

Resource Guide to HIV/AIDS in Morocco



Fifth Edition
February 2013

Resource Guide to HIV/AIDS In Morocco

Brought to you by:



Revised 2013 Edition Created by S.I.D.A. Committee members:
James Legerme, Christine Carlson, Timothy Chorba, Amanda Deen, Gussie Binns-Berkey,
Bryant Harris, Emily Zido, and Emily Uzar

The language component was compiled by LCFs:
Amina Houdaigui, Khadija Channouf, Driss Salami, Mohamed Arguine, Fatima Ak Abli,
Doha Ait Ahmed, and Saadia Achaq

PC staff: Rachid Lamjaimer, Abderrahman Boujnab, Lahcen Azaguagh and Mohamed Rafik

Special thanks for all their help in the production of this manual:

M'hamed El Kadi
IRC Manager

Rachid Lamjaimer
S.I.D.A Committee Coordinator

EL Mostafa Lamqaddam
Youth Development Program Manager

INTRODUCTION

We will see the beginning of the end of AIDS in our lifetime. That is the hope expressed in the U.S. government’s “Blueprint for an AIDS-free generation,” an action plan affirming that the science and activism needed to stem the tide of AIDS are already in existence: It is simply a matter of implementation and will.

But while the majority of Africa has recently experienced a reduction in new infection rates, the numbers in Morocco are distressingly on the rise. Though the numbers are lower than in sub-Saharan Africa, it is eye-opening to admit that the country we serve in is actually experiencing a *growing* HIV/AIDS problem, rather than a shrinking one. Today, even data on the presence of HIV/AIDS in Morocco remains shockingly limited. Why is Morocco at odds with the world trend? What makes it, in an age of globalized awareness and international involvement, so vulnerable? Is it due to the high stigmatization of HIV/AIDS, and fear of retribution among HIV-positive people? Is it due to the lower social position of Moroccan women—sex workers in particular—who are less-empowered or powerless to make healthy choices? Is it due to fear of the disease; denial of one’s vulnerability; or the spread of misinformation? Yet these same barriers exist in virtually all communities affected by HIV/AIDS, irrespective of culture or geography. These are questions we as PCVs may find ourselves examining during our service, as we work on the frontlines to circumvent a potential epidemic.

Each year, Morocco PCVs reach thousands of men, women and children with HIV/AIDS awareness activities. Volunteers play a crucial role in presenting information to disenfranchised populations who may not be reached by other SIDA awareness efforts. It is the goal of Peace Corps Morocco that every PCV seek to educate fifty Moroccan youth each year, with the goal of educating a total of 24,000 youth by 2015, thus aiming to effectively limit the disease’s breadth. This book intends to provide Peace Corps volunteers with information and resources to assist them in pursuing HIV/AIDS-related activities. Consult your SIDA representative or contact the committee at sidacommittee@gmail.com for help designing a SIDA project that is appropriate for your community!

We wish you the best of luck in your endeavors, and thank you for your commitment to an AIDS-free generation!

In solidarity,

SIDA Committee 2013

James Legerme
Christine Carlson
Timothy Chorba
Amanda Deen

Gussie Binns-Berkey
Bryant Harris
Emily Uzar
Emily Zido

TABLE OF CONTENTS

SECTION ONE: BACKGROUND INFORMATION.....	6
<i>General HIV/AIDS Information</i>	6
What is HIV?.....	6
What are Symptoms of HIV?	6
Testing for HIV	7
Where did HIV come from?	7
<i>HIV/AIDS Information In Morocco</i>	9
Government Response.....	9
NGOs Response	9
Peace Corps Response	Error! Bookmark not defined.
<i>Information from Peace Corps Washington on HIV education</i>	10
Why are women and girls more vulnerable to HIV/AIDS?	10
What role do men play in the epidemic?	10
How does the vulnerability of women to HIV/AIDS affect society as a whole?	11
How can Volunteers integrate issues of HIV/AIDS and gender into community development work?	11
<i>Cultural Guide</i>	12
Dating and Female Virginity	12
Marriage and Infidelity	13
Sexuality in Islam	14
Masturbation	15
Contraception	16
Homosexuality in Morocco	16
Vulnerable Groups in Morocco	17
HIV/AIDS Education in Morocco	17
Additional Topics Pertaining to HIV/AIDS in Morocco	20
Hijama/Cupping.....	20
Tattooing.....	21
Traditional Dentists in Morocco	22
Stigma	22
SECTION TWO: PCV PROJECTS	24
<i>PCVs Teaching HIV/AIDS in Morocco</i>	24
Venues for PCVs to Teach and What to Expect	24
Tips for Teaching	24
Peace Corps Volunteer’s Image.....	26
<i>HIV/AIDS Talking Points</i>	27
<i>Project Ideas</i>	29

<i>Past Project Stories</i>	34
<i>Sample SIDA Project Information Sheet</i>	37
<i>Sample English Lessons</i>	39
SECTION THREE: RESOURCES AND FORMS	48
<i>Resources Available for HIV/AIDS Related Projects</i>	48
<i>Life Skills Manual</i>	49
<i>SIDA Vocabulary in French, Darija, Tashelheet and Tamazight</i>	50
<i>English HIV/AIDS Vocabulary List</i>	59
<i>HIV/AIDS Websites</i>	64
<i>Weblist For Cybers</i>	67
<i>Contact List for SIDA NGOs in Morocco</i>	68
<i>HIV/AIDS ICE Catalog</i>	73
<i>SIDA Project Completion Report</i>	75
<i>Training of Trainers (TOT's)</i>	78
<i>Trainee Outline</i>	79
<i>Check List for individual site specific SIDA projects</i>	81
<i>Check List for doing Regional SIDA Project with several volunteers</i>	82
<i>SIDA Training of Trainers and Event Planning Evaluation Form</i>	83

SECTION ONE : BACKGROUND INFORMATION

General HIV/AIDS Information

What is HIV?

Human Immunodeficiency Virus (HIV) is the virus that causes AIDS. This virus may be passed from one person to another when infected blood, semen, or vaginal secretions come in contact with an uninfected person's broken skin or mucous membranes*. In addition, infected pregnant women can pass HIV to their baby during pregnancy or delivery, as well as through breast-feeding. Some people will develop AIDS as a result of their HIV infection.

**A mucous membrane is wet, thin tissue found in certain openings to the human body. These can include the mouth, eyes, nose, vagina, rectum, and opening of the penis.*

HIV is transmitted in blood, semen, vaginal fluids, and breast milk. HIV is commonly spread by:

- having unprotected sexual intercourse with someone who has the virus
- sharing needles or syringes with someone who has the virus
- being deeply punctured with a needle or surgical instrument contaminated with the virus
- getting HIV-infected blood, semen, or vaginal secretions into open wounds or sores
- HIV can also be passed from a woman to her fetus during pregnancy or birth.

HIV is not transmitted by simple casual contact such as kissing, sharing water glasses, or hugging.

What are Symptoms of HIV?

While some people develop symptoms shortly after being infected, typically signs are not present for more than 10 years.

Symptoms may include:

- rapid weight loss
- dry cough
- recurring fever
- profuse night sweats
- profound and unexplained fatigue
- swollen lymph glands in the armpits, groin, or neck
- diarrhea that lasts for more than a week
- white spots or unusual blemishes on the tongue, in the mouth, or in the throat
- pneumonia
- red, brown, pink, or purplish blotches on or under the skin or inside the mouth, nose, or eyelids
- memory loss, depression, and other neurological disorders

Testing for HIV

The tests commonly used to detect HIV infection are actually looking for antibodies produced by an individual's immune system when they are exposed to HIV. Most people will develop detectable antibodies within two to eight weeks (the average is 25 days). Ninety seven percent will develop antibodies in the first three months following the time of their infection. In rare cases, it can take up to six months to develop antibodies to HIV.

What is AIDS?

AIDS stands for Acquired Immunodeficiency Syndrome. 'Acquired' means that the disease is not hereditary but develops after birth from contact with a disease-causing agent (in this case, HIV). 'Immunodeficiency' means that the disease is characterized by a weakening of the immune system. 'Syndrome' refers to a group of symptoms that collectively indicate or characterize a disease. In the case of AIDS this can include the development of certain infections and/or cancers, as well as a decrease in the number of certain cells in a person's immune system.

AIDS is a severe depletion of white blood cells (WBC). AIDS is diagnosed when a person's WBC count is less than 200. A normal WBC count is over 10,000.

A person's Immune System finds, attacks, and destroys viruses and bacteria that make us sick. This is done by a variety of T and B cells. HIV weakens the immune system so it cannot fight off infections.

Helper T cells identify the virus or bacteria that enter the body. Helper T cells then communicate the genetic structure of the invader to B cells. B cells multiply and make antibodies that kill the invader. Killer T cells also help kill the invader. Suppressor T cells call off the attack after the infection has been defeated. Memory T & B cells remember the invader and stay prepared to fight if the same or a similar invader attacks at another time.

HIV gets into Helper T cells and hides. It begins to copy itself and grow within the cell until the cell explodes. The Helper T cell is destroyed and HIV spreads to other cells to repeat the process. The Helper T cells are destroyed before they are able to alert the B cells, and the body is unable to make enough antibodies to kill the HIV infection or other infections.

Where did HIV come from?

The earliest known case of HIV-1 in a human was from a blood sample collected in 1959 from a man in Kinshasa, Democratic Republic of Congo. (How he became infected is not known.) Genetic analysis of this blood sample suggested that HIV-1 may have stemmed from a single virus in the late 1940s or early 1950s.

We know that the virus has existed in the United States since at least the mid- to late 1970s. From 1979-1981 rare types of pneumonia, cancer, and other illnesses were being reported by doctors in Los Angeles and New York among a number of male patients who had sex with other men. These were conditions not usually found in people with healthy immune systems.

In 1982 public health officials began to use the term "acquired immunodeficiency syndrome," or AIDS, to describe the occurrences of opportunistic infections, Kaposi's sarcoma (a kind of cancer),

and Pneumocystis carinii pneumonia in previously healthy people. Formal tracking (surveillance) of AIDS cases began that year in the US. In 1983, scientists discovered the virus that causes AIDS. The virus was at first named HTLV-III/LAV (human T-cell lymphotropic virus-type III/lymphadenopathy-associated virus) by an international scientific committee. This name was later changed to HIV (human immunodeficiency virus).

For many years scientists theorized as to the origins of HIV and how it appeared in the human population, most believing that HIV originated in other primates. Then in 1999, an international team of researchers reported that they had discovered the origins of HIV-1, the predominant strain of HIV in the developed world. A subspecies of chimpanzees native to west equatorial Africa had been identified as the original source of the virus. The researchers believe that HIV-1 was introduced into the human population when hunters became exposed to infected blood.

**The above information was found on The Center for Disease Control website @ www.cdc.gov*

HIV/AIDS Information In Morocco

Government Response

To prevent the disease from reaching epidemic proportions and to increase the identification of people already infected, the Moroccan Ministry of Health has been proactive. In 2002 the Ministry of Health developed a National Strategic Plan to Fight AIDS. Based on an in-depth assessment of various risk factors for HIV transmission, the Plan determined priority areas for intervention and target groups as well as strategies to address those factors. Several vulnerable groups were identified: at-school and out of school youth, women in precarious work conditions, sex workers of either sex, migrants and mobile populations, men in uniforms, prisoners and people living with HIV/AIDS (PLWHA).

The National Strategic Plan, phase one and the new phase-2011 recognizes the value of a multi-sectored response involving, in addition to the health sector, various government departments, NGOs, international and bilateral agencies, universities and the private sector. Most of these organizations are now part of the CCM (country coordinating mechanism). This planning board was created within the framework of a two-year program funded by a Global Fund grant. The Plan calls also for decentralized, locally specific action. Hence, regional multi-sectored committees (CRIs) to fight AIDS were established, three of which are currently operational.

NGOs Response

Several national NGOs are working in the field of HIV/AIDS prevention, treatment and care. Among the Association Marocaine de Lutte Contre le SIDA (ALCS) and the Organisation Panafricaine de Lutte Contre le SIDA (OPALS) are the two main thematic NGOs that cover a large spectrum in the fight against HIV/AIDS including prevention, testing and counseling, treatment, care and PLWHA's right and promotion. They have regional sections in major cities and run their own voluntary counseling and testing centers.

L'Association Marocaine de Solidarité et de Développement (AMSED), another major player in the field of HIV/AIDS is a national development NGO. AMSED's AIDS program focuses on strengthening the capacity of the civil society sector to address issues related to gender, sexuality, sexual health, STIs and HIV/AIDS in Morocco. Working mainly with community based organizations (CBOs) and local development associations, AMSED aims at increasing their capacities to plan, implement and evaluate prevention activities at the grass root level.

Information from Peace Corps Washington on HIV education

*This section is based on information from UNFPA.org (United Nations Population Fund), The Exchange, v. 34 (Peace Corps' Women in Development Newsletter), and UNAIDS.

Gender inequalities have been recognized as a major factor driving the HIV/AIDS epidemic and both men and women have a vital role to play in reducing the incidence of HIV. By integrating issues of gender and HIV/AIDS into their work, Peace Corps Volunteers can contribute directly and indirectly to reduce the vulnerability of women and girls to HIV infection.

Why are women and girls more vulnerable to HIV/AIDS?

- *Biologically*, women and girls are two to four times more susceptible to HIV infection during unprotected sex than men. The lining of the vagina is particularly vulnerable to infection, and its large surface area increases the possibility of infection by semen, the most virulent carrier of the virus. Because the vaginal lining and cervical area in young girls are not fully developed, they are extremely vulnerable to rips and tears during intercourse, which can speed access of the virus into the bloodstream.
- *Socially*, due to unequal power relationships between men and women, women may not be able to determine whether, and with whom, they have sex, or may be unable to discuss matters of contraception with their partners. Because women may lack access to educational services, they may also be unfamiliar with the concept of “safe sex.” There may also be cultural practices or beliefs that increase the vulnerability of women and girls. However, there may also be cultural practices or beliefs that protect women, which, for any number of reasons, have been weakened.
- *Economically*, women and girls often depend on husbands or other male family members for financial security, and so, may be reluctant to introduce sensitive topics, such as the use of condoms, for fear of being ostracized. Additionally, in some societies widowed women may not have inheritance rights, and may be forced to trade sex for goods or services.

What role do men play in the epidemic?

Men are eight times more likely to transmit the virus to women than vice versa. Men make many of the decisions that affect how individuals interact in a society, and are more likely to dictate what is expected, accepted and/or required of men and women. Often, these social norms work to consolidate power among men. Gender roles also determine what men and women know about sex, and often women are expected to be relatively ignorant in matters of sex, compared to their male counterparts. As a result, women may not be aware of, nor have access to, reproductive health services and information.

Many of the resources and programs that can help to reduce the vulnerability of women are often in the hands of men. Rather than focusing resources and programs solely on women, strategies to

reduce the vulnerability of women and girls **must** include and encourage the active participation of men. It is important that everyone understand how individual behaviors and practices affect society, and in particular, its vulnerable groups.

How does the vulnerability of women to HIV/AIDS affect society as a whole?

In many societies, women are the primary caretakers in a household. Women care for the children, provide much of the labor associated with subsistence agriculture, and keep the household stocked with water and fuel. If women are sick, many of these necessary duties are neglected and the household suffers. Several suffering households in a community weakens the entire community.

How can Volunteers integrate issues of HIV/AIDS and gender into community development work?

It is important to make the issues of HIV/AIDS and gender a philosophical part of the foundation from which you work, even though you may not be explicitly focusing on them in your day-to-day activities. Learn as much as you can about how gender roles and responsibilities influence the local HIV/AIDS situation, and work on projects that build skills and self-esteem with vulnerable populations. It is important to avoid polarization of men and women. Blaming any group for the epidemic only increases alienation and stigmatization, which, in turn, drives the epidemic (refer to the Fact Sheet on Stigma and Discrimination). Work with groups and individuals to strengthen community, and encourage both men and women to take responsibility for their actions and for the health of the community. Explore the repercussions of vulnerability in one group on society as a whole. Also, refer to *The Life Skills Manual* (ICE No. M0062) and *HIV/AIDS: Integrating Prevention and Care into your Sector* (ICE No. M0081). *The Life Skills Manual* is also available on CD-ROM.

- **Education/Youth Development** - Educational status is one of the most powerful determinants of an individual's reproductive health status. Unfortunately, girls may be the first to be pulled out of school to help with household duties at an early age. Seeking solutions to continue the education of girls automatically reduces their vulnerability to HIV infection. Volunteers are also encouraged to integrate HIV/AIDS issues into school curricula. The *Community Content-Based Instruction (CCBI) Manual* (ICE No. T0112) provides guidance and suggestions.
- **Agriculture/Environment** - Women are responsible in large part for the labor required to feed the family. The loss or incapacitation of a woman as a result of illness increases the whole family's vulnerability to poverty. Work with women and communities to increase the 'safety nets' as they apply to household food security. Some examples might include, forming cooperative labor groups and increasing the focus on fruits, vegetables, and small ruminants, which diversifies diet and income opportunities.
- **Small Business Development** - Increasing the economic security of women and other vulnerable populations may allow greater independence and the freedom to change the behaviors that make them vulnerable to HIV infection. Volunteers can work in communities affected by HIV/AIDS to build economic and livelihood security through income-generating activities or with community members to develop social marketing campaigns.

Cultural Guide

Dating and Female Virginity

Although less harsh in more recent times, Moroccan society has traditionally shunned all forms of “dating”. This has led to a segregation of the sexes to a degree not found in contemporary Western culture. Especially in rural areas, men and women do not traditionally form close friendships. When a man and a woman know each other intimately it is assumed that they are sexually intimate as well. For an unmarried woman this would be viewed as a shameful compromise of her virginity.

Despite this taboo, many young people in Morocco do “date” each other. These activities, especially in rural areas, are often in secret, which makes it hard to measure how often this occurs. Young people are reluctant to discuss the topic unless it takes place in a private setting with trusted friends. Therefore it is possible for a PCV to talk about dating and HIV prevention; however, it should be done one-on-one or in a small group setting, or sexually segregated setting where trust has been established.

Female virginity is heavily emphasized in Moroccan society. It is also considered shameful in Islamic doctrines for a man to have sex before marriage; however men are not expected to preserve their virginity and most have visited prostitutes before marriage. It is believed that men have uncontrollable sexual libidos and so sexual infidelity is understood as the norm, further supporting the idea that men do not pursue nor engage in relationships with women unless sex is involved.

It is expected in Muslim culture for both the male and female to remain virgins until their wedding night. Virginity is something God has ordained to let men know they are getting something precious.

The 2004 reform of family laws gave Moroccan women more rights than most of their peers in the Muslim world, but virginity remains an important requirement for a woman before marriage, especially in the country's city slums and rural areas. These social norms have slackened only among Morocco's Western-oriented elite and a burgeoning middle class.

“Virginity is still a sensitive issue in the minds of a lot of Moroccans. You can't change in 20 years what has been inculcated for 14 centuries,” said scriptwriter and journalist Fatema Loukili. Television, now seen in remote rural areas thanks to satellite dishes, has started to make small inroads into Morocco's sexual taboos. “Moroccan girls know exactly what they miss these days, thanks to the satellite dish,” weekly news magazine *TelQuel* wrote in a rare report on Moroccans' sexual habits.

Sociologist Soumaya Naamane Guessous said the majority of girls never speak openly with their parents about sex but understand they can get away with most things except losing their virginity. “Very few parents behave differently,” said Guessous, whose book *Beyond All Decency* a decade ago created a stir as she became the first female writer to openly discuss the sexuality of Moroccan women.

If young Moroccans engage in relationships that are at least partly sexual in nature, they do not necessarily include the practice of vaginal intercourse. Often young couples engage in other types of sexual activity including deep kissing, petting, and sometimes oral or anal sex. The mark of a female virgin for many Moroccans is the presence of an intact hymen at the time of marital consummation. Therefore many Moroccans make efforts to preserve the hymen while still finding ways to engage in sexual activity.

Emphasizing an intact hymen as a mark for female virginity leads some girls to even undergo hymen reconstruction surgery, where a temporary hymen is implanted just before a girl is to be married. It is hard to estimate just how popular this surgery is, as it is always done in secret.

Perhaps due to the high degree of shame associated with premarital sex, Moroccans seem to make less of a distinction than do Westerners between a female who has premarital sex and a prostitute. Women may not be considered to be professional sex workers, but may still engage in premarital sex and sometimes receive money from their male partners as a way to supplement their incomes, pay tuition at a university, or for a monetary emergency. However, money may only be a partial incentive. Due to the need for secrecy it is hard to gauge how often this occurs and for what reasons.

It is notable that in casual discussions among men that all women who have premarital sex are generally put into one overall category. Whether or not such activities were done in a loving relationship is irrelevant. Perhaps most Moroccans would consider engaging in premarital sex a slander against the woman, therefore such activities are not done in loving relationships. Most Americans would not find fault in premarital sex if done in a loving relationship, while rejecting anyone who allowed financial compensation to influence such activity. Most Moroccans would be less likely to make such a distinction, finding both situations comparably shameful. This should be kept in mind when trying to talk about premarital sex in general or if a PCV ever decides to disclose information about their own past sexual activities.

Marriage and Infidelity

Due to the lack of rural jobs many Moroccan men migrate to urban centers in order to find work. If they are married, they often leave their wives and children behind in their hometown, sending money home periodically, and returning to visit only once or twice a year. Many of these men do not stay faithful to their wives even though sexual infidelity is considered to be shameful. Since men are considered to have uncontrollable libidos, unacceptable social sexual indiscretions are often simply assumed. These infidelities are usually done through prostitutes, and sometimes result in a sexually transmitted infection (STI). The problem arises when the men return home and have sex with their wives, almost always without protection, thereby infecting them as well. This partially explains why almost half of all new HIV infections in Morocco are found within the demographic group of married couples and why marriage is not a form of HIV prevention.

Male infidelity is a complicated subject. PCVs should never assume that just because such activities are well known and widespread, that men or women would be willing to admit to them or discuss them, either with the PCV or with each other. For example, a PCV might know that a wife has been faithful, and has an STI due to her husband's infidelity; however it may be inappropriate for the PCV to discuss the subject with the wife. Even if a female knows and has accepted her husband's infidelity, it is unlikely she will be able to persuade her husband to be faithful or to use a condom. If she is not aware of her husband's infidelity, this may lead to a conflict with her husband. Although discretion is not always required, all possible outcomes of such a discussion should be weighed beforehand.

This presents a great opportunity for male PCVs. Since men usually decide if they will use protection or not, either with their wives or with a prostitute, it is generally up to the man to prevent HIV infection. Although this is not a subject to bring up publicly, within a trusting

environment male PCVs can discuss the importance of protection; this is sometimes the only way to ensure HIV awareness.

Sexuality in Islam

The Qur'an, Islamic tradition, and religious leaders both past and present describe sexuality as being confined to marital relationships between men and women. While most traditions discourage celibacy, all encourage strict chastity and modesty with regards to any relationships across gender lines, holding forth that intimacy as perceived within Islam (i.e. encompassing a swath of life more broad than strictly sex) is largely to be reserved for marriage. This sensitivity to gender difference and modesty outside of marriage may be perceived in many of the more contemporarily prominent aspects of Islam - interpretations of Islamic dress and degrees of gender segregation, for example.

While prohibitions against adulterous relationships are strong, permissible sexual relationships are described in Islamic sources as great wells of love and closeness for the couple involved. Specific occasions, most notably daytime fasting and menstruation are times forbidden for intercourse, though not for other ways of touching and being close to one another. Issues such as masturbation and homosexuality are frowned upon or outright forbidden; contraceptive use is permitted, as is abortion, though the latter often with great restriction.

To varying degrees Islamic law explicitly states that both men and women are entitled to sexual gratification in marriage; the failure or inability to provide this may be cited as grounds for divorce.

A saying of the Prophet (s.A.w.) reports:

“In three matters, the weakness of a male is disclosed. Firstly, if a lover meets his beloved and then they separate without inquiring into their mutual condition and health; secondly, rejecting the honor which someone wishes to pay him; thirdly to engage in sexual intercourse with the wife or the female who is legally permitted, without talking to her or kissing her or by being unable to restrain the ejaculation of semen before that of his wife.” (Hadiths related by Daylami) [Citation needed]

As marriage in the Qur'an is defined as an essentially loving relationship:

Another of His signs is that He created spouses from among yourselves for you to live with in tranquility: He ordained love and kindness between you. There truly are signs in this for those who reflect. (Verse 30:21; Abdel Haleem's Qur'an translation throughout.)

... Likewise Muhammad admonished his followers to adhere to this spirit in sexual relations, as evidenced by the following hadith:

“Let none of you come upon his wife like an animal, let there be an emissary between them.” When asked what the emissary is, he replied, “The kiss and sweet words.” (Hadiths related by Daylami) [Citation needed]

An additional oft-repeated hadith emphasizes the granting of divine reward for sex within marriage:

“In the sexual act of each of you there is a sadaqah (charity or gift).” The Companions replied: “O Messenger of God! When one of us fulfils his sexual desire, will he be given a reward for that?” And he said, “Do you not think that were he to act upon it unlawfully, he would be sinning? Likewise, if he acts upon it lawfully he will be rewarded.” (Hadiths related by Muslim) [Citation needed]

Throughout the history of Islamic exegetical traditions, philosophies and law, much has been written to encourage, often in quite blunt and explicit terms, believers of Islam to cultivate between themselves in their marriages both sexual passion and tenderness.

Adultery is strictly and repeatedly forbidden in the Qur'an:

“And do not go anywhere near adultery: it is an outrage, and an evil path.” (17:32)

The following is a sura:

“We have sent down and made obligatory: We have sent down clear revelation in it, so that you may take heed. Strike the adulteress and the adulterer one hundred times. Do not let compassion for them keep you from carrying out God's law -- if you believe in God and the last day -- and ensure that a group of believers witnesses the punishment. The adulterer is only [fit] to marry an adulteress or idolatress, and the adulteress is only [fit] to marry an adulterer or an idolater: such behavior is forbidden to believers.” (24:1-3)

While harsh, modern commentators are often quick to note that the punishment prescribed for adultery is mitigated by the impracticality of meeting its requirement for being applied: the testimonies of four eye-witnesses to the act (24:1-3). Many today consider this to mean it is an almost purely symbolic way of denoting the severity of the offense, while others consider it a legally required punishment.

The Qur'an does additionally allow for sexual relations between a man and those whom “his right hand possesses,” traditionally interpreted to mean slaves or prisoners of war, a point clearly anachronistic to contemporary times. Again, some commentators differ as to what is the exact meaning of this term.

As a result of the Islamic beliefs regarding extra-marital and pre-marital sex, many modern Muslim societies highly value virginity and maintain high rates of abstinence until marriage. While this is true for both genders, often a higher premium is placed upon a girl's virginity, with the associated higher social consequences involved for losing it.

Masturbation

At least one Islamic legal tradition forbids masturbation on the authority of a hadith which indicates that those who seek sexual gratification from other than their legal sexual partners are transgressing set limits. This is interpreted to refer not only to adultery but to masturbation as well. Another legal tradition refers to an additional hadith which reads:

‘We were with the Prophet while we were young and had no wealth whatsoever. The Prophet said: “O assembly of youths; whoever among you possesses the physical and financial

resources to marry should do so, because it helps him guard his modesty, and whoever is unable to marry should fast, as fasting diminishes his sexual power.” [Citation needed]

Interpretations of this saying have stated that were masturbation permissible, Muhammad would have named this as a remedy for sexual frustration rather than the more difficult act of fasting, as Islamic traditions have taken seriously the belief that hardship is not sought for believers. Still, some legal schools of thought, while agreeing that masturbation is essentially forbidden or at the very least extremely disliked, allow for its permissibility through a legal principle of necessity, designating it as a last resort for unmarried individuals attempting to avoid succumbing to the greater sin of adultery.

Ibn al-Qayyim is quoted as saying, “Ibn 'Aqeel, and many of our scholars, and our Shaykh (Ibn Taymiyya) have ruled that masturbation is makruh (disliked), and never explicitly said he that it was haram.” (Bida al-Fawa'id ref)

It is not, however, in any case a sin for which there is a prescribed punishment. Similarly, contemporary beliefs and practices vary.

Contraception

The primary method of birth control in Muhammad's time was al-'azl – coitus interruptus, the withdrawal method. Numerous hadiths are used to declare this an acceptable practice, some with stipulations that it is only so with the woman's consent. A minority of opinions instead uphold a saying attributed to Muhammad that it is “a minor infanticide,” however the accuracy of this remark is generally considered weak and therefore may be disregarded.

By correlation this general acceptance of the withdrawal method is expanded to include most modern forms of birth control. However, their use is limited to family planning purposes and are generally considered makruh (things not explicitly forbidden but which should be avoided nonetheless) if intended to permanently prevent conception.

Homosexuality in Morocco

In general, the pleasure of the woman may not be taken into account when engaging in sexual activity. Some Moroccans even find the idea of female orgasm to be shameful. Sex is usually focused on male pleasure or procreation. Therefore the idea of lesbianism is absurd to most Moroccans. Although the intimate nature of same-gendered relationships in Morocco can sometimes lead to sexual intimacy, very few Moroccans would consider such activity as the basis of a long-term relationship, identity, or lifestyle. Moroccans do at least recognize that there are men who have sex with men (MSM); the same is not generally true of women who have sex with women. It is hard to say how prevalent such activities are, not just due to secrecy, but also due to the fact that many Moroccans would not make the distinction of labeling certain activities as homosexual.

Marriage is the primary focus. Alternative forms of monogamous relationships as well as alternative sexual identities are not even considered to exist. Therefore few Moroccan MSMs adopt the “gay” identity. Most consider it a phase, an affliction, or even just a secret habit. Very few consider homosexuality a lifestyle or an identity. Very few Moroccan MSMs consider entering into a relationship with another man, while most try to marry a woman. This is due to familial pressures but also partly due to the fact that Moroccans, MSMs included, do not recognize the existence of a separate “gay” identity. If a PCV ever encounters a MSM, they should be sensitive

to using American terms and concepts, and recognize that even if a man has sex with men, he may not feel like he is “in the closet” and he may not apply such terms as “gay” or “homosexual” when talking about himself.

Perhaps because extra-marital sex is often associated with prostitution, or perhaps because homosexuality is considered shameful in its own right, most Moroccans, including the MSMs, generally put homosexual men and prostitutes in the same category. Many Moroccan MSMs engage in prostitution, although it is hard to say that they are all forced to do so for financial reasons. Oftentimes it is an excuse for their behavior, or simply a way to earn extra money by engaging in activities that they might engage in without financial incentives. Yet this only furthers the stereotype in Morocco. While homosexuality may or may not be considered shameful by an American, it is rarely assumed to be done only by prostitutes. This is not so in the minds of most Moroccans. Therefore PCVs need to be sensitive to this perception, if the topic ever comes up.

Vulnerable Groups in Morocco

HIV can be contracted by anyone at any time, so where does one begin the fight against the HIV/AIDS pandemic? It is the practice of most HIV/AIDS NGOs to have a select audience in mind when crafting and delivering a message. They call this audience a target group, and they usually try to identify target groups that are the most vulnerable to infection.

Here are a few vulnerable groups:

- Professional Sex Workers (PSW)
- Military and Police
- Migrant Workers
- Marine Workers
- Men Who Have Sex with Men (MSM)
- Occasional Sex Workers
- Youth
- Immigrants
- Prisoners
- Illiterate Women
- Illiterate Youth
- Homosexuals
- Single Men and Women
- Baby of an Infected Mother
- Clients of Sex Workers
- HIV Positive Infected People
- HIV Positive Affected People
- Carriers of STI
- Traveling Workers
- Spouses of Sex Clients

HIV/AIDS Education in Morocco

Youth Center based health education

“The Ministry of Youth and Sports describes a reproductive and sexual health education

program that it implements through summer camps, sports clubs, youth centers in poorer neighborhoods, vocational training institutions, and halfway homes or training centers for troubled youth. The program focuses on STIs and disease prevention, personal hygiene, and life skills and discourages “unnatural sex acts.” In 1997 and 1998, a large component of this program, which focused on popular education through conferences, seminars, and theatre, reached 111,000 youth—about 50,000 more than planned. An evaluation of this program is not available. However, informal assessments have found that local leaders and other influential persons in communities reached by the program were in favor of this kind of education and that it generated discussion about these issues between men and women, which is an achievement in its own right because this occurred among circles of men and women who had not been inclined to communicate with each other.

The Ministry of Youth and Sports, through the leadership of the youth directorate, also reportedly offers sessions on reproductive health and its social aspects to adolescents in their homes. The youth directorate recognizes and openly acknowledges the fact that Moroccan youth are now typically sexually active long before marriage. This alone is remarkable in a social program and policy context that is typically too reserved to acknowledge the sexuality of unmarried youth, especially young women.

School based health education

Morocco was the first country in the region to introduce population education into the national high-school science curriculum. The Ministry of Education continues to implement this curriculum component, which reviews basic information on human reproduction, contraception, and STIs. Health education is introduced through a number of standard school subjects rather than as a subject of its own. But an examination of the sections of the school textbooks that cover health education, combined with some studies of the adolescents’ desires for education, reveal that the HIV education in schools is limited to a scientific explanation of the process of the virus and modes of transmission. The lessons do not include prevention methods or condom demonstrations. There is an inconsistency in subjects taught between rural schools and urban schools, and HIV may not be taught in some rural areas” (Beamish 2003).¹

Parents

The discussion of sex between children and parents is limited. Islam views the topic of sex as shameful and encourages child obedience. In rural communities that rely on urban workers, many grandfathers are the caretakers and male role models for children. The generational gap created may discourage conversations considered shameful by the older generation. Many children will not learn about HIV from their family.

Peers

¹ Beamish, J. POLICY Project. 2003 January. Adolescent Reproductive Health in Morocco (1 ed.). Washington, D.C.: U.S. Government Printing Office. Retrieved January 24, 2009 from [www://unpan1.un.org/intradoc/groups/public/documents/CAFRAD/UNPAN104702.pdf](http://www.unpan1.un.org/intradoc/groups/public/documents/CAFRAD/UNPAN104702.pdf)

Most information about sex and HIV comes from peers. The conversations are open amongst most peer groups. However the sources of their information can often be incorrect. Even the definition of sex is obscure. Peer pressure for males to use prostitutes is common.

Media

Information on television can range from Koranic teachings of abstinence to Western movies displaying promiscuity. Television in individual households depends on the level of conservativeness of the family, language, and the economic status. It is a source of information and awareness; however, information comes from a variety of sources and may not be the most accurate.

Radio in the rural areas provides dates of HIV conferences and information advertised by NGOs. Non-pictorial written material may be ineffective due to the high rate of illiteracy. The level of exposure to HIV information depends on the media source available in the household and community.

NGOs

Non-Governmental Organizations (NGO) have traditionally worked in urban areas. They have methods of reaching rural communities by radio and newspaper. They hold volunteer training conferences in provincial capitals encouraging rural communities to participate. Their main tools in education are equip-mobile, brochure distribution, condom distribution, media advertising, free and anonymous testing, and volunteer training. Most NGOs focus on peer education.

Ministry of Health

The Moroccan Ministry of Health has made a goal of addressing HIV issues. It recognizes the threat of HIV to Morocco and has embarked on an awareness campaign and that intends for every health center to have an HIV/AIDS program. Brochures, posters, billboards, and education in the health center are common ways the ministry raises awareness. In addition, every health center and dispensaire should distribute free condoms.

Rural health centers are expected to have an HIV/AIDS program; however, due to apathy of nurses and doctors to educate and the frequency of strikes, many health centers have neglected the HIV/AIDS program. Some Health Centers do not tell married females that they contracted an STI, but instead treat the woman and ask to speak with their husbands. The Health Center does this in order to avoid confrontations with the husbands. Confidentiality is hard to maintain in the health center and in the community. Most people do not trust the health center to provide health care. A strong reliance on traditional medicine is prevalent, and some remedies are worse than the disease.

The health centers main tools in education are equip-mobile, brochure distribution, condom distribution, condom demonstrations, and confidential testing. PCVs can request a program through the Ministry of Health.

Additional Topics Pertaining to HIV/AIDS in Morocco

Does circumcision protect against HIV?

Comprehensive reviews of published literature addressing circumcision and HIV transmission in Africa have concluded that circumcised men are 44% less likely to contract HIV through penile-vaginal sex than those who are uncircumcised.² Meta-analyses cited four factors that contribute to the higher susceptibility of uncircumcised African men to HIV infection:

1. The inner mucosal foreskin found on uncircumcised men is composed of a higher density of Langerhans cells (HIV target cells) making the skin more susceptible to HIV infection than other penile tissue in laboratory studies.³
2. The foreskin may be more susceptible to tears during sexual intercourse, providing portals of entry for HIV and other pathogens.⁴
3. The microenvironment between the penis and foreskin in an uncircumcised male may be favorable for viral proliferation.⁵
4. Higher rates of genital ulcerative diseases in uncircumcised men also may increase susceptibility to HIV infection.⁶

Hijama/Cupping

Hijama is a method of treatment in which a suction cup is attached to the skin surface to cause local congestion through the vacuum created. A light incision is made on the treated area to allow tainted blood to be sucked out. This type of treatment has been practiced by the Arabs for thousands of years. Hijama is a therapeutic process for removing unclean blood from the body. It is a form of medical treatment which has been recommended by the Sharia.

Medical hijama treatment is quickly gaining notoriety in the West as a viable alternative medical treatment for a wide range of conditions and illnesses. The danger is that it is being freely combined and practiced by practitioners who have very little understanding of the ancient techniques and medical requirements.

Apart from good diet and exercise, hijama is a way to keep your body strong and healthy. As a preventative treatment, hijama rids the body of impurities contained in the cardiovascular system. It is claimed that the cupping method has the function of warming and promoting the flow of energy in the blood, thus dispelling cold, dampness, toxins and winds. It also diminishes swellings and pains.

Many Hadiths indicate the benefit of the hijama therapy:

² Weiss HA, Quigley MA, Hayes RJ. Male circumcision and risk of HIV infection in sub-Saharan Africa; a systematic review and metaanalysis. *AIDS*. 2000 Oct 20;14(15):2361-70.

³ Patterson BK, Landay A, Siegel JN, et al. Susceptibility to human immunodeficiency virus-1 infection of human foreskin and cervical tissue grown in explant culture. *Am J Pathol*. 2002 Sep; 161 (#):867-73.

⁴ Alanis MC, Lucidi RS. Neonatal circumcision: a review of the world's oldest and most controversial operation. *Obstet Gynecol Surv*. 2004 May;59(5):379-95.

⁵ Szabo R, Short RV. How does male circumcision protect against HIV infection? *BMJ*. 2000 Jun 10;320(7249):1592-4.

⁶ Weiss HA, Thomas SL, Munabi SK, Hayes RJ. Male circumcision and risk of syphilis, chancroid, and genital herpes: a systematic review and meta-analysis. *Sex Transm Infect*. 2006 Apr;82(2):101-9; discussion 10.

1. Ibn Abbas (R.A.) reported Allah's messenger as saying: "There is a remedy in three things: The incision of a cupping glass, a drink of honey, or cauterization by fire, but I forbid my people to cauterize."
2. During the battle of Khaibar in 7 AH with the Jews, a Jewish woman prepared some meat which she filled with deadly poison and presented to the Prophet. Upon tasting the meat, the poison affected him, but he then underwent hijama in order to relieve himself from the effects of the poison in his blood (Shamaail Tirmizi).
3. The Prophet (s.A.w.) said, "Jibril repeatedly emphasized upon me to resort to hijama to the extent that I feared that hijama would be made compulsory." (Jamal Wasaail p. 179).
4. Hadhrat Abu Kabsha narrates that the Prophet (s.A.w.) used to undergo hijama on the head and between his shoulders and he used to say, "Whosoever removes this blood, it will not harm him that he does not take any other medical treatment." (Mishkat p. 389)
5. The Prophet (s.A.w.) praised a person who performed hijama, saying it removes blood, lightens the back and sharpens the eyesight (Jamal Wasaail p. 179).

The above quoted Hadiths are clear evidence that hijama was practiced by the Prophet (s.A.w.) himself and strongly recommended by him.

The Prophet (s.A.w.) also gave some guidelines regarding hijama. Once he came across a fasting person who underwent the treatment and became weak. Hence, he said, "The person who underwent hijama broke his fast." (Jamal Wasaail p. 179) Mullah Ali Qari, while explaining the Hadith, states that since a person is already weak by fasting, undergoing hijama weakens him further. Thus such a person, due to feeling extremely weak, may be forced to break his fast.

He further states that in the light of the principle understood from the Hadith, hijama should not be administered immediately after having a hot bath, or while the belly is full. Today, there are various types of cups to choose for hijama such as rubber cups, bamboo, specialty glasses or plastic cups. There are two types of hijama that are more prevalent today: traditional and vacuum.

Traditional Cupping is the one that needs some kind of fire to create a vacuum, while the vacuum cups (a newer type) have a pump so that no fire is needed.

The scholars advise that administering medicine requires medical expertise. Therefore, with regard to any medical treatment recommended by the Prophet (s.A.w.), due to health and medical intricacies, one must exercise caution and consult with a physician.

Tattooing

Tattooing is one of the oldest forms of body art. For many people the designs and symbols of adornment can hold great meaning. A risk of HIV transmission does exist if instruments contaminated with blood are either not sterilized or disinfected or are used inappropriately between clients. Instruments that are intended to penetrate the skin should be used once, then disposed of or thoroughly cleaned and sterilized between clients.

Personal service workers who do tattooing or body piercing should be educated about how HIV is transmitted and take precautions to prevent transmission of HIV and other blood-borne infections in their settings. Tattooing is generally safe if performed by a reliable tattooist who follows proper hygiene and safety standards. There are no reported cases of tattooing

causing HIV/AIDS, although transmission by dirty equipment and needles is a possibility. However, the transmission of hepatitis B (inflammation of the liver) is well documented.

Traditional Dentists in Morocco

The association of Moroccan dentists is trying to combat the existence of 6,000 traditional practitioners who perform tooth operations illegally. Moroccan “L’Opinion” daily said citizens can call a toll-free phone number to complain about harms they incurred from the traditional dentists. The association promises to take all actions and pay for the victims’ tooth care. The secretary general of the association warned citizens against the dangers of going to traditional dentists who use unsanitary instruments and who are not sanctioned in case harm is caused to patients. He added that the association has conducted awareness campaigns in remote areas and has performed tooth operations free of charge for poor villagers.

According to the World Health Organization (WHO), the ratio of dentists/citizens in Morocco stands at ten per 10,000, while the WHO recommends a ratio of one per 2,000 citizens. Transmission of HIV in a healthcare setting is extremely rare. All health professionals are required to follow infection control procedures when caring for any patient. These procedures are called universal precautions for infection control. They are designed to protect both patients and healthcare professionals from the transmission of blood-borne diseases such as hepatitis B and HIV.

Stigma

There have been numerous studies conducted around the world that connect high levels of stigma with susceptibility to increased feasibility of the rapid spread of the virus. (Cambell, 2003) HIV/AIDS-related stigma refers to all unfavorable attitudes, beliefs, and policies directed toward people perceived to have HIV/AIDS as well as toward their significant others and loved ones, close associates, social groups, and communities. Morocco may have a low prevalence of HIV/AIDS at this time, but “even in low prevalence nations, the situation can change rapidly for the worse, as has occurred in Indonesia, Nepal, Vietnam, and China.” (World Bank, 2005) While conservative cultural values have slowed the spread of the worldwide epidemic within Morocco, such values have not and will not be able to prevent the spread, and one of the main concerns has become the fact that culturally created stigma in rural and semi-rural Morocco will actually exacerbate the spread of the virus. “Values set apart countries in the Middle East and North Africa. On the one hand, social values and a strong role of the extended family system are reducing the vulnerability of society to HIV/AIDS. On the other hand, the silence surrounding sexual issues is creating a strong risk factor as it limits the possibility of introducing sexual education in schools and setting up prevention measures. It also tends to drive people living with HIV/AIDS deeper underground.” (World Bank, 2005)

“Morocco has taken big initial steps in the fight against HIV/AIDS, including the implementation of a reduced cost Anti-retroviral treatment program for those infected” (World Bank, 2005) and the restructuring of the family law system to ensure that women are protected from loss of property and other disadvantages that increase poverty and destroy social safety mechanisms. However, stigma and a social environment, especially outside of the country’s urban centers, that marginalizes many of those at greatest risk continue to retard adequate responses.

Throughout the world HIV/AIDS related stigma costs people their jobs, relations with others, access to opportunities, and in some cases subjects them to violence. Stigma

undoubtedly drives people who behave outside the norms of traditional cultural values underground and into denial that they are at risk for contracting the disease. People living under these circumstances have a propensity to avoid accessing information on public health and/or getting tested for HIV/AIDS. While Morocco may not appear to have a significant problem with the virus at the present time, the long incubation period of the virus during which a person is usually asymptomatic for several years before getting sick, coupled with the population's general hesitancy to address issues of stigmatization as their traditional culture meets the global culture, places the country at a very high risk for the rapid spread of HIV. There are undoubtedly people who are unknowingly infected with the virus and continue to engage in high risk behaviors with others. Unfortunately, due to the stigma associated with getting tested, many choose not to and continue to infect others.

In many cases Moroccan individuals are often times aware of this potentially dangerous situation. As one local volunteer counterpart has said in reference to the estimated number of HIV infected individuals in Morocco, "I think the number is much higher because people are afraid to get tested. They are afraid because they think everyone will see them and then say bad things about them." Through tactful approaches and teamwork, Peace Corps volunteers and Moroccan nationals willing to openly discuss the subject can continuously make headway in encouraging everyone to openly embrace HIV/AIDS and public health education.

References

1. Cambell, C. 2003. "Letting Them Die. Why HIV/AIDS Prevention Programmes Fail." London: Woolnough, Irthlingborough.
2. Farmer, P. 2005. "Pathologies of Power. Health, Human Rights, and The New War on the Poor." London: University of California Press, Ltd.
3. Jenkins, C. And Robalino, D.A. 2003. "HIV/AIDS in the Middle East and North Africa. The Costs of Inaction." Washington, DC: The World Bank.
4. The World Bank, 2005. "Preventing HIV/AIDS in the Middle East and North Africa. A Window of Opportunity to Act." Washington, DC: The World Bank.

PCVs Teaching HIV/AIDS in Morocco

Venues for PCVs to Teach and What to Expect

Associations

Depending on how conservative the PCV's village and the Association's resources, the association can be a productive organization in the fight against HIV. It can host and organize peer education meetings, group talks, and events. The Association may have male or female allies to help volunteers educate both men and women.

Youth Center (Dar Chebab)

Dar Chebabs are a great venue for reaching a large number of youth. Try incorporating SIDA education into English classes or Health Clubs. The content of the lesson should be age appropriate and genders should attend separate sessions if necessary.

Health Center

Health Centers can be an opportunity for PCVs to teach about HIV in a broad manner. With proper authorization a health center could also be used as a central location within the community to disseminate information such as brochures and posters. Additionally, the health center is a good place to begin the search for qualified and motivated individuals within the community to assist the volunteer in designing, planning and implementing SIDA focused activities. Keep in mind you should not use confidential information as a way to single out community members.

Cooperative (Neddie)

Cooperatives are similar to associations but are usually female groups. The cooperative provides a place, an audience, and potential community volunteers. In order to teach effectively organize groups of the same gender and similar age.

Home Visits

The direct method of going door-to-door and discussing the problem of HIV is extremely effective. However, PCVs do not want to give the image of singling out community members. It is best to include a variety of topics that affect the community while discussing HIV.

Schools

Before you begin teaching about SIDA in the classroom make sure the school director approves. Once you have permission take time to design lesson plans that are age specific.

Camps

Camps provide a great setting for teaching youth about SIDA. Try using interactive activities and games to get the message across while also making it fun.

Tips for Teaching

One-on-One Peer Talks

PCVs must be aware that addressing the topic of HIV or AIDS on a one-on-one basis can elicit feelings of shame. It is important to make the peer feel relaxed and know the environment is confidential. Be a friend. Do not make judgments on actions but encourage healthy practices. Stay positive. Use culturally sensitive illustrations.**Focus Group**

Pick the audience wisely. Peers in similar social positions will be more open to discuss HIV in a group setting. Mixed ages, mixed gender, or mixed social positions may isolate or intimidate some participants. Use extreme discretion when teaching HIV in a mixed gender setting. If you feel it is necessary to separate genders, consider having boys and girls or men and women attend sessions at different times or days.

Keep comfort in mind. Open with general discussion and general community issues. If the group relaxes to a friendly environment then HIV topics will be easier to discuss. No judgments. Stay positive.

Using French or English can also help take away the shamefulness of the topic. Many Moroccans feel it is easier to express themselves about issues pertaining to sex when the language does not have reprehensible connotations.

Youth

Approach youth by increasing the amount of information per age group. Give younger children a scientific introduction to HIV, teach teenagers prevention methods, and adults the problems of infidelity and multiple partners.

For Example:

Age groups of 11 to 14: anatomy, scientific information about HIV/AIDS, transmission methods, prevention and abstinence

Age groups of 14 to 18: scientific information about HIV/AIDS, prevention methods, transmission methods and fallacies, vulnerable groups, professional sex workers, dating, abstinence, fidelity, multiple partners and condom demonstrations.

Ages above 18: less science oriented, practical concerns, vulnerable groups, prevention methods, transmission methods, dating, fidelity, multiple partners, prostitution, sexuality and condom demonstrations.

Suggestions while discussing SIDA

DO

-  Correct misinformation in a polite, non-confrontational way.
-  Try to find a local venue for condom demonstration.
-  Assume that most Moroccans practice extra-marital sex even if it is not acknowledged or accepted.

- 👍 Make HIV information available at local venues.
- 👍 Encourage the Health Center to adopt an HIV program.
- 👍 Search for opposite sex allies who can help you reach men and women.
- 👍 Work with counterparts in order to maintain cultural sensitivity.

DON'T

- 👎 Talk about sex in a mixed gender setting without consulting a host country national or counterpart about the appropriateness of doing so.
- 👎 Distribute condoms.
- 👎 Imply that extra-marital sex should be accepted/normalized.
- 👎 Use personal sexual experiences to educate.
- 👎 Assume students know or do not know about HIV.
- 👎 Inquire about a student's personal sexual history unless mutual trust is established.

Peace Corps Volunteer's Image

The image of the volunteer, especially female volunteers, when addressing the subject of HIV is an important consideration. Depending on the PCVs' methods of teaching it could be assumed the PCV is promiscuous because of his or her knowledge on sex. The misconception could lead to the ostracizing of the PCV. Also, associating with professional sex workers or men who frequent professional sex workers will change how the community views the PCV. Female volunteers who work with professional sex workers or teach HIV in mixed gender settings can expect community misunderstanding.

HIV/AIDS Talking Points

- **What do you know about HIV?**

- **How can a person get rid of HIV?**

It is a disease that cannot be cured with medicine.

- **What is HIV?**

It means a person's blood is sick and his body cannot get better when it gets a simple illness (like a cold).

- **How many people in the world have HIV/AIDS?**

34 million are estimated to be living with HIV. In 2011, 1.7 million people died from AIDS, and 2.5 million people became infected, as estimated by UNAIDS.

- **In what countries is HIV a problem?**

It is a worldwide problem. (It is in Europe, North America, South America, Africa, Asia, and Australia.)

- **Where is HIV found in Morocco?**

HIV is everywhere in Morocco, in the cities and the bled. In 2012, 29,500 people were estimated to be infected with HIV in Morocco.

- **Who can get HIV?**

Everyone can get HIV.

- **How can a person tell that another person has HIV?**

You cannot see that someone has HIV. They may not look sick for many years.

- **Where did HIV come from?**

No matter where HIV came from, it is a serious problem and people need to be educated about preventative measures in order to protect themselves.

- **How is HIV transmitted?**

Unprotected sex, from mother to fetus, through breast milk, drug use with needles, shared razors, shared needles at the health clinic, and contact with the blood of an infected person.

- **Who is at risk for getting HIV?**

Everyone is at risk.

- ***Where can people get more information about HIV?***

Ask for more information at the *sbitar* from the doctors, nurses, or midwife. Or contact the national SIDA Action Hotline at 081005225

- ***In what ways does a pregnant woman with HIV transmit it to her infant?***

Babies can get HIV from their mothers at birth, but there is medicine to prevent this from happening. Mothers should be tested in order to find out if they need to be on this medication before they give birth.

- ***Get tested for STIs if you have symptoms.***
- ***Get tested for HIV if you have had unprotected sex, or used a dirty razor or needle.***
- ***Talk to your children about HIV and condom use so that they can be protected and not get sick.***
- ***HIV cannot be transmitted by shaking hands, kissing, sharing drinking glasses or food plates, insect bites, and toilet seats.***
- ***You can get HIV even if you are married.***
- ***Islam cannot protect you from HIV if you do not protect yourself.***

Project Ideas

All projects should be discussed with Program Managers and all PCVs should work closely with their Counterparts to facilitate community participation. Some projects may require Ministry approval; please coordinate with Counterparts and local officials to ensure a successful project.

These are project ideas and you are encouraged to interpret and alter descriptions to fit your needs. Please let the S.I.D.A. Committee know of any ideas you may come up with that you think could be useful to other Volunteers.

Club

Supplies: Varies

Available Funding: S.I.D.A. Committee, SPA, PCPP

Description: Organize an after-school health and environment club through an association, youth center or school. Teachers or association members organize meetings and events, while students and parents participate. Setting up officers, attendance, and activity logs teaches the participants organizational skills. Doing community volunteer work teaches social responsibility and empowers the community.

Suggested Activities: Introduce New Sports, Paint Murals, Litter Pick-up, Clean the School Day, Elderly Visits, Sick House Visits, Bike Tours, Hikes, HIV/AIDS Day, Health Fairs, Plant Trees, Camp Weekend.

Helpful Organizations: OPALS Agadir

Timeframe: Continuous

English and AIDS

Supplies: English Books (library), Educational Materials, Posters, Markers, Chalk.

Available Funding: S.I.D.A. Committee

Description: Intermediate to advanced English students in high school and university discuss HIV/AIDS topics in English. Sometimes Moroccan students find it easier to express themselves in other languages because it reduces their cultural sensitivity to shameful topics.

Suggested Activities: Vocabulary Development, Role Playing, Training of Trainers

Helpful Organizations: OPALS

Timeframe: Weekly, 1-Hour Preparation and 1-Hour Class

Red Ribbons

Supplies: Red Ribbons, Pins

Available Funding: Community Fundraiser

Description: Handout Red Ribbons, collecting donations if possible. Educate about HIV/AIDS through the significance of the ribbon. Donate any money collected to community organization or HIV/AIDS NGO

Helpful Organizations: Local Associations

Timeframe: 2 to 3 weeks

Expressing AIDS

Supplies: Art or Theatre Supplies

Available Funding: Local Associations

Description: Organize a community activity where participants use a creative method to express their concerns about AIDS. Present the art, music, theater, or craft to the community.

Suggested Activities: Drawing or Painting what their idea or what AIDS looks like, make up a song using HIV/AIDS information, write and perform a short play that discusses the myths and truths about AIDS, design and assemble an AIDS sculpture that involves a number of participants

Helpful Organizations: Association des Amis de l'Artisan

Timeframe: 2 to 3 weeks

AIDS Talks

Supplies: Brochures, Cassettes, Videos, Posters

Available Funding: S.I.D.A. Committee, Local Associations

Description: Group discussion organized through a Nedi, Café or Association.

Suggested Activities: Play AIDS video or cassette and then discuss reactions and thoughts. For men doing the projects in a cafe consider doing a condom demonstration.

Helpful Organizations: ALCS has cassettes in Arabic and Tashelheet. OPALS has a video in Arabic.

Timeframe: 1 to 2 Hours

Plant a Tree for AIDS

Supplies: Seeds, Trees, Shovels, Educational Materials

Available Funding: S.I.D.A. Committee, Local Associations

Description: Organize a group of environmentally concerned people to plant trees while discussing the indirect effects of AIDS on the environment.

Helpful Organizations: Ministry of Agriculture, NGOs

Timeframe: 2 days

AIDS Fair

Supplies: Booths, Chairs, Tent, Brochures, Videos, Educational Materials

Available Funding: S.I.D.A. Committee, SPA, PCPP

Description: Organize a fair in partnership with a Youth Center or a Women's Association. Have different booths that focus on the different aspects of HIV/AIDS, like contraction, treatment, and general history and facts. Have some interactive booths where prizes can be won.

Helpful Organizations: ALCS, Local Associations

Timeframe: 1 day

Fund-a-thons

Supplies: Jersey Number, Certificate of Participation/Awards for Participants

Available Funding: Community Fundraiser

Description: Individuals, NGOs or community groups organize and advertise a Fund-a-thon event where participants walk, hike, or bike to raise awareness. Participants either pay or raise money to partake in the activity. Awards and certificates are given to all those who participate or fundraise.

Suggested Activities: Marathon, Walk-a-thon, Bike Tours, Hikes

Helpful Organizations: S.I.D.A. Committee, Local Associations

Timeframe: 2 to 3 week organization time, 1 to 2 day activity time

House-to-House, Tea Chats

Supplies: Baking materials, Small Gift, Brochures

Available Funding: S.I.D.A. Committee

Description: Go house-to-house discussing community issues and guide the conversation to include HIV/AIDS.

Suggested Activities: Tea Chats, Bring Cookies, Show and Explain Pictorial Brochures

Helpful Organizations: Local Associations

Timeframe: 2 days

AIDS Booth

Supplies: Booth, Brochures, Posters, Candy

Available Funding: S.I.D.A. Committee

Description: Set up a booth in the market (souk) or a festival (mosuum) and play cassette tapes or videos, hand out brochures, and offer one-to-one discussion on the topic.

Helpful Organizations: SIAPP, Local Associations

Timeframe: 1 day (must get permission from commune prior to setting up)

HIV Education and Empowerment Hike

Supplies: Food, Camping Gear, Transportation/Donkey, First Aid Kit, Route Map, Educational Materials, Peer Education Manual (S.I.D.A. Committee)

Available Funding: S.I.D.A. Committee, Local Association

Description: Four to Five PCVs will individually take two or three Moroccan English students from their sites on a designated rural hike route to teach about HIV/AIDS. Students will spend two hours in the morning learning about HIV and educational techniques and the rest of the day implementing those techniques in a rural village. After the week they will have experience organizing events, being peer educators, and speaking to groups about HIV/AIDS. The PCVs then encourage them to start a health club, and introduce them to HIV/AIDS NGOs in Morocco.

Helpful Organizations: OPALS

Timeframe: 1 to 2 Weeks

AIDS Quilt or AIDS Crafts

Supplies: Thread, Cloth, Needles, Sewing Machines (if available), Cookies, Tea, Educational Materials

Available Funding: S.I.D.A. Committee, Local Associations

Description: Work with a cooperative or an association to design an AIDS craft or a patch of a quilt. PCVs working with associations or cooperatives can collaborate to make an AIDS Quilt. Depending on the number of participants, the S.I.D.A. Committee will coordinate the technical aspects of the quilt. Each community would then design and create one to three patches of the quilt. Before the event discuss HIV/AIDS and after the event hold a celebration to discuss what participants learned from the activity.

Helpful Organizations: NGOs

Timeframe: 1 to 2 Months

Counterpart and Community Volunteer Training

Supplies: Transportation, Housing, Meals, Educational Materials

Available Funding: S.I.D.A. Committee, Local NGOs

Description: Take one to four active community members, male and female, to a S.I.D.A. Committee organized weekend conference to discuss the reality of the threat of HIV/AIDS and how to approach the subject in a rural environment. Examples of active community members include the following: the village nurse, representative of the association, representative of the commune, representative of the cooperative, teachers, and politicians.

Helpful Organizations: ASCS, ALCS

Timeframe: Weekend

Volunteer Recruitment Conference

Supplies: Travel

Available Funding: Travel funded by the S.I.D.A. Committee, Conference Costs funded by ALCS, ASCS, OPALS

Description: Work with a national NGO to organize a 50 to 100-person conference in a provincial capitol. Encourage members from PCV's community to attend. Volunteers can send community members to ASCS in Agadir to receive HIV/AIDS volunteer training.

Helpful Organizations: ALCS, OPALS, ASCS

Timeframe: Weekend

Peer Education

Supplies: Transportation to Workshop, Resource Manual, Peer Education Manual

Available Funding: S.I.D.A. Committee

Description: PCVs can attend a S.I.D.A. Committee Peer Education and Project Development Workshop to learn about HIV/AIDS peer educating and then start in their communities. The workshops will be held every six months in four regions of Morocco.

Helpful Organizations: Non-Applicable

Timeframe: 2 to 3 days

Professional Sex Worker Education

Supplies: Educational Materials

Available Funding: Non-Applicable

Description: Work with professional sex workers on AIDS awareness and empowering them to use condoms in market towns or villages.

Helpful Organizations: ALCS

Timeframe: On-going

Volunteer Feedback: This activity can lead to negative repercussions in PCV's village or town. PCV should discuss this activity with counterpart and Program Manager prior to commencing. Also, realize the potential risks of engaging professional sex workers in their environment.

Women's Empowerment and Education

Supplies: Subject to Activity

Available Funding: S.I.D.A. Committee, National Women's Associations Local Chapters

Description: Work on empowering women. Confidence building in women can reduce the spread of HIV because they insist on condom use and fidelity from men.

Suggested Activities: Literacy, Business Skills, Education Encouragement and Tutoring, Aerobics, Yoga

Helpful Organizations: Union de l'Action Féminine

Timeframe: On-going

Murals

Supplies: Paint, Brushes, Buckets

Available Funding: S.I.D.A. Committee

Description: Organize a group to paint HIV/AIDS murals on school walls, association buildings, or on the side of a café.

Helpful Organizations: Local Associations

Timeframe: 2 weeks

Volunteer Feedback: Be sure to get permission before starting this project.

CD-Rom Question and Response, Movie, and Cassette Education

Supplies: Hardware, CDs, Educational Material

Available Funding: S.I.D.A. Committee

Description: Using educational material like videos and cassettes in schools, community centers, cafes, and associations is a way to side step language difficulties. PCVs play a half-hour long cassette or an hour long video and handout brochures. If volunteers have computers available in their sites they can use a Question and Response Game to educate students on HIV/AIDS and Computer usage.

Helpful Organizations: Cassettes available through ALCS, and Videos through OPALS

Timeframe: 1 day

New Project Idea Template

Name:

Supplies:

Available Funding:

Description:

Suggested Activities:

Helpful Organizations:

Direct and Indirect Benefits:

Sector Assistance:

Timeframe:

Approval:

Volunteer Feedback:

Explore This Subject Further:

Past Project Stories

Bringing in Outside Presenters

On Wednesday, November 28, the Fes chapter of the Association de Lute Contra le SIDA agreed to do a SIDA presentation for the youth at my Dar Chebab. Twelve young people between the ages of 12 and 24 attended the presentation given by four members of the ALCS. Utilizing the SIDA toolkit I received from the SIDA Committee, the youth made their own SIDA ribbons and put up posters throughout the Dar Chebab, and also took the pre- and post-test included in the basics package. The youth were attentive and interactive, asking and answering the presenter's questions, demonstrating the knowledge they already knew and had newly acquired.

The ALCS presentation was an hour long, and after they left another group of youth arrived. Since the youth that arrived were my advanced group, I was able to do the SIDA Committee PowerPoint presentation in English, first explaining all the words they did not understand. Then I showed them the Arabic PowerPoint to clarify anything lost in translation. Overall 17 youth learned the SIDA basics.

Amoy Barnes
Youth Development 2012-2014
Fez

Large-Scale Testing and Education

Over the course of two days, we offered free HIV/AIDS testing to 180 Ouezzanians with the help of a SIDA Association from Tangier who brought their testing caravan down to Ouezzane. Working with the Association for Diabetes in town, we were able to offer free blood pressure testing and blood sugar testing to 130 residents as well. With the help of a local doctor in town, we provided an educational discussion about SIDA in a classroom at the Dar Chebab as well as an open mic question and answer discussion in the middle of town that reached an estimated 80 people. We also worked with an association in town that provided paint for a small painting the first day, and a huge outdoor canvas mural in the center of town the second day. With the help of over 40 children and families in town, we were able to paint a World AIDS Day mural in five different languages (Arabic, English, Spanish, French, and German).

All of my Moroccan counterparts, and four other PCVs, were a huge help in making this event possible—I never would have had the language skills to do this on my own. It goes to show that working together on a project like this really does make all the difference.

Libby Weiler

Youth Development 2012-2014

Ouezzane (Tangier Province)

Every Little Bit Counts: Small-Scale Education

I organized a small AIDS Awareness Workshop and 10 girls showed up. We made red ribbons, played a game concerning the truths and myths of HIV, had a discussion about what we learned, and then drew posters of what HIV means to us and what we can do to spread the word. Some lessons learned were that the HIV infection rate in Morocco was much higher than the girls had expected, and that HIV cannot be contracted through sharing toothbrushes--this was something the girls had heard in a TV news broadcast and, while infection might technically be possible in this way in the rarest of cases, it is way less likely than the girls had believed.

Eve Brecker

Youth Development 2012-2014

Figuig

Thinking Outside the Project Box: Bike-4-SIDA

In early November three health volunteers from the Errachidia Province began a 300-kilometer bike ride from Errachidia to Ouarzazate city in order to educate men, women and children about HIV/AIDS. We relied on Peace Corps Volunteers between the two cities for lodging and venues to do basic education and several activities. In nine days, our stops included Errachidia, Goulmima, Tinjdad, Tingrir, Boumalane-Dades, Azlag, Kelaa Mgouna, Aït Gamat, Skoura and Ouarzazate. Relying on resources and activities provided by the SIDA Committee, we were able to educate over 200 men, women and children about HIV/AIDS in Women's Neddiss, Dar Chebabs and Dar Talibas in both regions. We modified the content and activities of each session accordingly, such as educating illiterate women with mostly pictures, conducting pre- and post-tests in Dar Chebabs and teaching a content-based lesson to advanced English students.

Our trip could not have been possible without the indispensable support and generosity of host country nationals – members of associations, Dar Chebabs, and doctors – as well as the

many Peace Corps volunteers involved. Overall, BIKE-4-SIDA was extremely rewarding, challenging (physically, mentally, and at times linguistically), and inspiring. At the end of the day, it was all of the wonderful people we met and spoke with along the way, the enthusiastic high-fives from children on the road, the excellent probing questions we received from Moroccans during discussions, the immense hospitality of our hosts, and the beauty of the scenery that can only be appreciated from the unique vantage point of a cyclist that made the hundreds of kilometers and dozens upon dozens of hours of biking all worth it. The project could be repeated in a variety of ways from short bike treks to health hikes or marathons. It would be beneficial to the sustainability of the project to include as many host country nationals as possible. Having trained counterparts conduct sessions would promote peer education and in our experience, contribute to a greater discussion about HIV/AIDS in Morocco.

Amanda Deen, Ryan Scheidt, and Lyndsey Knauf
Health Education 2011-2013
Errachidia Province

Sample SIDA Project Information Sheet

The SIDA Committee would like to track all HIV/AIDS related projects. Please fill out this form whenever you do an HIV/AIDS related activity so that future volunteers can benefit from the efforts of past volunteers. This form is not necessary if you are requesting VAST funding (you have already filled out enough forms).

PCV Information			
Name	Alyson Rose-Wood (and Alicia Judkins, Ait Bou)		
Sector	Health and Sanitation	COS date (m / yr)	June 2006
Site (Town / Province)	Tilloguite, Azilal		
Phone #	-	E-mail Address	-

Project Description	
Project, Activity (information booth, tea talk, English lesson, etc.):	
Tea talk (held at Alyson's house)	
Local Partners (NGOs, community members, groups, organizations):	
Female nurse from sbitar	
Goals and Objectives: Educate women on SIDA, as well as the whole idea of STDs.	
Description of Activities: We laid AIDS fliers out for the women to look at as we made tea. We then had an "American tea" of brownies, veggies and dip, cinnamon rolls, and dyed eggs. After the tea, Ali and I led an open discussion of AIDS, STDs, family planning, breastfeeding, and at-home remedies. We gave each woman a goodie bag containing toothpaste, AIDS information, and soap. The female nurse was able to add onto our lecture and make sure the women understood everything.	
Number of Participants, Age Range, Gender(s)	17 women and girls (ages 16-51), this included three pregnant women
Potential Indirect Beneficiaries	Family women of the member (especially families), and women of the neighbourhood
Budget / Materials Used: 100 DH on food and tea and 20Dh on toothpaste; pamphlets provided by the SIDA committee; we used Alyson's private copy of "Where there is No Doctor" to pass around.	
What Worked: organization of the event was good, and the female nurse came; this was a good group because they all knew each other and were vocal; having another volunteer to help with lessons and baking; introducing the women to the idea of veggies and dip.	

If you need more room, please attach additional pages, or use the back of this page.

Sample SIDA Project Information Sheet

The SIDA Committee would like to track all HIV/AIDS related projects. Please fill out this form whenever you do an HIV/AIDS related activity so that future volunteers can benefit from the efforts of past volunteers. This form is not necessary if you are requesting VAST funding (you have already filled out enough forms).

PCV Information			
Name	Megan Hogan		
Sector	YD	COS date (m / yr)	December 2006
Site (Town / Province)	Sidi Allal Bahraoui		
Phone #	-	E-mail Address	-

Project Description	
Project, Activity (information booth, tea talk, English lesson, etc.): Informational session at the dar chebab, December 17, 2005	
Local Partners (NGOs, community members, groups, organizations): Dar chebab and a local doctor	
Goals and Objectives: To discuss the causes of SIDA and preventions. Give the youth an opportunity to ask Questions and educate themselves.	
•	
Description of Activities: The youth (female and male) watched a film about SIDA. Then the local doctor provided a presentation that concluded with a question/answer session.	
Number of Participants, Age Range, Gender(s)	40 boys (15-24), 10 boys (under 15), 60 girls (15-24), 20 girls (under 15)
Potential Indirect Beneficiaries	
Budget / Materials Used: No budget; 4 posters provided by Peace Corps, 100-150 brochures, DVD (provided by dar chebab), 120 ribbons (provided by Peace Corps)	
What Worked: I was surprised at how many questions the youth had. They were willing to talk with the doctor and ask questions about SIDA.	
What Didn't Work: I would like future SIDA activities to be more interactive. They were sitting for a long period of time and became restless.	

If you need more room, please attach additional pages, or use the back of this page.

Sample English Lessons

Agree/Disagree Activity (All Levels)

Objectives: Learn about how to use definite and indefinite amounts. Learn about the dangers, some statistics, and how to prevent the infections of HIV and AIDS.

Target Group: High School age English classes

Group Size: 10 - 40

Time: 40 minutes

Materials: Blackboard, chalk, and four signs written with the words ‘agree,’ ‘strongly agree,’ ‘disagree,’ and ‘strongly disagree.’

Directions: Teach the vocabulary of definite and indefinite quantities. Use simple examples (not SIDA statements) to convey the meanings of the words.

Once students are familiar with the terms, introduce the topic of AIDS and HIV. They should understand that HIV / AIDS is a dangerous disease. If possible, discuss the modes of transmission.

Post one sign at each corner of the room. As you read each of the AIDS statements below, have people move to the corner of the room they agree with the most. Make sure they understand each statement and try to conduct a brief discussion after each statement (see parenthesis after each statement for pointers on leading a discussion).

Lesson Vocabulary:

- AIDS & HIV
- Prevention, infection, disease, transmission
- agree, disagree, strongly agree, strongly disagree

Definite Quantifiers are used for amounts which are countable to a definite number. Examples include: all of, a half of, a third, a quarter, twice, each, every, no, both, the majority of, the minority of, etc

Some examples, using the countable nouns “people” and “countries.”

Half	‘a half of all people’ ‘a half of the people’	‘a half of all countries’ ‘a half of the countries’
Quarter	‘a quarter of all people’ ‘a quarter of the people’	‘a quarter of all countries’ ‘a quarter of the countries’
the minority	‘the minority of people’	‘the minority of countries’
the majority	‘the majority of people’	‘the majority of countries’

Indefinite Quantifiers also modify nouns to illustrate an amount, but unlike definite quantifiers, do not by their very nature imply a precise number. Indefinite quantifiers are used with count nouns, non-count nouns, or both. (It would be helpful to have a lesson on this topic before doing this

activity.) Count nouns include “people,” “country,” “disease,” and “friend.” Non-count nouns include “advice,” “water,” and “protection.” (NB: some nouns can be both count and non-, for example “experience,” “light,” and “cake.” It all depends on context.) The quantifiers are often followed by “of.”

Examples of indefinite quantifiers that are used with *count and non-count nouns*:

Some, A lot, No, All, Most, Enough, Lots, Plenty, A lack

Examples of quantifiers used only with count nouns:

Many, A few, Few, Several, A couple, None, Every, A great number

Examples of quantifiers used only with non-count nouns:

Not much, A little, Little, A bit, A good deal, A great deal, Less

Examples, using count nouns “people” and “country,” and non-count noun “water.”

Some	some people	some countries	some water
a lot	a lot of people	a lot of countries	a lot of water
No	No one	no country	no water
Every	everyone	every country	-
a few	a few people	a few countries	-
All	All people	all countries	-
Many	many people	many countries	-
a little	-	-	a little water
Not much	-	-	Not much water

The quantifier “amount” can be large or small. It is used both with count and non-count nouns.

a large amount	a large amount of people	a large amount of water
a small amount	a small amount of people	a small amount of water

NB: You may want to review conjugation for indefinite and definite quantities. For instance, ‘some’, ‘a lot’, ‘a few’, ‘many’, ‘all’ and ‘a little’ use the third person plural conjugation (e.g. Some people have HIV), while ‘no’ and ‘every’ use the third person singular conjugation (e.g. No one has a cure).

This game can also be played without signs, by designating one side of the room or courtyard as “agree” and the other as “disagree,” and then having the students place themselves in between either side at the location they see most appropriate.

Sample AIDS Statements

No one has HIV in Morocco.

(As of 2009, it is estimated that 26,000 people in Morocco have HIV).

Many people in Moroccan cities have AIDS.

(HIV and AIDS are everywhere in Morocco. Everyone must be educated about HIV. Everyone must protect themselves).

The majority of people in South Africa have HIV.

(As of 2007, approximately 5,700,000 people in South Africa are HIV positive).

Everyone should learn about AIDS.

(If people don't talk about HIV/AIDS it will continue to grow and many people in Morocco will become sick).

Few people protect themselves from HIV.

(How do people protect themselves? Be abstinent or be monogamous and always use protection)

Half of the people in America have HIV.

(As of 2009, approximately 0.6% of the people (age 13 and older) in the US have HIV or 1.2 million people).

A quarter of the people in Europe have HIV.

(As of 2010, approximately 2.3 million people in Europe have HIV. Estimated adult HIV prevalence varies from below 0.1% in parts of Central Europe to above 1% in parts of Eastern Europe).

A little medicine will cure AIDS.

(There is medicine, but it only prevents death. There is no cure for AIDS. If you are infected with HIV, you will have it for the rest of your life).

Every country has AIDS.

(All countries *have* HIV).

Everyone should be tested for HIV.

(Who should be tested? People who share razors, who use drugs, who have sex and are not married, or who are married but not faithful).

Some people have sex without condoms.

(See if people are willing to discuss this. Ask how many they think go – the majority, a lot, a few etc).

A lot of people go to prostitutes in Morocco.

(See if people are willing to discuss this. Ask how many they think do – the majority, a lot, a few etc).

All Arabic countries do not have HIV.

(Arab countries have HIV. They have less than other countries, but HIV is growing very fast in Arab countries).

Most of the time you will know if someone has HIV by looking at him or her.

(You cannot know if someone has HIV unless they are tested in a hospital).

Everyone with HIV is sick.

(People with HIV may appear healthy – patients might not show any visible symptoms for many years).

A few countries have a lot of HIV infections because they are not religious/civilized.

(Morocco will have a large amount of HIV if people do not protect themselves).

A large amount of countries don't know how many people have HIV.

(Many countries don't measure how many people have HIV).

A small amount of prevention could save your life

(Protecting yourself is easy. Dying slowly from AIDS is difficult. Around 3 million people die from AIDS around the world every year).

No countries are safe from HIV/AIDS!

Illnesses Activity (Beginner to Intermediate Level)

Objectives: To learn basic necessary vocabulary and inform students about the symptoms and preventative measures of various diseases.

Target Group: Younger high school students typically, although all can benefit.

Group Size: 5 or more participants

Materials: Attached worksheets

Necessary Vocabulary:

Illnesses: The flu, a cold, strep throat, diarrhea, Cancer, HIV (Human Immunodeficiency Virus), AIDS (Auto Immune Deficiency Virus), Malaria, Tuberculosis, Heart Disease, Obesity, Diabetes

Symptoms (I have...): A sore throat, a cough, a fever, a headache, cramps, a stomach ache/stomach pains, the chills, diarrhea, etc

Prevention: Drink clean water, drink plenty of water, wash your hands, eat healthy food, eat a well balanced diet, exercise regularly, protect yourself, don't have sex before marriage, don't have sex outside of marriage, use a condom, don't share razors or needles

Other: to diagnose, to describe (your symptoms), curable/incurable disease, a cure (or, to cure), contagious, dangerous, harmful, preventative

Directions: Present the illness vocabulary above to students. Ask students what the symptoms of the diseases are (elicit symptom vocabulary). If students are at the beginner level, you can act out the symptoms and then give them the vocab. Once illness and symptom vocabulary are established, elicit different methods of prevention for the various illnesses. If students are beginners, have them pantomime or speak in Darija first, then give them the English words.

Activity #1:

Students act out a scene of a doctor and his/her patient. Have students describe his/her symptoms and act them out, and have the doctor then diagnose the illness and describe how the patient could have prevented the illness. Or, have the doctor diagnose the illness and then elicit from the class preventative measures the patient could have taken.

Activity # 2:

Students complete illnesses worksheet (attached). If students are beginners, you might want to complete the worksheet as a class.

Activity # 3:

Students divide into teams and compete to complete the illnesses word scramble (attached).

Illnesses and Disease Worksheet

Instructions: Fill in the blanks with the appropriate answer.

1. If you have tuberculosis, you usually have a bad _____.
2. Two ways to protect yourself from HIV/AIDS are to _____ or to _____.
3. A good way to prevent a cold is to _____.
4. I am very hot but I have the chills. I feel like I have a _____.
5. If you don't exercise regularly and eat healthy food, later in life you could get _____.
6. You can contract _____ from mosquitoes in some countries.
7. HIV stands for _____
_____.
8. AIDS stands for _____
_____.
9. You can prevent diarrhea by _____ and _____.
10. Some symptoms of the flu are _____,
_____ and _____.

Illnesses Word Scramble

1. LODC
2. ZSROAR
3. CXESEERI
4. HOCUG
5. YLAEHHT
6. CEDHAAHE
7. CLIHSL
8. REACCN
9. TNPERNVIOE
10. AAIMLRA

Illnesses and Diseases Worksheet Answer Key:

1. cough
2. wait to have sex until marriage or use a condom
3. wash your hands
4. a fever
5. heart disease
6. malaria
7. Human Immunodeficiency Virus
8. Auto Immune system Deficiency Syndrome
9. washing your hands and drinking clean water
10. a fever, a stomach-ache, the chills

Word Scramble Answer Key:

1. cold
2. razors
3. exercise
4. cough
5. healthy
6. headache
7. chills
8. cancer
9. prevention
10. malaria

SECTION THREE: RESOURCES AND FORMS

Resources Available for HIV/AIDS Related Projects

sidacommittee@gmail.com - The email to request AIDS related information and support such as toolkits, cyber sheets, phone numbers, contact information, etc.

Life Skills Manual - AIDS Specific training materials. Covers different situations and scenarios pertinent to AIDS awareness and education. An excellent resource for volunteers concerned about how to plan a culturally appropriate SIDA event. *Revised 2008 edition available by request from the library.*

Books - Available by request from the library. Additionally, consult the ICE Catalogue for SIDA Related materials.

Brochures and Posters - Available by request from the library of from your SIDA Committee representative.

OPALS & ALCS Videos - Wonderful and informative visual resources from Moroccan NGOs. Available by request from the library.

Arabic PowerPoint - Great training of trainers or adult education tool. Available by request from your SIDA Committee representative.

Cyber Sheet - List of Moroccan and World-Wide AIDS organizations, including updated information, current projects, and where to receive testing and treatment. Good for PCVs knowledge and excellent to post in local internet cafes. Available by request from your SIDA Committee representative.

Health Hike Manual - A comprehensive guide to preparing for and performing a Health Hike. Available by request from your SIDA Committee representative.

Pre-Project Survey - Available by request from your SIDA Committee representative.

SIDA Project Completion Form - Very Important!!!! Whenever a project is completed the PCV must fill out this form and send it to his/her program manager. This form needs to be filled in completely and must follow the detailed instructions. Available by request from your SIDA Committee representative.

UNAIDS Monitoring and Evaluation Directives - A decisive guide to Monitoring and Evaluation put together by UNAIDS. Available by request from your SIDA Committee representative.

Medical Waste Incinerator CD - A CD detailing how to start a medical waste disposal system. Available by request from your SIDA Committee representative.

Life Skills Manual

The Life Skills manual is a comprehensive resource for developing skills necessary for leading a successful life, such as communication, decision-making, and how to form healthy relationships. It addresses development of the whole person, including empowering girls and guiding boys toward positive values. It also includes several interactive activity ideas that provide factual information on SIDA and other STDs. Interactive approaches to engaging participants include: role play, games, group discussion, and many other teaching techniques from around the world.

There are numerous educational activities in this manual for all age groups, including younger children and adults. A large portion of the manual is dedicated to outlining SIDA awareness education activities and instruction. There are also numerous games in the manual that help facilitate an understanding of SIDA biology, social factors that contribute to the spread of STDs, and STD modes of transmission and prevention methods.

The Life Skills manual is an invaluable resource available to all Peace Corps volunteers upon request. The manual is available in English, French, and Arabic; electronic versions on CD are also available. The Arabic translation was provided by a member of the Peace Corps Morocco staff, and has significantly increased volunteers' ability to transfer skills and knowledge to Moroccan counterparts looking for leading roles in SIDA awareness projects and activities. The Life Skills manual in Arabic is the only guide of its kind currently translated in Arabic.

SIDA Vocabulary in French, Darija, Tashelheet and Tamazight

The following is the best attempt of the S.I.D.A. Committee to present a list of the most relevant HIV/AIDS related vocabulary, translated into French, Arabic, Tashelheet and Tamazight.

The reader may notice that not all words are translated into all languages. We tried to translate all words into French, at the minimum, but for Tashelheet and Tamazight, and to a certain extent Arabic as well, some words simply do not exist. In this case the French word can often be substituted, but in the odd case where the French is not understood, the word may represent a relatively new concept and may need to be explained by a sentence or two. The French or the Arabic word may also need to be used if the Tashelheet or Tamazight word included here is not understood by local people. There is much local variation in these languages, and therefore sometimes no universally understood term for a given word.

Please be aware that many of the words on this list cover topics which require a high degree of cultural sensitivity. There are some words which are considered rude in any context, and should only be used among trusted friends, if at all; we tried to label these words with the symbol (H), “H” being short for “Hshuma.” Other words are not in and of themselves inappropriate, yet represent ideas which may be inappropriate to discuss in certain situations, such as around elders or in mixed gender settings. The reader is advised to use caution and consult trusted Moroccan friends beforehand, if trying to address topics of a sexual nature with Moroccans. Remember that given the sexual nature of SIDA, almost any word could be considered “Hshuma” depending on what you are referring to and who you are addressing.

There are several sounds in Arabic, Tashelheet and Tamazight which simply do not exist in English. The following is a list of these sounds, written in the Arabic alphabet, and the Latin or Arabic symbol which we used to represent these sounds. If an “s” sound was ever followed by an “h” sound, it was represented by “s’h” to distinguish it from the “sh” sound. Double consonants are used to signify a stressed sound, and should signal the speaker to put extra emphasis on that consonant.

Arabic Letter	Symbol Used	Arabic Letter	Symbol Used
ص	S	ش	Sh
ض	D	ق	Q
ط	T	ج	J
خ	X	ع	ع
ح	H	غ	غ

English	French	Arabic	Tashelheet	Tamazight
abstain, to	s'abstiner	tfada	Tfada	Kk tasga i kan IHajt (Avoid something)
advice	le conseil	naSiHa	nnaSiHa	nnaSiHa
afraid, to be	avoir peur de	xaf (mn)	xsud gees (to be afraid of it)	g ^w d
AIDS	SIDA	siDa	siDa (SIDA)	sidda
alone	seul(e)	boHdi	waHedi (I am alone)	iwadono (myself), xs nk/shi/nta/ntat (just me/you/him/her)
anal sex	penetration anal	Ljima3 mn ddubur	sker tiroġ din (to do behind)	tuqqut n uxna (H) / tuqqut n dart
anonymous	anonyme	mjhu l-ism	uritwassan	urityussan
anonymous clinic	la clinique anonyme	Sbitar bla smiya	sbitar bla ism	Iklinik bla ismn (clinic without name)
antibiotics	antibiotique	Lmudaddat IHayawya	dwa lli inqan Imikrobat	dwa nna inqan Imikrobat (medicine which kills microbes)
at risk	les plus risqué(e)s	f xaTar	g lxatar	g illa lxatar
avoid, to	eviter	tjn nb	Tfada	k trf (kiġ trf - I avoid)
baby / babies	le bébé / les bébés	sabi / sbyan	tazan / tazaneen	taslamya / mummu
barber	le coiffeur	Hllaq	aHllaq	aHssan
bleach	l'eau de Javel	javil	Javil	javil
body fluids	les liquides	sawa'il jismiya	Aman lli illan gh ddat	Aman nna illa g ddat
blood	le sang	ddm	Idamen	idamn
blood transfusion	transfusion du sang	Tabrru3 b ddam	Tabrru3 s idamn	tuki n idamn
boyfriend	le petit ami	saHabi (my b.f.)	Amdokal	amdokal
breast feed, to	allaiter	raDaġa	Somum	oDoD
breast milk	le lait du sein	l-Hlib dyal l-bzula	lHlib n if	lHlib n tamTot
brothel	le bordel	dar dyal patrona	Lbordil/sectur	Lbordil/sectur
cancer	le cancer	saraTan	kunSir	kunsir
child / children	l'enfant / les enfants	Tifl / aTfal	aHshmi / laHshum	Arba (boy), tarbat (girl) / lqum (boys/children)
chlamydia	le chlamydia	klamidiya	klamidiya	klamidiya
chronic	chronique	muzmin/a	ishqan	Ishqan
circumcision	la circoncision	Lxtana/lislam	Lxtana/lislam	Lxtana/lislam
circumcise	circoncire	xtn	xtn	Xtn/qrsh
client of commercial sex	les clients des prostituées	Kliyan dyal l3ahirat	Lklyan n tmgganin	Irgzn nna itddun s ghur tmgganin(men)

worker				who go to prostitutes)
clinic	la clinique	linik (dyal flus)	llinik	Llinik/sbitar niqaridn
commercial sex	le commerce du sex	lfsad	lfsad	lfsad
commercial sex worker	les prostituées	lqHab	timgganin	timgganin
community	la communauté	douar (village)	douar (village, neighborhood), miden (people)	Taqbilt/adwar
condom	le préservatif	proteks, kaput	proteks, jlda	proteks, kaput,preservative
confidential	confidentiel(le)	sirri/ya	srr	srr
contaminated	contaminé	Mussx (dirty)	iwssx	iwsxn (dirty)
contract	le contrat	. ځaqD	Lkuntra	lkuntra
cough, to	tousser	kHH, kHb	Toosut	takuHHit
counseling	les conseils	irshad	Nnasa`iH	Nnasa`iH
counsel, to	conseiller	rshd	nseH	nseH
counselor	conseiller/ère	murshid	Bul3aqI	Wanna itnsaHn
cure	le guer	. ځilaj/shifa	Shshifa	Tujuyt/shifa
cure, to	guerir	dawa (kay-dawi)	jee, dawa	Jji,dawa
daily social contact	contact social quotidien	l-liqa'at l-yawmiya	Immaggarn kraygat as	Anjmu3 n kuyas
damage, to	endommager	hdm, xrrb, xsr	sxsr	sxsr
danger	le danger	xaTar	laxaTar	lxaTar
dangerous	dangereux / dangereuse	xaTir/a	xaTir	illa digs lxaTar
date, to	la relation	L3alaqa/lmsaHba	dokel d, tiddukla	l3alaqa,tiddukla
dental treatment	detartrage	muځalajat l s-snan	l3ilaj n uxsan	dwa itugan i toځomas
diagnose, to	diagnostiquer	tashxis	ttshxis	Tashxis nudbib
diarrhea	la diarrhée	Lkrsha/srisra	aHlig (stomach)	Tadist,asarit
discharge	le pus, les lochorees	lgiH/lma l xamj	lgiH/aman ixmjn lli d itfhn gh tmghart ulla argaz	lgiH/aman ixmjn d itfĕn g tamTot nĕd aryaz
disease	la maladie	lmrD (pl. l'amraD)	lmrD, Hrsh	iĕnsha,lmrD,tamuDint
doctor m/f	le docteur, le médecine	Tbib/doktur	aTbib/taTbibt	aTbib / taTbibt
drug	la drogue	muxddir (pl. muxddirat)	muxddir (pl. muxddirat)	muxddir (pl. muxddirat)
dry cough	la toux seche	kHba nashfa	tusut izwan	tusut iqorn/izwan

ear piercing	se faire percer les oreilles	tqab l-wdnin	agbbu n umzugh	Anqab n umzuġ
ejaculation	le éjaculer	lqadf	lqadf	rras/lqadf
ejaculate, to	éjaculer	Qddf lmaniy	Qdf s lmaniy	Awid rras,qdf s lmaniy
erection	l'eriction	tqyim	Asnkr/qyyim	Asnkr/aqyyim
evaluation	la évaluation	taHlil	taHlil	taHlil
faithful	confident	Muxlis	muxlis	muxlis
family	le famille	. ɣa'ila	lfameela, lɣeela	lfamila, l3a'ila
farmers	les farmers	fllaH (pl. fllaHa)	ifllaHen	ifllaHn
fetus	le foetus	Janin	mummu	L3il/mummu
fever	la fièvre	sxana	sxana	Tawla
fidelity	fidélité	ixlas	lwafa'a, addur txunt	ur daytxon / dat'txon (he / she doesn't betray)
fishermen	les pêcheurs	Siyada	isyaden	isyaden
foreskin	prépuce	Jlda dyal lxtana	llm n lxtana	tabDant nuqrash
friend m/f	l'ami / l'amie	saHb/sadiq	asmoon/tasemoont, amdakl/tamdaklt	asmoon/ amdakl (male friend), tasemoont, /tamdaklt (female friend)
gay	gay	Zzaml/ppidi	Zzaml/ppidi	Zzaml/ppidi
gay, female	lesbienne	Ssihaq/ssuHqya	tafruxt lli ittirin tafruxt	Tarbat nna ittirin tarbat yadnin
gay, male	le gay	lliwat	lliwat	Lliwat/tizzumla
girlfriend	la petite amie	sadiqa	tamdokalt	Tamdukalt/tasmunt
glands	les glandes	lawzatayn	lawzatayn	talHruzin
goal	le but	hadaf (pl. ahdaf)	lhadaf	lhadaf
gonorrhoea	la gonocoxie	la gonocoxie	la gonocoxie	la gonocoxie
health	la santé	s-Ha	s-Ha	saHt
health center	centre de santé	sbitar	sbitar	sbitar, klinik
health worker	le travailleur de la santé	. ɣamil f l-maydan dyal SS'Ha	eexdem n s-Ha	Winna ixdmn g ssaHt
healthy	fait une bonne santé	S'HiH/a	isHan	is'Han
herpes	l'herpès	l'herpès	l'herpès	l'herpès
high risk group	le groupe de gros risque	mjmuɣa xaɥar	Mind n lifsed	Mddn n lifsad
HIV	VIH	SIDA	SIDA	SIDA
HIV negative	VIH negatife	Ma3ndush SIDA	Urgis SIDA	Urdigs SIDA
HIV positive	VIH positife	3ndu SIDA	gis SIDA	Digs SIDA

homosexual, female	lesbienne	ssihag	tafruxt lli tsker tifrixan (girl who has sex with girls)	tarbat iran tishiratin (girl who like girls)
homosexual, male	homosexual, mal	lliwat , zaml	afrox lli eesker ifruxan (boy who has sex with boys)	l'il iran ishiran (boy who likes boys)
hospital	l'hôpital	sbitar	sbitar	Sbitar
housewife	la bonne	rabbat bayt; mra ma-kat-xdmsh	Tamghart n tgmmi	tamTot n taddart
hug, to	serrer dans les bras	ġnneg	ʒnneg	ʒnneg
immune system	systeme d'immunisation	Ljihaz lmanaʒati	Ljihaz n lmanaʒa	Ljihaz n lmanaʒa
immunity	l'immunité	manaġa	manaġa	manaġa
immunize, to	immuniser	dar jlba (pres. kay-dir j-jlba)	g jlba	Utt tismi
implementation	l'implementation	t'Tbiq	tnfid	Tnfid
important	important / importante	muhim/a	muhim	Mohim
incubation period	l'incubation	mudda fash ma-kat-bansh l-aġraD	Lmudda llighuratbayant laʒraD	luqt nna g urtbayant laʒraD
incurable	incurable	ma-kay-brash	uraytddawa	ur daytjji
infect, to	infecter	. ġada (pres. kay-ġadi)	Ar itʒada	slġ
infected	infecté(es)	mriD/a	imriD	digs lmrD,imrD
infection	l'infection	iSaba	iSaba	iSaba
inflammation	l'inflammation	lHriq	tirghi	lHrr, lHriq
inject, to	injecter	dgg	ffi	Utt,ffi
IV drug	intravenous drogue	muxddirat lli kay-dir b shuka	Lmuxddirat s tasmi	Lmuxddirat s tismi
kiss, to	embrasser	bas (present tense: kay-bus)	Soodem/boos	Sudm
kiss	le baiser	l-busa	lbusa	Asudm/lbusa
laborers	les travailleurs manuel	lxddama	ixddamen	ixddamn
law	la loi	lqanun	lqanun	lqanun
leaflet	la brochure	brushur	brushur	brushur
loyal	fidèle	wafi	Wafi	lwfan
madame	la patronne	Ssayida	Lalla	lalla
manager	le gérant	musiyir	mudir	lmodir, lmusiyir
marry, to	marier	tzuwj	taHel	Awl
medicine	le médicament	dwa	dwa	Dwa

men who have sex with men	hommes qui ont le sexe avec les hommes	Rjal Iliia kayn3su m3a rjal	afrox Ili eesker ifruxan (boy who has sex with boys)	ishiran nna daytjma3n d ishiran (boys who do boys)
menstruation	la menstruation	l-ɣada sh-shahriya	luqt n idamen (time of blood)	idamn /IHq n sh-hr
midwife	la sage femme	Sage femme	lqabla	tamTot nna isiriwn tiwtmin (women who makes women give birth)
mutual	mutuel(le)	mtbadl/a	lga mutabadal	lga mutabadal
necessary	nécessaire	Daruri/ya	Daruri	Labda
needle	la aiguille	bra, shuka	tismi	Tisgnit/tismi
night sweats	la sueure nocturne	l-ɣrg b lil	lɣrg dyeeD	tidi n ggid
no cure	sans du guer	ma-kayn-sh sh-shifa; had l-mrD ma-kay-tɣjsh; had l-mrD ma-kay-tshafash	urilla shifa	ur daytjji
nurse m,f / nurses m,f	infirmier(es)	Frmlil/frmlia	afermli, tafermlit / ifermliyin, tifermliyin	afrmali, tafrmali / ifermliyin, tifermliyin
open sore	la plaie	Hbuba mftuHa	Hboob (sore, bump)	taHbobt yunfn g obDan
opportunistic diseases	les maladies oppurtunistic	lamraD Ili katstaghil fursa	lamraD Ili istaghllan lfursa	lmrrd nna istaɣlan lforsa n
oral sex	le sexe oral	Ljima3 f lfmm/ lmSSaSSa	lmSSaSSa	lmSSaSSa
orphan / orphans	l'orphelin / les orphelins	itim / itama	lgigl/igigiln	awujil /iwujiln
pamphlet	la brochure	brushur	brushur	brushur
partner (sexual)	l'associé(e) sexuel(le)	sharik/a	Walli/talli tggant	Wnna/tnna tggant
patient	le / la patient(e)	waHd l-mrid/a	AmaDDun	onna yaɣkraa, amuTin
penetrate, to	penetrer	dxl	kshem (to enter)	Kjm
penis	le pénis	Lqlm/dkr	Lqlm/dkr	tkr, ablu (H)
pimp	le souteneur	Qwad/a	patron/a	Aqwad/taqwat
planning	la préparation	txTit	t-txTit	Lblan
pneumonia	la pneumonie	salma	Tusut ishqan	idis, tusut ixan
policy / policies	la politique / les poliques	qanun / qawanin	lqanun	Lbrnamaj
poster / posters	l'affiche / les affiches	tSwira / tSawr	tswira	tSwira txatart / tSawr tixatarin
post-test	apres les	mn bɣd taHalil	bɣd ttaHalil	bɣd tHlilat

	analyses			
precaution / precautions	la précaution / les précautions	HtiyaT, HtiyaTat	HtiyatTat	Awi nitnan
pregnancy	la grossesse	l-Hml	tarwa	Tarwa
pregnant	enseinte	Hamla	Ar taru	Dattaru
pretest	avant les analyses	taHalil mn qbl	qbl t-taHalil	Qbl tHlilat
prevent, to	empêcher	mnġ	Mn3	Mn3
prevention	l'empêchement	wiqaya	lwiqaya	Awi nitnan/lwiqaya
prisoner / prisoners	le prisonnier / les prisonniers	Hbbas / Hbbasa	aHbbas / iHbbasn	aHbbas / iHbbasn
program / programs	le programme / les programmes	brnamaj / baramij	lbrnamj	Lbrnamaj
promiscuity	le trahaison	taġadud shuraka' l-jinsiyin	Ggutn willa d tggant/lxyana	3tan imddukal/Lxiyana
prostitute	la prostituée	L3ahira/lqHba	lqHba/tamggant	shixa / lqHba/tamggant
protect (oneself), to	se protéger	Hafd ġla rask	Hmee	Hddo ixfn
public education	l'instruction publique	trbiya ġumumiya	ttġlim lġumumi, ttġlim n lmxzen	ttġlim lġumumi, ttġlim n lmxzen
quarantine	isolation	. ġuzla	L3uzla	astuy n taguni (separate sleeping)
razor	le rasoir	zizwar	Razwar	zizwar
research	la recherche	baHt	lbHt	lbHt
respect	le respect	Htarm (present tense: kan-Htarm)	lxaTr	l'eHtiram
result	resultat	natija (pl. nata'ij)	Natija	natija
risk	le risque	l-xatar (pl. l-axtar)	laxaTar	lxatar
risk behavior	la conduite á risque	tasarruf fih l-xaTar	Kra gh illa lxatar	Kra nna g illa lxatar
safe	par précaution	m'min/a	L`aman	slamt
saliva	la salive	dfal	iltman	tilfaz
semen	Le spermicide	Lmaniy	Lmaniy	lmaniy
seriousness, of	sérieux/sérieuse	jiddi/ya	n lm3qul	Lm3qul
sex	les rapports sexuels	l-jins	ljins	ljins, tuqqut
sex industry	le commerce du sex	tijarat l-jins	Lfsad	lfsad
Sexual intercourse	les rapports sexuels	mumarasa jinsiya	Ljima3/ljins	Ljins/ljima3/tuqqut

sexual partner	Partenaire sexual	Sharik f ljins	Walli/talli tggant gh lfrash	Wnna/tnna tggant g lfrash
sexual relations	les rapports sexuels	. ɛalaqa jinsiya	lɛalaqat ljinsiya	lɛalaqat ljinsiya
shake hands, to	saluer par les mains	sllm b yddik	selem s afoos	sllm s ufus
share, to	partager	tqasm		Shur
shave, to	se raser	Hssn	Hssen, kess (to take off)	Hssn
sickness	la maladie	lmrD	tamaDont	Lmrrd/tamaDont
single (not married)	célibataire	ʒzri	Aʒzriy	Afddam
situation	la situation	Hala	lHalt	lHalt
sneeze, to	éternuer	. ɛTs	tootiyi tinzi (I sneezed), tootk tinzi (You sneezed)	wt tiynzi
spermicide	le spermicide	lmaniy	lmaniy	lmaniy
spread, to	diceminer	ntashr	nshur	tntashr g
stages of illness	les étapes de la maladie	maraHil	lmarraHl n lmrD	lmarraHil n lmrD
sterilized	sterilisé	muɛaqam/a	inqqi	lzdig/inqa
STI	IST	L`amraD lmutanqila jinsiyan	L`amraD lmutanqila jinsiyan	L`amraD nna itmattayn s ljins
sticker	autocollant	mulSaqat	lmutsaqat	Lsqqa
survey	le sondage	stimara	lbHt	lbHt
susceptible to disease	susceptible de la maladie	Sahl l lmrD	lshl l lmrD	iwHn i lmrdd
sweat	la sueur	lɛrg	lɛrg	Tidi
swollen glands	glandes gonflées	l-Hlaqm	abzaag n lHlaqm	iqujan
symptoms	les symptômes	aɛraD	maneek asteissint lmrD (How the sickness is), maneek asitbayan lmrD (How the sickness appears)	Timitar
syphilis	syphilis	syphilis	syphilis	syphilis
syringe	la seringue	Hqna	tisgnit	Tisgnit/tismi
target group	groupe cible	mjmuxa l-mustahdafa	lmjmuɛa lli itustahdafn	lmjmuɛa nna itustahdafn
tattoo, to	tatouer	l-wsham	lwsham	ayzzay
tears	les larmes	dmuɛ	Dmuɜ	imTawn
television	la télévision	Tlfaza	tlfaza	tlfaza

test, to	analyser	dar taHalil (present tense: kay-dir taHalil)	g taHalil	jrrb,skr taHalil
testing center	centre de l'analysme	mrkz taHalil Tbbiya	laboratoire, lmrkez n ttaHalin	laboratoire, lmrkez n ttaHalin
threat	le menace	Thdid	laxaTar/lxatar	Tahdid/lxatar
threaten, to	menacer	hdded	siksaD	siwd
transmission	la transmission	intiqał	lɛ dwa	asloġ
transmit, to	transmettre	Nql	.ɛada, ɛdu	ɜada
tribal people	les personnes tribales	Nnas dyał lqbila	miden n taqbilt	md'dn n tqbilt
trust	la confiance	Tiqa	tiqa	tiqa
trust, to	Faire la confiance	Taq (f)	g tiqa gh	amn
tuberculosis	la tuberculose	mrD dyał rriya; sul	ssul lmrD n turin	lmrrd n turin
ulcers (of the skin)		Hbba (pl. Hbub)	lHboob	tiHbobin
unborn	à venir	mazal ma-twldsh	Urta ilula	Urta ilula
unhealthy	malsain	ma-S'HiHsh	Ur igi siHHi	ur isHi
uninfected	non infecté	ma-mriDsh	Ur imriD	Ur imriD
universal	universel(le)	ɛammatan	gh dunit	g dunit
unprotected sex	sexe non protégé	Ljimaɜ bla wiqaya	bla proteks (without a condom)	bla protek, bla priservative
unsterilized	non stérilisé	ma-muɛaqamsh	Ur inqqi	iwsxn (dirty)
useful	utile	kay-nfɛ	iɛdl	isɛawn
vaccine	le vaccin	jlba	jlba	tismi/ jlba
Vagina	le vagin	lfrj	lfrj	lfrj, abshi
Vaginal Fluid		Lma lli kayxrxj mn lfrj	Aman lli d itffughn sgh lfrj	Aman nna d itfghn g lfrj
vaginal sex	sexe vaginal	jins ɛadi	ljins	Ljins n lfrj/lgddam
video	le vidéo	vidyu	vidyu	vidyu
virgin	la vierge	ɜzri/ɜzriya	bnadam lli oorjoo eesker ljins (a person who never did sex)	Bnadm nna djun ur skirn ljins
virgin (female)	la vierge	baqa bnt	tsul tga tafruxt (she is still a girl)	Tsul tga tarbat
virgin (male)	le vierge	ma-ɛmmru tzuwj	afrox lli oorjoo izrin tafruxt (a boy who never did a girl)	afddam/aɛrrim (unmarried boy)
virus	le virus	virus	Virus	virus
weight loss	perte de poids	naqs f l-wazn	iDɛef	Yamum
womb	l'utérus	raHim	Lwalda	lwalda
worker / workers	l'ouvrier / les ouvriers	Lxddam/lxddama	Axddam/ixddamn	Axddam/ixddamn

WORD	Relevance to HIV/STD Prevention Education
Abstinence	See sexual abstinence.
AIDS	Acquired immunodeficiency syndrome; a collection of illnesses which signal that one's immune system has been damaged or suppressed by HIV infection.
Anonymous testing	Testing in which no name is asked or given so that no one knows the identity of the person being tested.
Antibody	A specialized cell found in the blood that attacks and kills or attempts to kill a specific bacteria or virus.
Anus	The anus can be easily bruised or injured during anal intercourse, thus providing an easy route for HIV transmission if the intercourse is unprotected.
Asymptomatic	Showing no outward sign of infection, not feeling sick.
AZT	Azidothymidine (also known as Zidovudine,) is the most common treatment for HIV/AIDS. Founded in 1985, the drug must be taken at highly regulated intervals and commonly causes anemia and bone marrow suppression. The drug attacks the virus' genetic reproduction, significantly weakening the virus' strength and abundance.
Baby	In situations without appropriate medical supplies and nutritional substitutes for breast milk, HIV+ mothers are often advised to breastfeed their babies, as the risk of malnutrition resulting from a lack of breast milk may prove a more significant risk for the baby than the transmission of the virus.
Bisexual	Physical and romantic attraction to people of each gender.
Blood	Blood can transmit HIV. The Food and Drug Administration, a government organization, works with blood banks to ensure that the blood used in hospitals and other medical situations is safe.
CD4	One of two protein structures on the surface of a human cell that allows HIV to attach, enter, and thus infect the cell; CD4 molecules are present on CD4 cells (helper t-lymphocytes), which play an important role in fighting infections (foreign bodies).
CDC	The Centers for Disease Control and Prevention (CDC) is the U.S. government agency primarily tasked to respond to the HIV/AIDS epidemic in the United States.
Clitoris	The part of the female genitalia that provides pleasure and that can be stimulated without having sexual intercourse.
Communication	Good communication is necessary in order to negotiate sexual abstinence or condom use between romantic/sexual partners.

Condom	Latex condoms, used consistently and correctly, can prevent the transmission of HIV and some STIs (Sexually Transmitted Infections).
Confidential testing	Testing in which people must give a name but the information is kept secret (confidential).
Death	Once HIV has progressed to AIDS, eventual death due to the virus is often inevitable.
Drunk	Judgment and coordination decrease when one is drunk. A drunken person may have difficulty making healthy decisions about sexual behaviors and may have difficulty in correctly using a condom.
ELISA test	Enzyme-linked immunosorbent assay—a commonly used test used to detect the presence or absence of HIV antibodies in the blood; a positive ELISA test result is indicative of HIV infection and must be confirmed by another, different test—a western blot.
Epidemic	The spread of an infectious disease to many people in a population or geographic area.
Erection	When the penis fills with blood and becomes <i>hard</i> , this is called an erection. It is time to put on a latex condom if having sexual intercourse.
Fear	People often fear people with AIDS because they don't understand how HIV is transmitted. Sometimes, fear of getting the virus may act as a positive catalyst for safer behavior; at other times it can pose a constant emotional burden that detracts from the health of an individual, leading to unhealthy lifestyle choices.
Friend	Close friends can help support a healthy lifestyle, both for HIV+ and HIV- people.
HAART	Highly active anti-retroviral therapy—aggressive anti-HIV treatment, usually including a combination of protease and reverse transcriptase inhibitors, whose purpose is to reduce viral load to undetectable levels; also referred to as drug cocktails.
Helper t-lymphocytes	These cells play an important role in fighting infections by attacking and killing foreign bodies (such as bacteria and viruses) in the blood stream. See also CD4 for method by which HIV invades these cells.
Heterosexual	Physical and romantic attraction to people of the opposite gender.
HIV	Human immunodeficiency virus—the virus shown to cause AIDS.
HIV infection	Infection with the human immunodeficiency virus that has been proven to cause AIDS. The vast majority of HIV+ individuals will develop AIDS, though its onset can be delayed by healthy lifestyle choices, appropriate nutrition & medical expertise.
HIV negative	HIV negative (HIV-) means that a person's blood is not producing antibodies to human immunodeficiency virus (HIV). A person whose blood is producing

	antibodies to HIV is HIV-positive (HIV+).
HIV positive	HIV-positive (HIV+) means that an individual has tested positive for HIV antibodies—white blood cells that are created by an individual's immune system because of the presence of HIV. Those not showing HIV antibodies are HIV negative (HIV-).
Homosexual	Physical and romantic attraction to people of the same gender.
Immune system	A system in the body that fights and kills bacteria, viruses, and foreign cells and which is weakened by HIV.
Infectious disease	A disease that is caused by infection; HIV is caused by infection with a virus, the human immunodeficiency virus.
Injection drug use	Taking drugs for non-medical purposes by injecting them under the skin or into a vein with a needle and syringe; using needles that have previously been used by other people can transmit HIV.
Kaposi's sarcoma	Kaposi's Sarcoma (K.S.) is a type of cancer once commonly found only in older HIV- men. It is often one of the first symptoms of the onset of AIDS.
Loneliness	HIV+ people are often ostracized from their families and communities, leading to severe loneliness and depression.
Lubrication	For greater comfort during sexual intercourse, latex condoms should be used with a water-soluble lubricant, such as KY jelly. Oil-based lubricants, such as Vaseline or hand cream, should not be used with latex condoms because oil destroys latex.
Marriage	Waiting until marriage to have sexual intercourse is a value held by some people and some religions.
Masturbation	Masturbation—gentle rubbing of the genitals by oneself or with another individual (mutual masturbation)—is one way to release sexual tension without having sexual intercourse.
Nonoxynol-9	Nonoxynol-9 (N-9) is a spermicide, an agent that kills sperm. The CDC reports that in important research with commercial sex workers, N-9 did not prevent HIV transmission and may have caused more transmission of HIV. Women who used N-9 frequently had more vaginal lesions, which might have facilitated the transmission of HIV. <i>N-9 should not be recommended as an effective means of HIV prevention.</i>
Opportunistic conditions	Infections or cancers that normally occur only in someone who has a weakened immune system due to AIDS, cancer, chemotherapy, or immunosuppressive drugs. Kaposi's sarcoma and pneumocystis carini pneumonia are examples of an opportunistic cancer and an opportunistic infection, respectively.
Pneumocystis	A type of pneumonia caused by a bacterium that is present in all lungs but which

carini	can make a person very sick when she or he has a weakened immune system. It is often one of the first symptoms of the onset of AIDS.
Penis	The part of the male genitalia that provides pleasure; it can be stimulated without having sexual intercourse. Males should use a latex condom over the erect penis during oral, vaginal, and/or anal intercourse.
Pill	Oral contraception ("the pill") is an effective form of birth control, but it provides no protection against HIV and other STIs. Latex condoms must be used during sexual intercourse to prevent HIV/STI infection.
PLWA (PLWH)	Person living with AIDS, or person living with HIV.
Protease	An enzyme that triggers the breakdown of proteins; HIV's protease allows the virus to multiply within the body.
Protease inhibitor	A drug that binds to HIV protease and blocks it from working, preventing the production of new, functional viral particles.
Relationships	In healthy romantic relationships, both partners can communicate clearly about their needs, including their sexual desires and limits.
Respect	Having respect for one's romantic partner means listening, communicating, and trusting each other, all of which are necessary to negotiate abstinence or condom use. Having respect for oneself means saying clearly what one wants and needs.
Retrovirus	The type of virus that stores its genetic information in a single-stranded RNA molecule, instead of in double-stranded DNA; HIV is a retrovirus. After a retrovirus enters a cell, it constructs DNA versions of its genes using a special enzyme called reverse transcriptase. In this way, the retrovirus' genetic material becomes part of the cell.
Reverse transcriptase	A viral enzyme that constructs DNA from an RNA template—an essential step in the life cycle of a retrovirus such as HIV.
Safer sex	A commonly used term describing sexual practices which minimize the exchange of blood, semen, and vaginal fluids.
Semen	Semen is the fluid ejaculated by a male at orgasm. Semen carries sperm and also HIV when the male is HIV infected. Semen can transmit HIV.
Seroconversion	Development of detectable antibodies to HIV in the blood as a result of infection with HIV; it normally takes several weeks to several months for antibodies to the virus to appear after HIV transmission. When antibodies to HIV appear in the blood, a person will test positive in the standard ELISA test for HIV.
Sexual abstinence	Abstinence from sexual intercourse—at this time and/or in this relationship—is the best way to protect oneself from the sexual transmission of HIV and other STIs.

Status	Whether one is or is not infected with HIV or other STDs; awareness of whether one is infected with HIV and/or other STDs.
STD	The acronym for Sexually Transmitted Disease. This acronym has been replaced by STI (Sexually Transmitted Infection), as the infections that the term refers to are not actually diseases, but rather infections.
STI	Sexually Transmitted Infection.
Trust	Trusting that sexual partners will tell the truth about past behaviors and/or HIV/STD status may not always be safe. Trusting that sexual partners always know the truth about HIV/STD status is also not always safe.
Undetectable	Status of some PLWHs whose viral level has dropped so much that the virus is undetectable in their blood; the person is still living with HIV (like Magic Johnson, for example).
Vagina	The vagina has membranes that can absorb HIV during penile-vaginal intercourse. The vagina also secretes fluids that can transmit HIV if the woman is HIV-infected.
Victim	The word victim (as in "AIDS victim" or "innocent victim") is a word that many people with HIV/AIDS find demeaning. More acceptable terms are PLWH for Person Living with HIV and PLWA for Person Living with AIDS .
Viral load	The amount of HIV per unit of blood plasma; used as a predictor of disease progression; see also retrovirus.
Western blot	A test for detecting antibodies to HIV in the blood, it is commonly used to verify positive ELISA tests. A western blot is more reliable than the ELISA, but it is more costly and difficult to perform. All positive HIV antibody tests should be confirmed with a western blot test.

Reprinted with revisions from *Guide to Implementing TAP (Teens for AIDS Prevention): A Peer Education Program to Prevent HIV/STD Infection*. Washington, DC: Advocates for Youth, © 2002.

HIV/AIDS Websites

CEES, WHO

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

The European Centre for the Epidemiological Monitoring of AIDS (EuroHIV programme) produces a half-yearly report on HIV/AIDS Surveillance in Europe providing information on HIV/AIDS prevalence in the 51 countries of the WHO European Region.

Eldis HIV/AIDS Resource Guide

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

Eldis, hosted by the Institute of Development Studies, Sussex, England, with core funding from DANIDA, NORAD, and SIDA, is a gateway to information on development issues, providing free and easy access to a wide range of online resources. The website offers substantial information on issues related to HIV/AIDS. European Centre for the Epidemiological Monitoring of AIDS

Family Health International (FHI)

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

FHI has worked to address the needs of communities and countries ravaged by HIV/AIDS since 1986. The website provides information on project interventions.

Global AIDS Program (GAP)

<http://www.cdc.gov/nchstp/od/gap/>

The Centers for Disease Control initiated Global AIDS Program focuses on HIV/AIDS primary prevention; surveillance and monitoring and evaluation; infrastructure development; care, support and treatment; VCT; reduction of MTCT. Information and reports on these issues and many others related to HIV/AIDS care on the website.

International AIDS Economic Network (IAEN)

<http://www.iaen.org>

The IAEN site provides economic data, tools, and analysis for researchers and policymakers working to define and implement effective AIDS policy.

International AIDS Society (IAS)

<http://www.ias.se/index.asp>

The IAS contributes to the control and management of HIV infection and AIDS through advocacy, education, facilitation of scientific networks and debate, and support for best practices in research, prevention, and care. IAS is the custodian of the International AIDS Conferences, the paramount gathering of all disciplines in HIV/AIDS held every two years. The website hosts information about these conferences as well as information about conferences on HIV pathogenesis.

International Association of Physicians in AIDS Care

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

The association works on development and implementation of global educational and advocacy strategies to improve the quality of care provided to people living with HIV/AIDS and associated infectious diseases.

Joint United Nations Program on HIV/AIDS (UNAIDS)

<http://www.unaids.org/en/default.asp>

UNAIDS, as the main advocate for global action on the epidemic, leads, strengthens, and supports an expanded response aimed at preventing transmission of HIV. The UNAIDS homepage contains a reliable search engine and links to publications and research.

MEASURE Evaluation

http://www.cpc.unc.edu/measure/publications/hiv_aids.html

MEASURE Evaluation is involved in a wide range of activities whose aim is to strengthen the monitoring and evaluation of AIDS programs in developing countries in order to improve national AIDS programs' M&E systems, develop new tools and indicators, review studies to ascertain trends, and evaluate programs.

National Library of Medicine

<http://www.nlm.nih.gov/libserv.html>

<http://www.nlm.nih.gov>

The National Institutes of Health library is the world's largest medical library. The library collects materials in all areas of biomedicine and health care and works on biomedical aspects of technology, the humanities, and the physical, life, and social sciences. The collections stand at more than 6 million items – books, journals, technical reports, manuscripts, microfilms, photographs and images. Health professionals, scientists, librarians, and the public search the web an estimated 400 million times a year. There are increasing links between article references and full text, and a new service called PubMed Central allows free access to a central repository of journal articles.

Partners for Health Reformplus

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

PHRplus provides state-of-the-art knowledge, approaches, and tools in costing, financing, and organization of HIV/AIDS services. The website has an user-friendly document database of all PHRplus materials as well as reports from the predecessor Partnerships for Health Reform (1995-2001) project. A bibliographic database of over 5,000 entries can easily be searched for HIV/AIDS-specific information.

POLICY Project

<http://www.policyproject.com>

Part of the Futures Group International, the POLICY Project works with civil society and government partners in developing countries to facilitate the development of high quality, sustainable family planning, reproductive health, HIV/AIDS, and safe motherhood policies and programs.

United Nations Development Program (UNDP)

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

UNDP advocates for placing HIV/AIDS at the center of national planning and budgets; helps build national capacity to manage initiatives that include people and institutions not usually involved with public health; and promotes decentralized responses that support community-level action. The “publications” page contains a comprehensive list of HIV/AIDS reports and study papers.

USAID’s Development Experience Clearinghouse

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

The website is the largest online resource for USAID-funded international development documentation with a separate search engine for HIV/AIDS publications.

USAID’s Global Health

http://www.usaid.gov/pop_health/aids/index.html

The HIV/AIDS webpage on USAID’s Global Health describes the Agency’s strategy and approaches to combating HIV/AIDS. Information on the Agency’s small grant programs and projects are included.

The Weekly Epidemiological Record (WER)/WHO

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

Information on the global situation of the HIV/AIDS pandemic and global AIDS Surveillance are published in the WHO Weekly Epidemiological Record, offering a summary and detailed statistical analysis of the epidemic.

The World Health Organization Library Database (WHOLIS)

World Bank AIDS

<http://www.worldbank.org/aids-econ/>

The site focuses on the economics of HIV/AIDS prevention and treatment. It aims to help researchers and policymakers to define and implement effective AIDS policy. The site provides access to full text World Bank reports, a bibliographical database, newsletter, and links to related sources.

World Health Organization

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

The WHO HIV/AIDS website reflects all activities carried out by the organization in the HIV/AIDS field and contains a list of internal and external publications.

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

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

<http://www.aidsalliance.org/sw1280.asp>

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

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

<http://www.unaids.org/en/default.asp>

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

Weblist For Cybers

وانت علي الانترنت ، والبحث عن هذه المواقع في الوقايه من السيدا وفيروس

Tandis que vous êtes au Cyber, regarder ces emplacements au sujet de la prévention de SIDA et de VIH

العرييه

<http://www.multiculturalhivhepc.net.au/arabic/portal.asp?lang=ara>

http://www.bbc.co.uk/arabic/specials/1350_biology_of_aids/page2.shtml

Français

<http://www.multisexualites-et-sida.org/>

<http://www.solidarite-sida.org/>

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

<http://www.sida-info-service.org/index.php4#>

<http://www.alcsmaroc.ma/>

<http://www.blog.ma/mediasida/>

<http://www.amjcs.cjb.net/>

http://portal.unesco.org/fr/ev.php-URL_ID=12918&URL_DO=DO_TOPIC&URL_SECTION=201.html

http://www.who.int/topics/antihiv_agents/fr/



Anglais

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

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

http://www.who.int/topics/antihiv_agents/en/

Contact List for SIDA NGOs in Morocco

Organisation Panafricaine de Lutte contre Le Sida (OPALS)

SECTION	Tel.	E-mail	Address
Rabat	0537 65 71 21	opalsmaroc@hotmail.com	Rue 25, Youssoufia-Est, Rabat
Fes	0535 72 81 60	opalsmarocfes@menara.ma	Quartier Bensouda, Fes
Tetouan	0539 99 82 31	opalstetouan@yahoo.fr	Route Oued Lao, Tatouan
El Kelaa	0524 41 09 61	Labrach.abdelfattah@caramail.fr	Elarsa, Quartier Administratif, El Kelaa
Khenifra	0535 58 76 82	opalskhenifra@hotmail.com	Centre de Santé Lassiri, Khenifra
Azrou	0535 56 42 50	opalsmarocazrou@menara.ma	Avenue Gendarmerie Royale, Hopital 20 août, Azrou
Marrakech	0524 38 68 45	opalsmarocmarrakech@menara.ma	Kasbah, Marrakech
Agadir	0528 84 71 43	opalsagadir@yahoo.fr	Talborjt, Agadir
Taza	0535 28 11 35	opalsmaroctaza@hotmail.com	Hopital Ibn Baja, Taza
Essaouira	0524 78 44 74	Delegue.sante@menara.ma	Centre de Santé Medina Essaouira
Beni Mellal	0523 42 97 51	opalsbenimellal@hotmail.com	Ouled Hamdane, Beni Mellal
Tanger	0539 94 98 78	opalstanger@hotmail.com	Centre de Sante Jules Cotes, Tanger Medina
Casablanca	0522 39 19 70	opalscasa@hotmail.fr	Centre de Sante Omar Ibn Khattab, Centre social El Fida, Casablanca
Kenitra	0537 39 10 95	opalskenitra@hotmail.com	Angle Rue 151 Avenue Massira el Khadra, Kenitra
Laayoune	0528 99 03 22	opalslaayoun@hotmail.com	
Settat	0523 72 25 36	hagougui@akwagroup.com	Centre sidi Abdelkarim

Meknes		Opals_meknes@yahoo.fr	Hadikat Lahboul, riad kastani
--------	--	-----------------------	-------------------------------

Association de Lutte Contre le Sida (ALCS)

Regional Office	Telephone
Agadir	0528 82 09 95
Beni Mellal	0523 48 79 25
Casablanca	0522 23 63 73
Essaouira	0524 47 60 63
Guelmim	0528 87 03 99
Inezgane	0528 33 16 02

Laayoune	0528 98 03 03
Larache	0539 91 35 08
Marrakech	0524 43 98 43
Meknes	0535 55 32 25
Oujda	0536 70 67 70
Rabat	0537 69 05 40
Tanger	0539 93 33 33
Taroudant	0528 85 19 99
Tetouan	0539 97 47 77
Tiznit	0528 60 23 33

Associations Partenaires D'AMSED en Matière de SIDA

(AMSED Partner Associations)

Association	Contact Person	Address	Telephone/Fax/Email
Association Oued Srou/Khenifra	M. Alaoui Ismaili My Rachid	Khenifra	Email: aosadk@iam.net.ma
Association Marocaine des Amis Sans Frontière Rabat	M. Omar Rachad, Directeur	Rue 16, Hay Abi Raqraq, Youssoufia, Rabat	
Centre National de Développement et d'Alphabétisation, Agadir	M. Aziz Bouslikhan, Preseident	ISIAM, B.P. 805, Bd. Hassan Al Oual, Quartier Dakhla, Agadir	Tel: 0548-22-32-10, Fax: 048-22-23-68
Association Krazza pour le Développement Rural	M. El Yamani Abdelhafid, President	Douar Ouled Hamou, Route Nationale N° 8, Krazza, B.P. 17, Souk Sebt Ouled Namma 23550 Beni Mellal	Tel: 0523-43-07-53, Fax: 023- 47-23-15, Email: akder@iam.net.ma

Association Ennakhil pour la Femme et l'Enfant, Marrakech	Mme Mrini Zakia, President	24, Lot. Tiohka. Unite V - Daoudiate, Marrakech	Aefe@iam.net.ma
Association INTALAKA Pour le Développement de l'Environnement Rural	M. Hachimi Mohamed, President	N°60 Rue Zerkktouni Aïn Leuh (53050)	Tel: 0555-56-92-39, Email: Intilaka.ainleuh@caramail.com
Association des Jeunes Promoteurs et Entrepreneurs	President Salim Mohamed	145- Bloc Imlil, El Kela d'Esrahgna	Email: ajpekelaa@yahoo.fr
Association Amis de l'Environnement, Oujda	Barrahou Moha	B.P. 3138 Takadoum, Oujda	Email: m.abba@caramail.com
Association AFOULKI pour les Femmes	Mlle Zahra Idali, President	Centre Tahanaout, Caidat et Cercle de Tahanaout	Tel: 0544-48-43-33, Fax: 044-48-42-90

		Province El Haouz	
Association DARNA, Tanger	Mme Bouzidi Alami Mounira, President	9, Rue E l Boughaz, 90000 Tanger	Tel: 0539-33-35-58, Fax: 039-33-35-61, Email: darna23@hotmail.com
Association de Développement et d'Environnement Beni-Tadjit	El Yahiaoui Lahcen, President	B.P. 10 C.P. 61100, Beni-Tadjit	Tel: 0555-78-23-79
Organisation Pan Africain de Lutte contre le SIDA, Fès	Krissou Jilali, President	Ecole Slaoui des Filles, Fès	Tel: 0555- 65-71-19, Fax: 055-73-14-23, Email: k.jilaliz@caramail.com
Association AL Assas de Culture et de Développement, Guercif	Mr Abdellah Redouan	Lot Didi Rue N°1 N°6 Guercif 35100	Tel: 0555-67-58-43
Association Sud pour la Lutte Contre le SIDA/Agadir	Dr Ali Banaoui, President	Ecole Fatima El Fihria, Rue Sidi Bealbass, Quartier Industriel, Agadir	Tel: 0548-82-78-64

Association de Lutte Contre le SIDA/Taroudant	Dr. Ben Yahiya Hassan, President	Immeuble Lirki Appt 4 Ballakchach, Taroudant	Tel: 0548-85-19-99, Email: Elyamani.ml@caramail.com, alcstaroudant@hotmail.com
La Ligue Marocaine de Lutte Contre les MST	Abdelhak Sekkat, President	Faculte de Medecine et de Pharmacie, Departement de Medecine Sociale, Rabat Instituts 10100	Tel: 0537-73-00-88, Fax: 037-73-16-71

Association Aides et Secours	Noureddine Ben sabih El Amrani, President	18, Rue Al Jabha Al Watania, Tanger	Tel/Fax: 0539-37-13-80
Association les Echos pour la Solidarité et le Développement/Ouarzazate	Khalid El Khayati, President	BP : 555 Ouarzazate 45000	Tel: 0544-85-42-04, Fax: 044-85-49-84, 044-88-64-85, Email: association_aeco@yahoo.fr
Union National des Femmes Marocaines /Oujda	Mme Fatna Cherif, President	22, Rue Sijil Massa Oujda	GSM: 0661-81-26-28, Fax: 056-69-01-97

Contacts for World Wide and Morocco Specific HIV/AIDS Resource Organizations:

United States Peace Corps
Information Collection and Exchange (ICE)
1990 K Street, NW—8th Floor
Washington, DC 200526

Peace Corps Morocco Library
2 Rue Abou Marouane Essaadi
Agdal, Rabat, 10100
Morocco

Union Européenne
Délégation de la Commission Européenne
AIDS TASK FORCE
2 Bis, Avenue de Meknes
Rabat, Morocco

HIV/AIDS ICE Catalog

Peace Corps/Morocco 2005

Most Recent Resources (published in year 2000 or later):

Aide-mémoire sur le VIH/SIDA: pour infirmières et sages-femmes.

HIV/AIDS: integrating prevention and care into your sector. [ICE # M0081]

Islam and AIDS; chapters tackling different subjects about Islam, the Quran, and social movements

Morocco: Country Report.

AIDS, Poverty Reduction and Debt Relief: a toolkit for mainstreaming HIV/AIDS programs into development instruments.

Combat AIDS: HIV & the World's Armed Forces.

"AIDS: An Exploding Threat."

Republic of Uganda Primary School Health Kit on AIDS Control. [ICE # HE239]

Resources for use by/for training of Health Workers:

Aide-mémoire sur le VIH/SIDA: pour infirmières et sages-femmes.

AIDS Education for Health Workers: Independent Learning Modules 1-4. [PC Catalog # FO522j.1] [ICE # R0078]

AIDS Homecare Handbook. [PC Catalog # FO523j.1]

AIDS Prevention: Guidelines for MCH/FP Program Managers: II. AIDS and Maternal & Child Health. [PC Catalog # FO523j.2]

AIDS Resource Manual: A Guide for Teaching About AIDS in Thailand. [PC Catalog # FO522j.3] [ICE # R0082]

AIDS/STD Education and Counseling in Africa: a teaching manual. [PC Catalog # FO522j.5]

AIDS: Action Now. [PC Catalog # FO520j.9]

Alternative Techniques for Teaching about HIV/AIDS. [PC Catalog # FO522j.2]

Caring with Confidence: Practical information for health workers who prevent and treat HIV infection in children.

Facts for Life: A Communication Challenge.

HIV in Pregnancy: A review.

Preventing a Crisis/ AIDS & Family Planning Work. [PC Catalog # FO521j.1]

Starting the Discussion: Steps to Making Sex Safer - A Guide for Community-Based Workers. [PC Catalog # FO520j.10]

Talking AIDS: A guide for community work. [PC Catalog # FO523j.3]

Resources PCVs might use with youth:

A Teacher's Handbook on HIV/AIDS Prevention in Schools: Highlights SSA education, complements the Life Skills Manual

The Illustrated Peer Educator Workbook: a guide to preventing STDs and AIDS. [PC Catalog # FO522j.6]

AIDS Resource Manual: A Guide for Teaching About AIDS in Thailand. [PC Catalog # FO522j.3] [ICE # R0082]
Alternative Techniques for Teaching about HIV/AIDS. [PC Catalog # FO522j.2]
HIV and AIDS Education Kit.
Preventing a Crisis/ AIDS & Family Planning Work. [PC Catalog # FO521j.1]
Quicksand; stories for youth about HIV/AIDS
Republic of Uganda Primary School Health Kit on AIDS Control. [ICE # HE239]
School Health Education to Prevent AIDS & STD: A resource package for curriculum planners.
Teach English, Prevent AIDS: A Teachers Manual. [ICE # M0050]
Talking AIDS: A guide for community work. [PC Catalog # FO523j.3]

Resources that include lesson plans:

AIDS Education for Health Workers: Independent Learning Modules 1-4. [PC Catalog # FO522j.1] [ICE # R0078]
AIDS/STD Education and Counseling in Africa: a teaching manual. [PC Catalog # FO522j.5]
Alternative Techniques for Teaching about HIV/AIDS. FO522j.2
Caring with Confidence: Practical information for health workers who prevent and treat HIV infection in children.
HIV and AIDS Education Kit.
Preventing a Crisis/ AIDS & Family Planning Work. [PC Catalog # FO521j.1]
Republic of Uganda Primary School Health Kit on AIDS Control. [ICE # HE239]
School Health Education to Prevent AIDS & STD: A resource package for curriculum planners.
Starting the Discussion: Steps to Making Sex Safer - A Guide for Community-Based Workers. [PC Catalog # FO520j.10]
STD/AIDS Peer Educator Training Manual: a complete guide for trainers of peer educators in the prevention of STDs including AIDS. [PC Catalog # FO522j.5]
Teach English, Prevent AIDS: A Teachers Manual. [ICE # M0050]
The Complete HIV/AIDS Teaching Kit—chapters on working with communities and gender specific activities
The Illustrated Peer Educator Workbook: a guide to preventing STDs and AIDS. [PC Catalog # FO522j.6]
Tools for Building Culturally Competent HIV Prevention Programs
Working with Young People on Sexual Health and HIV/AIDS.
Talking AIDS: A guide for community work. [PC Catalog # FO523j.3]

French-language Resources:

Aide-mémoire sur le VIH/SIDA: pour infirmières et sages-femmes
VIH/SIDA : Dossier de Travail Pour Les Agents de Développement œuvrant dans les communautés

SIDA Project Completion Report

The SIDA Committee would like to track all HIV/AIDS related projects. To value your efforts and help other Volunteers in the future, please fill out this form whenever you do an HIV/AIDS related activity. This form is not necessary if you used VAST funding (you have already filled out enough forms). Send completed electronic or hard copy to Rachid Lamjaimer, HIV/AIDS Coordinator at the PC office.

PCV Information			
Name			
Sector		COS date (m / yr)	
Site (Town / Province)			
Phone #		E-mail Address	

Project Description		
Project, Activity (information booth, tea talk, English lesson, etc.)		
Local Partners (NGOs, community members, groups, organizations)		
Goals and Objectives		
Description of Activities		
Type and numbers of visual aids (brochures, posters, flyers,...) and other materials used (tapes, videos, DVDs,..)	Type (description, identification)	Numbers
Budget	Sources of funding	Amount (DH)
What Worked		
What Didn't Work		

Numbers of <i>Participants, beneficiaries, and service providers</i> involved in or benefiting from this project
A) INDIVIDUALS assisted or reached by Volunteer HIV/AIDS activities
In the tables below, please indicate how many individuals—men, women, youth boys, youth girls, boys and girls—were assisted or reached by your HIV/AIDS prevention activities. Do not include service providers here—people trained to provide programs or services (see question B).

PREVENTION ACTIVITIES – COMMUNITY OUTREACH (see Appendix HIV/AIDS definitions)

Activities to promote abstinence and/or be faithful (AB)					
# of men 25 and over	# of youth boys (15-24)	# of boys under 15	# of women 25 and over	# of youth girls (15-24)	# of girls under 15
Activities to promote abstinence only (A) (NOTE: This is a subset of abstinence and/or be faithful activities)*					
# of men 25 and over	# of youth boys (15-24)	# of boys under 15	# of women 25 and over	# of youth girls (15-24)	# of girls under 15
Other activities beyond primarily abstinence and/or be faithful messages					
# of men 25 and over	# of youth boys (15-24)	# of boys under 15	# of women 25 and over	# of youth girls (15-24)	# of girls under 15

* NOTE: It is required that “abstinence-only” (A) activities be counted separately from “abstinence and/or be faithful” (AB) activities. But since “AB” activities include ALL abstinence activities, “abstinence only” activities are actually a subset of “AB” activities. Therefore, activities to promote “abstinence only” should be reported TWICE in this form—once under “AB” activities, and once under “abstinence only” activities.

B) SERVICE PROVIDERS trained in HIV/AIDS
In the tables below, please indicate how many service providers were trained in this project to provide HIV/AIDS prevention programs/services Note: Please avoid counting individuals who participate in multiple training activities more than once a year.

PREVENTION TRAINING ACTIVITIES for SERVICE PROVIDERS
(see HIV/AIDS definitions)

Prevention training activities to promote abstinence and/or be faithful (AB)			
# of men 25 and over	# of youth boys under 25	# of women 25 and over	# of youth girls under 25
Other prevention training activities beyond primarily abstinence and/or be faithful messages			
# of men 25 and over	# of youth boys under 25	# of women 25 and over	# of youth girls under 25

APPENDIX: DEFINITIONS for HIV/AIDS ACTIVITIES AND TRAINING

Prevention (Community Outreach) includes programs, services, and activities to help prevent transmission of HIV/AIDS such as community outreach, peer education, classroom and small-group education, and sexually transmitted infections (STI) management services.

Palliative Care is any medical, psychological, spiritual, or social support provided to **PLWA and families**. Palliative care includes all clinic based and home/community-based activities to improve quality of life of HIV-infected clients (PLWA) and families through management of infections such as malaria and HIV/AIDS related complications, as well as nutrition support, legal aid, housing, training and support for caregivers.

Orphans and Vulnerable Children (OVC) Care is any medical, psychological, spiritual, or social support provided to OVC, including school-related support. OVC care includes activities to improve lives of children (under 18) and families directly affected by AIDS by strengthening communities to meet needs of orphans and vulnerable children, supporting community-based responses, helping children and adolescents by training caregivers, increasing access to education, economic support, and adding food and nutrition interventions.

People Living With AIDS (PLWA). Clients infected with HIV/AIDS. Same as PLHA, PLWHA, PHA.

Persons trained includes training activities that build the knowledge and skills of **service providers** such as nurses, clinic workers, youth peer educators, community health care professionals, other medical professionals, teachers, NGO leaders, managers of cooperatives, and other leaders. Capacity-building activities might include workshops, trainings, and support in a community activity, or individual mentoring.

Organizations include governmental or nongovernmental organizations (NGOs), community-based organizations (CBOs), faith-based organizations (FBOs), as well as informal community groups, associations, and cooperatives.

Technical Assistance includes **activities that build capacity of organizations**, such as organizational development (building management skills, developing organizational skills and materials, developing record keeping systems), stigma and discrimination reduction workshops, community mobilization activities, and grief and loss workshops.

Activities to promote abstinence or be faithful (AB) Activities or programs that promote abstinence combined with the:

- Importance of faithfulness in reducing the transmission of HIV among individuals in long-term sexual partnerships;
- Elimination of casual sex and multiple sexual partnerships;
- Development of skills for sustaining marital fidelity;
- Adoption of social and community norms supportive of marital fidelity and partner reduction using strategies that respect and respond to local customs and norms; and
- Adoption of social and community norms that denounce forced sexual activity in marriage or long-term partnerships.

Activities to promote abstinence only (A) (NOTE: This is a subset of abstinence and/or be faithful) Activities or programs that **only** promote the:

- Importance of abstinence in reducing the prevention of HIV transmission among unmarried individuals;
 - Decision of unmarried individuals to delay sexual activity until marriage;
 - Development of skills in unmarried individuals for practicing abstinence; and
- Adoption of social and community norms that support delaying sex until marriage and that denounce forced sexual activity among unmarried individuals.

Training of Trainers (TOT's)

It is the duty of the trainer to make sure that the names of the trainer and trainees are submitted to the Peace Corps HIV/AIDS coordinator, Rachid Lamjaimer, in advance of the training. He will see if the event can be cleared with security and will notify the trainer that it is possible to go ahead with the training. It is the duty of each attendee to notify their programming staff and fulfill any necessary requirements.

Workshops take place on Saturday, Sunday, and Monday. Saturday and Monday are travel days as well as a time to provide information. Training should end at an appropriate time on Monday in order to allow trainees/trainer to be able to return to their sites before dark.

The trainer may want to email the attending volunteers and ask what their expectations and goals of the training are. Who is their target audience? This will allow the trainer to customize the training. The trainer may change the order of the outline to suit these needs, while making sure that all of the topics are covered. Furthermore, you may want to modify some sessions in order to address sector specific needs. A TOT for Health and YD (who have more forums to talk about SIDA) may be different from a TOT for SBD and Environment Volunteers.

On Monday morning, at the end of training, have participants fill out the provided evaluation form. Mail/ email the results to the SIDA Committee and the Health Program Manager. The Health Program Manager may also request a short report about the training.

Trainers can obtain the following from the Peace Corps Librarian; SIDA related brochures/posters, a copy of the **Resource Guide** and a copy of the **Life Skills Manual**, large white flip chart paper and markers. A CD with the training outline and other necessary forms may also be requested. While this training is being conducted for PCVs, many aspects of the training are equally suited to use when training HCNs.

Make sure that you, the trainer, understand all of the materials that will be covered. Several sessions need pre-planning. The better prepared you are, the more likely the training will go smoothly. You may want to make copies of the provided "Trainee Outline" or "Checklist for Event Planning" to use as a handout for your session.

Remind participants that whenever they do a SIDA activity they should fill out and forward to their SIDA Committee representative the SIDA Project Completion Form (found in the "Resource Guide" or online).

Volunteers may be required to pay for transportation/food, depending on funding available through the SIDA committee. Be sure to contact appropriate sources to verify funding availability. Thank you for your participation!

Trainee Outline

Personal Introductions

Overall Goals - At the end of training Trainees should be able to:

- facilitate HIV/AIDS training sessions (either one on one or for groups).
- design, implement, monitor and evaluate HIV/AIDS educational projects.
- train HCNs to facilitate HIV/AIDS educational sessions – to train HCNs to design, implement, monitor and evaluate HIV/AIDS education projects.
- know what HIV/AIDS resources are available at a local, regional, and national level.

Session 1 – Site Descriptions / Choosing HCNs to train

- PCVs describe their sites and talk about high risk groups.
- Who works with these groups? These are people who could benefit from training.
- PCVS will brainstorm HCNs they would feel comfortable working with.

Session 2 – Basic Information (This session will be conducted by trainees.)

- Disease Information – The Lions and Elephant Game
- SIDA in Morocco
- Dealing with Difficult Questions
- Cultural Guide; Talking about SIDA in a responsible manner.

Session 3 - The Brochure / Necessary Vocabulary

- PCVs will be asked to describe one panel of a SIDA brochure in their target language.
- Each PCV will choose 5 words they believe essential for effective communication and memorize them. They will be quizzed at the end of the session.

Session 4 – Active Listening and Effective Communication

- PCVs will participate in 2 or more of the following; The Communication Puzzle, The Blind Story Exercise, The Fancy Telephone Game Exercise, The Loss Exercise, and /or The Folding Paper Exercise.
- Tools for active listening

Session 5 – Positive and Negative Peer Education (one on one as well as in groups)

- All Male Peer Discussion Role Play
- All Female Peer Discussion Role Play
- Group Discussion (Transmission Methods) Role Play
- PCV and HCN Peer Discussion Role Play

- How do we ensure that we as PCVs are positive peer educators? How do we teach HCNs to be positive peer educators?

Session 6 – Working in Your Community / Dealing with Obstacles

- Community Obstacles / Personality Role Play
- What are some of the common obstacles that PCVs have?
- What are some strategies for dealing with these problems?
- The Indirect Approach / Brainstorming
- How to deal with issues like misinformation, prostitution and condom use.

Session 7 – Partners, Resources, and Project Ideas

- What resources do volunteers have at various levels?
- Each volunteer writes a one page draft about a SIDA project they would like to do and how they would go about implementing it.
- What project? Why? What is the need? Who is the target population?
- Which HCNs will PCVs train and collaborate with?
- What supplies or money do PCVs need for such a project?
- Each volunteer will present their proposal and receive feedback from the rest of the group.

Session 8 – Monitoring, Evaluation, Wrap Up

- How do you know if your activity is successful? How can you monitor it?
- How can you teach HCNs to effectively evaluate their SIDA projects?
- The SIDA Completion Form
- Any final thoughts, questions, or concerns?
- Session Evaluations

Check List for individual site specific SIDA projects

The Event

Why do I want to do a SIDA project in my site? What kind of project would I feel comfortable doing? Do I want my target audience to be the people I work with or would I like to include other groups? Who are the people in my site most vulnerable to SIDA? Would these people be interested / open to informational sessions with SIDA content? What kind of an event would be best suited for understanding the information? Could I incorporate games or activities from the “Life Skills Manual”? Would it be a good idea to include other types of health information along with SIDA in order to have people feel less threatened and be more likely to attend the event? Are there any local people who I could talk with about these ideas in order to be culturally sensitive for my site?

Potential challenges to the project

Will my Moroccan friends and family be supportive of the project? Might there be any backlash in the community because of conducting a SIDA event? Will I have difficulty in finding a location in which to hold my event? Can I foresee any challenges which will need to be addressed while planning my event?

Turning my idea into reality

Will I need any funding? Should the project be partnered with a respected host country national? Should the project be partnered with an Association, a Sbitar, or an annual event which takes place in my site? Will the project need permission from local officials? Will the project need permission from regional officials? Can I obtain permission in order to hang SIDA Posters or announcements in a public place? Is the project culturally sensitive? Is the SIDA committee aware of project so that they may be able to offer assistance? Will there need to be posters/handouts? In which languages would these be the most useful for the target audience? Can local health care workers or Peace Corps Health volunteers participate in the event and discuss relevant issues in order to meet goals of project?

Sources of information, encouragement, and possible funding

The SIDA Committee will have the latest available news concerning funding in connection with the SIDA. If the event includes other types of information (additional health care issues presented, youth education, artisan awareness through product development, the relationship of waste disposal and health, one may contact the appropriate Program Manger/Assistant to see if they have additional ideas. The Peace Corps Librarian has many good ideas and sources of additional information regarding SIDA Projects. The national NGOs of ALCS and OPALS are good sources for printed materials especially if your target language is Arabic and French.

How to monitor and evaluate the project

How many people benefitted from the project? Count the number of ribbons or brochures you gave out. Have a sign-up sheet or informal head count. After conducting a session you may want to follow up with an additional game or question and answer session to make sure that the material covered is correctly understood. Did the project accomplish what you set out to do? What were the strengths and weaknesses of the program?

In completing your site specific SIDA event

Please fill out and submit the Project Completion Report which can be found in the Resource Guide as well as on line at sidacommitteepc@gmail.com to the SIDA Committee or your SIDA representative.

Check List for doing Regional SIDA Project with several volunteers

Peace Corps Volunteers

Which volunteers are interested in participating? What sector do they represent? Can the talents they bring to their sector be used to enhance the project? The Health sector is comfortable with using health related vocabulary and health topics. Small Business Development may be good at organization, keeping track of the money, or putting together displays. Youth Development has experience working with groups and making things fun. Environment can broaden health topics to cover water and other environmental conditions making SIDA sessions less threatening to some local populations. Who will be responsible for what?

Brainstorming project ideas

Who is the target audience? What type of event would be best suited in order to serve the target audience? Which language should be used for the event? What is the education level of the target audience? When should the event take place? How long should it last? Where should it take place? How interactive should the project be? Should the SIDA project/training be in conjunction with other projects/trainings or stand alone? What are the goals of the project? Are there any weekly, monthly or annual events in the region which would make a good platform for the project?

Potential challenges to the project

What does the group foresee going wrong or inhibiting the project? Is the community open to having a discussion about HIV/AIDS? If so how specific can the language be? Will the project reflect poorly on the volunteers' standing in the community?

Turning the project into reality

Should the project be partnered with a Moroccan Association, a Sbitar, or another group? Will the project need financial funding? Will the project need permission from local officials? Will the project need permission from regional officials? Can you obtain permission in order to hang SIDA Posters in a public place? Is the project culturally sensitive? Is the SIDA committee aware of project so that they may be able to offer assistance? Will there need to be posters/handouts? Can local health care workers or other respected host country nationals participate in the event and discuss relevant issues in order to meet goals of project?

Sources of information, encouragement, and possible funding

The SIDA Committee will have the latest available news regarding SIDA funding. The Peace Corps Librarian has many good ideas and sources of additional information regarding SIDA Projects.

How to monitor and evaluate the project

How many people benefitted from the project? Count the number of SIDA ribbons or brochures you distributed. Have a sign-up sheet or informal head count. You may want to have follow up games/question and answer sessions to make sure that the material covered is correctly understood. Did the project accomplish what you set out to do? Did you design a good program?

In completing your regional SIDA event

Please fill out and submit the Project Completion Report which is found in the Resource Guide as well as online at sidacommitteepc@gmail.com to the SIDA Committee or your SIDA representative.

SIDA Training of Trainers and Event Planning Evaluation Form

Were the goals of the workshop clear?

YES

NO

Were the goals met? YES NO

On a scale of 1-5 how would you evaluate this session?

1 _____ 2 _____ 3 _____ 4 _____ 5
Not useful very useful

Do you think that you will conduct a SIDA event in your site or region? Yes No

If you answered yes to the above, how comfortable do you feel about organizing this event?

1 _____ 2 _____ 3 _____ 4 _____ 5
Not confident very confident

Do you think that you will train a Host Country National to be a peer educator? Yes No

If you answered yes to the above, how confident do you feel about training a HCN?

1 _____ 2 _____ 3 _____ 4 _____ 5
Not confident very confident

How confident do you feel about the monitoring and evaluation of a SIDA project?

1 _____ 2 _____ 3 _____ 4 _____ 5
Not confident very confident

What were the strengths of this training?

What were the weaknesses?

Which topics/ sessions did you benefit from the most?

Which topics/sessions did you benefit from the least?

Do you have any other comments and/or suggestions about this session?

