

# A FIELD GUIDE FOR HIV/AIDS PREVENTION EDUCATION FOR AFRICAN COMMUNITIES



**African HIV/AIDS Prevention Initiative**  
Institute of Cultural Affairs in the USA  
2010

# **A FIELD GUIDE FOR HIV/AIDS PREVENTION EDUCATION FOR AFRICAN COMMUNITIES**



**A Tool for Lay Educators to Use  
In Talking with Their Neighbors about HIV/AIDS**

**African HIV/AIDS Prevention Initiative**

ICA Ghana  
ICA Kenya  
Nigeria/NIRADO  
ICA South Africa  
ICA Tanzania  
ICA Uganda  
Zambia/OPAD  
ICA Zimbabwe

**Institute of Cultural Affairs in the USA**

2010



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The photographs used in this Field Guide were taken during training of community HIV/AIDS educators in Kenya, Ghana, Zambia and Uganda by Louise Singleton.

- Cover: Talking with neighbors about HIV prevention, Mwanamainda, Zambia
- Page iv: Practicing teaching in Ve Golukuati, Ghana
- Page 16: HIV prevention conversation, Nabuganyi, Uganda
- Page 22: Launching an HIV/AIDS project in Nabuganyi, Uganda

## About this Field Guide

The *Field Guide* was created through the collaboration of national Institutes of Cultural Affairs (ICAs) in eight African Countries, Institute of Cultural Affairs:USA and International Consultants and Associates.

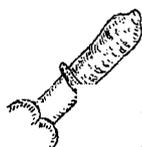
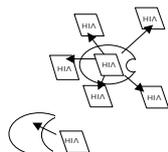
National **Institutes of Cultural Affairs** in Ghana, Kenya, Nigeria, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe have used this Field Guide in their HIV/AIDS prevention and care programs since 2002. They have also contributed to the *Field Guide's* development by sharing invaluable feedback and ideas based on their field experiences. Since then, the *Field Guide* has been used in Togo, Benin, and Nepal; translated into French for use in Cote d'Ivoire; and translated into Chinese for use in the People's Republic of China.

ICAs are members of the Institute of Cultural Affairs International, a global network of thirty national ICAs on six continents. Founded in 1977, The Institute of Cultural Affairs International unites the national ICAs with the mission to advocate for and actualize the fundamental right of all peoples to define and shape their own futures, toward the goal of realizing sustainable, just solutions to human challenges. The ICA methodologies place culture at the center of human development.

**Institute of Cultural Affairs in the USA and International Consultants and Associates** have provided support for the African HIV/AIDS Prevention Initiative.

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## INTRODUCTION AND ACKNOWLEDGEMENTS

This *Field Guide* is intended for use by community HIV/AIDS educators to assist them in talking with their neighbors about HIV/AIDS prevention and management.

It contains fifteen lessons on HIV/AIDS prevention and the care of those affected. It is used by trained community HIV/AIDS educators in eight countries as part of the African HIV/AIDS Prevention Initiative of the Institute of Cultural Affairs (ICA). Each lesson answers questions people may have about HIV/AIDS and forms the basis for discussion about the importance of the information for the life of an individual, a family and a community. In ICA projects each community educator received a week of training in using the guide. Health professionals will find it helpful in counseling their patients and educators will find it helpful for talking with young people.

Each lesson has four major points with accompanying illustrations to share with individuals and families, as well as suggested corresponding interactive conversations for each lesson and optional activities for larger groups.

The lessons are based on *HIV, Health and Your Community* by Reuben Granich, MD, MPH, and Jonathan Mermin, MD, MPH, published by Stanford University Press in 1999, and reprinted by the Hesperian Foundation in 2003. It was revised and republished in 2006 and is being further revised for another publication. An edition is available in Swahili. See Resources page.



This *Field Guide* was originally written on site in Ghana in July 2002. HIV community educators in Ve Golokuati, the Volta Region of Ghana, participated with feedback during their training and tested the original version in 2002-2003 as they used this guide with their neighbors. It was revised for launching projects in seven additional African countries in 2003. A further revised edition was published by PACT in 2004. This 2007 edition has been revised in light of new understandings of what is available in the community and in cooperation with the Kenya Ministry of Health. It was been translated into Swahili by Dr. Mohamed A. Swazuri.

Funding for the Field Guide has been provided by many interested and concerned friends of Africa and ICA. Thanks to all who have given their support, time, and expertise to this Initiative and to the preparation and publication of this *Field Guide*. Thanks to ICA staff who were part of its development, and to Duncan Robertson for illustrations.

Special thanks go to Kenya Minister of Health Charity Ngilu and to Mrs. Blanche Tumbo, Assistant Chief Public Health Officer, Division of Environmental Health, Kenya Ministry of Health, who saw the importance of translating it into Swahili and its value for HIV prevention in Kenya.

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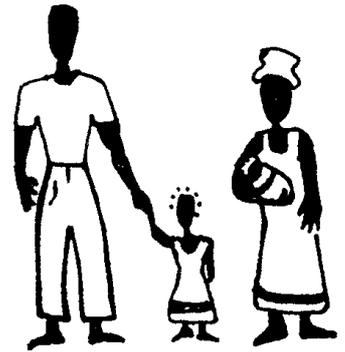
June, 2007

**HIV/AIDS IS A GLOBAL EPIDEMIC.**

- ◆ 7 out of 10 people in the world infected with HIV live in Africa.
- ◆ HIV/AIDS is a heterosexual disease.
- ◆ Under age 25, twice as many women are infected as men.
- ◆ Since 2001 over 2 million Africans died of AIDS and 11 million children were orphaned.

**HIV/AIDS IS DEVASTATING TO FAMILIES AND COMMUNITIES. IT INCREASES POVERTY.**

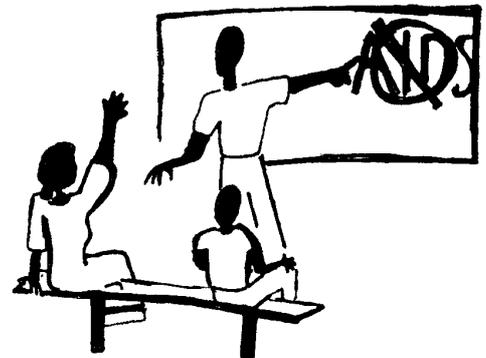
- ◆ HIV/AIDS primarily affects people 15 – 49 years—when they are most productive.
- ◆ Men cannot work. Women cannot care for children.
- ◆ Instead of working, healthy people must take care of sick family members.

**WE CAN FIGHT IT BY PREVENTION AND BY CARING FOR THOSE AFFECTED.**

- ◆ The HIV/AIDS epidemic is not hopeless.
- ◆ Uganda is a model for prevention. It has reduced the numbers infected from 1 in every 5 people to 5 in 100 people.
- ◆ We must understand the disease and what to do to fight it.
- ◆ Treatment is effective in managing the disease, but in 2005 only 10% of those in Sub-Saharan Africa who need treatment receive it.
- ◆ Prevention is essential.

**YOU, YOUR FAMILY, AND YOUR COMMUNITY CAN FIGHT HIV/AIDS.**

- ◆ By learning about prevention and making healthy choices.
- ◆ By caring for those affected.
- ◆ By mobilizing the community.



H I V  
A I D S

### HIV STANDS FOR:

- ◆ H – Human, *means in people*
- ◆ I – Immunodeficiency, *means the white (fighter) cells are getting weaker*
- ◆ V – Virus, *means the type of micro-organism*

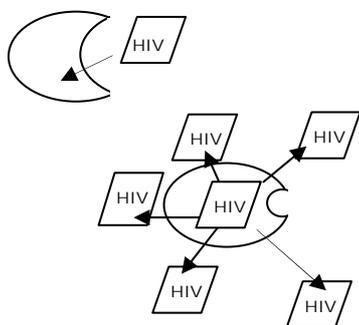
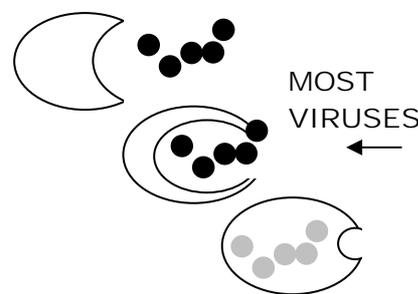
### AIDS STANDS FOR:

- ◆ A – Acquired, *means to get it over time*
- ◆ I – Immune, *our body's defense against disease by white (fighter) cells*
- ◆ D – Deficiency, *means a weakness*
- ◆ S – Syndrome, *means a group of diseases*

### THE IMMUNE SYSTEM IS THE BODY'S DEFENSE AGAINST DISEASE.

- ◆ The immune system keeps bad germs out of the body.
- ◆ It sends white fighter cells to fight and kill invading bad germs.
- ◆ Special cells called antibodies make us "immune." If we are attacked repeatedly by a bad germ, we don't get sick from it.
- ◆ When we receive a vaccine like polio or measles it makes us immune to that disease. There is no vaccine for HIV.
- ◆ Most viruses are killed by the immune system.

### IMMUNE CELLS

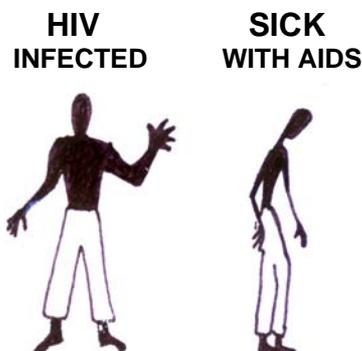


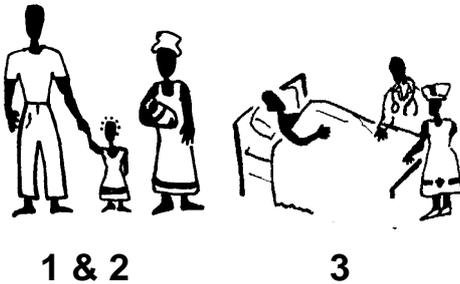
### HIV ACTS DIFFERENTLY FROM OTHER VIRUSES.

- ◆ HIV attacks the immune system.
- ◆ The white cells eat the HIV cell, but HIV does not die.
- ◆ It lives inside the white cell and reproduces itself.
- ◆ HIV takes over cells and gradually overwhelms the immune system by killing the white (fighter) cells.
- ◆ After the white cells are killed, other serious diseases can successfully attack the body and a person has AIDS.

### HIV IS THE HIDDEN STAGE AND AIDS IS THE VISIBLE STAGE.

- ◆ When you or others get HIV, you will not know it. You look healthy and feel healthy. You can give it to your partner.
- ◆ After 5 – 7 years HIV becomes AIDS. You lose weight and are weak.
- ◆ You are more likely to get infections such as pneumonia, TB (tuberculosis), STDs (sexually transmitted diseases), or meningitis.
- ◆ From the first day you are infected until you die, you can give HIV to your partner.



**STAGES****HIV/AIDS HAS THREE STAGES. ALL OF THEM ARE INFECTIOUS.**

- ◆ **Stage 1:** People newly infected with HIV may have flu-like symptoms in the first month. They are very infectious during this time.
- ◆ **Stage 2:** From the 2<sup>nd</sup> month until about 5 years, there may be no symptoms. At this stage HIV is a hidden infection.
- ◆ **Stage 3:** When someone becomes sick because HIV weakens their immune system, they have AIDS.
- ◆ **Death** results from an infection the body cannot fight.

**THERE MAY BE NO SYMPTOMS OF HIV. THE PHYSICAL SYMPTOMS OF AIDS ARE:**

- ◆ Weight loss – “Slim” disease
- ◆ Diarrhea
- ◆ Fever, Cough
- ◆ Cancer
- ◆ Night Sweats, Fatigue
- ◆ Swollen Glands

**EMOTIONAL IMPACTS OF HAVING HIV/AIDS:**

- ◆ Anger
- ◆ Shock, denial
- ◆ Isolation from community – stigma
- ◆ Fear
- ◆ Guilt and shame
- ◆ Helplessness and depression
- ◆ Eventually, acceptance and planning for the future

**THE IMPACTS ON THE LIFE OF SOMEONE WITH HIV/AIDS ARE DEVASTATING.**

- ◆ May be too sick to work or care for children
- ◆ Very vulnerable to infection – especially TB and STDs
- ◆ May require home care from family
- ◆ Health care needs are costly
- ◆ May infect partner or baby

**ABSTAIN****BE FAITHFUL****USE A CONDOM**

# HOW IS HIV/AIDS SPREAD?

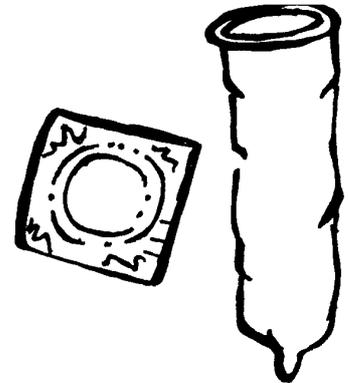


## HIV IS CAUSED BY A VIRUS THAT LIVES IN BODY FLUIDS AND ATTACKS THE IMMUNE SYSTEM.

- ◆ To spread the virus, infected body fluids must enter one body from another.
- ◆ There are four body fluids that carry HIV: blood, semen, vaginal fluids, and breast milk.
- ◆ Fluids can pass from one person to another during sexual intercourse.
- ◆ Blood can be passed by infected instruments or transfusions of "bad blood."
- ◆ HIV can pass from infected mother to baby during childbirth or breastfeeding.

## UNPROTECTED SEXUAL INTERCOURSE IS THE MOST COMMON WAY HIV IS SPREAD.

- ◆ 80% of cases are spread by unprotected sex with a person who is infected.
- ◆ Most cases are transmitted between a man and a woman, but sex between same-sex partners can also transmit HIV.
- ◆ 15% of cases are passed from infected mothers to their baby.
- ◆ 5% of cases are passed through infected blood on dirty



NO



NO



NO

## HIV IS NOT SPREAD BY CASUAL CONTACT.

- ◆ Not by hugging or eating together.
- ◆ Not from mosquitoes, the latrine or communion cups.
- ◆ Not like a cold or flu virus. HIV dies in air in 30 seconds.
- ◆ We are lucky HIV is so hard to spread.

## THERE IS NO VACCINE AND NO CURE.

- ◆ Prevention is the only way to stop the spread of HIV.



**ABSTAIN**

**BE FAITHFUL**

**USE A CONDOM**

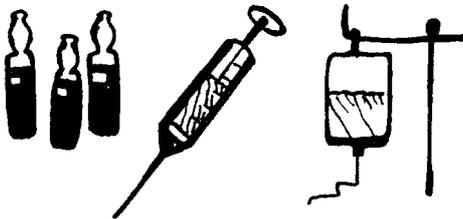
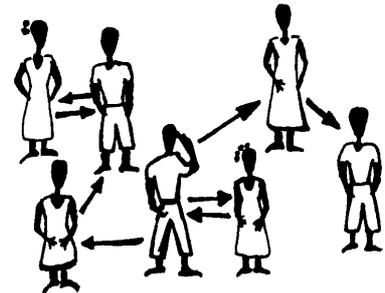


### HIV IS SPREAD BY SEXUAL INTERCOURSE WITH AN INFECTED PERSON.

- ◆ **ABSTAIN** – especially if you are young and single – Say No!
- ◆ **BE FAITHFUL** – “Zero Grazing” – have one uninfected, faithful partner – **Uganda’s success shows this works.**
- ◆ **USE A CONDOM** correctly, every time!
- ◆ Get treatment for Sexually Transmitted Diseases – STDs.
- ◆ Choose from the three safe sexual practices to avoid HIV.

### SOME SEXUAL PRACTICES ARE MORE RISKY THAN OTHERS:

- ◆ **High risk:** unprotected vaginal and anal sex.
- ◆ **Low risk:** oral sex, vaginal or anal sex with condom, wet kissing.
- ◆ **No risk:** no sex, sex with a faithful uninfected partner, hugging, dry kissing, touching, masturbation.



### DO NOT RISK MIXING BODY FLUIDS OR BLOOD BY USING DIRTY INSTRUMENTS OR NEEDLES.

- ◆ All instruments must be new or sterilized by boiling for 30 minutes in water or cleaning with bleach.
- ◆ These instruments include:
  - Razors or knives for scarification or circumcision
  - Razors for shaving and scissors for haircuts
  - Toothbrushes, do not share them
  - Transfusions with infected blood or dirty needles

### IF YOU OR YOUR PARTNER IS INFECTED, GET COUNSELING BEFORE ATTEMPTING PREGNANCY.

- ◆ A baby can be infected **during pregnancy** or at birth.
- ◆ If you are infected, breast-feeding can cause HIV infection.
- ◆ If you are pregnant and suspect HIV infection, ask to be tested. **Treatment at time of birth can prevent infecting the infant.**





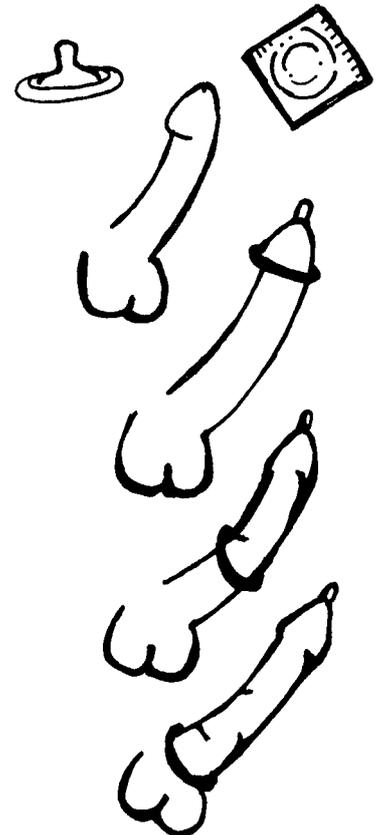
**80% OF HIV INFECTION IS CAUSED BY UNPROTECTED SEX WITH AN INFECTED PARTNER – PRACTICE SAFER SEX.**

- ◆ HIV can be avoided by practicing safer sex, meaning no exchange of blood, semen or vaginal fluids. The three best ways to avoid HIV are **ABC**:
- ◆ **Abstain** – no intercourse
- ◆ **Be faithful** – in a “sheltered” couple both partners are uninfected. There are not multiple partners.
- ◆ **Use Condoms** during intercourse correctly, every time.

**HOW TO USE A CONDOM – THE TECHNIQUE IS EASY:**

*(Demonstrate on penis carving or banana)*

- ◆ Check the expiration date and check the package for damage.
- ◆ Open package carefully; remove condom; do not unroll.
- ◆ Pinch tip and unroll onto hard penis before entering partner.
- ◆ After ejaculation, **while the penis is still hard**, use a tissue to hold rim of the condom.
- ◆ Remove completely from penis being careful not to spill semen inside.
- ◆ Wrap the condom carefully, not touching the fluids,
- ◆ Throw away in latrine or dustbin. Incinerate if possible. Keep out of the reach of children and others.



**THE WAY CONDOMS WORK BEST:**

- ◆ Always check the expiration date and manufacturing date; expiration date is 3 years after manufacturing date.
- ◆ Never keep stored in the sun, wallet, or pants.
- ◆ Always use a fresh condom – one condom, one round.
- ◆ Use latex condoms with lubricant – do not use Vaseline or other oily lubricants.
- ◆ Have a tissue handy.

**THERE IS NO GOOD EXCUSE FOR NOT USING A CONDOM.**

- ◆ Some say condoms interfere with sex; HIV interferes with life.
- ◆ Some say it is not manly; they cannot or will not talk about it.
- ◆ Is it manly to risk your life, your partner’s life and your family’s life? Why take a chance?
- ◆ The values, customs, and assumptions in our communities will affect our choices, but our choices can change values, customs, and assumptions.

# DOES CHOOSING SAFER SEX CONFLICT WITH COMMON PRACTICES?

## Lesson 7

### RISKS BEFORE HIV

### AFTER HIV



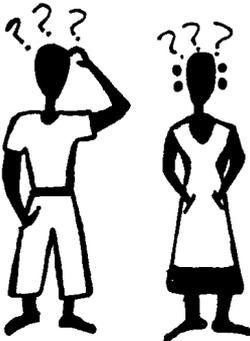
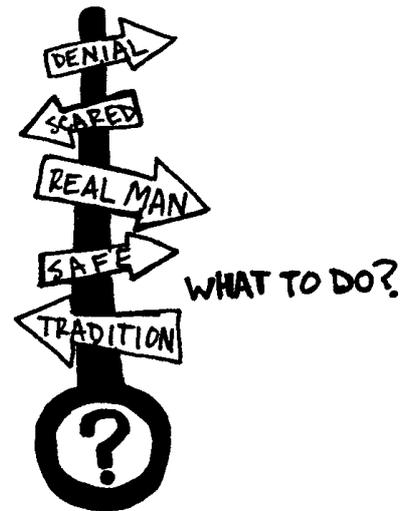
### IN TODAY'S WORLD, THERE IS BEFORE HIV AND AFTER HIV.

- ◆ Before HIV, sex without a condom could result in unwanted pregnancy or sexually transmitted diseases.
- ◆ Before HIV, having several partners may have been accepted or frowned upon.
- ◆ Since the HIV/AIDS epidemic, sex without a condom or having several partners can result in sickness and death.

### HOW TO USE A CONDOM IS EASY. BUT CUSTOMS AND ASSUMPTIONS MAKE IT HARD TO DECIDE TO USE ONE.

Common ideas or barriers to using a condom:

- ◆ My partner is not infected.
- ◆ I am not infected.
- ◆ He/she can't say "no" to sex.
- ◆ The Bible says "flesh to flesh."
- ◆ A real man does not use condoms.
- ◆ It is better without a condom.
- ◆ I can't talk about it or I can't ask him to use a condom.



### BEFORE HIV, TALKING ABOUT SEX WAS TABOO – particularly in groups of both men and women.

- ◆ In the past, people did not even want to say they had illnesses like TB.
- ◆ Many people feel it is shameful to have HIV, and will not talk about it with others.
- ◆ This causes isolation. People feel there is a stigma.
- ◆ Since HIV, we must talk about the risk of HIV and care for people who are infected. We must reject stigma.

### TRADITIONAL PRACTICES SUCH AS CIRCUMCISION AND SCARIFICATION WERE NOT A PROBLEM BEFORE HIV.

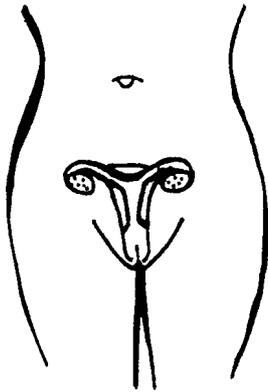
- ◆ Since HIV, knives and needles must always be sterilized or new.
- ◆ Examine your common practices in light of the danger of HIV.



**ABSTAIN**

**BE FAITHFUL**

**USE A CONDOM**

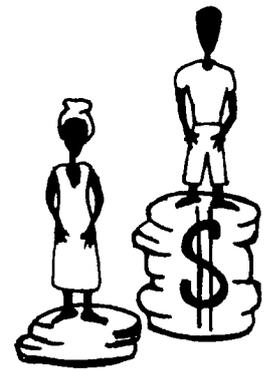


**WOMEN'S BODIES WELCOME STDs AND HIV.**

- ◆ A woman's vagina is a dark, warm and moist place - a good place for STDs and HIV to grow and enter body.
- ◆ The vagina can be injured or torn during sex, especially if the woman is young or if dry sex is practiced.
- ◆ Semen is put into the vagina during sex and stays there, allowing disease to enter the body through tears (often invisible) in the fragile skin.

**WOMEN'S SOCIAL AND TRADITIONAL ROLES INCREASE THEIR RISK FOR HIV.**

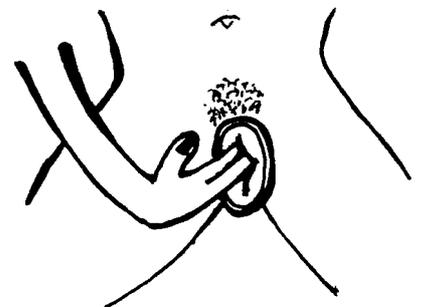
- ◆ Women generally have less money, less power and less education than men.
- ◆ Men expect women to do what men want.
- ◆ Women do not talk about sex, infection worries, or family planning.
- ◆ Women must often exchange sex for food, housing, or money.



- ◆ Women often suffer the negative effects of men's sexual activities and have no power to protect themselves or their children.
- ◆ Women suffer from untrue myths. Sex with virgins does not cure HIV.
- ◆ Men and women need to learn to talk with each other about sex and take mutual responsibility for the safety of themselves and their children.

**FEMALE CONDOMS ARE AVAILABLE:**

- ◆ Directions are on packet; follow closely. It can be inserted before beginning sex.
- ◆ Small ring is inserted with fingers into the vagina toward uterus.
- ◆ The large ring remains outside and penis is guided into opening.
- ◆ Remove carefully to avoid leakage of semen, discard safely.



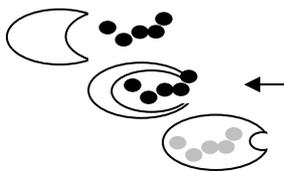
**HIV TESTING IS THE ONLY WAY TO KNOW WHETHER A PERSON IS INFECTED OR NOT.**



- ◆ If a blood test is positive (+), the person is infected with HIV and is **infectious**.
- ◆ If a blood test is negative (-), the person is not infected.
- ◆ If the person has been infected for less than 3 months, the test will be inconclusive. Another test is needed in three months to confirm status.
- ◆ Who should be tested? Anyone who is sexually active. Pregnant mothers one month before delivery. Anyone who has received a blood transfusion or taken intravenous drugs.
- ◆ Testing is available in clinics and hospitals or in VCT centers, commonly called VCT – Voluntary Counseling and Testing.

**PRE- AND POST-TEST COUNSELING IS IMPORTANT.**

- ◆ It takes a short time for the results of the test to be available.
- ◆ Counseling helps people who test positive to face and plan for their illness.
- ◆ They learn about practicing protected sex so that they don't infect their partner.
- ◆ People who test negative are counseled to practice safer sex to remain HIV negative. **ABC**
- ◆ Counselors are trained.



**HOW THE HIV TEST WORKS.**

- ◆ Blood from a pinprick is tested to detect HIV antibodies.
- ◆ Results are available in 10 - 20 minutes.
- ◆ Positive tests are confirmed with a second testing method.
- ◆ Accuracy is better than 99.9%. **Results are confidential.**

**HIV TESTS ARE BECOMING SIMPLER AND MORE AVAILABLE.**

- ◆ You may have to go outside the village to a nearby hospital or clinic.
- ◆ The community can work with hospitals and clinics to make voluntary testing available and accessible.
- ◆ It is especially important for pregnant women or those who wish to become pregnant to be tested.



**The best way to prevent the spread of HIV is for people to know their HIV status.**



**STAY AS WELL AS YOU CAN AS LONG AS YOU CAN.**

- ◆ If you haven't already done so, get an HIV test to confirm your status.
- ◆ If you are positive, seek information about when to begin treatment.
- ◆ Remember the three stages of the disease (Lesson 3). Which are you?
- ◆ In Stage 2, particularly, you can lead a very healthy and productive life.
- ◆ Take precautions not to infect others by having unprotected sex.

**PROTECT AGAINST ILLNESSES THAT ATTACK YOUR WEAKENED IMMUNE SYSTEM.**

- ◆ Get treatment for Sexually Transmitted Diseases. They increase viral load (the amount of virus in the body) and make you more infectious.
- ◆ Eat well (See Lesson 11). Boil water and eat clean or cooked food. The digestive system is vulnerable.
- ◆ Tuberculosis and malaria can make you very sick. Use a mosquito net and avoid close contact with people with TB.
- ◆ Seek medical help at the first signs of illness. There are treatments for many illnesses.
- ◆ With treatment, AIDS is a chronic illness, but care is necessary.



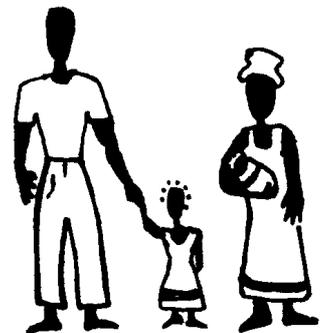
**STAY CONNECTED.**

- ◆ Isolation can be one of the most painful aspects of HIV infection.
- ◆ Stigma attached to the disease is decreasing. You must assess your situation and act accordingly. But "breaking the silence" is important.
- ◆ You may need to talk to a friend or counselor to help you cope with your grief and worry. Start a support group with others with HIV.
- ◆ If you feel comfortable, teach others, especially youth, about the importance of prevention.
- ◆ **You are not alone.** Where you live there are many people with HIV. They may not know it yet.



**PLAN FOR THE FUTURE WITH YOUR FAMILY.**

- ◆ Practice safe sex to avoid infecting a partner or baby.
- ◆ Treatment and availability of care is improving. Be responsible, yourself, for managing your disease.
- ◆ Death from AIDS or opportunistic infections may leave a single parent or orphaned children. Plan who will care for them.
- ◆ Learn about resources in the community to help with home care and counseling.



**PERSONS WITH HIV/AIDS NEED LOVE AND SUPPORT.**

- ◆ People diagnosed with HIV/AIDS are often depressed. Sometimes they may want to end their lives.
- ◆ They need to know that you love them, are not angry with them, and will help with their care when they are sick. Touch them and hug them.
- ◆ Isolation can be avoided. Talk and listen to them. Carry on with your normal activities. Isolation is neither necessary nor helpful.
- ◆ Respect their independence and privacy. Give them as much control of their lives as possible. Ask them to continue helping with household chores if they are able.

**IT IS SAFE TO CARE FOR LOVED ONES AT HOME.**

- ◆ You cannot catch the disease from household contact.
- ◆ Wash your hands often – after going to the bathroom, before and after fixing food. Clean under your nails and between your fingers.
- ◆ If you wash dirty linens or have a cut on your hand, wear rubber gloves.
- ◆ Dispose of soiled items that cannot be safely washed.
- ◆ Wear a mask if you are sick to protect the patient, not yourself.
- ◆ The patient should not share razors, toothbrushes, nail scissors – or

**WAYS TO HELP A PATIENT WHO IS BED RIDDEN.**

- ◆ Items you may need: plastic for bed, rubber gloves, bedpan or commode, urinal, a radio, a walker. A face mask for you to protect the patient.
- ◆ The patient should get out of bed as much as possible; if not, help them change positions in bed at least every four hours to avoid bedsores.
- ◆ Raise their head on pillows or the head of the bed on blocks to help ease breathing.
- ◆ Keep the bed clean and neat. Have items they need in easy reach.
- ◆ Massage and simple exercise can make them feel better.

**IT IS A CHALLENGE TO BE A CAREGIVER.**

- ◆ Find a friend or counselor you can talk with about your own grief and worry.
- ◆ Learn about resources in the community to help with home care and medical care for illnesses that accompany HIV/AIDS.
- ◆ Remember you aren't alone. You can ask for help. Talk with each other.





### PEOPLE WITH HIV/AIDS HAVE SPECIAL NUTRITIONAL NEEDS.

- ◆ They need extra nutrients to fight the virus and infections.
- ◆ They may have a poor appetite.
- ◆ They may have trouble with nausea, vomiting or diarrhea.
- ◆ They may have sores in the mouth or have trouble swallowing.
- ◆ Uncooked and unclean food will make them sick. Take special care to serve fresh, clean, cooked, uncontaminated food.

### EAT A BALANCED DIET EVERY DAY.

- ◆ Protein such as meat, fish, eggs, chicken, rice and beans help the body to heal. Eat an egg every day.
- ◆ Carbohydrates such as rice, corn, oats, yams, potatoes, cassava and plantain provide energy.
- ◆ Fats such as oil, nuts, milk, eggs and coconut help store energy and gain weight.
- ◆ Fruits and vegetables such as bananas, pumpkin, matoke and sweet potatoes have vitamins and minerals the body needs.



### MAKE EATING A PLEASANT EXPERIENCE.

- ◆ Eat with family or friends.
- ◆ Eat favorite foods. Avoid strong smelling and spicy food.
- ◆ Keep food available and eat frequently.
- ◆ Drink 8 or more glasses of fluids a day. Boil drinking water to avoid infections. Avoid alcohol and caffeine that dull the appetite and interfere with digestion. Avoid strong citrus drinks (orange or lemon) that may irritate the stomach.
- ◆ If feeling sick, eat bland foods such as nshima or rice, in small amounts and often.

### WAYS TO MANAGE SYMPTOMS OF HIV/AIDS.

#### ◆ Diarrhea and vomiting:

For rehydration, use Oral Rehydration Salts or make your own:

- Half a level teaspoon of salt
- 8 level teaspoons of sugar or molasses
- Half a cup of fruit juice, coconut milk or mashed ripe banana

Sip drink every 5 minutes day and night until normal urination returns

- ◆ **Sores in mouth or throat:** Try soft, smooth, bland foods such as mashed potatoes. Cook fruits and vegetables to make them easier to eat. Try cold foods.
- ◆ **Difficulty swallowing:** Sit up. Eat mashed or pureed foods.
- ◆ **Fever:** Drink more fluids than normal. Eat nutritious soups. Drink tea.
- ◆ **Weight loss:** Eat 4-5 times a day. Eat even if you are not hungry. If you find something you like, eat it all day.



# WHAT MEDICAL TREATMENT IS AVAILABLE FOR HIV/AIDS?

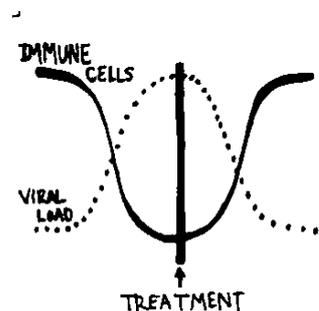


## HIV/AIDS TREATMENT IS EFFECTIVE!

- ◆ If started before AIDS develops, treatment keeps people feeling well. Started after AIDS develops, it makes 6 out of 10 feel well.
- ◆ Treatment doesn't cure HIV infection. It does make HIV into a chronic infection, which is controllable.
- ◆ Vitamins, herbal medicines, or traditional medicines may be helpful, but like modern medicine, they are not a cure.

## ANTI-RETROVIRAL (Anti-HIV) TREATMENT: HOW IT WORKS.

- ◆ Different drugs attack the virus in different ways.
- ◆ Most treatment uses several drugs that work in differing ways.
- ◆ The effect is to lower the "viral load" (the amount of virus in the body) in the immune system.
- ◆ When the viral load is low, the immune system works well. When it is high, the immune system is less effective in preventing infection.
- ◆ When the viral load is low, a person is less infectious.



## HOW TREATMENT IS GIVEN.

- ◆ Treatment **requires** medical supervision.
- ◆ 3 or 4 drugs are taken at the same time to increase effectiveness.
- ◆ Drugs are being combined into one pill making taking the drugs easier. These pills are becoming more available and less expensive.
- ◆ Patients must take their drugs **EVERY DAY** without fail to prevent drug resistance.
- ◆ .All drugs have serious side effects.

## ANTI-RETROVIRAL TREATMENT AVAILABILITY.

- ◆ Currently treatment costs about \$1 US per day.
- ◆ Governments are working to improve availability of treatment, by improving ability of the health system to provide it.
- ◆ Pregnant women who are positive can receive treatment to prevent transmitting HIV to their babies.
- ◆ Research continues in order to find vaccines to prevent infection and drugs to better manage the disease.
- ◆ People who are in a serious accident involving a lot of blood, can receive Post Exposure Prophylaxis (PEP), immediately in a hospital.



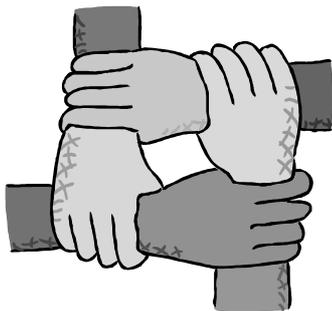


### ACKNOWLEDGE THERE IS A PROBLEM. COMMIT TO CHANGE.

- ◆ It is easy for a community to deny there is a problem.
- ◆ It is easy to avoid thinking about the underlying causes of HIV/AIDS, and stigmatize those who have HIV/AIDS.
- ◆ Wise leaders know this is devastating.
- ◆ Effective leaders take responsibility for the community's response. They lead the response.

### ASK QUESTIONS.

- ◆ Do people in the community know what HIV and AIDS is, how to prevent it, and how to manage if one is HIV positive?
- ◆ Do people know how important it is to be tested?
- ◆ Do people in the community discriminate against people with HIV or AIDS?
- ◆ Are there attitudes and practices in the community that promote risky behavior? Are people willing to talk about the problem?
- ◆ Do we know who is sick or needs help?



### WORK TOGETHER TO MAKE AVAILABLE AND ACCESSIBLE THE SERVICES NECESSARY TO PREVENT AND COPE WITH HIV and AIDS.

- ◆ Is VCT easily available? Have all who are willing, been tested?
- ◆ Are condoms easily and privately available?
- ◆ Are pregnant women being tested and their infants protected?
- ◆ Are preventive health services available? Is the nurse able to diagnose and treat STDs?
- ◆ Is there treatment and community support for people living with HIV/AIDS?

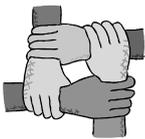
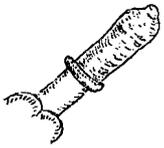
### A COMMUNITY-WIDE EFFORT IS NEEDED. EVERYONE IS RESPONSIBLE.

- ◆ Does the community have a plan for managing HIV/AIDS?
- ◆ Has the community adopted a declaration not to discriminate against those who are HIV positive? Is it displayed publicly as a reminder?
- ◆ Has the community created a symbol or logo that reminds them of their efforts to control HIV and its impacts?
- ◆ Does the community leadership lead and support changes that may be needed to help people – especially young people – make good choices?
- ◆ Is the community calling on all available resources to help?
- ◆ Everyone has a part to play. What is your role?





STAGES I, II, III



- ◆ HIV is a global epidemic that threatens the lives of many around the world; its impacts are devastating.
- ◆ 7 out of 10 of all people in the world with HIV/AIDS live in Africa.
- ◆ HIV is the hidden stage and AIDS is the visible stage. Both are infectious.
- ◆ HIV destroys the body's ability to fight disease.
- ◆ HIV is spread through body fluids: blood, semen, vaginal fluid and breast milk.
- ◆ Contact with these fluids is through unprotected sex, dirty knives, razors or needles, and from mother to baby.
- ◆ Eighty percent of HIV is from unprotected sex between man and woman. **ABSTAIN; BE FAITHFUL; USE A CONDOM.**
- ◆ Women are at greater risk. They must be able to say "no." Their "no" must be respected
- ◆ People with HIV can lead healthy lives.
- ◆ People with HIV/AIDS need love and support from family and friends.
- ◆ Loved ones can be cared for at home. HIV is not spread by casual contact, hugging, touching, sneezing or coughing.
- ◆ People with AIDS need to plan for the future of their families.
- ◆ The community must support those living with AIDS and teach prevention. Everyone is responsible.
- ◆ HIV/AIDS challenges many social, religious and traditional practices.
- ◆ Traditional practices like scarification or circumcision must now be done with sterile or unused instruments.
- ◆ Men and women need to consider and discuss abstinence, faithfulness, using condoms and getting tested.
- ◆ Prevention is the only way to avoid HIV infection. Testing is the only way to know whether you or another person is infectious.
- ◆ Medical care and treatment for HIV/AIDS are becoming more effective and available.

## HOW TO USE THE HIV/AIDS PREVENTION GUIDE

People learn best when they talk about new information, not just hear it or see it. This Field Guide is a tool for people to talk about HIV/AIDS prevention: neighbors, patients and health care providers, and young people.

**Lessons.** Everyone has questions about HIV/AIDS. Answers to questions people have are arranged into “lessons.” These may be used lesson by lesson as a teaching tool. Key points and pictures can be put on a flip chart for a group.

**Table of Contents.** Your neighbor or a patient may come to you with a question. Or you can ask what his or her questions are, and go to the lessons which provide answers to those questions. The Table of Contents will help direct you. Open the *Field Guide* to the lesson and share it with the person as you talk together. Be sure to translate unfamiliar terms into language the hearer understands.

Always try to answer all questions. Listen for information that needs to be clarified or corrected. What is the question behind the question? All information in the guide is important and everyone needs to know all of it.

**Sample Discussions and Activities.** The following this page are aids for the facilitator. There are objectives or goals for what the authors think is important for people to *know* as a result of hearing each lesson. There is also a suggestion for how you might expect them to *feel* or how they will *experience* the information and its application to their life.

They are most likely to apply the information to the choices they make about their lives if they have a chance to reflect on the importance of that information for themselves. There are *Discussion* questions for each Lesson you might use to help someone or a group think through the implications of the information. Or you might create your own questions. Each of the four sample questions for each lesson has an important purpose in developing a person’s understanding of the information and acting on it. The purposes of the questions are:



1. To recall the information from memory.
2. To express feelings about that information.
3. To analyze the importance of the information and relate it to what they already know and do.
4. To make a decision about how they will respond to the information in their own life.

The *Optional Activities* suggest other ways that may help people understand the information and its importance. Each lesson suggests a chapter in *HIV, Health and Your Community* where you can find more information.

**Preparing an HIV/AIDS Presentation for a Group** will help if you are working with a large group. Remember that their participation is important.

**Overview of Curriculum to Train Community HIV/AIDS Educators.** This training is available by contacting the ICA office in your country. See back cover.

**Resource Materials.** The resources page lists materials used for this Field Guide and suggests others you may find helpful.

## SAMPLE DISCUSSIONS AND ACTIVITIES

### Lesson 1: WHY DO WE NEED TO FIGHT HIV/AIDS?

**KNOW:** the global and African impacts.  
Learn that there are ways to fight HIV/AIDS.

**EXPERIENCE:** serious concern about the disease, but hope about defeating it.

#### DISCUSSION:

1. What do you remember?
2. What surprised you?
3. What is new information for you?
4. What will you talk to your friend or partner about?



#### OPTIONAL ACTIVITY:

Have a map of Africa and of the world. Discuss how the HIV/AIDS epidemic is affecting our community and other parts of Africa and the globe.

### Lesson 2: WHAT IS HIV? WHAT IS AIDS?

**KNOW:** the difference between HIV and AIDS.  
Know simple virus mechanism. Know a person is infectious from Day 1.

**EXPERIENCE:** caution about the "hidden" infection.

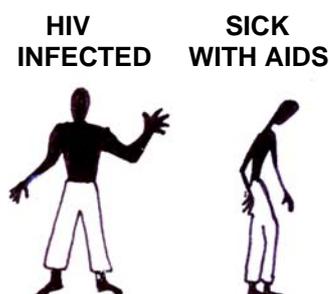
#### DISCUSSION:

1. What do you remember?
2. What surprised you? Worried you?
3. How is HIV different from most viruses? Why is that important?
4. Who do you want to hear this information?

#### OPTIONAL ACTIVITIES:

Create a role-play that has HIV cells invading white cells.

For more information see chapters 1 and 2 in *HIV, Health and Your Community*.



### Lesson 3: WHAT ARE THE SYMPTOMS OF HIV/AIDS?

**KNOW:** the physical symptoms and emotional impacts of HIV and AIDS. Know that infected people may have no symptoms.

**EXPERIENCE:** concern for those infected with HIV/AIDS.

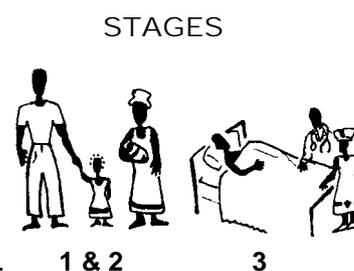
#### DISCUSSION:

1. What do you remember about the symptoms of HIV/AIDS?
2. What worries you the most?
3. What is most important about the stages of the infection?
4. How can you help someone with HIV/AIDS to accept his or her illness?

#### OPTIONAL ACTIVITIES:

Visit someone with AIDS. Talk with them about the problems they are experiencing.

For more information see chapters 2 and 10 in *HIV, Health and Your Community*.



## Lesson 4: HOW IS HIV/AIDS SPREAD?

**KNOW:** how HIV is spread and how it is not spread.

**EXPERIENCE:** concern about becoming infected with HIV/AIDS.

### DISCUSSION:

1. What did you hear?
2. What was new information for you?
3. What do you think this information means for people living and working together?
4. What else do you want to know?



### OPTIONAL ACTIVITIES:

Talk in small groups about how HIV can and cannot be spread.

For more information see chapters 1, 5, and 6 in *HIV, Health and Your Community*.

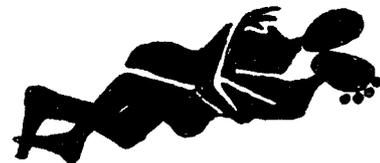
## Lesson 5: HOW CAN I AVOID BEING INFECTED WITH HIV/AIDS?

**KNOW:** the most important ways to avoid getting the disease. Information provides the basis for healthy choices.

**EXPERIENCE:** confidence that I can make healthy choices.

### DISCUSSION:

1. What do you remember?
2. What worried you?
3. If each person in a couple has two partners and they each have two partners, how many people could be infected?
4. Knowing this information, what common practice would you avoid?



### OPTIONAL ACTIVITIES:

Role-play different ways to say no to sex.

Role-play ways to talk with your partner about sex.

For more information see chapter 5 and 6 in *HIV, Health and Your Community*.

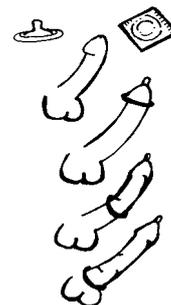
## Lesson 6: HOW CAN I PRACTICE SAFER SEX?

**KNOW:** how to use condoms properly. Consider importance of customs and beliefs.

**EXPERIENCE:** confidence about how to use a condom correctly and determination to use it although using it may be a difficult choice. Life may depend on that choice.

### DISCUSSION:

1. What do you remember?
2. How does it feel to hear you must practice safe sex?
3. What is new information for you?
4. What will you talk to your friend or partner about?



### OPTIONAL ACTIVITIES:

Role-play ways to talk with your partner about sex.

Practice the right way to put a condom on a carving of a penis or on a banana.

For more information see chapter 5 in *HIV, Health and Your Community*.

## Lesson 7: DOES CHOOSING SAFER SEX CONFLICT WITH COMMON PRACTICES?

**KNOW:** ways that safe sexual practices sometimes conflict with customary behavior.

**EXPERIENCE:** willingness to examine practice in response of what HIV requires.

### DISCUSSION:

1. What did you hear?
2. How do you feel about the changes HIV requires us to make in our sexual choices?
3. What common practices and customs would you like to examine?
4. What are ways we can talk to our families and community leaders about this?



### OPTIONAL ACTIVITIES:

Hold a workshop with a group on Barriers to Practicing Safe Sex. Then talk about why the barriers exist. Role-play situations where one partner asks another partner to use a condom.

For more information see chapters 5 and 9 in *HIV, Health and Your Community*.

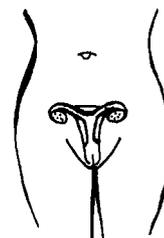
## Lesson 8: WHY ARE WOMEN AT GREATER RISK?

**KNOW:** there are many reasons why women are at greater risk.

**EXPERIENCE:** fear of the consequences of continued high risk for women.

### DISCUSSION:

1. What do you remember?
2. How do you feel about customs in your community that affect the power of women and of men?
3. What do you think should be the role of a woman in choosing safe sex?  
The role of a man?
4. What will you talk to your friend or partner about?



### OPTIONAL ACTIVITIES:

Do a role-play of situations such as family planning, or safe sex, in which men and women discuss the expectations that each has for him or herself and for the other.

For more information see chapters 5 and 9 in *HIV, Health and Your Community*.

## Lesson 9: HOW DOES THE HIV TEST WORK?

**KNOW:** that testing for HIV is the only way to know whether one is infected. Know about the testing process and what it tells you.

**EXPERIENCE:** the value of testing and be willing to consider being tested.

### DISCUSSION:

1. What do you remember?
2. How would you feel about asking to be tested?
3. What would you need to consider if you are deciding whether to be tested?
4. Who would you want to talk with about this?



### OPTIONAL ACTIVITIES:

Create a role-play in which someone learns they are HIV positive and receives counseling. Create a role-play in which someone learns they are HIV negative and receives counseling. Invite a nurse to talk about STDs.

For more information see chapter 8 in *HIV, Health and Your Community*.

## Lesson 10: HOW CAN I HAVE HIV/AIDS AND LIVE A HEALTHY LIFE?

**KNOW:** ways to take care of one self to stay as healthy as possible.

**EXPERIENCE:** hope for the future.

### DISCUSSION:

1. What do you remember about learning to live with HIV?
2. What worries you the most?
3. Who can you go to for help with this challenge?
4. What are your hopes for your future and that of your family?



### OPTIONAL ACTIVITIES:

Visit someone with HIV or AIDS. Talk with them about their experiences and how they are managing problems. For more information see chapters 2 and 12 in *HIV, Health and Your Community* and *Living Well with HIV and AIDS*.

## Lesson 11: HOW CAN WE CARE FOR SOMEONE WITH AIDS?

**Know:** simple methods of home care. Know it is safe. Know that there are resources to help.

**EXPERIENCE:** the desire and ability to care for a person who is sick with AIDS.

### DISCUSSION:

1. What do you remember?
2. What worries you about caring for someone with AIDS?
3. What would be hardest about having someone sick with HIV/AIDS in your family?
4. What do you want to know more about?



### OPTIONAL ACTIVITIES:

Ask a nurse or counselor to come and demonstrate home care methods to you or to a group. Meet with other caregivers regularly to share ideas for care and encourage one another. For more information see chapters 2, 10 and Appendix in *HIV, Health and Your Community*.

## Lesson 12: WHAT SHOULD A PERSON WITH HIV/AIDS EAT?

**Know:** what foods are healthy for a person with HIV. How to manage HIV symptoms. How to avoid food infection.

**EXPERIENCE:** confidence that the sick person is getting food to make him/her feel stronger.

### DISCUSSION:

1. What did you hear?
2. How do you feel about this information?
3. What will be the easiest part of the diet to provide? The hardest?
4. How can you provide more meat and vegetables to improve the sick person's diet?



### OPTIONAL ACTIVITIES:

Hold a workshop to plan healthy meals for people with HIV/AIDS using available foods. Ask how you can grow vegetables or keep animals, such as chickens, to supplement available food. For more information see chapters 2 and 10 in *HIV, Health and Your Community*.

## Lesson 13: WHAT MEDICAL TREATMENT IS AVAILABLE FOR HIV/AIDS?

**KNOW:** about the available treatments – what works and what does not work.

**EXPERIENCE:** encouragement about medical progress and skeptical of false treatments.

### DISCUSSION:

1. What do you remember?
2. How do you feel about this information?
3. What are the health resources available to you?
4. How can we try to ensure that the best care available is accessible to us and to our community?



### OPTIONAL ACTIVITIES:

Ask the clinic nurse or doctor to come and talk with a group about available medical treatment. For more information see chapter 8 and Appendix in *HIV, Health and Your Community*.

## Lesson 14: HOW CAN THE COMMUNITY RESPOND TO HIV AND AIDS?

**KNOW:** ways to think about and evaluate how successfully your community is managing HIV/AIDS.

**EXPERIENCE:** urgency to act proactively as a whole community.

### DISCUSSION:

1. How do you feel about how your community works together to manage HIV?
2. What do you think can be done? Who do you need to work with?
3. What does the community particularly need to work on in the future?



### OPTIONAL ACTIVITIES:

Dividing into small groups, talk about the biggest problems to be addressed in the future. Who will you talk about what you would do to work for solutions. Who will you tell about what you think?

For more information see chapters 12 and 13 in *HIV, Health and Your Community*.

## Lesson 15: WHAT HAVE WE LEARNED ABOUT DEFEATING THE EPIDEMIC?

**KNOW:** the most important messages to remember.

**EXPERIENCE:** confidence about making healthy choices.

### DISCUSSION:

1. What did you hear?
2. What was something you didn't expect to hear in these lessons?
3. What messages do you think are most important?
4. What do you want to talk about with your partner or your neighbor?



### OPTIONAL ACTIVITIES:

Hold a community celebration to recognize the good work that is being accomplished in your community to learn about and manage HIV/AIDS. Who would you honor? Create and give a street drama with music and songs that illustrates at least six of the messages. Plan what you will do next.

## PREPARING AN HIV/AIDS PRESENTATION FOR A GROUP



If you talk with an individual, family, or group about HIV/AIDS, you are a teacher. Your most important task is to give people correct information so they can make responsible choices about their health. To help them think about the information, you will need to be a facilitator. You will listen and talk with them. As you prepare, here are some things to think about.

- Who will come to your presentation? Is it a small group or a large group? What will they want to know?
- What is the best way to present your message? Do you need a flip chart if the group is too big to share the page of this guide? Role-play? Small groups talking?
- Often people with similar backgrounds are able to talk more freely to each other – boys to boys, girls to girls, women to women, men to men. Who is the best person to present this information?
- If it is a large gathering, are there other speakers? How long will you have to talk with the group? Are there other activities to coordinate?
- Preparation for the content of your talk will help you to be clear and accurate in the information you present, so you won't confuse people. Be able to explain unfamiliar terms so that people will understand.
- Make sure the place you will use for your presentation is ready. Is it clean and orderly? Putting chairs in a circle is a good way to include everyone in the discussion. Do you have supplies or props you might need? For instance, you may need a banana and condoms so people can practice how to use a condom after your demonstration.
- During the presentation, involve people by encouraging them to participate. To begin, say what you plan to talk about and ask each person to share what he or she would like to learn. You might ask, "What is this picture telling us?" to involve them. Try to answer all the questions the group asks. Encourage them to share their knowledge with each other and to ask questions. The most important thing is to get people talking. Encourage everyone to join in the discussion.
- Remember to listen to the discussion so you know what their concerns are, what they know, and how you can be helpful. What information needs to be clarified or corrected?
- At the end of the session, ask the group:
  - 1) What did you hear?
  - 2) How did you feel about it?
  - 3) When have you had experience with this subject?
  - 4) What do you think will be important to do about it?
- Remind them that you would like to talk with them again and ask who else might like to have a similar discussion. Be available for private questions or conversations.

## OVERVIEW OF WEEK'S TRAINING FOR COMMUNITY HIV/AIDS EDUCATORS

*ICA African HIV/AIDS Prevention Initiative*

<b>Learning Objectives:</b> 1) Know the basics of HIV prevention information; 2) know how to teach it to others; 3) know ways to help others decide to choose safe practices of behavior; 4) know the importance of their work.		<b>Experiential Objectives:</b> 1) Feel the teams of educators to be a strong core of community leaders prepared to assist the community to discuss and deal with HIV/AIDS; 2) feel well-prepared; 3) feel committed to lead the community to mobilize against HIV/AIDS			
Daily Schedule	Day 1 – What is HIV/AIDS?	Day 2 – How Can I Avoid HIV/AIDS?	Day 3 – Practicing Safer Sex	Day 4 – Caring for those affected by HIV/AIDS	Day 5 – Leading Community Response
<b>Daily Objectives</b>	Understand need for prevention and care for those who are sick. Learn basic mechanism of HIV. Experience telling info to others.	Know how HIV is spread. Know how to avoid the disease. Know how to practice safer sex. Feel able to teach others.	Know how to use a condom. Know women are at risk. Understand influence of community norms. Feel able to talk about lessons.	Know simple methods of home care and nutrition. Listening, most important part of counseling. Feel there are resources to help and hope to manage the disease.	Know expectations for the year. Present key messages. Feel confident and committed. Feel able to work as team
<b>Opening context &amp; conversation</b>	Introductions Health and sickness in your community	Community attitudes about HIV/AIDS	Community customs and beliefs about courtship and marriage	What did you learn about the community? When did you or your family need help with a problem?	When did community work together to solve a problem?
<b>Lessons</b>	Lesson 1 – How shall we fight HIV/AIDS? Lesson 2 – What is HIV/AIDS?	Lesson 3 – What are the symptoms of HIV/AIDS? Lesson 4 – How is HIV spread? Lesson 5 – How can I avoid HIV/AIDS?	Lesson 6 – How can I practice safer sex? Lesson 7 Does safe sex conflict with common practice? Lesson 8 – Why are women at greater risk?	Lesson 9 - How does the HIV test work? Lesson 10 – How can I have HIV and live a healthy life? Lesson 11 – How can we care for someone with AIDS? Lesson 12 – What should a person with HIV/AIDS eat?	Lesson 13 – What medical treatment is available for HIV/AIDS? Lesson 14 – How can the community respond? Lesson 15 – Review: What have we learned?
<b>Review and practice</b>	<b>Small group work</b> to tell what was in lectures.	<b>Small group work</b> to tell what was in lectures.	<b>Workshop Demonstration</b> Barriers to safe sex	<b>Role Play</b> – groups create situations illustrating individual or family HIV/AIDS problems.	<b>A Festival of Presentations</b> – prepared by groups.
<b>Whole group - Reporting and discussion</b>	List 5 things each group knows about HIV/AIDS. List 5 things they must learn to answer people's expectations Review project expectations.	Small group demonstration of lecture to whole group. Conversation about teaching and learning; about experience of talking about safer sex. How teach this material?	Review data from workshop. Discuss how beliefs and customs influence choices. How to use this information in their work.	Reflect on plays. Counseling: listening and problem-solving.	Reflect on presentations – What makes effective presentation?
<b>Lunch</b>					
<b>Workshops &amp; practice</b>	<b>Making effective presentations to small groups</b> The Discussion Method Listening	<b>Making effective presentations to large groups</b> Event planning	<b>Field visit to see the community</b> with new eyes. Practicing teaching Practicing team work Planning how to teach during the year.	<b>Demonstration/practice</b> home care, nutrition Workshop – nutritious menus	<b>Preparing for Year's Work</b>  <b>Certificate Celebration</b>
<b>Conversation and closing</b>	Listening and learning Review of Day 1	Successful events Review of Day 2		What resources are available? Review of Day 4	What are your hopes for the project? Evaluation

## RESOURCE MATERIALS

The lessons in this Guide are based primarily on *HIV, Health and Your Community*, by Reuben Granich, JMD, MPH, and Jonathan Mermin, MD MPH, Stanford University Press, 1999, and reprinted by Hesperian Foundation in 2003 and 2006. The book is available in Bengali, Chinese, English, English adaptation for India, Farsi, French, Hindi, Indonesian, Nepali, Oriya, Sindhi, Swahili, Telugu, and Urdu. For information about obtaining a book in your language, contact:

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Other resources include:

*Where There is No Doctor*, David Werner, Berkeley, CA: Hesperian Foundation, 1992. First printing, 1977.

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*About Caring for Someone with AIDS*  
*When a Loved One Has HIV*

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*Technology of Participation ToP<sup>tm</sup> Group Facilitation Methods*, ICA, 1994.

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