Community-Based Outreach Volunteer Training Curriculum
# CBOV Training Curriculum

**September 1, 2005**

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**Introduction**

**A. Purpose of this Manual**

The purpose of this manual is to guide the training of Community-Based Outreach Volunteers (CBOVs) to implement community mobilization activities in their respective communities.

As a multi-site study it is vitally important that all sites implement activities that conform to common standards and procedures. It is essential to train CBOVs according to a commonly agreed upon training plan. The training sessions outlined here are designed to form a core training; however, further refinement of these sessions, according to the needs of each site, is highly encouraged. Please document any changes you make to this training curriculum and submit them to the Intervention Subcommittee for review prior to implementation.

**B. How this Manual Is Organized**

This curriculum will be used by the Project Accept community mobilization staff to train CBOVs to implement community mobilization activities. This training manual is divided into 14 training sessions structured in a format that indicates each session’s objectives, how much time will be needed, what equipment will be needed, the informational content, and instruction for the facilitator in techniques that should be used. Additional notes, forms, and other documentation for training participants accompany some training sessions. These are included in the appendices.

Additions, amendments, and suggestions for improvement to this manual are welcomed. Please send them to Katherine Fritz (kfritz@telkomsa.net), Precious Modiba (modibap@hivsa.com), and Agnes Fiamma (afiamma@telkomsa.net).
Training Day 1

Session 1: Introduction to the Training, Trainers, and Participants

Overview:

The purpose of this session is to welcome the participants, thank them for their time, and give them an orientation to how the 4-day training will be structured and its overall objectives. In order to show respect for the participants’ time, it is important to be clear about how the training is structured and the schedule that will be followed. In this session, we will also conduct introductions of the trainers, participants, and other study or community leaders who will open the training.

Time:
1 hour

Objectives:
By the end of the session, participants will be able to:
1. Name their trainers and at least some of their fellow participants
2. Explain what the schedule of the training will be for the coming 4 days
3. Identify several of the main objectives of the training

Materials:
Folder of orientation materials for the participants including:
- A letter of welcome from the Study Director, PI, and/or other appropriate person
- The training schedule
- A promotional brochure about the study
- Copy of the Informed Consent Form
- CBOV Training Take-Home Notes (a compilation of notes and handouts the participants will use during the training and keep for future reference, see Appendix I).
- Flip Chart and Board
- Markers
- Powerpoint Projector and laptop or overhead projector (optional)

Delivery:

1. Introductions and Overview
The facilitator(s) should introduce themselves and say a few words about the nature of the study, its importance, and the importance of the role the CBOVs will be playing. If there is a dignitary or community leader who you think should be present to “open” the meeting, this is a good time for that person to say a few words.

2. Ice Breaker
Play an icebreaker game that allows people to introduce themselves in a relaxed manner.
3. **Overview of Study Objectives and Objectives of the Training**
   The facilitator now gives a brief presentation about the study, the role of the CBOVs, and the main objectives of the training. Depending on the infrastructure available, this presentation can be conducted using powerpoint, an overhead projector, or simply flip chart paper (any method is fine). The main points to be covered are:

   **Main objectives of the study are:**

   **The overall role of the CBOVs is:**

   **The main objectives of the training are:**

4. **Explain the Training Schedule and Logistical Issues**
   The facilitator now gives an overview of the training schedule, noting the starting and ending times, break times, and what will be covered each day. It will be important for the facilitator to bring attention to the need for timeliness and if the group wants, a timekeeper can even be designated to make sure the schedule doesn’t get bogged down. Other logistical issues should be address such as lunch arrangements, transport issues, and other issues as necessary.
Session 2: Hopes and Fears

Overview:
Adult learners come to trainings with many expectations and often some anxieties. It is important for the facilitator to know what these expectations and anxieties are in order to ensure the training addresses them. This session enables the facilitator to take note of participants' hopes and fears about the training and to try and address these as needed. The session hopes to relieve any fears participants have about participating in the training and answer questions they may have.

Time:
30 minutes

Objectives:
By the end of the session, participants should be able to:
1. Identify what expectations the training will be able to fulfill and which it won’t be able to fulfill
2. Feel confident about their ability to participate in the training

Materials:
☐ Flipcharts
☐ Markers

Delivery:
The facilitator will ask participants to say what their fears and expectations of the four-day training are. The facilitator lists all these down on the flip chart in two separate columns or on two different pieces of paper, as they come from the participants. After all have been said, the facilitator can take each point on the flipchart one by one—assuring participants if needed and clarifying any concerns that would have been raised by the participants. It is important that the facilitators show a great deal of enthusiasm about the training from the beginning and assure that all participants are welcome no matter what their social or educational background. Establish a friendly environment for the learning process that participants will have committed themselves to.
Session 3: Establishing Ground Rules

Overview:
Following on from the last session, it will be important for the group to establish some simple ground rules for itself in order for everyone to have a common agreement about what behavior is appropriate for the training.

Time:
15 to 20 minutes

Objectives:
By the end of the session, participants will be able to:
1. Identify the ground rules established for the training.

Materials:
- Flip chart and board
- Sticky stuff (adhesive)
- Markers

Delivery:
The facilitator introduces the concept of ground rules (this will probably be very familiar to all participants) and encourages the group to talk about what rules the group would like to establish. The facilitator may want to start the group off with an example, such as arriving at the training on time. As the group decides on their ground rules, the facilitator lists them on a piece of flip chart paper and when finished, the rules are posted somewhere in the room for future reference.

At the end of this session, the facilitator should thank the group for their good work so far in establishing a good foundation to the training.
Session 4: Basic Information on HIV/AIDS

Overview:
It is very important for CBOVs to have clear information about what HIV is, the magnitude of its impact globally and locally, how it is transmitted, and what can be done to prevent it. This session will address all of these topics and provide an opportunity for participants to clear up any misinformation they may have about the disease.

Objectives:
By the end of this session, the participants will be able to:
1. Describe the impact of the HIV/AIDS epidemic globally and locally
2. Name the ways HIV is transmitted
3. Name the ways HIV is not transmitted
4. Describe several strategies for how to prevent HIV

Materials:
- Flip chart and board
- Markers
- Sticky Stuff adhesive
- Overhead projector (optional, if an overhead projector is not available, the facilitator can write the information on flipcharts and stick on the wall).

Time:
2 hours

Delivery:

1. Icebreaker
The facilitator should lead an icebreaker.

2. Epidemic Update
The trainer can write any or all of the data listed below on a flipchart, PowerPoint presentation, or overhead.

Global picture:
- Fourth biggest killer worldwide
- Estimated 39.4 million now living with HIV
- About one-third are aged 15-24
- Most people do not know they are infected
- Young women are especially vulnerable, for reasons discussed later

Local picture:
- Here, sites should insert local data on HIV in their community such as prevalence, incidence, populations most effected, etc.
- Begin with an update on the epidemic summarizing what you feel to be the key points from the data above.

3. What is HIV? What is AIDS?
The trainer can write the following information on a flipchart, PowerPoint presentation, or overhead.
HIV stands for “Human Immunodeficiency Virus.”
- **Human** - because it causes diseases in people
- **Immunodeficiency** – because the immune system which normally protects a person from disease becomes weakened
- **Virus** – because like all viruses HIV is a small organism that infects living things and uses them to make copies of itself.

AIDS stands for “Acquired ImmuneDeficiency 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.

Before the trainer shows participants the definitions listed above ask them “What is HIV? What is AIDS? And what impact does it have on the body?” Using a separate sheet of flip chart paper for each (HIV, AIDS, and the impact of HIV/AIDS on the body) record participants responses. Next show participants the prepared definitions of HIV and AIDS and note any points participants may have missed.

In this part of the session, the trainer provides a short lecture about how HIV damages the human body and how the infection progresses in the body. The following material should be covered: (also note that this information is included in the “CBOV take-home notes” which are included in this manual as Appendix 1).

The immune system acts like an army that protects the body from invaders. HIV is a virus that attacks and invades the cells of the immune system and actually uses them to make copies of itself. In the process of reproducing itself inside of immune system cells, HIV kills the cells and weakens the body’s defenses against all other diseases and infections.

An infected person’s body tries to fight off HIV infection by producing antibodies to HIV. These are tiny pieces of protein that bond with HIV and neutralize them before they can infect more immune system cells. Most HIV tests are designed to detect the presence of these antibodies, not the HIV virus itself.

From the time a person is infected with HIV, the virus begins to damage the immune system. An infected person’s immune system struggles to fight back and can do so for as many as 10 years or more. But the virus continues to destroy these defenses until the immune system is too weak.

A person can be infected with HIV and not know it because symptoms or illnesses related to HIV may not occur for many years. Many people are not aware they are infected with HIV because they feel fine. Even if the infected person feels fine, he or she can still pass HIV on to others. The only way to know for sure if a person has HIV is to test their blood.

As has been mentioned above that Human Immunodeficiency Virus (HIV) is the virus that destroys the human body’s immune system leaving it susceptible to attack by common infections like TB, pneumonia and diarrhea. Acquired Immune Deficiency Syndrome (AIDS) on the other
hand is the condition that results from the lack of, or weakness of the immune system whereby the body is now susceptible to attack from various diseases. HIV is the cause of AIDS. They are therefore not one and the same.

The Trainer should now show the Disease Progression Chart and explain what it means (this is also contained in the take-home notes for the CBOV).

### Disease Progression Chart

**Window Period**
The window period begins from infection to between 3 and 6 months. It is the period during which the virus is still settling down in the human body. At this stage, the human body (because this is the first exposure) has not yet developed specific antibodies to HIV. Because HIV infection is found through testing for its specific antibodies, test results during this period will come out negative even though the virus is present. At this stage the amount of virus in the body is very high as compared to the antibodies, which are still being developed. Because the levels of the virus are so high during this period, the virus is also more likely to be transmitted from one person to another during this time.

**Honeymoon Period**
At this stage the human body has begun to develop significant amounts of antibodies to counter the HIV virus. As a result, the antibodies fight off the HIV infection and this leads to a dramatic fall in the amount of virus in the body. At this stage the antibodies outnumber the virus. This state can remain for the next 10 to 15 years and the person will appear and feel healthy.
**AIDS stage**
In this period the virus begins to increase again in the human body and outnumbers the antibodies. The virus destroys the body’s immune system and the body becomes more prone to opportunistic diseases and infections. Because the immune system is very weakened, opportunistic infections can easily lead to death.

4. Group work (10 minutes):
Break the participants into two groups. Each group is then given a flipchart where they are to write down points on the following exercise. Instruct the separate groups to brainstorm and write down what they think, or hear as the origins if HIV. Also notify the group to assign a speaker for their group to present their work after the group exercise. After this give the group spokesmen time to present on group brainstorming. A discussion then follows after the presentations. It is important to give the group time to air their views, as this topic is always controversial and often discussed. The facilitator should lead the discussion in such a way that no theory is best suited to explain the origins of HIV. The conclusion would be then to shift the focus of the discussion to how to combat the spread of HIV rather than being stuck on the explanation of its origins since there is not enough evidence in favor of any particular paradigm.
Session 5: How is HIV Transmitted and How can it be Prevented?

Overview:
CBOVs may have many misconceptions about how HIV is transmitted and therefore how it can be prevented. This session is designed to make the information about HIV transmission crystal clear and to prompt participants to think about the many ways HIV can be prevented.

Objectives:
By the end of this session, the participants will be able to:
1. Name the four fluids that transmit HIV
2. Distinguish between ways in which people can and cannot contract HIV
3. Name several HIV prevention strategies

Materials:
- Flip chart and board
- Markers
- Sticky Stuff adhesive
- HIV transmission activity cards
- Overhead projector (optional, if an overhead projector is not available, the facilitator can write the information on flipcharts and stick on the wall).

Time:
1 hour

Delivery:
1. Mini-Lecture: Introduction to HIV transmission facts
   Explain that HIV can be contracted only in very specific ways. First, a person must be in direct contact with one of the four main body fluids that transmit HIV. Do you know what these are? Brainstorm with the group to name the four fluids:
   - semen
   - vaginal fluids
   - blood
   - breastmilk

   Confirm that the group understands what semen and vaginal fluids are by asking them what local terms are used to describe them. Now explain that in order to get infected, these fluids need a portal of entry or doorway into the body. This is either through a cut, a sore or opening in the skin, or through the soft tissues called “mucous membranes” located in the vagina, the tip of the penis, the anus, the mouth, the eyes, or the nose.

   The trainer tells participants that armed with this understanding, they are now in a position to evaluate whether any given activity can transmit HIV by answering the following two questions:
   1. Is one of the four fluids present?
   2. Is there a portal of entry for that fluid to enter the body?

   The most common ways of transmitting HIV are through vaginal and anal sex; through sharing of needles or other sharp equipment such as razors; through direct blood transfusions of untested blood; or from mother to infant during pregnancy, delivery or breastfeeding.
   - sex
➢ sharing needles or other sharp objects
➢ transfusion of blood products
➢ mother to baby

3. Exercise: Activities that can and cannot transmit HIV
Preparation: List each of the following activities on a separate card. The cards should have activities that can transmit HIV or cannot transmit HIV (see below for examples). Depending on your participants, use language that is friendly. You can add more activities in context with your participants’ situation. Include some activities that people at your site commonly believe transmit HIV but which don’t.

Activities that can transmit HIV
➢ Vaginal sex
➢ Anal sex
➢ Direct blood transfusion of untested blood
➢ Sharing needles
➢ Contact with blood of an infected person
➢ Breastfeeding
➢ Mother-to-child during delivery
➢ Mother-to-child during pregnancy
➢ Exchange of blood
➢ Mucous membrane’s contact with semen
➢ Mucous membrane’s contact with vaginal fluids

Activities that cannot transmit HIV
➢ Being near a person with HIV
➢ Sharing a drinking mug/cup with a person with HIV
➢ Hugging a person with HIV when blood is not present
➢ Sharing a toilet seat
➢ Kissing a person with HIV when no blood is present
➢ Proper use of a condom during sex
➢ Caring for an infected person
➢ Playing games with an infected person
➢ Lubricant fluid found in condoms

Shuffle all cards. The trainer divides participants into two groups and shares the activity cards equally among them. Give participants activity cards, sticky stuff and flip chart. Divide the flip chart into three columns listing CAN TRANSMIT, CAN NOT TRANSMIT and NOT SURE. After conferring with their group, participants stick cards on the corresponding columns.

The groups present their activity cards taped on the flip chart. Compare the group’s findings. If controversy arises over the correct column, the facilitator leads the group through reasoning by asking whether the activity involves one of the fluids that can transmit HIV and a portal of entry.
Trainer’s Notes:
This activity is designed to help overcome and explain myths and also to emphasize facts. In choosing the activities that do not transmit HIV, the facilitator should select activities that are common misconceptions about HIV transmission in the community.

4. The HIV Transmission Game (10 minutes):
Recruit three volunteers. Meet with them privately. One smears red jam or any other substance that sticks on the hand without other participants noticing. Instruct the other volunteer not to shake hands when the activity starts and ask another to wear a glove when the activity starts. Ask participants to stand in a circle. Instruct participants to mingle freely shaking hands and socializing. This activity takes 3-5 minutes. Ask participants to de-role and take back their seats.

Evaluate how the situation went by asking the following questions.

1. What do you see in your hands?
2. How do you feel about what is in your hand?
3. Is there anyone without the substance in his or her hand? How did you escape?

Explain the issue of prevention to participants. De-role participants and have them wash their hands. Explain how because of one person or activity the whole community can be infected. Remember to point out that shaking hands does not transmit HIV.

NB. Make it clear that because one’s hand is smeared with jam it does not mean one is infected but that one has been exposed to HIV. HIV testing is the only way to know for sure if one is infected.

Trainer’s Notes:
Expect discomfort in the audience and acknowledge it. Lead the group through their embarrassment and agree that these things (sexual issues) are sometimes very hard to talk about. It is a very important Life skill to be able to talk about sexual issues clearly and openly. It is for everyone’s protection.

5. How can HIV infection be prevented?
Preparation: Write the following information on a flipchart, PowerPoint presentation, or overhead.

- abstinence, delayed initiation of sexual activity
- reduction in the number of partners, mutual monogamy
- non-penetrative sex
- consistent and correct use of male or female condoms
- use new or clean needles
- prevention of mother-to-child transmission
- Prevent for Positives - prevention programs specifically designed for people living with HIV
- STI treatment
- HIV counseling and testing

Without showing participants the prepared information on ways to prevent the transmission of HIV, ask the participants “How can HIV be prevented?” Write their responses on the flip chart. Reveal the prepared information and note any differences between the two. Be sure to highlight the areas that project Accept will attempt to target, and emphasize that VCT is the foundation on
which other successful intervention/preventions are based. This is a good transition to the next session, which examines what VCT is and how HIV testing works.
Training Day 2

Session 6: What is VCT & how does HIV testing work?

Overview:
Most of the CBOVs being trained will have already experienced VCT either through the mobile service our study provides or through standard VCT. However, they will still have many questions about exactly how the technology works and what are the necessary counselling components of VCT. This session will help clarify these informational issues and lay the groundwork for later sessions that focus on the role VCT plays in controlling the HIV epidemic. In this session, counselors from the study’s mobile VCT unit will come to the training to talk about the VCT process.

Time:
1 hour

Objectives:
By the end of this session participants will be able to:
1. Describe how HIV tests used in VCT work (i.e. detection of antibodies)
2. Outline the VCT process (consent, pre-test counseling, testing, post-test counseling, referral)
3. Describe what confidentiality means in the context of testing
4. Describe some of the characteristics of quality HIV test counseling.

Materials:
- HIV testing kits
- Flip charts
- Markers
- Board
- HIV test nurse/counselors from the mobile VCT unit

Delivery:
1. Introduction
The facilitator should introduce the mobile VCT counselors and explain that they are joining the training today to give participants an insider’s look at how HIV testing and the VCT process works.

2. Brainstorm
The facilitator asks the group to brainstorm on the following topics.
Note: you can facilitate this discussion with the whole group together or the group can be divided into two groups, the first group is asked to discuss the first two topics and the second group is asked to discuss the second two topics:

- What do you understand VCT to be?
- What do you think are the necessary components of VCT?
- What do you think are the characteristics of good-quality VCT?

The participants should be fairly well-informed about these topic since they have already been sensitized and most have taken part in VCT. Their answers will also give clues to the
nurse/counselor about gaps in their knowledge of understanding that she can address in her mini-
lecture, which comes next.

3. Mini-Lecture on HIV Testing and VCT
The mobile VCT nurse/counselor will give a presentation that covers basic information about
how the HIV tests used in VCT work and data about their accuracy. If you feel it is appropriate,
the nurse/counselor can even provide a demonstration of the rapid tests using her own blood (if
you decide to do this, please be sure that the nurse/counselor providing the blood is
knowledgeable about their HIV status and never use blood from any of the participants in the
room). The lecture should also include an explanation of the counselling process and what
constitutes quality HIV test counselling. Again, a demonstration may be helpful and a mock
counselling session can be staged for the group. The lecture should also include a discussion of
confidentiality and how referrals are made to post-test support services. The lecture should also
emphasize the importance of the window period and the need for re-testing. The VCT
nurse/counselor will also discuss the role of VCT in controlling the HIV epidemic.

4. Questions
The nurse/counselor and facilitator should leave time at the end of the session to address
questions the participants may have. The facilitator can close the session by summarizing some
of the main issues. The facilitator should also inform the participants that they will be discussing
VCT in more detail in coming sessions.
Session 7: What is PTSS & how does it work?

Overview:
PTSS is a crucial component of VCT, providing services that allow both HIV negative and positive individuals the support they need to cope with their test results and engage in HIV preventative behavior. The purpose of this session is to orient the participants to the purpose and methods of PTSS and to provide basic information on care, support, and treatment of people with HIV so that CBOVs will be equipped with information around how to provide adequate emotional, social, and medical support of people living with HIV.

Objectives:
By the end of this session participants will be able to:
1. Describe how PTSS services operate
2. Outline the main components of PTSS
3. Identify critical issues related to care support and treatment of people with HIV including antiretrovirals and healthy living activities.

Materials:
☐ Markers
☐ Board
☐ PTSS counselors/staff

Delivery:
1. Introduction
The facilitator should introduce the PTSS counselors and explain that they are joining the training today to give participants an insider’s look at how PTSS services work.

2. Brainstorm
The facilitator asks the group to brainstorm on the following topics.
Note: you can facilitate this discussion with the whole group together or the group can be divided into two groups, the first group is asked to discuss the first two topics and the second group is asked to discuss the second two topics:

- What do you understand PTSS to be?
- What do you think are the necessary components of PTSS?
- What do you think are the characteristics of good-quality PTSS?

3. Mini-Lecture on PTSS
The PTSS counselor/staff will give a presentation that covers basic information about how PTSS works and an overview of its components. A demonstration may be helpful and a mock counselling session can be staged for the group. The PTSS counselor/staff will also discuss the role of PTSS in controlling the HIV epidemic.

The PTSS counselor/staff should also cover the following areas around care and support of PLWHA:

What is Antiretroviral Therapy?
Antiretroviral therapy (ART) is treatment with drugs (called antiretrovirals or “ARVs”) that attack HIV. ART slows down the process that HIV uses to make copies of itself. This decreases the amount of HIV in the body and the amount of damage that HIV causes to the immune system. HIV makes millions of copies of itself every day, so the drugs must be taken every day to keep the virus under control. ART cannot stop HIV completely, however, because HIV can hide inside cells. There is no cure for HIV, but ART can keep people healthy for many years. We don't know how long they will keep people alive, but some people who have been taking ART regularly for more than 8 years are still doing well. ARVs can also be used to prevent mother to child transmission of HIV (PMTCT) and as post exposure prophylaxis (PEP) to prevent infection after exposure to HIV through a needle stick injury or rape.

Not everyone who is infected with HIV is eligible for ART. Only people whose immune system is very weak need to go on ART. Anyone with AIDS is eligible for ART.

In general, ART requires clients to be committed to taking tablets every day for the rest of their lives. It is possible that others may find out the client has HIV if they notice the client taking ART. It is therefore advisable for clients to disclose their HIV status to members of their household before starting ART.

The goal of ART is to reduce the levels of the virus in the blood below the limits of tests that look for HIV, called viral load tests. This gives the best chance for treatment to succeed, because it limits the chance of the virus developing resistance to ART. If taken correctly, ART keeps the viral load at undetectable levels in most people. Taking drugs reliably as prescribed is called "good adherence". Missing doses of drugs is called "poor adherence".

If a client misses as few as three doses a month, there is a chance that the HIV will become resistant to the drugs and they will stop being effective. ARVs are prescribed at doses that will maintain an effective level of drug in the blood. If a dose is missed or taken late, the blood level dips and HIV will be more able to reproduce.

Even when ART is taken properly, it cannot kill HIV that is hiding in cells. If treatment is stopped, these hidden viruses will quickly multiply to high levels throughout the body.

It is important to note that sometimes ART has side effects such as rash, nausea/omitting, mental health changes, damage to the nerves, or an enflamed liver. Patients taking ART should tell their doctors if there experience any side effects because other treatments with fewer side effects may be available.

ART does not cure HIV. People who are on ART continue to have HIV in their bodies, and are still able to infect other people. It is therefore very important for people on ART to continue using condoms or not having sex. Clients who are on ART can go to VCT centres for ongoing supportive counseling that will empower them to protect themselves and their partners. Clients should also consider discussing risk reduction strategies with their sexual partners.

**Effect of HIV on Nutrition**

Good nutrition through a balanced healthy diet is vital for health and survival for all people regardless of HIV status. HIV/AIDS can affect nutrition by increasing nutritional needs, lowering food intake and decreasing absorption of food.

HIV infection increases nutritional requirements because the bodies of people living with HIV use up energy trying to fight the infection. When possible, additional energy needs should be met.
by increasing consumption of foods with high starch, proteins and nutrients, rather than increasing consumption of fats and sugar.

HIV/AIDS can lower food intake for a variety of reasons. Infections and illnesses lead to poor appetite. Sores in the mouth or throat may make it painful to eat. The expense of treatment and inability to work leaves less money available for food. HIV-related depression and anxiety can contribute to loss of appetite. Isolation may result from stigma against people living with HIV/AIDS. Since eating is a social event, isolation may result in decreased food intake.

HIV and HIV-related illnesses can decrease the ability of the intestines to absorb food and may cause diarrhoea. Diarrhoea can result in water and nutrient loss.

**Nutrition Guidelines**

*Listed below is a summary of nutrition guidelines for PLWHA. This information is also included in the take-home notes.*

1. **Starchy Foods:** Starchy foods provide lots of energy in the form of carbohydrates and should form the biggest part of each meal. Examples of starchy foods are: (use local examples) porridge, cereals, bread, corn meal (pap), samp, millet, sorghum, potatoes, sweet potatoes, rice and pasta.

2. **Fruits and Vegetables:** Fruits and vegetables are an important source of vitamins and minerals which are needed by the immune system to fight infections. Fruits and vegetables of a yellow, orange, red or dark green colour contain vitamin A, which keeps the linings of the gut and lungs healthy and helps prevent germs from entering the body. Examples include sweet potato, squash, pumpkin, carrots, peaches, apricots, papaya, mangoes, spinach and green peppers. Citrus fruits (oranges, grapefruit, lemons), guavas, mangoes, tomatoes and potatoes supply vitamin C which helps to fight infections. Besides vitamins A and C, fruits and vegetables supply many other vitamins and minerals which support the immune system.

3. **Meat and Dairy Foods:** These are an important source of proteins to build muscles and strengthen the immune system. Examples include all forms of meat, fish, eggs, milk, yoghurt and cheese.

4. **Beans, Lentils, Nuts and Soya:** These foods from plant sources also supply proteins that build muscles and strengthen the immune system. Examples include beans, peas, lentils, peanuts, peanut butter and soya beans. These foods are a less expensive source of proteins than meat and dairy.

5. **Sugars, Fats and Oils:** These provide high amounts of energy and should be increased after periods of weight loss to help with regaining weight. In the late stage of HIV infection fat can cause diarrhoea. Excessive fat consumption should be avoided because it can lead to high cholesterol and heart disease.

6. **Salt:** Eating a lot of salt contributes to high blood pressure. However, extra salt intake is required after diarrhoea and vomiting. Oral rehydration solution (1 litre water, 8 teaspoons sugar, half teaspoon salt) should be used by people with diarrhoea to ensure adequate hydration, energy and salt intake.
7. **Water**: Drink lots of clean, safe water. People need about 2-3 litres of water per day. People need extra water when they sweat, have fever or lose water through diarrhoea and vomiting. When the source of water is not safe, then it should be boiled.

8. **Vitamins**: Adequate vitamin and mineral intake is best achieved through an adequate diet (eg, fruits, vegetables, meat, dairy, nuts). However, for people who are not able to access an adequate diet, a multivitamin supplement can be beneficial. Multivitamins are generally less expensive than buying individual vitamin supplements.

**ART and Health Living Key Educational Messages:**

- Healthy living and good nutrition are important to protect the immune system. Healthy living includes not drinking alcohol, not smoking, getting regular exercise and eating a well balanced diet. A well balanced diet includes daily portions of starch, vegetables, fruit, meat or nuts and dairy.

- HIV increases the risk of TB but you can get sick with TB whether you are infected with HIV or not.

- The symptoms of TB include cough, weight loss, fever and night sweats and anyone with those symptoms should go to a clinic to give a sputum sample.

- TB is curable in HIV-positive and HIV-negative people.

- It is good to know your HIV status because drugs are available to keep people living with HIV healthy.

- Antiretrovirals are not a cure but they can keep a person living with HIV healthy for many years.

- Antiretrovirals may cause side effects like rash, nausea, bad dreams and liver problems. Most side effects are mild and go away after a few weeks. The benefits of ART far outweigh the risks.

- People who start antiretrovirals should continue to take them regularly for the rest of their lives. If they interrupt their treatment they may develop a resistant strain of HIV, the drugs they are taking will not work well and they will become very sick.

- People taking antiretrovirals should continue to practice safe sex including using condoms.
4. **Questions**  
The PTSS counselor/staff should leave time at the end of the session to address questions the participants may have. The facilitator can close the session by summarizing some of the main issues.

5. **Wrap up**  
The facilitator should wrap up the sessions by discussing the role of VCT and PTSS in controlling the HIV epidemic.
Training Day 3

Session 8: Our Community’s Response to HIV

Overview:
As a community-based study, Project Accept is interested in improving the ways in which communities react to the HIV epidemic so that HIV prevention can become a priority. The purpose of this session is to encourage participants to start thinking about how their communities have responded to the HIV epidemic so far and to identify the ways in which their communities are succeeding or failing to mount productive responses. In their role as change agents, CBOVs will be responsible for assisting their communities to respond proactively to the epidemic through the CBVCT intervention.

Objectives:
By the end of the session, participants are expected to be able to:

Materials:
- □ Flip Chart Paper
- □ Markers
- □ Sticky Stuff
- □ Wall to hang completed papers
- □ Ball of String
- □ Large space for the group to form a big circle

Delivery:

1. Icebreaker
The facilitator should lead an icebreaker.

2. Brainstorming Exercise (1 Hour):
Ask participants to divide into two groups and to elect a recorder for the group. Then ask the first group to answer the following question “What is the response from our churches, schools, and health care establishments to HIV and AIDS”. Then ask the second group “What is the response from our local councils, chiefs, and community leaders to HIV and AIDS” Remind them that these can be positive and negative responses. Re-Group and ask each group to select a person from their group to present their information. Once both groups have presented their information then ask the group if there is anything they would like to add about their community and its response to HIV. Once they have a complete list then ask the participants to identify the responses they believe have been good for the community and why. The facilitator should list the items they mention on a separate flip chart paper. The facilitator should do the same for the items that people have identified as being not good for the community and why.

The exercise above has helped the group to not only list the community’s response but also analysis the effect of the response on the community. Allow the group to have open discussion and lead them into the next discussion, which is how a community builds a response to HIV.

Delivery:
You will need a ball of string to do this exercise. Ask everyone to sit or stand in a circle. Produce a big ball of string. Hold on to the end of the string, then roll or toss it across to someone sitting/standing opposite you, saying his/her name as you send it. Keep holding on to your end, tightly. Ask the recipient to hold on to the string so that it makes a taut line between you. Then ask him/her to send the ball back across the circle to someone else, saying the person’s name as he/she rolls/tosses it. Everyone continues with this procedure, until the circle is full of taut lines criss-crossing the circle. Each person should be holding tightly to a bit of string. The ball of string should finally be sent back to you so that you hold the beginning and the end of the string. Next ask everyone to look at how the string connects you all, like a spider’s web. You are all dependent on one another to keep this web firm and supportive. If anyone were to take his or her hand away from the web that part of it would collapse. Ask people to suggest how this spider’s web exercise relates to our community and how it represents its response to HIV and AIDS. Stress the importance of working together and all sectors are more effective when they work as a team because resources are shared not duplicated, you have more collective information and skills which help build solutions to community issues, and you have a mass of people taking action instead of just a few.

4. Closing Exercise: (1 Hour):
Ask participants to make suggestion on ways in which their communities can enhance their approach to HIV prevention. Ask them to consider how the Project Accept Intervention fits within this framework. List all ideas.
Session 9: Stigma and Discrimination

Overview:
Stigma and discrimination are powerful barriers to HIV prevention at the community level. One of the most important roles of the CBOVs will be to reduce stigmatizing beliefs about HIV in their communities and reduce discrimination against those who are living with HIV. To prepare them for this role, we need to sensitize them to the issues of stigma and discrimination and their social dynamics. In this session, we ask CBOVs to think about what stigma is, how it shows itself in their communities through discrimination, and how it can be reduced.

Objectives:
By the end of the session, participants are expected to be able to:
1. Have a clear working definition of stigma and discrimination
2. Understand how stigma and discrimination reduce the effectiveness of preventing HIV
3. Understand how stigma and discrimination impacts the entire community

Materials:
- Flip Chart Paper
- Red Felt Tip Marker
- Index Cards with green and red marking dots (or other symbols)
- String
- Markers
- Sticky Stuff
- Wall to hang completed papers
- Hole punch

Delivery:

1. Icebreaker
   The facilitator should lead an icebreaker.

2. Defining Stigma (time 30 Minutes)

   Preparation:
   - write textbook definition of stigma (see box below) on a sheet of flip chart paper

   Hand out cards and ask participants to write the answer to the following question on the cards: “What do you think is the meaning of ‘stigma’?” Encourage people to give examples of stigma or define it. Collect cards and read them out loud to the group. Explain the definition below putting a check mark by all the points that participants wrote down on the cards.
3. **Sharing experiences of stigmatizer and stigmatized (time 1 hour)**

Ask participants to sit on their own at a distance from other participants. Then say: “Think about a time in your life when you felt isolated or rejected for being seen to be different from others—or when you saw other people treated this way.” Explain that this does not need to be examples of HIV stigma—it could be any form of “isolation or rejection for being seen to be different.” Distribute cards with a red dot or some other mark on the corner and ask them to think about what happened, and write down the impact that it had on them and how it made them feel. Then ask participants to write down any thoughts, feelings, or words that they associate with stigma.

Ask participants to think about a time in their lives when they isolated or rejected other people because they were different. Distribute cards with a green dot or another different mark on the corner. Ask them to think about what happened, “How did you feel? What was your attitude? How did you behave?” and write down the impact that it had on them and how it made them feel.

Collect all cards. Shuffle the red dot marked cards and the green dot marked cards separately. Explain to participants that the red dot marked cards are stories and feelings that participants had when they were stigmatized and that the green dot marked cards are stories and feelings when they were stigmatizers. Redistribute the cards to the audience so that each participant has both one red dot marked card and one green dot marked card. Ask each member to read his/her cards—explain that by shuffling the cards the identity of the author is anonymous. Summarize the feelings associated with being stigmatized and stigmatizer on separate pieces of flip chart paper.

4. **Effects and Causes of Stigma (time 1 hour)**

Divide participants into pairs and hand out cards and markers. Ask pairs to record forms of stigma, the effects of stigma, and the causes of stigma, each on different cards. Have one member
from each pair place each card on the appropriate space on the problem tree: forms of stigma as the trunk of the tree; effects of stigma as the branches and leaves of the tree; and causes of stigma as the roots of the tree. Be sure to cluster common points and eliminate repetition.

Review one level at a time. Help participants see the two levels of effects – immediate impact on PLHA and secondary effects.

5. **Group Exercise (1 Hour): Creating a Community Vision Regarding Stigma & Discrimination**

Ask “What will the situation in our community look like in two years time if we adopt an anti-stigma community campaign?” Record the group’s responses on flip chart paper. Some things that might be listed are:

- More openness in talking about sex and AIDS
- Villagers helping each other in caring for PLHAs
- Less gossip and name-calling towards families affected by HIV/AIDS
- More knowledge about transmission and less fear about casual contact.
- More hope. Less feeling of fatalism and paralysis.
- More trust in and use of health services

Ask “What activities will you carry out to reach these goals?” Record the group’s responses on flip chart paper. Some things that might be listed are:

- Training workshops for community and peer group leaders and PLHAs
- Community and peer group meetings and awareness raising in schools
- Community participatory education on new facts about HIV/AIDS
- Development of community and peer group action plans
- Formation and operation of PLHA support/self-help groups
- PRA/PLA data gathering and analysis—community mapping, stigma walk
- Mini-campaigns on specific issues: stop stigma against orphans
- Home visits and support for AIDS affected households

Then ask the participants to prioritize the activities so they have a good starting point to develop an anti-stigma campaign for their community.
Session 10: The Role of the CBOV
Trainers, for this session please refer to session 5: Staff and CBOV Roles and Responsibilities in the Community Mobilization Training Manual. Adapt the content of section 2 CBOV Roles and Responsibilities as needed for your training purposes.
Training Day 4

Session 11: Devising Community Mobilization Strategies and Setting Goals

Here is an example of the of an action plan framework.

What is the problem or challenge?
The problem must be solvable and one the participant can impact. It should be important to solve but reasonable in scope.

What is the goal?
Participants must focus beyond the problem and establish a goal. The goal should be clear, measurable, and realistic.

Analyze the force field
In The Winning Trainer (Gulf Publishing, 1989), Julius E. Eitington described it this way: "Force field analysis … says to us: ‘Hey, don’t try to come up with a solution or change a situation before you know what forces at work underlie it. Be an expert diagnostician first, and then you’ll be a much better problem solver or change agent. So discern carefully the forces that are favorable to your desired goal (the driving forces) and those which are unfavorable (the restraining forces).” First have participants identify "restraining forces" that prevent solving the problem. Focus on major hurdles, such as lack of time, unavailability of materials, and power struggles among community structures or community members. Next, identify the "driving forces,” which are the positive forces propelling the work forward.

List Action Step and Timelines
Removing the restraining forces (or hurdles) is key to resolving a problem. Each restraining force must be addressed with one or more action steps. For example, if "lack of time" is a restraining force, list action steps aimed at carving out time. Once participants understand that restraining forces must be dealt with in the action steps, they may wonder how many steps to include. The detail in an action plan varies depending on one’s planning style.

Plan Milestones and or Progress Checks
Participants often wonder about the difference between a milestone and an action step. A milestone is a turning point that results from the action steps. For example, a milestone might be completing an important set of guidelines, distributing a survey, gaining consensus on a big issue, or holding an important event. Tracking progress can be done in myriad ways: Keeping a log, assembling an album of pictures or student work samples, collecting agendas or notes from team meetings.

List Needed Resources
Preparing a list of needed resources helps participants be realistic about the action plan. Examples of resources might include: funds, approval or support from particular people, expertise, books to read, places to visit, a network, or specialized training.
Session 12: Developing Messages for Promoting the Innovation

Trainers, please refer to Session 12: Developing and Communicating Messages for Promoting the Innovation in the Community Mobilization Training Manual and adapt the content to the CBOV training as needed.
Session 13: Documenting Community Mobilization Activities

Overview:
It will be very important for community mobilization activities to be documented in as much detail as possible. Data of this type, often called “process data” will help us to explain how our CM strategies worked on the ground. Documentation of this type will be enormously important for the study as a whole because it will allow us to characterize both the quantity and quality of the CM component of the intervention. In the event that we find the CBVCT intervention effective or ineffective, process data of this type will help us to understand why it was a success or failure. In this session we introduce the methods for documenting CM activities.

Time:
2 hours

Objectives:
By the end of this session, the participant will be able to:
Articulate the reasons why process data is vital to our understanding of the study outcomes
Describe the ways in site staff will document CM activities.
Explain the purpose and use of the various forms.

Materials:
- QA/QC Forms and Manual
- Utilization Forms and Manual

Delivery:
1. Overview

Present a brief overview of the CM Utilization Forms and QA/QC forms to staff. Emphasize that as CBOVs they are not required to complete any of the forms. However, it is important that CBOVs remember the types of mobilization activities that they engage in so that the support session meetings will be informative and helpful. The key aspects of mobilization that CBOVs should try recall are listed in the QC CBOV Support Session From v1.1.
Session 14: Looking Ahead
Wrapping Up Unfinished Business

Use this session to wrap up and bring closure to the training as a whole. Verify that there are no lingering questions or points of confusion for participants. Briefly summarize the concepts presented in the training and thank participants for all their hard work and attention.
Appendix 1: Take-Home Notes for CBOVs

BASIC INFORMATION ON HIV AND AIDS

What is HIV and what does it do to the body?

- HIV stands for Human Immunodeficiency Virus as shown below:
  
<table>
<thead>
<tr>
<th>H</th>
<th>I</th>
<th>V</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human</td>
<td>Immunodeficiency</td>
<td>Virus</td>
</tr>
</tbody>
</table>

HIV is a virus that attacks the human body’s immune system leaving it open to attack by other diseases, which would normally find it difficult to attack the human body. These other diseases, known as “opportunistic” diseases or infections, find it easy to invade the body when the immune system is weakened by HIV.

HIV is a member of viruses called “retroviruses.” A retrovirus is a virus that changes itself very rapidly. This makes it difficult for researchers to find an effective treatment or vaccine. There are two types of HIV. HIV-1 is the most common and is responsible for most of the HIV infection in the world. HIV-2 is common only in West Africa. It has a slower progression than HIV-1.

From the time a person is infected with HIV, the virus begins to damage the immune system. An infected person’s immune system struggles to fight back and can do so for as many as 10 years or more. But the virus continues to destroy these defenses until the immune system is too weak.

A person can be infected with HIV and not know it because symptoms or illnesses related to HIV may not occur for many years. Many people are not aware they are infected with HIV because they feel fine. Even if the infected person feels fine, he or she can still pass HIV on to others.

What is AIDS?

- AIDS stand for Acquired Immune Deficiency Syndrome as shown below:
  
<table>
<thead>
<tr>
<th>A</th>
<th>I</th>
<th>D</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquired</td>
<td>Immune</td>
<td>Deficiency</td>
<td>Syndrome</td>
</tr>
</tbody>
</table>

AIDS is advanced HIV infection. It is the stage where the body’s immune system has been severely weakened by HIV and therefore the body has no defense against deadly common opportunistic infections like TB, pneumonia, diarrhea and some cancers. When a healthy body is exposed to these common diseases the body’s immune system is able to fight them off. However, after the HIV virus has destroyed the body’s immune system these common diseases are able to attack the human body successfully, leading to death.

The difference between HIV and AIDS

As has been mentioned above that Human Immunodeficiency Virus (HIV) is the virus that destroys the human body’s immune system leaving it susceptible to attack by common infections like TB, pneumonia and diarrhea. Acquired Immune Deficiency Syndrome (AIDS) on the other
hand is the condition that results from the lack of, or weakness of the immune system whereby the body is now susceptible to attack from various diseases. HIV is the cause of AIDS. They are therefore not one and the same.

**How does HIV affect the immune system?**
The immune system is composed of many interdependent cells and organs that protect the body from bacteria, parasites, fungi, viruses, and tumor cells. The immune system acts like an army that protects the body from invaders, and each of the different cells of the immune system performs a function in fighting off these invaders.

When bacteria, viruses, or other agents invade the body, they are recognized as foreign, which then signals the immune system to attack and destroy them. If the immune system does not act strongly in response to an invading agent, the result will be infections.

HIV infects one particular type of immune system cell called CD4 cells (these cells are also called T-cells). CD4 cells coordinate immune function. When HIV infects CD4 cells, it uses those cells to make many copies of itself. In the process, the CD4 cells are damaged and die. As the number of CD4 cells decreases, the infected person’s immune system becomes very weak. In healthy individuals, the number of CD4 cells normally ranges from 450 to 1,200 cells per microliter of blood. People with AIDS have less than 200 CD4 cells per microliter of blood.

An infected person’s body tries to fight off HIV infection by producing antibodies. These are tiny pieces of protein that bond with HIV particles and neutralize them before they can infect more CD4 cells. Most HIV tests are designed to detect the presence of these antibodies, not the HIV virus itself.

**Modes of Transmission**
[Note that this pie chart and discussion is relevant for Zimbabwe, adapt for other sites as needed]

HIV is principally spread through sexual contact, both vaginal and anal. This represents 92% of all transmissions. Parent to child transmission is next at 7% whilst all other transmission modes like blood transfusions, razor blades, shared drug needles and accidents account for only 1%. This means that for every 100 people who acquire HIV it is most likely that 92 of them get the virus from sex whilst 7 are children who get it form the mother during pregnancy, birth or breastfeeding. The rest of them get it through other means like shared needles and accidents as shown in the pie chart below.

- 92% of HIV in this country is spread through sexual contact.
- 7% is through an infected mother to the baby. This can happen while the baby is in the womb, during delivery or through breast-feeding.

- In the “other” category, these include any other means that bring one’s blood into contact with infected blood for example sharing piercing instruments, razors, or needles. It is important from this diagram to note that 99% (sexual contact plus mother to child) of HIV transmission is linked to sexual activities. Therefore preventive measures should target risky sexual behaviors for them to have an impact.

**Magnitude of HIV and AIDS**

*(insert relevant information for your site, here is an example for Zimbabwe)*

- HIV has infected 2.3 million people in Zimbabwe, which translates to 1 in 4 people.

- About 2000 people die of AIDS every week in Zimbabwe and a total of 200,000 AIDS related deaths have been documented (many deaths from AIDS are never documented).

- There are 780,000 children orphaned by AIDS

- Among women visiting antenatal clinics at urban centers 30% are HIV positive.

*(Zimbabwe Ministry of Health, 2003)*

**HIV and AIDS on a global scale**

- Worldwide, more than 21 million people have already died from AIDS and 40 million people are currently living with HIV.

- 5 million new infections are expected each year.

- AIDS is the leading cause of infectious death in the world, and the fourth leading cause of death among adults worldwide.

- 28 million of those currently infected with HIV live in sub-Saharan Africa. Most people do not know they carry HIV and so may be spreading the virus to others unknowingly.
Disease Progression Chart

Window Period
The window period begins from infection to between 3 and 6 months. It is the period during which the virus is still settling down in the human body. At this stage, the human body (because this is the first exposure) has not yet developed specific antibodies to HIV. Because HIV infection is found through testing for its specific antibodies, test results during this period will come out negative even though the virus is present. At this stage the amount of virus in the body is very high as compared to the antibodies, which are still being developed. Because the levels of the virus are so high during this period, the virus is also more likely to be transmitted from one person to another during this time.

Honeymoon Period
At this stage the human body has begun to develop significant amounts of antibodies to counter the HIV virus. As a result, the antibodies fight off the HIV infection and this leads to a dramatic fall in the amount of virus in the body. At this stage the antibodies outnumber the virus. This state can remain for the next 10 to 15 years and the person will appear and feel healthy.
**AIDS stage**
In this period the virus begins to increase again in the human body and outnumbers the antibodies. The virus destroys the body’s immune system and the body becomes more prone to opportunistic diseases and infections. Because the immune system is very weakened, opportunistic infections can easily lead to death.

**Treatment**
Currently, there is no cure or vaccine for HIV infection or AIDS. Researchers are trying to develop vaccines for HIV but currently there is no medicine that can prevent someone from becoming infected with HIV. Development of a vaccine will take many decades. However, HIV and AIDS can be managed through treatment using antiretroviral drugs (sometimes called ARVs, for short). These drugs do not cure HIV, they can only delay the virus from damaging the immune system and therefore prolong life. It is therefore important to prevent transmission of HIV through behavior that reduces or eliminates risk.

Antiretroviral drug therapy (sometimes called ART, for short) works by interfering with HIV’s life cycle and its ability to reproduce. The goals of antiretroviral drugs are to prolong the health and life of HIV-infected people, improve the symptoms of HIV infections, improve the functioning of the immune system, and reduce the replication and mutation of HIV.

Adherence to a drug regimen (adherence means taking every dose of the prescribed drugs) is very important if the drugs are to be successful. Missing even a single dose can make the drugs less effective and also contribute to HIV becoming resistant to drug treatments. Because of this, people should start taking antiretroviral drugs only if they are very committed to taking the drugs according to the instructions and are assured adequate supplies.

Antiretroviral drugs may also have some side-effects like headaches, sleep problems, fatigue, nausea, rash, diarrhea, or vomiting. People taking antiretrovirals need support from those around them to cope with these side-effects. A doctor can also adjust the medications to relieve some of the side effects.
HOW HIV IS TRANSMITTED

Since HIV is not hereditary but acquired, the way it is passed on from one individual to another is what is known as transmission. It is important to know the routes of transmission so that one can put barriers on the possible pathways of HIV from one individual to another.

Four Fluids that transmit HIV
1. Semen
2. Vaginal fluids
3. Blood
4. Breastmilk

Activities that can transmit HIV
1. Sexual
   - All sexual intercourse (vaginal sex and anal sex)

   Note: There is currently no evidence that oral sex (mouth to penis, mouth to vagina, or mouth to anus) can transmit HIV. However, if the mouth has open sores, it is not advisable to expose those sores to vaginal fluids or semen.

2. Mother to child transmission
   - During pregnancy
   - During delivery
   - After delivery (through breast milk)

3. Exposure to infected blood
   - Blood products or transplanted organs or tissues e.g. transfusion when blood is not screened properly
   - Use of contaminated materials e.g. needles

Fluids that do not transmit HIV
1. Saliva
2. Sweat
3. Urine
4. Tears

The above-mentioned fluids do not transmit HIV. If there is blood present within the fluids, however, there may be a very small chance of transmission, although this risk is very low because none of these fluids provide a good environment for HIV to survive.

Activities that do not transmit HIV
1. Being near a person with HIV
2. Sharing a drinking cup or eating utensils with a person with HIV
3. Using the same toilet with someone who has HIV
4. Hugging a person with HIV
5. Kissing a person with HIV
6. Shaking hands with a person with HIV
7. Proper use of a condom during sex
8. Insect bites e.g. mosquitoes

Universal Precautions
1. Avoid unprotected contact with blood and body fluids that may contain blood
2. If contact is unavoidable use a barrier such as condoms, latex or plastic gloves (if not available, plastic bags on hands can be used).
3. Burn or bury anything that has had direct contact with blood or body fluids such as bloody tissues, paper towels etc.
4. Soak bloody or soiled linen in bleach or detergent before washing.

Facts about Mother-to-Child Transmission

- A woman infected with HIV can pass the virus to her baby during pregnancy, labor and delivery, or during breastfeeding.
- About 15% to 30% of babies born to HIV-infected women who have not received antiretroviral treatment will become infected with HIV during pregnancy and delivery and an additional 10% to 20% will become infected during breastfeeding.
- Transmission through breastfeeding appears to be greatest in the first few months of life. The risk of transmitting HIV through breastfeeding is lower for infants who are fed breastmilk only and higher for infants who are fed other foods or liquids in addition to breastmilk.
- If a woman is either very early in her infection or very late in her HIV infection, she will have a higher amount of HIV in her body and will be more likely to transmit the virus to the child.
- The risk for transmitting HIV to the baby will increase if a woman becomes infected or reinfected with HIV during pregnancy or while breastfeeding.
- Oral lesions in the baby or lesions on the mother’s breasts increases the risk for HIV transmission due to the increased portals of entry for the virus to come into contact with blood.
- A baby with stomach or intestinal illness may be at increased risk of becoming infected through the ingestion of breastmilk.
- Mothers who are being treated with antiretroviral medicines may reduce the risk for transmission to the baby during pregnancy, labor, and delivery.
- Birth by cesarean section can significantly reduce the risk for HIV transmission between mother and child during delivery.
- Avoiding invasive procedures during delivery can also reduce the risk of mother-to-child transmission.
It is important to note that all babies born to HIV-positive women will test positive for HIV antibodies at birth, even if the baby is not actually infected. This is because the mother’s antibodies will be present in the baby’s blood. Antibody testing can accurately determine HIV infection in the child only after the age of 18 months.

**HOW DOES HIV TESTING WORK?**

It is not possible to tell whether a person has HIV or AIDS by the way he or she looks and acts. Only a laboratory test can confirm the presence of HIV.

The most frequently used HIV tests detect the presence of antibodies to HIV, not the actual virus itself. An HIV antibody is a small piece of protein produced by the body to fight the HIV infection. A positive HIV antibody test indicates that a person has HIV. A negative test result indicates either there is no HIV OR HIV is in the body but the body has not yet produced enough antibodies to be detected by the test. Antibody tests can miss infection in a person who was recently infected with HIV and has not yet developed enough antibodies to show a positive result.

The period of time from infection with HIV until the body has developed enough antibodies that they can be detected on a test is called the **window period**. The window period is approximately three months. A person who is worried that he or she may have been exposed to infection should be encouraged to seek testing, and the counselor should explain that if the test comes back negative, it should be repeated after three months to confirm the result in case the person is in the window period. During the window period, a person who has HIV can still pass the virus on to other people. Even though the antibody level is very low, the amount of virus in the blood can be very high during this period (refer HIV progression chart).

**WHAT IS VCT?**

People have a right to know if they have HIV. Testing should always be voluntary and never forced. HIV testing should always be accompanied by counseling both before the test and after the test.

VCT stands for Voluntary Counseling and Testing. VCT is voluntary, it provides people with knowledge of their HIV status, and it includes counseling both before and after the test.

There are a number of benefits people gain by participating in VCT:

- A person who knows she or he has HIV can take steps to prevent passing it on to others and can make lifestyle changes that will preserve their health for longer.
- Where medications are available to combat opportunistic infections and keep people healthy longer, it is best for people to now they have HIV as soon as possible so they can begin treatment and schedule regular visits to their doctor.
- Where antiretroviral medications are available, people who know they have HIV can access them and increase their length of life.
Women who know they are infected can make informed decisions about family planning, pregnancy, and breastfeeding. In some places, antiretroviral treatment is available for pregnant women and this can greatly reduce the risk of HIV transmission to the baby. A person who knows she or he doesn’t have HIV can make plans to stay that way by reducing or eliminating their risks.

In short, VCT is an important part of people making informed decisions about their lives.

Confidentiality of Test Results

[sites must tailor this section to their needs]

VCT in [add your site] is [confidential or anonymous].

Anonymous VCT is where the client provides no information about him or herself that would identify him or her. For example, the client does not provide his or her name, i.d. number, or any other information that would allow the test result to be connected to their identity. Instead, test results are given a number code that is unrelated to a person’s identity.

Confidential VCT is where the client is asked to provide some piece of information that would identify them. This might be their name or their national identification number. This information is connected to their HIV test result but this information is kept completely confidential. This means that no one can access this information. For example, your employer, insurance company, friends or relatives would not be authorized to see the information.

Pre-test Counselling

Pre-test counselling provides an opportunity for counselors and clients to talk about the HIV testing process, the meaning of positive and negative test results, the client’s risks, ways to reduce risk, and the client’s intended plan of action once he or she has received the test result.

Pre-test counselling should not be judgmental. It is important to discuss all of the behaviors that may increase the risk of HIV infection in a nonjudgmental way, as well as to discuss ways to reduce risk.

Pre-test counselling and education will help both the counselor and the client assess the client’s understanding of HIV, testing, modes of transmission and prevention, along with his or her readiness to handle the results.

Counselors should also talk with clients about developing a personalized HIV risk-reduction plan that focuses on realistic steps toward behavior change.

It is also important that a client be aware that is the test result is positive, he or she will have an illness that carries a social stigma in some settings. Some people with HIV are the victims of abuse or ill-treatment of various kinds. Clients need to think through these issues before they decide to be tested. Clients should also be told about what resources are available within their communities to help them cope with some of the difficulties they may face.

Post-test Counselling

All people who are tested for HIV should have access to posttest counseling and education at the time they are given the test result. When giving a negative test result the counselor should
explain what the test result means, answer any questions, address the client’s emotional response and discuss strategies for remaining HIV negative. The discussion should include further discussion of the client’s risk-reduction plan. The counselor should remind clients that the results might not be accurate if the client is in the window period. If a client has engaged in risk behaviors over the past three months, he or she should be encouraged to have another test in three months time.

If the test result is positive, the counselor should begin to empower the client to participate in the many decisions that HIV infection poses by providing clear, honest, factual information in terms the client can easily understand.

The counselor should explain what a positive test result means, address the client’s emotional response, answer any questions, discuss treatment options if they exist, discuss self care, and talk to the client about how to avoid transmitting the virus to others. The counselor should refer HIV-positive clients to care and support services and should ask the client what their plans are to share this information with their sexual partner, friends, or relatives. The counselor should assess if the client has any personal safety issues such as threats of violence or abandonment that could result from disclosing their HIV status. Women who receive a positive test result should be counseled on options available to prevent mother-to-child transmission of HIV.
CARE AND SUPPORT OF PEOPLE LIVING WITH HIV (PLWHA)

What is Antiretroviral Therapy?
Antiretroviral therapy (ART) is treatment with drugs (called antiretrovirals or “ARVs”) that attack HIV. ART slows down the process that HIV uses to make copies of itself. This decreases the amount of HIV in the body and the amount of damage that HIV causes to the immune system. HIV makes millions of copies of itself every day, so the drugs must be taken every day to keep the virus under control. ART cannot stop HIV completely, however, because HIV can hide inside cells. There is no cure for HIV, but ART can keep people healthy for many years. We don't know how long they will keep people alive, but some people who have been taking ART regularly for more than 8 years are still doing well. ARVs can also be used to prevent mother to child transmission of HIV (PMTCT) and as post exposure prophylaxis (PEP) to prevent infection after exposure to HIV through a needle stick injury or rape.

Not everyone who is infected with HIV is eligible for ART. Only people whose immune system is very weak need to go on ART. Anyone with AIDS is eligible for ART.

In general, ART requires clients to be committed to taking tablets every day for the rest of their lives. It is possible that others may find out the client has HIV if they notice the client taking ART. It is therefore advisable for clients to disclose their HIV status to members of their household before starting ART.

The goal of ART is to reduce the levels of the virus in the blood below the limits of tests that look for HIV, called viral load tests. This gives the best chance for treatment to succeed, because it limits the chance of the virus developing resistance to ART. If taken correctly, ART keeps the viral load at undetectable levels in most people. Taking drugs reliably as prescribed is called "good adherence". Missing doses of drugs is called "poor adherence".

If a client misses as few as three doses a month, there is a chance that the HIV will become resistant to the drugs and they will stop being effective. ARVs are prescribed at doses that will maintain an effective level of drug in the blood. If a dose is missed or taken late, the blood level dips and HIV will be more able to reproduce.

Even when ART is taken properly, it cannot kill HIV that is hiding in cells. If treatment is stopped, these hidden viruses will quickly multiply to high levels throughout the body.

It is important to note that sometimes ART has side effects such as rash, nausea/omitting, mental health changes, damage to the nerves, or an enflamed liver. Patients taking ART should tell their doctors if there experience any side effects because other treatments with fewer side effects may be available.

ART does not cure HIV. People who are on ART continue to have HIV in their bodies, and are still able to infect other people. It is therefore very important for people on ART to continue using condoms or not having sex. Clients who are on ART can go to VCT centres for ongoing supportive counseling that will empower them to protect themselves and their partners. Clients should also consider discussing risk reduction strategies with their sexual partners.
Effect of Nutrition on HIV
Good nutrition through a balanced healthy diet is vital for health and survival for all people regardless of HIV status. HIV/AIDS can affect nutrition by increasing nutritional needs, lowering food intake and decreasing absorption of food.

HIV infection increases nutritional requirements because the bodies of people living with HIV use up energy trying to fight the infection. When possible, additional energy needs should be met by increasing consumption of foods with high starch, proteins and nutrients, rather than increasing consumption of fats and sugar.

HIV/AIDS can lower food intake for a variety of reasons. Infections and illnesses lead to poor appetite. Sores in the mouth or throat may make it painful to eat. The expense of treatment and inability to work leaves less money available for food. HIV-related depression and anxiety can contribute to loss of appetite. Isolation may result from stigma against people living with HIV/AIDS. Since eating is a social event, isolation may result in decreased food intake.

HIV and HIV-related illnesses can decrease the ability of the intestines to absorb food and may cause diarrhoea. Diarrhoea can result in water and nutrient loss.

Nutrition Guidelines
Listed below is a summary of nutrition guidelines for PLWHA.

**Starchy Foods:** Starchy foods provide lots of energy in the form of carbohydrates and should form the biggest part of each meal. Examples of starchy foods are: (use local examples) porridge, cereals, bread, corn meal (pap), samp, millet, sorghum, potatoes, sweet potatoes, rice and pasta.

**Fruits and Vegetables:** Fruits and vegetables are an important source of vitamins and minerals which are needed by the immune system to fight infections. Fruits and vegetables of a yellow, orange, red or dark green colour contain vitamin A, which keeps the linings of the gut and lungs healthy and helps prevent germs from entering the body. Examples include sweet potato, squash, pumpkin, carrots, peaches, apricots, papaya, mangoes, spinach and green peppers. Citrus fruits (oranges, grapefruit, lemons), guavas, mangoes, tomatoes and potatoes supply vitamin C which helps to fight infections. Besides vitamins A and C, fruits and vegetables supply many other vitamins and minerals which support the immune system.

**Meat and Dairy Foods:** These are an important source of proteins to build muscles and strengthen the immune system. Examples include all forms of meat, fish, eggs, milk, yoghurt and cheese.

**Beans, Lentils, Nuts and Soya:** These foods from plant sources also supply proteins that build muscles and strengthen the immune system. Examples include beans, peas, lentils, peanuts, peanut butter and soya beans. These foods are a less expensive source of proteins than meat and dairy.

**Sugars, Fats and Oils:** These provide high amounts of energy and should be increased after periods of weight loss to help with regaining weight. In the late stage of HIV infection fat can cause diarrhoea. Excessive fat consumption should be avoided because it can lead to high cholesterol and heart disease.
Salt: Eating a lot of salt contributes to high blood pressure. However, extra salt intake is required after diarrhoea and vomiting. Oral rehydration solution (1 litre water, 8 teaspoons sugar, half teaspoon salt) should be used by people with diarrhoea to ensure adequate hydration, energy and salt intake.

Water: Drink lots of clean, safe water. People need about 2-3 litres of water per day. People need extra water when they sweat, have fever or lose water through diarrhoea and vomiting. When the source of water is not safe, then it should be boiled.

Vitamins: Adequate vitamin and mineral intake is best achieved through an adequate diet (e.g., fruits, vegetables, meat, dairy, nuts). However, for people who are not able to access an adequate diet, a multivitamin supplement can be beneficial. Multivitamins are generally less expensive than buying individual vitamin supplements.

**ART and Health Living Key Educational Messages:**

- Healthy living and good nutrition are important to protect the immune system. Healthy living includes not drinking alcohol, not smoking, getting regular exercise and eating a well balanced diet. A well balanced diet includes daily portions of starch, vegetables, fruit, meat or nuts and dairy.

- HIV increases the risk of TB but you can get sick with TB whether you are infected with HIV or not.

- The symptoms of TB include cough, weight loss, fever and night sweats and anyone with those symptoms should go to a clinic to give a sputum sample.

- TB is curable in HIV-positive and HIV-negative people.

- It is good to know your HIV status because drugs are available to keep people living with HIV healthy.

- Antiretrovirals are not a cure but they can keep a person living with HIV healthy for many years.

- Antiretrovirals may cause side effects like rash, nausea, bad dreams and liver problems. Most side effects are mild and go away after a few weeks. The benefits of ART far outweigh the risks.

- People who start antiretrovirals should continue to take them regularly for the rest of their lives. If they interrupt their treatment they may develop a resistant strain of HIV, the drugs they are taking will not work well and they will become very sick.

- People taking antiretrovirals should continue to practice safe sex including using condoms.
Support Groups

Support groups can be essential to PLWHA because they provide assistance not only to them but usually to their families and community members as well.

Support groups usually provide the following:

1. Organize meetings where people with HIV/AIDS can get together and discuss their feelings, common problems and ways of coping.
2. Teach people how to look after themselves and discuss symptoms, illnesses and treatment.
3. Organize food and poverty relief to help people survive.
4. Organize social events where people can be open about their status and relax with each other.
5. Organize talks and presentations from experts.
6. Set up an organization that works for people with HIV/AIDS and get people to join.

For families, support groups can be used to:

1. Teach people about HIV/AIDS and how to care for someone when they get ill.
2. Talk about feelings and give families emotional support to help them cope.
3. Help families to get access to government grants and relief.
4. Put them in touch with services and projects that can help – like home-based care.

There are many ways to form support groups. Here are some examples:

- There are often regional or national advocacy groups that help people organize local support groups. In each local area, you can use personal contacts and word of mouth to get people to join a support group. Ask counseling and testing services, nurses, social workers, churches and schools to refer people to your group.
- Support groups that meet at clinics, with social workers or at churches and other religious institutions.
- Students who set up a support group on campus or school grounds.
- Support groups can be informal – you just need a group of people who share their problems and discuss ways of helping themselves and each other. It is good to have a small committee that coordinates the programs and makes sure that new people are made to feel welcome. The committee should also link with other projects and services in the areas and make sure that they all know where and when the support group meets. You may be able to get assistance from a Department of Social Welfare or other government agency. If you are part of a religious group, you can organize a support group for the congregation. You do not need a professional or a counselor to run the group – members can do it themselves. When you need advice or training, ask professionals to come and help.

Support groups are not the only way of organizing support. It is very important for people to get individual help with their problems and to feel that the community accepts and cares for them. Here are a few more examples of what can be done:
- Counseling and advice – make sure that counselors are available at clinics and advice offices to give people emotional counseling and practical advice about their problems.
- Role models and public support – local leaders like politicians, community leaders, sport stars, traditional leaders, business people, etc, should be open about HIV/AIDS, should mobilize people to volunteer and help in projects and should publicly support any people who are open about being HIV positive. This will help to make people with HIV/AIDS and their families feel that they are accepted and supported by their community.
- Community support – awareness campaigns and public events that mobilize the community to support HIV/AIDS projects are very important. When all people see HIV/AIDS as their problem, the people

**Government support and grants**

Below is a list of some of the main forms of support you may have access to. Services can vary between countries and between regions within countries so it will be necessary to do some research to find out what people in your community can access.

**Disability grant** – In some countries a disability grant is provided by the government if a person is unable to work because of illness and have very little income. The government utilizes a means test to decide if you are poor enough to qualify.

**Foster care grant** – If you are the official foster parent of a child, you might be eligible for a foster care grant. You will be required to provide that child with adequate food, medical care, clothing, schooling and shelter.

**Care dependency grant** – This type of grant is meant for children who are ill or disabled and need special care. In some countries this type of grant can be used for children who are ill with AIDS. Usually parents or foster parents or anyone who is responsible for looking after the child can apply. In most cases you can get a care dependency grant even if you already have a foster grant.

**Child support grant** – This type of grant is for anyone who is poor and looks after a child under 7 years old can apply for a child support grant. A means test is used to work out if you are poor enough to qualify for this grant.

**Social relief** – Many countries also have something they call temporary relief for people who are in urgent need of support. This type of help is usually given for a brief time while you are waiting sometimes for one of the grants to begin. This is not a lot of support and sometimes it is given in money or food.

Go to your nearest Welfare office (Department of Social Development). If there is no office near you, go to the nearest magistrate’s court. You will need different papers for different grants. The social worker will give you a list. On your first visit, take your ID book and any other proof you have that may be needed for the application. Again it will be important for CBOV groups to have a list of what grants are available from governmental and non-governmental offices. The group should also know what type of documentation is required for the various types of support as well. When possible it is best to actually have an example of the application form that will be required to be filled out as well so that you are more informed about what type of information they will be requiring. Here are some examples of types of documentation that might be required:
1. Your ID document  
2. Medical certificate  
3. Proof of income and assets  
4. Marriage certificate  
5. Death certificate of parents and birth certificate of children if you are looking after orphans  
6. Affidavit from birth mother if the children’s real parents are still alive – to say why you are taking care of them and that she agrees with you doing that.  
7. Letter from your employer if you have any income

**Wellness Programs**

Medical treatment is not the only way to stay healthy. If you are HIV positive, it is very important to keep your immune system as strong as possible. This will help you fight diseases and infections. Food, exercise and lifestyle are all important.

Here are some of the things we should do:

1. Educate people with HIV/AIDS and their families about healthy eating  
2. Start vegetable garden projects to help provide the right food types to people who cannot afford them  
3. Start food projects that collect food from supermarkets and farmers and distribute it to people who need it.

**Keeping a healthy body**

People living with HIV or AIDS need different foods from healthy people. HIV/AIDS and the medicines people have to take can make you lose a lot of weight, feel cold all the time and get serious stomach problems. This will make you weaker and more vulnerable to serious infections. Because you easily get infections, it is also very important to clean and cook food properly and to drink only clean water.

**Good food**

1. Drink two litres of water a day  
2. Drink sour milk, milk or yoghurt  
3. Eat beans, lentils, eggs or meat every day if you can – beans are just as good as meat if you put a tablespoon of uncooked sunflower oil with it before serving. All vegetables and fruits are very good  
4. For a healthy stomach, eat raw garlic, raw carrots or dried pumpkin seeds.  
5. Eat a lot of grains and starch – maize, rice, sorghum, brown bread

**Bad foods**

1. Sugar is very bad for the immune system and causes stomach problems  
2. Fried foods and cooked oils stop the stomach from being able to digest food  
3. Spicy food can also cause stomach upsets – do not eat too much
Do:

1. Keep yourself occupied and interested in things to avoid depression
2. Try to exercise without straining yourself
3. Get enough sleep and rest
4. Find people you can talk to about your feelings

Do not:

1. Smoke, drink or use addictive drugs
2. Go on diet or lose too much weight

People who live in poverty can often find it very hard to stay healthy. We have to make sure that poor people get access to food projects, government grants and other poverty alleviation projects. (See – Government Support & Grants)

It is very important that people with AIDS do not have too much stress and that feel good about themselves and their lives. It helps to stay active and not become bed-ridden or depressed. Any kind of activity is good – limited exercise, gardening, social activities and sports’ groups. People should obviously work for as long as possible as this will also help you to feel good about yourself. Emotional support is vital and people who cannot talk to anyone else about their condition are more likely to become ill more quickly.

Poverty alleviation

- Keep employment—One of the most important ways of stopping people who are affected by AIDS from becoming impoverished because of the disease is to make sure that those who are working can stay in employment. This means that employed family members should not stay at home to look after people who are ill unless this is unavoidable. People with AIDS should be encouraged to work as long as possible.

- Income creation—Micro-lending projects should be encouraged for affected families to help them launch a small business or enterprise from the home. The micro-lending projects should be properly run and supported and not be the same as micro-loans that you get at huge interest and which further impoverish people. Small employment creation projects can also be started. For example, in Khayelitsha in Cape Town, the Wola Nani project has been very successful in providing a small income for women living with HIV/AIDS. They have started a beadwork and craft workshop where people learn skills. Many of the women can do the work at home and then the project sells and markets it for them. Wola Nani sells many of their products overseas.

- Grants, food and material support—Where family are already impoverished, it is very important to make sure that they get the social grants that they should have access to (See Government Support & Grants). Food parcels should be distributed to impoverished families. It is very important that when you distribute, you try to get food to feed the whole family and not just the person who is ill. If only the ill person gets food parcels, they will share it with the whole family anyway and are unlikely then to benefit from it. More sustainable projects should be launched in the community. For example, food gardens to help people grow their own nutritious food.
An important part of poverty relief is food, clothing and material assistance. The proper distribution of materials needs good coordination. You will need the following:

1. A good plan and volunteers to collect food and materials from government, businesses and the public
2. A place to receive materials and a way to transport them
3. A safe place to store materials
4. A coordinating committee made up of project leaders plus key people from other welfare and community services.
5. A list of people who need support and the organizations that can get the support to them – a distribution system. People to sort materials and make up parcels for distribution.
6. A transport system to get parcels to distributors.

Medical treatment, clinics and hospitals

As a CBOV member you will want to know what medical treatment is available in your area and how individuals can access that treatment. Below is a list of some common illness that PLWHA can experience and should get treatment for.

TB - It is very important to treat TB since this one of the main causes of death for people with AIDS. Most clinics and hospitals have got a TB treatment program. Sometimes they are known as DOT Program. These programs are usually quite developed and easy to access. Home-based care programs should be linked with the TB programs which support patients to take their medications.

Infections – PLWHA who are getting ill from AIDS may be given broad-spectrum antibiotics to prevent things like lung infections that can easily kill people with weakened immune systems. Opportunistic infections, like thrush and gastro should be treated. Any sexually transmitted infections should be treated. It is very important to get treatment quickly and for the patient to finish the required medications as prescribed for them.

Vitamins – Good nutrition is one of the most important ways of strengthening the immune system and can be supplemented with vitamins, where this is affordable and available.

Anti-retrovirals - Anti-retrovirals should be taken if they are available and affordable. It is very important to understand the side-effects and the correct way of taking anti-retrovirals since they can also make people feel quite sick. When you take anti-retrovirals, you must be tested quite often to make sure that you are getting the right dosage. Some employers are offering anti-retrovirals and some people on medical aids can afford to take them. At the moment, in many Countries they are not available through the public health systems, except in very few places where NGOs are doing research. Many governments are in the process of piloting how they can distribute anti-retrovirals to all they require them. Please check with your health care systems in your area to see if they are being provided or expect to be provided soon.

In developed countries, anti-retrovirals have made a big contribution to fighting AIDS and preventing the spread of AIDS. If the anti-retrovirals work well they will reduce the viral load. This means the person has a smaller presence of the HIV virus in their blood and it is less likely they will pass it on to others and also less likely to have as many health problems.
In Brazil, the government has made anti-retrovirals available to everyone who needs it. They produce generic versions of the medicines and this makes it much cheaper. They also developed a support system so that people living with AIDS were trained and supported to take their medicine in the right dose.

In Cape Town, the organization Doctors without Borders has set up successful antiretroviral treatment programs in some local townships. They are using a similar approach to the Brazilian one.

**The role of hospitals and clinics in treatment and care**

Hospitals and clinics are usually the only places people can go for treatment. All medication is only available through hospitals or clinics. Testing is also coordinated through clinics.

When people get very ill with infections that can be treated, they should be hospitalized if possible. If there is nothing the hospital can do for someone, it is often best for them to stay at home with the people they love. It is vital that hospitals and clinics work with home-based care and other community organizations to make sure that there is ongoing care for someone who is discharged from the hospital.

**Home-based care**

People who are ill with AIDS need much more care than usually our hospitals and clinics can provide. It is vital that health workers work with communities and families to make sure that people who are ill at home get proper care. This is where the idea of home-based care comes from.

The main role hospitals or clinics play is to provide the following to patients:

1. Testing, diagnosis and counseling
2. Treatment and medication
3. Referral to support groups or other projects.

The hospital/clinic can play this role and deliver this service for thousands of people with HIV/AIDS. It is very important that the more direct support and care roles are played below a hospital level so that the hospital can do the things that it does best – diagnosis, treatment and medication. For every hospital or clinic, a number of nurses or health workers should work more directly with the ill. They should take responsibility for training volunteers and supervising their work. They should also do medical assessments and home-based treatment for people who are very ill and cannot be serviced by volunteers.

At a community level, volunteers should be recruited and trained to work with people who are ill. Volunteers can be drawn from people who are already HIV positive or from community-based organizations, religious and other non-profit organizations. Volunteers should carry out home visits and do direct care work where necessary. They should call in health workers when they cannot deal with the case.

Family members are most often the direct caregivers for people who are ill. Families do the basic washing, cleaning and feeding and it is important they get both training and emotional support.
Where the patient does not have a direct caregiver, the volunteers will have to do this work. If family members are available to provide some care, they should be trained by the volunteers who can also give some emotional support. Many times, a family member who is at least 12 year old can be trained in basic hygiene, dealing with simple infections, basic nutrition, bed baths, and dealing safely with blood and body fluids. Caregivers should learn how to protect themselves from infection. For example, covering your hands with a plastic bag when you deal with blood can save your life. The volunteers should give these families access to information, make referrals to other service providers and distribute food parcels if they have access. They can also help people who are ill to get medication from the clinics through their links with the health workers.

People with HIV/AIDS can look after themselves while they are able to. They should be encouraged to keep themselves as healthy as possible and should be targeted for specific programs such as:

1. Wellness programs to keep as healthy as possible and to strengthen the immune system
2. Nutrition programs
3. Training in basic hygiene and treatment for common infections like skin infections
4. Psychological and emotional support
5. They themselves should be trained in basic health care and where possible should be drawn into support and other activity groups

It is very important for home-based care projects to target all people who are ill and being looked after at home. This way, people who receive visits from home-based care volunteers will not be immediately identified by the community as people with HIV/AIDS. This will avoid people not joining the program because of the stigma attached to HIV/AIDS.

The Work done by Home-based Care Workers

Most home-based care workers will do very basic things when they visit patients at home:

- They will assess the person’s condition and the kind of care they are getting from the family.
- They will do some training to help the family to improve their care.
- They will distribute food parcels and make sure that the family is getting the social grants that they are entitled to receive.
- Where necessary, they will refer the person to clinics or hospitals for better treatment.
- They will do some counseling and support to make sure the family is coping emotionally.
- In cases where the family is not able to look after the person themselves the volunteers will visit the person who is ill a few times a week and give them a bed bath, look after pressure sores and make sure that there is food in the house.
- In cases where people are very ill, the nurses should be involved in home-visits and in very serious cases; doctors may be required to visit people at home.

Advantages of home-based and community care

- It frees up the number of hospital beds available for those who are very ill or suffering as a result of other diseases and accidents.
- It involves the community in directly taking responsibility for HIV/AIDS.
- It allows people who are ill to spend their days in familiar surroundings and stops them from being isolated and lonely.
It gives families access to support services as well as emotional support.

It promotes a holistic approach to care and does not only focus on narrow health needs.

It is pro-active and helps keep people healthy for longer.

It involves the patients in their own care and gives them more rights to decide about what should be done.

Many of the common diseases or conditions can easily be managed at home with the right training.

It takes a big burden off the family, especially children.

Home-based care focuses on the individual patient and her/his needs.

It avoids unnecessary referrals or admissions to hospitals and institutions.

It helps to co-ordinate different services in the community and get them all to people who need it through one volunteer.

It helps to collect data and to record information about what is happening in the community.

It makes sure that there is consistency of services and that everyone gets access to things like grants, projects and food parcels.

How to get home-based care to people who need it

AIDS is still a hidden disease in many countries and it can be difficult to reach the people who need home-based care. Remember to run home-based care as a project for all people who are ill at home and not to make it only for people with AIDS. This will make it easier for people to come forward and ask for help.

Home-based care volunteers can publicize the service by doing door-to-door work in communities and explaining what is offered. Religious and other community organizations can also be targeted for outreach sessions to publicize the service.

The most important contact method is for the people living with HIV/AIDS themselves to ask for support. It is important that every health worker and social worker who may come into contact with someone who is ill tells them about the home-based care service and how to get hold of it. Support groups must be involved in making referrals to home-based care programs.

When people with AIDS visit clinics to get treatment for opportunistic infections, they should also be offered home-based care visits. Some people with HIV/AIDS never get support from the formal health system and it is impossible to identify them. Churches, schools, and testing centers should be involved in identifying people in need and inform the individuals about home-based care so that they can access care.

relatives are unwilling to look after someone, the home-based care project will have to give more regular support and make sure that the person is not neglected.

Involving people with HIV/AIDS in Home-based Care

Home-based care volunteers can be drawn from any organization within the community and individuals should be encouraged to sign up. One of the most important groups for recruiting volunteers is people living with HIV/AIDS. They are very well placed to play an important role in any of the following areas:

- Counseling people who have been diagnosed as HIV positive or who are being tested at hospitals and clinics.
- Forming and running support groups for people living with HIV/AIDS
- As volunteers for home-based care projects
As community educators who can talk from their own experience
Awareness events
As speakers at awareness events
Special services, vigils, cultural events etc.
Helping children to cope with parents who are ill
As trainers for volunteers
As representatives on structures that are addressing HIV/AIDS and related issues

**Dealing with death**

It is very important to make sure that people who are ill and who are likely to die prepare properly. This will help them to not worry too much about what will happen to their children and their families after they have gone.

They should do the following kinds of things as they see necessary:

- Identify guardians from among their family or friends who will look after their children
- Write wills to ensure that their land or belongings are passed onto their children
- Sort out any bank accounts or insurances to make sure that they will pass easily to the people that will need it
- Create a memory box for their children. This includes things like family photographs, important documents like letters. Many people whose children are still small, also want to write a letter for the children to read when they are bigger that tells them what they feel about their children, what their dreams are for them and how much they care about them.
- Efforts should also be made to ensure that people spend their last days in comfort, in familiar surroundings and with the people they love. This will help them to die with dignity.
- Funerals can be very expensive and many people cannot really afford to bury their loved ones. Try to find ways to make funerals more affordable and organize community assistance.
- Municipalities and religious organizations should work together to make sure that poor people can access paupers burials. These are free funerals paid for by the municipality for people who cannot afford them. Many people think that paupers burials are not real funerals and that you cannot go to the grave. Families are allowed to attend these funerals and a service can be held at the grave. Try to find ways to make these funerals dignified and make sure that people have access to them if needed.
Sources:
1. Peer-to-Peer HIV & AIDS Peer Educators Trainers Guide for IMPACT Implementing Agencies by FHI
2. Change Project [http://www.changeproject.org/technical/hivaid/stigma/05-Module-D0.pdf]