



NUMAT

NORTHERN UGANDA MALARIA AIDS TUBERCULOSIS PROGRAMME

**BASIC HIV/AIDS COUNSELING & PSYCHOSOCIAL CARE TO PEOPLE
INFECTED AND AFFECTED BY HIV/AIDS**

A COURSE FOR NSAs/PHA LEADERS

PARTICIPANTS RESOURCE HANDOUT

Draft 0, February 2008

Preface

HIV/AIDS has continued to be a threat to organizations and communities in the country as a whole despite successes in prevention. Since the onset of the HIV epidemic a cumulative total of over two million Ugandans have been infected with HIV; and there is an apparent increase in HIV prevalence in the general population (Ugandan adults aged 15-49) in the country, estimated at 6.4% as compared to 6.1% in 2001 as indicated by the 2004/05 Sero-Behavioural HIV/AIDS Survey Report. More than 100,000 people estimated to acquire HIV in each year in Uganda.

A number of public and private sectors as well as Civil Society Organizations have devoted resources to fight HIV/AIDS by addressing its causes and effects, at policy, health facility and community levels. Although such efforts have generated some positive results, experience has proven that the challenges are still significant. A big gap still exists between knowledge about HIV/AIDS and adoption of positive behaviour to promote its prevention in the community. The delivery of psychosocial care and support to individuals and families infected and affected with HIV/AIDS is very limited in most parts of the country. With infection rates on the increase HIV/AIDS Health Professionals and Community Workers must be prepared to adapt counseling and social support interventions to reduce the community, family and individual's *susceptibility* to HIV infection and *vulnerability* to impacts of this epidemic.

HIV Counseling and Testing (HCT) is the cornerstone of HIV/AIDS prevention, care and treatment as it links the recipient to the appropriate prevention and care services. In Uganda, the current access to HCT services and therefore its subsequent uptake has been low. Limited number of those who know their HIV status means that the large numbers of people fail to receive HIV treatment, care and support in a timely manner, and do not take steps to prevent transmission to others because they do not know they are infected.

Psycho-social care and support services for people infected and affected with HIV/AIDS which is part of the concerted effort to fight the HIV/AIDS epidemic, is still limited in many parts of the country. *This package includes counseling and emotional support in:* HIV basic care, disclosure, consent, treatment adherence, stigma and discrimination, elderly care givers, worsening poverty, increasing number of Orphans and Vulnerable Children, chronic illness, multiple losses, dysfunctional relationships (e.g. domestic violence and other abuse), death and bereavement. The greatest challenges for the Psycho-social care and HIV Counseling intervention include:

- Inadequate skilled human resource to meet the high demand.
- Low comprehensive knowledge of up to date information.
- Limited infrastructure including counseling rooms at facility level.
- Community participation and involvement.
- Inadequate monitoring, evaluation and quality control of counseling services including district support supervision.

NUMAT is committed to strengthen the management of People Living with HIV/AIDS (PHAs) at peripheral health units, within the community, and by NGOs/CBOs in Northern Uganda. Scaling up

HIV counseling and testing services is among the key actions in NUMAT's work plan for this current financial year. The services should be linked to comprehensive HIV care that includes psycho-social support and treatment. Some of the core interventions in this line include:

- Strengthening the referral system for continuum of HIV/AIDS care.
- Training service providers including Health Workers, AIDS Support Agencies and Community Work Volunteers.
- Community mobilization, education and awareness raising.
- Formation of community support groups e.g. NSAs
- Supervision of the Community Support Groups' activities.
- HIV related stigma reduction in community and health facility.
- Meaningful involvement of vulnerable people.

This is a new era for HIV/AIDS programmes in Uganda and hence an opportunity for community participation and involvement, which is a key component of health service delivery.

This intervention Resource Handout has been developed by NUMAT in consultation with MOH Counselor Trainers and the PHA Services Manager for NUMAT to ensure appropriateness and applicability of the information included here. This Resource Handout is aimed at helping the NSAs and other community based counselors/providers to be more effective in disseminating standardized HIV/AIDS information at lower levels.

The Resource Handout emphasizes acquiring knowledge, skills and the right attitude to identify psychosocial needs of people infected and affected by HIV/AIDS; and address them by information giving, counseling and appropriate referrals. Knowledge on counseling and psychosocial care, as much as possible is combined with prevention activities like adopt HIV basic care, positive prevention and adherence to treatment.

The Resource Handout should be used by NSAs and other Community HIV/AIDS Providers after completion of training in "BASIC HIV/AIDS COUNSELING & PSYCHOSOCIAL CARE TO PEOPLE INFECTED AND AFFECTED BY HIV/AIDS".

NUMAT hopes the various NSAs will use this Resource Handout to increase their knowledge and skills to strengthen the management of people infected and affected by HIV/AIDS within the community; as a way of decreasing pressure on health units, and increasing community and family participation in the care of PHAs.

We recommend this intervention resource handout for its potential to result in increased expansion of the role of networks of PHAs in Northern Uganda.

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BASIC HIV/AIDS COUNSELING AND PSYCHO-SOCIAL CARE

PURPOSE:

To build the capacity of NSAs and PHA Leaders in developing knowledge, skills and attitudes relating to HIV/AIDS counseling and psycho social care.

COURSE AIM:

To enhance knowledge, skills and attitudes of NSAs and PHA Leaders in HIV/AIDS counseling and psychosocial care, to enable them provide care, prevention and support to PHA, their Peers and Family members.

Objectives:

By the end of the course it is expected that participants will be able to:

1. Mobilize PHA and their family members for HIV/AIDS education, treatment including ART care and prevention.
2. Educate PHA and their family members about HIV/AIDS, treatment including ART care and prevention.
3. Display positive attitudes in providing care, support, HIV basic care and prevention to PHA and their families.
4. Demonstrate skills for providing peer counseling to enhance disclosure and positive behavior change among PHA/peers.
5. Document and monitor their HIV/AIDS activities in the communities.

TOPIC 1: DEFINITION OF KEY CONCEPTS

Purpose: *To introduce participants to the basic concepts.*

Psycho: Refers to the mind or mental processes of a person (unique feelings, emotions, thoughts, understanding, attitudes, and beliefs) an individual has.

Social: Refers to human beings living together as a group in a situation in which their dealings with one another affects their common welfare. In other words also means interpersonal relationships and what goes on in the natural environment.

Psycho-social: Means the dynamic relationship between social and psychological experiences where the effects of one continually influence the other. The interconnection is that:

- Social experiences may lead to psychological consequences.
- Some individuals with psychological problems will experience social consequences.
- In HIV/AIDS, psychosocial issues pertain to how HIV infection and disease affects the relationship between man and the social environment in which he lives.

Society: Society refers to a group of people living and acting together for a common cause e.g. teachers, soldiers, nuns, farmers, PHAs etc.

Characteristics of society;

- Homogeneity of location i.e. function, occupation.
- Common belief, cultures and philosophies.
- Adoption to a specific set of acceptable standards, regulations or norms.
- Living in harmony with others and taking part in social activities.
- Obeying norms and regulations.

A community: A group of people having common interest or belief. They may be living in the same geographical area or different geographical area.

Counseling:

A helping relationship to help a person help himself deal with an aspect of his life that causes discomfort (problem/concern).

The process of helping a person to deal more effectively with “self”.

It means a move towards helping a person to change improvement, growth and better quality of his/her life or eliminating troublesome symptoms and substituting them with more suitable behavior.

HIV: Stands for Human Immunodeficiency Virus

AIDS: Acquired Immunodeficiency Syndrome

NSAs: Network Support Agents

PHA: People Living with HIV/AIDS

NUMAT: Northern Uganda, Malaria, AIDS, Tuberculosis Programme

TOPIC 2: THE COMMUNITY COUNSELOR ASSISTANTS ROLES

Purpose: *To orient participants on their expected roles back to the community after training.*

Desire Qualities

- Be well informed.
- Be able to transfer HIV/AIDS information to others.
- Should not have self-stigma.
- Non judgmental and open.
- Team work (ability to work with other people).
- Should be able to share experiences.
- Should be committed and reliable.
- Should be a good listener.
- Good inter personal skills.
- Good communication skills.
- Should be empathetic.
- Emotionally stable.
- Exemplary and role model.
- Have some basic counseling skills
- High degree of confidentiality.
- Good time management skills.

Roles & Responsibilities

- Develop simple activity plans.
- Should be up to date regarding HIV and AIDS.
- Should be able to mobilize communities for HIV and AIDS related activities.
- Sensitize/ educate PHA, peers and the community about HIV/AIDS related issues.
- Should be able to provide basic information about HIV prevention care and treatment to peers.
- Should exercise a high degree of confidentiality.
- Identify HIV and AIDS related concerns of peers and community members and bring them to the attention of supervisors.
- Should be able to provide basic home care to peers/PHAs.
- Should be able to follow up clients on HIV/AIDS care programmes within their community.
- Be able to refer according to the needs of the individuals, family and communities.

- Be able to collect reliable quality data and keep records.
- Write and disseminate simple and reliable reports.
- Should work as a link between the community and the service providers at the health facilities and NUMAT focal offices.

TOPIC 3: BASIC FACTS ON HIV AND AIDS

Purpose: *To equip participants with basic knowledge about HIV infection and disease.*

Introduction

HIV/AIDS is an epidemic, which has had a negative impact on individuals, families and community regardless of age and sex. It is a complex problem with no cure though preventable, therefore, it is important for people to know the basic facts about it in order to control and prevent its further spread.

What is HIV?

HIV stands for Human Immunodeficiency Virus. HIV infection is when the individual has the virus in blood but may not necessarily have any signs and symptoms. The virus is found in body fluids highly concentrated in semen, blood and vaginal fluids. HIV causes AIDS (Acquired Immunodeficiency Syndrome).

What is AIDS?

AIDS stands for Acquired Immunodeficiency Syndrome.
Acquired - got from
Immune - body's defense system
Deficiency - lack of
Syndrome - collection of signs and symptoms.
AIDS is the late stage of HIV- related illness, when unusual infections such as Cryptococcal meningitis occur.

AIDS is when an individual a person has overwhelming symptoms and signs and meets the WHO clinical case definition for AIDS which is two major and one minor symptom for adults, and two major and two minor symptoms for children.

Modes of HIV Transmission

- Having unprotected sex with an HIV infected person.
- Being in contact with infected blood.
- Sharing of sharp instruments which are contaminated with infected body fluids.
- Infected mother to her newborn baby. This can happen during pregnancy, delivery, and breastfeeding.

HIV is not transmitted by;

- Eating together or sharing food and eating utensils
- Shaking hands or hugging.
- Kissing on the cheek, hands, or forehead.
- Coughing or sneezing
- Being bitten by mosquitoes and other insects
- Sharing towels, bed sheets or clothes
- Using public latrines or toilets
- Sharing combs

Common misconceptions about HIV and AIDS

- It's caused by mosquito bites
- Sharing cups, plates and forks
- Living with a patient/relative who has AIDS
- Shaking hands or touching an infected person
- Sharing eats and drinks
- Sitting next to someone who is infected
- Sharing a toilet or a basin
- Playing with someone who is infected
- Coughing and sneezing
- Swimming together with an infected person
- The virus was made in a laboratory to kill Africans
- AIDS is caused by witchcraft
- People with blood group "o" do not get HIV
- If a woman washes her genital parts with coca cola, immediately after intercourse she will not get HIV.

How to Prevent HIV Transmission

- Abstain from sex
- Use a condom correctly and consistently for sexual intercourse
- Avoid many sexual partners
- Avoid sharing sharp instruments like razors
- Avoid use of body piercing instruments
- Be faithful to your partner
- Protect young girls from older men and boys from older women.
- Postpone sexual relations until marriage.
- Learn safe sex practices.
- Learn safe sex negotiation skills

Signs and Symptoms of HIV and AIDS

- Weight loss less than 10% of body weight
- Fungal nail infections,
- Recurrent oral ulcerations, angular stomatitis)
- Recurrent upper respiratory tract infections, e.g., bacterial sinusitis
- Unexplained recurrent diarrhoea for more than 1 month
- Unexplained prolonged fever, intermittent or constant, for more than 1 month
- Kaposi's sarcoma (generalised)
- Cryptococcal meningitis
- Oesophageal candidiasis, trachea, bronchi or lungs
- Herpes zoster in patients below 50 years of age
- Oral thrush in patients who have not received antibiotics in the past month.
- Oral hairy leukoplakia
- Pulmonary tuberculosis within the past year
- Severe bacterial infections such as pneumonia, pyomyositis
- Fatigue and loss of appetite
- Recurrent herpes simplex infections
- Sores in or around the mouth or in the genital area
- Continuous or severe headaches,
- Unclear sight or other changes in vision,
- Vaginal discharge, vaginal burning or itching,
- Irregular menstrual bleeding or continuous abdominal pain.

THE EFFECTS OF HIV ON THE IMMUNE SYSTEM

This focuses on the effects that HIV has on the immune system and the human body over a period of time. Immune system means body defense mechanism. When HIV enters the human body it attacks the defense mechanism cells.

Your body is protected by white blood cells. When your body is attacked by disease, e.g. cough the white blood cells fight them off. You may not even feel ill. However some strong diseases like diarrhea may make you feel ill but the white blood cells fight hard and your body usually recovers, sometimes without medicine.

HIV is a very stubborn, wise and strong virus which attacks the white blood cells and you may not get ill for a long time. When HIV has destroyed many WBC, after along period of time (7-10 years) the immune system is weakened, therefore it cannot fight other diseases like cough, diarrhoea etc. At this point the body starts to show signs and symptoms of HIV infection and a number of diseases attack it, developing into AIDS.

THE STAGES OF HIV PROGRESSION

Progression of HIV: HIV infection and its effects on the immune system can generally be broken into the following 4 distinct stages.

Stage 1: Primary HIV Infection

During this stage, HIV is present in the blood but antibody laboratory tests cannot detect it for up to three months. This stage is divided into two parts:

(i) Entry/point of infection: This is the time when the virus enters the body. The person has no signs or symptoms of the infection but can pass on the infection to others.

(ii) Window period: During this time, HIV is multiplying in the body but cannot usually be detected by antibody laboratory tests because the body has not produced sufficient antibodies. Frequently, this occurs for a period of time between two weeks and three months.

This stage of infection is often accompanied by a short flu-like illness. In up to about 20% of people the symptoms are serious enough to consult a doctor, but the diagnosis of HIV infection is frequently missed. During

this stage there is a large amount of HIV in the blood and then the body starts sero-conversion. If an HIV antibody test is done before sero-conversion is complete then it may not be positive.

What is Sero-conversion?

Sero-conversion means that the person's immunity has responded to the infection and produced HIV antibodies. As already mentioned, Some people might experience symptoms while they are sero-converting, such as fever, cough, sore throat, night sweats, lymphadenopathy (enlarged lymph nodes), skin rash and headaches. An antibody test taken will be positive.

Stage 2: Clinically Asymptomatic Stage

As its name suggests, a person is free from major signs and symptoms, although there may be swollen glands.

This stage lasts for an average of ten years and, the time period ranges from two months to several years and varies from person to person. The length of time a person stays in good health depends on one's immunity as well as other factors such as poverty, access to health care, nutritional status and stress.

During this stage, the HIV is in the body cells and laboratory tests can detect the virus. So antibody tests will show a positive result and people remain infectious.

Stage 3: Symptomatic HIV infection

Over time the immune system loses the struggle to contain HIV. This is for three main reasons:

- The lymph nodes and tissues become damaged or 'burnt out' because of the years of activity.
- The body fails to keep up with replacing the T helper cells that are lost.
- Cell destruction because of a weakened immune system.

As the immune system fails, so signs and symptoms develop. Initially many of the signs and symptoms are mild, but as the immune system deteriorates the signs and symptoms worsen. Symptomatic HIV infection is mainly caused by the emergence of opportunistic infections and cancers that the immune system would normally prevent. These can

occur in almost all the body systems. Treatment for the specific infection or cancer is often carried out. Unless HIV itself can be slowed down the symptoms of immune suppression will continue to worsen.

Stage 4: Progression from HIV to AIDS

As the immune system becomes more and more damaged the illnesses that present become more and more severe leading eventually to an AIDS diagnosis.

An AIDS diagnosis is confirmed if a person with HIV develops one or more of a specific number of severe opportunistic infections or cancers. Such an infected person presents syndromic characteristics of severe immune depression. However people can still be very ill with HIV but not have an AIDS diagnosis. A person usually suffers from several life threatening opportunistic illnesses (OIs). Usually some of the OIs may take long to respond to treatment or may not respond at all leading to death.

At this stage of advanced HIV disease, the CD4 cell count is less than 50 cells/ mm³. ART substantially increases the survival among patients with AIDS.

Opportunistic Infections

Opportunistic infections are illnesses and some cancers that can seriously harm someone with a weakened immune system or a person living with HIV. Normally, the body's immune system defends us against harmful germs, which are all around us. However, people with HIV may not have enough protection against these germs so they have more "opportunity" to become ill.

Factors which can influence exposure of a person to HIV

1. **Poverty:** *Poverty makes people, particularly women to sell sex in exchange of money, services and other favors.*

2. **Gender:** In most cultures in Uganda, women are not allowed to talk about sexual issues. It is taken as a taboo. On the other hand men have full control over sexual matters with their lovers and easily seek educative information on sex matters and HIV infection. Hence women are more *vulnerable* than men when it comes to getting HIV.

3. Lack of knowledge on how to prevent HIV:

Although a lot of information about HIV/AIDS has been given out throughout Uganda, some people are not sure about how HIV/AIDS can be transmitted and prevented. As a result a big number of people have failed to change behavior that exposes them to the infection.

4. Culture:

Society expects all girls and women get married. Some young girls have been forced into marriage by their parents or guardians. Some tribes still consider the practice of wife/husband inheritance following death of a partner. Cultural practices like *circumcision*, *genital cutting* and 'last funeral rites' expose many adolescents to sex activities after exciting dances usually associated with such practices.

5. Religion Sensitivity:

Resistance by some religious groups to sex education in schools without which the youth may engage into risky sexual activities out of ignorance. Opposition by some religious groups to condom use while stressing reliance on abstinence on moral grounds.

6. Wars and displacement:

There has been a long history of wars in some parts of Sudan especially Northern and parts of Southern. This has resulted into political instability and the associated problems like rape, displacement and homelessness; which behaviors have exposed especially young women and men to HIV infection.

IMPACT OF HIV INFECTION AND DISEASE

The impact of AIDS on individuals, families, communities and the nation is increasing drastically. HIV/AIDS has affected individuals and families physically, socially, psychologically, emotionally, and economically. Therefore every one of us has got responsibility to guard against HIV infection, to fight its spread and to support those infected and affected in different ways.

Impact of HIV/AIDS on individuals, families & communities

- Most individuals affected by HIV and AIDS are traumatized with the fears associated with going through long pain illness, rejection and

the stigma attached to the disease; and the frustrations of not meeting their ambitions.

- Reduced Life Expectancy: AIDS affects people who are responsible for the support and care of the children and the elderly, at the tender age.
- The extent of illness and deaths caused by AIDS has depleted critical sectors of the labour force. This has undermined development of communities and the country in general.
- Increased Poverty: At house hold level, AIDS reduces the earning capacity and increases the health related costs (frequent hospital visits, medicines, dieting etc).
- Increase in number of Orphans.
- Reduced agricultural production and increased household food insecurity.
- HIV/AIDS leads to domestic violence especially in cases of discordance.
- HIV/AIDS affects the overall national economy and reduces the ability of government to deliver services like education and health.
- HIV/AIDS affects the overall national economy

Impact of HIV/AIDS on Children

- Children experience orphan-hood at the age when parental guidance and socialization is needed most.
- Children who are HIV positive and develop symptoms much later in childhood tend to experience stigmatization and discrimination.
- The quality of care giving, education, nutrition, and socialization is often poor in children whose parents are bed ridden or dead since they are cared for by relatives.
- Girl children are usually withdrawn from school to care for young siblings and their sick parents.
- Child headed homes

- Failure of traditional support systems to cope with an ever increasing number of HIV/AIDS orphans contributing to an increase in the number of street children.
- Sexual abuse by adults, especially those who think children are free from HIV/AIDS.
- Early marriages for girl children who lack the necessary support or drop out of school due to loss of guardian/ parents to HIV/AIDS.
- Early engagement in labour activities especially for the boy child orphaned due to HIV/AIDS.
- Positive children find life meaningless and therefore do not have hope and creativity.

Tasks for Community Counselor Assistants

1. Correct myths and misconceptions about HIV and AIDS.
 - Differentiate between HIV and AIDS
 - Clarify the modes of HIV transmission
2. Sensitize communities on the impact (disease burden) of HIV and AIDS (health, social and economic) share new developments on HIV prevention, care and treatment.
3. Refer peers and community members for HIV, STI and TB testing and treatment.

Key messages

1. Human Immunodeficiency Virus (HIV) is a germ that makes a person's body unable to protect him/her from disease.
2. AIDS is a combination of illnesses that a person gets when they have HIV and their body's defense system is unable to protect him or her from infection.
3. HIV entry and progression in the body to full blown AIDS is a process.
4. People living with HIV need to adopt preventive measures to reduce the risk of getting opportunistic infections.

TOPIC 4: UPDATES ON OF HIV AND AIDS TRENDS IN UGANDA

Purpose: To explain the history and HIV/AIDS situation in Uganda.

History of HIV/AIDS in Uganda

- 1982: 1st two cases of *slim* disease reported from Rakai.
- 1983: 17 cases of slim disease had been reported.
- 1984: *Slim* confirmed to be similar to AIDS that had been reported in the USA in 1981.
- There was high prevalence in towns along highways and it was associated with:
 - Truck drivers
 - High concentration of sex workers and bar girls
 - A chronic disease that defeated doctors
 - Witchcraft and counter accusations
 - Overwhelming stigmatization
 - Delayed response
 - Continued spread of infection

To date all districts in the country have reported cases of AIDS and virtually every Ugandan has been affected by the epidemic.

Dynamics in the Trends of HIV in Uganda

Over the past 25 years the HIV epidemic has gone through four major phases.

- 1980s: Rapid rise throughout the country and the epidemic peaked at 18% in 1992.
- 1993-1999: A rapid decline in prevalence and incidence.
- 2000 – 2003: HIV incidences and prevalence's remained stagnant.
- **To date:** According to the UHSBS 2004/05, the prevalence of HIV among the age group 15-49 years in Uganda has come up to 6.4% from 6.1% in 2001

The current HIV situation in Uganda (Source: UHSBS 2004/05)

- The total number of People living with HIV/AIDS was 1.1 million by end of 2006.
- Total number of new HIV infections in 2005 was 132,500.

- By end of June 2006, only 80,000 PHAs had accessed ART, out of 234,500 who needed it.
- 14,400 AIDS death reported in 2005.
- About 2.2 million cumulative AIDS orphans in 2006 & many millions of vulnerable children.
- More than 100,000 people were estimated to acquire HIV in each year in Uganda.
- Six percent of Ugandan adults aged 15-49 are infected with HIV and prevalence among women is higher (8%) than men (5.0%)
- It remains higher in urban settings (10.1%) compared to rural settings (5.7%).
- HIV prevalence is substantially higher among women than men under the age 35.
- For both sexes, rates of Infection rise with age, peaking at 12% among women in their early 30s and 9% among men aged 35-44.
- At the age of 50-59 the pattern reverses, and the prevalence among men is higher than among women.
- HIV infection increases with wealth especially among women, with rates in the richest women (11.0%) as compared to their male counterparts (5.5%).
- For both gender, HIV infection rates were higher among those who were widowed or divorced or separated than among those who are currently in union or who had never been in union.

Major factors influencing the spread of HIV in Uganda

- Economical factors.
- Behavioral factors.
- Social - economic and cultural factors
- Stigma & discrimination
- High risk population & vulnerable groups
- Biological factors.

Economic factors

- Poverty is a leading driver to HIV and AIDS.
- It influences people to engage in transactional/commercial sex & intergenerational sex. (10% of girls aged 15-19 years had sex with partners 10 years older).
- HIV/AIDS also contributes to Poverty since it affects the most productive populations.
- HIV infection is noted to increase with wealth.

Behavioural factors

- Multiple/casual sexual relationships increase HIV risk.
- Early initiation of sex associated with HIV risk.
- Non condom use in especially non-cohabiting relations increases the risk of HIV infection.

Socio-economic factors

- Some cultural norms and practices have negative consequences for HIV transmission e.g. support for early marriages, multiple sexual partners, submissiveness for women.
- The way the community looks at the roles and responsibilities of men and women leads to promotion of low self-esteem for women hence increasing vulnerability and defining gender roles.
- Role of the media and western “modernisation.”

Stigma and discrimination

- Persons with HIV infections are taken as out casts in society. This leads to denial and may affect access to HIV services.
- Those who know their HIV status fear disclosure consequences because of stigma.

High risk population and vulnerable groups

- High risk groups mix with the general population and this has effect on HIV transmission. (12.3% of CSWs reported to be in stable relationships and serving an average of 5 clients a day).
- IDPs, PWDs, fishing communities, uniformed personnel & OVCs
- These have been found to be more vulnerable to HIV infection compared to others.

Biological factors

- Infection with an STI increases exposure to HIV infection (genital ulcer diseases like herpes simplex)
- MTCT including breast feeding accounts for 15-25% of the new infections (UAC 2004)
- HIV Discordance - most discordant couples are unaware of their HIV status.

Factors that led to the reduction of HIV and AIDS in Uganda.

- Political commitment and support.
- Supportive social and economic policy environment.
- Openness about the epidemic.
- Decentralization of HIV and AIDS prevention activities.
- Participation of multiple partners NGOs, CBOs, private sector, researchers, and media.
- Multi –sectoral coordination through Uganda AIDS Commission.
- HIV and AIDS related research.

TOPIC 5: RELATIONSHIP BETWEEN HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS (STIs)

***Purpose:** To discuss the relationship between HIV/AIDS and other STIs*

Sexually transmitted diseases or infections are conditions caused by one or more micro–organisms transmitted through having unprotected sexual intercourse with an infected partner. These diseases can be co-factors in HIV transmission.

Who are at risk of getting HIV and STIs?

Anyone exposed to the blood or body fluids of an infected person can contract STIs/ HIV. However, person at high risk of contracting the infection are:

- Persons with many sexual partners
- Homosexuals
- People who get intoxicated with drug and alcohol.
- All kinds of behaviors that espouse a person to body fluids e.g. blood, semen of an infected person.
- Anyone involved in unprotected sex with a person with unknown HIV status.

The relationship between HIV and other STIs

- HIV is one of the sexually transmitted infections.
- The presence of STIs such as syphilis, Herpes Simplex 2 Virus (HSV-2) and gonorrhoea which cause sores on genitals, anus or mouth area allow HIV to freely enter the person’s bloodstream..
- Both STIs and HIV lower the immune system of the body.
- Both can be transmitted from infected mother to child.
- Both can be prevented using the same methods like condom use.
- STIs speed up the progression of HIV infection in the body.

- Both have social consequences like stigma, divorce and domestic violence.
- HIV infection is an STI. Preventive measures of HIV and STDS are the same.
- Both need counseling as part of its management.

Key Messages:

- Both HIV and STIs are preventable.
- Both HIV and STIs are transmitted in the same way.
- Education and counseling is essential in the management of both HIV and STIs.

TOPIC 6: RELATIONSHIP BETWEEN TB AND HIV

***Purpose:** To discuss the relationship between HIV/AIDS and other STIs*

What is Tuberculosis (TB)?

TB is a disease mainly of the lungs and it spread from an infected person through air when he or she talks, coughs or sneezes. TB can also attack other parts of the body like bones, spine and kidney.

- Tuberculosis is a disease of the lungs caused by mycobacterium (germ) that is spread from an infected person through the air when he or she coughs, sneezes or talks. It can attack other parts of the body like the bones, kidney and spine.
- Although TB can be cured, it is one of the most common causes of HIV related illness and death.
- People who are living with HIV need early diagnosis and treatment of TB to protect their health and the health of their family and other contacts.
- People with HIV are at a greater risk of becoming infected with TB due to their weakened immune system.
- Half of people who have TB are also HIV+. It is very important that everyone with TB get tested for HIV.

How is TB transmitted?

- TB can be transmitted through inhalation (through droplet production such as sneezing, coughing, or close contact) or by ingestion (through drinking TB infected milk or eating TB infected meat).
- Risk of infection is increased by presence of smear positive source, close and prolonged contact and indoor exposure.

What are the signs and symptoms of TB?

- Prolonged cough for more than three weeks.
- Weight loss.
- Producing sputum.
- Coughing up blood.
- Chest pain.
- Profuse night sweats.
- Loss of appetite.
- Evening fevers.

Note: Some of these signs and symptoms are common to other conditions as well. A person can be infected with TB and not show any symptoms, which is known as the latent stage of TB infection. If the person is not treated during the latent stage, the infection can progress to the point where the person begins to show symptoms, which is the disease stage.

Relationship between TB and HIV

- Both HIV and TB suppress immunity.
- The two diseases represent a deadly combination because they are more destructive together than either disease alone.
- TB progresses faster in HIV-positive people.
- TB occurs earlier in the course of HIV infection than many other opportunistic infections.
- Each disease speeds up the progress of the other, and TB considerably shortens the survival time of people living with HIV/AIDS.
- TB in HIV-positive people is almost certain to be fatal if undiagnosed or left untreated.
- TB kills up to half of all AIDS patients worldwide. People who are co-infected with HIV and TB are up to 50 times more likely to develop active TB in a given year than people who are HIV-negative.

- HIV infection is the greatest risk factor for the progression of latent TB into active TB, and TB can accelerate the progress of HIV.
- Many HIV-positive people in developing countries develop TB as the first sign of the later stages HIV.
- When the immunity level drops due to HIV, smear negative pulmonary and extra pulmonary TB is more common.
- Diagnosis of smear negative TB in a HIV positive person is difficult because the clinical signs of TB are also common in HIV patients without TB (e.g. chronic cough, fever and weight loss).
- When an HIV/AIDS patient develops TB, his HIV/AIDS may progress rapidly leading to severe immune suppression. Such a patient will then fall sick more easily from other HIV related diseases.
- A person who is HIV infected and has TB also has AIDS by definition.
- Both TB and HIV are diseases that have social stigma around them.

Prevention of TB includes:

- Screening and early treatment of TB among HIV positive individuals to prevent spread to others.
- Treatment of latent TB Isoniazid (INH) in those who are HIV positive. This will prevent latent TB progressing to active TB disease.
- National Tuberculosis and Leprosy Programme (NTLP) and AIDS Control Programme (ACP) should support the scaling up of screening programs for TB in all HCT sites.

Prevention of TB includes: (Others)

- Improving ventilation in the house.
- Encouraging someone with persistent cough to seek diagnosis.
- Helping remind the person on TB drugs to complete the full medication.
- Adopting a healthy lifestyle—no smoking, little or moderate drinking, good nutrition.
- Practicing good hygiene measures (eg. TB infected people should avoid spitting anywhere. Spit in a container and bury sputum or burn it, encourage people to cover their mouth when coughing).
- Make sure children receive Bacille Calmette-Guerin (BCG) at appropriate moment.

Key messages:

- ▶ TB is preventable and can be cured if detected early and managed properly.
- ▶ TB is the most common cause of illness and death among people infected with HIV.
- ▶ People who are HIV positive should be screened for TB and vice versa.

TOPIC 7: BEHAVIOR CHANGE IN RELATION TO HIV/AIDS***Purpose:***

1. To explain the process of behaviour change and factors that influence behaviour change.
2. Identify strategies that promote positive behaviour change.

What is behaviour?

- It's a personal way of living, conduct, perception of ideas, norms and attitudes
- A repeated action over a period of time. The action should be consistent in a person's way of life over a period of time.
- An observable action performed in response to a situation; or the way one relates and conducts him/herself in a given situation.

Sources of behavior

Much of the behavior one possesses is acquired from the environment in which the individual lives. These include

- Formal institutions e.g. secondary schools, workplace...
- Informal institutions e.g. families, cultural settings...
- Peer influence
- Genetic; this is inherited.

What is behavior change?

- In relation with HIV/ AIDS infection positive behavior change is the gradual transition from a risky way of life to a less risky or risk free way of life.
- It is a gradual process from one life style to another. It takes time to be developed and maintained.

Behavior change requires personal acceptance and individual initiative coupled with other enabling factors like continuous support and reinforcement from peers, friends, community leaders, counselors and enabling tools e.g. condoms

Factors influencing behavior change

- Increased awareness due to education or sensitization
- Encountering an emotionally painful situation
- Making a self-evaluation of one's life and identifying the need to change.
- Change in peer attitude toward a certain situation.
- Change in community attitude to a situation.
- Internal factors like: personality, psychological state, personal drive, and interests.
- External factors like: cultural/spiritual beliefs, occupation, responsibility, political situation, associates, economic status, education level, income level, physical anomalies...

Factors that Contribute to and Support Behavior Change

1. Information and Services

- Sexuality information that is culturally relevant, honest, accurate, and balanced
- Information about the consequences of unprotected sexual intercourse and how to protect oneself
- Information about sex postponement and protection

- Community resources for condoms, dental dams, and needle exchange
- Community resources for survivors of sexual victimization and/or abuse
- Anonymous HIV testing, support groups, and peer education groups

2. Motivation

- Talking with partners, respected adults, and peers
- Testing and/or treatment for HIV
- Using dual method protection
- Making future plans

3. Skills

- To resist peer pressure
- To negotiate safer sex
- To communicate with partner, peers, and parents
- To access services, including testing and treatment

4. Belief that change is possible

- That abstinence is cool
- That it is okay for young people to enjoy sexual relationships
- That sexual intercourse should be safe and consensual
- That early treatment will make a difference
- That service providers will be helpful and nonjudgmental

5. Community norms

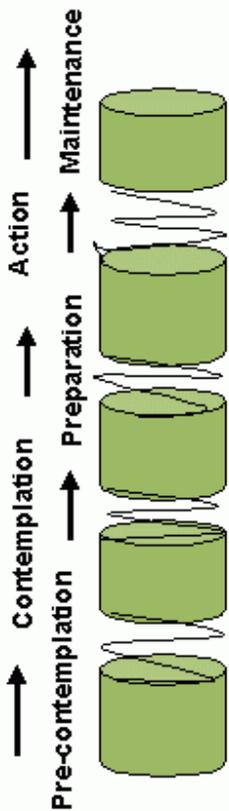
- Regarding substance abuse, needle exchange, and condom availability
- Regarding the value and abilities of youth
- Regarding varying cultural, religious, and health beliefs

6. Policies related to

- Condom and/or contraceptive advertising
- Anonymous HIV testing for teens
- Comprehensive sexuality education in schools

- Research by sub-populations on HIV infection
- Adequate funding for culturally appropriate approaches
- Access to services

Behavior Change Spiral (Process)



MAINTENANCE: Practice required for the new behavior to be consistently maintained, incorporated into the repertoire of behaviors available to a person at any one time

ACTION: People make changes, acting on previous decisions, experience, information, new skills, and motivations for making the change

PREPARATION: Person prepares to undertake the desired change - requires gathering information, finding out how to achieve the change, ascertaining skills necessary, deciding when change should take place - may include talking with others to see how they feel about the likely change, considering impact change will have and who will be affected.

CONTEMPLATION: Something happens to prompt the person to start thinking about change - perhaps hearing that someone has made changes - or something else has changed - resulting in the need for further change

PRECONTEMPLATION: Changing a behavior has not been considered; person might not realize that change is possible or that it might be of interest to them.

Note: Start at the bottom while discussing this process

Obstacles to Behavior Change

A - Internal obstacles

- Lack of knowledge
- Denial of personal risk
- Fear to talk about sex matters
- Dependency, addiction

External obstacles

- Traditional and cultural practices that encourage risky behavior.
- Peer influence/pressure
- Conflicting cultural norms and beliefs
- Religious policies
- Government policies
- Family influence/ pressure

Essential Elements of Behavior Change Education/Counseling

- ***Assess vulnerability*** – clients need to assess personal risks for HIV infection and the various obstacles that may prevent them from practicing safer sex.
- ***Making a plan*** – during pre-test counseling the client should identify ways to maintain safer sex practices (ABCD- abstinence, be faithful, correct and consistent use of condoms, delay sexual debut).
- ***Supplies and resources***- availability and access to condoms.
- ***Reinforcement and commitment***- review the client's plan for safer sex practices.
- ***Supportive environment***- continued encouragement and support from counselors, NSAs and Peers

CONCLUSION

The role of the Educator/Counselor Assistant is to support the behavior change process, particularly help clients adopt new behavior. HIV prevention education and counseling is a client centered exchange designed to support individuals in making behavior changes that will reduce their risk of acquiring or transmitting HIV. Client centered means that education/counseling is tailored to the behavior, circumstances and special needs of a person.

TOPIC 8: EMOTIONS & FEELINGS ASSOCIATED WITH HIV/AIDS

Purpose: *To identify common feelings and emotions associated with HIV/AIDS infection and discuss skills of dealing with them.*

Any emotions experienced under whatever circumstances are a natural reaction. Such emotions are healthy human responses that help one undergo or cope with difficult circumstances. Every one experiences these emotions at one time or the other. Understanding one's emotion can be helpful.

Common fears and anxieties associated to HIV infection include;

- rejection, stigma and discrimination.
- death and living dear ones helpless.
- going through a long painful period of multiple illnesses.
- being physically disfigured, incapacitated and helplessness.
- confusion and anxiety.
- desperation, hopelessness, and depression.
- guilt.
 - possibility of infecting others unintentionally.
 - being abandoned and left alone in pain.
 - inability to change their circumstances for the better.
 - social, domestic and sexual hostilities and rejection.
 - loss of physical and financial independence.

COMMON EMOTIONS IN RELATION TO HIV/AIDS

1. Denial

Sometimes people react by refusing to accept the existing situation as a way of coping temporarily. It is better to help such people face the reality of the real situation. Help them to go through the experience again through storytelling, or enacting and then healing may take place hence overcome the painful situation.

2. Anger

The experiences one undergoes may seem to be unfair. Therefore, one may feel angry with oneself, others and the situation at large.

3. *Guilt*

Some people blame themselves for the incidents. It is comforting to help them know and believe that they are also human – capable of making mistakes. These are events in life one may not control, get rid of or undo.

4. *Loneliness*

Some incidents such as isolation and discrimination may make one lonely and afraid. Help them share with trustworthy friends their experience, join support groups, make friends and these feelings may fade.

5. *Depression*

Depression is a common reaction to the challenges associated with HIV/AIDS and caring for those affected. Counseling can help a person to overcome all the above emotions.

TOPIC 9: HELPING SKILLS IN HIV/AIDS CARE

Meaning of helping skills

Helping refers to the process of assisting someone through support, encouragement and problem solving to cope with or find options to deal with a problem/difficult aspect of their life.

These are the skills the helper should use when interacting with a person in need so that they both understand the problem. The skills are also used by the helper to provide emotional support and empowerment to the person in need. This means that the helper aims at restoring the self-sufficiency of the person in need.

Qualities of a good helper

1. Controlled emotional involvement
2. Reflection awareness
3. Should not label clients according to their problems
4. Positive attitudes
5. Acceptance of clients in whatever status
6. Should not take sides

7. Respect the client
8. Put a side self promotion
9. Being exemplary
10. Be honest

Types of helping skills

Empowerment: Helpers empower those in need and promote self sufficiency. They are available to aid someone during difficult time and their roles are temporary.

Building trust: Give opportunity to know the helper e.g. introduce at the beginning, explain who you are in simple terms and what is going on.

- Let the peers know that you are genuinely interested in helping them.
- Be warm, caring and concerned.
- Accept the PHA the way they appear without showing an attitude of discontent/disgust.
- Sit at the same level.
- Respect them and their family/ communities.
- Check that they understand what you are saying.
- Promise the person only what you can do.
- Keep confidentiality of the discussions.
- Never humiliate them e.g. laughter.
- Respect their values /opinions.

Probing for information: Probing is a verbal skill to encourage the person in need to provide more information in order to understand their experiences, feelings, thoughts and behaviors.

The main goals of probing are:

- Enable clients provide more information useful for helping them.
- To help the one in need to focus on specific goals.

- To clarify issues when clients are mixed up or confused about many things.

Providing of support and comfort:

To be an effective helper, you need to have intimate interest and empathy to the PHA. The helpers need to observe the following ways: -

- Show genuine concern for the feelings of the PHA by use of body language e.g. facial expression.
- Do not be rendered speechless by their feelings.
- Do not stop them from expressing their feelings.
- Offering a tissue for tears or a glass of water or tea (where applicable)
- If culturally accepted touch their hands or shoulders to show your concern.

***Note:** “People usually feel relieved from anger and suffering after speaking with someone who cares and listens”. “A problem shared is a problem half solved.”*

Helpers need to take note of the following:

- Tone of voice (is the tone expressing sadness, expectation, anger, tiredness?)
- Clients’ body movements and facial expression should be taken care of to help you assess their mood.
- Silence should be used constructively.
- Don’t interrupt the client as he/she talks.

TOPIC 10: INTRODUCTION TO HIV/AIDS COUNSELLING

***Purpose:** To explain the concept of counseling*

What is Counseling?

- ☀ Counseling is a process involving a series of logical sessions as well as follow-ups. This can be done in any location that offers peace of mind and confidentiality for the client.

- ☀ It is also a helping relationship to help a person help himself or herself cope with some aspect of his/her life.
 - ☀ It is an interpersonal communication through which person is helped to assess his/her current situation, explore more of his/her own feelings and be able to cope with appropriate intervention.
 - ☀ It is a dialogue between a person with a problem (client) and care provider aims at enabling the client to cope with stress and to take personal decisions related to HIV/AIDS.
- Counseling is NOT ADVISING a person what to do.
 - Counseling is NOT SUGGESTING for a person what to do.

Importance of Counseling

- Counseling is necessary for it provides social and psychological support to people affected by HIV infection and disease.
- People with HIV often go through periods of acute illness and often need support adjusting to this change in life expectations.
- HIV/AIDS is a new and frightening disease which has neither cure nor vaccine.
- Counseling helps in the prevention of HIV infection.

Who needs Counselling?

The following people should be counselled:

- ☀ People who may be worried about their sero status.
- ☀ Those who have lost sexual partners.
- ☀ Those with multiple partners.
- ☀ Relatives and families of AIDS patients
- ☀ People diagnosed as having AIDS.
- ☀ Carers of AIDS patients
- ☀ Children of those infected.
- ☀ Patients with chronic diseases
- ☀ Patients who wish to start on treatment with ARVs

Where do we offer Counseling?

Counseling can be offered in hospital clinics, hospital wards and people's homes.

In all the places; it is important for the counselor to make sure that the place is: Private, Quiet and Comfortable

When do we offer Counseling?

- When people need information on HIV/AIDS.
- When people come to the HCT clinics for diagnosis.
- When people seek information for testing.
- When people with HIV infection and their families are facing periods of crisis or worry of critical illness.

Factors that may hinder effective counseling

- Language
- Age
- Education
- Lack of confidentiality
- Lack of appropriate space
- Lack of counseling skills

Key issues to consider

- Confidential dialogue
- Provision of accurate information to enable the client to:
 - Explore his/her situation and feelings.
 - Reach a better understanding of the problems
- Make choices and take action e.g.
 - Reduce risk of becoming infected or transmitting the infection to others.
 - Adopt new approaches to safer sex and responsible relationships.
 - Help those already infected to cope.

TOPIC 11: POSITIVE ATTITUDES IN COUNSELING

Purpose: *Explain the important attitudes necessary for counseling*

Attitude can precisely be defined as *“The way someone perceives a situation, responds to and reacts towards other people.”*

Attitudes can be positive or negative. The attitudes we have tend to determine how we respond and react towards other people or their actions.

As NSAs it is essential that we have *“Positive Attitudes”* in order to be able to help others. There are 4 basic attitudes we must have when offering help to people with HIV/AIDS, their families or anyone who is concerned about HIV.

Caring

A helper cares and wants to help. We show that we care by being approachable, interested in each person we are offering help to and prepared to make time to talk. We try to show warmth and concern and that we are trustworthy.

Accepting

A helper accepts the person they are offering help to as they are. He/She should not be moralistic or judgmental about what the person tells him/her and should always show respect and neutrality towards any client.

Non-Judgemental

The helper should not attribute blame to the client for his/her unfortunate situation. Nobody wants to be blamed even if they deserve it.

Empathy

Is a psychological identification with an attempt to understand the feelings, thoughts or attitudes of another person. It is the attempt to put one self in the client's shoes.

TOPIC 12: BASIC COMMUNICATION SKILLS

Purpose: *Explain the communication skills necessary in counseling.*

Introduction

Communication and helping skills are primary factors in disseminating information at individual, family and community level. Therefore there is need to equip Community Counselors and Children Leaders with communication and helping skills. The skills will enable them to effectively help PHA to cope with the challenges of living with HIV.

Meaning of communication

It is the exchange of information from one person to another with feedback from both ends. A message understood in the same way by the sender and a receiver. Thoughts, opinions or information shared via speech writing or physical signs and gestures.

Two types of communication

(i) Verbal communication:

Face to face with short words to encourage the client to talk e.g. can we go on, what else, etc

(ii) Non verbal communication:

Facial expressions, using the hand, sitting or standing postures, movement of the eyes, signs, etc. This type of communication must be matching e.g. if one is appreciating work done should show smiles not sadness.

Effective communication skills

- Active listening
- Checking understanding
- Asking questions
- Answering questions

1. Active listening

Is the key motivating factor that makes others give feedback. This therefore will enable the helper to have the technique of: -

- Paying attention which will includes
 - Maintaining eye contact
 - Sitting near a person you are talking to
- Sitting posture
 - R - Be relaxed
 - O - Be open
 - L - Lean forward towards the person
 - E - Seep eye contact
 - S - Sit near the client
- Using silence constructively

People communicate through silence and therefore the counselor shouldn't hurriedly interrupt but instead he/she should

 - stop talking and listen
 - remove distractions e.g. cell phones
 - check understanding by summarizing
 - ask questions that aim at getting detailed information
 - be non judgmental
 - concentrate
 - don't jump to conclusions
 - be empathetic
 - encourage the clients to talk.

2. Checking of Understanding

- Repeating; repeat what they have told you.
- Clarifying; making sure issues are clear.
- Paraphrasing; you have told me
- Reflect feeling; e.g. you feel excited, what is happening to you?

3. Asking Questions

The importance of asking questions

- It helps to explore his/her problems or situation
- Helps counselor to get required information
- Helps the counselor to assess the needs of a client
- Helps the counselor to deal with the most important things first

Types of questions

- Closed ended questions
- Opened ended questions

Examples of closed ended questions

- Are you sick? (yes/no).
- Have you ever used this drug? (Yes or no.)
- Have you disclosed to your wife or any of your family members?

Examples of open ended questions

- What are your major sources of income?
- Why do you want to test your brother?
- What could have made not to disclose to your wife or your relatives?

4. Answering Questions

Clients may ask questions for more information from the helper and he/she should be in position to answer. There are some questions that we can not answer. Never commit yourself to answer questions which will put your client in a fixed position.

Behind every question there is a long story, therefore it is important for the helper to understand exactly what the client wants by asking probing questions to get details.

When answering questions;

- Give information not advice.
- Give accurate answers.
- Use clear / simple language.

Barriers to effective communication

- a) Making assumptions; many helpers make assumptions about the clients' situations. With effective communication skills we should be able to establish what clients are concerned about.
- b) Distancing; Care givers may be facing a similar problem which is distressing and they may not want to deal with such a situation any more.
- c) Fear of harming and provoking emotions
- d) Many people fear talking issues that may be a taboo to the societies e.g. death HIV and AIDS because it may upset them
- e) Differences in cultures
- f) To some cultures, talking about sex is a taboo
- g) Language barrier
- h) Lack of fluency in certain language may hinder effective communication.

TOPIC 13: PRE - TEST COUNSELING

Purpose: *To equip participants with knowledge and skills in providing pre test counseling.*

What is Pre-test counseling?

- This refers to the counseling offered to a person before he/she takes an HIV test.
- Pre-test counseling is a dialogue between a client and a care provider aimed at discussing the HIV test and the possible implications of knowing one's HIV sero-status, which leads to an informed decision. Such counseling should be centered on two main issues:
- The client's personal history and risk of current or past exposure to HIV assessed.
- The client's knowledge about HIV/AIDS and his/her ability to cope with crisis assessed.
- Informed decision to take or not to take the test influenced through sharing information on facts about HIV/AIDS.

Issues to discuss with person during "Assessment of HIV risk".

- Current or past sexual behavior and relationships of self and partner e.g. one regular partner or multiple concurrent partners.
- Use of condoms, practice of safer sex, frequency of unprotected vaginal, oral or anal intercourse.
- Sexual relations with multiple partners or known HIV infected partners.
- High risk behavior e.g. Injecting drug use (IDUs) or commercial sex work (male or female).
- History of receiving a blood transfusion, organ transplant.
- Exposure to possibly non sterile invasive procedures, such as injections, tattooing and circumcision.

Assessment of knowledge and ability to cope.

- What does the client know about the test and its use?
- Why is the test being requested?
- What particular behaviors or symptoms are of concern to the client?
- Has the client considered how he or she would react to the results of the test (positive or negative)?

- What are the client's beliefs and knowledge about HIV transmission and its relationships to risk behavior?
- If the test result is positive, who could provide emotional support?

Purpose of pre-test counseling

- To help the person make an informed decision as to whether to take the test or not.
 - Consider all implications of taking an HIV test.
 - Consider all possible implications of positive and negative test results.
- To help a person prepare him/herself for a positive or negative result.
 - Discuss meaning of results and how can live with their results.
- To help a person try to consider behavior change as a means of prevention against HIV infection.
 - The person can realize the dangers or risks of having unprotected sex and then consider changing their behavior.

Categories of people who may come for pre-test counseling:

- The worried well
- Someone who is sick
- A mother with a sick child
- Some who has lost a spouse or a child
- A couple intending to get married
- A couple intending to re-unite
- A person with history of STDs
- Curiosity
- Those wishing to confirm sero-status
- Coerced
- Repeat testers
- Those intending to have children
- Pregnant mothers

Procedure of offering pre-test counseling:

- **Welcome the person**
 - Exercise confidentiality, care and acceptance

- **Help the person explain why he happens to be there.**
 - Can you tell me how you happen to be here?
 - Can you tell me how you came to know of this centre or hospital or clinic?
 - This helps the counselor know how much the client associates him/herself to HIV infection and disease.

- **Invite the person to explain his or her concern or problem.**

Usually people will express their worry, suspicion or concern about HIV infection and disease. The problems could be related to:

 - Their sickness or someone sick
 - Having a sickly child
 - Having lost a child/spouse/partner
 - Getting married
 - Spouse having another partner

- **Explore fully and understand the person's situation by using open-ended questions.**
 - What do you think you could be suffering from?
 - What have the doctors told you about your child's health or situation?
 - What do you think caused the death of your husband?
 - Can you explain more about how your wife died?
 - Why are you worried about your husbands movements?

- **Provide information about HIV infection and disease.**
 - In the discussions the counselor should acknowledge the true information and correct the misinformation.
 - The counselor should provide more information and emphasize the important issues.
 - The information discussed on HIV infection and disease should be related to client's concern.

- There are some questions that could be useful in discussing information on HIV infection and disease.
- Can you tell me what you know about AIDS?
- Can you tell me how one can catch HIV?
- Can you tell me how the germ that causes AIDS affects our bodies?

TOPIC 14: POST-TEST COUNSELING

***Purpose:** To equip participants with knowledge and skills in providing post-test counseling.*

What is post-test counseling?

- This is a dialogue between a client and a care provider aimed at discussing the HIV test result and providing appropriate information, support and referral, and at encouraging risk reduction behaviors.
- Post-test counseling is a process which starts with the results giving session and may go on for several sessions thereafter to enable an HIV positive client to come to terms with the diagnosis and go to plan how to live with the information.
- This is more so to the positive results but applies to the negative results as well.

Why post-test counseling is offered?

- To help the person learn his/her test results
- To provide emotional support to help the person cope with the test results.
- To discuss ways of preventing HIV transmission.
- To consider what his/her status means to him/her emotionally and socially and to start planning accordingly.
- Review implications of results.
- Detect whether client still wishes to receive the results.
- Ascertain if client still maintains his/her plans for risk reduction or coping in case of positive or negative results.
- Provide client with referral information.

Issues to consider in post-test counseling

- ❑ Client may either be ready to receive the result or not.
- ❑ Counselor has to assess the client's readiness to receive results.
- ❑ Client may show signs of anxiety.
- ❑ Client takes some time to understand the results.
- ❑ Referral to an appropriate service organization for further support and management.

Counseling after a negative test result

- ❑ It's very important to carefully discuss the meaning of a negative result. The news that the result was negative is likely to produce a feeling of relief or joy, but it's crucial to examine this critically.
- ❑ The test result may not be reliable because of the '*window period*' and the client may wish to consider returning for a repeat test after three to six months.
- ❑ Further exposure to HIV infection must be prevented. The importance of protected sex and other safer sex practices must be explained. Where relevant, the option of ceasing sexual relations with a partner who continues to have unprotected sex with other multiple partners and the avoidance of needle sharing should be explained.
- ❑ Repeated explanations of positive health behaviors. The counselor and the client should practice together ways of introducing and maintaining new behaviors with others. If possible, the counselor might discuss with client the possibility of meeting with client's regular partners/spouse to discuss this.

Counseling after a positive test result

- ❑ Ensure that the client understands what a positive HIV test result means.
- ❑ Discuss how the person feels about being infected.
- ❑ Provide support to help the person deal with these feelings.
- ❑ Discuss their plans for the immediate future.
- ❑ Establish a relationship with the person as a basis for future counseling.
- ❑ Discuss about medical treatment and follow up counseling.

- ❑ Discuss possibility of counseling partners or spouses.
- ❑ Refer the person to local community services or service organization for further support.

The following points need to be emphasized

- ❑ HIV infection is not AIDS. Every infected person should be encouraged to live a normal social and economic life for as long as possible.
- ❑ The HIV positive person should take care of his or her general health. The counselor should stress the importance of avoiding exposure to other illnesses or infections, as this will weaken the immune response, and may hasten the development of AIDS.
- ❑ It is impossible to tell from a positive HIV test when the person was infected, or for how long. HIV infection may have occurred before an existing relationship began. It does not necessarily imply that the current partner has been unfaithful.
- ❑ This is also a time for encouraging positive thinking. The client may have many disease free years to live, and treatment for some opportunistic infections is effective and available.
- ❑ Important practical information for people with HIV/AIDS related to positive living should be discussed. This may include the following points:
 - Seeking prompt medical treatment from qualified health personnel.
 - Having a balanced diet.
 - Avoiding harmful and risky behaviors e.g. unprotected sex, smoking, alcohol etc.
 - Encourage exercise: Improves muscle tone, appetite, mobility, body strength etc.
 - Counseling: This may also cover spiritual aspects, but generally important for emotional and psychological reasons.
 - Keeping general hygiene i.e. body and environment.
 - ARVs
 - Prophylactic treatment e.g. Septrin
 - Safe water
 - Enough rest

Reactions following a positive test result:

Fear, anger, sense of being overwhelmed:

- Suicidal thoughts
- Feel helpless
- Fear illness
- Fear disability
- Fear death

Denial:

- Deny news is true
- May come after immediately diagnosis
- Can be helpful (Give you time to get used to idea of infection).
- Can be problematic for oneself & others if one engages in risky behavior.
- Prevents seeking for early assistance and medical attention

Guilt:

- Blame themselves for illness
- Feel its punishment
- Worsened by society's prejudice and ignorance about HIV/AIDS.
- Seek for acceptance and support to overcome guilt.

Sadness:

- Changes in life
- Losses of one kind or another
- May turn into depression
- Important to talk to counselors, friends or any other supportive person for assistance.

Depression:

- Prolonged periods of crying, sadness, feeling low or despair.
- Feelings of guilt
- Low esteem
- Tendency to see only negative side of things
- Fatigue
- Inability to concentrate
- Loss of pleasure in activities
- Changes in appetite and weight
- Trouble sleeping
- Suicidal thoughts

Anxiety disorders:

- Excessive worry
- Feelings of being always on the edge
- Muscle tension
- Restlessness
- Shortness of breath
- Sweating
- Rapid heart rate
- Nausea and diarrhoea

Mania:

- Mood shifts (abnormally & persistently high)
- Irritability
- Decreased desire for sleep
- Over activity
- Rapid talking
- Poor concentration
- Bizarre ideas about self e.g. making money and becoming famous.
- Engaging in spending sprees
- Disorganized
- Lack of self care

Alcohol & drug abuse:

- Drug abuse
- Become alcoholic
- Sometimes person may have a history of such problems.

TOPIC 15: ADHERENCE TO ART

Purpose: To review facts on ARVs and discuss adherence to ART.

Introduction

Anti Retro Virals (ARVs), are drugs that if taken correctly can be highly successful in fighting the rate of HIV multiplication in the body. These drugs are however not a cure for AIDS. ARVs may have some side effects and are still rather expensive. In addition to this, the administration of ARVs requires close monitoring aimed at better

results. People therefore need information to enable them make informed decisions concerning ARVs.

Antiretroviral drugs have dramatically improved rates of mortality and morbidity for people living with HIV/AIDS. Although they are not a cure and present new challenges of their own they prolong lives and improve the quality of life for people living with HIV/AIDS.

One of the strategies to avail a comprehensive package of care for people living with HIV/AIDS (PHAs) in Uganda is widening access to Antiretroviral therapy. Antiretroviral drugs are used not only for treatment of PHAs but also for preventive purposes as in post-exposure prophylaxis (PEP) and in prevention of mother-to-child of HIV (MTCT).

The aims of ARV Therapy:

- To help in the acquisition of maximum and durable suppression of the multiplication of HIV, leading to the reduction of viral load.
- Enhances the prevention of rapid damage of the immune system.
- Promotes the prevention of opportunistic infections.
- May prevent the acquisition of HIV infection. It is used in the Prevention of Mother To Child Transmission (PMTCT) and Post Exposure Prophylaxis (PEP).
- Reduces on the stigma, more especially if the stigma is associated with the physical outlook. ARVs may help in the improvement of poor skin and weight loss.

What is adherence?

Adherence is a term used to describe how *faithful* a person “sticks” to the treatment as prescribed and all the regulations.

Adhering to ART includes sticking on taking drugs and following all the regulations.

Some of the examples involved in adherence include;

- Taking drugs right, and at the right time. Time must be fixed. If the client has selected to take his drugs at 7.00pm everyday it should be the same time always no change.
- Should have enough food
- Should not drink alcohol nor smoke
- Should have safe sex or regulate the sex activities

Why is adherence important?

Adherence is the most important factor in successful ARV treatment because;

- Low level of adherence lead to ARV drugs not working effectively and is linked to increased viral load decreased CD4 cells and increased illness progression.
- Even slight non adherence can lead to a drop in the levels of drug in the blood and the development of drug resistant HIV. The treatment therefore will cease to be effective.
- Adherence to ARVs is a life –long processes as once you start you have to stay on the drug so as to avoid drug failure and resistance.

What is Non adherence?

Non adherence involves doing the opposite of adhering to ARVs. It can involve missing doses or specific pills, changing time of doses, not following instruction of medications regarding diet or fluids or taking other drugs without talking to the doctor.

Ways of checking whether a person is adhering to treatment.

There are many ways to measure adherence, the most common method is *self report*.

- Other methods include;
- Keeping a medication diary
- Pill counting
- Pill box

The importance of counseling for adherence in ART

- ARVs are new drugs in the management of HIV/ AIDS so the clients needs to get all the necessary knowledge about using these drugs.
- ARVS should be taken for the rest of one's life time.
- ARVS are not a cure for HIV/AIDS.
- The drug may cause serious side effects

What prevents Adherence?

Poverty

Uganda is a developing country whereby, more than a half of the population lives in extreme poverty. The government spends less than 10 US \$ per capita (per head) on health. The cost of a month's supply of

ARVs, ranges from 60,000/= to over 100,000/= per patient. In as much as most people would have loved to start on ARVs programme, many patients cannot afford this on a continuous basis.

Stigma

In adults, HIV infection is mostly sexually transmitted. People feel that they will be labelled promiscuous. This hinders them from disclosing their sero status and seeking help towards seeking ARVs. Stigma also shuns off HIV infected people from attending recognized HIV/AIDS health centres, due to fear of being identified as patients.

Guilt

If someone feels that he/ she is the source of infection to family members they, may feel guilty of taking the ARVs while he/ she cannot afford them for the rest of the family. This also can be a cause of failure to disclose to the family members and consequently their inability to adhere to ARVs.

Blame

The judgmental attitudes of blame may hinder someone's accessibility to ARVs. This is when family members, who otherwise would have been able to support him/ her financially, blame an infected person. A discordant couple exemplifies this where the husband is negative and the wife positive. The husband, who is financially able to pay for the ARVs, may not do so because he is blaming his wife for bringing the infection upon herself.

Fear

Some people fear the side effects of ARVs and failing to respond to treatment. For example, a child who developed a skin reaction (Steven Johnson Syndrome) refused to continue with the ARVs and with time, she eventually passed away. There is also fear of not being able to afford the costs of ARVs for the rest of their lives.

Ignorance

People still lack proper information about ARVs and this can lead to inconsistency in taking them, especially that they need to be taken for life.

Loss of Hope

Some people, even when they could have afforded ARVs believe that since it is not a cure for HIV/ AIDS, they still will have to face death and there is no point in taking them.

Lack of Communication Skills

This is another hindrance to ARVs whereby, people fail to disclose to their spouses, children or their employers. If spouses are not aware, there can be a likelihood of failure to raising funds individually or even regularly swallowing the drugs in secrecy. When children are not aware of their illness and as to why they are subjected to daily drugs, they develop questions that are rarely answered, become demoralized and stop taking ARVs.

Lack of Proper Counseling

Counseling is a necessity, before and whilst taking these drugs. Deprivation of such counseling can result in people easily giving up *taking ARVs*.

Inadequate access to ARVs in the rural settings

ARVs are not available yet throughout Uganda except only in a few urban areas.

Discrimination and Gender Issues

In households with limited resources, infected males in the family may be given priority over the females.

Denial of Ownership

Some women are not considered to be the owners of the family income and therefore if the husbands are not in favour of their wives getting treatment, the funds are not availed to them.

Religious beliefs

Some people are restricted from obtaining medical treatment, ARVs inclusive because of their beliefs. They expect miraculous healing instead.

Violation of Human Rights

This may occur when children who are infected with HIV, are not told of their infection and therefore the reason as to why they are subjected to ARVs. The causes of failure to disclose may be due to

- Lack of communication skills by the parents or carers to disclose the nature of the illness to the child.
- Failure on the part of the health workers to devise means of early disclosure, the child may ask 'Why am I taking the drugs?'

Other factors: Alcoholism and domestic violence

What Promotes Adherence?

- Knowledge about the ARVS and regulation of taking the drugs
- Disclosure
- Self control/supervision
- Treatment supporter
- Accepting one's sero status
- Accepting to Change behavior (Positive living)
- Income generating project
- Peace I and harmony in a home.
- Availability of ARVS and other services related to HIV/AIDS

TOPIC 16: INTRODUCTION TO DISCLOSURE OF HIV SERO-STATUS

Introduction

Disclosure of HIV sero status is the key entry point to HIV prevention and care. Through disclosure there is HIV/STI risk reduction, care and support services from the family members, community and health care providers.

Meaning of disclosure

In relation to HIV and AIDS, disclosure is a process where a client reveals his/her HIV sero status to partner, household members and significant others.

The Types of disclosure

1. Self disclosure

This is where the client informs the sexual partner, household members and significant others about his/her Sero status by him/herself.

2. Supported disclosure

This is where the client discloses his/her HIV status with the help of others like counselor, friend, trusted and respected family member, religious person.

Benefits of disclosure

- Basis for risk reduction planning

- Reduces transmission in case the partner is negative (according to CDC findings 2005)
- Among HIV – infected adults, knowing status is associated with 64% reduction in risky sexual behavior
- Encourages condom use which is associated with 80% reduction in transmission
- Promotes adherence to ART
- Promotes VCT
- Enables clients to access social support
- Helps stop the spread of HIV
- Access to prompt and proper medical care
- Relief from burden of not disclosing
- Entry point to psychosocial support from the community
- Coping mechanism for clients
- Reduces stigma

LEVELS AND PROCEDURES OF DISCLOSURE

Whom to tell

- This calls for prioritization.

What to say

- Think about what to say and exactly how you will start
- Practice saying them out loud to yourself or counselor
- Be specific and straight forward

Where to disclose from

- Do it in a comfortable private place where no one will over hear you
- Where no one will interrupt you
- Don't be too far away from others so that you can get help if you need it

When to tell

- When you will have enough time to say everything you need to say.
- When you will have enough time for that person to respond and ask questions
- When both of you are in good mood and with a settled mind.

How to tell

- Use clear and simple language
- Eye contact, confidence, calmness
- Have prepared answers for anticipated questions

- Listen objectively for the concerns of the person/persons being disclosed to.
- Avoid blaming others when disclosing
- Observe the body language

Challenges of Disclosure to the client

- Fear of stigma and discrimination
- Fear of blame and rejection
- Fear to lose partners
- Fear of violence
- Lack of negotiation skills
- Loss of confidentiality
- Fear of the unknown hurting their children
- Lack of skills to handle outcome, e.g. reactions and questions
- Failure to face worries about their children's future.

HIV DISCLOSURE ISSUES FOR CHILDREN

Introduction

Parents and carers often find it very difficult to be open about the presence of HIV in the family to other adults. It can be even more difficult to be open with their children. Parents and carers need to be aware that telling children about HIV in the family is a process that involves:

- Improving communication so that children become used to talking about sensitive issues at home.
- Assessing each individual child, what they need to know, what they can cope with and then gradually giving information to child in bits based on child's level of understanding.

What is Disclosure?

- A positive parent sharing his/her HIV sero positive status with the children.
- Sharing a child's positive status with the child.

Benefits of Disclosure (A parent sharing his/her status with the child).

- Relief from questions.
- Support from the children.
- Enhances understanding.

- Entry point for continued sharing and disseminating further information.
- Planning together.
- Builds trust and confidence of the child in the parent – in most cases the children are already suspicious.
- Helps them to take the necessary precaution in taking care.
- Prepares the child for the time when the parent will be sick and for the likely death.
- Promotes confidentiality.

Likely challenges and fears by parent/carers

- Fear of stigma & rejection, especially by their own children.
- Fear of blame, shame and guilt
- The emotional pain involved in seeing one's child hurt and the feelings of powerlessness.
- Failure of the child to cope with the news.
(e.g. Deterioration at school, depression and withdrawal).
- Fear of breaking down and showing their own emotions in front of the children.
- Finding it hard to face their worries about the children's future.
- Not knowing how to answer the children's questions.
- Child failing to keep the information confidential.

Important issues to take into consideration

- Age of child and your personal judgment of the child.
- Assess how much the child knows about the disease.
- Get an appropriate entry point for example when the child asks a related question.
- Prepare the child, share information in bits.
- Seek support from an experienced counselor.
- Consider the likely reactions and how you might deal with them.
- The earlier a person thinks of doing it the better and easier.

What should be prepared?

- Assess the child's understanding of HIV/AIDS issues.
- How exactly to begin.
- What to say.
- How to handle the likely reactions and questions.
- How to handle your own feelings and reactions during the process of disclosure.

Tips For Community Counselor Assistants on Supporting Family Carers on opening up with children.

- Listen and respond to their worries and emotional pain.
- Help them decide how to begin to talk with their children.
- Teach them communication skills so that they can assess what their child knows and needs to learn more about.
- Help them decide when and how to tell their children painful and sensitive information.
- Support them as they struggle to come to terms with the difficulties they face.
- Support them in the decision they make, even if you do not agree.
- Know your own limits. Refer to more experienced personnel whenever necessary.

Community Counselor Assistants Tasks

- Sensitize peers and community members on the importance of disclosure.
- Discuss benefits, challenges and tips on disclosure.
- Make referrals to more experienced counselors to support difficult clients in disclosure.

Key messages

- The parent is the best judge of whether to tell child or not
- Support should be given to a person who choose not to disclose, as one may think different later.
- Disclosure is very challenging for the parents/carers.
- If done well it can greatly benefit the parents and the children.
- NSAs therefore should support peers and caretakers in considering disclosure.

TOPIC 17: POSITIVE LIVING IN HIV INFECTION

Purpose *To equip participants with knowledge on the concept of Positive living*

Positive living is a concept, in which a person develops a positive outlook towards his/her life and that of the others. It entails taking care of your health and emotional well-being in order to enhance your life and live longer. It is adopting practices and lifestyles that aim at reducing the transmission of HIV and improving quality of life. In short positive living means living responsibly with HIV. People with HIV infection can improve or strengthen their immunity through the following:

1. PHYSICAL CARE

Personal hygiene

Maintain cleanliness of the body, clothing and beddings.

Environmental hygiene

- Keep clean: the house, its surroundings household utensils to keep away flies in order to prevent diarrhoea.
- Keep clean and cover food properly.
- Destroy breeding places for mosquitoes and sleep under a mosquito net to reduce episodes of malaria.
- Drink boiled water.

Physical exercise and rest

Exercise the body by doing light work; recreational activities or continuing with normal socio-economic activities as and according to the person's ability. Rest in between work and sleep at least 8 hours a day.

Positive behaviour practices

Avoid drinking alcohol and smoking cigarettes or drugs. They weaken the lungs, heart and the brain. Practice safer sex by either abstaining or using a condom accurately and consistently.

2. NUTRITIONAL CARE

Eat fresh foods and try to ensure that each meal has a combination of food values of protein (animal and plant foods); vitamins (fresh fruits and green leafy vegetables and avocado); energy foods such as cereals, plantain, potato and yam. Always try to eat meals at regular times.

3. MEDICAL CARE

- Seek prompt medical care for every illness (Opportunistic Infections) and from medical practitioners.
- You should take two tablets of septrin everyday for life. This drug is cheap and easy to get. Septrin prolongs life, prevents malaria, diarrhoea and other illnesses and saves money by improving health and reducing the need for clinic visits and hospitalizations to treat opportunistic infections.
- You should be evaluated for TB at your nearest health centre.
- You should sleep under a bed net to prevent malaria.
- To prevented diarrhoea, you should boil your drinking water or use safe water vessel.

4. PSYCHOLOGICAL CARE

Counselling and Psychological Adjustment

Always seek counselling to help cope with issues as they arise.

It is important to accept the fact of being infected with HIV. Have the will to live and look at the future with hope. Blaming oneself and others for your situation will not solve anything. Grieving over the situation renders a person helpless and lowers their self-esteem. It is good to maintain hope for the best in life.

5. SPIRITUAL CARE

A person with HIV infection may at one time seek spiritual counselling. In such a case, the person should be given chance to have the counselling the way she wishes. Spiritual counsellors should take precautions not to use judgmental language. Prayers and praises should not relate to sorrow but should instil hope unless otherwise requested by the client. In addition the counsellor should force his religious values on the client.

Fellowshipping

This involves engaging in constructive social gatherings like church groups, women groups, games, clubs, post test clubs, choirs and drama clubs, day centers etc. A part from keeping the person active, fellowshipping up-lifts the person and increases their self-esteem. The person with HIV learns certain coping mechanisms from others in a similar situation. This gives him/her additional strength to carry on.

TOPIC 17: HIV BASIC CARE PACKAGE

Purpose: To describe the components of the basic care package for People Living With HIV/AIDS.

The basic care package is a set of simple approaches/interventions that will improve on the quality of life of HIV/AIDS patients focusing on preventive measures. This is very important because access to good clinical care including diagnosis, treatment and health education remains an option so limited to people living in resource constrained settings.

The components of the basic care package include the following:

1: Co-trimoxazole prophylaxis

Prophylaxis with Co-trimoxazole has been shown to be effective in preventing a number of common illnesses in HIV/AIDS patients. The Ministry of Health recommends that adults and children who are HIV positive be given cotrimoxazole daily. It further clarifies that all children from 6 weeks of age born to HIV positive mothers should receive cotrimoxazole till they are confirmed to be HIV negative. As per policy today, cotrimoxazole should be taken for life in both adults and children with proven HIV infection. Patients allergic to cotrimoxazole should be put on alternatives like dapsone.

Key message to clients:

- “Septrin will help you stay healthy and not get sick from malaria or diarrhea”
- “Remember to take two tablets every day at the same time and it will help you stay healthy, so you won’t need ARV’s soon.”

2: Safe water, Hygiene and sanitation

Due to the immune suppression caused by HIV, diarrhea is 4 times more common among children with HIV and 7 times more common among adults with HIV than their HIV –negative household members. Therefore it is very important to make your water safe for drinking to avoid diarrhea.

Safe drinking water will enable a reduction in diarrhea and other water borne diseases among both the HIV negative and positive people. This should be coupled with proper hand washing after visiting the toilet, when going to eat and proper and safe disposal of human and animal excreta.

3: Insecticide- Treated Mosquito Nets (ITNs)

Malaria is the number one cause of illness and death in Uganda, especially among both adults and children with HIV/AIDS. Thus persons with HIV are recommended to sleep under insecticide treated mosquito nets to prevent malaria.

4: Nutrition

Provision of micronutrients and vitamin A:

People with HIV are more predisposed to suffer nutrient deficiencies than the negative. More often malnutrition is a major problem for people with HIV.

Eating well is the first step for a patient to take good care of their health because nutritious foods help to build a strong immune system, which enables the patient to fight diseases.

5. TB Screening and Management

Tuberculosis is one of the common causes of death in people with HIV worldwide. HIV infection increases likelihood of new tuberculosis infections. In a person infected with HIV, the presence of other infections, including TB, allows HIV to multiply more quickly. This may result in more rapid progression of HIV infection.

Most important symptoms related to TB infection

- Cough lasting more than 3 weeks and not responding to usual antibiotic treatment.
- Production of purulent, sometimes blood- stained sputum.
- Evening fevers.
- Profuse night sweats.
- Weight loss >10%

You should refer anybody identified in the community with the above signs, to a nearby health unit for further investigations. Half of Ugandans who have TB also have HIV, it is very important that everyone with TB gets tested for HIV.

6: Positive Prevention (PP)

Prevention With Positives refers to activities with PHAs to reduce primary (new infections, maintain well being, delay disease progression, reduce vulnerability to the different risks. That is safe guarding the HIV positive person from from opportunistic infections.

This also refers to prevention interventions targeting individuals who have already tested positive for HIV and may be at risk of transmitting HIV to sexual partners and unborn babies.

1. **Appropriate referrals** for ANC, PMTCT, and Family planning & ART care services

TOPIC 18:
COMMUNITY MOBILIZATION, PARTICIPATION AND EDUCATION

Purpose:

COMMUNITY MOBILIZATION

Community mobilization is one of the oldest activities that have been used effectively in reaching the community. To date there has been a gap that has been identified between the community and service providers. Community support is essential in facilitating comprehensive and sustainable care to People infected and affected by HIV/AIDS.

Community mobilization: This is a process in which people work together to overcome problems and gain more control over their lives. It is an active participation and involvement of communities in issues that affect their lives.

Community mobilization in other words is a process of bringing people together for a desired purpose as individuals or groups plan, organize participate and evaluate their activities for self reliance and sustainability.

Importance of community mobilization

- Brings people together
- It facilitates work to be done
- People learn from each other.
- People realize the need for collective effort
- Saves time and money
- It builds a sense of belonging
- Yields results in a short time

When to mobilize?

Mobilization is an ongoing activity aimed at keeping people informed, interested and involved.

Qualities of good mobilizer

- Good communication skills
- Trustworthy
- Enthusiastic
- Hardworking

Steps to follow in community mobilization

- Getting to know the community and the community getting to know you.
- Getting to know the problems and the resources in the community
- Sensitizing the community about their own needs and problems
- Assisting the community to accept the need for change
- Developing a community response to change the existing norms
- Conduct a pre-visit to the leaders at all levels.
- Get to know the local leaders and they get to know.
- Organize sensitization meetings with local leaders including church leaders.
- Plan future meetings and initiatives with stakeholders.

Factors to consider when entering the community

- Community structures
- Proper timing
- Appropriate target
- Move at the community's' pace
- Good approach (rapport)

COMMUNITY PARTICIPATION

Community participation refers to the process by which community members are empowered to take part in:

- Planning
- Decision making
- Identification and prioritizing of the problem
- Implementation, monitoring and evaluation

Importance of community participation

- Creates ownership of the program
- Enhance sustainability
- People value the contributions
- Builds the capacity of community

Factors that promote community participation

- Good leadership
- Good planning
- Clear understanding of the project goal, objectives and different roles of stake holders
- Adequate knowledge, attitudes and skills of the community

Factors that hinder community participation

- Lack of transparency
- Poor leadership
- Higher expectations
- Failure to involve community members
- Poor planning
- Disrespect towards community members

Methods of community mobilization, their advantages and limitations

Method	Advantages	Limitations
1.Drumming	<ul style="list-style-type: none"> • People understand the message • culturally oriented • affordable • Information travels fast • Does not discriminate 	<ul style="list-style-type: none"> • May not be loud enough • Needs a skilled person to drum appropriate message • Deaf are left out • The interpretation of the drumming differs from culture to culture.
2.Posters	<ul style="list-style-type: none"> • If well placed the message travels fast. • If left in position keeps reminding people. 	<ul style="list-style-type: none"> • Easily destroyed by rain, sun and malicious people. • Leaves out the illiterate people if it requires reading. • The blind are left out.
3.Announcements	<ul style="list-style-type: none"> • People are sensitized • News travels fast. 	<p>There maybe language barrier The message may not be heard if transmitter is not audible. Expensive Message may be distorted The deaf may left out</p>
Letter writing	<ul style="list-style-type: none"> • Attracts responsibility and respect • Gives exact message • Can be stored 	<ul style="list-style-type: none"> • Letter may not reach. • Quite expensive • Delivery may be forgotten • If one is illiterate it becomes useless
Home visiting	<ul style="list-style-type: none"> • Gives first hand information • Affordable • One is sure message has been delivered. 	<ul style="list-style-type: none"> • Very tiring • Time consuming • Some people hide • Possibility of hostile reception
Mass media	<ul style="list-style-type: none"> • Message travels far • Message may reach quickly • People may respond quickly 	<ul style="list-style-type: none"> • Very expensive • People may not be listening • Accessibility may be limited • Language barrier • No secrecy

Opportunities for community mobilization

- Church gatherings
- Club meetings
- Social gatherings
- Funerals
- community meetings

Challenges of community mobilization

1. Leaders not being supportive to the program/activity	
2. People do not keep time for meeting	
3. Community members are divided	
4. Religious/ political differences	
5. Transport to far and difficult locations	
6. Poor planning	
7. Timing	
8. Attitude	
9. Political/religious biases	
10. Dysfunctional community organization	
11. Past bad experience	
13. Corrupt leaders, bad leadership	
14. Insecurity	
15. Diversity of interests (competition for attention)	
16. Rumors, Poor approach, Poor communication	
17. Lack of trust(credibility)	
18. High expectations	
17. Lack of trust(credibility)	
18. High expectations	

COMMUNITY EDUCATION

Community education is one of the key methods used to pass information to the communities. Due to its effectiveness it has been identified as one of the methods to be used in disseminating HIV/AIDS messages to the communities.

Community education deals with sensitizing and educating people at the grass root.

1. Importance of community education

- a. To promote HIV prevention
- b. To integrate the PHA in community activities
- c. To disseminate information and sensitize communities on HIV/AIDS
- d. To bring peers together to share experiences
- e. To support communities
- f. To support other programs

2. Methods used in community education

- Story telling
- Question and answer
- Role playing/dramatization
- Group discussions (Brain storming, large groups, small groups)
- Illustrations
- Demonstrations
- Buzzing
- Discussion

3. Qualities of a good community educator

A good community educator should:

- Be knowledgeable
- Be time conscious/punctual
- Be a good listener
- Be flexible: appreciate participant's contributions (avoid the Mr. know all syndrome)
- Be audible
- Gauge the time span of participants
- Understand the participants' level of understanding
- Be respectful
- Be patient

4. Factors that hinder effective community education

- *Posture*
 - The way you stand or sit affects your delivery of information
 - Face the participants
 - Move closer to the participants
 - Do not stand in one position, but also avoid unnecessary movements
 - Avoid communication while you are seated.

- *Speech mannerism*
 - Avoid questions such as: "You get?", "You understand?", "Are we together?", "Okey?" etc.
 - Use the right/appropriate tone
 - Be audible and clear enough
 - Use simple language
 - Use meaningful and appropriate body and facial expressions.

- *Dress code*
 - Dress appropriately
 - Do not over dress, try to match yourself with the participants

- *Writing small letters insensitivity to colours*
 - Write big and clear letters
 - Use appropriate colours that are friendly and can be readable by adults; avoid use of too much green and red

- *Body language that expresses a bad attitude towards participants*
 - Avoid body and facial expressions that show: disgust, hatred, disrespect, etc. of the participants.

- *Insensitivity to participants' level of understanding*
 - Assess the participants level of understanding
 - Use appropriate pace to enable participants make a follow up.

Community Counselor Assistants Tasks

- Talk to the community support structures that already exist about key issues in HIV/AIDS.
- Sensitize and educate the communities and peers on HIV/AIDS.
- Conduct home visits.
- Provide updated information.
- Link members of the community to service provision.
- Be a role model within your community.
- Keep confidentiality.
- Be available to peers and communities.
- Talk to the community support structures that already exist about key issues in relation to HIV/AIDS.
- Make follow up on peers and other members of the community regarding the HIV/AIDS programmes

TOPIC 19: RECORD KEEPING

Introduction

Record management is important in community work as well. It helps in establishing the starting point of any activity. It provides information for follow up of children's welfare, provides accountability and keeps track of activities done by the children leaders in the communities. In so doing, quality is also observed.

Meaning of record keeping

A preserved or permanent account especially in writing of facts, events,

Importance of record keeping

- Records help us to monitor and evaluate progress.
- Records help to show others who may be interested in the programme what activities have been done.
- They help us remember what we have done.
- Follow up
- Best practices
- Accountability and Planning

Methods of record keeping

- Report writing
- Documentaries
- Filing
- Stores
- Library

Challenges of Record Keeping

- Can be eaten up by rats, termites
- Computer virus which destroys records
- Inadequate equipment
- Lack of knowledge on record keeping
- Laziness in record keeping
- Poor organizational structures hinder proper record keeping
- Lack of record keeping tools
- Poor reading culture

Characteristics of a good report

- concise and precise
- Straight to the point
- short sentences
- clear to the reader
- Simple language
- Flow of ideas
- Interesting to the reader
- Target the readers attention
- Should be timely
- Should be time bound

Tasks of a Community Counselor Assistant

- Write simple and reliable reports.
- Keep records
- Update records.
- Share information.
- Utilize information

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