC Centre for Disease Control, Chee Mamuk Program.

In Canada and other high-income countries, HIV/AIDS is spreading due to high-risk behaviours such as unsafe sex and injection drug use. Despite the information and services available, infection rates continue to increase. At the end of 2002, Health Canada's Centre for Infectious Disease Prevention and Control estimated that 56,000 people were living with HIV infection¹⁴ - more than ever before.

The number of reported new annual HIV infections has risen by 20% in the past five years (from 2111 in 2000 to 2529 in 2004).⁹

Furthermore, Canadians living with HIV/AIDS still suffer from stigma and discrimination. An attitudinal survey funded by Health Canada in early 2003 revealed that 30% of adult Canadians would be uncomfortable working in an office with a person with HIV, 40% would be uncomfortable if their child was attending a school where one of the students had HIV/AIDS, and more than 50% would be uncomfortable if a close friend or relative were dating someone with HIV/AIDS.⁵

People are at risk for HIV infection not because of who they are but what they do. What puts someone at risk is complex; it is about choices within certain contexts, where they may or may not have control.¹⁵

Currently, Health Canada has indicated that women, aboriginals, youth, gay men, prison inmates, and injection drug users are the most vulnerable groups in Canada. Vulnerability is defined as: the degree to which an individual or a population has control over their risk of acquiring HIV, or the degree to which those people infected or affected by HIV are able to access appropriate care and support.¹⁵

- Since 1979, 12,500 Canadians have died from AIDS. Although the annual number of AIDS diagnoses has dropped sharply (from 1776 in 1994 to 237 in 2004), a growing share of those diagnoses are among Black and Aboriginal Canadians.²
- HIV infection among men who have sex with men increased to slightly over 40% of new infections in the first half of 2003; infection rates among injection drug users decreased (from 28% in 1997 to 12.5% in the first half of 2003) and the infection rate among women increased from 15% in 1997 to 25% in the first half of 2003.²
- Women now comprise over one quarter of new diagnoses (compared to less than 10% in 1995)⁹
- Among women, those aged 15–29 years appear to be most at risk; women in that age group represented 42% of new diagnoses in 2004 (compared with 13% in 1985–1994).⁹

(It is important to bear in mind that these statistics only represent the people that came forward for testing. The data is limited and only represents a portion of new infections).

There is an increasingly false sense of complacency and misinformation regarding HIV/AIDS amongst Canadian youth today. Two-thirds of Grade 7 students and half of Grade 9 students in Canada do not know that there is no cure for HIV/AIDS.¹⁶ Adolescents in 1989 were generally more knowledgeable about HIV/AIDS transmission and protection than today's youth. For example, 83% of Grade 7 students in 1989 knew that sharing drug needles increases risk of HIV/AIDS, compared to 62% of Grade 7 in 2002. Similarly, the proportions of students who knew that multiple sexual partners increases risk of HIV/AIDS, and that using condoms can help to reduce the risk were lower in 2002 than in 1989.

"HIV, in poor and rich countries alike, is linked to discrimination, poverty, and insecurity, as well as a culture of silence about the disease and refusal to take preventative action".¹⁷ A recent analysis of the impact of HIV/AIDS in Aboriginal populations in Canada clearly illustrates this point. Aboriginal populations are disproportionately represented in cases of HIV/AIDS in Canada. Many of the structural and institutional challenges faced by Aboriginal people and other vulnerable groups here in Canada are similar to those of people living with HIV/AIDS in countries where HIV/AIDS is epidemic.

There are many different Canadian organizations and civil society groups working to motivate Canadians to become involved in HIV/AIDS issues, to reduce the impact of HIV/AIDS in Canada, and to slow its spread among vulnerable groups.

Examples of Institutional challenges include:

- Lack of access to information and medication due to marginalization and discrimination of people living with HIV.
- Necessary resources not being spent on programs that are culturally appropriate and do not deal with issues of unequal power relations between men and women or the low socio-economic status of women. For example, *"women who participated in an in-depth study in Vancouver spoke of the conditions that increase their risk of HIV infection and disease progression described, among other things, discrimination from health care providers and other institutions."*¹⁸

"As global citizens and a part of a multicultural society, we have a very important leadership role to play in marshalling an effective response, both nationally and globally."

Michael O'Connor, Executive Director, Interagency Coalition on AIDS and Development

V) HIV/AIDS AROUND THE WORLD

THE GLOBAL PANDEMIC

Focusing HIV Prevention on young people is imperative because young people between the ages of 15 and 24 years are both the most threatened by the AIDS epidemic – accounting for nearly half of all new infections – and the greatest hope for turning the tide against AIDS.¹⁹

- 2006 marks the 25th anniversary of the first diagnosed cases of AIDS. No country has escaped the virus.²⁰ Currently, 40 million people are living with HIV while over 40% of new infections occur among young people 15-24. (There were about 10,000 new HIV infections a day in 2005).²
- The hope is that with antiretroviral therapy as part of comprehensive evidence-based programmes (prevention, care, treatment), this trend can begin to be reversed. However, young peoples' knowledge of HIV remains inadequate. Available information indicates that the world is falling short of the aim of reaching 90% of young people with accurate HIV-related information.
- In 18 countries (14 in sub-Saharan Africa and 1 each in Asia, Eastern Europe, Latin America and North Africa) where young people (aged 15-24) were surveyed between 2001 and 2005, fewer than 50% had an accurate understanding of HIV, with young men having a higher level of knowledge than young women in all but one country.²¹

Sub-Saharan Africa

This region continues to be the most severely affected by the epidemic. HIV prevalence varies considerably across the continent—ranging from less than 1% in Mauritania to almost 40% in Botswana and Swaziland.²⁰

- Despite making up one tenth of the world's population, approximately 64% of the 24.5 million people living with HIV are in this region.²⁰ However, 6 of 11 African countries heavily affected by HIV reported a decline of 25% or more in HIV prevalence among 15-24 years olds in capital cities.²
- In some countries, 1 in 3 adults are HIV positive (15 years or older). If these were Canadian statistics that would be roughly equivalent to the entire populations of Quebec and Ontario combined.
- Sub-Saharan Africa has 24 of the 25 countries with the world's highest levels of HIV prevalence, and the fastest growing proportions and absolute numbers of orphaned children. There are approximately 12.0 million orphans living in sub-Saharan Africa.²⁰

*"I think that the government of Malaysia needs to realise that the HIV problem is real and that ignoring it will not make it disappear by itself. Arresting sex workers for carrying condoms is both unreasonable and outrageous. HIV harm reduction programs suffer, as do drop-in centres where street people can find a safe, clean, drug-free refuge. Unfortunately, the police often wait outside such centres till they close and those in the centres leave, whereupon they are arrested at the exit. Finally, the government needs to move away from criminalising those with HIV/AIDS. **Although Asian morals and the society are strongly against sexual trends such as homosexuality, prostitution and premarital sex, ignoring such issues or criminalising them will not solve the problem.**"*

- Malaysian youth, current resident of Halifax, Nova Scotia.

Central Asia , Central and Eastern Europe

The virus is spreading fastest in Eastern Europe and Central Asia. In Eastern Europe, this is driven mainly by injection drug use, in particular by the use of heroin among teenagers who are also sexually active. By some estimates, there could be as many as 3 million injection drug users in the Russian Federation alone, more than 600,000 in Ukraine and up to 200,000 in Kazakhstan.²⁰

- These teenagers tend to be poorer and less educated, are more likely to practice unprotected sex, and spread the disease to their partners.
- With the exception of Ukraine, few governments are taking major steps to combat the epidemic.²⁰
- The virus is spreading very quickly due to the economic, political and social factors such as mass unemployment, the opening of European Union borders that has led to the liberalization of social and cultural norms, and economic hardship.

Middle East and North Africa

According to the United Nations, "part of the challenge facing countries of this region is to defuse the stigma and blame that are so often attached to vulnerable groups, and to deepen the public's knowledge and understanding of the epidemic."²⁰

- There is limited data from this region; however it is believed that the main modes of transmission are through heterosexual sex and injection drug use.
- Despite limited data, it is believed that there is a relatively low level of HIV prevalence in this region, with the exception of Southern Sudan. However the levels of stigma and discrimination associated with the disease might actually be masking HIV prevalence rates among certain sectors of society.²⁰

The Caribbean and Latin America

Recently, there has been increased attention paid to HIV/AIDS in the Caribbean. In Latin America, many low-income countries look to Brazil as a role model, on account of its success in providing essential medicines to HIV positive people who require them.

- In parts of the Caribbean, young women (15-24) are up to three times more likely to be HIV-infected than young men.²
- In Latin America, 30% of people who are HIV positive are female.¹⁸
- The proportion of people who need and receive HIV therapy varies across the region, from 25% in some countries to 75% in others.²⁰

"I had a family member who died from complications associated with the virus. Right now the government (of Barbados) has seen the seriousness of this disease and the havoc it can wreck on the working sector and society at large. Therefore, there is a rigorous program of advertisements in all of the media sources, plays, discussions from the primary school level and soon hopefully the introduction of classes starting at the primary school level dealing with the topic."

- Barbadian youth, current resident of Halifax, Nova Scotia

“Sex education in Pakistan does not exist. It’s a taboo and you are most likely to be punished if you talk about it. Unfortunately condoms and other means of birth control are forbidden by the society in Pakistan so this means of HIV control will be most difficult.”

- Pakistani youth, resident of Halifax, Nova Scotia

Southern and Eastern Asia

HIV/AIDS spread in the mid 80s or later. It spread mainly amongst injection drug users and men who had sex with men. In India and China, it also spread through contaminated blood transfusions. Analysis by organizations working with the United Nations suggests that HIV transmission between spouses has become a more prominent cause of new infections - a reminder that it is inadequate to only target vulnerable groups such as injection drug users.²⁰ China and the Indian sub-continent are areas of particular concern, given their large populations.

- The 0.05% prevalence rate in China may appear reassuring, relative to rates in others countries, however, with a population of 1.3 billion, this rate actually translates into 650 000 people living with HIV in China.²
- In 2006, UNAIDS estimates reveal that India has surpassed South Africa as the country with highest absolute number of HIV-infected individuals, 5.7 million.²

High Income Countries

In the early 80s, the most affected populations were men who had sex with men and injection drug users. Increasingly more and more women are becoming infected. Today, deaths due to AIDS continue to drop in high-income countries due to the availability of antiretroviral treatment.²⁰ However, this does not mean that the danger has passed.

- Cases of sexually transmitted diseases (STDs) among young people have re-emerged in countries such as France, Ireland, the Netherlands and the United Kingdom. This is due to an increase in high-risk behaviour and therefore may indicate that prevention programmes may not be having an impact on young people.²⁰
- In the United States, African American women form approximately half of the 40,000 new HIV infections annually (they represent 12% of the country’s population).²⁰
- Overall, it is estimated that a quarter of the 850,000–950,000 people living with HIV/AIDS in the USA are unaware that they are HIV-positive.²⁰

VI) GLOSSARY

3 by 5 Initiative: The World Health Organization’s initiative with a goal to have three million people on antiretroviral therapy (ART) by 2005, in the hopes that this would lead to universal access to ART for all people who require it. Treatment is part of a more comprehensive AIDS strategy which includes medication, prevention, care and support.

ABCs: An HIV-prevention strategy that relies on abstaining from sexual relations, being faithful, and using condoms.

Abstinence: the act of refraining from sex

Acquired Immune Deficiency Syndrome (AIDS): the advanced stage of HIV. The criteria for diagnosing an individual with AIDS is based on how much damage the immune system has suffered and differs from country to country

Antiretroviral treatment: medical treatment using drugs that combat HIV rather than just the opportunistic symptoms of HIV. These drugs do not cure HIV but can, if successfully administered, slow and even virtually stop the spread of HIV in the body. This reduces susceptibility to other diseases and allows for longer and better quality of life

Bisexual: being sexually attracted toward both sexes

Blood transfusion: the introduction of blood or blood plasma into a vein or artery

Contraception: the prevention of child-birth or conception through the use of drugs, devices, or surgery

Endemic: restricted or peculiar to a locality or region

Epidemic: an outbreak of disease that attacks many peoples at about the same time and may spread through one or several communities

Gender: Sexual identity, especially in relation to society or culture.

Heterosexual: being sexually attracted to the opposite sex

HIV Infection rate: the percentage of a certain population or demographic that is HIV-positive

Homosexual: being sexually attracted to people of one’s own sex

Human Immunodeficiency Virus (HIV): a virus that attacks and takes over cells in the body. These new cells – now HIV-infected – not only continue to reproduce, but begin to kill helper T cells, which are the body’s main defense against illnesses. This leaves the immune system vulnerable to opportunistic infections such as: tuberculosis, meningitis, fungal infections, and various cancers.

Latent period: a period of time, after a person is infected with HIV, during which that person may not show symptoms of having HIV

Microbicides: Microbicides are compounds that can be applied inside the vagina or rectum to protect against sexually transmitted infections (STIs), including HIV. Some microbicides also have a contraceptive effect. However, there is currently no existing microbicide that is very effective in either capacity.

Monogamous: Refers to maintaining a sexual relationship with only one partner.

Opportunistic Diseases: these affect people with AIDS and are referred to as opportunistic because they take advantage of an already weak immune system

Pandemic: when an epidemic spreads throughout the world

Sexuality: A broad term that encompasses sex, gender identities and roles and sexual orientation, eroticism, pleasure, intimacy and reproduction.

Sex-Worker: One who performs sexual acts for money.

STD: Sexually transmitted disease.

STI: Sexual transmitted infection.

Stigma: The, often false, social perception of something as shameful or causing discredit.

Stocrin: A drug used to treat HIV/AIDS

Sustainability: the property of being able to be maintained or kept in existence

Transgendered: Appearing as, wishing to be considered as, or having undergone surgery to become a member the opposite sex.

Transmission: the process by which a virus is passed from one individual to another. HIV is transmitted through body fluids, particularly blood, semen, vaginal secretions and breast milk. The most common forms of transmission are through unprotected sexual intercourse, by sharing needles when injecting drugs and from mother to child when breastfeeding.

Vulnerability: the degree to which an individual or a population is at risk of acquiring HIV

VII) WEB GUIDE

CANADIAN ORGANIZATIONS

The 411 Initiative for Change undertakes public education and the promotion of civic participation of young people on social issues that frame their development within their communities; it works to build and strengthen the national action movement on common global issues, in their domestic and international contexts.

<http://www.whatsthe411.ca/>

Africans in Partnership against HIV/AIDS is a community-based, Canadian non-profit charitable organization serving the Greater Toronto Area. Established by members of the African community, this organization responds to the increased need for services that assist Africans living with HIV/AIDS.

<http://www.apaa.ca/>

AIDS Coalition of Nova Scotia promotes and supports the health and well being of persons living with and affected by HIV/AIDS in Nova Scotia.

<http://www.acns.ns.ca/>

The AIDS Committee of Toronto (ACT) is a community-based, charitable organization that provides support, HIV prevention and education services for people living with and at risk for HIV/AIDS.

<http://www.actoronto.org/>

AIDS Saskatoon is the primary community-based AIDS service organization in central and northern Saskatchewan. It is a volunteer-based, non-profit, charitable agency with a mandate to work with, and provide support for, those affected by HIV, and to educate for the prevention of HIV infection.

<http://www.aidsaskatoon.ca/>

AIDS Vancouver is Vancouver's largest AIDS Service Organization. Website includes information on HIV/AIDS; links to AIDS service organizations in BC, Canada and the world; as well as access to the largest HIV/AIDS library in Canada.

<http://www.aidsvancouver.bc.ca>

Alliance for South Asian AIDS Prevention (ASAAP) is a Toronto based AIDS service organization that serves the GTA. Their services include preventative education, support to South Asians infected with and affected by HIV/AIDS, outreach, and advocacy.

<http://www.asaap.ca/>

Asian Community AIDS Services (ACAS) is a charitable, non-profit, community-based organization in Toronto that provides HIV/AIDS education, prevention, and support services to the East and South East Asian communities.

<http://www.acas.org/>

Black Coalition for AIDS Prevention is a volunteer-driven, charitable, not-for-profit, community-based organization with a mission to reduce the spread of HIV infection within black communities and to enhance the quality of life of black people living with or affected by HIV/AIDS.

<http://www.black-cap.com/>

Canada Africa Partnership on AIDS (CAPAIDS) is a group working to help Africans resist, survive and overcome the HIV/AIDS pandemic in Africa.

<http://www.capaids.org/>

The Canadian AIDS Society is a national coalition of over 125 community-based AIDS organizations across Canada dedicated to strengthening the response to HIV/AIDS across all sectors of society, and to enriching the lives of people and communities living with HIV/AIDS.

<http://www.cdn aids.ca/>

The Canadian Aboriginal AIDS Network is a non-profit coalition of individuals and organizations that provides leadership, support, and advocacy for Aboriginal people living with and affected by HIV/AIDS, regardless of where they reside.

<http://www.caan.ca/>

Canadian AIDS Treatment Information Exchange (CATIE) is a national, non-profit organization committed to improving the health and quality of life of all Canadians living with HIV/AIDS by providing treatment information not only for people living with the virus, but also for their families, care providers, AIDS Service Organizations, and Health Care Intermediaries.

<http://www.catie.ca/>

Canadian HIV/AIDS Legal Network is the only national, community-based, charitable organization in Canada working exclusively in the area of policy and legal issues raised by HIV/AIDS.

<http://www.aidslaw.ca/>

Casey House is a hospice, based in Toronto, Canada, that provides compassionate support and care for people living with HIV/AIDS, with a focus on improving their quality of life. It recognizes that when a cure is not possible, the provision of care and comfort can be just as significant a contribution.

<http://www.caseyhouse.com/>

Dignitas International is a pioneering medical humanitarian organization working with communities to dramatically increase access to life-saving treatment and prevention in areas overwhelmed by HIV/AIDS.

<http://www.dignitasinternational.org/>

Gendering Adolescent AIDS Prevention is a team of researchers (faculty and graduate students) working in several research sites and interested in participatory approaches to working with young people in relation to sexuality, HIV prevention and AIDS awareness.

<http://www.utoronto.ca/iwsgs/GAAP/>

Health Canada's Canadian Strategy on HIV/AIDS grew out of consultation with 1000s of people working on the front lines of Canada's HIV/AIDS epidemic. It presents a strategy for preventing further HIV infections and providing care and support to Canadians living with HIV/AIDS.

http://www.hc-sc.gc.ca/hppb/hiv_aids/

The Stephen Lewis Foundation funds community-based initiatives in Africa with a focus on supporting women, orphans, and other AIDS-affected children in every possible way, from the payment of school fees to the provision of food. It also supports associations of people living with HIV/AIDS so that they may educate themselves about prevention, treatment, care, and the elimination of stigma, and spread this information to others in their community.

<http://www.stephenlewisfoundation.org/>

Students Against Global AIDS is a coalition of Canadian student groups committed to the world-wide right to health. One of their major efforts involves campaigning at various universities in attempts to make research developments and technologies available around the world.

<http://www.treatthepeople.com/>

Toronto YouthForce is a coalition of youth-led international groups and NGOs collaborating on the XVI International AIDS Conference to advocate on behalf of youth around the world. They co-organized the youth-led activities at the conference; their general mission is to ensure that youth are involved in constructing programs and policies to help combat the spread of HIV/AIDS.

<http://youth.aids2006.org/>

Positive Youth Outreach (PYO) is a Toronto-based, peer-driven program with the AIDS Committee of Toronto to empower, support, and affirm the lives of young people living with HIV.

<http://positiveyouth.com/static/positive.html>

United Nations Association in Canada (UNAC) is a national non-profit organization promoting UN programs and activities within Canada. It implemented a national project leading up to the XVI International Conference on AIDS 2006 in Toronto entitled "It's Time to Act: Mobilizing Canadian Youth Around HIV/AIDS," focused on youth who are infected, affected and who may perceive they are unaffected by HIV/AIDS.

<http://www.unac.org/> , <http://www.aidsactionsida.org/>

YouthCO AIDS Society is a non-profit organization building capacity with youth between the ages of 15-29 throughout British Columbia, Canada, to reduce vulnerability to HIV, AIDS, and Hepatitis C through peer support, peer education and shared leadership.

<http://www.youthco.org/>

HIV/AIDS BASICS

The Body is an award-winning comprehensive information resource on HIV/AIDS.

<http://thebody.com>

The Canadian HIV/AIDS Clearing House provides information on HIV prevention, care, and treatment.

<http://www.clearinghouse.cpha.ca/>

INTERNATIONAL HIV/AIDS ORGANIZATIONS

Advocates for Youth creates programs and advocates for policies that help young people make informed and responsible decisions about their reproductive and sexual health. They provide information, training, and strategic assistance to youth-serving organizations, policy makers, youth activists, and the media in the United States and the developing world.

<http://www.advocatesforyouth.org/>

AIDS Education Global Information System (AEGIS) is one of the largest HIV/AIDS databases world-wide.

<http://www.aegis.com/>

AIDSMAP is an extensive help site produced by 3 UK AIDS associations

<http://www.aidsmap.com/>

Apathy is Lethal

<http://www.apathyislethal.org/>

Canadian Legal HIV/AIDS Legal Network is the only national, community-based, charitable organization in Canada working exclusively in the area of policy and legal issues raised by HIV/AIDS.

<http://www.aidslaw.ca/>

Eldis HIV/AIDS Resource Guide has comprehensive information on all aspects of HIV/AIDS.

<http://www.eldis.org/hivaids/>

Family Health International, formed in 1971, is a nonprofit international public health organization, managing research and field activities in more than 70 countries to meet the public health needs of some of the world's most vulnerable people.

<http://www.fhi.org/en/index.htm>

The Global Fund to Fight AIDS, TB, and Malaria attracts, manages and disburses resources through a new public-private partnership to make a significant, sustainable contribution to reduce the impact of HIV/AIDS, TB and malaria, by lowering the number of infections, illnesses and deaths

<http://www.globalfundatm.org/index.html>

The **Global Youth Coalition on HIV/AIDS** is a youth-led network of almost 2000 youth leaders and their adult allies. They provide youth world-wide with the resources, tools, and support they need to work at reducing the spread of HIV/AIDS among their peers.

<http://www.youthaidscoalition.org/>

The **HIV/AIDS Bureau of the Health Resources and Services Administration** works to improve the quality and availability of care for people with HIV/AIDS and their families.

<http://hab.hrsa.gov/>

The **Interagency Coalition on AIDS and Development** is a coalition of Canadian organizations working in development and HIV/AIDS. They have many publications and fact sheets.

<http://www.icad-cisd.com>

International HIV/AIDS Alliance is a British development organization specialized in supporting communities in low-income countries to tackle the impact of HIV/AIDS.

<http://www.aidsalliance.org>

Kaiser Family Foundation - aims to provide information on health issues to policymakers, the media, and the general public.

http://www.kaisernetwork.org/static/spotlight_hivaids_index.cfm

Keep A Child Alive Foundation is a unique campaign that offers donors the opportunity to provide lifesaving AIDS medication directly to children and families with HIV/AIDS.

<http://www.keepachildalive.org/>

Medecins Sans Frontiers' Campaign for Access to Essence Medicines

<http://www.accessmed-msf.org/index.asp>

The United Nations Joint HIV/AIDS Programme

<http://www.unaids.org/>

World Health Organization has information on different health issues, including HIV/AIDS.

<http://www.who.int/en/>

ABOUT THE GUIDE TO ACTION

The Guide to Action was informed by the "Framework for Action" developed for TakingITGlobal by Jennifer Corriero, as part of her Master's of Environmental Science Major Project Report on "Youth-Led Action in an International Context." The Guide was further influenced by interviews with Canadian youth that are engaged in HIV/AIDS work to ensure that the guide was inclusive and influenced by the people it is intended to support. Finally, the Guide was also informed by a five month TakingITGlobal dual capacity building and research project focused on youth-led initiatives called the Cross-Canada Mapping of Youth-led and/or Highly Youth-engaged Initiatives project report was completed April 2006.

Beyond the thematic focus, key differences between this Guide and TakingITGlobal's previous generic Guide to Action, include a greater focus on networking and connecting with others. Our research has shown that often when young people first decide to take action on an issue, they would speak to people within their networks, for support, ideas, resources and inspiration. We also try to emphasize the importance of action-learning, and the key role that research plays in effective action.

While the guide is primarily aimed at Canadian youth (the majority of references, and interviews were in the Canadian context), as our previous Guide has clearly demonstrated, it can be successfully adapted and used with different audiences. Fundamentally the guide focuses on youth participation, and encourages individual reflection on the context in which they would like to undertake a particular action.

The TakingITGlobal HIV/AIDS team would like to sincerely thank the Walter & Duncan Gordon Foundation, The Change Canada Charitable Foundation and the Canadian International Development Agency for their support.

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What is TakingITGlobal?

TakingITGlobal (TIG) is an international organization, led by youth, empowered by technology. TIG is at the intersection of three major global trends - the international scope of major issues, the information and communications technology revolution, and the demographic force of young people. TIG brings together young people within international networks to collaborate on projects addressing global problems and creating positive change.



<http://www.takingitglobal.org>

TakingITGlobal and HIV/AIDS

TakingITGlobal believes that in order to prevent the spread of HIV/AIDS, youth must be actively involved in the development and execution of HIV/AIDS related programs and policies. Thus far, TakingITGlobal has undertaken several initiatives in order to realize this need.

- TakingITGlobal was a founding partner of the Global Youth Coalition on **HIV/AIDS (GYCA)**, a youth-led network of almost 2000 youth leaders and their adult allies in the field of HIV/AIDS, working to provide youth around the world with the resources, tools, and support they need as they work to reduce the spread of HIV/AIDS among their peers.
- Through its involvement with the Toronto YouthForce, TakingITGlobal played a major role preparing for the participation of thousands of youth in the **XVI International AIDS Conference**, held in Toronto in August 2006.
- On World AIDS Day in 2005, TakingITGlobal launched **TIG Xpress HIV/AIDS**, an exciting educational tool for Canadian teachers and youth. This innovative toolkit uses photo analysis to explore the social aspects of the pandemic.
- In 2005, TakingITGlobal created the web platform for **AIDS: Picture Change**, an exhibit that travels to Canadian high schools and universities, encouraging youth to use photography in their initiatives and share their experiences through the site.
- On **World AIDS Orphans Day**, May 7, 2005, TakingITGlobal organized town hall meetings around the world, bringing AIDS orphans and their respective mayors together to brainstorm how to address the causes and consequences of the increase in AIDS orphans.
- TakingITGlobal continues to support youth organizations across the world through the resources and toolkits that can be found online at: <http://www.takingitglobal.org> and <http://hivaidsguide.takingitglobal.org>

The TakingITGlobal Web Site

TakingITGlobal.org is your gateway to:



Make Connections

<http://www.takingitglobal.org/connections/>

- Connect with more than 120,000 members, from over 220 countries and territories, to share thoughts, perspectives and experiences!



Express Yourself

<http://www.takingitglobal.org/express/>

- Express yourself. You can write articles, stories, poems, and read the works of others in our online publication, Panorama. You can also create an online art exhibit and browse through a collection of cultural expressions in the Global Gallery!



Browse Resources

<http://www.takingitglobal.org/resources/>

- Discover opportunities. Through our resource database, you can access organizations, events, and financial opportunities from around the world.



Understand Issues

<http://www.takingitglobal.org/understand/>

- Inform yourself on important global issues. Featured Themes are focal points which spark dialogue on important topics.



Take Action

<http://www.takingitglobal.org/action/>

- Take action. Using resources such as the Projects System, Workshop Kit, and this Action Guide, TIG can help you initiate positive change!



Explore the World

<http://www.takingitglobal.org/explore/>

- Browse country sites, and access country information using the flash map.

Notes

Notes



1 YOUNG PERSON IS INFECTED EVERY 15 SECONDS.

WE'D LIKE TO STOP COUNTING.

WWW.TAKINGITGLOBAL.ORG

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