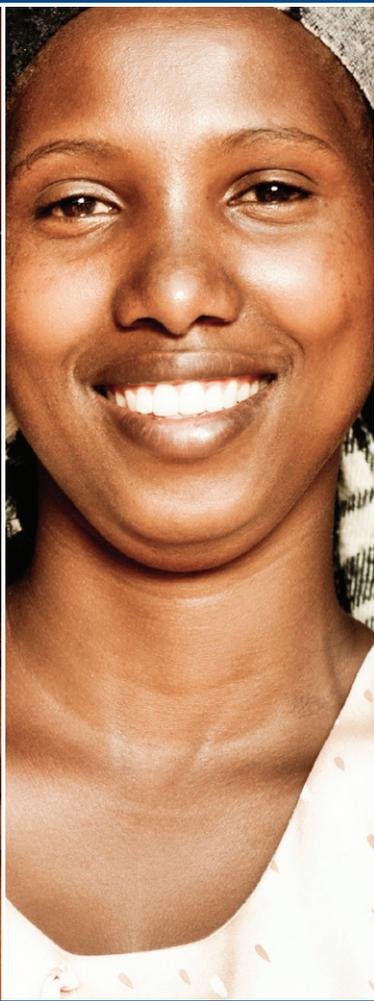


HIV-MARPs Peer Education Communication Guides



USAID
FROM THE AMERICAN PEOPLE



BATSWANA AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS

These Peer Educator Communication Guides were developed to provide sex workers and their clients, mobile populations, and men who have sex with men (MSM) with the information and skills needed to reduce their risk of HIV infection in an interactive and user-friendly format. The guides were developed to fill a critical information gap by providing relatable information or skills appropriate for populations engaging in multiple high-risk behaviours. Each guide presents key information on a specific topic to help peer educators deliver correct and up-to-date information to key populations through an interactive and casual format appropriate for outreach.

How to Use This Guide

This guide is a collection of cards that contain exercises peer educators can use to provide information and skills to reduce risk for contracting and/or transmitting HIV. These portable cards are organized by topic and can be used in any order. Peer educators are encouraged to select the topics and exercises that best suit your groups'/participants' needs, your objectives, and available time you have for your interaction. Each activity is designed to encourage discussion, so none of the exercises should be given as a lecture.

Do your best to encourage participants to have fun with the activities. Once you have completed an activity, be sure to use the questions that follow to check whether participants have understood the key messages. Many cards have sources of additional information or support in a light blue box on the side. Others have graphics or illustrative drawings that should be used in conversations to demonstrate the ideas being discussed. Aim to use at least one card per outreach as time allows.

For additional information about accessing services mentioned in these cards, contact any of the following organisations:

In Selibe-Phikwe

- Tapologo Clinic
Tel-267-2615576
- Silence Kills Support Group
Tel-267-2622317

In Francistown

- Kagiso Clinic
Tel-267-2411935
- Matshelo Community Development Association
Tel-267-2410295

In Kasane

- Weighbridge Clinic
Tel-267- 6250799
- Tebelopele Testing Centre
Tel-267-6250488
- BOFWA
Tel-267-6252253

In Gaborone

- BCC/Kgolagano
Tel-267-3170432
- BOFWA
Tel-267-3900489

In Tlokweng

- Nkaikela Youth Group
Tel- 267-3911029

This communication guide was made possible by the support of the American people through the U.S. Agency for International Development (USAID), Botswana HIV-MARPs Project, Task Order No. GHS-I-02-07-00005-00, led by RTI International under the Population, Health, and Nutrition Technical Assistance and Support Contract (TASC3).

The opinions expressed in this publication do not necessarily reflect the views of USAID or the United States Government.

HIV and AIDS

SESSION OBJECTIVES

1. Identify major modes of HIV transmission
2. Discuss how the organisms can enter the body
3. Identify who should be tested for HIV and how often
4. Discuss what it means to be infected with HIV
5. Clarify myths and misconceptions



METHOD

Quiz

Ask participants the following questions and allow them to come up with the answers. Probe for more if applicable. Provide the correct answers if they are not given.

1. What are the three major routes of transmission of HIV?
 - ***Unprotected sexual intercourse with an HIV-infected person, when semen or vaginal secretions containing the virus come into contact with the soft internal surfaces of the vagina, anus or penis. Sometimes there are very small tears and cuts on these surfaces, which give HIV a chance to mix with the blood or attach itself to white blood cells (N.B., includes unprotected sex where there has not been any ejaculation);***
 - ***Direct injection or transfusion with HIV-contaminated needles, syringes and infected blood or blood products; and***
 - ***From an HIV infected mother to her child during pregnancy, childbirth or breastfeeding.***
2. Name six pathways or openings on the body through which HIV can enter and infect a person.
Mouth, Vagina, Anus, Penis, Urethra and Cuts in the skin.
3. Are there any specific symptoms specific and unique to an HIV infection?
No, but some people briefly develop some flu-like symptoms a few days to a few weeks after infection by HIV.
4. How can you know if you've been infected with HIV?
The only way to detect HIV infection is through an HIV test, which should



USAID
FROM THE AMERICAN PEOPLE



BATSWANA AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS

include counselling before and after the test.

5. When should a person get tested for HIV?

A person who has recently had sex without a condom or who has injected drugs should get an HIV test, whether or not he or she develops flu-like symptoms.

6. How often should a person get tested for HIV?

If a person has sex without a condom, or injects drugs regularly or suspects they may have been exposed to HIV, they should be tested every 3 months.

7. Can you get HIV from toilet seats, handshakes, massaging, mosquito bites or from sharing someone's toothbrush?

No.

8. Can a person with HIV become re-infected?

Yes, a person who is already infected can become re-infected, which can lead to an increase in viral load or infection with a different strain of HIV.

9. Is a person who is HIV positive more likely to infect others than a person who has AIDS?

A person who is newly infected is more likely to infect others than one who has been positive for a long time.

10. Can a person who is HIV positive live many years looking just like a person who is HIV negative?

Yes

11. Does a person with AIDS look and feel sick?

Not necessarily.

12. Can infections and diseases that develop as a result of HIV be cured?

Yes, these are called opportunistic infections, and most can be cured.

13. Is there a cure for HIV?

No, while doctors and scientists are working hard to find one, there is currently no cure for HIV.

14. Can a person living with AIDS become healthy after other infections and diseases are treated?

Yes

15. Do people living with HIV have to make important changes in their sex lives?

Yes, if you are HIV positive you need to be extra careful not to become re-infected, and not to infect others. This means using a condom each and every time you have sex.

16. Do HIV-positive people need to take extra care not to pick up other infections?

Yes, if you are HIV positive, your immune system, which fights off disease in your body, is weaker than that of people without HIV, so it is easier to pick up other infections.

Did everyone understand? Ask

- Are there any other questions?

This communication guide was made possible by the support of the American people through the U.S. Agency for International Development (USAID), Botswana HIV-MARPs Project, Task Order No. GHS-1-02-07-00005-00, led by RTI International under the Population, Health, and Nutrition Technical Assistance and Support Contract (TASC3).

The opinions expressed in this publication do not necessarily reflect the views of USAID or the United States Government.

Sex

SESSION OBJECTIVES

To explore the risks for HIV transmission through various forms of sexual interaction.



METHOD True/False Quiz

- Engaging in anal sex without a condom is a higher risk activity than any other sexual behaviour. **True.** *The walls of the anus and rectum are thin and have many blood vessels that can be injured during anal sex. HIV-infected semen can be easily absorbed through these thin walls and into the bloodstream. Injured tissue in the anus and rectum can expose the penis to blood containing HIV.*
- The risk of getting HIV by rimming (licking the anus) is very low—but this kind of sexual contact comes with a high risk of transmitting hepatitis A and B, parasites, and other bacteria to the partner who is doing the rimming. **True.**
- Oral sex can spread STIs, like gonorrhoea and Chlamydia. **True.**
- Having your partner pull out before he ejaculates (cums) during anal sex is an effective method of HIV prevention. **False.** *HIV has been found in pre-ejaculatory fluid.*
- The risk for transmission is increased if you currently have another STI or vaginal infection. Many STIs and vaginal infections are “silent”—meaning you don’t have any symptoms, so you may not be aware that you are infected. **True.**

Female risk for HIV during different sex acts

Oral sex	0
Vaginal sex	10x
Anal sex	50x

Male risk for HIV during different sex acts

Oral sex	0
Vaginal sex	5x
Anal sex	
Insertive	6x
Receptive	50x



USAID
FROM THE AMERICAN PEOPLE



BOTSWANA AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS

Smith, D., L. Grohskopf, R. Black, and E. Al. 2005. Antiretroviral post-exposure prophylaxis after sexual, injection-drug use, or other non-occupational exposure to HIV in the United States: Recommendations from the US Department of Health and Human Services. *MMWR Recomm Rep.*, 1–20.

- It is important to use plenty of water-based lubricant with a latex, polyurethane, or polyisoprene condom when engaging in anal sex. **True.** *This will help to minimize damage to the rectum during sex and to prevent the transmission of STIs including HIV.*
- Your risk of contracting HIV during oral sex is reduced if your male partner does not ejaculate (cum) in your mouth, and if you do not have open sores or cuts in your mouth. **True.**
- Inserting powders or objects into the vagina to make it dry and tight is harmless. **False.** *Drying agents can cause lower-abdominal pain, vaginal swelling, cuts or abrasion, internal bruising, itching, male and female genital sores, pain during intercourse and internal infections.*
- Female condoms DO prevent against HIV infection, if you use them correctly and consistently. **True.**
- It is possible for blood and other fluids containing HIV to infect the cells in the urethra of the penis during anal or vaginal sex. **True.**
- There is no risk of contracting HIV when performing oral sex on a woman. **False.** *HIV has been found in vaginal secretions, so there is a risk of contracting HIV from this activity.*
- Having sex without lubrication or where lubrication has been intentionally reduced is a low-risk activity for contracting HIV? **False.** *Dry sex is an extremely high-risk activity. It is possible that lesions (cuts) caused by dry sex could increase the risk of HIV transmission, as they are likely to promote the passage of pathological organisms that cause AIDS.*

Did everyone understand? Ask

- Is anal sex a high-risk activity in terms of HIV transmission for both men and women? **Yes.**
- Can you get an STI through oral sex? **Yes.**
- Is dry sex a high-risk activity? **Yes.**
- What is the best way to protect yourself from an STI, including HIV?
Correctly using a condom every time.

Sero-sorting

This is a strategy where HIV negative men or women may choose to only have sex with HIV-negative partners or HIV-positive people may choose to have sex only with HIV-positive partners. For those who are HIV-positive, this strategy removes worry about infecting someone who is negative.

The problem with sero-sorting is that many do not know their HIV status, might be in the window period if they have taken an HIV rapid test recently, or may lie to prospective partners about their status in order to avoid rejection or to manipulate a partner into not using a condom.

It is important that people who are HIV-positive be informed of the risks of STIs, and be encouraged to continue using condoms and water-based lubricant regardless of the status of their partner.

From: MSM in your pocket - sexual health care for men who have sex with men, Version 2.0 published 2011, Anova Health Institute.

This communication guide was made possible by the support of the American people through the U.S. Agency for International Development (USAID), Botswana HIV-MARPs Project, Task Order No. GHS-I-02-07-00005-00, led by RTI International under the Population, Health, and Nutrition Technical Assistance and Support Contract (TASC3).

The opinions expressed in this publication do not necessarily reflect the views of USAID or the United States Government.

STIs

(Sexually Transmitted Infections)

SESSION OBJECTIVES

1. Identify the signs and symptoms and mode of transmission of common STIs
2. Discuss what to do if you suspect you may have an STI
3. Discuss methods of preventing STIs



METHOD

True/False Quiz

Tell participants you are going to read a series of statements. Tell them to respond **True** if the statement is true, and **False** if it's false. Encourage discussion. Be sure to provide the correct answer for each question if it isn't provided by participants.

- STIs are infections that are transmitted from one person to another during sexual intercourse. **True.**
- STIs promote HIV transmission and increase the chances of HIV infection. **True.**
- If you have an STI you will definitely know it. **False. Many people with STIs have no symptoms. Get tested regularly.**
- Drinking alcohol increases your risk of contracting an STI, including HIV. **True. Drinking clouds your judgment and increases the chance you will use a condom incorrectly, or not at all.**



Image shows an open sore near the genitals that is caused by bacteria called chancroid (pronounced Shang-kroid).

Source: DHHS/CDC, Public Health Images Library (PHIL), <http://phil.cdc.gov/phil/home.asp>

- Preventing STIs will reduce your risk of getting HIV. **True. STIs can cause sores, which can make it easier for HIV to enter your bloodstream.**
- The most common STIs can be prevented and treated. **True. If you suspect you have an STI, seek care from a qualified health worker.**
- Most STIs can be treated without medical assistance. **False. At the first sign of symptoms, seek medical assistance.**
- You can't get an STI from oral sex. **False. Several STIs are transferrable through oral sex.**
- Once you start feeling better you can stop taking your prescription. That way you can save your pills for another time you may need them, or to share them with a friend. **False. Even though you may be feeling better, you need to complete your entire prescription to kill the whole infection. You should never share your prescription with a friend. They may not have the same disease, or they may have medical conditions that you don't know about.**

Did everyone understand? Ask

- What are some symptoms of STIs? **See box at the right.**
- How are STIs transmitted? **Through sexual intercourse.**
- What should you do if you experience any of these symptoms? **Go to health facility for appropriate treatment.**
- Are you at higher risk of contracting HIV if you have an STI? **Yes.**
- Is it ok to share your medication with a friend who is experiencing the same symptoms? **No.**

Symptoms of STIs

In Men

- Sores, ulcers, blisters, small hard lumps or rashes on or around the sex organs
- Burning sensation while passing urine, frequent urination
- Discharge or “leaking” from penis
- Discharge from the anus.
- Swelling in the scrotum (bag with balls or testicles) and in the groin area
- Itching around sexual organs
- Fever that may be accompanied by general aches and pains
- Sore throat in people who have oral sex may indicate an STI
- Pain in and around the anus for those who practice anal sex

In Women

- Discharge or “leaking” from the vagina
- Sores, ulcers, blisters, small hard lumps and rashes in and around the sex organs
- Pain, itching, burning, swelling in and around the vagina
- Lower abdominal pain
- Frequent urination
- Pain during sex

This communication guide was made possible by the support of the American people through the U.S. Agency for International Development (USAID), Botswana HIV-MARPs Project, Task Order No. GHS-I-02-07-00005-00, led by RTI International under the Population, Health, and Nutrition Technical Assistance and Support Contract (TASC3).

The opinions expressed in this publication do not necessarily reflect the views of USAID or the United States Government.

Correct, Consistent Condom Use

SESSION OBJECTIVES

1. Discuss consistent condom use
2. Demonstrate how to use female and male condoms
3. Discuss correct condom use

METHODS

Demonstration/Discussion

Be sure to mention

- You must use a new condom with every sex act.
- Condoms are only effective when used consistently and correctly.
- Using double condoms increases the risks of condoms breaking, leaving you unprotected. Never use double condoms!

How to Use a Female Condom

Check the expiry date which is stamped on the front or on the side of the packet. Spread the lubrication inside around by rubbing the packet with your hands).

To open the packet, tear straight down from the top and remove the condom.

Do not use scissors, a knife or your teeth to open it.

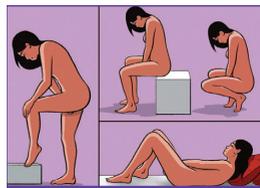
The inner ring at the closed end is used for insertion and to help hold the sheath in place during sex. (continue at right)



How to Use a Female Condom (continued)

Hold the inner ring between your thumb and forefinger. Then squeeze the sides of the inner ring together to form a point. (See illustration at left bottom.)

Choose a position that is comfortable for insertion (you can squat, stand, sit or lie down).

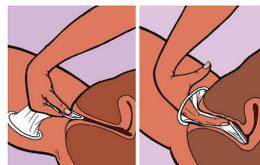


Feel for the outer lips of your vagina and spread them.



Use the squeezed inner ring to gently push the female condom into your vagina.

Slide your index finger or middle finger inside the condom and push it in your vagina as far as possible, using the inner ring.



USAID
FROM THE AMERICAN PEOPLE



BATSWANA AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS

The Female Condom (continued)

A small part of the condom, including the outer ring, stays outside your body, partially protecting the lips of your vagina and covering the base of your partner's penis.

Hold the outer ring in place as your partner guides his penis inside the condom. Once his penis is inside the condom, you do not have to continue holding the outer ring.



To remove the female condom, hold the outer ring and twist it to keep the semen inside. Gently pull the condom out. Wrap it in a tissue or the empty packet and throw it away.



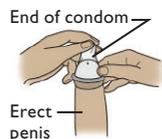
Source: Text and graphics courtesy of The Female Health Company <http://www.support.worldwide.org>

How to Use a Male Condom



Check that the package does not have a hole in it. If the package has no air in it, or feels oily on the outside, throw it away and get a new condom.

Carefully take the condom out. To determine which way the condom unrolls, place your finger in the tip and try to roll it down once. If it unrolls, it is right side up. If not, turn it over.



Pinch the end of the condom between two fingers of one hand to squeeze out



the air, and place it on the erect penis. (The penis must be hard.)



Unroll the condom using two fingers from your

other hand, right to the base of the penis while still pinching the tip of the condom.

Take the condom off after ejaculation but before the penis becomes soft.

Carefully remove the condom with tissue paper and discard it out of the reach of children.

Did everyone understand?

Ask

- Do double condoms make you safer?
No.
- Is it fine to wash out a condom and reuse it?
No.
- If you use a condom most times, you are still protected from HIV, right?
No, every unprotected encounter increases your risk of infection.
- **REMEMBER. No Condom, No Sex**

This communication guide was made possible by the support of the American people through the U.S. Agency for International Development (USAID), Botswana HIV-MARPs Project, Task Order No. GHS-I-02-07-00005-00, led by RTI International under the Population, Health, and Nutrition Technical Assistance and Support Contract (TASC3).

These materials have been cleared by the National Clearing House Committee.

The opinions expressed in this publication do not necessarily reflect the views of USAID or the United States Government.

HIV Testing and Counselling

SESSION OBJECTIVES

1. Discuss when someone should be tested for HIV
2. Explore some of the reasons people don't get tested
3. Discuss the benefits of knowing your status

METHODS

Story

Read the following story and ask the questions that follow. Encourage discussion on each question.

Tebogo is 22 years old and moved from her village to the city looking for work a year ago. She needed to send money back to her village to support her family, and she couldn't find a job, so she started working nights as a bar girl, and would often have sex for money. She always tried to use condoms, but sometimes she would run out of condoms, and often men would offer her more money if she would do it without a condom. She thinks it's possible she may have been exposed to HIV, but she feels perfectly healthy; she looks fine; and she feels she's too young to be sick. She's also afraid of a positive result.

Ask

- Should Tebogo be tested for HIV?
Yes.
- How often?
Every 3 months.



PHOTO: www.istockphoto.com



BATSWANA AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS

- Where can she go to get tested?
Ask participants where testing services are located in their area. If they don't know, tell them.
- Does it cost any money?
If they don't know, tell participants the cost, if any, for services.
- If Tebogo is positive, can she get treatment?
HIV is an entry point to care and treatment. The testing center will refer Tebogo to get follow-up care and decide if she is ready to start ARVs.
- What if she's positive, can she still continue with sex work?
She must be extremely cautious with all future sexual partners and always use a condom to avoid re-infection or transmitting the disease to someone else.
- If someone looks healthy can they have HIV?
Yes. You can't tell someone's HIV status by looking at him or her.
- If Tebogo tests negative, can she stop thinking about HIV?
No. Even if she tests negative, she should continue to get tested every three months.
- If Tebogo was your friend, what would you tell her to do?
This is an open question to encourage discussion on overcoming the fear of testing.
- Why should Tebogo get tested?
There are several reasons Tebogo should get tested. Discuss all the reasons shown in the box at left.

Did everyone understand?

Ask

- Who should be tested for HIV?
Anyone who has had sex without a condom or injected drugs.
- What are the benefits of knowing your status?
Early screening allows for earlier treatment. If you are positive, the sooner you know, the sooner you can take control of your life.

Why Get Tested for HIV?

- Early screening allows for earlier treatment. If you are positive, the sooner you know, the sooner you can take control of your life.
- If you test positive for HIV, you are in total control of who you tell. Testing is totally confidential and no one has the right to disclose your status to someone else unless you want them to.
- Avoiding testing does not mean you are avoiding being exposed to HIV. If you test positive, you will still be you. What is important is you will be better prepared to protect yourself and your partners, and to seek treatment so you can stay healthy.
- There is no cost for counseling and testing services in Botswana.

This communication guide was made possible by the support of the American people through the U.S. Agency for International Development (USAID), Botswana HIV-MARPs Project, Task Order No. GHS-I-02-07-00005-00, led by RTI International under the Population, Health, and Nutrition Technical Assistance and Support Contract (TASC3).

The opinions expressed in this publication do not necessarily reflect the views of USAID or the United States Government.

Sexual Violence

SESSION OBJECTIVES

1. Practice skills that will help protect participants from sexual violence
2. Discuss what to do in case of violence or rape

METHOD

Role-Plays

Select participants to act out each of the following scenarios of situations that could easily lead to violence. Ask them to try to resolve the situation in a safe, nonviolent way. Discuss each scenario and options on how to handle it to avoid violence and stay safe.

Scenarios

- 1** You are a sex worker, and you usually use condoms with your clients. A new client tells you he will wear a condom, but when you get started, he refuses and threatens you.
- 2** A policeman arrests you for loitering near a bar where you normally find work. He tells you he will take you to jail, unless you are able to pay a fine. The fine can be paid either in cash or with sex. You don't have enough cash.
- 3** One of your friends tells you about a client she had last night who beat her. She described him to you and told you to stay away from him. You see a man matching his description talking to another sex worker.

PHOTO: www.istockphoto.com



USAID
FROM THE AMERICAN PEOPLE



BATSWANA AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS



4 You have just finished having sex with a client, and now he's refusing to pay. You ask your friends to help you get the money from him.

5 You are about to have sex with a client and he starts pushing you around and raising his voice. You knew he was drunk, and you were nervous he might get violent, so you told your friends where you were taking him, and made sure they would be close by. You start to yell when he pushes you.

Be sure to mention

- Any form of violence is unacceptable, whether from a client, intimate partner, police officer or anyone else.
- Rape means that someone forces you to have sex without your consent. Rape is a crime and should be reported to the police.
- Men can be raped too, but these crimes often go unreported due to intimidation and shame associated with being anally penetrated.
- Always tell someone where you are and who you're with so they can find you if there is trouble.
- Avoid drinking too much alcohol. Alcohol clouds your judgment resulting in decisions that can put you in a dangerous situation.

Did everyone understand? Ask

- Is there ever a time violence is ok?
No, violence is NEVER ok.
- What should you do if you are hurt or raped?
Report it immediately to the authorities. If you are raped, do not shower. Go straight to the hospital for treatment. Ask about receiving PEP.
- Name one thing you can do to make yourself safer at night.
Always tell a friend where you are and who you're with.

Methods for reducing sexual violence

Forming associations or groups that can act as a protective "family". Groups can create rules that all members agree on, such as agreeing not to have sex without a condom.

Creating "broad sheets" – descriptions of the assailants, car makes and numbers, which can then be posted in common areas such as drop-in centers, clinics or housing areas or circulated to sex workers in contact with the group or project to enable them to look out for dangerous characters. This can also be done through SMS.

Creating a buddy system to look out for each other. Be sure someone always knows where you are and who you are with so they can help if there is trouble.

This communication guide was made possible by the support of the American people through the U.S. Agency for International Development (USAID), Botswana HIV-MARPs Project, Task Order No. GHS-I-02-07-00005-00, led by RTI International under the Population, Health, and Nutrition Technical Assistance and Support Contract (TASC3).

The opinions expressed in this publication do not necessarily reflect the views of USAID or the United States Government.

Alcohol and Substance Abuse

SESSION OBJECTIVES

1. Identify the relationship between alcohol and risky behaviour
2. Identify ways to reduce risks associated with alcohol use
3. Understand the risks associated with drinking alcohol and HIV infection.



METHOD

Picture Codes

Show each photo and ask the questions that follow. Encourage discussion.

- What is happening in this picture?
- What is his reaction after realizing he did not use a condom?
- What are the dangers of having sex while drunk?
- What does being drunk have to do with using a condom?

Key Message. *Know your limit and when to say NO and stop drinking before alcohol impairs your judgment. Drinking less alcohol or stopping drinking altogether can improve your health by allowing you to make better decisions for yourself.*

- What is happening in this picture?
- What risks exist for sex workers when they mix work with alcohol or drugs?
- How can mixing alcohol and drugs increase people's chances of contracting HIV?

Key Message. *Drinking alcohol while working can make your work environment more dangerous. Clients who are drunk are more likely to demand sex without condoms, refuse to pay after sex, use condoms incorrectly, and become abusive. Stay sober so you can protect yourself and your rights.*



USAID
FROM THE AMERICAN PEOPLE



BATSWANA AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS

- What is happening in this picture?
- What role did alcohol play in this scenario?
- Is this a common problem in your community?
- Do you think she would be better able to defend herself if she weren't also drinking?

Key Message. *Alcohol can lead to violence, abuse and rape. If you are a victim of sexual violence, report it to the authorities and seek medical help immediately.*



Photos in this fact sheet are from the Alcohol and HIV Picture Codes flipchart, created by C-Change Project and implemented by the FHI360 with funding from USAID/ Southern Africa. Available at http://www.c-changeprogram.org/sites/default/files/Alcohol_and_HIV_flipchart.pdf

Did everyone understand?

Ask

- How can alcohol use lead to increased risk of HIV?
People who are intoxicated lose their inhibitions and have impaired judgment, which can easily lead them to behaviours that might put them at risk for HIV. For the HIV positive, studies have shown that drinking can accelerate disease progression and contribute to poor adherence to ART.
- What does alcohol have to do with violence?
Alcohol use affects people's ability to process information, which can lead to misinterpretation of actions and an increased risk of violence. It can also increase a person's sense of personal power and control and cause him or her to attempt to exercise control over another person.
- How can you maintain a safer working environment?
Avoid drinking or doing drugs to the point of losing control, always tell a friend where you are and who you're with, avoid socializing with people who are excessively drunk, and report any abuse immediately to the police.

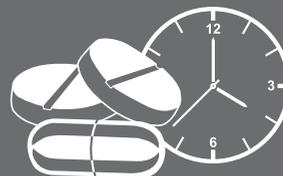
This communication guide was made possible by the support of the American people through the U.S. Agency for International Development (USAID), Botswana HIV-MARPs Project, Task Order No. GHS-I-02-07-00005-00, led by RTI International under the Population, Health, and Nutrition Technical Assistance and Support Contract (TASC3).

The opinions expressed in this publication do not necessarily reflect the views of USAID or the United States Government.

Opportunistic Infections and Referrals

SESSION OBJECTIVES

1. Explore symptoms of opportunistic infections (OIs)
2. Discuss tuberculosis (TB) in HIV patients
3. Learn how to provide referrals to available services



Opportunistic Infections¹

- People with HIV have a weakened immune system, and are more susceptible to catching any illness they are exposed to. Infections and medical problems affecting the respiratory system, central nervous system (brain), mouth and throat, stomach, genitals and skin are all common.
- OIs are treatable with proper medical care, and can be avoided with proper adherence to an antiretroviral therapy (ART) regimen.

OIs and TB

- About 50% of people living with HIV (PLHIV) will develop TB, a disease affecting mainly the lungs. Symptoms include a bad cough, continual fever, and weight loss.
- Like a cold, TB is spread through the air when infected people cough or sneeze. Living in close quarters to people with TB puts you at high risk of getting TB.
- With proper adherence to medication, TB is curable through a treatment that lasts 6–9 months. Like ART, adherence to your medication schedule for TB medicines is very important. Failure to take the correct dosage on time every day can lead to a deadly, resistant strain of TB that is no longer treatable.

¹ Adapted from I-Techs Africaid ARV Training for Nurses. (<http://www.go2itech.org/HTML/TT06/toolkit/curricula/index.html>)

Referrals²

METHOD: Role Play

- The following role-plays demonstrate situations where Peer Educators, friends, and family can help people access care, and act as advocates to prevent discrimination from health facility staff.
- Select participants to act out each of the following scenarios of people who are in need of HIV services, Discuss each scenario, what the perceived needs are of the individuals, and each of the questions that follow. Provide information on local medical and psychosocial services.

Scenarios

Thebe is a Peer Educator. He notices his friend Greg has been coughing a lot and is looking very thin. He is concerned that Greg is unhealthy, maybe with HIV and possibly TB. Greg admits he needs care, but doesn't know where to go or who to see. Thebe volunteers to take Greg to the doctor to be seen.

- What services does Greg need to access immediately?
- How can Thebe help him to access these services? (Escort him from doctors to labs and explain the tests and procedures being done. Act as a patient advocate for Greg to ensure he is not discriminated against.)

Lebogang tells her friend Ruth that she thinks she may have been exposed to HIV from a client who refused to use condoms. She wants to get tested, but the last time she went to the testing centre the nurses gave her a hard time because she is a sex worker. They refused to test her.

- What can Ruth do to help Lebogang receive the services she needs?
- Can Ruth go with Lebogang to get tested and provide emotional support?

Did everyone understand? Ask

- How would you help someone you knew who needed health care services?
- Do you know about all of the services in your area for PLHIV? Do you know what days the health facilities are open and their hours?

² Adapted from the Partners in Health Guide to Community-Based Treatment of HIV in Resource-Poor Settings. (<http://www.pih.org/library/the-pih-guide-to-the-community-based-treatment-of-hiv-in-resource-poor-sett>)

TB Screening Questions

- Has the person had a cough for 2 or more weeks?
- Has the person had night sweats for 2 or more weeks?
- Has the person lost 3 kg or more in the past 4 months?
- Has the person had fever for 2 or more weeks?
- Has the person had recent contact with another person with active TB?

If the person answers YES to any of these questions, he or she should go to the clinic immediately for a TB test.

If the person answers NO to all of the questions, she or he probably does not have TB.

This communication guide was made possible by the support of the American people through the U.S. Agency for International Development (USAID), Botswana HIV-MARPs Project, Task Order No. GHS-I-02-07-00005-00, led by RTI International under the Population, Health, and Nutrition Technical Assistance and Support Contract (TASC3).

The opinions expressed in this publication do not necessarily reflect the views of USAID or the United States Government.

Treatment Options

SESSION OBJECTIVES

1. Explore treatment options for those who test positive for HIV
2. Discuss when to start ART

METHOD Presentation

- ARVs are antiretroviral medications used to fight HIV.
- ART means antiretroviral treatment, including a combination of at least 3 different ARVs, used to fight HIV.
- ART is a lifelong commitment, meaning people have to take the medicines every day, at the same time of day, for their entire lives, even if they feel good.
- ART is not a cure for AIDS, and HIV can still be spread when taking ART.
- Traditional medicines may be able to help with some symptoms, but they are NOT a replacement for ART.
- Not everyone who is living with HIV needs to start ART right away (except for children, who usually need to start ART sooner than adults).
- There are a number of criteria a person must meet to start ART. These include both medical criteria (stage of disease and CD4 cell count) and non-medical criteria (like their ability to understand and adhere to treatment). Clients should be part of the decision to start ART with the health care team.
- Since HIV affects the body in different ways, different kinds of ARVs need to be taken to fight HIV. At least 3 types of ARVs (from 2 classes of drugs) should be

Re-infection with HIV

There are several strains of HIV with slight differences in their genetic makeup. When HIV is exposed to medications, the virus changes or mutates over time. If a person is re-infected with a strain of HIV that is different from the strains already present or if a mutated HIV type is introduced into the body through unsafe sex, treatment will be much more complex and potentially ineffective. For example, a person who is taking ARVs and whose viral load is undetectable could have unprotected sex with another person living with HIV and get re-infected with their strain... one that may be resistant to most medications. Over time, that new strain will flourish, making the once successful treatment useless. Eventually the person's viral load skyrockets, destroying their immune system.



taken at a time to fight HIV. The only exception is for pregnant women, who are not eligible for ART.

- If the first-line treatment does not work, the doctor may switch the client to a second-line drug combination
- The ARVs for babies and children are similar to the ones for adults. The difference is that some come in syrups, while others are in capsules and tablets that can be broken or crushed. The doses are also different and change based on the child's weight.
- Some people on ART have side effects that make them feel very bad. Many side effects go away within a few weeks of starting ART or a new drug. It is important to be patient because it takes time to get used to all new medicines. Some side effects, like changes in body shape, are long-term and probably will not go away.
- Other side effects, including rash, severe headaches, severe diarrhoea and numbness are severe. If a client has these side effects, it is important that she or he go to the clinic right away.
- Clients should never stop taking their ART without consulting a clinician.

Did everyone understand? Ask

- Can ARVs cure AIDS?
NO, there is NO KNOWN CURE for HIV.
- Do you need to start ARVs as soon as you test positive?
Not everyone who is living with HIV needs to start ART right away. Your doctor will determine your course of treatment with you.
- So the same medications work for every person?
No, different medications and mixes work for different people. Your doctor will determine what's right for you.
- Do you really have to take all the prescribed medications all the time? **Yes; missing even one pill one time can reduce the ART's effectiveness and might make your medicines less effective in managing the virus in the future.**

Special Considerations for Key Populations

Earlier treatment may be preferable

Anal sex carries a higher risk of transmitting HIV than vaginal sex; HIV-positive MSM are more likely to infect their sex partners and should be considered for treatment at higher CD4 counts.

Primary resistance may be more common

Tourists may transmit HIV strains with primary drug resistance when they have sex with local MSM; primary resistance should be considered in MSM with a history of sex with tourists or unprotected sex while traveling or who fail first line medications despite good reported adherence.

Adherence may be more challenging

Innovative mechanisms of adherence support should be sought for MSM, including support groups and electronic reminders and messages.

This communication guide was made possible by the support of the American people through the U.S. Agency for International Development (USAID), Botswana HIV-MARPs Project, Task Order No. GHS-I-02-07-00005-00, led by RTI International under the Population, Health, and Nutrition Technical Assistance and Support Contract (TASC3).

The opinions expressed in this publication do not necessarily reflect the views of USAID or the United States Government.

Stigma and Psychosocial Support

SESSION OBJECTIVES

1. Discuss stigma's effect on key populations
2. Identify sources for psychosocial support

METHOD Games

1. Stigma Game¹

- Tell participants you are going to assign them one of the identities listed in the box.
- Give each person three minutes to introduce their “character”—what they do and their perceived health risk, and then ask them to stand to your right if they think they are “high risk” for HIV, and to your left if they think they are “low risk” for HIV.
- Invite other participants to move characters from high risk to low risk if they think they should be moved. Have them explain why they are being moved.
- Ask:
 - How do people perceive or judge high-risk people? What words do they use? What are the attitudes behind the words?
 - How do we judge/misjudge people? How do we resist judging people?

¹ Source: Adapted by Dr. Gad Kilonzo from The Fleet of Hope (Bernard Joinet and Theodore Mugolola, 1994).

Identities

Businessman
Soldier
Farmer
Drunkard
Female student
Men who have sex with men
Teacher
Sex worker
Housewife
Policeman
Domestic worker
Unemployed single parent

Stigmatisation Involves

- Judging or blaming people
- Judging is based on assumptions about people's sexual behaviour.
- As humans we often believe or assume the WORST about other people.
- We assume that certain categories of people because of their occupation or sexual orientation are at higher risk.

So...

- We are ALL at risk—so we should stop judging others
- HIV is not limited to groups or occupations—it is in every community.



- How do our assumptions affect people?
- What are the differences between high-risk groups and high-risk behavior?

2. Psychosocial Support Game

Gather participants in a circle. Find a ball, or make one by wadding up paper. Tell participants you are going to throw the ball to them and ask them a question from the list at left. Once they have answered their question, they will throw it to another participant, and so on.

Questions

- Name an emotion that someone who recently tested positive for HIV might be feeling.
Shock, denial, fear, loss, grief, sadness, shame or guilt, anger, anxiety, low self-esteem, depression
Continue until all are named.
- Name something that you think might be difficult for someone who is HIV positive.
Discrimination, money, being sick, isolation, loss of faith, depression, etc. Continue until all are named.
- Name one service you know that exists for people living with HIV (PLHIV) in your area.
VCT, ART, support groups, psycho-social counselling, etc. Continue until all of the above are named.
- Name a way in which you can support someone who is feeling low.
Stay in touch and be encouraging
- Name a way you can help someone who is HIV positive get access to the services they need.
Take them to clinics, doctors, or peer counsellors and health care appointments

Did everyone understand? Ask

- What is stigma and how does it affect individuals?
Stigma is a perceived negative attitude that can lead to isolation and loneliness for HIV-positive people. It can also prevent them from seeking medical care, disclosing their status and adhering to treatment and follow up.
- How does stigma affect our community?
Community-level stigma can cause HIV positive people to feel isolated, rejected, suffer verbal and physical abuse, and even murder.
- How can stigma make accessing care more difficult?
Stigma creates a reluctance among those who are HIV positive to seek or adhere to treatment because of negative treatment from health care providers and/or members of their community.
- What can we, as individuals, do to reduce stigma?
Treat PLHIV the same way you would anyone else and encourage others to do the same.

This communication guide was made possible by the support of the American people through the U.S. Agency for International Development (USAID), Botswana HIV-MARPs Project, Task Order No. GHS-I-02-07-00005-00, led by RTI International under the Population, Health, and Nutrition Technical Assistance and Support Contract (TASC3).

The opinions expressed in this publication do not necessarily reflect the views of USAID or the United States Government.

Adherence and Emotional Support

SESSION OBJECTIVES

1. Discuss challenges to and importance of adherence to antiretroviral therapy (ART)
2. Recognize the difficulties people living with HIV (PLHIV) face
3. Identify emotional needs of PLHIV

Adherence

METHOD: Presentation

Adherence is a patient's ability to take ART exactly as prescribed. This is important for several reasons.

- ART Success depends upon achieving and maintaining maximum suppression of the virus. To be fully adherent, you must take the right drugs, the right way, at the right time.
- If you miss even one dose of one medication, the drugs will not be able to do their job in fighting the virus.
- There are many reasons people struggle with adherence, such as unstable social circumstances, lack of a support network, lifestyles that make adherence difficult, depression, drug addiction including alcohol, unpleasant side effects of medications and lack of access to doctors or affordable medications.
- Get to know the resources around you that provide supportive services. Receiving the support you need, and supporting your friends who are HIV positive is a powerful way to help increase adherence

PHOTO: www.shutterstock.com



USAID
FROM THE AMERICAN PEOPLE



BATSWANA AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS



Emotional Support

METHOD: Role Play

Select participants to act out each of the following scenarios of people who have tested positive for HIV. Discuss each scenario and what the perceived needs are of the individual. Discuss questions that follow with the group.

Scenarios

1 Lesetse tells his friend Thato that he has just received results from his blood test, and he has HIV. He is very upset, and does not know what to do. He has not seen a doctor yet, and he looks and feels healthy. He thinks the results must be wrong, and wants to ignore them.

- What services does he need to access immediately?
- How can Thato help him to access these services?

2 Kebareng's friend Lorato seems to be sad all of the time, and crying a lot. She is also starting to look very thin and coughs all of the time. Kebareng knows Lorato is HIV positive and is concerned she has not been taking her medications regularly.

- What services exist in your area that could benefit Lorato?
- What can Kebareng do to help Lorato to take her medications regularly?

Be Sure to Mention

- People react to the news that they are positive in different ways. It is common for people to go through many feelings (e.g., negotiation, anger, denial, frustration, despair, acceptance.) before coming to terms with their status.
- Linking people to counselling services or support groups can help them find the help they need in all areas of their lives.

Did Everyone Understand? Ask

- How can you help a friend who is HIV positive? (*Open Answer*)
- Name three services in your area for people living with HIV. (*Open Answer*)

Sources of Psychological and Social Support

Several resources exist for accessing emotional, psychological, and moral support to individuals in Botswana. These include:

- HIV Testing and Counselling (HTC) Counsellors
- Spiritual Support from Religious Leaders or Traditional Healers
- Family and Community Support Systems
- Support Groups for People Living with HIV
- Professional Support from a Doctor or Social Worker
- Counselling Centers
- Private counsellors
- Counselling Hotlines

This communication guide was made possible by the support of the American people through the U.S. Agency for International Development (USAID), Botswana HIV-MARPs Project, Task Order No. GHS-I-02-07-00005-00, led by RTI International under the Population, Health, and Nutrition Technical Assistance and Support Contract (TASC3).

The opinions expressed in this publication do not necessarily reflect the views of USAID or the United States Government.