CHIEDZA’S SONG
Growing up with HIV in Zimbabwe

FACILITATION GUIDE

A FILM BY AWARD WINNING DIRECTORS JOE NJAGU (ZIM) AND TOM GIBB (UK)
The Biomedical Research and Training Institute would like to extend its gratitude to all individuals and organisations who contributed to the development of this Facilitation Guide. Special thanks go to the Ministry of Health and Child Care for their unwavering support from the initial stages of the development of the film, “Chiedza’s Song: growing up with HIV in Zimbabwe”.

Special recognition goes to the Ministry of Primary and Secondary Education, more specifically the Curriculum Development Department for their evaluation and feedback during the development process of this Facilitation Guide.

Sponsors
This is a guide for facilitating a screening and discussion of Chiedza’s Song. Chiedza’s Song is a 45-minute film which tells the true story of Chiedza, tracing her life from a child to the present day. The film follows the life experiences, relationships and challenges faced by Chiedza (not her real name) as she comes to terms with her HIV status and battles issues that affect her.

The film was built around a research project in Zimbabwe, investigating how to improve HIV testing and care among adolescents (ZENITH). The key messages in the film were identified through a discussion held with young people living with HIV, nurses and counsellors working in clinics and with caregivers. These discussions were followed up with a collection of more than 50 digital stories from young people living with HIV in Harare, some of which are incorporated into the film. The characters in the film are all actors and did not disclose their HIV status, except for Tatenda.

Chiedza’s Song was directed by Tom Gibb and Joe Njagu. It was filmed and produced by Picturing Health, a UK-based non-profit organization specializing in health-related films. This and other films about HIV can be downloaded from www.picturinghealth-org or www.vimeo.com/picturinghealth.

This project is made possible by the generous support of the Wellcome Trust, UK (International Engagement Award).
The Challenge: There is an understandable difficulty in talking about the complex issues young people living with HIV face, which often leads to a culture of silence around HIV. This results in young people not receiving the information and resources they need to start to manage their illness and to negotiate the complex demands of impending adulthood.

Studies have shown that bullying and social exclusion of HIV-infected children is common and teachers may have limited awareness of the circumstances of HIV-infected children (e.g. caring for ill parents and siblings, raising money for the household) or of sources of support available. In addition, there is little interaction between guardians and teachers and lack of open communication about HIV in schools.

Aim of this guide: The guide is meant to be used with the film to stimulate conversations about the key issues that children and adolescents (young people) living with HIV face such as stigma, discrimination and challenges taking lifelong treatment. It is designed to equip teachers and community groups with tools that can be used in the classroom or in the community.

Why we created this guide: It is meant as a tool kit to facilitate communication between schools and the community, and other stakeholders. Schools and communities play an crucial role in promoting the wellbeing of young people. We hope the film and this tool kit will strengthen the wider supportive context of schools and communities.

This project guide was developed through the joint efforts of Karen Pitt, Tendai Muchena (BRTI), and Jamal Edwards (Stanford University)
<table>
<thead>
<tr>
<th>SECTION</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objectives of the film &amp; guide</td>
<td>4</td>
</tr>
<tr>
<td>Film Synopsis/Character profiles</td>
<td>6</td>
</tr>
<tr>
<td>Themes from the film</td>
<td>9</td>
</tr>
<tr>
<td>How to use the guide</td>
<td>15</td>
</tr>
<tr>
<td>How to facilitate</td>
<td>16</td>
</tr>
<tr>
<td>Film &amp; Discussion Session</td>
<td>19</td>
</tr>
<tr>
<td>Film &amp; Classroom Activities</td>
<td>23</td>
</tr>
<tr>
<td>Film &amp; Drama Activities</td>
<td>30</td>
</tr>
<tr>
<td>Feedback Forms</td>
<td>49</td>
</tr>
<tr>
<td>Basic HIV Information</td>
<td>51</td>
</tr>
<tr>
<td>Terminology</td>
<td>53</td>
</tr>
</tbody>
</table>
OBJECTIVES OF THE FILM

“Negative stereotypes about living with HIV often prevent people from getting tested for HIV and from seeking and/or adhering to treatment.”
Chiedza’s Song directly poses a question about whether a person living with HIV should be in a relationship with a HIV negative person. The audience is asked to vote.

The film also presents other dilemmas faced by young people with the aim of sparking a debate.

For example the audience is asked to reflect on:

1. Stigma and discrimination
2. How to break the silence surrounding young people living with HIV
3. Faith healers and traditional medicine

The film and guide are intended to:

- **SERVE** as an innovative tool to engage audiences, particularly young people, on HIV
- **DISPEL** myths and confirm facts about HIV
- **RAISE** the issue of the importance of disclosure
- **CREATE** awareness of the particular vulnerability of girls and young women
- **COMBAT** negative stereotypes about living with HIV
- **PROVIDE** information on HIV prevention, transmission, testing, and how treatment works
- **MOTIVATE** people to take responsibility for their health and make informed decisions
Chiedza’s Song is a true story about a Zimbabwean girl, Chiedza, who narrates the events of her life from childhood to the present day to the film-maker, Tatenda. As a young girl, Chiedza was raped by a neighbor and, shortly afterwards, becomes very ill. Through her conversation with Tatenda, Chiedza describes her long battle with ill health, her family’s rejection of her, her depression, her brother’s intervention, her experiences as a teenager and student living with HIV, and her long, emotional journey towards better health and a positive future.
Chiedza

Chiedza is a young, HIV positive Zimbabwean woman, the main ‘character’ of the film. Chiedza’s Song is her true story. We never see her face, we follow her eyes. All other children in the film including the support group members are just actors and not necessarily HIV Positive.

Tatenda

Tatenda is a young film-maker who talks with Chiedza and records her story.

Chiedza’s mother

Chiedza’s mother is not supportive when Chiedza tells her she was raped by a neighbor. She leaves the family to escape her violent husband, leaving Chiedza to raise her younger siblings.

Chiedza’s father

Chiedza’s father is a violent man. However, when he leaves Zimbabwe to work in South Africa, he does send money for Chiedza’s HIV medication.
Chiedza’s stepmother
Chiedza’s stepmother cares for Chiedza and her siblings when Chiedza’s father relocates to South Africa. She is ignorant about living with someone who is HIV positive and does little to assist Chiedza in her fight for survival.

Chiedza’s brother
Chiedza’s brother, George, is a kind, educated man who is literally Chiedza’s guardian angel. He takes her for HIV testing, tells Chiedza her HIV status and the importance of taking her treatment, treats her with care and respect and shows her that she is loved. George helps Chiedza find the will to live.

Sister Joyce
Sister Joyce is a clinic sister who is kind and approachable. With her, Chiedza can be honest and open. Sister Joyce listens to Chiedza’s story of her childhood, the treatment she received from her parents and her sexual abuse. She discusses how Chiedza might have contracted HIV.
THEMES FROM THE FILM

TOP 10 THEMES IN CHIEDZA’S SONG
Knowledge Is Power

Chiedza is not told of her HIV status, and this leads to fear and misunderstanding. When Chiedza’s brother, George, discloses her status to Chiedza and explains why she is so ill, she can slowly come to terms with her diagnosis and take charge of her treatment. “Delayed testing can make you sick”

ART (Anti-retroviral therapy) has transformed HIV from a killer disease into a condition which is easily treated and should not seriously affect the lives or futures of HIV positive people. People on ART need to take daily medicines (ARTs) to keep the virus dormant. Going on ART saves Chiedza’s life and restores her prospects of living a normal and healthy life. Children who are born with HIV can go on to lead a full and productive life if they are put on to ART. Adults who start ART early may never get sick. Treatment has also changed the nature of the epidemic.

People who are on ART, and who take their medicines properly, are likely to have very low levels of viruses in the body. This can be checked with a viral load test. Having a low viral load makes them, in turn, unlikely to infect anyone else. Taking ARV’s every day as prescribed helps to protect not only those who are HIV positive. The medicines also help pregnant women to protect their unborn babies. In combination with using condoms, they help adults protect their sexual partners. Unfortunately, this change in the nature of ARV treatment has not resulted in a similar change in attitudes in society towards HIV.

Treatment For HIV Is A Game-Changer
‘If Only They Knew’

‘If Only They Knew’ was identified as a central theme by young people living with HIV who took part in the consultation before the film was made. It encapsulates many wishes – ‘If only they knew’ about HIV and the effectiveness of taking ARVs. ‘If only they knew’ I am not a danger to them. ‘If only they knew’ that I am HIV positive and I did not have to hide.

Silence

Chiedza is surrounded by an atmosphere of fear and secrecy about HIV. This forces her to live a triple life between home, school and the clinic. Chiedza sees this secrecy and fear as one of the main barriers to people getting tested and going on treatment. HIV is no longer a killer. People’s attitudes need to change and catch up to the medical changes and advancements that have taken place.

Chiedza’s Support Group

Chiedza realizes she is not alone when she is with the other teenagers in the support group who are living with HIV. She is not judged, and feels accepted. Support for Chiedza came in many different forms.

Chiedza’s Brother

Chiedza’s brother, George, is her older brother and guardian angel. He alone lifts Chiedza from despair and near death. Educated and knowledgeable about HIV, he takes charge of Chiedza’s situation, discloses her status, ensures she receives the right treatment and talks to her about her future. Importantly, he is the only one to show her love and physical affection, and it gives her the hope she so desperately needs to confront her HIV status and take charge of her own health and future.

Chiedza’s Teacher

Chiedza had a positive experience with one teacher who understood that she was often absent due to illness and offered to help her to catch up with her schoolwork.
Communicating with Young People

How should children be told that they are HIV positive and what role do schools play in this? People working with HIV positive children are taught that telling or ‘disclosing’ a child’s HIV status needs to be a process, often spanning several years. Research shows that the best way for a child to be told they have the virus is to slowly learn, in an age-appropriate way, that they have a condition for which they need to take medication every day. They will learn all about HIV, and the treatment available, without being told they are HIV positive. The term ‘HIV’ is only used at the end of this process. It is important, throughout this process, that they are not lied to and the information they are given is accurate. If they are asked directly about HIV they need to be told the truth. Ideally, it is the parents or guardians who will lead this process so that children learn that they have HIV from people they love and trust.

In reality, this rarely happens. The film contains several true stories of children who learn that they are HIV positive in a damaging way. Chiedza herself learns about HIV from school and overhears gossip. Teachers have a particular responsibility to provide a balanced view of HIV and the effectiveness of treatment. For this, teachers need to be given the correct tools to help them. If all children learned at school the same messages taught in peer support groups or counselling sessions for HIV positive children, then it would go a long way towards reducing the fear and stigma which are still the main barriers to people getting tested and treated for HIV.

Acknowledging ‘Positive Living’

‘Positive Living’ refers to adopting a healthy lifestyle and attitude after one has been diagnosed as being HIV positive. There is life after HIV, and people living with HIV can continue to lead vibrant, meaningful lives. This film is a testament to Chiedza’s courage, determination and strength of character.

Responses to Diagnosis
Parents who are HIV positive, or believe they might be, have a responsibility to test their children for HIV. Ignoring symptoms, both in themselves and in their children as Chiedza’s parents do, is irresponsible. Knowledge is power. Caught early, symptoms can be easily treated and all family members can go on to live full, healthy lives. Sexual responsibility and engaging in safer sex rests in the hands of each partner participating in consensual sex. Each individual is responsible for knowing his or her HIV status. Knowing your status enables you to manage your own health and prevent HIV transmission or acquisition. Adherence to HIV treatment is an important responsibility. Poor adherence to the prescribed treatment increases the risk for developing drug-resistant HIV.

The film also raises questions of responsibility between potential partners. Should HIV positive people disclose their status to a sexual partner? Should HIV negative people run away from an HIV person who has been honest with them?

Sometimes people turn to faith-healers to cure them of illness instead of going to a doctor. Chiedza’s step-mother decides to approach faith-healers instead of spending the money given to her by Chiedza’s father for purchasing antiretrovirals (ARV’s). Chiedza becomes increasingly ill as this treatment does not work. In the film, we also meet two siblings with HIV who abandon, at the advice of their pastor, their HIV treatment. They put their faith in traditional medicine and refuse to continue their medical treatment.
Chiedza is raped by a neighbor when she is six years old. She eventually tells her mother about the abuse but instead of sympathizing with Chiedza and confronting the neighbor, the mother beats Chiedza and tells her never to speak of it again. From discussions with Sister Joyce, Chiedza also learns that this may be the reason she became infected with HIV. By remaining silent about the abuse, Chiedza and her mother missed an opportunity to utilize HIV prevention methods such as PEP and address justice for Chiedza by reporting the abuse to the police.

Chiedza’s Father
Chiedza’s father is also violent towards her mother, so much so that he beats her till she bleeds, and her mother leaves home.

Many children in Zimbabwe are orphaned and are forced to care for themselves. Usually the eldest child cares for his/her siblings, as this is what happened to Chiedza when, at age 12, her father and stepmother moved to South Africa and left her in charge of the house and her siblings.

Please see page 30 of the facilitation guide for drama activities that connect to the film’s themes.
The purpose of showing this film to schools and communities is to open and engage discussions about HIV and related issues. It is the facilitator’s role to manage these discussions and engage as many of the audience as possible in the issues raised in the film.

The guide can be used to facilitate in three ways:

1. **FILM & DISCUSSION SESSION**
   
   Screen the film followed by a group discussion. This would take the form of an open forum discussion, where the facilitator guides the discussion (as seen at the end of the film shown to communities). Another option, if the audience is smaller, is to put people in groups and provide each group with discussion questions based on the film. See page 19 for details.

2. **FILM & CLASSROOM ACTIVITIES**
   
   After watching and screening film, facilitate two lessons plans that have been designed to engage students in a reflective and meaningful way. See page 23 for details.

3. **FILM & DRAMA ACTIVITY**
   
   Six example scenes from the film have been provided to be performed in a classroom or community setting. These plays can be used as small or large group activities to reinforce key themes mentioned in pages 9-14 of the facilitation guide. See page 30 for details.
DEAR FACILITATOR,

You have the critical responsibility of engaging the audience about issues related to HIV. As such, your role requires important skills in order to facilitate the screening effectively. These include two key qualities:

- **Strong presentation skills** - being able to communicate easily with the audience by being open and approachable but maintaining authority.
- **Encouraging engaging dialogue** - at times the facilitator will need to ask probing questions in order to encourage participation from the audience.

Therefore, you must know when to stop talking, and when to listen and invite the audience to speak. Your task is to get the audience’s attention, initiate and guide discussions and highlight key messages from the film. It is important to consider the composition of the audience and recognize that levels of knowledge regarding HIV and related issues may vary.

Your facilitation should be adapted according to the needs of the participants.

PREPARATION:

In order to be able to answer questions and provide accurate information, as a facilitator you should ensure that you understand the basics about HIV, including modes of transmission, prevention, and treatment. See pages 51-54 for more information.
### WHAT TO DO BEFORE THE FILM

Organisation and planning are key for a successful workshop. Therefore:

- Watch the film and review this guide in advance of the screening.
- Identify local HIV services in order to provide information to participants. For example, services that offer HIV Testing and counselling. These service providers may even agree to attend the screening and talk to the audience.
- Ensure well in advance that the relevant authorities are informed of your intention to screen the film. And that you have the appropriate permissions and approvals.
- Advertise the screening well in advance, with the use of flyers on billboards for example, or through the local schools, churches, clinics and community centres.
- Ensure that there is working equipment that will allow the screening of the film at a reasonable level with good audio/sound back-up. An easy set-up would be to travel with a DVD player/laptop, a projector and a plain white cloth measuring 3mx3m that can be hung to capture the projection. For large groups, there may be a need to have a set of external plug-in speakers to ensure good sound quality.

### HOW TO PLAN THE SESSION

Before the session begins, as the facilitator you need to have a clear plan of how the session will run.

- Based on the type of session planned (a one-of screening/discussion or multiple screenings/discussions), decide how to structure the session. For instance, start with the film, then move straight into discussion questions? Spend time discussing myths and facts about HIV before screening the film?
  - Identify the main messages that you want the audience to understand and apply to their own lives.
  - Understand your role as facilitator. Guide the discussion to cover the various aspects of the film, but be wary of telling participants your opinion. Encourage participants to form their own opinions (Communication tips on pg. 18)
  - Work with at least one partner so that one of you may run the session, and the other work the DVD player and equipment and take notes of comments and discussions. These notes will be useful at the end of the session when compiling reports.
  - Leave enough time for the participants to complete the evaluation/feedback form. This information is important in compiling a report as the facilitator’s reflections will also help towards improving the guide.
**COMMUNICATION TIPS**

**The 7 Essential Communication Skills of Facilitators**

**Skill 1:** Use helpful non-verbal communication.
- Smile
- Nod
- Make eye-contact

**Skill 2:** Actively listen and show interest in your client.
- Be aware and attentive
- Do not stare out the window
- Make eye-contact
- Respond and thank participants

**Skill 3:** Ask open-ended questions.
- Questions should not be answerable with a 'yes' or 'no'
- Your questions should not have only one right answer

**Skill 4:** Reflect back what your client is saying.
- Try to repeat the input from participants and validate it.
- E.g. "Yes, thank you. What I think ... is trying to express is how difficult it is to ..."

**Skill 5:** Show empathy, not sympathy.
- Try to identify with participants and their feeling and experiences.

**Skill 6:** Avoid judging words.
- Even if you disagree with someone, try to be open and not condemn them.
- Allow people to see that there is difference and that is good.
- Try not to see good and bad, but different

**Skill 7:** Help your client set goals and summarize each Peer Education session.
- The more you summarise what they have learnt or what they have said, the more it will be committed to their memory
- Always send participants away with something to think about or something to do with their new knowledge or skills.

---

**THE KEY TO FACILITATION**

**WHAT IS A ‘FACILITATOR’?**

A facilitator is NOT a teacher. Your role is not to tell people what to do, but rather to help people find the way for themselves. If you allow them to find that way for themselves then the lesson will stay with them for the rest of their lives.

To facilitate means ‘to make the way easy’.

**The 5 important qualities a facilitator should have:**

1. **Empathy:** This is different from sympathy. Sympathy means to feel for - to feel sorry for, pity for, anger for. The problem with this feeling is that when you feel for the participant, they may not feel their feelings for themselves, OR you may be feeling the wrong feelings for them. Empathy is different - it means to feel with. To empathize you should try identify what the participant is feeling and feel it with them, as if it were your own.

Do not drown out their feelings with your own.

2. **Respect:** This begins with respecting yourself, your gifts, your weakness and your boundaries as a person. Once you respect yourself then you can respect the participants and trust is built. It requires that you have an open-mind and free yourself of judgment. Participants should feel that they are each an important member of the group.

3. **Authenticity:** This means being honest with yourself and honest with your participants. You must never say things that you do not mean as participants WILL pick up on that and it will make them feel uncomfortable and patronized. Your thoughts and feelings must be expressed as honestly as you can when it is appropriate.

4. **Concreteness:** This means to be clear and specific. You should always express yourself in a loud and understandable manner. But you should also always explain what you mean, and check to make sure participants understand you. If this means repeating yourself, that is fine – sometimes we take several goes to understand or learn something. Be patient and clear at all times so people know what you expect of them.

5. **Self-disclosure:** It might be useful to explain bits about your own struggles, or your own life when you think it is appropriate. This can have the effect of validating the traumas participants have experienced and show that you do understand them. Only do this when it is HELPFUL to the participants.
In order to assist you as facilitator to organize your time efficiently, here is a suggestion for the sequence of events which a Film & Discussion session could take.
1. Introduction and Welcome - Explain the purpose of the screening and the objectives of the film. Explain how the session will be run – introduction, icebreaker activity, film screening, (tea break), initial activity to promote discussion, group discussion questions, final group discussion, feedback forms.
Pass around a sign-in sheet to be filled in during the screening (this should be prepared well in advance). Inform the audience that they will be invited to complete a feedback form before they leave.

If the facilitator is going to include an icebreaker, and this is highly recommended, do this now (see page 21 for suggestion based on Myths and Facts about HIV).
An icebreaker can be an effective tool both with new groups and with groups that have worked together before.

2. Screen Part I of ‘Chiedza’s Song’ (41:15 mins).

3. Discussion questions based on film. Then, if appropriate, break into small groups of 4-5, depending on size of the whole group. If possible, suggest school-based audiences work in smaller groups to encourage as much individual involvement as possible. Community Centre screenings may wish to keep whole group together for discussion session.
Inform the audience of the ground rules: What constitutes appropriate/inappropriate language? Is there a limit on speaking times? Will the discussion be confidential?

4. Final discussion based on findings from discussion questions activity. This is a key moment to refer back to the themes of the film from page 9. The facilitator is encouraged to select 3-4 themes from the film that standout from the discussion and reshare the themes as key messages from the film.

5. Screening of final three minutes of film – Tatenda’s declaration to Chiedza (Play Part II)

6. Distribute and collect feedback forms and direct participants to services providers and information you have for them, if appropriate.
EXAMPLE ICEBREAKER ACTIVITY

Myths and facts about HIV – Read out a fact or a myth about HIV and let the group call out ‘fact’ or ‘myth’. Explain the reason for each being a fact or a myth. Below are facts and myths that can be used for the exercise.

FACT

• Once you have HIV, you have it for life.
• HIV can be treated, but cannot be cured.
• Medical male circumcision decreases the likelihood of HIV infection.
• Using the right medication correctly as prescribed, HIV-positive women can have HIV-negative babies.
• Someone can be HIV-positive and be healthy.
• Getting tested and starting treatment early dramatically increases the chances of someone with HIV living a long and healthy life.
• It is possible for someone who is HIV negative to be married to someone who is HIV positive, and have children with them, without becoming infected with the virus.
• Negative stereotypes about living with HIV often prevent people from getting tested for HIV and from seeking and/or adhering to treatment.

MYTH

• HIV can be cured.
• HIV is a punishment for sin.
• To get HIV you must have been unfaithful.
• Being faithful in a relationship protects you from HIV.
• Traditional and/or other conventional medicine can cure HIV.
• The right time to start HIV medication is when you start to get sick.
• Everyone with HIV gets sick.
• You can get HIV from being around someone who is HIV positive.
• HIV can be transmitted by mosquitos or other insects.
• Traditional and/or conventional medicine can cure HIV.
<table>
<thead>
<tr>
<th>DISCUSSION QUESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>The ideal way to begin the discussion is to use the question Tatenda raises – Should he go out with Chiedza or not? Other key topics for general discussion are about relationships with HIV positive people; testing children for HIV; the correct messages about HIV that should be taught in schools; the question of faith healing. Here are the suggested wider discussion topic questions to be raised AFTER Tatenda’s question has been put to the audience. These questions below are not exhaustive, and the audience should be encouraged to raise other, relevant questions.</td>
</tr>
</tbody>
</table>

- **Should people living with HIV go out with HIV negative people?**
- **HIV is not a death sentence. Is this true? Discuss.**
- **How should children be told that they are HIV positive?**
- **Should someone who is HIV positive disclose their status before starting a relationship with someone who is HIV negative?**
- **Should someone who is HIV negative run away from a relationship with someone who is living with HIV and who has disclosed their status?**
- **If you are living with HIV and taking treatment, what should you do if a faith healer declares you have been cured?**
- **How can schools better help young people living with HIV? What should teachers and students do to support?**
- **What issues did you start thinking about through watch the film?**
CLASSROOM ACTIVITIES

KEY LESSONS FOR THE CLASSROOM
### CLASSROOM ACTIVITY #1

<table>
<thead>
<tr>
<th>Essential Question</th>
<th>How can I apply the character traits of Chiedza to situations in my life?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesson Objectives</td>
<td>Students will be able to identify the character traits of Chiedza.</td>
</tr>
<tr>
<td></td>
<td>Students will be able to apply the identified character strengths of</td>
</tr>
<tr>
<td></td>
<td>Chiedza to common situations faced in their own lives.</td>
</tr>
<tr>
<td>Lesson Rationale</td>
<td>After watching the film Chiedza’s Song, students will not only have a</td>
</tr>
<tr>
<td></td>
<td>better understanding of the issues facing adolescents living with HIV/AIDS</td>
</tr>
<tr>
<td></td>
<td>but will also recognize that the Chiedza’s character traits are</td>
</tr>
<tr>
<td></td>
<td>applicable to a variety of situations that adolescents face on a daily</td>
</tr>
<tr>
<td>Materials Needed</td>
<td>- Student’s Exercise Books</td>
</tr>
<tr>
<td></td>
<td>- Film Scenes (See Page 30)</td>
</tr>
<tr>
<td></td>
<td>- Lined Paper</td>
</tr>
<tr>
<td></td>
<td>- Plain White Paper</td>
</tr>
<tr>
<td></td>
<td>- Markers, Crayons, etc. for decorating student pledges</td>
</tr>
<tr>
<td>Collaborative</td>
<td>- Warm Up Activity</td>
</tr>
<tr>
<td>Learning Activities</td>
<td>- Scene Review, Acting Out Scenes</td>
</tr>
<tr>
<td>Warm-up Activity:</td>
<td>Engaged: Think Pair Share</td>
</tr>
<tr>
<td>10 min.</td>
<td>- Give students five minutes to answer the following question in</td>
</tr>
<tr>
<td></td>
<td>their exercise book individually: Why do you think the film makers chose</td>
</tr>
<tr>
<td></td>
<td>to name the main character Chiedza and the film Chiedza’s Song?</td>
</tr>
<tr>
<td></td>
<td>- After 5 minutes, ask the students to turn to a student sitting next</td>
</tr>
<tr>
<td></td>
<td>to them and share what they wrote. After one minute has elapsed,</td>
</tr>
<tr>
<td></td>
<td>instruct the other student in the pair to share what they wrote for</td>
</tr>
<tr>
<td></td>
<td>one minute also.</td>
</tr>
<tr>
<td></td>
<td>- Randomly select 2-3 students to share out their responses with the</td>
</tr>
<tr>
<td></td>
<td>class.</td>
</tr>
<tr>
<td>Teacher Introduction to Lesson</td>
<td>In the movie, you saw that adolescents living with HIV face unique challenges. The word Chiedza in Shona means light. The movie is meant to shed light on these unique challenges faced by adolescents living with HIV; however, the way Chiedza deals with these challenges can be applicable to us all in a variety of situations. In today’s lesson, we will explore how we can apply Chiedza’s character strengths to our own lives.</td>
</tr>
</tbody>
</table>
During Activities:

* Review
* Collaborative Group Work
* Student Presentations
20 min.

Instructions:

- Students will work in groups of 4 to act out portions of the script that highlight scenes demonstrating character strengths.
- Below are questions to go along with scenes from the film. Students should respond to the questions on lined paper. (Example scenes to reference start on page 30 of the guide)

1. **Group 1 question related to Chiedza’s strength of character/ grit:** How did Chiedza demonstrate her strength of character or grit in scenes from the guide and throughout the movie?

2. **Group 2 question related to taking responsibility/ seeking support:** How did Chiedza and the other adolescents telling their stories of HIV disclosure show that they were taking responsibility for their status or health?

3. **Group 3 question related to brother’s kindness:** Chiedza’s brother showed her kindness. How do you think Chiedza’s story might be different if her brother George was left out of the story?

4. **Group 4 question related to biological mother’s treatment towards Chiedza:** Chiedza’s mother was not prepared to accept Chiedza’s HIV+ status. Write and create a new scene that demonstrates how Chiedza’s mother should treat her.

- Highlight scenes from section 30 of the guide

Student Presentations:

- Randomly select 4 groups to act out each of the scenes from page 30 of the guide. After each group has finished acting out the scene, ask each group to share out the responses they wrote on their lined paper.

If Students Finish Early:

Have each group brainstorm issues that adolescents face living with HIV or issues adolescents face in general that were left out of the film. Each group should pick one issue that was not covered in the film and work together as a group to write a new scene that deals with the issue.
Student Pledges:
- Students will create individual pledges drawing on character strengths of Chiedza (examples: grit, responsibility, and kindness) and apply it to an area of their lives where they face challenges. Below are some examples of pledges to help students get started with the exercise. Post 2 of these on the board to serve as examples.
  - I will stand up for a classmate, if they are being bullied.
  - I will take pride in my community by volunteering to pick up rubbish on the side of the road.
  - I will not discriminate others who are different than me.
  - I will encourage my friends to make healthy choices.
  - I will help my little brother/sister complete their homework.
  - I will work hard in school to help ensure my future success.
- Students should write the pledge on a piece of plain white paper and may use markers to decorate their pledges.
- If this lesson plan is carried out schoolwide, the students may wish to display their pledges in the hallway.
**Essential Question**

How can I apply the kindness of Chiedza’s brother George to situations in my life and those around me?

**Lesson Objectives**

- Students will be able to compare and contrast the actions of Chiedza’s stepmother and her brother.
- Students will be able to connect the kindness of Chiedza’s brother to her acceptance of her HIV status.
- Students will be able to demonstrate kindness through the selection and completion of an individual random act of kindness.

**Lesson Rationale**

After watching the film Chiedza’s Song, students will not only have a better understanding of the issues facing adolescents living with HIV/AIDS but will also recognize that the kindness Chiedza’s brother showed her might have actually saved her life. Students will have a greater understanding of the impact kindness can have on an individual.

**Materials Needed**

- Student’s Exercise Books
- Film Scenes (Page 30) or Film
- Pay It Forward movie trailer (found on YouTube)
- Large Paper and Markers

**Collaborative Learning Activities**

- Warm Up Activity
- Brainstorming Session
- Project Proposal

**Warm Up Activity: 10 min.**

**Engagement: Think Pair Share**

- Give students five minutes to answer the following question in their exercise book individually: Write about an instance in which someone showed you kindness when you were facing a difficult situation.
- How did the person show you kindness?
- How did it change your outlook on the difficult situation you were facing?
- After 5 minutes, ask the students to turn to a student sitting next to them and share what they wrote. After one minute has elapsed, instruct the other student in the pair to share what they wrote for one minute also.
- Randomly select 2-3 students to share out their responses with the class.

**Teacher Introduction to Lesson**

In the movie, you saw that adolescents living with HIV face unique challenges. The word Chiedza in Shona means shedding light. The movie is meant to shed light on these unique challenges faced by adolescents living with HIV; however, the way Chiedza deals with these challenges can be applicable to us all in a variety of situations. In today’s lesson, we will explore how we can apply acts of kindness similar to the kindness shown by Chiedza’s brother George.
**CLASSROOM ACTIVITY #2**

**During Activities:**

- **Review**
- **Collaborative Group Work**
- **Student Presentations**

20 min.

**Instructions:** (15 minutes)
- Depending on technology availability: Teachers can choose to either highlight the scene that demonstrates George's kindness and the mother's indifference or print the scenes from page 30 of the guide and modify using the example scenes from the guide.
- Mother’s Indifference: Rewind film to 13:41 – 14:45
- George’s scene: Rewind film to 19:00 – 21:38
- Students will then draw a t-chart in their exercise books. Students will be asked to compare and contrast the character of the mother versus Chiedza’s brother George. Teachers may want to give students an example for each character.
- Draw a T-chart on the board while students are working. Give students 5 minutes to complete their T-charts. Select students to come up and fill in the T-chart on the board.
- Present the following question: What type of impact do you think George had on Chiedza? How might her story have been different if no one showed her kindness? Have students discuss these question with a nearby partner.
- Say: Someone has shown you kindness in the past that has helped you get through a difficult time. How are you going to pay it forward with your own act of kindness?
- Ask students if they have ever heard of the movie Pay It Forward? Show a trailer for the movie to help students understand that once they do a random act of kindness for someone, they should ask that person to pay it forward with their own random act of kindness. (movie trailers for Pay It Forward be found on YouTube) Paying it forward with kindness will not only have an immediate effect, but it will have an effect on many others as the kindness spreads.

**Brainstorming Session: (10 minutes)**
- Students will work in groups of 3-4 depending on class size. Each group should be given a marker and a piece of chart paper. The chart paper should be divided into 2 halves. One half of the chart paper will be used to brainstorm ideas of individual random acts of kindness while the other side will be used to brainstorm ideas for collective random acts of kindness.
- Give students 5-10 minutes to complete the activity based on their engagement.
- Teachers can post examples of both individual and random acts of kindness on the board.

**Examples for Individual Random Acts of Kindness:**

1. Ask someone sitting alone to join you at your lunch table.
2. Compliment someone you rarely talk to at school.
3. Offer to babysit for your mom so she can have some time to relax.
4. Mentor a younger student at your school who may be struggling academically or socially.

**Examples for Collective Random Acts of Kindness**

1. As a class or school, raise money for a program that helps adolescents living with HIV.
2. Start a schoolwide mentorship program that pairs each newly arriving student with a well-established student.
3. As a class or group of students, make get well cards that can be sent to encourage children and adolescents living with HIV.
4. As a school, work with school administration to have a film screening night for parents that features Chiedza's Song. Charge parents for admission and snacks and donate the proceeds to an organization that benefits adolescents living with HIV.
**CLASSROOM ACTIVITY #2**

### If Students Finish Early

Making a Plan to Act on Kindness Proposal: Instead of having groups work together to create a collective act of kindness proposal, students in upper grades could create a proposal to carry out as an individual act of kindness. The proposal would need 4 paragraphs each with 5-7 sentences and could be counted as an individual project that is introduced in class and finished outside of class.

<table>
<thead>
<tr>
<th>After Activities (Check and Assess)</th>
<th>Time: 15 min.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Selection of Random Act of Kindness: (5 minutes)</strong></td>
<td></td>
</tr>
<tr>
<td>• Each group should select a collective random act of kindness by circling it.</td>
<td></td>
</tr>
<tr>
<td>• The chart paper should then be taped to the walls of the classroom so each student can see the different options.</td>
<td></td>
</tr>
<tr>
<td>• Have the class vote on their favorite collective random act of kindness.</td>
<td></td>
</tr>
<tr>
<td>• Encourage each student to complete an individual random act of kindness within one week.</td>
<td></td>
</tr>
</tbody>
</table>

**Making a Plan to Act on Kindness/Project Proposal: (15 minutes)**

- Each group will be assigned one of the following portions of a project proposal to write. Tell students that their work will be given to the appropriate school administrator for review as they will be the one to determine if the project can move forward.
- Each group should answer the following questions in a clear, concise paragraph consisting of 5 to 7 sentences.
  - **Situation:** Describe the problem you want to address. Explain why this problem should be addressed.
  - **Task:** What are you planning to do to alleviate the problem? What steps will you take to alleviate the problem?
  - **Key Partners:** State who you would need to involve in the project. How do you plan to engage them in the project?
  - **Result:** What do you expect to be different after your project has been completed? What kind of impact do you expect your project to have?
  - **Teacher Action:** If there are more than 4 groups, choose the best group paragraphs for each section of the proposal and combine them for presentation to the appropriate school administrator.
CHIEDZA’S SONG SCREEN PLAY
Now that you have watched Chiedza’s Song, it is time to perform scenes from the film. In this section of the facilitation guide, we have provided six example scenes from the film that can be performed in a classroom or community setting. These plays can be used as small or large group activities to reinforce key themes mentioned in pages 9-14 of the facilitation guide. Make copies of each play and share with participants. This activity is intended to bring out participant’s creative side. After each play is performed, we encourage participants to talk about what they have learned. Do not limit yourself to the plays included in this guide. You can encourage participants to tell their story by developing their own play and performing it. These can be created based on their experiences or from lessons inspired by the film.
**THEME: RESPONSES TO DIAGNOSIS**

Play 1 covers Chiedza’s depressive state when she is first diagnosed with HIV. Refer to page 12 when discussing lessons from the theme, "Responses to Diagnosis."

**SCENE CHARACTERS**

**Narrator:** The narrator sets the plot and guides transitions throughout the script.

**Chiedza:** Chiedza is a young, HIV positive Zimbabwean woman, the main ‘character’ of the film.

**Tatenda:** Tatenda is a young film-maker who talks with Chiedza and records her story.

**NARRATOR**

Setting: This scene follows Chiedza’s account of her experience in the hospital when she is first diagnosed with HIV. When Chiedza is diagnosed, and feels so ill, she spirals into depression. Her family show her no loving kindness and she feels totally alone. She even contemplates the idea of suicide, as her future at that point seems hopeless.

Tatenda interviews her to better understand the situation and her perspective.

**TATENDA**

Okay Chiedza, so let me get this straight. When you left the hospital you had been tested for HIV, and your family were told the result, but you were not? So, you worked it out by listening to conversations over the coming months? Why weren’t you told?

**CHIEDZA**

Probably because I told the doctor that I will kill myself if I tested HIV positive. Also I was a minor and my step mum and mother did not want to tell me. Perhaps they were trying to protect me, but it was much more likely they were unwilling to face up who else in the family might be infected.

(CONTINUED)
CONTINUED:

TATENDA
Did you really want to kill yourself?

CHIEDZA
Yes I did. But I could not find the strength to do it. I remember one night when I almost gave up. It’s dark, I want to go to the toilet... but do I get there? Slowly, slowly! Aee! I’ve fallen. I can’t walk. That was the worst moment lying there until morning unable to get up...I really did wish I was dead!

TATENDA
Okay, lets take a break now. I think we need it. Alright Chiedza, can you explain to me...

CHIEDZA
Come on Tatenda! You are always asking me all the questions. We’re not filming so it’s my turn now! What do you think about someone who is HIV negative dating someone who is HIV positive?

TATENDA
I don’t see any problem... I mean medically! The only risk is when you have sex without telling each other your status. HIV used to be a frightening killer. But now the medicines, ARVs, have changed that. As long as you keep taking those medicines, even with HIV you can still find someone who understands you. A soulmate!

NARRATOR
They touch hands...

TATENDA
Ah! Time is flying. Let’s go back in and finish off.

NARRATOR
They return to the interview scene with the camera....
THEME: ‘I AM NOT ALONE’- SUPPORT FROM CHIEDZA’S BROTHER

Play 2 covers Chiedza’s relationship with her brother. Refer to page 11 when discussing lessons from the theme, "I Am Not Alone- Support From Chiedza’s Brother."

SCENE CHARACTERS

Narrator: The narrator sets the plot and guides transitions throughout the script.

Chiedza: Chiedza is a young, HIV positive Zimbabwean woman, the main ‘character’ of the film.

Tatenda: Tatenda is a young film-maker who talks with Chiedza and records her story.

George: Chiedza’s brother, George, is a kind, educated man who is literally Chiedza’s guardian angel. He takes her for HIV testing, tells Chiedza her HIV status and the importance of taking her treatment, treats her with care and respect and shows her that she is loved. George helps Chiedza find the will to live.

NARRATOR

Setting: Chiedza accounts how her brother lifts her from despair and near death. Educated and knowledgeable about HIV, he takes charge of Chiedza’s situation, discloses her status, ensures she receives the right treatment and talks to her about her future. The scene starts with Tatenda interviewing her about the experience.

TATENDA

OK, so we left you in the depths of despair, suicidal, very sick, angry, crying all the time. But now you seem happy, bubbly, smart and doing really well. How are you doing it?

CHIEDZA...

I can tell you the day things started to get better. It was my brother, my guardian angel, who once again came to the rescue....
CONTINUED:

NARRATOR
The interview scenes fades and a new scene pictures George (her brother) and others in the family eating...Chiedza looks at George and thinks to herself.

CHIEDZA
Wow! I’m so happy to see my brother. He is happy to seem me too. When he is here, I see a difference. He even gave me a hug. Imagine! Everyone else avoids me. I must be human after all. I wish I was hungry.

NARRATOR
They finish the meal...Chiedza leaves half her food. Her brother reaches across and takes her plate...

GEORGE
Chiedza! Don’t worry, the doctor said your appetite will soon be back. But in the meantime, I am absolutely starving.

NARRATOR
Chiedza’s brother eats the rest of the plate. All the rest of the family staring at him open mouthed....

CHIEDZA
They look like they have seen a ghost! He is eating my food! He is not frightened! Gosh I love my brother! I am human after all.

NARRATOR
The scene fades to Chiedza alone talking with her brother outside in the garden...

CHIEDZA
George, you said you have something to tell me?

(CONTINUED)

35.
CONTINUED:

GEORGE
Chiedza... the doctors said... you are HIV positive.

CHIEDZA
So that means I’m going to die soon?

GEORGE
No of course it doesn’t mean that. You are going to be OK! As long as you are taking your pills you are going to be OK! You will live many years. You can be as healthy as anyone else. And you should know that I am there for you...

NARRATOR
Chiedza reflects to herself...

CHIEDZA
My brother was the first one to be honest with me...and it really helped.

GEORGE
Just take your medicines. OK!
SCENE THEME: 'I AM NOT ALONE'- CHIEDZA’S SUPPORT GROUP

Play 3 covers Chiedza’s first experience at her HIV support group. Refer to page 11 when discussing lessons from the theme, "I Am Not Alone- Chiedza’s Support Group."

SCENE CHARACTERS

Narrator: The narrator sets the plot and guides transitions throughout the script.
Chiedza: Chiedza is a young, HIV positive Zimbabwean woman, the main 'character' of the film.
Ruth: Ruth, a young HIV positive Zimbabwean girl, is a member of the support group Chiedza joins.
Boy: a young HIV Zimbabwean who is a member of the support group.
Girl: a young HIV Zimbabwean who is a member of the support group.

NARRATOR

The scene starts with Chiedza going into a group where there are other kids sitting in a circle......She begins to narrate her thoughts.

CHIEDZA

The other thing that really helped me to grow strong was meeting kids like me who had grown up with the virus.

GIRL

Guys - meet Chiedza...and this is....Lynette

NARRATOR

Chiedza narrates further

CHIEDZA

I remember sharing stories of how we found out our status..

NARRATOR

Ruth looks shy - A boy sitting next to her pats her on the back

BOY

Aaaah finish the story you were talking about.

(CONTINUED)
CONTINUED:

NARRATOR
Ruth thinks back to the time she spent with her grandmother, her main caretaker. She begins to narrate.

RUTH
I live with my Grandmother and after a clinic visit she started giving me pills. She said they were for headaches. I had headaches in hospital when I was sick. She told me I had to take the tablets every day for ever, so as not to get headaches again. This did not make sense to me, so one day I found my medical notes in her bedroom. They said I had HIV. We had learned about that in school. I was very angry and couldn’t face her. So I wrote her a letter and left it on the fridge. It gave my grandmother a real fright. She took me straight to see sister Rumbi who explained it all.

RUTH
I was very angry that she lied to me.

BOY
So are you still angry with her?

RUTH
Yes, I am still angry because I lost trust. Who knows what else she lied to me about.

NARRATOR
Chiedza begins to narrate.

CHIEDZA VO
Usually it was much better if children were told directly by their parents or carers when they were still young. Then they would grow up accepting it....

NARRATOR
The scene focuses on the boy in the support group circle. He accounts a moment he had at home talking to parents...

(CONTINUED)
CONTINUED:

BOY
My story is different from yours. My parents sat me down and explained that having the HIV is not a terrible thing. They said that they are also HIV positive and on treatment.

RUTH
So you are not angry at them?

BOY
No I am not. They told me the truth.
THEME: RESPONSES TO DIAGNOSIS

Play 4 covers Chiedza’s visit to the home of a young boy living with HIV and his grandmother that cares for him. Refer to page 12 when discussing lessons from the theme, "Responses to Diagnosis."

SCENE CHARACTERS

Narrator: The narrator sets the plot and guides transitions throughout the script.

Chiedza: Chiedza is a young, HIV positive Zimbabwean woman, the main ‘character’ of the film.

Community Worker: The community worker is assisted by Chiedza. They visit neighborhoods to meet with HIV positive youth and their families.

Grandmother: The grandmother is the primary caretaker for her HIV positive grandson.

Grandson: The grandson is a young HIV positive Zimbabwean boy.

NARRATOR

Setting: The scene addresses an important problem with how things are at the moment where children with HIV grow up lying to protect themselves. They are taught to lie. And then they suddenly have to become honest when they start thinking about love as teenagers...

NARRATOR

The scene begins with pictures with camera as if Chiedza’s eyes going with the community worker through the neighbourhood. Arrive at a house. Greet the grandmother and child....

CHIEDZA

The other day I went with one of the community workers to the house of a grandmother who is bringing up her HIV positive grandson. The grandmother said at the clinic that she had just told her grandson that he has HIV. So we were visiting to check how the boy had received the news.

(CONTINUED)
COMMUNITY WORKER
So does he know about his status?

GRANDMOTHER
He knows, I told him.

COMMUNITY WORKER
He knows why he is taking ARVs?

GRANDSON
I don’t know anything.

GRANDMOTHER
Didn’t I tell you that you have a virus?

NARRATOR
Her grandson interjects

GRANDSON
No! You never told me.

GRANDMOTHER
You know. I told you why.

NARRATOR
The boy shakes his head.

GRANDSON
I don’t know about it!

GRANDMOTHER
He is very stubborn this boy!

COMMUNITY WORKER
Maybe you didn’t tell him well enough.

GRANDMOTHER
I did tell him but he is very stubborn.

NARRATOR
Chiedza begins to narrate.

CHIEDZA
It turned out she was telling the truth. She had indeed told her grandson. But she had also told him on pain of death not to tell anyone about it, so he was afraid to tell us.

(CONTINUED)
CONTINUED:

NARRATOR
Little boy looks at his grandmother and asks her.....

GRANDSON
Granny should I have my popcorn now?

GRANDMOTHER
They are on the table. Go eat! He calls his pills his popcorn!

COMMUNITY WORKER
Ooh I was wondering what he meant.. popcorn

NARRATOR
Chiedza turns to the audience and speaks.

CHIEDZA
He has to call his pills popcorn, so no-one else will guess he has HIV. Imagine - by the time he grows up he will be expert at making up stories.
THEME: FAITH HEALERS & TRADITIONAL MEDICINE

Play 5 addresses Chiedza’s view of prophets and faith healers. Refer to page 13 when discussing lessons from the theme, "Faith Healers & Traditional Medicine."

SCENE CHARACTERS

Narrator: The narrator sets the plot and guides the transitions throughout the script.

Chiedza: Chiedza is a young, HIV positive Zimbabwean woman, the main ‘character’ of the film.

Tatenda: Tatenda is a young film-maker who talks with Chiedza and records her story.

Sister Rumbi: Sister Rumbi works at the health clinic. She helps test young people for HIV.

Sibling 1: Sibling 1 is one of the twins Chiedza describes heavily influenced by his faith background. This ultimately presents as a barrier to accepting his HIV status.

NARRATOR

Setting: The scene begins with Tatenda interviewing Chiedza. This part of the interview follows Chiedza’s account of her meeting with the grandmother and her stubborn grandson who remained in denial about his HIV status and created stories to protect his secret.

TATENDA

Talking about lies. What about all these Prophets who say they cure HIV. What do you think of the faith healers?

CHIEDZA

This is a big issue that I wanted to bring up. All the staff at the clinic are very angry about it, because they have known children who have died after they stopped taking their medicines. I am a Christian. I believe in miracles. But I don’t believe these guys who claim God has given them a special power to charge large amounts of money to cure people.

(CONTINUED)
CONTINUED:
Let me tell you a story of these twins who came into the clinic. They are orphans without anyone to look after them. They tested positive for HIV, and they did very well on ART. But then they stopped coming to the clinic. So one of the community workers went to find them.
They told him that they had been cured by the prophet at their church, and they did not need to take their medicines. The Community worker told them what we always tell them. Go to the church to pray. But if they believe they have been cured they should also come into the clinic and get themselves tested again. If they are really cured the test will show it.
So then a few days later one of the twins came back into the clinic.
NARRATOR
The scene fades to a clinic setting. Sister Rumbi sits with a boy in front of her.
Sister Rumbi is holding his test strips....
SISTER RUMBI
So what happens if you are still positive?
SIBLING 1
It means I don’t have enough faith.
SISTER RUMBI
So your results are here.
NARRATOR
Sister Rumbi shows him the test strip.
SISTER RUMBI
You know what this means right?
Yeah..
SIBLING 1

(CONTINUED)
CONTINUED:

SISTER RUMBI
Look, you are still positive. I did two tests and both are still positive.

NARRATOR
The sibling agrees...

SISTER RUMBI
So you don’t have to stop going to church, but continue your pills. I want you to continue taking your pills, otherwise you will get worse and die.

NARRATOR
The scene fades back to Tatenda and Chiedza sitting together as he interviews her.

TATENDA
Did it work?

CHIEDZA
No, it didn’t. They are now ushers in the church, and they never came back.

TATENDA
All these stories are very deep and sad showing how kids go unsupported. But aren’t these just extreme stories? Are you sure it’s that bad?

CHIEDZA
Yes
THEME: STIGMA & NAVIGATING SCHOOL

Play 6 addresses one of Chiedza’s experiences in school with friends and her teacher. Refer to page 14 when discussing lessons from the theme, "Stigma & Navigating School."

SCENE CHARACTERS

Narrator: The narrator sets the plot and guides the transitions throughout the script.

Chiedza: Chiedza is a young, HIV positive Zimbabwean woman, the main 'character' of the film.

Tatenda: Tatenda is a young film-maker who talks with Chiedza and records her story.

Girl 1: A young Zimbabwean girl that is a classmate of Chiedza.

Girl 2: A young Zimbabwean girl that is a classmate of Chiedza.

Girl 3: A young Zimbabwean girl that is a classmate of Chiedza.

Teacher: The teacher is a supportive person for Chiedza. The teacher helps protect her as she lives her triple life at home, at school, and at the clinic.

NARRATOR

Setting: The scene begins with Tatenda interviewing Chiedza about her time navigating life in school. She shares two important memories with Tatenda.

TATENDA

So tell me more about school, the third act of your triple life

CHIEDZA

At school I had to be very careful not to tell anyone about my status. I would hear the other kids talking....

NARRATOR

Scene of kids sitting and talking at school...

(CONTINUED)
CONTINUED:

GIRL 1
Hey hey, did you hear that Josh is not coming to school?

GIRL 2
He is not well, he went to a doctor

GIRL 3
Is he sick?

GIRL 1
He must have AIDS. He looks so sickly.

GIRL 2
Hey Josh doesn’t have a girlfriend. You only get AIDS if you sleep with a girl.

GIRL 3
He has Aids I know. I heard it.

NARRATOR
The girls begin to laugh in front of Chiedza and shares her popcorn while she thinks to herself.

CHIEDZA
Would they share this popcorn with me if they knew I have HIV? If only I could tell them. But I don’t think I can trust them. I am a sociable person. But now I am always alone, outside the circle.

NARRATOR
The scene fades to show a classroom setting...and Chiedza narrates the experience of one of her friends.

CHIEDZA
Some of my HIV positive friends had much worse stories about school.

NARRATOR
The teacher calls out a boy’s name...tells him to stand up...He looks around at all the smiling faces of the other kids...

TEACHER
Okay class, we are now going to talk about HIV. I understand there

(MORE)

(CONTINUED)
CONTINUED:

TEACHER (cont’d)
is one of you who is HIV positive.
Joe! Stand up!....... (other pupils
laugh)....Tell us about HIV

NARRATOR
The scene ends and fades back to
the interview with Tatenda and
Chiedza.

TATENDA
That’s unbelievable..

CHIEDZA
This is a true story. But not all
teachers are bad. I had a teacher
who helped me. He used to cover up
for me, if I had to miss school.

NARRATOR
The scene changes to feature a
teacher, a small group of students,
and Chiedza.
The kids are laughing...the teacher
comes over to them and tells them
off.

TEACHER
Hey! You should all be in class!

NARRATOR
The teacher then turns to Chiedza
and takes her aside...

TEACHER
Chiedza you missed class last week.
Are you OK? If you need any help
tell me. didn’t come to your lesson
last week my daughter, whats wrong?
You shouldn’t miss out. You can
count on me to help you catch up.

NARRATOR
The scene switches back to the
interview between Tatenda and
Chiedza. Chiedza shares her biggest
lesson from her teachers.

CHIEDZA
So teachers can destroy us, but
they can also be a real force for
positive change. Some of my teachers
helped me a lot... and as I recovered
I grew stronger inside trusting myself.
CHIEDZA'S SONG SAMPLE EVALUATION FORM FOR THE AUDIENCE

1. Did you enjoy the workshop? YES NO (please circle)

2. What activity/aspects were most memorable?

3. What have you learned that you are taking away with you?

4. What parts of the workshop were not useful or confusing for you?

5. Based on the information you received before the screening, what were you expecting?

6. In your opinion, what is/could be the next step for you and your community?

7. Is there anything else you would like to add concerning the workshop and how it might be improved?

Optional Information

Name: ..............................................
Age: ..............................................
Mobile: ...........................................
Occupation: .................................
Email: ............................................
CHIEDZA’S SONG SAMPLE EVALUATION FORM FOR FACILITATORS

1. Did you enjoy the experience of facilitator of Chiedza’s Song? YES NO (please circle)

2. As facilitator, how well prepared were you for the screening? Did you feel you needed to be more prepared and, if so, how could you have better prepared yourself for the role of facilitator?

3. How engaged, interested and receptive did you feel the audience were?

4. Did you feel there were some aspects of the workshop that were more successful than others?

5. Did you experience any difficulties that need addressing in order to assist facilitators of Chiedza’s Song to have a positive, successful experience?

6. On the whole, how would you rate Chiedza’s Song as a tool to raise awareness of HIV and HIV-related issues?

7. Do you have anything further to add regarding either your role as facilitator or the film, Chiedza’s Song?

Name: ..............................................
Age: ..............................................
Mobile: ............................................
Occupation: .....................................
Email: .............................................
BASIC INFORMATION ON HIV

Modes of Transmission

- Unprotected sexual intercourse
- Exposure to infected blood or bodily fluids
- Mother-to-child transmission
- Injection drug use

The Lifecycle of HIV

1. Acute Infection
   During this time, large amounts of the virus are being produced in your body. Within two to four weeks of infection many people suffer from flu like symptoms.

2. Clinical Latency
   This stage of the disease, HIV reproduces at very low levels, although it is still active. During this period you may not have symptoms & this can last up to 8 years or longer (varies person to person).

3. AIDS
   As your CD4 cells fall you will get serious infections. This is called AIDS.
   Without treatment people typically survive 3 years.

An infected person can infect others at each stage of the disease

Source: www.HIV.gov
HIV Prevention Methods

- STI screening and treatment
- Antiretroviral Therapy & PrEP
- Correct and consistent use of condoms
- Voluntary Male Medical Circumcision
- HIV Testing and Counselling
- Abstinence from sex and delayed sexual debut
Acquired Immunodeficiency Syndrome (AIDS) – A disease of the immune system due to infection with HIV. HIV destroys the CD4 lymphocytes (CD4 cells) of the human immune system, leaving the body vulnerable to life-threatening infections and cancers. AIDS is the most advanced state of HIV infection.

Acute HIV Infection – Early stage of HIV infection that extends approximately 2 to 4 weeks from initial infection until the body produces enough HIV antibodies to be detected by an HIV antibody test. Because the virus is replicating rapidly, HIV is highly infectious during this stage of infection.

Adherence – Taking medications exactly as prescribed. Poor adherence to an HIV treatment regimen increases the risk for developing drug-resistant HIV.

Antibody – A protein produced by B lymphocytes (B cells) in response to an antigen (including bacteria, viruses, and allergens). Antibodies bind to and help destroy antigens.

Antiretroviral (ARV) – A drug used to prevent a retrovirus, such as HIV, from replicating.

Antiretroviral Therapy (ART) – The recommended treatment for HIV infection. Antiretroviral therapy (ART) involves using a combination of three or more antiretroviral (ARV) drugs from at least two different HIV drug classes to prevent HIV from replicating.

CD4 Count – A laboratory test that measures the number of CD4 lymphocytes (CD4 cells) in a blood sample. In people with HIV, the CD4 count is the most important laboratory indicator of immune function and the strongest predictor of HIV progression. The CD4 count is one of the factors used to determine when to start antiretroviral therapy (ART). The CD4 count is also used to monitor response to ART.

Coinfection – When a person has two or more infections at the same time. For example, a person infected with HIV may be co-infected with hepatitis C (HCV) or tuberculosis (TB) or both.

Condom – Condoms are used to reduce the likelihood of pregnancy and to prevent the transmission of sexually transmitted infections, including HIV. The male condom is a thin rubber cover that fits on a man’s erect penis. The female condom is a polyurethane pouch that fits inside the vagina.

Human Immunodeficiency Virus (HIV) – The virus that causes AIDS. HIV is a retrovirus that occurs as two types: HIV-1 and HIV-2. Both types are transmitted through direct contact with HIV-infected body fluids, such as blood, semen, and genital secretions, or from an HIV-infected mother to her child during pregnancy, birth, or breastfeeding (through breast milk).

Mother-to-Child Transmission (MTCT) – When an HIV-infected mother passes HIV to her infant during pregnancy, labor and delivery, or breastfeeding (through breast milk). Antiretroviral (ARV) drugs are given to HIV-infected women during pregnancy and to their infants after birth to reduce the risk of mother-to-child transmission of HIV.

Opportunistic Infection (OI) – An infection that occurs more frequently or is more severe in people with weakened immune systems, such as people with HIV or people receiving chemotherapy, than in people with healthy immune systems.
Post-Exposure Prophylaxis (PEP) – Short-term treatment started as soon as possible after high-risk exposure to an infectious agent, such as HIV, hepatitis B virus (HBV), or hepatitis C virus (HCV). The purpose of PEP is to reduce the risk of infection. An example of high-risk exposure is exposure to an infectious agent as the result of unprotected sex.

Pre-Exposure Prophylaxis (PrEP) - is when people at very high risk for HIV take HIV medicines daily to lower their chances of getting infected. PrEP can stop HIV from taking hold and spreading throughout your body.

Prevention of Mother-to-Child Transmission (PMTCT) – Strategies used to prevent the transmission of HIV from an HIV infected mother to her child during pregnancy, during labor and delivery, or by breastfeeding (through breast milk). Strategies include antiretroviral (ARV) prophylaxis for the mother during pregnancy and labor and delivery, scheduled cesarean delivery, ARV prophylaxis for the newborn infant, and avoidance of breastfeeding.

Rapid Test – A type of HIV antibody test used to screen for HIV infection. A rapid HIV antibody test can detect HIV antibodies in blood or oral fluid in less than 30 minutes. A positive rapid HIV antibody test must be confirmed by a second, different antibody test for a person to be definitely diagnosed with HIV infection.

Semen – A thick, whitish fluid that is discharged from the male penis during ejaculation. Semen contains sperms and various secretions. HIV can be transmitted through the semen of a man with HIV.

Sexually Transmitted Infection (STI) – An infectious disease that spreads during sexual contact. Sexually transmitted infections, such as syphilis, HIV infection, and gonorrhea, are caused by bacteria, parasites, and viruses.

T Cell – A type of lymphocyte. There are two major types of T lymphocytes: CD8 cells (cytotoxic T lymphocytes) and CD4 cells (helper T lymphocytes); both T cell types are essential for a healthy immune system. HIV infects and destroys CD4 cells, gradually destroying the immune system.

Tuberculosis (TB) – An infection caused by the bacteria Mycobacterium tuberculosis and Mycobacterium bovis. TB, also referred to as Mycobacterium infection, is spread when a person with an active infection (TB disease) coughs, sneezes, speaks, or sings, and then a person nearby breathes in the bacteria. TB usually affects the lungs, but it can also affect other parts of the body, such as the kidneys, spine, and brain. There are two forms of TB: latent TB infection and TB disease. In people with HIV, TB is considered an AIDS-defining condition.

Viral Load (VL) – The amount of HIV in a sample of blood. VL is reported as the number of HIV RNA copies per milliliter of blood. An important goal of antiretroviral therapy (ART) is to suppress a person’s VL to an undetectable level.

Window Period – The time period from infection with HIV until the body produces enough HIV antibodies to be detected by an HIV antibody test. This generally takes 2 to 8 weeks, but in some people it can take up to 6 months. During the window period, a person can have a negative result on an HIV antibody test despite being infected with HIV.