

HIV Prevention, Treatment, Care and Support – A Training Package for Community Volunteers

Module 1



BASIC FACTS ON HIV AND AIDS

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Introduction

Module One: Basic Facts on HIV and AIDS aims to provide CBVs with the knowledge and skills to provide accurate information to their client and their families related to:

- What are HIV and AIDS?
- Transmission and Prevention of HIV
- HIV Testing and Counselling
- Positive Prevention

Materials to be used in this module:

1. Module One: Basic Facts on HIV and AIDS (this module)
2. Participants Handbook
3. Facilitator's Guide
4. Evaluation Tools Manual

Training time for this module is approximately 10 hours.

For a detailed discussion on the training methodology, evaluation techniques and glossary of important terms used for this module, facilitators should refer to the Facilitator's Guide.

The evaluation tools used in this module include:

Evaluation of Module Content

1. Participants Evaluation
2. Facilitator Evaluation

Participant Evaluation Tools:

1. Pre and Post Test Questionnaire
2. Demonstration of Core Skills

Upon completion of this module, participants should demonstrate the following core skills:

1. Impart information to their clients about how HIV attacks our health, address rumours and myths about the origin of HIV and AIDS and the impact of HIV and AIDS in their community and nation. **Session One; Tool 3**
2. Identify and refer clients at risk to HIV infection/re-infection. **Session Two; Tool 6**
3. Explain to clients how they can make use of the 4 methods of preventing HIV transmission discussed in this module (Safer Sex, PPTCT, Harm Reduction and Universal Precautions) **Session Two; Tool 8**
4. Prepare clients to accept and/or seek out an HIV test by answering important questions related to HIV Testing and Counselling (why get tested, where to go, what tests are used, etc.). **Session Three; Tool 7**
5. Link PLWHA to health services that assist and support positive prevention. **Session Four; Tool 4**
6. Use the Flipchart for Client Education to educate clients on how to live well when you are HIV positive. **Session Four; Tool 5**

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1

Session One: What are HIV and AIDS?

Purpose: The purpose of Session One is to define HIV and AIDS and understand the magnitude of the epidemic in your country.

Objectives:

By the end of this session, CBVs should be able to:

1. Understand and define HIV and AIDS for clients in a simple way.
2. Explain to clients how HIV and AIDS affect the body in an easily understood manner.
3. Impart information to their clients about the magnitude of HIV and AIDS in their own country and community

Duration: 2 hours

Required Materials: Flipchart, markers

Recommended Preparation:

- National, regional and global statistics on HIV and AIDS by age, regions, and sex
- Factors contributing to the transmission of HIV in your area.

Objective	Content	Time	Activity
Understand and define HIV and AIDS for clients in a simple way.	1. Defining HIV and AIDS	10 minutes	Mini Lecture *Assessed in Tool Three (ST)
Explain to clients how HIV and AIDS affect the body in an easily understood manner.	2. The Progression of HIV Infection to AIDS	20 minutes	Mini Lecture *Assessed in Tool Three (ST)
Impart information to their clients about the impact of HIV and AIDS in their own country and community	3. HIV and AIDS in Your Community and Country	1 hour 30 minutes	Mini Lecture Tool One (A): Group Work Tool Two (K): Group Discussion Tool Three (ST): Role Play

1. Defining HIV and AIDS (10 minutes)

a) Broad Definition: HIV (5 minutes)

HIV is the virus that causes AIDS. It attacks the immune system - the body's defence against disease. HIV is found in blood, breast milk, semen and vaginal fluids.

HIV is a virus that attacks the body and makes it weak. When the body is weak, it is easier to get cough, diarrhoea, fever and other health problems.

The **immune system** is the body's defense system against diseases. White blood cells called **lymphocytes** play an important role in helping the body's immune system. **CD4** cells are a special type of lymphocyte.

In HIV infection, the virus attacks the immune system. HIV destroys the special CD4 cells, and it is the loss of CD4 cells that leads to the weakening of the immune system.

H > HUMAN

I > IMMUNODEFICIENCY

V > VIRUS

b) Broad Definition: AIDS (5 minutes)

A > ACQUIRED

I > IMMUNE

D > DEFICIENCY

S > SYNDROME

AIDS is the name given to a group of illnesses in HIV positive people. These are illnesses that arise when PLWHA are no longer able to fight off infection because of lowered immunity.

Understanding the Acronym:

- **Acquired** means a disease you get during life rather than one you are born with.
- **Immune Deficiency** means a weakness in the body's immune system.
- **Syndrome** means a group of particular health problems that make up a disease.

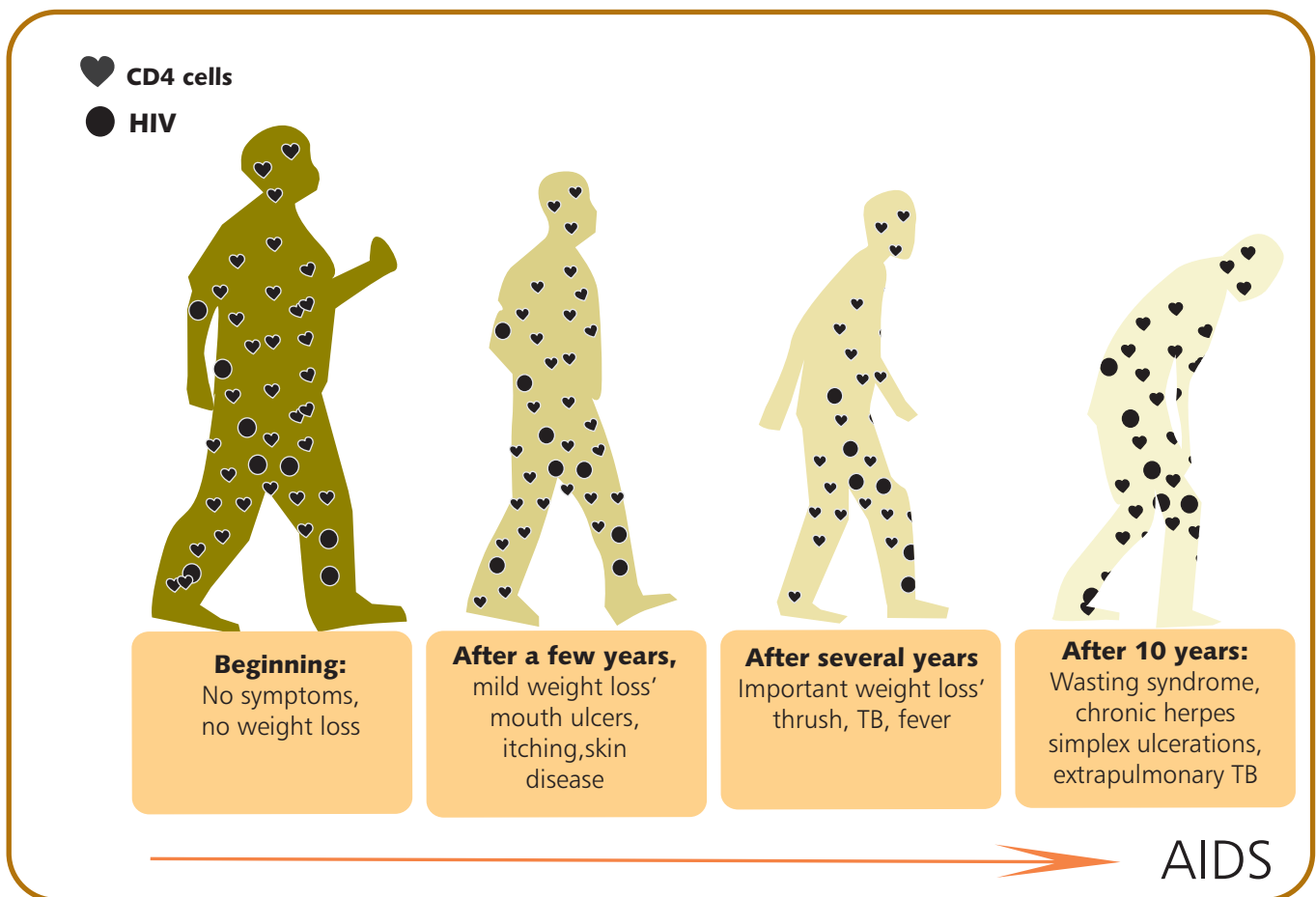
2. The Progression of HIV Infection to AIDS (20 minutes with Handout 1-1)

The progression of HIV to AIDS refers to the time from HIV infection to the time when PLWHA develop AIDS. The progression of HIV to AIDS depends on individual circumstances and environment and is never the same in every person.

The progression of HIV to AIDS consists of six major phases:

1. HIV Infection
2. Window Period
3. Seroconversion
4. Asymptomatic Stage
5. HIV related illness
6. AIDS

Facilitator's Note: Distribute and discuss Handout 1-1



As time progresses, the hearts (CD4) decrease and the circles (HIV) increase. When the hearts go down and the number of circles go up, more problems arise. When more circles exist, infections become more serious and last long.

3. HIV and AIDS in your Country and Community (1 hour 30 minutes)

a) HIV and AIDS in your Community (30 minutes with Tool 1)

Tool 1: Exploring Attitudes about HIV and AIDS



PART A: Origin of HIV and AIDS

Before you begin to address HIV and AIDS in others, participants need to be aware of their own attitudes about the origins of HIV and AIDS.

Ask participants to reflect upon the following for a few minutes:

What attitudes does your community have about:

1. The origins of HIV and AIDS
2. People who are HIV positive

Facilitator's Note: Use the points for reflection to hold a discussion on how our attitudes about the origin of HIV and AIDS can influence the way in which we treat PLWHA. Correct any rumours and myths held about the origins of HIV and AIDS by providing Handout 1-2. Discuss how myths and misconceptions have led to stigma and discrimination against PLWHA in your community.

PART B: The Story of HIV and AIDS in your Community

Now that you have addressed myths and misconceptions about the origins of HIV and AIDS, it is important that participants “tell the story” of HIV and AIDS in your community.

Divide participants into three groups. Provide each group with 15 minutes to develop a presentation that tells the story of HIV and AIDS in your community. Participants can choose their own method of presentation (through drama, flipchart information), but be sure to address each of the following points in their presentations:

1. When did people in your community first become aware of HIV and AIDS?
2. How did the effects of HIV and AIDS first show themselves in your community?
How did people react?
3. How has your community's response to HIV and AIDS changed over time?
(increase in services for PLWHA, decrease in stigma and discrimination against PLWHA, introduction of ART...etc.).

b) HIV and AIDS in your Country (1 hour with Tool 2 and 3)

- Facilitator should compile and present statistics on national and local data including:
 1. Estimated national prevalence of HIV infection
 2. Breakdown of prevalence in different regions of your country
 3. Breakdown of prevalence in different populations (women, youth, level of income)
 4. Major mode of transmission and any special factors identified in that country contributing to the spread of HIV (migration patterns, conflict...etc).

Facilitator's Note: Facilitators should emphasise that HIV and AIDS affect people all over the world. To demonstrate this, facilitators should compile and present current global and regional statistics on HIV and AIDS.

Tool 2: HIV and AIDS in your Country and Community



After reviewing national prevalence of HIV and AIDS in your country, ask participants the following questions:

1. What is the most important thing that clients should know about statistics about HIV and AIDS?
2. How can this information be provided to clients in a way they will understand?

Facilitator's Note: Allow participants to explore the following questions, ensuring that they acknowledge the importance of discussing the major mode of transmission, most vulnerable group for new HIV infection and special factors that are contributing to the spread of HIV in your country.

Vulnerable groups in your country may include:

- youth
- young girls
- men who have sex with men (MSM)
- injecting drug users (IDU)
- migrant workers and internationally displaced people (IDP)



Tool 3: Providing Information in this Session to Clients

It is important that CBVs are able to explain the information provided in this session to their clients in a manner that will be easily understood. Divide participants into pairs and have each pair take turns explaining the information topics below as they would with their clients using the **Flipchart for Client Education, Section 2 pages 2-1 to 2-15**.

1. **Defining HIV and AIDS**
2. **Addressing rumours and myths about the origin of HIV and AIDS in your Community.**
3. **HIV and AIDS in your Community and Nation**

Facilitator's Note: To ensure that CBVs are providing accurate information, core skill evaluation should ensure participants address the following points:

1. **How HIV Attacks Our Health**
 - How your body fights illness
 - HIV is a virus that attacks the body's immune system (shield)
 - Special white blood cells are called CD4 cells are important in helping the immune system shield stay strong
 - AIDS is the condition that results from HIV infection when the body's shield is so weak that it is no longer able to fight off illness
2. **Rumours and Myths About the Origin of HIV and AIDS**
 - Correct any identified rumours and myths about the origin of HIV and AIDS in your community using Handout 1-2
 - Discuss with clients and their families how rumours and myths can lead to stigma and discrimination about PLWHA
3. **HIV and AIDS in your Community and Nation**
 - Major mode of transmission in your country/community
 - Group with the highest rate of new infection and why they are vulnerable or at risk.
 - Special factors in your community that contribute to the spread of HIV.

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Session Two: Transmission and Prevention of HIV

Purpose: The purpose of Session Two is to develop the skills and knowledge required to educate clients on how HIV is transmitted and how HIV infection can be prevented.

Objectives:

By the end of this session, community based volunteers (CBV) should be able to:

1. Accurately describe the three modes of transmission to clients and their families
2. Dispel any myths or misconceptions held by clients about how HIV is transmitted.
3. Make clients understand factors putting people at risk and making people vulnerable to HIV in their community.
4. Identify and refer clients at risk to HIV infection/re-infection.
5. Explain to clients how they can make use of the 4 methods of preventing HIV transmission discussed in this module (Safer Sex, PMTCT, Harm Reduction and Universal Precautions)

Duration: 3 hours

Required Materials: Flipchart, markers and pens

Recommended Preparation:

Understand the cultural, social and sexual practices that may contribute to HIV transmission in your area.

Objective	Content	Time	Activity
Accurately describe the three modes of transmission to clients and their families	1. HIV Transmission	1 hour	Mini lecture
Dispel any myths or misconceptions held by clients about how HIV is transmitted.			Tool One (A): Group Activity
Make clients understand factors putting people at risk and making people vulnerable to HIV in their community.	2. Factors Affecting Transmission	1 hour	Mini lecture
Identify and refer clients at risk to HIV infection/reinfection			Tool Three (A): Group Discussion Tool Four (K): Group Discussion Tool Five (A): Self-Reflection Tool Six (ST): Group Activity
Explain how clients can make use of the 4 methods of preventing HIV transmission discussed in this module (Safer Sex, PPTCT, Harm Reduction and Universal Precautions)	3. Methods of Preventing HIV Transmission	1 hour	Mini lecture Tool Seven (ST): Condom Demonstration Tool Eight (ST): Role Play

1. HIV Transmission (1 Hour)

a) What is the difference between 'transmission' and 'infection'?

The **transmission** of HIV is the process of spreading or contracting HIV through one of the three main modes of transmission (sexual contact, blood transmission, parent-to-child transmission).

HIV infection is the result of HIV transmission, where HIV is introduced into the body and starts to multiply and spread.

b) How HIV is Transmitted (30 minutes with Tool 1)



Tool 1: Main Modes of Transmission

Ask the group to name ways in which they think HIV can be transmitted. Write down each answer provided on several cards (one mode per card) and place them on the wall in a large group. Review these cards after discussing the three modes.

Facilitator should write each main mode as headings and cluster each mode provided by participants into the appropriate category they fall under (e.g., sharing needles into 'Blood Transmission' category). Correct any misconceptions about how HIV is transmitted through answers provided that do not fall into one of the three main modes of transmission. At the end of this activity, facilitators should ask participants how they feel about the information on transmission provided.

Facilitator's Note: A 'card' is a piece of paper or board on which participants can write down separate responses

1. Unprotected Sexual Contact

- Is the most common means of transmitting HIV
- HIV can be transmitted during unprotected sexual intercourse through contact with infected blood, semen, cervical or vaginal fluids of the infected person
- HIV can be transmitted sexually through vaginal sex, oral sex and anal sex
- The presence of other Sexually Transmitted Infections (STIs) increases the chance of contracting or transmitting HIV.

2. Blood Transmission

HIV infected blood gaining entrance to the body through:

- A transfusion
- Sharing of contaminated needles, syringes, razors or other sharp objects.
- Infected blood entering the body through open wounds

3. Mother-to-Child Transmission

- Mothers can pass HIV to their babies during pregnancy, during delivery or after birth through breastfeeding.

- If a pregnant mother is HIV positive there is approximately a 1 in 3 chance her baby will become infected. However, there are ways to decrease this possibility. There are drugs called ARVs that HIV positive mothers can take and special feeding practices that will help reduce the chance of a mother passing HIV to her child. These will be discussed in more detail in Session Two, Methods of Preventing HIV Transmission and Session Three, Positive Prevention.

Ways in which HIV is NOT Transmitted

SOCIAL CONTACT



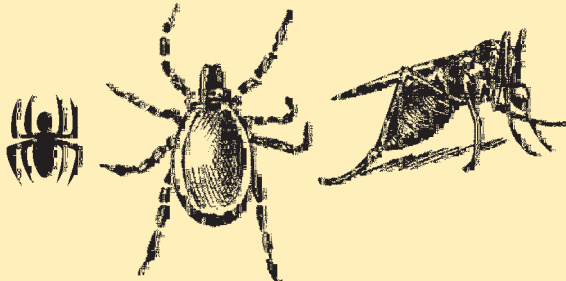
- Hugging
- Kissing
- Shaking hands
- Breathing the same air, coughs, sneezes
- Sweat, contact through sport
- Tears, consoling someone who is crying

SHARING



- Toilet seats
- Food utensils or drinking cups
- Clothes
- Public baths or swimming pools

INSECTS



- Mosquito bites
- Bed bugs
- Any other biting insect or animal

Despite all of the fear surrounding HIV and AIDS, HIV is actually a fairly weak virus that is easily destroyed once outside the human body or body fluids. There is no evidence that daily social contact can spread HIV.

Because people can contract malaria from mosquitoes, a common myth is that HIV can be transmitted through mosquitoes or other blood-sucking insects. When a female mosquito bites a person, the blood containing HIV is stored in the insect's digestive tract where it is digested and killed. Unlike the malaria parasite, which moves from the digestive tract of a mosquito back into the salivary duct, HIV does not do this. HIV cannot be transmitted through bug bites of any kind or through flies landing on an open wound and then landing on food or another open wound.



Tool 2: Main Modes and Myths of HIV Transmission Game

Read out each of the modes and myths listed below. Ask participants to move to one side of the room on items with which they agree and to the other side with those they disagree. If they are unsure, they can remain in the centre of the room. After all participants have moved to either side for each item, the facilitator asks a member of each group why they chose that side.

Read the following aloud without indicating whether they are a 'mode or a myth':

Modes of Transmission:

- Unprotected sexual contact
- Pregnancy, Delivery, Breast feeding
- Sharing contaminated needles

Myths of Transmission:

- Kissing
- Sharing bath water
- Drinking from the same cup
- Mosquito Bites

Facilitator's Note: At the end of the activity, facilitator's should make sure to address any additional myths of transmission. Myths should be corrected through the provision of factual information and a review of the three modes.

2. Factors Affecting Transmission (1 hour with Tool 3, 4, 5 and 6)

Factors that Increase Risk

Risk can be thought of as “things that you do” that might increase the chances of transmitting or contracting HIV.

Facilitator's note: Emphasise that all sexually active individuals are at risk of contracting HIV, although the presence of the following risk factors will definitely increase chances of infection.

Unprotected Sexual Contact

- All unprotected sexual contact (oral, anal and vaginal sex) will enhance one's risk for HIV infection
- The swelling or rupture of wounds on genitals caused by STIs increases risk of infection during unprotected sexual contact

Drug Abuse and Alcohol Consumption

- Drug use and alcohol consumption increases risky behaviours that can lead to HIV transmission



- Sharing contaminated needles increases the risk of HIV transmission.

Multiple Sexual Partners and/or Casual Sex

- Not knowing your HIV status or that of your partner places you at risk for HIV infection
- Individuals who have multiple sexual partners or engage in casual sex frequently are at greater risk of HIV infection
- When one or both partners are not faithful the risk of HIV infection increases for the individual and their sexual partners.

Factors that Increase Vulnerability

Vulnerability can be thought of as the environmental aspects influencing “who you are” that may impact your risk of transmitting or contracting HIV. The concept of vulnerability recognises that due to their situation, some people may have limited choice about whether or not they can reduce behaviours that might put them at risk for HIV infection.

For example, certain groups of people - for example, sex workers, men who have sex with men (MSM), and injecting drug users (IDUs) - have long been regarded as being particularly exposed to “high risk” and, therefore, more vulnerable to HIV infection.

Other factors that can increase vulnerability include:

1. Social Mobility

- HIV and AIDS often follow routes of trade and commerce (trucking routes, cross border trading).
- Mobile populations can be at greater risk to HIV infection because they may not have a regular sexual partner. Sex work can also follow routes of trade and commerce, increasing risk of HIV infection among both sex workers and their clients.

2. Stigma and Denial

- Because of stigma and denial, people may not make use of HIV Testing and Counselling services to become aware of their status, or know the status of their partner.

3. Conflict

- HIV spreads more easily in times of war or conflict
- Rape, use of sex workers and inadequate health care are situations worsened through war that contribute to the spread of HIV.

4. Culture

- Culture includes traditions, beliefs and practices that can influence the way people think and behave
- Cultural traditions such as wife inheritance, polygamy, rites of passage and genital mutilation can increase risk if people are not well informed on how to reduce transmission of HIV through safe practices.
- Culture can promote denial or stigma of PLWHA.



Tool 3: How Culture Affects Transmission in Your Community

Special Discussion on Culture and HIV/AIDS

Hold a group discussion addressing the following questions:

1. What cultural behaviours help to prevent HIV transmission and support PLWHA?
For example, culture that encourages delayed onset of sexual activity, strong family and community networks to care for PLWHA, etc.
2. What cultural behaviours lead to the increased transmission of HIV and encourage stigma and discrimination of PLWHA?
3. How can CBVs help their clients to change harmful behaviours and receive the support they need?

5. Gender

- Gender inequalities increase the vulnerability of women to HIV infection (a woman's ability to negotiate for safer sex or refuse sex, women forced to engage in transactional/ intergenerational/commercial sex).
- Abuse of young girls or boys.

6. Poverty

- Poverty reduces people's ability to access accurate information on HIV/AIDS and how to protect themselves
- Poverty can force women into transactional sex to meet basic needs, increasing their vulnerability to HIV
- People living in poverty cannot always access medical care that reduces the risk of transmission (condoms, ARVs).



Tool 4: Understanding HIV Transmission in our Community

Understanding how HIV is transmitted in our communities is the most important part of HIV prevention. We know that just telling people to have safe sex and giving them a brochure is not an effective way to reduce HIV transmission. Write the following factors affecting HIV transmission on a flipchart for all participants to see:

- Knowledge about HIV
- Belief about personal risk
- Means to protect themselves
- Skills to use the means to protect themselves
- Power to make the decision every time/control over the environment they are in

For each of the headings, ask participants to discuss the things that make it easy or difficult to reduce HIV transmission in your community.

Facilitator's Note: Facilitators should encourage participants to explore community stories of HIV risk. To ensure important points have been covered, facilitators can refer to the section below to provide additional information but should not present this information as a lecture. To end this exercise, discuss how knowledge is transferred in their community, how people learn things, who has the power and who does not.

Understanding HIV Transmission in Our Community

Knowledge: Not everyone knows about HIV; myths circulate around communities that are not correct, people learn about HIV not just from accurate sources but from many different sources

Belief about personal risk: Some people think that HIV only affects sex workers, injecting drug users (IDUs) or men who have sex with men (MSM); people do not like to think that they might be at risk from their husband, so they deny it; people invent convenient stories to believe that they are safe 'I only have a few local girlfriends, I don't visit sex workers'

Means to protect themselves: Some people cannot access condoms. They might be too young and shops won't sell condoms to them. They might be poor, or they do not want to carry condoms around in case someone sees them. Clean needles might not be available in their area, or they are scared to go and get them.

Skills: They might not know how to use a condom properly might be using two or three for added protection, they might not be able to ask for safe sex, assert themselves, they might only have sex after they have been drinking alcohol.

Power: Not everyone is in a situation where they are in control of whether they have safe sex or not. Wives may not be able to insist that their husband uses a condom when he returns for a work assignment; condom use in sex work might be dictated by the owner of the brothel or by the client, not by the sex worker; people who drink too much alcohol might lose their ability to make a good safe decision; a sex worker who needs money to buy food for her children may not be in a position to refuse unsafe sex.



Tool 5: Understanding Personal Risk

Participants should reflect on HIV risk in their own lives, based on the information provided and discussed in this session. Ask participants to quietly reflect about HIV risk and vulnerability in their own lives. Ask them to take out some paper and write down how they as a person have been protecting themselves from HIV infection, or if they are HIV positive how they have been protecting themselves from re-infection/transmission.

Once participants have created their list, ask them to write down a personal safety plan for HIV infection/re-infection. This plan does not need to be shared with the group. Ask them to be honest with themselves.

After completion of this reflection time, ask participants if they have any comments. Do not ask people to share their plans, but ask about what feelings or thoughts they have had while completing this exercise. Finish by telling participants that the activity was intended to help them to be real in what they ask of their clients by reflecting on how much or how little they protect themselves from HIV infection.

What CBVs Can Do to Empower and Support People in Vulnerable Situations

CBVs act as the first point of contact for many clients at the community level. They play a key role in assisting clients to problem solve by offering counselling and referral. CBVs can also educate the community on preventive methods and direct the communities to taking appropriate action



Tool 6: Identifying and Referring Clients at Risk

PART A: Identifying Clients At Risk

Based on discussions of what makes people in your community at risk or vulnerable to HIV, ask participants to draw up a list of 'signs of risk' that clients may show for HIV infection (if they have not been tested) or re-infection if they are HIV positive.

Examples of the 'signs of risk' could include:

- Recurrent treatment for Sexually Transmitted Infections (STIs)
- Excessive alcohol use
- Injecting Drug Use
- Knowledge of multiple sexual partners
- Knowledge of sexual abuse

PART B: Community Mapping of Referral Services

Draw a map of your community on a flipchart. Based on the list of 'signs of risk' created in Part A, ask participants to list the services available in your community that can assist clients (for example, social services, health centres, NGOs, Red Cross and Red Crescent Society, Faith Based Organisations...etc).

Facilitator's Note: Facilitators should use the map to illustrate to participants that they are not responsible for solving all problems faced by their clients.

3. Methods of Preventing HIV Transmission (1 hour with Tool 7 and 8)

Methods of Preventing HIV Transmission

The following are factors that decrease the risk of HIV transmission:

1. Safer Sex

- Correct and consistent use of condoms - male and female condoms.
- Abstinence (not having sex at all).
- Delaying sex is important in young people who may not be prepared or able to negotiate safer sex
- Having sex in a **faithful** monogamous (one partner only) or polygamous relationship protects partners from contracting or transmitting HIV if they are not exposed to HIV through drugs or other activities
- Avoid having multiple partners and/or casual sex
- Being aware of your partner's HIV status and taking necessary precautions
- Non penetrative sex with no fluid exchange (mutual masturbation, kissing, cuddling)



Tool 7: Always Use Condoms

Condoms should be used ALWAYS for protection against HIV and STIs. Condoms can also be used to avoid unwanted pregnancy. CBVs should know how to use condoms and be able to show clients how to use condoms.

Divide into partners. Distribute examples of male and female condoms to all groups. Using the Flipchart for Client Education (Page 1-6 and 1-7), CBVs should practice explaining to each other how to use both the female and male condom.

Facilitator's Note: Facilitators should remind CBVs that a good educator should feel comfortable in explaining how to use condoms. Facilitator should emphasise that:

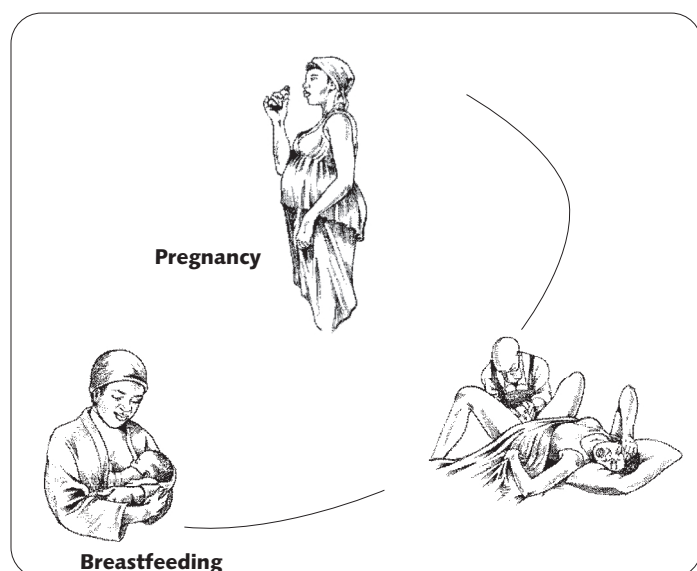
- Condoms should be stored in a cool, dry place
- The expiration date is printed on package. An expired condom should not be used
- CBVs should remind clients that:
 - They need to take care when opening the condom- to ensure that it does not tear
 - The condom should be put on when the penis is erect
 - Clients should check which way the condom rolls
 - It is important to squeeze the air out of the tip of the condom
 - Oil-based lubricants (such as vaseline) should not be used
 - When withdrawing, the base of the condom should be held to avoid spills
 - Clients need to dispose of the condoms properly

2. Prevention of Mother to Child Transmission (PMTCT)

PMTCT involves methods that help prevent a mother passing HIV on to her baby during pregnancy, child birth or breastfeeding

The role of CBVs in PMTCT is:

1. To **inform clients** (both men and women) that mother to child transmission of HIV can occur during:



- Pregnancy
- At the time of delivery
- After birth, through breastfeeding

2. **Educate parents** about their options, and the implications for **the health of the mother and the baby**.

3. **Prevent** unintended pregnancies among HIV-infected women, if family planning services are not available at your local clinic, refer the client so that s/he properly receives support and services to prevent unintended pregnancies.

- If only one partner is HIV positive, educate on how important it is to use **condoms** to

prevent passing infection to the other partner.

4. **For all people:** Remember that becoming infected with HIV during pregnancy and breastfeeding poses an increased threat to mother-to-child transmission. HIV prevention efforts must address pregnant and breastfeeding (lactating) women, especially in high prevalence areas.

An additional way that CBVs can help clients and family members to prevent mother-to-child transmission of HIV is to assist clients with family planning. This involves asking clients “**What is your situation?**” and providing them with important information and referrals.

Facilitator's Note: Facilitator's should make use of the **Flipchart for Client Education** pages 1-14 to 1-15 to demonstrate how CBVs should cover the following information with clients.

What is your situation?

1. **Check pregnancy status:** Ask if she is using contraception, ask date of last menstruation and assess pregnancy at each visit.
2. **Family Planning:**
 - Refer clients to the local health worker for family planning counselling.
 - Encourage condom use in all to protect from STIs, re-infection by HIV and to avoid transmission to sexual partners and undesired pregnancies (called **dual protection**)
 - Demonstrate condom use
 - Give condoms
 - If desired, a second method of contraception can be used along with condoms for added protection against pregnancy (called **dual method**).
3. **If a woman is considering pregnancy:**
 - Discuss interventions available for PMTCT
 - Advise to resume condom use once pregnant, during breastfeeding and thereafter

4. If a woman is pregnant: Advise on:

- Risk of infection for the baby
- There are ARV drugs to take that can reduce the risk of passing HIV to the baby. The drugs need to be taken as recommended during labour and/or delivery, and given to the baby
- Continue to use condoms
- Safer labour and delivery. Advise to deliver with the help of the midwife or at the clinic.

5. If a woman is breastfeeding: Advise on:

- Risk of infection for the baby through breastfeeding
- Possibility of several options for infant feeding. Advise clients to discuss this with a health professional.
- Continue to use condoms.

3. Harm Reduction

Harm Reduction is a term used to describe activities aimed at preventing or reducing negative health consequences associated with certain behaviours

It is important for CBVs to understand that harm reduction does not involve either supporting or opposing behaviours that increase risk, but focuses on reducing harm among those who may be **either unwilling or unable to stop risk behaviours, even if it illegal in your country.**

Harm reduction is a strategy used for:

Injecting drug users (IDUs): harm reduction programmes aim to prevent the transmission of HIV and other infections that occur through sharing of non-sterile injecting equipment and drug preparations.

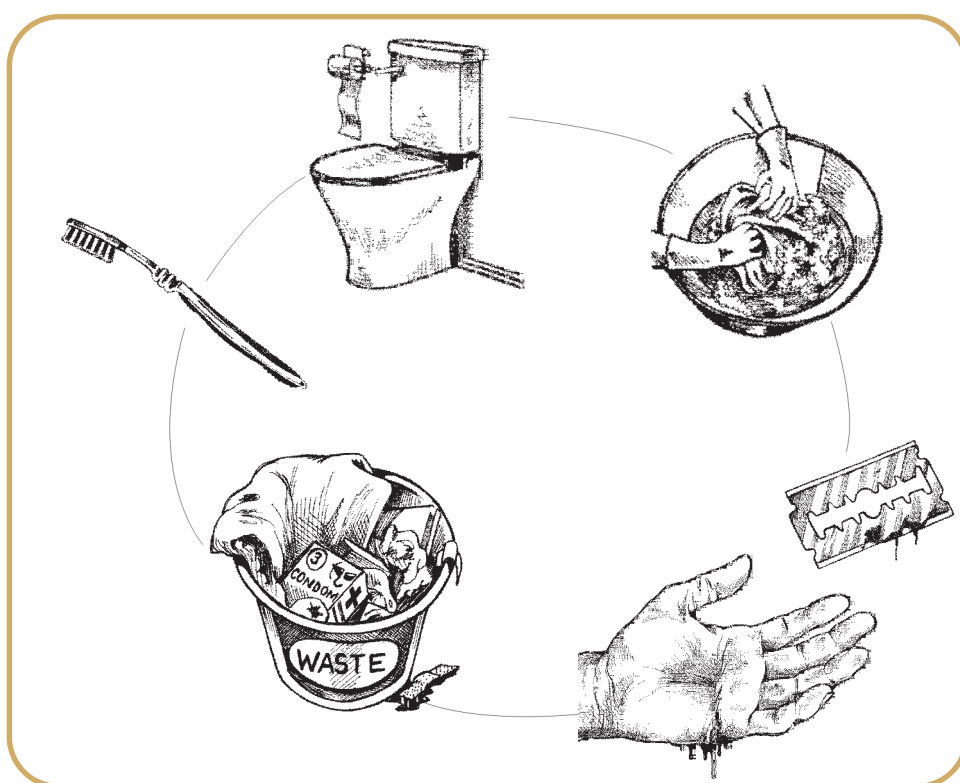
When speaking to Injecting drug users, it is important to:

- Speak in private and ensure confidentiality
- Be non-judgmental
- Establish trust
- Educate and counsel on prevention
- Explain the risks of injecting drugs
- Encourage and support the clients to minimise the risks

4. Precautions Against Infections

CBVs need to take steps to ensure no contact with blood and body fluids. Keeping sterile medical equipment and taking all possible measures to avoid disease transmission and for self protection are called 'Universal Precautions' and should be used in every caring situation, whether you know your client's HIV status or not. Universal precautions not only help prevent the spread of HIV, but other infectious illness

- Do not share needles, toothbrushes, razor blades or other sharp objects.
- Cover any open cuts or sores on clients, partners or caregivers.
- Clean up any blood or body fluid with mild disinfectant (diluted bleach), and protect hands with gloves or plastic bags.
- Wash clothes or linen with blood or body fluid on them separately.
- Dispose of waste contaminated with body fluids safely.



If Caregivers Feel They Have Been Exposed to HIV Infection They Should:

- Immediately wash skin or wound entry point with soap and water, then wash the area out with saline or mild disinfectant
- Report to their local health facility immediately if PEP is available.

Post Exposure Prophylaxis (PEP) are antiretroviral drugs (ARVs) that are taken after exposure to HIV transmission by blood or fluid contact with an HIV infected person. These drugs should be taken within 72 hours from the time of exposure to HIV infection.

Facilitator's Note: Discuss the availability of PEP in your community, and where and how CBVs can access PEP.



Tool 8: Preventing HIV Transmission

Divide participants into pairs. Have each pair conduct a role play on how they would describe each of the four methods of preventing HIV to a client using **Section 1:**

Prevention of the Client Education Flipchart:

1. Safer sex to a teenager, including correct condom use (1-8 to 1-9)
2. PMTCT to a mother who plans to give birth at home (1-12 to 1-15)
3. Harm reduction to an injecting drug user
4. Precaution against infection to the wife of a client (1-16 to 1-17)

Ask for pairs to volunteer to demonstrate one of the four prevention methods to the group. Have remaining participants make suggestions on how each client education session could be improved based on the needs of clients in your community

3 Session Three: HIV Testing and Counselling

Purpose: The purpose of Session Three is to provide knowledge and skills required to give clients an overview of the purpose and process of HIV Testing and Counselling.

Objectives:

By the end of this session, community based volunteers (CBV) should be able to:

1. Identify ways that CBVs can help reduce barriers to HIV Testing and Counselling in your community.
2. Provide clients with accurate information about confidentiality and shared confidentiality
3. Accurately describe the process of Client Initiated HIV Testing and Counselling to clients and their families.
4. Impart accurate information to clients regarding special considerations for HIV Testing and Counselling (Testing Children, Discordant Couples and Window Period)
5. Prepare clients to accept and/or seek out an HIV test by answering important questions related to HIV Testing and Counselling (why get tested, where to go, what tests are used, etc.).

Duration: 3 hours

Required Materials: Flipchart, markers and pens

Recommended Preparation:

- Identification of HIV Testing and Counselling services in your area (both provider initiated and client initiated services)
- Identification of the types of HIV tests used at HIV Testing and Counselling services.
- Country-specific regulations for HIV Testing and Counselling services (e.g., age restrictions for testing)
- The cost, waiting time for results and any other specific information on using VCT services in your area.
- The protocol for CBVs to link clients to centres providing HIV Testing and Counselling Services

Objective	Content	Time	Methodology
	1. What is HIV Testing and Counselling?	5 minutes	Mini Lecture
Identify ways that CBVs can help reduce barriers to HIV Testing and Counselling in your community.	2. Benefits and Barriers to HIV Testing and Counselling	25 minutes	Tool One (K): Group Activity
	3. Why get tested?	10 minutes	Mini Lecture
Provide clients with accurate information about confidentiality and shared confidentiality	4. Confidentiality	30 minutes	Mini Lecture Tool Two (A): Self-Reflection Exercise Tool Three (A): Group Discussion and Role Play
	5. Types of HIV Tests	10 minutes	Mini Lecture
Accurately describe the process of Client Initiated HIV Testing and Counselling to clients and their families.	6. The Process of HIV Testing and Counselling	20 minutes	Mini Lecture **Assessed in Tool 7
Impart accurate information to clients regarding special considerations for HIV Testing and Counselling (Testing Children, Discordant Couples and Window Period)	7. Special Issues for HIV Testing and Counselling	50 minutes	Mini Lecture Tool Four (ST): Group Discussion and Role Play - Testing Children Tool Five (ST): Role Play - Discordant Couples Tool Six (ST): Role Play - Window Period
Prepare clients to accept and/or seek out an HIV test by answering important questions related to	8. Encouraging HIV Testing and Counselling in Your Community	30 minutes	Tool Seven (ST): Peer Assessment Role Play

1. What is HIV Testing and Counselling? (5 minutes)

HIV Testing and Counselling is a broad umbrella term that indicates the different ways of being tested for HIV.

HIV Testing and Counselling can take two different forms:

1. Provider Initiated: This is when an HIV test is conducted by health professionals when trying to determine the cause of an illness (called **diagnostic testing**) or when HIV tests are offered to all sexually active people seeking medical care (called **routine offer**). Within provider initiated HIV tests, individuals have the choice to say no, or '**opt-out**', of taking an HIV test if they do not want one conducted.

2. Client Initiated: This means that people seek out a facility through which they can take an HIV test. 'Client initiated' testing is often referred to **voluntary counselling and testing** or **VCT**.

It is important to remember that all forms of HIV Testing and Counselling must be conducted on a voluntary basis, or by the choice of the person being tested. HIV Testing and Counselling should be voluntary and confidential; meaning the results of a person's test should not be shared with anyone else without their consent.

HIV Testing and Counselling services can be offered by:

- Local clinics and hospitals
- Special clinics set up just for HIV Testing and Counselling
- A mobile unit that offers services in your community

The provider might offer an HIV test for diagnostic purposes, because the client has had high risk behaviours, or because the HIV prevalence is high in your area.

CBVs should encourage clients to make use of HIV Testing and Counselling services as well as understand the benefits of an HIV test and accept provider initiated testing and counselling.

2. Benefits and Barriers to HIV Testing and Counselling (25 minutes)



Tool 1 : Benefits and Barriers to Testing in Your Community

Divide participants into two groups. Explain that the purpose of this exercise will be to think about the benefits and barriers of HIV testing for clients in their community.

Group One: Benefits to Testing

Ask participants to explore any additional benefits of HIV testing in their community by asking the question:

“If you were a client thinking about taking an HIV test, what might you see as the good things about being tested?”

Additional benefits to HIV Testing and Counselling can include:

- Information provided during counselling that allows clients to make family planning choices
- Support provided to make lifestyle changes and reduce risk of infection
- Ability to change behaviour to avoid transmission to partners
- Option of making choices about child custody

Group Two: Barriers to HIV Testing

Ask participants to explore the reasons why clients in their community might not want to take an HIV test.

Barriers to testing in your community could include:

- Fear of abandonment
- Fear of violence
- Loss of job
- Loss of family support
- Community rejection
- Fear of illness/death
- Denial of engaging in behaviours that have put them at risk

After approximately 10 minutes, ask each group to present their answers. Add any additional benefits or barriers from the lists above. Finally, as a group discuss ways in which CBVs can assist their clients to overcome barriers to testing by providing accurate information on the benefits of HIV testing.

3. Why get tested? (10 minutes)

a) HIV Testing and Counselling is a form of HIV Prevention

- HIV Testing and Counselling helps people know their HIV status, whether positive or negative. This helps prevent the spread of HIV
- If negative, an individual can learn about ways to protect themselves from HIV infection
- If positive, an individual can learn about how to live positively, which includes not transmitting HIV to others or becoming re-infected with HIV
- Pregnant woman can seek advice at **HIV Testing and Counselling** centres on how to reduce the risk of transmitting HIV to their babies.

B) HIV Testing and Counselling is an Entry Point to HIV Treatment and Care

- By knowing their status, people can begin treatment if necessary and positive living if they are HIV positive **before** they become ill
- With the increasing availability of ARVs, knowing your HIV status is no longer the 'death sentence' it was once thought to be. With ART programmes and more knowledge about how to stay healthy with HIV, there are many real benefits to knowing your status.
- HIV Testing and Counselling services can link you with other services such as support groups and medical facilities.

4. Confidentiality (30 minutes)

Confidentiality means that no one will know about the person's test results, or that they have even come to have an HIV test unless the client gives their permission

Shared confidentiality means that information about a client cannot be shared with anyone other than the HIV care team staff. In shared confidentiality, information about the client can only be shared with those who are directly involved in that person's care if that person has given his or her permission.



Tool 2 : Exploring Attitudes About Confidentiality

Ask participants to write down on a piece of paper something about themselves they would not want anyone else to know.

Ask participants to write their names on the paper.

Ask participants to fold their piece of paper in 4 and collect them in a box or hat.

Ask: How do you feel? (Possible answers: scared, nervous, anxious, worried, uncomfortable, etc.)

Take one paper out of the collection and hold it up (DO NOT OPEN IT)

Ask: How do you feel? (Possible answers: more nervous, more anxious, betrayed, angry, vulnerable, etc.)

Tear up or burn all the papers very carefully and throw them in a bin. (It is important that the papers are properly destroyed otherwise confidentiality can be broken).

Ask: How do you feel now? (Possible answers: very relieved, that you can be trusted; that I shouldn't have written down a personal secret before I knew what you were going to do with it).

Ask: What have you learnt?

Possible answers:

- If you ask for information from someone, you need to be very careful with it
- Giving personal information can be very frightening
- Trust is very important
- People feel very vulnerable once they have disclosed a secret
- Betraying trust destroys relationships

You need to be seen to maintain confidentiality. If you are suspected of breaking it, it can be very difficult to prove otherwise.



Tool 3 : CBV Experience with Shared Confidentiality

Ask: What experiences do you as a CBV have with shared confidentiality?

List participant responses, which may include:

- Records and registration forms
- Client notes
- Referring clients to health facilities
- Client disclosure of their HIV status with CBVs and family

Discuss the role of CBVs in shared confidentiality in the context of HIV Testing and Counselling. For example:

- CBVs referring clients for testing
- Describing confidentiality and shared confidentiality to clients

Finally, end this activity by asking participants to conduct a brief role play on how they would describe confidentiality and shared confidentiality to a client who they have referred for HIV Testing and Counselling.

5. Types of HIV tests (10 minutes)

A person tests positive for HIV when antibodies for HIV are found in his or her blood. This is why HIV tests are often referred to as “HIV antibody assays”, which means HIV antibody tests.

The three main types of HIV tests are:

1. Rapid Tests

- Rapid tests are commonly used HIV tests as they give results quickly and do not require special equipment
- Rapid test results can be obtained within 5 to 30 minutes
- Rapid tests are suitable for HIV Testing and Counselling centres and small local clinics with limited resources as results can be given the same day, allowing pre- and post-test counselling to be done together.

2. ELISA

- The HIV ELISA antibody test is a commonly used test for HIV today
- ELISA tests are very sensitive. Most tests have a 99+% sensitivity with very few false negative results (showing a person is HIV negative when he or she is in fact HIV positive).

3. Western Blot

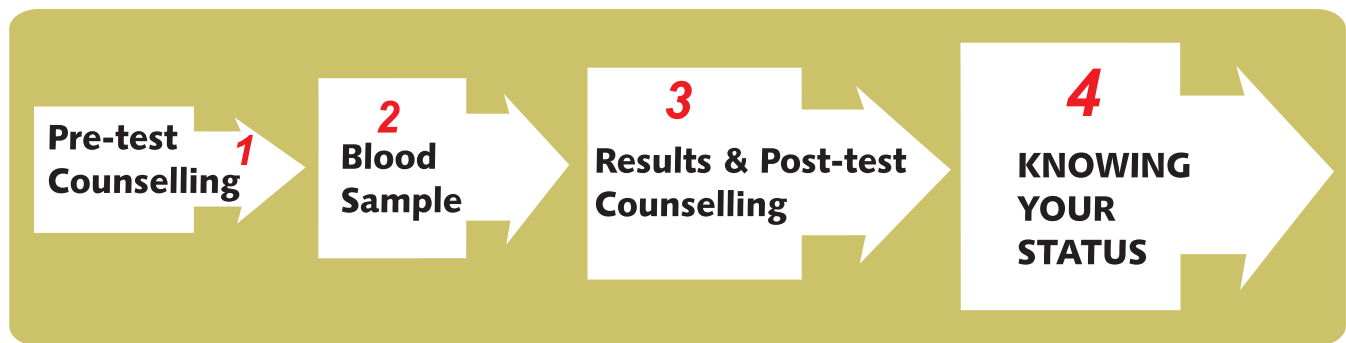
- Western Blot HIV tests are antigen tests that are very accurate but also very expensive, so they are not widely used
- Western Blot tests are often used as a second HIV test conducted to confirm HIV test results (called confirmatory tests).

6. The Process of HIV Testing and Counselling (20 minutes)

As this module deals with basic facts, this section is intended to provide CBVs with information about HIV Testing and Counselling that is important to provide to clients.

People may not want to use HIV Testing and Counselling services due to misconceptions regarding 'what actually happens' during voluntary counselling and testing.

Step-by-step of 'The HIV Testing and Counselling Experience':



1. Client Initiated HIV Testing and Counselling

Pre-Test Counselling

Four main components that pre-test information should focus on include:

a) Explanation of HIV and AIDS: During pre-test counselling the doctor, nurse, or counsellor will discuss what HIV is, what will happen during the test and what the test results mean.

b) Explanation of confidentiality: The HIV Testing and Counselling counsellor will talk to the individual alone (or with a friend or partner if the person prefers) about confidentiality. It will be explained that it is the client's decisions whether or not they want to tell other people the results of their HIV test.



c) Confirmation of client's willingness to proceed with the test: At this point, if the client is unsure or uncomfortable with proceeding with the HIV test or has additional questions, they will be referred for additional counselling. HIV tests are never mandatory and clients have the right to refuse testing at any point.

d) Obtaining Informed Consent: To proceed with testing, **informed consent** must be reached between the individual and counsellor. Informed consent means that the individual has been provided with important information about HIV and AIDS and HIV testing, has fully understood what has been discussed and based on this agrees to undergo an HIV test. If the person decides he or she does not want to take an HIV test after pre-test counselling, he or she is fully entitled to make that choice. Remember, HIV Testing and Counselling is voluntary and NOT mandatory testing.

2. Blood Sample

- If the individual chooses to have an HIV test, a small sample of blood will be taken safely and privately in a separate room
- Depending on the type of test used, the person may be able to wait to receive his or her results, or will be provided a day and time to come and collect their results. In many tests used now, the person will be able to receive their results in a matter of minutes

3. Post-Test Counselling

- After the test, the counsellor will talk to the person alone about the results (it is up to that person whether he or she wants to tell others his or her status)
- **If test result is positive and has been confirmed:**
 - The counsellor will explain that a positive result means the person has HIV.
 - Referrals for ongoing care and arranging for follow-up visits will be made.
 - The counsellor will provide advice on safer sex practices to avoid infecting others and avoid getting other sexually transmitted infections and/or harm reduction practices for injecting drug users to avoid re-infection with another strain of HIV.
 - Clients will be referred as needed to additional prevention and/or care services, including support groups and special services for vulnerable populations.
- **If test result is negative:**
 - The counsellor will share and discuss relief or other reactions with the client.
 - The client will be counselled on the importance of staying HIV negative through safer sexual practices such as correct and consistent condom use.
 - The counsellor will explain the window period to the client, and encourage him or her to be re-tested in 8 weeks if they feel they have recently been exposed to HIV.
 - HIV negative clients will also be referred to additional prevention and/or care services, including peer support groups and special services for vulnerable populations.
- **If the client does not want to know their results:**
 - The counsellor will explain that all results are confidential
 - The importance of HIV testing and benefits of know one's HIV status will be reinforced.
 - The counsellor will explore barriers to HIV testing, knowing your status and disclosure with the client and attempt to overcome those barriers.
 - The HIV Testing and Counselling counsellor is there to discuss any other issues or problems the person may have (family planning, questions about STIs) and can give that person a referral to other health services should he or she need that.

4. Supporting Disclosure

- **Disclosure** is the process a person living with HIV goes through to tell others about their HIV status. This may include a partner, or other family members including children, friends, colleagues and members of the community. After an HIV positive test result, health professionals will discuss the advantages of disclosing their HIV status.
- Disclosure of HIV status is important for the prevention of HIV transmission and for adherence to ART.
- If the client does not feel ready to disclose their status, the counsellor will reassure them that their test results will remain confidential
- CBVs can play an important role in helping to support disclosure, this will be discussed in greater detail in Module 4: Adherence.

5. Knowing Your Status

- The most empowering aspect for people who use HIV Testing and Counselling services is that they will know their HIV status and will know more about HIV, AIDS, and their health.
- Whether they are HIV positive or negative, knowing their status will allow individuals to make important choices about their health and future (how to prevent contracting or transmitting HIV, health services available to them if they are HIV positive, important information on nutrition and health that will allow them to live positively for many years to come)
- Ongoing counselling and support is often made available to those who are HIV positive so that they can begin to live positively and know they are not alone.

7. Special Issues for HIV Testing and Counselling

(50 minutes with Tool 4,5 and 6)

a) Testing Children

Testing youth and children for HIV is an important area that must be 'treated with care'. Important things to know about HIV Testing and Counselling for children and youth are:

- It is recommended that clients who would like to have their children tested, first make use of HIV Testing and Counselling services.
- Parents wanting to test their children should visit a local health facility and discuss this with a doctor, nurse or other health professional.
- Adolescents and youth (13 - 18 years) are known to be at high risk of HIV infection. This group should be supported to make use of HIV Testing and Counselling services to gain important information on how to prevent contracting HIV. It is important for CBVs to be aware of the age restrictions or requirements for parental permission for testing youth in your country, discussed at the beginning of the session.

Tool 4: Testing Children in your Community



PART A: Benefits and Risks of Testing Children and Adolescents

As a group, discuss any possible issues that CBVs should be aware of in your community around testing children by asking:

1. Are there any special factors in your community CBVs should consider when discussing HIV testing for children (i.e. 0-12 years) with clients?
2. Are there any special factors in your community that CBVs should consider when discussing HIV testing for adolescents (13-18 yrs)?

Examples of issues for children might be:

- Encouraging parents to be tested before their children
- Benefits of HIV testing for sick children (accessing care and treatment)
- Risks of HIV testing for children (whether or not children should know their status)
- Issues of abuse

Examples of issues for adolescents might be:

- Issues of abuse
- Benefits of HIV testing for adolescents (behaviour change information, access to health care, prevention information)
- Risks of HIV testing for adolescents (abuse or isolation of HIV positive teenagers)

PART B: Discussing Testing with Your Clients

Based on discussions in PART A, ask participants to find a partner and role play discussing HIV testing for the following two circumstances:

1. A female client who has not been tested for HIV, but would like to test her sick child.
2. The teenage daughter of a client whose parents are unaware that she is sexually active.

Facilitator's Note: In each role-play, facilitators should ensure participants link clients to appropriate health services in the community.

b) Discordant Couples

Couples are encouraged to go for HIV testing together. This way, each will know the other's status and important issues regarding prevention and care can be discussed during pre- and post-test counselling.

A **discordant couple** is a term used to describe a situation where one partner tests positive for HIV and the other tests negative. This can be a very stressful result for any couple. HIV Testing and Counselling post-test counselling is particularly important for these couples.



Tool 5: Role of CBVs in Supporting Discordant Couples

Ask: How would you feel if you knew you were HIV positive and your partner was not? (Possible answers: confused, scared, fear of abuse, etc.)

Now, ask participants to find a partner and role play:

1. Explaining the benefits for your client and his/her partner of going for HIV testing together.
2. Explaining to your client what 'discordant couple' means and the importance of post-test counselling and prevention in these cases.

Facilitator's Note: In their role plays, facilitators should ensure that CBVs link their clients to local testing and counselling services.

c) The window period (5 minutes)

The window period is the time immediately after HIV infection when HIV antibodies will not appear in a person's blood. Therefore, it is possible that during the window period individuals infected with HIV will test negative.

When educating people about HIV Testing and Counselling, it is important for CBVs to let people know that if they feel they have been at risk to contracting HIV they should have another HIV test approximately **8 weeks after the time they feel they were at risk**.



Tool 6: Role of CBVs in Discussing the Window Period with Clients

Divide participants into pairs and ask each pair to conduct the following role play:

1. Your client feels that he may have been exposed to HIV infection and plans to make use of local VCT services. What do you tell him?

8. Encouraging HIV Testing and Counselling in Your Community

(30 minutes with Tool 7)

Now that the important aspects of HIV Testing and Counselling have been covered, it is important that CBVs become comfortable discussing HIV Testing and Counselling services with others.

CBVs play an important role in encouraging the use of HIV Testing and Counselling services in their community as they are looked upon as respected sources of trustworthy information.

Tool 7 : Answering Questions about HIV Testing and Counselling



Separate participants into groups of three and distribute the Peer Assessment Checklist in Handout 1-3. Have two participants role play answering the questions of a community member. The third participant should be provided with the checklist of important information that should be given by the person playing the role of CBV during the role-play. Rotate roles until each participant has played the role of CBV.

Have the “community member” ask the CBV the following questions about HIV Testing and Counselling.

1. Why should I take an HIV test?
2. Where do I go for HIV Testing and Counselling services in our community?
3. What type of HIV test do they use at this facility?
3. What happens during an HIV test? (refer back to flow chart)
4. I have had unprotected sex and am afraid that I am HIV positive, is there anything I should know about before being tested? (CBV to discuss window period and need for follow-up testing)

Facilitators Note: To ensure that important information is provided, each role-play should include the following key points:

1. The benefits of HIV testing: Testing is a form of prevention and an entry point to access treatment and care.
2. Where HIV Testing and Counselling services are offered in your area (clinics, hospitals, mobile HIV Testing and Counselling services). Discussion of difference between provider and client initiated HIV Testing and Counselling.
3. The type of HIV test used at these services (Rapid, ELISA, or Western Blot)
4. The process of client initiated HIV Testing and Counselling
 - Pre-test counselling: explanation of HIV and AIDS, explanation of confidentiality, confirmation of willingness to proceed with the test and obtaining informed consent. It is important that CBVs stress the confidential nature of HIV Testing and Counselling.
 - Blood sample: taken in a separate room, and give indication of when client's can expect to receive their results based on the tests used in your area.
 - Post-test counselling: explanation of what will happen if the results are positive, negative, or if the client does not want to know their results.
 - Supporting disclosure: explain the benefits of disclosing their status but highlight that test results will remain confidential if they do not wish to disclose.
 - Knowing their status: Knowing their HIV status will allow individuals to make important decisions about their health and future, whether they are HIV positive or not. Knowing your status is key to accessing health services and support groups
5. Window Period: the window period lasts 3-6 months after HIV infection. During this time a person will test negative for HIV even though they are positive and can continue to transmit HIV to others. People who have been exposed should be re-tested 8 weeks after their initial exposure.

4

Session Four: Positive Prevention

Purpose: The purpose of Session Four is to introduce the concept of positive prevention for PLWHA.

Objectives:

By the end of this session, community based volunteers (CBV) should be able to:

1. Discuss the importance of positive prevention for PLWHA, taking into account possible barriers to positive prevention in the community that should be addressed.
2. Describe the role of CBVs in post test and ongoing counselling for PLWHA in their community.
3. Engage in informative and supportive discussions of sexual health issues with HIV positive clients.
4. Link PLWHA to health services that assist and support positive prevention.
5. Use the Flipchart for Clients education to educate clients on how to live well when you are HIV positive.

Duration: 2 hours 30 minutes

Required Materials: Flipchart, markers and pens

Recommended Preparation:

- Collect information on local organisations and health structures that are important for effective referral.

Objective	Content	Time	Methodology
Discuss the Importance of positive prevention for PLWHA, taking into account possible barriers to positive prevention in the community that should be addressed.	1. Positive Prevention	30 minutes	Mini Lecture Tool One (A): Self-Reflection and Discussion
Describe the role of CBVs in post test and ongoing counselling for PLWHA in their community.	2. Post Test and Ongoing Counselling	30 minutes	Mini Lecture Tool Two (K): Group Discussion
Engage in informative and supportive discussions of sexual health issues with HIV positive clients.	3. Sexual and Reproductive Health Counselling and support	30 minutes	Mini Lecture Tool Three (ST): Role-Play
Link PLWHA to health services that assist and support positive prevention	4. Effective Referrals	30 minutes	Mini Lecture Tool Four (K): Group Activity
Use the Flipchart for Client Education to educate clients on how to live well when you are HIV positive.	5. What is Positive Living?	30 minutes	Mini Lecture Tool Five (ST): Group Role-Play

1. Positive Prevention (30 minutes with Tool 1)

Positive prevention aims to increase the self-esteem and confidence of HIV positive individuals to protect their own health and avoid passing the infection to others.

Most prevention strategies to date have been directed at people who are uninfected or who do not know their status to prevent them from becoming infected with HIV. Prevention messages that meet the needs and concerns of PLWHA are becoming increasingly important as more people are becoming aware of their status through the increased availability of Antiretroviral Therapy (ART).

Elements of Positive Prevention Include:

- Protection from HIV re-infection
- Disclosing HIV status to partners
- Engaging in safer sex
- Mothers preventing HIV from being passed to their children during pregnancy, child birth or breastfeeding
- Taking ARV medications consistently and properly
- Preventing other infections
- Taking Prophalxis

Facilitator's Note: While the term positive prevention focuses on helping those living with HIV to prevent further infection, facilitator's should emphasise that everyone has a role to play in prevention. Those who are not infected should also be aware of their role in preventing HIV infection by remaining negative. Hold a brief discussion on the role of HIV negative individuals in positive prevention activities.

Tool 1: Positive Prevention in Your Community



Ask CBVs to reflect on the role and need of positive prevention in their community setting by answering the following questions:

1. Why do you think positive prevention is important for PLWHA in your community?
2. What are some problems in your area that should be addressed for positive prevention to be successful? (i.e., stigma and discrimination, inequalities among women, poverty, meaningful involvement of PLWHA, PLWHA at the centre of their own care).

Facilitator's Note: In summary of the group discussion of positive prevention, participants should understand that the most important part of successful positive prevention is **information**. If people in your community are 'armed' with accurate information on the basics of HIV and AIDS covered in this module, they will be well equipped to engage in positive prevention activities.

2. Post Test and Ongoing Counselling (30 minutes with Tool 2)

Post-test and ongoing counselling involves counselling and prevention messages that PLWHA will need from the point of learning their HIV status. The role of CBVs in counselling is discussed in detail in Module 5: Community - Based Counselling, but CBVs should be aware that clients can be assisted to live positively through the following forms of counselling:

- **Immediate Post-Test Counselling** - with comforting and supporting a client who has just learned they are HIV positive and dealing with issues of disclosure.
- **Prevention Education** - providing clear and factually correct information about HIV transmission under the following topics:
 - What is HIV and what are the differences between HIV and AIDS?
 - How is the virus transmitted from one person to another?
 - What increases the risk of transmission of HIV?
 - What is safer sex?
- **Risk Reduction Counselling and Negotiating Condom Use** - risk reduction counselling involves exploring all of the ways that PLWHA may be at risk of transmitting HIV or being re-infected. By assessing the level of risk a person may be under, CBVs can develop risk reduction strategies with their clients that may include negotiating for condom use or becoming involved in needle exchange programmes.
- **Support for Beneficial Disclosure** - beneficial disclosure involves voluntary disclosure of HIV status that leads to beneficial results for PLWHA, their drug injecting or sexual partners and family. Beneficial disclosure always maintains confidentiality and dignity of PLWHA and can lead to greater openness in the community about HIV and AIDS.
- **Encouraging Partner Counselling and Partner Notification** - partner counselling and notification involves contacting sexual or drug-injecting partners of HIV positive individuals to advise them that they may have been exposed to HIV. Partner counselling and notification requires informed consent from PLWHA and should maintain confidentiality of the identity of the HIV infected person if they do not want it to be shared. Because of the potential consequences of partner counselling or notification on PLWHA (discrimination, abandonment, violence by partners) the benefits should be weighed against the consequences (potential transmission of HIV).
- **Couples Counselling** - couples counselling can be provided to couples that are both HIV positive and to couples in which only one partner is living with HIV (discordant couples). Couples counselling can be an effective tool to avoid scenarios where the partner who receives a positive result is blamed for the result. Couples counselling is also a good setting to introduce discussion of condom use and to provide support to the HIV negative partner to cope with the situation.



Tool 2: The Role of CBVs in Post Test and Ongoing Counselling

CBVs are provided with an opportunity to practice counselling skills in Module 5, but it is important that they consider the 'boundaries of CBVs in counselling' in their community. On a flipchart, create two columns entitled “CBV Role” and “Referral”. Ask participants to identify aspects of counselling discussed in this section that they would be comfortable providing PLWHA in their community, and types of counselling they feel should be referred to others and why.

For example, CBVs could play an important role in post-test counselling with clients who disclose their status, prevention education. Areas such as partner counselling and notification may not be appropriate for CBVs in your community, and cultural issues may make couples counselling difficult for CBVs. Using the community referral map created in Session One of this module, discuss where CBVs should refer clients for all forms of counselling listed under the “Referral” heading.

3. Sexual and Reproductive Health Counselling and Support (30 minutes with Tool 3)

Part of positive living includes helping PLWHA to feel empowered to enjoy the rights of all people without stigma or discrimination. Sexual and reproductive health counselling and support involves emphasising that people living with HIV have the right to sexual intimacy and sexual relationships and the right to have children.

Aspects of sexual and reproductive health counselling and support that CBVs can assist their clients with include:

- **Family Planning** - Positive women and couples affected by HIV have the right to choose for themselves whether they want to have children or not. CBVs should be able to have open discussions with their clients about family planning and refer clients to local clinics or health facilities that can provide them with the medical care or social support they may need.
- **Pregnancy, Childbirth and HIV** - CBVs should provide pregnant women who are HIV positive with information on reducing the risk of parent to child transmission of HIV and maintaining the health of the woman and her baby before, during and after childbirth. Options for the following topics should be explored by CBVs and their clients and will be discussed in greater detail in Module Two: Treatment Literacy and Module Six : Nutrition
 - Options for reducing risk during pregnancy and childbirth
 - Options for reducing risk during infant feeding
 - Options for maintaining good health of the mother after childbirth

- **Women and Men's Sexual Health** involves open discussions that encourage women and men to understand their role in maintaining sexual health. For example, CBVs with male clients should:
 - **Support** men to recognize and address their own health needs as a first step towards being more supportive of the needs of their partner and families.
 - **Emphasise** that men are capable of playing a positive role in the health and wellbeing of their partners, families, and communities.
 - **Discuss** the role that alcohol and drug use plays in relation to sex and, therefore, to the possible spread of HIV/AIDS.
 - Some of the main concerns for men regarding their sexual health may include issues such as their sexual performance or the possibility of erectile dysfunction.

Other issues that should be explored and discussed if they arise include:

- Obstacles to re-initiating sexual life after an HIV positive diagnosis
- Difficulties in enjoying sexual pleasure
- Guilt and shame related to sex and sexuality, including homosexuality and men having sex with men (MSM)
- Fear of talking to the doctor about sexually transmitted infections (STIs)
- Lack of knowledge/skills to identify STIs
- Problems associated with HIV symptoms, including vaginal infections and side effects of medications, and their effect on sexual health.
- Low energy and emotions related to HIV (anger; dealing with frequent deaths from HIV/AIDS among friends and family) and their effect on sexual life and on partners should be addressed.



Tool 3: Case Study: Discussing Sexual Health with Your Clients

Divide participants into pairs and read aloud the case study below. Have one individual play the role of the male client in the case study and the other as the CBV responding to Felix's concerns.

Felix is a 35 year old man who discovered that he is HIV positive after making use of VCT services provided at the local clinic one month ago. While saying that he is faithful to his wife, Felix admits that he has made one or two 'mistakes with other women' after a night out drinking with his friends. He has always enjoyed a healthy sex life, but is concerned about how being HIV positive might affect his sexual performance, something which up to now has been a very important part of his life.

What do you say to Felix?

In observing role-plays emphasise the following key points in participant discussion:

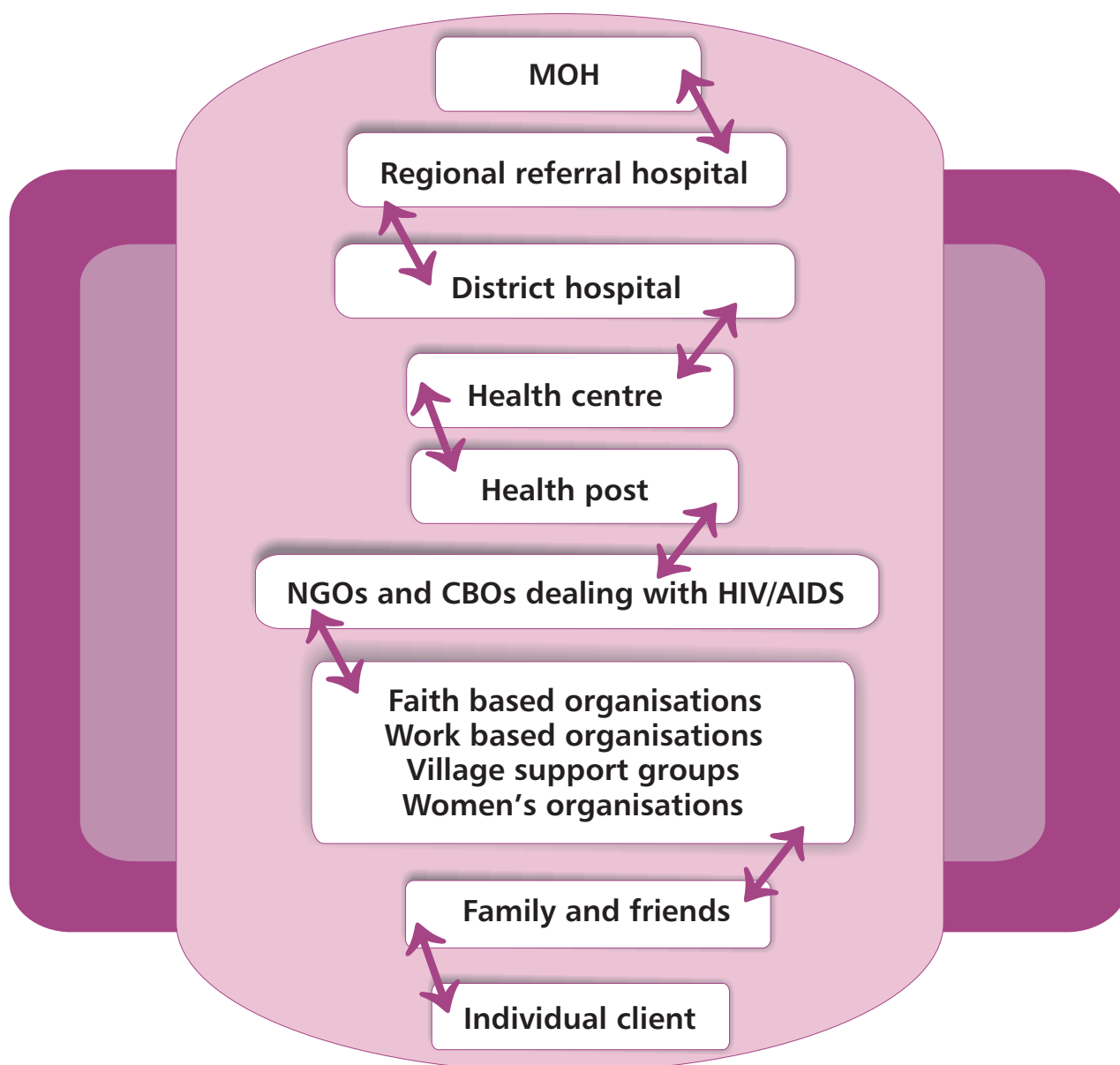
- The Support, Emphasize and Discuss aspects of men and sexual health provided above.
- Provide Felix with prevention information such as the difference between HIV and AIDS, how HIV is transmitted and safer sexual practices.
- Explore whether Felix has disclosed his status to his partner and recommend couples counselling.

Part of the task of CBVs will be to link clients to all services for HIV available within their health district and in the local community. In order to do so, he/she must be very familiar with the local reality.

Facilitator's Note: In order to perform this exercise well, you should have gathered information on the following:

- Structure of the district health system
- NGOs dealing with HIV/AIDS at the health centre level
- Faith-based organisations
- Village support groups
- Women's support organisations

If somebody in the group is very familiar with the local organisations and existing structures, it would be important to get his/her contribution in the discussion. Based on the information you gathered beforehand, explain the structure of health care within your country (to be adapted locally). Ask CBVs to indicate which areas they are involved in providing DIRECT linkages and support through their duties.



4. Effective Referral (30 minutes with Tool 4)

Through their knowledge of the services available to PLWHA, one of the greatest contributions CBVs can make to positive living is through the referral of clients to services that meet their needs. Types of referrals that are important in positive prevention include:

- **Post-Test Clubs:** Post-test clubs and peer support groups offer a private and safe space to help people with HIV by sharing experiences and providing mutual support. Post-test clubs are usually centred around HIV Testing and Counselling services and provide ongoing counselling and support for people after they have used the services.
- **Peer Support Groups:** Peer support groups are a safe environment for PLWHA to discuss their situation with others that understand and empathise with what they are going through. Peer support groups play an important role in discussions surrounding sex and sexuality as PLWHA feel they are in a confidential and safe environment. CBVs should suggest involvement in peer support groups for:
 - Clients who have tested HIV positive
 - Couples affected by HIV/AIDS
 - Older children whose parents are positive
- **Community-based Care, Support and Prevention services:** these are care, support and prevention services in the community such as:
 - Home-based care services
 - Support Groups for people affected by HIV and AIDS
 - Religious Support Groups
 - Orphan Care and Support Programmes
 - Income Generation Activities
 - School Support Programmes
 - Food Assistance Programmes
- **Screening and Treatment of Sexually Transmitted Infections (STIs):** screening and treatment of STIs with testing, counselling and treatment of HIV is a key area of positive prevention. CBVs should inquire about the following symptoms of STIs and refer clients to a health facility if present:
 - Vaginal discharge
 - Bleeding between periods
 - Genital or anal sores or cuts
 - Anal pain, burning, discharge, or bleeding
 - Lower abdominal pain with or without fever in women
- **Harm Reduction Services Including Drug Substitution Therapy:** CBVs should Never discriminate against injecting drug users (IDUs) and attempt to provide support and appropriate referral whenever possible.
CBVs can assist HIV positive IDUs by providing the following information:
 - The best way to reduce the transmission or re-infection of HIV for IDUs is by stopping injection-drug use.
 - IDUs may require substitution therapy, such as methadone maintenance treatment, in order to stop taking drugs and should be referred to the appropriate health centre.
 - IDUs not willing or able to stop injection drug use should be:
 - Counselling to use sterile syringes only once
 - Referred to syringe-needle exchange programmes that provide sterile syringes where possible

- Counselling on the importance of not sharing needles in order to prevent transmission of HIV to injecting partners, or re-infection of HIV.

If new sterile injecting equipment is not available CBVs should:

- Reinforce that it is difficult to reliably disinfect syringes, and this practice is not as safe as using a new, sterile syringe

Everyone should be aware of injection safety, not just injecting drug users. If medication can be provided orally, and is recommended by your doctor - it should be given in this manner. If you must have an injection, clients should be aware of what injection safety is.

A safe injection:

- Is only given when there is no suitable alternative
 - Safety is assured when the right drug is given to the client in the right dose, using the right needle and syringe, at the right site, by the right route.
 - A skilled healthcare worker should give a safe injection, and the waste from its use should not cause harm to the provider, the recipient, or the community.
- **ARV Treatment and ART Promotion** the increased availability of Antiretroviral Therapy is improving positive prevention for PLWHA. While ARVs do not cure HIV and AIDS, they have helped make HIV what is called a “chronic manageable condition” such as diabetes or high blood pressure.

Ways in which ART is improving positive living include:

- Assisting PLWHA to live healthy, productive lives
- HIV and AIDS no longer means a “death sentence”
- ART interventions are breaking down stigma associated with HIV and AIDS can now be seen as the chronic illness it is
- ART as an incentive for VCT and management of symptoms.

CBVs play an important role in referring clients to clinics and hospitals where ART treatment is available and supporting adherence to ART. The role of CBVs in ART is discussed in detail in Modules 2, 3 and 4 of the ART package.



Tool 4: Referral Services in Your Community

Based on the referral services in your community, read the following list of conditions they may face during their work and ask them to identify where they would refer each client:

1. A client has recently been tested for HIV and has learned that she is positive.
2. A client reports the development of sores around their genitals or anus.
3. A client expresses feeling distant from their spirituality and feels the need for support *Ensure that CBVs clarify the religion/sect of the client rather than referring them to their own chosen religious body
4. A client is unaware of whether or not they should be on antiretroviral therapy
5. A client is having difficulty securing the basic food needs for his family
6. The partner or older child of your client is feeling sad and angry after finding out that your client is HIV positive.

Facilitator's Note: The referral services identified through this activity should be recorded by facilitators and used to test core skills for this session.

5. What is Positive Living? (30 minutes with Tool 5)

Positive Living is a term used to describe steps taken by people living with HIV or AIDS that enhance their lives and increase their health. Each of the modules in this toolkit address elements of positive living for PLWHA and how CBVs can help those infected and affected by HIV and AIDS to live positively.

Explain that:

- People with HIV infection can prolong their lives by making positive choices to care for their own mental and physical health.
- Positive living is a concept that involves having a positive outlook on living. It also means living responsibly with HIV.
- People with HIV can live full and healthy lives if they take care of themselves and access treatments and good support.



Tool 5: How to Use the “Positive Living” Section of the Flipchart



PART A: Introducing the Flipchart

CBVs will educate clients using Section 3: Positive Living of the Flipchart for Client Education as an aid to communication.

When introducing positive living you will need to provide participants with sufficient knowledge to enable them to use the flipchart effectively and to educate and support clients to adopt positive living measures.

This section covers the following topics:

- How to prevent other infections
- To encourage exercise as appropriate
- To avoid harmful or ineffective expensive treatments or food supplements.
- To support nutrition
- Have peer demonstrate preparation of nutritious foods
- Arrange for supplements if available and needed

Explain that these are the key components of positive living.

PART B: Role Playing Use of the Flipchart

After reviewing each of the aspects of positive living with clients, ask participants to find a partner and role play using the flipchart to describe positive living to their client.

Facilitator's Note: In assessing this core skill, facilitator's should ensure that CBVs are comfortable and confident using the flipchart tool in a manner that will be easily understood by clients.

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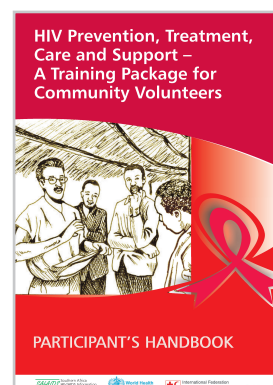
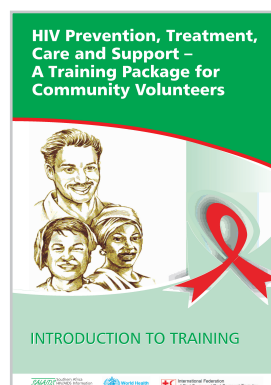
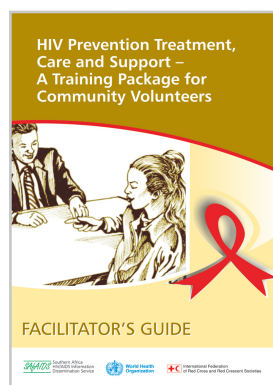
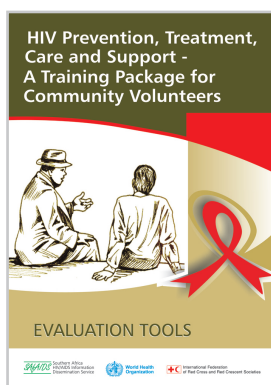
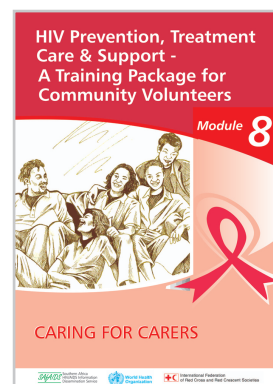
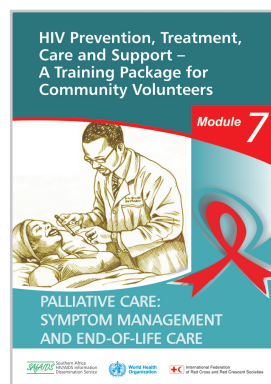
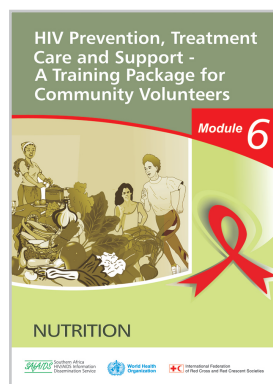
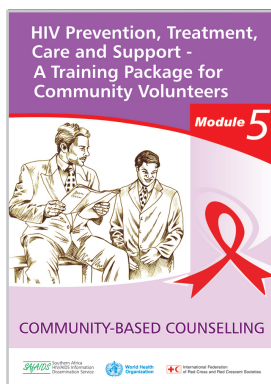
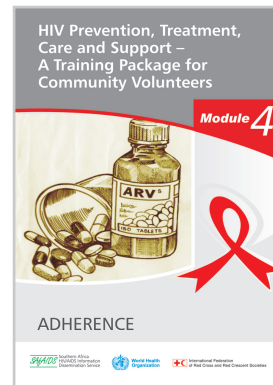
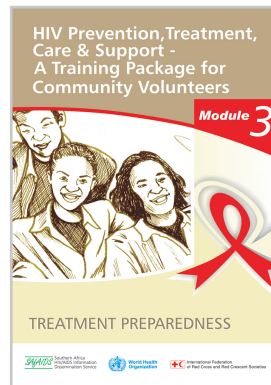
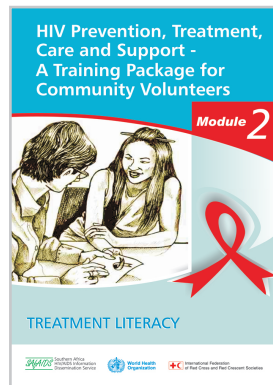
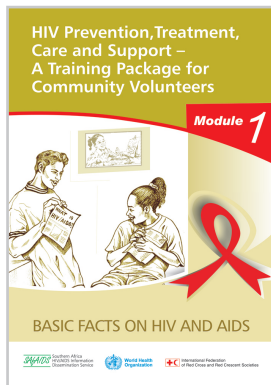
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