

POSITIVE LIVING HANDBOOK



POSITIVE LIVING HANDBOOK

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Foreword

Addressing the impact of HIV and AIDS on the population is one of the top priorities for the Government in Zambia. Zambia has one of the highest adult HIV prevalence rates in the world, with 16% of Zambians between 15-49 years estimated to be HIV positive¹. HIV prevention, care and treatment are key parts of Zambia's strategy in keeping the 84% of uninfected Zambians HIV negative and the HIV positive Zambians living longer. Every Zambian should know their HIV status so that they can take the appropriate steps to live a healthy life whether HIV positive or negative.

It is estimated that about 1,000,000 Zambians are already living with the virus, of which 200,000 need anti-retroviral therapy (ARV) urgently². Whilst Government has made great strides in rolling out treatment, care and support programmes to those infected with HIV, there is still an urgent need for more information to be made available to those living with the virus. In line with the Government's National HIV/AIDS Strategic Plan (2002-05), the Ministry of Health has joined forces with the Health Communication Partnership-Zambia (HCP-Z), with assistance from Afya Mzuri, to produce this simple, accurate and easy to use information pack on living with HIV.

This handbook has been designed to be used by people living with HIV and AIDS (PLHA) and their care givers. PLHA's can learn more about their condition and how to enjoy healthy lives by following the simple steps outlined inside. Family, friends and care givers can also use the handbook to enrich their knowledge and provide better support to people living with HIV and AIDS.

We would like to thank all of the individuals who provided their personal testimonials, which has helped to bring to life the content of the handbook.

We hope you find the handbook useful and that you will also share the information with others infected and affected by HIV.

Dr. Chirwa
Director General
Central Board of Health
Lusaka
Zambia
October 2005

1. Zambia Demographic Health Survey 2001/2

2. Scaling-up Antiretroviral Treatment for HIV/AIDS in Zambia, Ministry of Health National Implementation Plan 2004-5.



Introduction

Introduction

This handbook is for people who know their HIV status. It contains useful information to help you live a healthy life and to help your family and friends support and care for you.

There are lots of different sections in the handbook. Each section gives advice on keeping a healthy body and mind, on the right foods to eat, on the types of medicines for HIV positive people, and on where to go for more information and support.

The handbook has been designed to be clear and simple so that as many people as possible can understand and use the information.

Here are some basic facts about living with HIV and AIDS and having a positive lifestyle:

- »» Having a positive attitude about yourself and your life
- »» Eating lots of different types of the right foods for a healthy diet
- »» Keeping yourself healthy
- »» Practicing safe sex, by using a condom correctly everytime, whether your partner is HIV positive or not
- »» Visiting your health care provider for advice to help you keep healthy and fight off diseases
- »» Taking anti-retroviral drugs (ARVs), when and if you need them, to help fight HIV

Note:

- »» Not everyone living with HIV/AIDS needs to take the ARV drugs
- »» ARV drugs are not a cure for HIV/AIDS
- »» Even if you are on ARVs, you can still infect someone with HIV

Remember: Although you may be HIV positive you can still live a normal life if you look after yourself well.





I've tested HIV
positive

1

What is HIV?

HIV is a virus, the Human Immunodeficiency Virus. A virus is a tiny germ – it is so small you cannot see it. HIV makes it difficult for your body to fight illnesses and you start to get sick very often, and it becomes more and more difficult to get better.

Most of the time in Zambia, HIV is passed from one person to another during sex. Mothers can also pass HIV on to their baby when they are pregnant, during childbirth, or when they are breastfeeding. HIV can also be passed on through infected blood.

When you have been infected with the virus, you are HIV positive. Being HIV positive does not mean you have AIDS. You can still live a happy and healthy life for many years.

Remember: HIV can make you sick if you don't look after yourself, but there are many simple things you can do to keep yourself healthy. This handbook gives you lots of advice on how you can avoid getting sick, so that you stay healthy for many years.



What is the difference between HIV and AIDS?

Your body is kept safe from diseases by your immune system. Your immune system is like an army. HIV is like an enemy, which attacks your army.

Your army is made up of soldiers called CD4 cells. When the HIV enters your body, your CD4 cell 'soldiers' try to fight the enemy.



Positive Living Handbook

HIV attacks and destroys your CD4 cell soldiers. This means that your immune system becomes weak. The more CD4 cells you lose, the weaker your immune system becomes because your CD4 cell soldiers are too few to fight back. This means you are no longer kept safe from diseases and you are more likely to get sick.

As the HIV destroys your CD4 cells, it also makes copies of itself.

After some time, the HIV will destroy so many of your CD4 cells, that it is very easy for you to get sick. AIDS (Acquired Immunodeficiency Syndrome) is the illness you get when HIV has destroyed almost all of your CD4 cells.

Remember: Even if you get ill with infections when you are HIV positive, most of these can be treated and you can become well again for a long time.



Stages of HIV

Most people go through the same stages after they have been infected with HIV. HIV destroys the body's defense system very slowly. From the time when you become infected with HIV to when you become ill with AIDS can take many years. Remember HIV can be passed on through sex anytime when you are HIV positive.



Newly infected with HIV

When you are first infected with HIV, you may feel no different at all. There is a 'window period' of 1-6 months when some people test negative for HIV even though they have been infected with the virus. This is because most tests can only know for sure that you have HIV in your body after 6 months.

Living with HIV

You can remain healthy and live a normal life for many years with no sickness.



Early AIDS

You start to get sick with different infections, e.g. malaria or tuberculosis (TB).



Full AIDS

Your body becomes very weak and you become ill very easily with sicknesses that do not finish.



Remember: You can't tell by looking who is HIV positive. People can look and feel well and not know they have the virus for a very long time. HIV can be passed on through sex anytime when you are HIV positive.

Who should I tell that I have HIV?

When you first test HIV positive, you may feel like you do not want to tell anyone. It is important to talk to another person you can trust (like a friend, your partner, sister or brother) because you will feel better when you tell others you are HIV positive.

Telling others is called 'disclosing your HIV status'. Sharing heavy news makes the burden on you lighter. You may also find it helpful to talk to someone who has already been through disclosing their status.

Your test result is confidential and it's up to you when and who you decide to tell. Often family and friends will give you more help than you expect. They may need time to accept your status.

»» If you experience rejection contact your local support group for PLHA or HIV counselling centre, see Section 8 for contact information.



You should also think about the people you have had sex with. Did you have sex without a condom? Sex without a condom is called 'unprotected sex'. If you had unprotected sex, then these people may also be infected with HIV and should also get tested.

Someone else, such as a trusted friend or counselor, may help you find a way to tell your sexual partner or partners. Think about their reactions and how this will affect you. You could also go with your partner for VCT (voluntary counseling and testing) to offer them support. Remember if you are having sex with your partner you should always use a condom so you don't pass on the HIV virus.



Remember: Having HIV is not something to be ashamed of. People fear HIV because they don't know enough about it. Being open with yourself and others helps people to understand that HIV is a lifelong condition like any other - like sugar disease (diabetes) or BP (high blood pressure).

"How I found out"

Nyambe Kamungoma,
Network of Zambian People
Living with HIV/AIDS (NZP+),
Kapiri Mposhi



One of my close friends was unwell with an STI (sexually transmitted infection). Our Clinical Officer here in Kapiri advised him to go for VCT (voluntary counselling and testing). I didn't want him to be on his own so I offered to go with him for support. We both had the test done, he tested HIV negative and I tested HIV positive. The news came as a huge blow to me, it was the last thing I was expecting, he was the one who was ill not me.

I'm married with two young daughters and after I first found out the news I couldn't tell my wife. I realised if I wanted to protect her I had to use condoms. Though I tried I couldn't sleep with her, I lost my sex drive and avoided her. My councilor encouraged me to open up to her. I did and I went with her for VCT, she also tested HIV positive. For one month she was not herself but slowly she began to accept her status. I'd already been involved in the local NZP+ group and she joined me. She helped mobilise a support group on her own and now has become a very strong member of NZP+, also doing psycho-social counselling. I feel we have become a stronger family now I know I can handle the fact I am HIV positive - my wife is more than able to.

My CD4 count was very low, though I have never been ill, and I went onto ARV drugs at the recommendation of the clinic. I have had no serious side effects from the drugs and my sex drive has returned. I'm not sure whether this is because I feel psychologically ok again or because I'm on the ARV drugs. I now feel it's important for me to support others locally who are

living with HIV. There are still many who are scared to come to the clinic. They are stigmatising themselves. I hope if they see me and I can speak to them this might give them encouragement. Coming together with others who are in the same situation as yourself really helps to build your confidence, you have time to ask questions and find out more about what living with HIV involves.



2

Positive living

What is 'Positive Living'?



When you first find out that you are HIV positive, you may have lots of different feelings and emotions.

You may be shocked, depressed, angry or upset.

It may take some time before you are able to accept what has happened.

When you are HIV positive, it is important that you think 'positively' about yourself and your life. Remember having HIV doesn't mean your life has come to an end.



Positive living is about taking care of your body and your emotions. If you feel stressed or worried you are more likely to become sick. There are a number of ways to keep your body healthy and avoid getting ill. These include:



① Eating lots of different types of foods (see Section 4)



② Keeping your body active



③ Getting sleep and rest when you need it



④ Thinking positively and looking after your spiritual & emotional health

Positive living is also about seeking support when you need it, including going for counseling, joining a support group for PLHA and visiting your health care worker regularly so he or she can monitor your health and give you the right medications at the right time.

Keeping healthy also includes taking the right medicines when you become sick.



Remember: It's important to continue the day-to-day activities you used to do before you found out you were HIV positive.

If you stay at home or sleep too much you will have too much time to think negative thoughts.

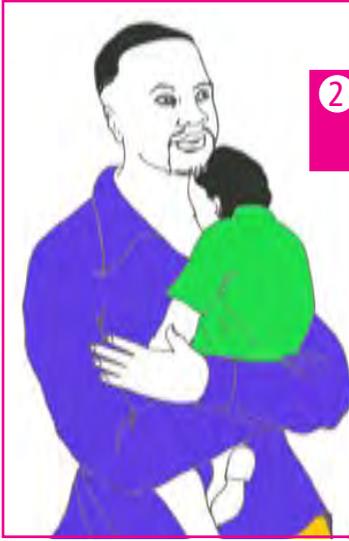
Believe in yourself

The will to live is one of the best medicines for people living with HIV. If you want to live, then your body will respond in good ways and you will live a longer, happier and healthier life.

Think **positive** (good) thoughts. Avoid **negative** (bad or sad) thoughts because they will weaken your immune system and make you get sick faster. Write down all the reasons why you need to go on living and why you should stay strong and healthy. Here are some examples:



1 I am the breadwinner in my family



2 My children need me

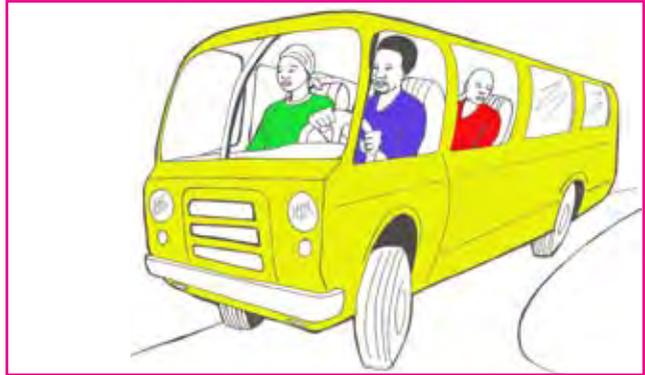


3 I am helping other people with HIV to cope



4 I can share my experience with my community and show them how to avoid infection

5 I do a good job at work and my employer needs me



6 I still have lots to do in my life

Then begin to draw up a list of things you want to do such as:

- » I want to live longer so I can see my children grow
- » I want to eat healthy food and keep my body active to stay strong
- » I want to stay working as I enjoy my job and need a salary
- » I want to learn more about HIV to help myself and others like me
- » I want to travel and see new places



Remember: You are valuable and have a role to play in your community.

HIV does not change that. Think about the many ways in which you are important to your family, friends and community.

Think how important you are to other people also living with HIV. They can learn from your strength.

Find out more about HIV & AIDS

Reading this booklet means that you have already started to live positively as you are learning more about being HIV positive.

Get more information about HIV and AIDS. The more you know about HIV, the more you will understand what is happening to your body.

- 1 This means you will understand how to stay healthy.



- 2 This means you can help other people to understand what it is like to be living with HIV.



There is a lot of work being done to try and find drugs to help fight HIV. Read about the latest medicines for HIV like ARV drugs, so that you know what is best for you.

»» Section 8 tells you where you can go to get more information about HIV and AIDS.



Remember: The more you find out about HIV, the more you will understand the virus.

This means you will feel more in control of what is happening to you and your body.

Joining a support group

Support groups of PLHAs come together regularly to share information on living with the virus. The Network of Zambian People Living with HIV/AIDS (NZP+) has over 200 support groups in Zambia. There are also other networks of support groups which you can be part of. Support groups also outreach into their local communities to share experiences and explain more about living with HIV.

Joining a support group will help you to:



- »» Understand that you are not alone
- »» Learn and discuss ways which will help you and others to live positively
- »» Share your feelings about living with HIV
- »» Stay strong and feel good about yourself
- »» Keep thinking positively and remember that you have rights as a person living with HIV.

Many support groups have set up 'income generating activities'. These are activities which help the members of the group to make money.



Examples of activities are tailoring, tie and dye and making HIV beaded pins.



Some groups have also started their own vegetable gardens and breed small animals like chickens. The food can be shared amongst the group members who need it most, or sold to make money for the group.



'Tithandizane' Support Group's Positive Living Garden in Lundazi, Eastern Province

» See Section 8 for more information about NZP+ and other support groups.

Remember: One in five people in Zambia is living with HIV, you are not alone. Join a support group so that you can meet with others to talk about how they are also living positively.



Keeping your body active

It's important to keep active when you are HIV positive. Taking regular exercise helps to:

- »» Make you feel happier and alive
- »» Keep your mind healthy and refreshed
- »» Keep your body strong and able to fight diseases better
- »» Make you sleep better
- »» Reduce stress so that you deal with problems better
- »» Improve your appetite

Some examples of exercises are:

1 Walking



2 Sports, such as running, football and netball



5 Dancing to music you like



3 Sweeping, polishing and other activities around the house

4 Gardening or farming





6 Sex - use a condom correctly every time, even if your partner is also HIV positive.



Remember: There are many ways you can do exercises – even when you are feeling ill.

Do as little or as much as you want to or feel good about.

Many support groups also have football and netball teams that train regularly which you can join.



'Musaniseke' Support Group Football Team, Kamwala, Lusaka

"Our football team is about 16 members including women. Through playing football we get to mingle together and feel alive. Exercise is good for the group. We have started to play other support groups - and as we get better we are winning!

I think taking part in sport helps you to be open about your status. It encourages you to get out and be active. This way we can show others what living positively is all about."

Binwell Chamuchita, Musaniseke Sports Master

Taking the medicines you need

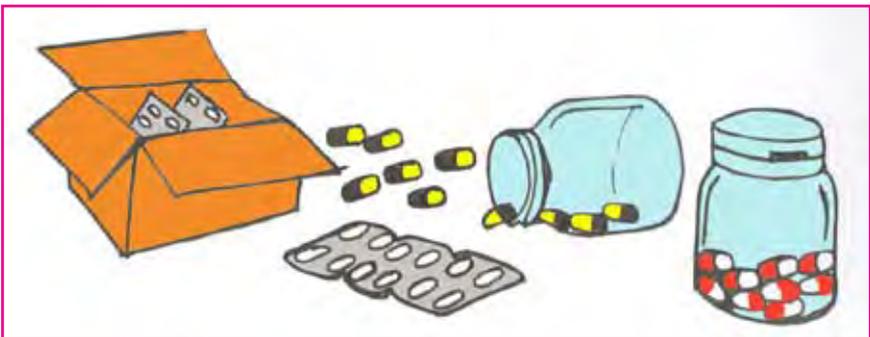
You may need to take medicines to prevent or treat certain infections. You may also need to take anti-retroviral (ARV) drugs.

These have to be taken in the way your health care provider tells you to take them until they are finished. These medicines can include:

- »» ARVs
- »» Tuberculosis (TB) medicines
- »» Septrin
- »» Malaria medicines

If you are not sure how and when to take your medicines, or you are experiencing side effects, talk to your health care provider for more information.

- »» See Sections 5 & 6 for more information on treatment for opportunistic infections, side effects of medicines and ARV drugs.



Alcohol and smoking

Drinking a lot of alcohol is bad for your immune system. Smoking cigarettes or dagga also weakens your body's immune system.

They break down your body's cells and make it easier for diseases to enter your body.

Alcohol and dagga can also make you forget to be careful and you might put your sexual partner and yourself at risk by having unprotected sex.



Drinking too much alcohol harms your brain, liver, legs and other parts of the body. It makes it difficult for your body to absorb the important vitamins and minerals you get from the food you eat, which you need to stay healthy.

If you are taking ARV drugs or other medicines, drinking alcohol may increase the side effects you experience, making you feel worse.

Alcohol may also make you forget to take your medicines. This will mean they won't work so well and you risk becoming ill.

Talk to other people who are HIV positive and find out how they cut down or stopped drinking alcohol and smoking.



Remember: Alcohol and smoking are bad for your body, whether you are HIV positive or not.

You should try to stop or cut down what you drink or smoke.

“How I cut back on alcohol”
**Leyford Hanagala - Chairman,
Musaniseke Support Group, Kamwala**



“Alcohol was a way for me to escape. We had hunger at home and I was ill. There was little money and it had to go on food and medicine and I found myself drinking with my friends to escape from the problems at home.”
- Leyford Hanagala

Way back before I came to know my status I used to be a heavy drinker of alcohol. I started to experience health problems in 1987. I still continued drinking, beer (Mosi & Castle) and smoking. Whenever I drunk I used to have problems – headache and fever, especially at night.

The problem became more serious especially after I was found with TB in 1993. The doctor advised me to cut down on smoking and drinking whilst I was on treatment. It was not easy, the first step I took was to try to stop smoking. After 8 months of TB treatment I recovered fully but still I used to drink some beer, all my friends were beer drinkers. Most of the time I was with them I found myself going back to my old ways. In 1995 I had a TB relapse and this time it was severe.

You can say you won't go back to drink but your friends will influence you. You can tell them your health will not allow you to drink. They will respond that this is rubbish, drinking has nothing to do with your health. In my situation everything was not okay, we had hunger at home and I was ill. There was little money and it had to go on food and medicine and you found yourself drinking it off with friends.

It was just last year, 2004, after the death of my wife that I started to see some symptoms. Body pains continuously. I used to go to the clinic but was just being given panadol. This time every time I drank I fell very sick – I was experiencing night sweat and fever, flu and abdominal pains. It

was not until my wife died that I took an HIV test. I knew it all along but I just wasn't ready to face the truth.

After the test the doctor advised me to minimise drinking and smoking. To work on my diet. I decided to stop both there and then. From this time my flu and night sweat has disappeared. There are no longer illnesses I can't account for. It was only when I knew my status that I finally decided to give up alcohol. I knew if I did drink I could die. I knew how dangerous it was. Never again – I'll never go back.



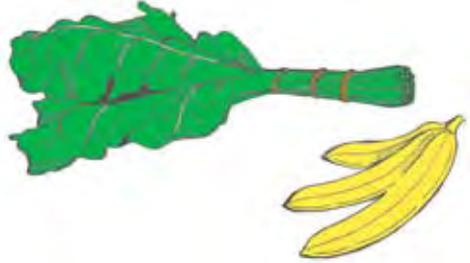
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What to eat

Importance of a balanced and nutritious diet

The food you eat and how you eat it is very important for keeping your immune system strong and building it up when it is low.

Different foods contain different nutrients. Nutrients are the parts of food that your body uses to keep healthy. A 'nutritious diet' is one that is full of lots of different nutrients. A 'balanced diet' means eating lots of different types of foods. This helps to make sure you eat all the different nutrients that you need.



A balanced and nutritious diet helps to:

- »» Strengthen your body, especially when taking medicines
- »» Prevent you losing weight and becoming weak
- »» Fight infections
- »» Build energy to get through the day



Remember: Eating lots of small meals throughout the day is better than just one big meal.



If you eat lots of small meals, it will be easier for your body to use the food, and you don't get tired as you do with big meals.

It will also help to make sure you are eating lots of different types of foods.

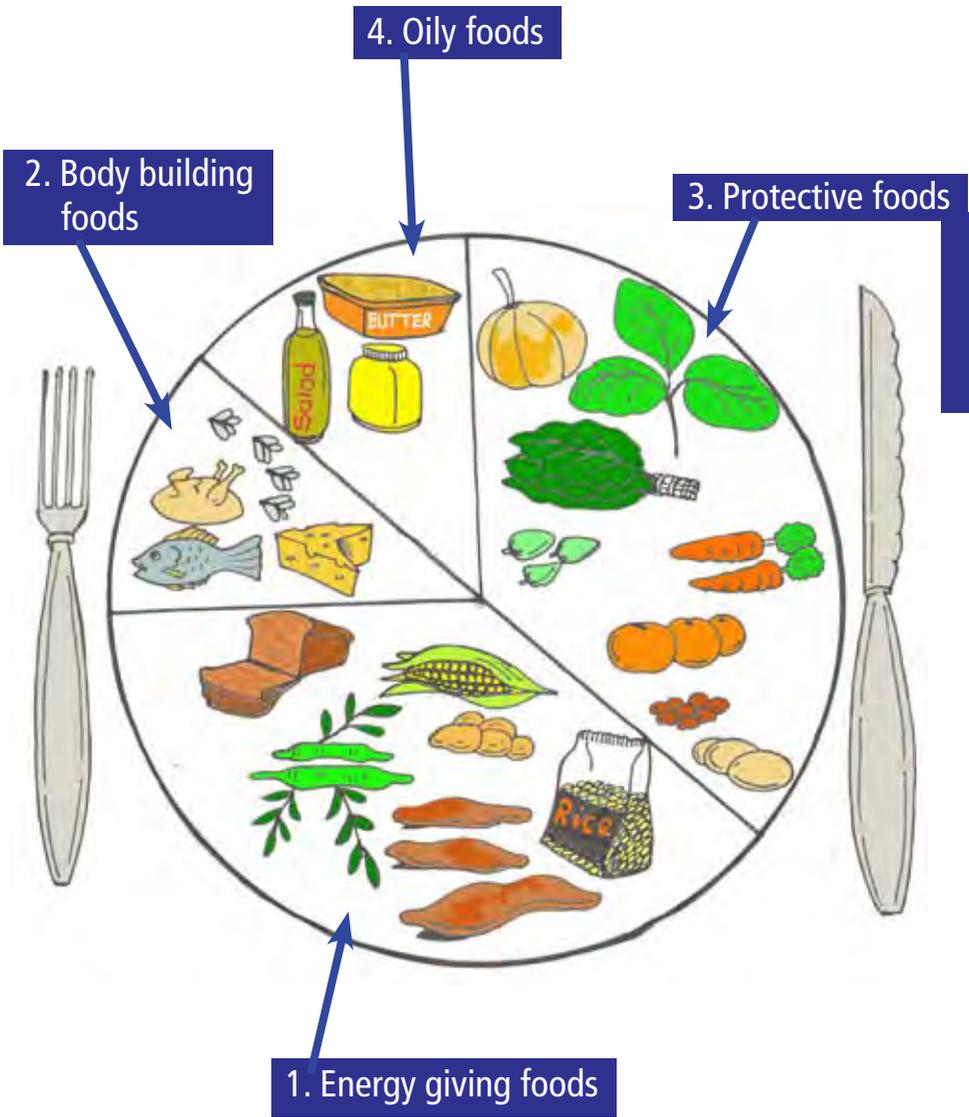




You should drink lots of boiled water. Clean, safe water is much better for your body than tea or softies. You should drink 6 to 8 glasses of water every day.



Remember: Different fruits and vegetables contain different vitamins and minerals so try to eat different types throughout the day.



What should I eat?

You should try to eat a mixture of foods from each of the following groups every day:

- 1 Energy giving foods – these contain carbohydrates and include bread (particularly whole grain) and nshima (roller meal), rice, potatoes (irish & sweet), sorghum and cassava.
- 2 Body building foods – these contain proteins and help repair your body. They include meats like chicken, goat, liver, kapenta and other fish, eggs, soya beans, peas, ground nuts, milk, yogurt, sour milk, cheese, inswa (flying ants) and vinkubala (caterpillars).
- 3 Protective foods – these contain vitamins and minerals and help you fight disease and stay strong. They include vegetables like cabbage, pumpkin and pumpkin leaves, rape, sweet potato leaves, tomato, okra, green beans, avocado, bondwe (kotapela), impwa, and carrots. Also fruits like mango, orange, masuku and other bush fruits, guava, banana, apple, pineapple, paw-paw and lemon.
- 4 Oily foods – these are good for weight gain and provide extra energy. They include cooking oil, butter, ground nuts and peanut butter.

Are there foods I shouldn't eat?

Traditional Zambian foods are much better for you than the snacks, fast foods and sugary drinks you can buy in the shops.

Try to reduce on:

NO!

Very salty foods like crisps & adding too much salt to your food

Fried and fatty foods like sausage and chips



Sugary & fatty foods like chocolate, cakes and biscuits

Softies like Coke or Fanta, which are full of sugar

Remember: You need to eat some oily or fatty food with every meal, but limit the amount you take. Too much oil and fat can cause diarrhoea.



Also whole grain or brown bread is better for you than white bread, just as roller meal is better than breakfast meal. If you have access to either try to switch over.

Preparing your food

If food is not prepared or stored properly, it can contain a lot of germs that will make you sick.

You should follow this simple advice to prevent germs getting into your food:

- 1 Wash your hands with soap and clean, safe water before you start preparing food

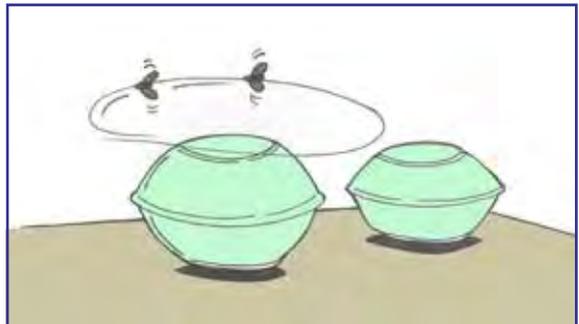


- 2 Wash fruits and vegetables with clean, safe water before you start to cook or eat them



3 Serve food and water using clean plates, cups and spoons – wash them in clean, safe water before using them, and leave them out in the sun so that they are completely dry

4 Make sure that meat is well cooked, it shouldn't be pink in the middle or on the bone

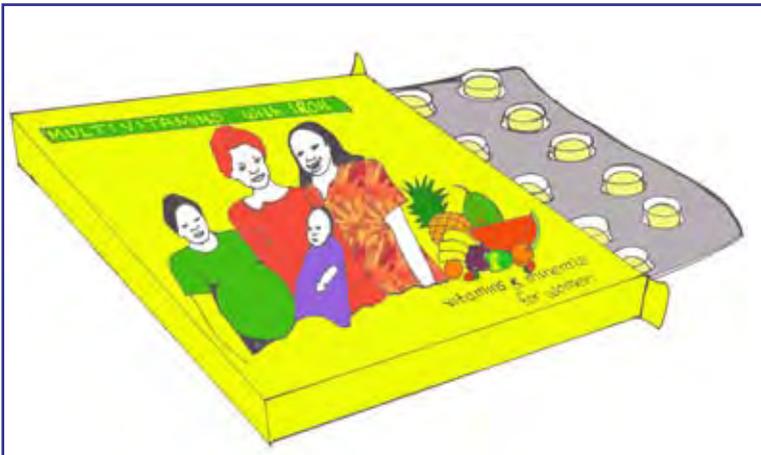


5 Cover food or put it in a container away from flies

- 6 Always wash your hands in clean, safe water before eating – don't pass the same bowl of water around, but pour fresh water out for each person for cleanliness.



- ▶▶▶ The Network of Zambian People Living with HIV/AIDS (NZP+) and the National Food & Nutrition Commission (NFNC) have both produced helpful guides on nutrition, which have a lot more information and recipes. See Section 8 for details.



You can also take multi-vitamin pills which contain vitamins & minerals. They can be taken as an addition to your daily food intake.



“Eating well is so important when you are HIV+”

Given Kalumba
Freelance Chef, Siavonga & Lusaka

I had been dating my fiancée for two years before we decided to get married. We decided to go for an HIV test in April 2000 to find out our status. She tested HIV positive while my result was negative. We went ahead and got married 30th August 2000.

Two years down the line, my wife fell ill and was admitted to Chikankata Mission Hospital. I gave up my job to look after her while she was in hospital and we stayed there for 6 months. I hadn't gone back for another HIV test because I was scared of the result. After my wife was discharged from hospital in early 2003, we came back to Lusaka. My wife's health improved and I managed to get a job at Spar. In 2004 I went for an HIV test at Chelston Clinic. I tested HIV positive. At that stage we both decided to start living a healthy life by eating healthy food and doing a lot of exercises.

Being a freelance Chef, I encourage my wife and daughter to eat a lot of different vegetables such as Bondwe, Impwa, Katapa, Chibwabwa and fruits. I neither smoke nor drink. I'm crazy about Jungle Oats, eat white meat only (fish and chicken) and also love vegetables mixed with groundnuts. I try to maintain a balanced diet everyday. If I don't have fruits, I eat raw tomatoes. I keep fit by jogging every morning and playing soccer when I can. I also like to try out new recipes and plan to study Food Psychology one day soon.

I'd advise other PLHAs to always ensure that their food is properly cooked to the required standard – not overcooked or undercooked. When you overcook food, you remove all the nutrients. When you undercook it, you have diarrhoea and stomach pains. It also affects your appetite. I'd also

advise them to maintain a high standard of hygiene e.g. wash your hands before touching food (cooked and raw) and ensure your food is covered all the time.

Knowing your status helps you to know who you are, what is important in your life, and also teaches you to appreciate every day of your life. It means having friends who love and support you in both good and bad times.



Remember: Boiling water for at least 5 minutes or adding *clorin* will kill any germs. This makes it safe for you to drink. It also makes it safe for washing fruits and vegetables.



4

Sex and having a baby

Can I still have sex when I am HIV positive?

Yes. Sex is normal and healthy. Finding out that you are HIV positive does not mean that you can't have sex anymore.

What you do have to do is practice safe sex. This means using a condom correctly every time. If you don't use the condom properly then it will fail to work.

➤➤➤ For more information on how to use condoms see the brochure inserted in the back of this handbook.

Condoms protect your partner from HIV if they are negative, and both of you from getting more of the virus if you are both HIV positive.

Sometimes it is difficult for women to insist on using a condom. This is where being able to talk openly about sex with your partner is so important.

Try discussing what you like and what you don't like with your partner.



You can also talk about other ways of pleasing each other like touching, kissing and cuddling. You don't have to have sexual intercourse every time to enjoy yourselves.



If you do have sexual intercourse try out different types of condoms to see which suit you and your partner the best. The more you use condoms the more you'll get used to them so they become part of your normal sex life.

"When I found out I was HIV positive I realised I had to start using condoms. At first I wasn't very happy with the idea as I hadn't really used them before and lots of men complain about condoms. Then we tried out some different varieties - Maximum, Karma Sutra, Rough Rider etc. You can get all sorts of condoms now including coloured ones, flavoured ones and ones which have more or less lubrication. They even come in different sizes. Finally we found the type we were happy with and we've stuck with them ever since. I'd really recommend experimenting until you find the type you are happy with."

Nyambe Kamungoma, NZP+ Kapiri Mposhi

You can also try a female condom which is worn by the woman; these are available from most chemists.



Some women prefer to use the female condom as you can put them on some time before sex. If you can't find female condoms locally ask at your local clinic for more information.



Remember: People with HIV can still enjoy sex if they use a condom correctly every time they have sex.



"Being HIV+ shouldn't stop you enjoying sex"

Gertrude Mayembe
Twafwano Support Group,
Kapiri Mposhi

My name is Gertrude Mayembe, I am 28 years old and I have been married to my husband for 4 years now. I found out about my HIV status in 2003. After some time my husband came to accept my status and went for an HIV test himself. He also tested HIV positive.

Before we knew our status we used to have unprotected sex but now this has changed. We use condoms every time we have sex as we both know that we have to protect each other from re-infection of the virus. I always try to make sure that I don't run out of female condoms because my husband doesn't like the male condoms. I can insert the female condom eight hours before having sex, I am very comfortable with it.

The only problem is that the female condom is both very scarce and expensive while male condoms are easily accessible at no cost at our local district hospital. Luckily a lot of my friends travel to Lusaka regularly so I try not to run out. As a woman living positively, I know that I have to take the initiative when it comes to practising safe sex. I also like these new flavoured condoms. There is banana, lemon, strawberry and chocolate flavour. I personally like the banana flavour because I can enjoy the scent of my favourite fruit whilst enjoying sex.

Ever since we discovered our HIV status, we enjoy a very healthy sex life. In the absence of condoms, we use other means of getting sexual fulfilment such as kissing, stroking or licking sensitive places. I don't think being HIV positive should stop you enjoying sex like anyone else.

Do I need to use a condom?

Condoms used correctly stop HIV passing from one person to another when you are having sex. You must always use a condom if your partner is negative to avoid passing the virus on to them.

You must still use a condom even if you and your partner are both HIV positive.



This is because you can both be infected with more of the virus, or with a different type of the virus.

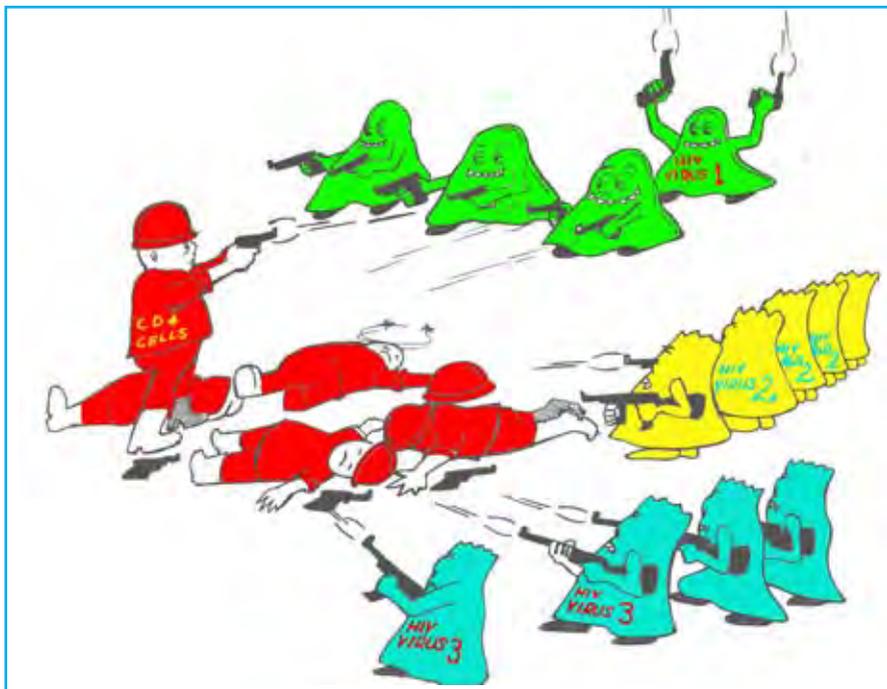
This is called '[re-infection](#)'.

If you are 're-infected' with a different type of the virus, it may attack your immune system at a faster rate and you will become sick sooner. Avoiding re-infection will help you and your partner to stay healthier for a longer time.

HIV is like an enemy attacking your body. Your body is protected by your immune system. The soldiers in your immune system are called CD4 cells.

If you have sex with someone who has a different type of HIV, it is like your body is being attacked by a second enemy.

This means that the HIV enemy is able to attack and destroy your CD4 soldier cells which defend your immune system more quickly.



Condoms also prevent the spread of sexually transmitted infections (STIs). Any infection can make your immune system weaker. If you think you have an STI you should visit your health care provider for advice.

“For over eight years we had been using condoms.” - Theresa, 39 years old, Lusaka

My experience of using condoms

My husband and I were happily married for 12 and half years. In the first years of our marriage we had two children; one is now 12 and the other 10 years old. After that we decided we didn't want to have any more children. I was studying and we both thought having more children would be beyond our means. When I was 19 years old, I had an operation on one of my breasts, and my doctor advised that my safest form of contraceptive was condoms. We decided to use condoms so I didn't become pregnant again. For over eight years we had been using condoms.

In 2002, my husband first started to fall ill. His feet started to swell, and in June 2003 he developed a dry cough and constant fever. Due to the continued fever and cough he was admitted into the clinic, where he was diagnosed as having tuberculosis (TB). Taking into account the clinical condition of my husband, the doctor advised us to both take an HIV test. After discussing it, we thought why not? We both went for the test and he tested HIV positive and I tested HIV negative.

What can I say about the use of condoms? I feel I was protected by them; both against pregnancy and the HIV virus.

My husband died just over a year ago, I miss him very much, particularly as I see the children growing up without him. I thank God I am still alive to look after them and I cherish the time we were all together. I took the test again less than five months ago just to make sure that the negative status result was still the same, and thank God it was!

Having a baby when you are HIV positive

HIV can be passed from a mother to her baby when she is pregnant, during childbirth or when breastfeeding. This is called mother to child transmission (MTCT).

It's important to think carefully about having a baby before you get pregnant. Having a baby can put a lot of stress on the mother's body.

If you don't want to have a baby, ask your health care provider about family planning choices. They can help you make a decision about what method to use. Using a condom plus another family planning method (like the pill) is called 'Double Protection'.

»» See brochure in the back of the handbook for more information on family planning.

You can still get pregnant if you are HIV positive. If you still want to have a baby after knowing all the risks, you and your partner have to think seriously about your options.



If you already know you are pregnant, then visit the clinic with your partner, and your health care provider can outline your options for having a baby. If you both visit the clinic together then you can support one another when you have to make important decisions about your baby.

Your health care provider can give you advice on:

- »» Taking ARV drugs to try and stop the HIV being passed on to your baby
- »» How to stay healthy while you are pregnant, including the right foods to eat
- »» Treatment for any illness or infections
- »» Safe sex while you are pregnant
- »» The best ways to feed your baby



When you talk to your health care provider, you should also talk about the safest ways of giving birth.

This will depend on the facilities that are available near to where you live.

It is important to give birth at a clinic or hospital where the care provider knows how to reduce the chances of HIV passing to the baby during birth.

Remember: It's important to talk to your health care provider before you get pregnant so you and your partner know what options are available to you.



Treatment to reduce mother to child HIV infection

One of the ways to reduce the chance of HIV being passed on to your baby is to take antiretroviral (ARV) drugs.

Taking ARV drugs does not always stop your baby from being infected with HIV. But it will make it more likely that the baby is born HIV negative (without HIV).

The drug is called '[Nevirapine](#)'. It is given to the pregnant mother in tablet form when she is about to give birth, and to the baby in syrup form within 72 hours after he or she has been born. The syrup is given to the baby to reduce the chances of the virus staying in the baby's body, in case it has crossed from the mother to the baby during pregnancy or birth.



The drug does not change the HIV in the mother's body – the tablet is given to the mother to reduce the chances of the mother giving HIV to her baby during delivery. The mother will still be HIV positive after giving birth.



It is not always possible to tell whether the baby has been infected with HIV straight away after birth.

You need to wait 18 months to find out through an HIV test, whether or not your baby has HIV.

Remember: Visit your health care provider who will be able to tell you more about how to reduce the chances of your baby becoming infected with HIV.



You should also go to the clinic or hospital when you are about to give birth. The health worker will be able to give you the right treatment. They will also help you to give birth safely, and they will give the Nevirapine to your baby after he or she has been born.

PMTCT Plus (prevention of mother to child transmission) is a programme that supports HIV positive women who are pregnant. The programme helps the woman, her baby and her family with HIV tests, treatment for opportunistic infections and ARV drugs.

If you are HIV positive and pregnant, you may need to go onto ARV drugs. Your health care provider can find out whether you need to start the drugs by taking a blood test to check the number of CD4 cells in your body.

By going onto a PMTCT Plus programme the risk of mother to child transmission is greatly reduced - statistics show that only 5% of mothers on the PMTCT Plus programme pass the HIV virus onto their babies.

You can also join a women's support group to help you through the PMTCT Plus programme. Ask at your health care provider for more information.

- »» For more information on ARV drugs see Section 6.
- »» For more information on health centres in Zambia providing PMTCT and PMTCT Plus programmes see Section 8.

What if my baby tests HIV positive?

Even if the mother takes ARV drugs to prevent her baby becoming infected with the HIV virus, there is a small chance that the baby may still be HIV positive. One of the earliest signs that a baby may be HIV positive is if they are not growing properly. If you are worried about your child's HIV status, go to your local health centre to get them tested.



Remember: Even if your child tests HIV positive there are ARV drugs for children which they can take. These are available from the same health centres as the ARV drugs for adults. The centres are listed at the back of the handbook.



Like adults, children must take the ARV drugs for the rest of their lives.



“My baby’s future is the most important thing in the world to me”

Sarah Mugala

Kanyama Support Group, Lusaka

My name is Sara Mugala. I am 26 years old, married and live in Kanyama in Lusaka. I first found out that I was HIV positive on 7th June last year. When I found out I was pregnant I went to the antenatal clinic and the staff advised me to take an HIV test. I wasn’t afraid of the test because I knew I could not reverse the outcome of my result.

I informed my husband of my status on the same day. He said he was not bothered about it and to date he still refuses to go for an HIV Test. My husband has agreed to follow all the rules that I was taught at the clinic and we have always used condoms whenever we have had sex.

Whilst pregnant, I took nevirapine when I went into labour. I took the nevirapine as I was going to the clinic and it made me sleep for about 2 hours. Shortly after waking up, I gave birth to a beautiful son. I had had a child before this and this child died. This child was very sickly from birth and when I took it to UTH and was told to take the child and myself for an HIV test, I refused. Later in life was I learnt about the benefits of knowing ones HIV status.

My husband and I don’t have permanent jobs but we struggle to get by. I go out and look for people who want me to do their laundry while my husband also goes out to look for piece work.

Going for PMTCT (prevention of mother to child transmission) helps a lot because pregnant mothers like me are taught how to look after the pregnancy, themselves, and the baby. My son is now 9 months old and he will only be checked for his HIV status when he turns 1 year, 6 months

old [18 months]. His health has been alright thus far. He is no longer breastfeeding though he breastfed exclusively for 6 months. He now lives on nshima, porridge and sometimes milk, when I can afford it. I also try to make sure he has at least a fruit everyday. He can now stand and will be walking very soon. I take him to the clinic twice a month and he is on seprine syrup of which he takes 9mls once a day.

I only started taking ARV's two weeks ago and I have had a few side effects such as severe headache, loss of appetite, I always feel weak and have nausea which I am told is normal. My last CD4 count was 182 and thus the doctor's decision to put me on ARVs.

It bothers me that my husband doesn't want to know his HIV status and I know his time will come. It is only sad that he is leaving it too late. I've tried talking him into going for the test but he keeps postponing. I am just grateful that he has supported me through all this.

Had I known then what I know now about HIV, I might have managed to save my late child's life. I was ignorant and young then and not a single day goes by without me wishing that I could bring him back and do things differently. There are a lot of misconceptions about taking nevirapine when you are pregnant, but they are not all true. If you want to look after your family, PMTCT is the place to start from.

Feeding your baby

Option 1:

Breast milk contains HIV but it is hard to pass it on through breast feeding. If you give your baby nothing but breast milk for the first 6 months, the chances of passing on the virus are small.



If you mix breast feeding and any other liquids or foods during this first 6 months it can upset the baby's stomach and make it easier for the virus to pass to the baby. This means no water and no food.



After 6 months a baby's stomach is stronger and can manage on other foods. This is when breast milk should be completely stopped and you can start giving your baby other foods.



Your breasts and nipples should not be sore when you are feeding your baby. You should talk to your health care worker about how to breast feed properly to avoid sore breasts or nipples. These can lead to infection. Any infection will increase the chance of passing HIV on to your baby.

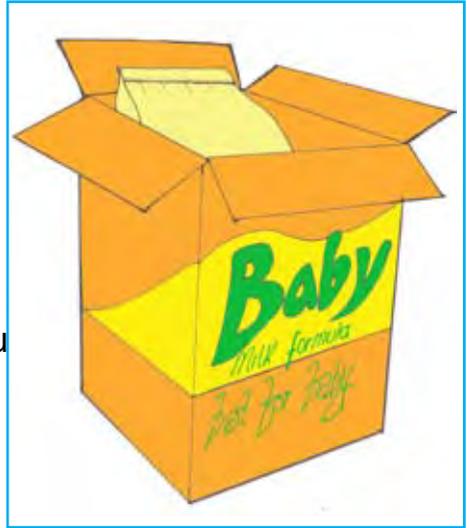
Remember: After 6 months you should stop breast feeding and start your baby on other foods.



Can I use baby formula?

Option 2:

Using baby formula, e.g. Lactogen, is fine but you must be sure that you will be able to find the money to buy formula to feed your baby for at least 6 months. You must decide whether you want to breast feed or give your baby formula. You can only do one or the other not both.



If you decide to use formula remember to:

- »» Only give your baby formula and don't breast feed
- »» Use clean and safe water to make the milk – this means boiling all water for at least 5 minutes
- »» Sterilise all the bottles & teats using boiling water or chlorine



Remember: Formula is expensive. Once you start giving your baby formula, you cannot stop and then start breast feeding again. If you still have questions about how to feed your baby talk to your health care provider.



"We named my second born Choolwe, which is lucky in Tonga"

Ruth Mulima
Chelstone Support Group, Lusaka

My name is Ruth Liyanda Mulima, I am 25 years old. I've been married for 6 years and God has blessed me with two sons. I first decided to go for an HIV test after hearing so much said about it both on radio and television. I thought I would be better off knowing my HIV status. My first born son was 4 years old at the time and I was well.

I went to the clinic and tested HIV positive. I couldn't believe the result and kept hoping they'd made a mistake as my health was very, very okay. I was confused, I thought being HIV positive was the end of everything for me. To make matters worse I thought I might be pregnant.

One week later I went for another test. I was referred to the PMTCT+ clinic (Prevention of Mother to Child Transmission) where I was given a talk on HIV after which I was taken for a counselling session. Another HIV test was done - I was still HIV positive.

I became depressed and stopped going to the antenatal classes for 3 months until I saw a programme called *Your Health Matters* on TV where Harriet Mulenga was telling the nation of how ARVs had helped her. Her testimony gave me a lot of encouragement.

I was 6 months pregnant at the time and I started going to the antenatal classes again where I learnt more about HIV. We had were told that the baby could get infected with the virus when in the womb, during birth or when breast feeding. If we took a Nevirapine tablet 72 hours before birth, the chances of infection were reduced. We were also told that if a woman was in labour and vomited after taking the tablet, she should ask the

nurses to give her another one to protect the baby from infection during birth.

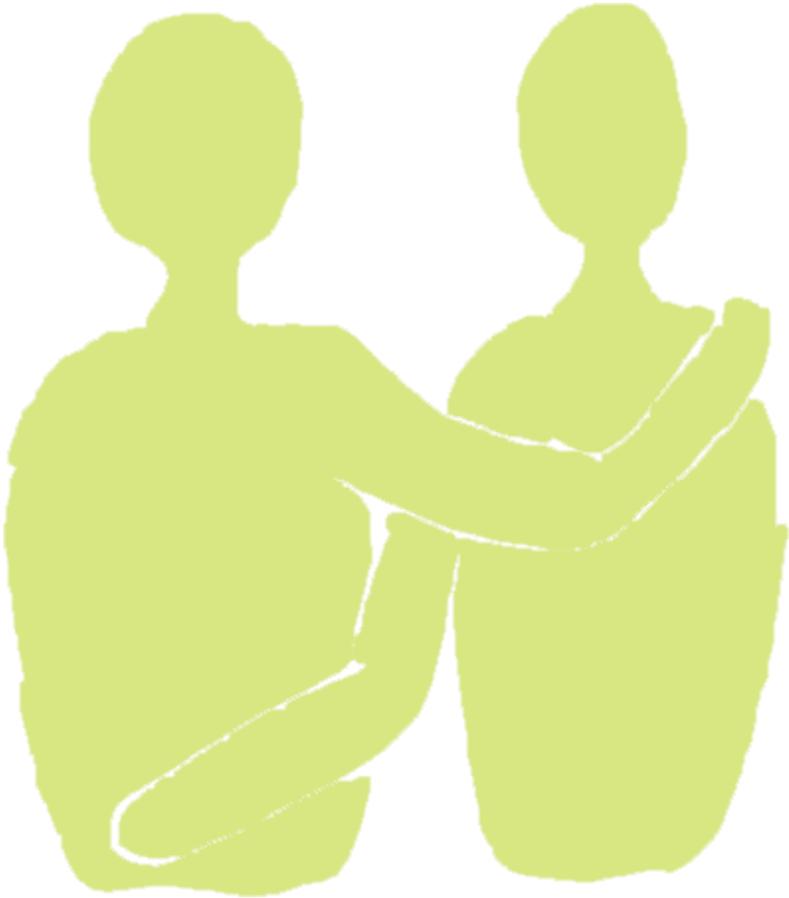
Before my delivery I was given a Nevirapine tablet to take as soon as I went into labour. I started taking ARVs on 1st July, 2003 and gave birth to my son on 24th July, 2003. Even though I was on ARVs, I took the Nevirapine tablet as soon as the delivery started. My son was also given a dosage of Nevirapine syrup immediately after birth to protect him from infection.

I exclusively breast fed my baby for 3 months. Exclusive breast feeding means that your baby takes breast milk and breast milk only. No water or anything else. After this I changed his feeding to formula milk instead. My son had to under go three HIV tests before his second birthday. He had his first test when he was 2 months old which was negative.

He had another test after one year which was also negative. He was supposed to do his last test when he turned 1 year 6 months but I couldn't bring myself to take him as I was scared of the outcome. I finally took him when he turned 1 year 9 months. You can imagine how I felt when he tested negative.

He is a big boy now and we named him Choolwe which means Lucky in Tonga because he is lucky not to be HIV positive.





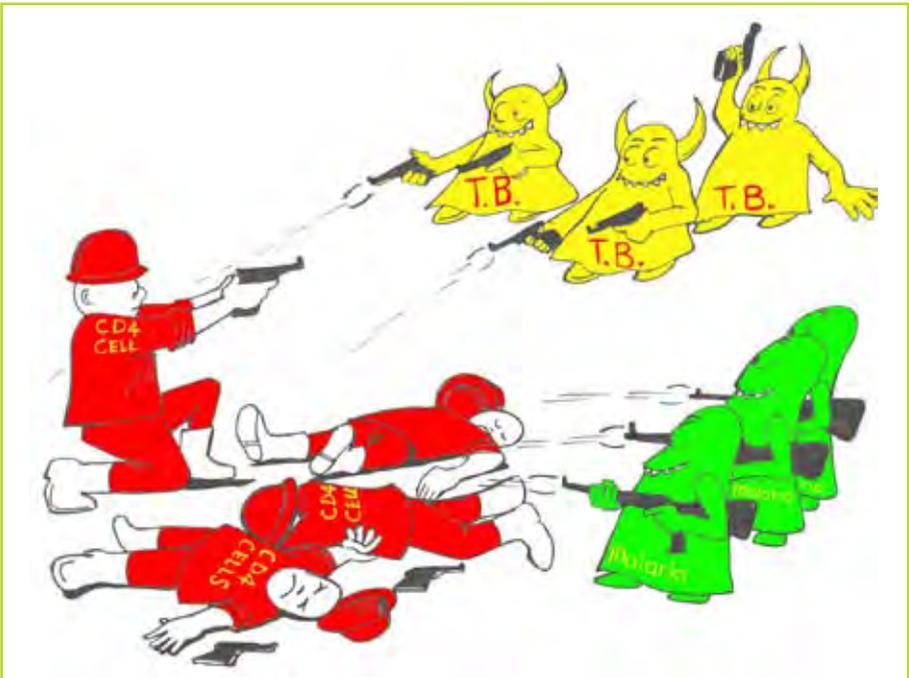
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Opportunistic infections

What are 'opportunistic infections'?

Opportunistic infections are infections or sicknesses that attack your body when it is weak. Some examples include tuberculosis (TB), malaria and pneumonia.

As HIV attacks your CD4 soldier cells, your immune system becomes weaker and weaker. This means that you can no longer fight off the germs that can make you sick. The germs take advantage of your body having a weak immune system, or too few soldier cells, which is why they are called 'opportunistic'.



It is important to protect yourself from opportunistic infections, and to treat them early if you have them before they become worse.

Think of your body like a house. If you look after a house nicely, it will last longer. If you don't look after the house, the rain will be able to get in. Opportunistic infections enter the body the way rain enters a house that is falling apart. Just as a house that is kept well lasts longer, a person who takes good care of him or herself will live longer.



How to recognise opportunistic infections when you are HIV positive

There are many different opportunistic infections. Some examples are oral thrush, tuberculosis, chronic cough and recurrent boils.

Everyone has different symptoms, but there are some key signs you should look out for:



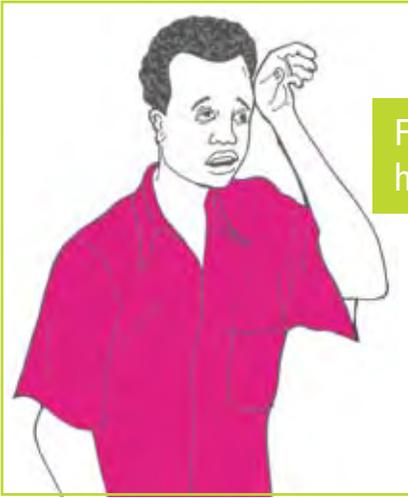
Feeling dizzy ①



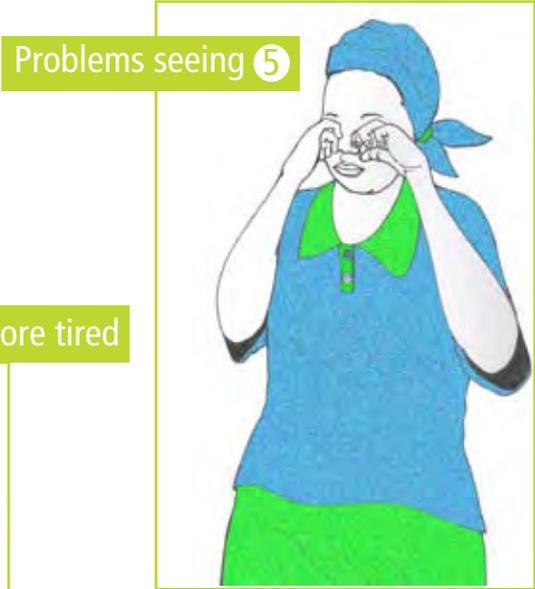
② Trouble breathing



Problems swallowing ③



Frequent or very bad ④
headaches

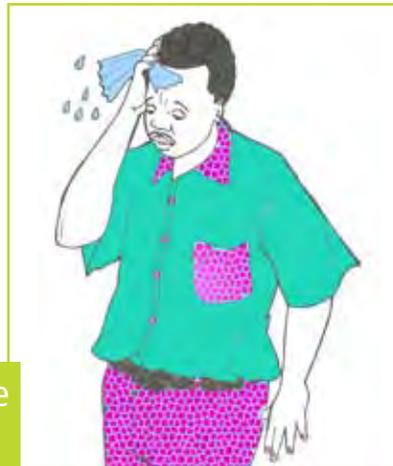


Problems seeing ⑤

⑥ Feeling more and more tired



⑦ Fever or feeling hot for more
than a day

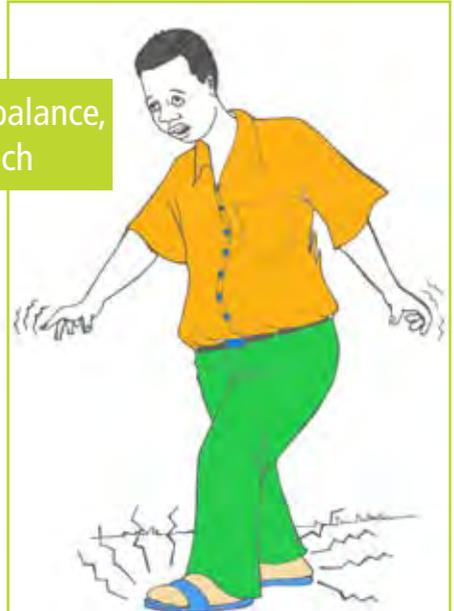


8 Your sweat soaks your bed



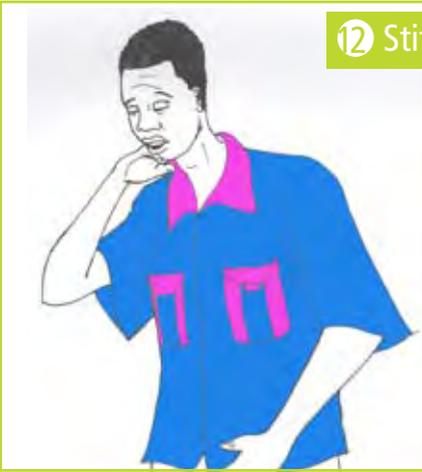
9 Shaking, shivering or chills

10 Problems with balance, walking or speech

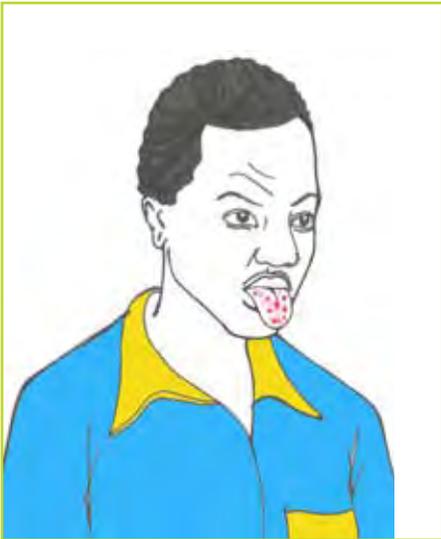


11 Losing weight for no reason

12 Stiff neck



13 Severe stomach or abdominal pain



14 Sore mouth or tongue



15 Skin rashes

Other symptoms include:

- ▶▶▶ Watery diarrhoea for more than 4 times a day
- ▶▶▶ Vomiting
- ▶▶▶ Cough lasting over 2 weeks
- ▶▶▶ Swelling, bumps, burning, itching, soreness, discharge or smell on or near the vagina.
- ▶▶▶ Changes in menstrual cycle or menstrual flow (periods)
- ▶▶▶ Pain when you are having sex

If you have any of these signs and symptoms, you should go to the clinic for treatment as soon as you can.



Remember: If you think you have an opportunistic infection, you should go to the clinic as soon as possible for treatment.

How to avoid opportunistic infections

The tiny germs that cause opportunistic infections are too small to see, but they are found in many things. These germs can be avoided by following some simple advice:

- 1 Bath every day using soap and water to keep your body clean



- 2 Wear shoes to avoid small injuries which may lead to infections



- 3 Brush your teeth after eating



Wash your hands with soap and water after going to the toilet and before eating ④

Unsafe water contains germs, which can cause diarrhoea and sickness. You should always:

① Draw water from a safe source



② Use a clean container to fetch and store water, such as buckets, pots or cooking oil containers

Boil water for drinking for **3**
at least five minutes or
treat it with chlorine



»» Avoid contaminating water by washing hands in it and then reusing it

Domestic and farm animals are also a source of germs. You should try to avoid contact with animals, and if you can:



1 Always wash your hands
after touching animals

- 2 Ask someone else to clean up after animals like cats, dogs & chickens

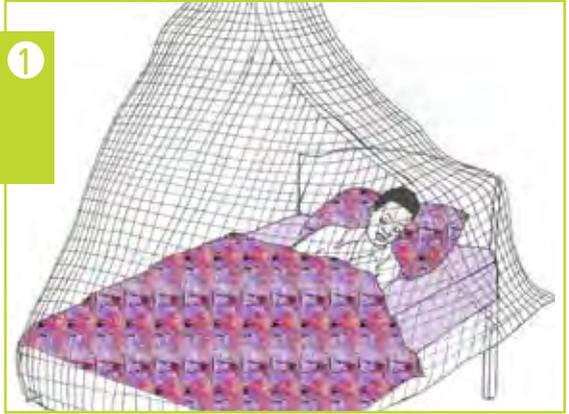


- 3 Avoid contact with animals, especially animals with diarrhoea



Malaria can cause many problems for people living with HIV.
Malaria can be avoided by:

1 Sleeping under an insecticide treated mosquito net



2 Wearing clothes that cover your arms and legs in the evening and early morning

Remember: Following the advice listed here will help you to prevent opportunistic infections. This means that you will stay strong and healthy for longer.



Medicine to prevent and treat opportunistic infections

Many opportunistic infections can be prevented by taking medicines. These medicines are called 'prophylaxis', which means preventative. You should talk to your health care provider about which medicines are best for you.

Most opportunistic infections, including TB, can be cured and many can be prevented. If you experience any signs of opportunistic infections, you should go to the clinic immediately. The sooner you start treatment, the better it will work.

When you go to the clinic, you should always tell your health care provider that you are HIV positive. Your immune system may not be as strong as someone who doesn't have HIV. This means that you may need to take higher doses of medicines, or you may need to take the medicines for a longer time.



Septin is a medicine that helps prevent a very serious type of pneumonia called PCP.

If your CD4 soldiers are few or if you've had pneumonia before, it is important to take Septin daily to prevent PCP.



Septin treatment is often started before starting ARV drugs. It is taken until your CD4 count is above 200. As outlined in [Section 6](#), your CD4 count normally rises after starting ARVs.

Remember: You must always take any medicines you are given as advised by your health care provider. They can also help you decide whether you need to take Septin.



It is important that you take your medicines correctly and until they are all finished. Don't stop when you start to feel better. If you stop your medicines too soon, you may get sick again more quickly. It will also mean that the medicine may not work properly if you get sick again.



"Knowing your status helps you to manage infections"

Angela Konayuma
Chikondi Support Group & Afya
Mzuri, Lusaka

In October 1996, I started feeling tired very easily and lost a lot of weight. I was refusing to go to the clinic and finally my sister convinced me to go. When I went I was told that I had TB and was put on medication. I recovered fully after this but didn't think of going for an HIV test. I lived a normal life thereafter but developed a persistent cough, had pneumonia and had boils on my body now and again.

Luckily I was doing a course in psychosocial counselling and whilst doing my practical at Chawama Clinic in 2001, I decided to go for an HIV test. I tested HIV positive and the result depressed me a lot over the next months. I lost a lot of weight, developed thrush in my mouth, started coughing blood and was unable to walk. When I went to the hospital in February 2002, I was told I'd had a relapse of TB and they put me on medication. After a lot of complications with side effects from the TB drugs, my doctor eventually found the right combination for me. He also paid for me to have a CD4 count and my result was 107.

I was given a month to adapt to my new TB drugs and to think about whether I was ready to make a life long commitment to going onto ARV drugs. I was running out of options and agreed to start taking the drugs in June 2002. In a short time my health improved, my weight increased and I was able to walk again. The only side effect I experienced with the ARVs was a headache every now and then.

I realised that it would have been better for me to know my HIV status at

an earlier stage, then I could have taken precautions to look after my health knowing I was HIV positive. Now I know my status I know that I have to try and avoid any risks of picking up infections to prevent opportunistic infections.

I keep myself healthy by doing exercises everyday, eating healthy foods and living with a free mind. Joining a support group has also been of help as I have learnt a lot from the experiences of other PLHAs. My gratitude goes to my family who were there for me. More especially my sister who took care of me from the time I fell ill till now. I have a daughter who has blessed me with a grandson who I named after my late husband and this makes me a happy person.



Treating HIV -
ARV drugs

6

What are antiretroviral (ARV) drugs?

Antiretroviral (ARV) drugs help reduce the level of HIV in your body. They do not cure HIV, but they can help you stay well for longer.



ARV drugs slow down the speed at which HIV attacks your immune system. The drugs slow down the HIV copying itself, and increase your CD4 solidier cells, so that your body can fight off opportunistic infections.

Remember: When people take ARV drugs, they don't fall sick so much and feel better for longer periods of time. Once you start taking ARVs, you must take them each day, at the right times, for the rest of your life.



How do ARV drugs work?

HIV attacks your CD4 solidier cells, weakening your immune system. Over time the number of CD4 cells drops.

Once you start taking the ARV drugs, your immune system should become stronger and your body will be able to fight infections better. The number of CD4 cells in your body can also increase.



The HIV will not fully disappear, but will be sleeping in your body. This is why you can still infect someone else even though you feel much better.

ARV drugs usually come in the form of tablets or capsules. Children can take a syrup form of the drugs, which are easier to swallow.

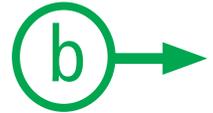
When should I take ARV drugs?

You must have tested HIV positive before your health care provider can consider you for ARV drugs. Then, if your immune system is very weak, and you often fall ill, you may need to go onto ARV drugs. Your care provider will be able to advise you on when to take the drugs. They will run a series of medical tests which will give a guide to when to start ARVs.

Do not wait until you feel sick to go to the clinic or hospital.



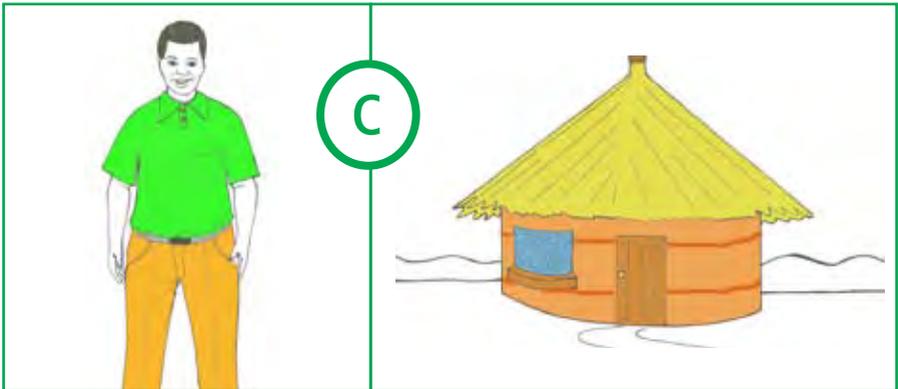
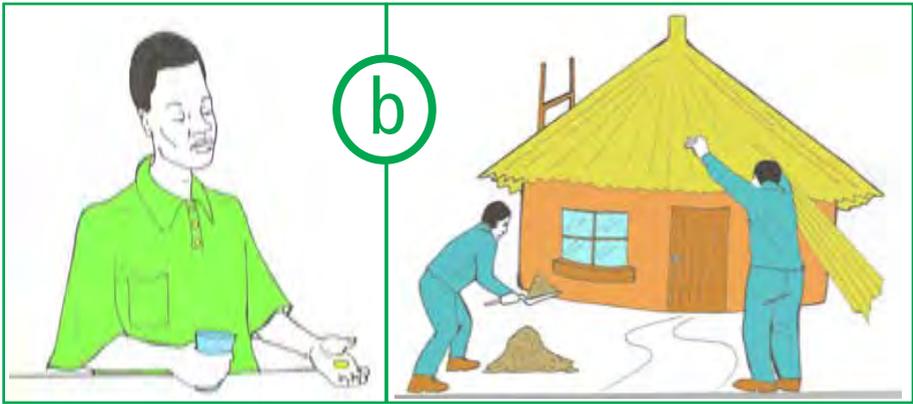
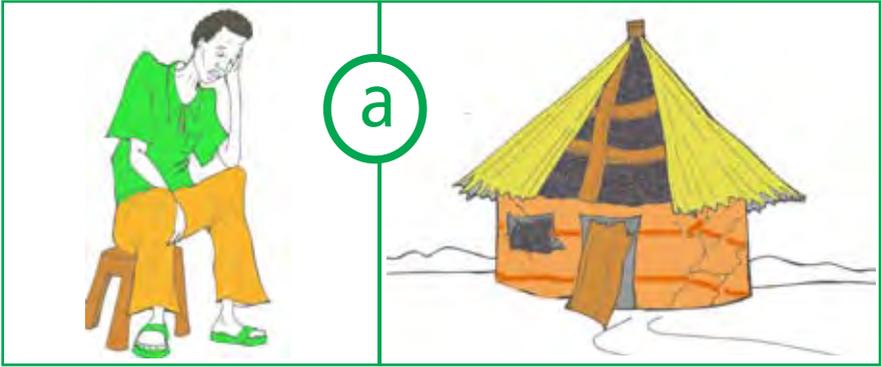
Like a house which is well maintained



ARVs will help you to keep your body strong and healthy.



If your CD4 soldiers cells are still strong, there are other ways you can stay healthy without going onto ARVs. Not everyone who is HIV positive needs to take ARV drugs. Ask your health care provider for other options.



ARV drugs are available **free of charge** through public health centres across Zambia. Check with your doctor or health care provider for more information.

- ▶▶ See Section 8 for a list of health centres providing ARV drugs in Zambia.

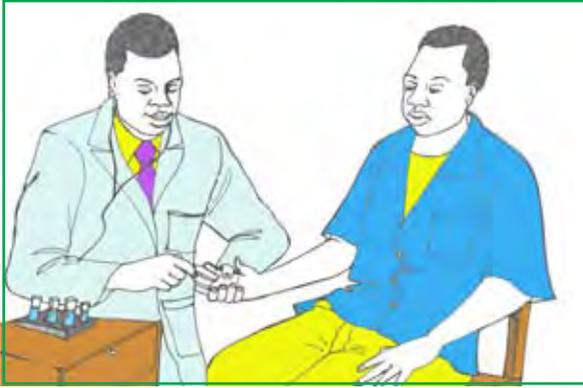
Remember: Your doctor or health care provider can advise you when to start taking ARVs, but the decision to take them is yours. You need to decide whether you are able to take the medicine for the rest of your life.



Only your doctor or health care provider can prescribe you the ARV drugs. They are strong drugs and you should not take them without the support and advice of your health care provider.

CD4 Count and other tests

Your health care provider checks the strength of your body's immune system by carrying out a series of tests. The initial tests determine whether you should go onto ARVs, there are also tests to monitor how your body is reacting to the drugs. The tests are **free of charge** through public health centres.



Your care provider will run tests to check if you are ready to go onto ARVs. Where the facilities are available, they can also do a CD4 count. This records how many CD4 solidier cells are remaining in your body. The more you have the stronger your body is.





Your care provider may also do a Viral Load test, which measures the amount of HIV in your blood. If your ARV drugs are working well, your viral load will reduce within 6 to 12 weeks. The ARV drugs control the level of HIV in your body, they do not cure or remove the HIV. If you stop taking the ARVs, the virus will start to grow again in your blood.

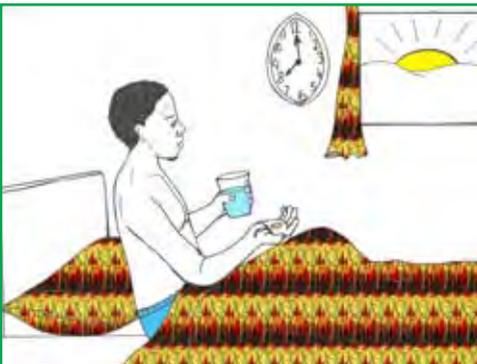
These and other monitoring tests are all provided free of charge to HIV positive people through public health centres.

Remembering to take your ARV drugs - Adherence

ARVs are usually taken at different times of the day. Most people take a combination of drugs, some may take more than others.



For the drugs to work, it's very important that you take them at the same times, in the right amounts, every day for the rest of your life – even if you start feeling strong and healthy.



Stopping and re-starting, or missing tablets, stops the ARVs from working well and you can develop 'drug resistance'. You should never share your medicines with anyone. The drugs will be of no help if you don't take them as your health care provider advised.

Drug resistance means that the drug you were taking doesn't work anymore for you. Your health care provider will then have to find a new one and often that is difficult and expensive. Sometimes you may find it difficult to 'adhere' to your drugs if you:

- ▶▶ Get a lot of side effects from the medicine
- ▶▶ Start to feel well and think you don't need the drugs
- ▶▶ Suffer from depression and think negative thoughts
- ▶▶ Drink a lot of alcohol and forget to take them
- ▶▶ Don't know about adherence
- ▶▶ Go traveling away from home and forget your tablets
- ▶▶ Don't have enough food
- ▶▶ Vomit after taking the pills



Try to find someone you trust to help you take the medicine - your partner, a family member or a friend.

Many people have '*treatment buddies*' to help them remember to take their medicine and to offer them adherence support. You can also keep a diary where you write down a note to remind yourself to take your tablets.

Learn as much about the side-effects of the drugs you are taking, so that you know what to expect if you don't feel well. You can also join a support group in your area to discuss how others deal with 'adherence'. Many clinics also monitor their patients who are on ARV drugs. If you miss an appointment to pick up your new prescription, or your check-up, the adherence-support worker from your clinic may visit you at home to see if you are okay.

If you are having problems remembering to take your tablets, do tell your doctor or health care provider. You also need to be 100% honest and answer any questions they have about personal issues like sex, alcohol and other drugs you might be taking. Your care provider is there to help you and not to judge you. Remember whatever you say to them will be kept in confidence.

If you are honest, there is more chance that the ARV drugs will work for you. Don't forget it's just as important to keep eating well and living a positive life when you are on ARVs. Remember to go for follow-up prescriptions at least 1-2 wks before your drugs run out.



Remember: It is important to fix a routine for taking your ARV drugs, so they become part of your daily life.

Leave a note to remind yourself to take them in the house near a place you visit each day like the kitchen or bathroom. You can even set an alarm on your watch or, if you have one, cell phone.

Side effects of taking ARV drugs

Side effects are reactions that may occur when you start taking ARV drugs. Side effects usually go away when your body gets used to the ARVs. This may take 4-6 weeks or longer. All drugs have side effects and they affect each person differently. Some people may not have any side effects.

You must tell your health care provider if you are taking any other drugs, this includes prescription drugs, herbal medicines, vitamins and alcohol. Other drugs may effect your ARV treatment and you might need to stop taking them.

It is important to tell your care provider about your side effects. They will help you to deal with them.

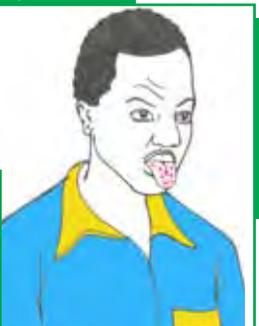
These are some examples of side effects from ARV drugs:



Feeling tired



Headache



Dry mouth

Skin rash

Headache



What to do...



Rest in a quiet, dark room with your eyes closed

1



Place a cloth dipped in cold water over your eyes and forehead

2



3 Take 2 tablets of paracetamol 3-4 times a day with food. If the pain doesn't stop within 24hrs go to the clinic

Go to the clinic if:

- »» Your vision becomes blurred or unfocused.
- »» Aspirin or paracetamol does not stop the pain.
- »» You have frequent or very painful headaches.

Dry mouth



What to do...



1 Avoid drinks with caffeine such as coffee, strong tea and some soft drinks



2 Avoid eating sweets. Try sucking on an pineapple as this sometimes helps thrush

3 Rinse your mouth with clean warm salty water

Go to the clinic if:

- »» You have spots on your tongue or in your mouth.
- »» You have trouble swallowing food

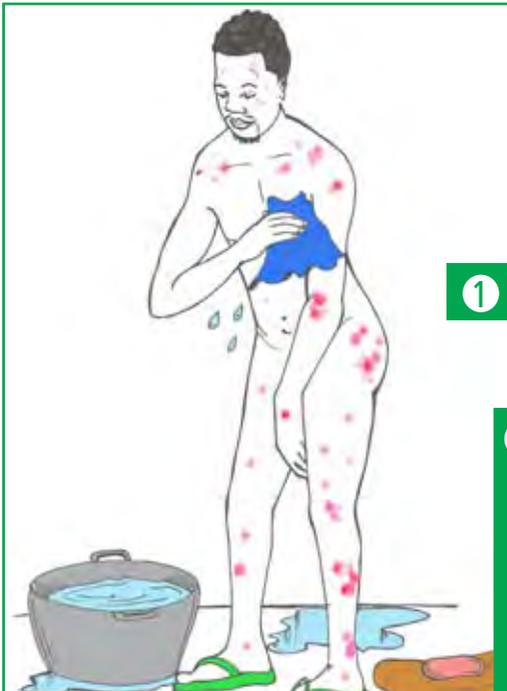
Skin rash



What to do...



1 Use calamine lotion for itching



2 Take a bath at least once a day with carbolic (unscented) soap and water, and keep your skin clean and dry

3 Avoid walking in the sun when you have a rash



Go to the clinic if:

» The rash becomes worse

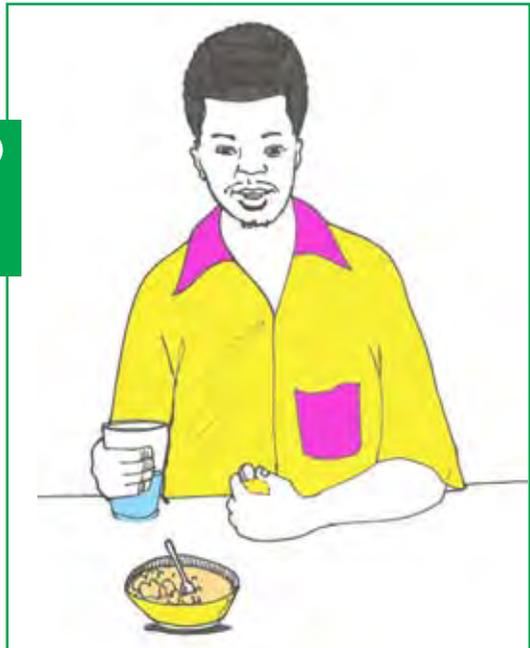


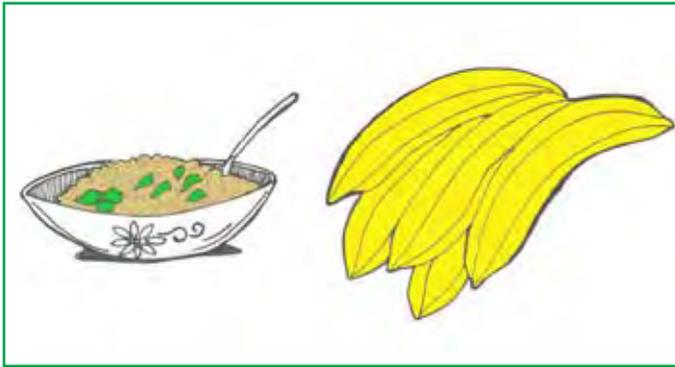
What to do...



- 1 Drink lots of clean boiled water. Take oral rehydration solution (ORS)

Eat small meals more **2** times a day, rather than fewer large meals





Eat foods that are easy to swallow e.g. bananas, rice

3

4 Avoid peppery or fried foods



Go to the clinic if:

- » There is blood in your stool
- » You have loose watery stools, more than 4 times a day
- » You are thirsty but cannot eat or drink properly

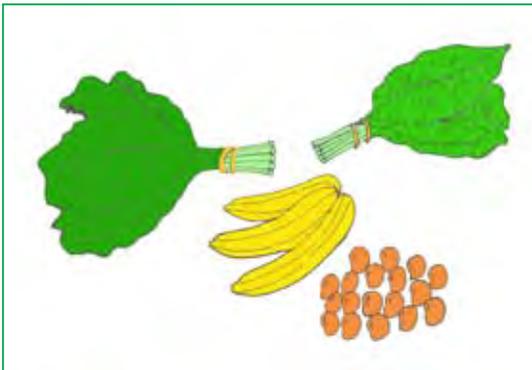
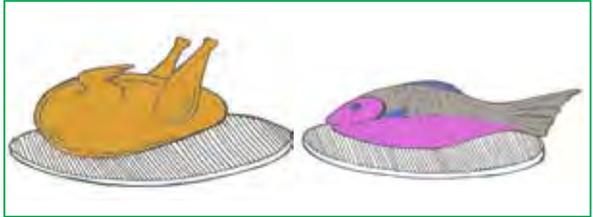
Anaemia

Anaemia is when your blood is weak from not enough iron. When you have anaemia, you may feel very weak and dizzy and get tired easily.



What to do...

Eat iron rich foods like fish, meat and chicken **1**



2
Eat beans,
dark leafy
greens and
fruits



3 Ask your care provider for iron tablets

Go to the clinic if:

» You have been tired for one week, and you are feeling more and more tired

Tingling or pain in hands or feet

What to do...



Wear loose-fitting slippers, sandals or shoes ①

② Soak feet in warm water/massage with cloth soaked in warm water



Take 2 tablets of paracetamol 3-4 times a day for 1-2 days ③

Go to the clinic if:

- »» The tingling does not go away or gets worse

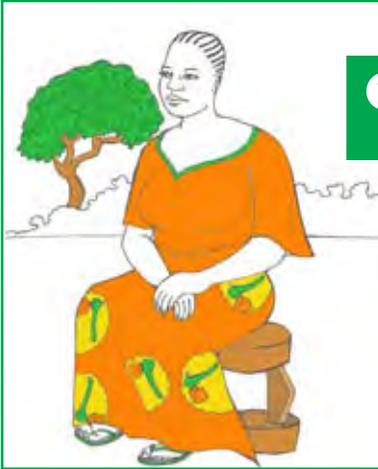


- »» The pain is preventing you from walking or using your hands



Feeling dizzy

What to do...



① If you feel dizzy, sit down until the feeling goes away



② Try not to lift anything heavy or move quickly

Go to the clinic if:

- » The dizziness does not go away
- » You have trouble walking



Nausea and Vomiting

What to do...



- 1 Check with your health care provider whether you should take your tablets with food



- 2 Eat lots of small meals rather than big meals



- 3 Take sips of clean, boiled water, weak tea, or Oral Rehydration Solution (ORS) until the vomiting stops



- 4 Avoid peppery or fried foods

Go to the clinic if:



You have sharp pains in your stomach



You also have fever

Or if you:

- »» There is blood when you vomit
- »» Vomiting and nausea last more than a day or get worse
- »» You are very thirsty but cannot eat or drink properly

Unusual or bad dreams

What to do...



- 1 Try to do something that makes you feel good and calm just before you go to sleep

- 2 Avoid alcohol as drinking will make things worse

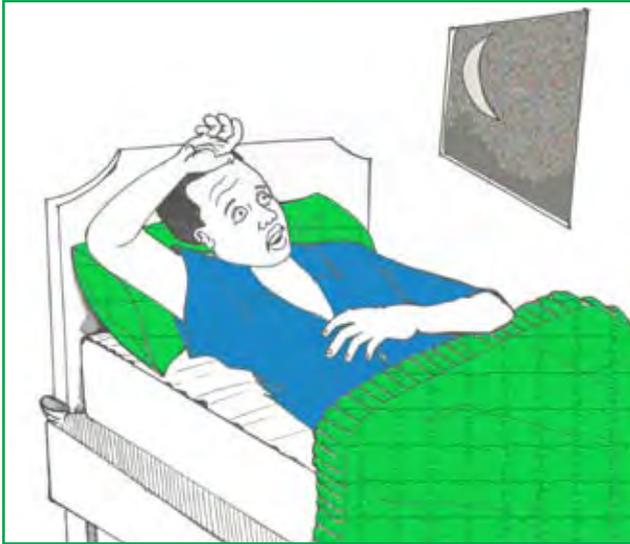


- 3 Avoid food with a lot of fat



Go the clinic if:

»» If you cannot sleep for several nights



Feeling tired



What to do...

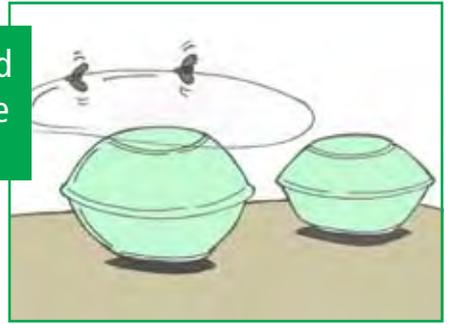


① Get enough rest when you need to



② Keep your body active so that you feel alive

3 Always make sure you have food prepared for times when you are too tired to cook



Go to the clinic if:



- » You feel too tired to eat or move
- » You cannot swallow or eat enough to keep strong.

Feeling sad or worrying

What to do...

- 1 Talk about your feelings with others, join a support group or talk to a counselor



- 2 Keep your body active



Go to the clinic if:



- »» You feel very sad or very worried (depressed)
- »» You are very aggressive or very scared



“My first experiences of taking ARVs”

Ruth Muchazi, Network of Zambian People Living with HIV/AIDS (NZP+) Namwala



Before I knew my status I fell badly ill with TB in Namwala and was in hospital for a month. I was coughing a lot; I lost weight and ran a high temperature. I became very weak and suffered from painful joints. I could not walk for over 3 months until after sometime. The doctor advised me to go for an HIV test and I was told I was HIV positive and given advice on how to look after myself. As my health was deteriorating I decided to go onto ARV drugs. I was lucky enough to find a friend who helped me to register at the Kalingalinga clinic in Lusaka for ARVs.

Now each time I need to get more drugs I take the bus to Lusaka from Namwala. The clinic supplies my drugs free of charge. I must find my bus fare each time which is hard. Initially I had my first examinations, including a CD4 count, done at the clinic. Then after a week I went back. I was a bit nervous because I was not sure of the reactions I would get. The side effects were difficult at first. I would have nausea, vomiting every morning for about two months and the body temperatures would rise. Sometimes I'd feel cold, sometimes I'd be fine in the morning but as the day goes down I fell to bed. After about two and a half months I started feeling fine, I became stronger. I started moving in the hot sunshine for kilometers and kilometers to organize support groups for NZP+.

There's no drug that doesn't have side effects, even the food we eat can give you problems. Some that eat nshima – it can affect their stomachs. Everything has a side effect, whether large or small. People considering ARVs should not fear the side effects. Doctors now know how to minimise the side effects. When I was found with TB – the doctors told me I didn't

have to take Nevirapine for the first two months (they give you something different) – they try to control the side effects so you don't become ill.

After being on ARVs for about 8 months, I had a TB relapse and then, because I was on the treatment the TB was not very severe, not like the first time. If I'd not been on the ARVs, I was going to be in a worse situation, I'd probably even have died. But because my CD4 was raised by the ARV drugs, I was able to stand the infection. I took TB treatment at the same time and I'm still on the treatment, this is now the fourth month. I take the TB drugs alongside my ARV drugs each day.

I realise I'm one of the few people in Namwala to be on ARV drugs and they have prolonged my life. I must be one of the luckiest individuals in our country Zambia.

Ruth's story is featured in a documentary film entitled '*The Right to Life*' which examines the challenges she faces accessing ARV drugs in Zambia. For details on resource centres where you can borrow or watch the video see Section 8.



Remember: You are not alone. Over a million people around the world take ARV drugs everyday, you too can take them successfully.

What is drug resistance?

If you develop 'drug resistance' to ARVs, this means that you have developed a type of HIV which cannot be attacked by one or more of the ARV drugs you are taking.

Your ARVs will stop working and your CD4 cell soldiers won't be able to defend your immune system against HIV. Drug resistance is usually caused when a person fails to take their ARV drugs at the same time each day, or stops taking their drugs.

To avoid drug resistance, you should:

- »» Take the ARV drugs at the same times, in the right amounts, every day for the rest of your life
- »» Never stop taking your drugs or change the type of drugs you take unless your health care provider tells you to
- »» Visit your care provider regularly so they can monitor your progress

If you develop drug resistance, your care provider will need to change the ARV drugs you are on. This may mean you have to take more drugs each day and you will have less treatment options available to you. In addition the ARVs may be more expensive.



You should check that your local health care provider is experienced in prescribing HIV medicines. They will refer you to another clinic if you need specialist advice.

Remember: A drug resistant strain of HIV can also be passed onto your or your partner, so you need to continue to use a condom correctly every time you have sex even if both you and your partner are HIV positive.



"I stopped taking my ARVs after 3 months..."

**Clementine Mumba, Chairperson,
Zambia's Treatment Advocacy &
Literacy Campaign (TALC)**



I found out that I had TB in September 1998. I was immediately put on treatment. While on TB treatment I went for a short holiday in Botswana. It was here I decided to do an HIV test and found out I was HIV positive. My viral load was very high whilst my CD4 count was very low. I was still looking healthy and fortunately for me, I had prior knowledge about HIV/AIDS. The doctors there told me to start ARV drugs but they were too expensive and I couldn't afford them.

I came back to Zambia and continued as though nothing had changed. I had only disclosed my status to a friend and my daughter. I went back to Botswana in 2000 and saw the same doctor but I still couldn't afford the drugs he prescribed. He advised me to buy ARVs (Combivir) for 6 months but I only managed to get some for 3 months.

When I came back to Zambia, I ran out of medication after 3 months and so I discontinued because of the exorbitant cost of the drugs (the drugs cost K1.5m per month back then). In 2002 I became very sick again. I developed flu, chest pains, was coughing and had constant body pains. I told the doctor who attended to me at UTH my history and after doing the CD4 count he advised that I start ARV drugs immediately. I had no choice but to buy the drugs. This time I sold off most of my personal properties in order to save my life.

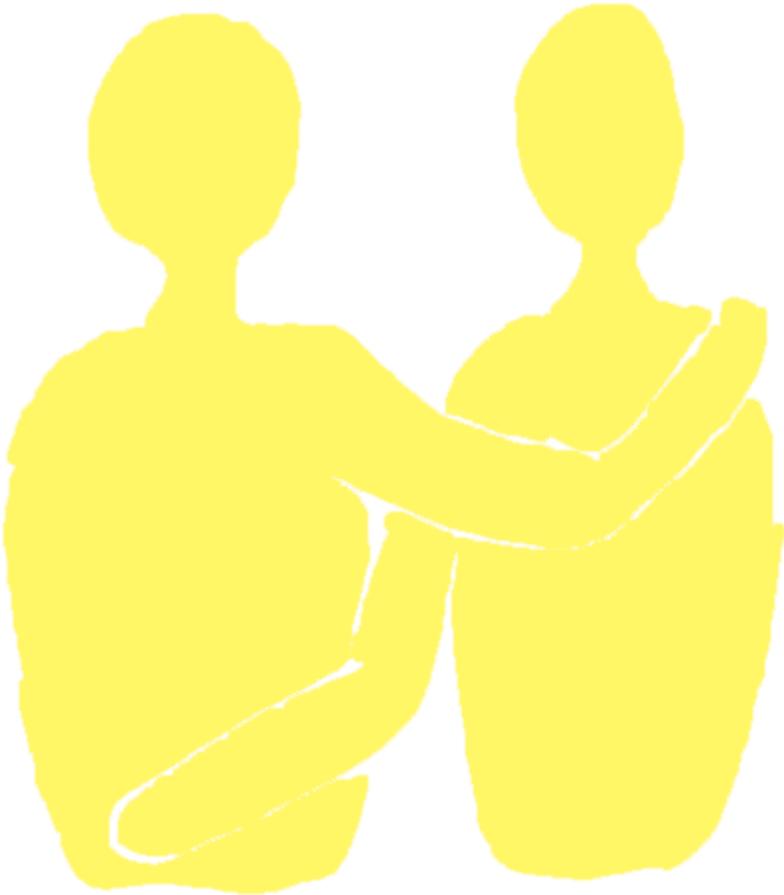
Eventually ARVs became available through the public health system and I

was able to access them at a reduced cost through UTH. I was doing well until late last year when I fell ill. My CD4 count had dropped even though I was on medication and for some reason the combination of ARV drugs I was on didn't seem to be working. The doctor, after doing the clinical examination, said I had developed drug resistance. He could not tell which of the combination drugs I was resistant to because UTH couldn't at that time perform a resistance test. The only option the doctor had to prevent my health from getting any worse was to change my drug regime and go onto 'second-line treatment'.

When the doctor did change the drugs, I discovered I couldn't tolerate *Kaletra* liquid and I'd vomit straight after I took them. When I asked for capsules, I was told they were reserved for high cost patients. The following month I went for review and the pharmacist told me the same. I protested and ended up at the office of the Director General (Dr Ben Chirwa) of the Central Board of Health. Fortunately he managed to source some *Kaletra* capsules for me.

It was far harder for me to get access to some of the second-line drugs as they are not as widely available in Zambia as the 'first-line' ones. All the time I was very worried about what would happen to my health as I was always reminded by the pharmacist that the drugs were very expensive.

Now I'm on second-line treatment my health has improved but if I become ill again I'm not sure what will happen. I'm worried that I may run out of other options before a cure is found. My advice to all those on first-line drugs is to take your drugs everyday, at the right time for the rest of your life. I didn't because when I first started ARVs I couldn't afford to buy the drugs. Because I didn't adhere I developed resistance. Now we have no excuse as the drugs and tests are free. Every time you become resistant to a drug your options for treatment are reduced.



7

Your rights and HIV

What is HIV-related stigma?

If you are HIV positive, you may find that some people treat you differently because of your HIV status. This is called 'stigmatising'. Stigma refers to negative thoughts others have about a person they see as different to what they consider 'normal'.



Reasons for HIV-related stigma include:

- »» Fear – HIV/AIDS is life-threatening and people are scared of contracting it
- »» Ignorance – people don't have enough information about HIV & how it is transmitted. Their ignorance leads to fear
- »» Prejudice – HIV is often linked to so-called 'shameful' behavior, such as having many sexual partners, drug use, homosexuality or unfaithfulness

Stigma is a huge problem in Zambia and may prevent you from going to the clinic for treatment and from speaking openly to your family and friends about your HIV status. This will have a bad impact on your health and may make you get ill faster.

Remember: How important you are to your family and friends and when you feel comfortable, try to explain to others more about what it's like to live with HIV. Once people understand more about HIV, they will lose their fears.



You can also join a support group to help you through difficult times.



*Facing fear &
ignorance head on*

Harriet Mulenga
Psychosocial Counsellor (CHAMP)



In two and a half years, I went through what most people would go through in a lifetime. Between November 1999 and May 2002, I lost my husband, tested HIV positive, had pneumonia once, herpes zoster twice, and TB three times. As if this wasn't enough my family couldn't accept my status.

Stigma has a very negative affect on anyone living with HIV. My family had given me up for dead; they said I'd die anytime soon. In the community I was labelled as a widow with AIDS and a danger to society. My family gave me my own plate, fork, knife and spoon for my use alone. They thought I'd infect them if I shared their utensils. I found my friends gossiping about me behind my back. They didn't understand how HIV was transmitted and blamed me for bringing it upon myself.

Because of the way I was being treated, I began to hate myself. I remained inside the house for a while and avoided seeing people, I thought they'd come to see how much weight I'd lost. Then I found a friend in Jesus. I started reading the bible a lot and this gave me a spiritual awakening and the courage to live.

And live I have. When I started to take my ARVs I managed to increase my weight from 34kg to 62.5kgs and my CD4 count from 66 to 580. I am in gainful employment and work as an HIV/AIDS Educator and Psychosocial Counsellor for an NGO called CHAMP.

I have forgiven those who ill-treated me during my illness because I now

realise they did this out of ignorance. At that time there wasn't enough information being disseminated to the communities about HIV, but in this day and age when we have all the information available to us, there is no excuse for anyone to mistreat another human being because of their status.

I have learnt that it is all about choices that you make in your life. It always has been and always will be. You cannot control life but you can control your choices. Remember that every choice has consequences and you should be prepared to face them.

Harriet has featured in a documentary film called '*Tikambe*' which looks at her battle with stigma and going onto ARV drugs. For details on resource centres where you can borrow or watch the video see Section 8.

What is HIV-related discrimination?

Discrimination occurs when a person is treated unfairly or unjustly because of their HIV status. Examples of HIV-related stigma and discrimination in the home, community and workplace include:

1

Giving people different cups, spoons and plates to eat from



2

Keeping a family member who is sick hidden away because they are ashamed of what others may think

Your family & workmates should know there is no risk of getting HIV from eating and drinking together



Try to talk openly about HIV with your family and help them to cope with stigma they may face from others

3 Avoiding or rejecting a friend or family member



We are all affected by HIV - it doesn't make sense to reject someone just because they are HIV+



4 Stopping an employee from going for training or getting benefits

5 Forcing an employee to go for an HIV test

Develop an HIV policy in your workplace which will safeguard the rights of employees. No-one can be forced to take an HIV test. It is the individual's choice



6 Dismissing or retrenching an employee because of their HIV status



If you feel you have been unfairly dismissed because of your HIV status contact ZARAN or the Legal Resources Foundation - see *Section 8* for contact details

7 Isolating a member of your community from using the village resources like water



Your rights in the workplace

All employees have the right to be treated equally, regardless of their HIV status.

Some workplaces have an HIV/AIDS policy, which is designed to protect employees from HIV-related discrimination.

The workplace policy should include clear guidelines on disciplinary procedures for any discriminatory actions against people due to their HIV status.

Under Zambian law:

- »» You have the same rights as your colleagues in terms of accessing company benefits, whether or not you are HIV positive.
- »» You have the same right to sick leave as any other employee.
- »» You have a right to privacy. It is your choice to tell people about your HIV status.

Making a Will

A 'will' is a legal document you write to say what should happen to your personal possessions and property. Your will makes sure there are no arguments or fighting over the things you own. It also protects your family from others taking possession of your property.

You need to think about your future seriously and ensure that your family aren't taken advantage of. All of us plan for the future, not just those who are HIV positive.



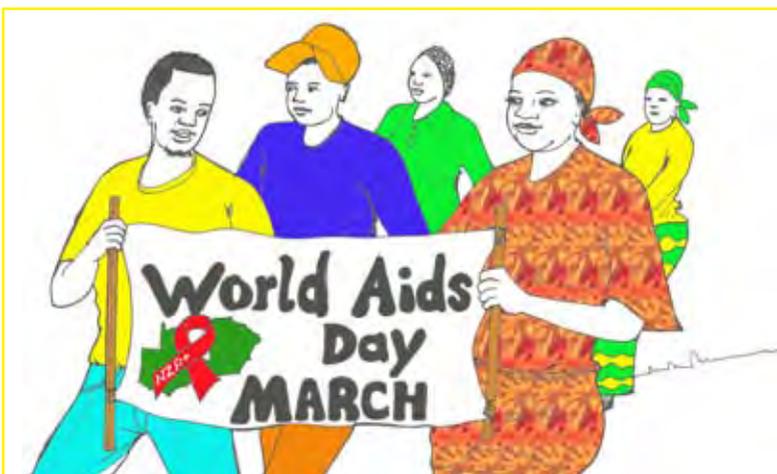
When you write your will, you should ensure you list everything you want your friends and family to inherit. Two people must sign and witness the will and they should not be recipients in the will. You also need an Executor who will carry out your wishes after you are dead. For more information on how to write a will, get in contact with the Women's Legal AID Clinic or the Legal Resources Foundation, see *Section 8 for contact details*.

Advocating for your rights

As someone living with HIV you have a right to be treated in the same way as any other person, regardless of their HIV status. Access to healthcare and HIV treatment is a basic human right which all of us are entitled to.

HIV advocacy is about speaking up to defend these rights, drawing your community's attention to an important issue, and directing decision-makers towards a solution. It is a process which aims to bring about change - either in policies, laws, and sometimes people's behaviour.

Organisations like the Treatment Advocacy & Literacy Campaign (TALC) and the Zambia AIDS Law Research & Advocacy Network (ZARAN) undertake advocacy work on treatment issues and access to better healthcare facilities for PLHA in Zambia. *For more information see Section 8 for contact details.*





Where to get more
information

8

Contact Information

This *Positive Living Handbook* provides a starting point giving you more information on how to live a positive life. Remember knowledge is power - the more you know about HIV and AIDS the more you will be able to look after you and your family's health.



Please use this section to find out more about topics you want further information on.

Positive Living Handbook

The following list shows organisations that you can contact for more information on HIV/AIDS and positive living:

HIV Advice lines (toll-free):

Telecel/Celtel Phone: 399
Zamtel Phone: 990

Zambia Library Service
Kasama Provincial Library
PO Box 410098
Kasama

HIV Resource Centres:

Afya Mzuri (Lusaka)
33 Joseph Mwilwa Road
Northmead, Lusaka
PO Box 51232
Tel: 01-232942 / 232943
Fax: 01-232944
Email: enquiries@afyamzuri.org.zm

Zambia Library Service
Solwezi Provincial Library
PO Box 110131
Solwezi

Zambia Library Service
Kabompo Branch Library
PO Box 140081
Kabompo

Afya Mzuri (Choma)
Livingstone Rd opp. Magistrates Court
PO Box 630727
Choma
Tel: 095-837545

Zambia Library Service
Mwinilunga Branch Library
PO Box 160125
Mwinilunga

Afya Mzuri (Kitwe)
Mukuba Pensions House
PO Box 23462
Kitwe
Tel: 02-224121
Email: afyamzurik@zamnet.zm

Workplace, Church & Civil Society contact organisations:

Zambia Business Coalition of HIV/AIDS (ZBCA)
4th Floor ZANACO Head Office
Cairo Road South End
PO Box 31026, Lusaka
Phone: 01-220801
Fax: 01-220802
Email: zbca@zamnet.zm

Zambia Library Service Senanga
Senanga Branch Library
PO Box 920055, Senanga
Zambia Library Service
Mansa Provincial Library
PO Box 710154
Tel: 08-821109
Mansa

Churches Health Association of Zambia (CHAZ)
CHAZ House, Ben Bella Road
PO Box 34511, Lusaka
Tel: 01-229702
Fax: 01-223297
Email: cmaz@zamnet.zm

Zambia Library Service
Chinsali Branch Library
PO Box 480099
Chinsali

Zambia National AIDS Network
(Global Fund on HIV, TB & Malaria)
Plot 7450 Katopola Road
Rhodes Park, Lusaka
PO Box 32401
Phone: 01-256791/2
Fax: 01-256790
Email: znan@zamnet.zm
Website: www.znan.org.zm

Human Rights & Legal Organisations:

Legal Resources Foundation
2nd Floor Woodgate House
Cairo Road, Lusaka
Tel: 01-221263
Fax: 01-221287
Email: lrf@zamnet.zm

National Legal Aid Clinic for Women
Lusaka
Plot No. 110A/150
Musonda Ngosa Road
Villa Elizabeth
Tel: 01-220595
Fax: 01-234747
Email: naleacw@zamnet.zm

National Legal Aid Clinic for Women
Livingstone
Plot No. 74, Area 217
Limulunga Road
PO Box 60242
Tel/Fax: 03-320612

National Legal Aid Clinic for Women
Ndola
No. 9 Mapanza Avenue
P.O. Box 240672
Tel: 02-622319
Fax: 02-612671
Email: nicf@zamtel.zm

Women in Law in Southern Africa
PO Box 34777, Lusaka
Tel: 01-253974/75
Fax: 01-255209
Email: wlsazam@zamnet.zm
Website: www.wlsa.org.zm

Treatment Advocacy & Literacy
Campaign (TALC)
PO Box 39088, Lusaka
Tel: 01-256991
Cell: 096-951511 or 097-888091
Email: avink@zamnet.zm

Zambia AIDS Law Research & Advocacy
Network (ZARAN)
5th Floor, CUSA House
Cairo Road, Lusaka
PO Box 39088
Phone: 01-229648
Fax: 01-229648
Email: zaran@zamtel.zm

Media organisations

PANOS Southern Africa
Plot 32A Leopards Hill Road
PO Box 39163, Lusaka
Tel: 01-263258
Cell: 097-771749
Tel/Fax: 01-261039
Website: www.panosaid.org

HIV counselling, testing & training organisations

Kara Counselling & Training Trust Hope
House, Lusaka
174 Luanshya Road
Villa Elizabeth, Lusaka
Email: hopekara@zamnet.zm or
2982/2 Bukavu Road
Thorn Park, Lusaka
Phone: 01-227085-6 or 237919
Fax: 01-227087 or 227920
Email: trainingcentre@zamnet.zm

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Kara Counselling (Choma Office)
Plot 252 Kalima Street
PO Box 630641
Phone: 032-20108
Telefax: 032-20724
Email: karachom@coppernet.zm

Kara Counselling (Kabwe)
Plot 80, Chilufya Katebe Rd
Phone: 05-221718

New Start (Lusaka)
Off Cairo Road
2nd Floor above Bata Shoe Store
PO Box 50770, Lusaka
Tel: 01-232683
Fax: 01-232674

New Start (Kitwe)
2nd Floor Archris House
PO Box 22176, Kitwe
Tel: 02-220276
Fax: 02-220278
Email: newstart@coppernet.zm

Copperbelt Health Education Project
8 Diamond Drive, Martindale
PO Box 23567, Kitwe
Phone: 02-229512
Fax: 02-222723
Email: chep@zamnet.zm

DAPP – Hope Humana (Ndola)
PO Box 70505, Ndola
Phone: 02-640265
Fax: 02-640265
Email: hopenidl@zamtel.zm

AIDS Care and Prevention Programme
St Francis Hospital
Post Bag 11, Katete

Young Women's Christian Association (YWCA)
Lusaka)
Nationalist Road
Opposite University Teaching Hospital (UTH)
PO Box 50115
Lusaka

YWCA Western Region
NAPSA Building, 5th Floor
PO Box 910245, Mongu
Phone: 07-221573
Fax: 07-221573
Email: ywcawr@zamtel.zm

Concern Worldwide (Mongu)
Plot 41 Boma Area
PO Box K156, Mongu
Tel: 07-221028 or 221857
Email: haconcern@zamtel.zm

Funding organisations

Community Response to HIV and AIDS
(CRAIDS)
Lusaka Regional Office
Old Bank of Zambia Building
PO Box 31559, Lusaka
Tel: 01-226087
Email: lusakacf@zamsif.org.zm

Zambia National AIDS Network (ZNAV)
Plot 7450 Katopola Road
Rhodes Park
PO Box 32401, Lusaka
Phone: 01-256791-2
Fax: 01-256790
Email: znav@zamnet.zm
website: www.znav.org.zm

Contacts for Support Groups for PLHAs

Network of Zambian People Living with HIV/AIDS (NZP+)

National Secretariat
4th Floor Civic Centre
Independence Avenue
PO Box 32717, Lusaka
Tel: 01-256991

Email: napnzp@zamnet.zm

NZP+ Ndola Rural
Masiti District Chapter
PO Box 800028

NZP+ Ndola
Nkwazi Drop-In Centre
James Phiri Road
Plot 12B Nkwazi Market
PO Box 300006, Ndola
Cell: 096-674091 *or*
095-840482 *or* 096765884

Centre For Infectious Disease Research In Zambia (CIDRZ) Support Groups in Lusaka include:

Bauleni Support Group
Bauleni Clinic
PO Box 50827, Lusaka
Cell: 097-887159

Ukani Support Group
Kalingalinga Clinic
PO Box 50827, Lusaka
Cell: 097-544231

Chelston Support Group
Chelston Clinic
PO Box CH26, Lusaka
Cell: 097-786707

Kamwala Support Group
Kamwala Clinic
PO Box 50827, Lusaka
Cell: 097-998038

Chilenje Support Group
Chilenje Clinic
PO Box 50827, Lusaka
Cell: 097-565478

Kanyama Support Group
Kanyama Clinic
PO Box 50827, Lusaka
Cell: 097-753083

Chipata Support Group
Chipata Clinic
PO Box 50827, Lusaka
Cell: 097-639536

Matero Reference Support Group
Matero Reference Clinic
PO Box 50827, Lusaka
Cell: 096-845813

George Support Group
George Clinic
PO Box 50827, Lusaka
Cell: 097-677609

Mtendere Support Group
Mtendere Clinic
PO Box 50827, Lusaka
Cell: 097-783081

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District Chapter phone contacts for Network of Zambian People Living with HIV and AIDS (NZP+)

District Chapters	Contact Person	Tel No.
Chongwe	Benson Makelesa	097-462254
Chirundu	John Mainga	097-472374
Nakonde	Christopher Chanda	096-630932
Mpulungu	Joseph Grayor Emmanuel Simutengu	096-644500/ 097-891246
Kapiri Mposhi	Nyambe Kamungoma	097-647339
Kitwe	Emanuel Kampalala	097-571862
Livingstone	Sidney Mwamba Suzan Kekelwa	097-706165/ 097-692478
Namwala	Ruth Muchazi	032-60060
Lundazi	Shupie Nyirenda Beatrice Mbale	06-480501/ 095-958241/06-480486
Chipata	Cecilia Sakala Anne Phiri	097-516444/ 097-516559
Kabwe	Solomon Maimisa	069-621230
Mongu	Lamaswala Mubiana	07-222314/ 097-526351
Kaoma	Ernest Mwaaba	07-360131 or through the UNVs office
Mansa	Gershom Kapalaula	097-892124
Solwezi	Taitas Zimba Joyce Sefuka	097-567658/ 097-448458
Mwinilunga	Alex Makine	c/o 08-361006
Kalomo	Coyness Sikaale	097-670595
Ndola	Alfred Kwenda	096-674091
Kasama	Lawrence Mulenga	04-221655

Luangwa	Hellen Kamuti or Kado Mpande	Through DHMT Katondwe Mission Hospital
Mazabuka	Hellen Chilufya	097-577983
Katete	Royd J Phiri	06-252090
Mbala	Wigan Siame	04-450594
Chibombo	Petrus Chipulumuka	Through the UNVs Office

Congratulations: You are well on your way to living positively. Reading and using the information in this handbook is an important first step.



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List of ART Centers in Zambia

Province	District/Town	Government and Mission Health Facility ART Treatment Center
Lusaka	Lusaka	UTH-Clinic V
	Lusaka DHMT	Chelstone Health Center
	Lusaka DHMT	UNZA Health Center
	Lusaka DHMT	Mtendere Health Center
	Lusaka DHMT	Kalingalinga Health Center
	Lusaka DHMT	Kanyama Health Center
	Lusaka DHMT	Matero Referral Health Center
	Lusaka	Chainama Psychiatric Hospital
	Kafue	Kafue District Hospital
	Luangwa	Katondwe Mission Hospital
	Chongwe	St Luke Mission Hospital
Copperbelt	Ndola	Ndola Central Hospital
	Kitwe	Kitwe Central Hospital
	Ndola	Arthur Davisons Children's Hospital
	Ndola DHMT	Lubuto Clinic
	Chingola	Nchanga North General Hospital
	Mufulira	Ronald Ross General Hospital
	Ndola*	Flying Doctor Service
Eastern	Chipata	Chipata General Hospital
	Lundazi	Lundzi Distric Hospital
	Petauke	Petauke Distric Hospital
	Chipata	Mwami General Hospital
	Katete	St Francis Mission Hospital
Northern	Kasama	Kasama General Hospital
	Mpika	Mpika District Hospital
	Mbala	Mbala District Hospital
	Chinsali	Chinsali District Hospital

Southern	Livingstone	Livingstone General Hospital
	Monze	Monze General Hospital/Mission Hospital
	Siavonga	Saivonga District Hospital
	Mutendere	Mutendere Mission Hospital
	Choma	Choma District Hospital
	Mazabuka	Mazabuka District Hospital
	Chikankata	Chikankata Mission Hospital
North-western	Solwezi	Solwezi General Hospital
	Kasempa	Mukinge Mission Hospital
	Kabompo	Kabompo District Hospital
	Mwinilunga	Mwinilunga District Hospital
Western	Mongu	Lewanika General Hospital
	Lukulu	Lukulu District Hospital/Mission Hospital
	Kaoma	Kaoma District Hospital
	Senanga	Senanga District Hospital
	Sesheke	Sesheke District Hospital
	Kalabo	Kalabo District Hospital
Luapula	Mansa	Mansa General Hospital
	Samfya	Kasaba Mission Hospital
	Samfya	Lubwe Mission Hospital
	Kawambwa	Kawambwa District Hospital
	Kawambwa	Mbereshi Mission Hospital
	Nchelenge	St Pauls Mission Hospital & MSF
Central	Kabwe	Kabwe General Hospital
	Mumbwa	Mumbwa District Hospital
	Serenje	Serenje District Hospital
	Kapiri Mposhi	Kapiri Mposhi District Hospital

*Not providing ART services yet Awaiting Accreditation and certification

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Province	District/Town	VCT Centre
Lusaka	Lusaka DHMT	Chipata Health Centre
	Lusaka DHMT	Central prisons
	Lusaka DHMT	Chelstone Health Centre
	Lusaka DHMT	Kalingalinga Health Centre
	Lusaka DHMT	Kamwala Health Centre
	Lusaka DHMT	Lilayi
	Lusaka DHMT	Mtendere Health Centre
	Lusaka	UTH
	Lusaka DHMT	UNZA Health Centre
Eastern	Chipata	Chipata General Hospital
	Chipata	Kapata Clinic
	Chipata	Mwami Mission
	Katete	Katete Health Centre
	Katete	St. Francis Mission Hospital
	Lundazi	Lundazi District Hospital
	Mambwe	Kamoto Mission Hospital
	Petauke	Petauke District Hospital
Northern	Mbala	Tuleman Hospital
		Mbala General Hospital
		Mambwe Health Centre
		Urban Health Centre
	Mpika	Chilonga Mission Hospital
		Mpika District Hospital
	Mungwi	Mungwi Health Centre
	Kasama	Chilubula Mission
		Kasama General Hospital
		Kasama Urban Health Centre
		Location Urban Health Centre
		Lukupa Health Centre

Southern	Chinsali	Chinsali District Hospital
	Monze	Monze General/Mission Hospital
		Monzwe Rural Health
		Chisekeshi Rural Health
		Njola Mwanza Rural Health
		Keemba Rural Health Centre
		Chikuni Mission
		Livingstone
		Linda
		Maramba
		MCH
		Police
		Prisons
		Livingstone General Hospital
		Mahatma Gandhi
		Boma
		Airport
		Teacher Training College
		Vic Falls Health Centre
		Sepo Centre
		Ltti Health Centre
		Mars Health Centre
	Kazungula	Kazungula Health Centre
Mambova Health Centre		
Makunka		
Mukuni Health Centre		
Musokotwane Health Centre		
Simango Health Centre		
Nyawa Health Centre		
Mazabuka	Sikaunzwe Health Centre	
	Chikankata Mission	
	Mazabuka District Hospital	

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	Choma	Choma District Hospital
		Macha Mission
		Sikalonga Health Centre
		Pemba Main Health Centre
		Mapanza Health Centre
		Jembo Health Centre
		Masuku Mission Health Centre
		Mbabala Health Centre
	Siavonga	Siavonga District Hospital
		Mutendere Mission Hospital
		Chipepo Health Centre
		Lusitu Health Centre
	Sinazongwe	Maamba Rural Hospital
		Sinazeze Health Centre
		Siatwinda RHC
		Siansowa RHC
	Kalomo	Kalomo District Hospital
		Zimba Mission
		Simwatachela Rural Health Centre
		Siachitema Rural Health Centre
	Iteze teze	Iteze teze District Hospital
	Gwembe	Gwembe District Hospital
	Namwala	Namwala District Hospital
North Western		
	Chavuma	Chavuma Hospital
	Solwezi	Solwezi General Hospital
		Solwezi Urban Clinic
	Mwinilunga	Mwinilunga District Hospital
		Kalene Hospital
	Kabompo	Kabompo District Hospital
	Kasempa	Mukinge Hospital
	Zambezi	Zambezi District Hospital

Luapula		Chabilikila
		Chisenga
		Kabuta
		Kafutuma
		Kanyembo
		Kashikishi
		Kabelenge
		Nchelenge
		Kabwali
		Kilwa

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"talk to a friend"

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Toll free on Zamtel

CONFIDENTIAL HIV TALKLINE



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