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**HEALTH POLICY  
INITIATIVE**

## **SUBREGIONAL CURRICULUM:**

### **HIV Basics by and for HIV-Positive People in the Middle East and North Africa Region**

*Investing in MENA Series—Volume 2*

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## INTRODUCTION TO THE MANUAL

HIV is one of the greatest challenges of the 21<sup>st</sup> century. Since the first scientific recognition of HIV more than 25 years ago, 33.2 million people worldwide have been identified as HIV positive, and millions have died from AIDS. These statistics are a testament to the difficulty physicians and practitioners face in managing the complex nature of the HIV virus and accompanying syndrome, which can easily overwhelm a person's immune system, especially without access to appropriate treatment and care.

In addition to the science of the disease, it is important to understand the sociocultural and development issues that can both fuel and prevent the spread of HIV. These include poverty, gender disparity, human rights, and governance. Although there are risk situations and behaviors that create greater HIV vulnerability, anyone can infect another person with HIV regardless of religion, locale, language, or family.

HIV affects not only individuals but also entire families and communities, leaving weaker social structures on which people can depend to order society and daily life. Because HIV usually affects people in their most productive years (between the ages of 15 and 49)—from port workers to truck drivers, traders, tea sellers, school teachers, business professionals, and mothers and fathers—it has affected the productivity of entire countries. It has also left an orphaned generation in many countries, as parents die leaving elderly relatives to shoulder the burden of care for increasingly large numbers of children left behind.

HIV has also been described as a complex set of epidemics, including a parallel epidemic of stigma and discrimination. People living with HIV (PLHIV) often face self-stigmatization, in addition to discriminatory practices that cause harm and the violation of basic human rights. This can include being denied housing, marriage, a job, or community acceptance, leaving some HIV-positive people without support or hope for the future.

However, there are many ways to prevent stigma and discrimination, along with preventing HIV transmission and managing HIV as an individual; caring family; or member of a mosque, church, school, workplace, and community.

One of the first steps in addressing HIV, limiting both stigma and infection, and promoting greater health, is creating a better understanding of HIV. This complex understanding is best brought to light by PLHIV themselves, who have proven in many regions, including the Middle East and North Africa (MENA), that they can provide key leadership in creating a sustainable HIV response.

In the MENA Region, HIV remains a neglected and complex challenge. Available regional estimates suggest an overall low but growing prevalence rate. However, available data are mired by a lack of appropriate surveillance and supportive political will.

High-risk factors—including conflict, gender disparity, poverty, mobility, and weak governance—and a dearth of information, education, and communication about HIV have created an environment in which the epidemic is increasing both rapidly and silently among the many “loud emergencies” in the region. Further, as HIV takes root in the region, the feminization of the epidemic also has markedly increased vulnerability among women in particular.

The Greater Involvement of People Living with HIV (GIPA) is a basic principle that has been incorporated into national and international program and policy responses worldwide and has been adopted as a model of best practice in the response to HIV/AIDS. But GIPA is also a broad and dynamic process that must be linked to PLHIV social movements, organizations, networks, support groups, and individuals to ensure meaningful involvement. As increased numbers of women and men come forward as leaders in the MENA HIV response, the GIPA principle that has guided national and regional responses worldwide is surfacing. Positive women and men are key to shaping this response by and for PLHIV in the region and must be provided with access to capacity building, education, information, and networks of support to best use their strengths and talents to address one of the most complex and challenging issues of our time.

The Health Policy Initiative’s overarching objective is to foster an improved enabling environment for health. This includes facilitating a stronger HIV/AIDS response with new partners, such as support groups, NGOs, and networks via participatory and capacity-building processes that respond to the needs of PLHIV. To help ensure that governments follow through on the commitments made from the Paris Declaration to UNGASS, the project provides technical assistance and training to PLHIV to help them act as strong leaders, advocates, and mentors as they build a stronger civil society through the creation of new NGOs and networks that influence decisionmakers. In this way, PLHIV help to ensure that appropriate programs and policies are in place to enable a greater quality of life for women, men, and families affected by and infected with HIV. By building their leadership capacity, PLHIV can serve as effective agents of change in sustaining the HIV response now gaining momentum in the MENA region.

The project’s “Investing in MENA” Initiative has been working with key partners since 2005, including UNDP’s HIV/AIDS Regional Program in the Arab States (UNDP/HARPAS), the International Community of Women Living with HIV (ICW), the Global Network of People Living with HIV (GNP+), and The Freedom Center, as well as L’Association Tunisienne de Lutte Contre Les Maladis Sexuellement Transmissibles et Le Sida (ATL) and other local organizations, including NGOs and support groups regionwide.

This curriculum was developed because women and men living with HIV in the region wanted to have an HIV Basics curriculum that was culturally appropriate, context specific, published in Arabic, and implemented by and for PLHIV in the region. The first step in meeting these goals is to ensure that PLHIV have the correct information about HIV and the best skills and tools to impart this knowledge to others in their countries.

The purpose of this HIV Basics curriculum is to support a truly sustainable HIV response in the MENA Region, centered on positive leadership, prevention, education, and mentorship. As the first HIV Basics curriculum designed to be implemented by and for PLHIV in the region, it is a unique and important publication. It marks a shift in power from PLHIV as beneficiaries, imparters of testimonies, and workshop participants to experts taking a more active role in the response to HIV. The authors of the curriculum include PLHIV in the MENA Region and regional professionals and supporters who have worked on the HIV response. Global practitioners and more than 100 men and women living with HIV from 16 countries in the region have given input to this curriculum. It has been pilot-tested in trainings in Tunisia, Egypt, Jordan, Lebanon, Yemen, Oman, and Bahrain.

The HIV Basics curriculum is a program designed to provide participants with basic, high-quality HIV information. Facilitators of the curriculum can reference and inform the HIV Basics workshop by also using the TOT training curricula to enhance their own training techniques and strategies. Participants will be provided context- and session-specific handouts to supplement their learning.

Objectives of the workshop are to

- Provide an opportunity for PLHIV in the MENA Region to work together on issues that are important in their lives;
- Present tools that can be used for the formation of a PLHIV support network, trainings, and projects;
- Strengthen participants' ability to address challenges they face as PLHIV, such as stigma and discrimination;
- Strengthen civil society responses to HIV in-country via burgeoning HIV Support Groups and NGOs; and
- Create a foundation for greater networking and support by and for PLHIV in the region.

The HIV Basics curriculum is based on the following adult learning and GIPA principles:

- Learning is self-directed.
- Learning fills an immediate need and is highly participatory.
- Learning is experiential (i.e., participants and the trainer learn from one another).
- Training encompasses time for reflection and corrective feedback.
- A mutually respectful environment is created between trainer and trainers-in-training.
- A safe atmosphere and comfortable environment are provided.
- PLHIV leadership, prevention, education, and mentorship are critical components of the HIV response.

The HIV Basics program is divided into five full-day sessions; however, the length of both days and sessions can be modified as needed.

Participants will emerge from this workshop with a better understanding of HIV basic information that is both current and context specific. The HIV Basics workshop explores participants' world of concerns, nutrition and exercise, treatment, stigma and discrimination, the use of meditation and visualization, gender and HIV, relationships, parent-to-child transmission, positive living, support groups, and community challenges. The participant-centered workshop format uses interactive and experiential activities, including group discussion, role plays, skills practice, personal and group assessment, tools, and process groups.

This manual is organized according to a daily agenda. Each section begins with a general introduction to the topic. Sessions contain background notes for the trainer/facilitator, learning objectives, and handouts. The manual indicates the approximate time required to complete each session and the materials and preparation needed. Within each day, the curriculum presents activities such as role plays, discussions, and brainstorming to help participants internalize their learning.

Training techniques used in this manual include the following:

- **Presentations**—activities conducted by the facilitator to convey information, theories, or principles;
- **Case Study Scenarios**—written descriptions of real-life situations used for analysis and discussion;
- **Role Play**—two or more individuals enacting parts in scenarios related to a training topic;
- **Small Group Discussions**—participants sharing experiences and ideas and problem solving together; and
- **Hands-on Application**—learning technical skills through hands-on training and practice.

It is the facilitator's role to present each session's background material, objectives, and activities as clearly as possible, so this manual includes key verbal and nonverbal communication skills to enhance communication. Effective facilitation also includes the following:

### **Setting the Learning Climate**

- Read each session and review all materials and activities before each training session, so that, as the trainer, you are fully comfortable with the content and process.
- Start on time and clearly establish yourself as the facilitator by calling the group together. Remember, the facilitator does not act in a supervisory role, but rather is facilitating the learning process of the group. If punctuality is an issue, as it often is in the MENA Region, do your best to start on time, but perhaps with a less critical session, such as a review of the previous day, an evaluation, or an energizer to start the day.
- Organize all of the materials you need for the session and place them close at hand. Prepare any handouts, flip charts, and PowerPoints the week before. Remember, these always take longer to prepare than we think!

- Stay within suggested timeframes. If you see that the group is processing and learning, allowing a bit more time is appropriate. However, with group work, one group often will work more quickly, while another will need more time. Be sure to strike a balance so that no one feels rushed or bored.
- Gain participants' attention and interest by creating a comfortable relationship with them. Make your participants feel welcome at all times. Encourage any questions and never criticize them for their questions or work.
- Anticipate questions. It is always best to be able to answer all questions participants may have. However, if there is a question to which you don't know the answer, don't pretend you do. Let the participants know you'll research the answer and get back to them.
- Prepare responses and examples to help move the discussion forward. It is always best to provide an example or illustration of the answer you are providing. Stories based on work experience are helpful.

### **Presenting the Objectives**

- Provide a link between previous sessions and the current one to ensure consistency and progression in the learning process.
- Use the background notes to introduce the topic or prepare for the session.
- Inform participants of what they will be doing during the session to meet the session's objectives. Write the objectives on a flip chart and review for each session. Review the objectives at the end of each session and include them in your evaluation.

### **Initiating the Learning Experience**

- As appropriate, introduce an activity in which participants experience a situation relevant to the session's objectives.
- Let participants use the experience as a basis for discussion during the next step.
- If you begin a session with a presentation, follow it with a more participatory activity.

### **Reflecting on the Experience**

- Guide discussion of the experience.
- Encourage participants to share their reactions to the experience.
- Engage participants in problem-solving discussions.
- See that they receive feedback on their work from each other and you.

### **Applying Lessons Learned to Real-life Situations**

- Encourage participants to discuss how the information learned in the activity will be helpful in their own work.
- Discuss problems they might experience in applying or adapting what they have learned to their own or different situations. However, the conversation should not get bogged down with a discussion of potential problems; instead, focus on realistic solutions and adaptations.
- Discuss what participants might do to help overcome difficulties they encounter when applying their new learning.

## **Providing Closure**

- Briefly summarize the activities at the end of each day.
- Refer to the objective(s) and discuss whether and how they were achieved.
- Discuss what else is needed for better retention or further learning in the subject area.
- Provide linkages between the sessions of the day and the rest of the workshop.
- Help participants leave with positive feelings about what they have learned and accomplished.
- Certification or a 'graduation' can provide closure, acknowledgment of learning and hard work, and legitimacy for participants. They also can be provided to supervisors to demonstrate accomplishment.

## **Covering All Details**

- Prepare all training materials (resources for research, reference materials, handouts, visual aids, and supplies) and deal with logistics (venue, tea breaks, and audiovisual equipment—including making sure the equipment is working) well in advance.
- Clarify everyone's roles and areas of responsibility if other facilitators are helping to conduct the training. Meet with co-facilitators daily to monitor the workshop's progress and provide each other with feedback. Create a team spirit so that everyone feels valued and invested in the goal and objectives of the workshop.
- Ask participants to evaluate the training both daily and at the end of the workshop.
- Plan follow-up activities and determine additional training needs.

## **Group Specifications**

- For maximum effectiveness and group interaction, we recommend the group size be limited to no more than 20 participants.
- Generally, we recommend a mixed group of both men and women of different ages and backgrounds.
- Facilitators should ensure that the participant criteria are satisfied so that literacy levels, disclosure, and levels of understanding are similar and the basic training expectations and goals and objectives can be met. Trainers for this HIV Basics curriculum also will have met all participant criteria, as they previously will have gone through the TOT as participants/trainees before implementing the subregional training as trainers.

## Workshop Agenda

Day	Morning	Afternoon
<b>Day 1</b>	Workshop Opening, Introductions, Goals, and Expectations	History of the PLHIV Movement
		HIV: The Basics
	Group Norms/Ground Rules	Closing and Evaluation
	What Is “Our World of Concerns”?	
<b>Day 2</b>	Welcome and Review	Treatment Advocacy Discussion Group
	Nutrition and Exercise	Gender and HIV
	Treatment	Process Group
	Warm-ups, Icebreakers, and Exercises	Closing and Evaluation
<b>Day 3</b>	Welcome and Review	Disclosure
	Stigma	Visualization and Relaxation
		Positive Living
		Closing and Evaluation
<b>Day 4</b>	Welcome and Review	Support Groups
	Relationships, Marriage, and Family	Advocacy: Taking Action
	Parent-to-Child Transmission	Process Group
		Closing and Evaluation
<b>Day 5</b>	Welcome and Review	Workshop Closing and Presentation of Certificates
	Community Challenges, Planning, and Developing Goals	
	Human Rights and HIV	Final Evaluation
	Networking	

# DAY I

## Schedule:

### SESSION

- 1: Introduction and Goals of Training
- 2: Group Norms and Ground Rules
- 3: What is “Our World of Concerns”?
- 4: History of the PLHIV Movement
- 5: HIV: The Basics
- 6: Closing and Evaluation

### TIME

- 1 hour 20 minutes
- 45 minutes
- 50 minutes
- 45 minutes
- 2 hours 30 minutes
- 30 minutes

## Day I Agenda

<b>Session Title</b>
1. Workshop Opening, Introductions, Goals, and Expectations
<b>Coffee and Tea Break</b>
2. Group Norms/Ground Rules
3. What is "Our World of Concerns"?
<b>Lunch</b>
4. History of the PLHIV Movement
5. HIV: The Basics
<b>Coffee and Tea Break</b>
5. HIV: The Basics (continued)
6. Closing and Evaluation



## SESSION ONE: INTRODUCTION AND GOALS OF TRAINING

**Time:** 1 hour 20 minutes

**Materials:** Flip chart, tape, markers, different color sticky pads (post-it notes)

**Prepared Materials:**

**Prepared Flip Chart:** On the flip chart, use one page each for the following headings:

- (1) Introduction: Name, Home Country, How long and WHY I've been involved with HIV
- (2) Expectations
- (3) Concerns
- (4) Goals and Objectives of Workshop

**Handouts:** Workshop Agenda (tailored) (**Annex 1**); Subject Release Form/Photo Consent Form (**Annex 2**); Interpreter Confidentiality Agreement (**Annex 3**)

### Welcome!

**Time:** 2–5 minutes



### Instructions for Facilitator

Thank the participants for traveling and taking time out of their busy family and/or work lives to spend this week so we can all learn from each other.

## Introductions

Time: 35 minutes



### Instructions for Facilitator

- a. Introductions of facilitators (2–3 minutes each)
  - Name
  - How long and WHY we have been involved with HIV
  - Why we developed this workshop
  - What we expect to share, learn, and take home from the workshop
- b. Introductions of participants (about 1 minute for each participant = 30 min. total)
  - Name
  - Home Country and City
  - How long and why I have been involved with HIV
- c. Introduction of resource persons, logistics people, and others
- d. Introduction of note takers

## Expectations

Time: 10 minutes



### Instructions for Facilitator

Ask participants to write on colored sticky post-it papers their learning expectations and hopes. Ask them to write on post-its of another color any concerns or fears they might have related to the workshop. Then ask them to post their papers on a flip chart with this title at the top: “EXPECTATIONS: *What are your expectations/ hopes?*” The post-its of the other color go on the flip chart titled: “CONCERNS/ FEARS: *What are your concerns/fears?*”

Facilitator picks a participant to read out some participant expectations and concerns, which can lead to a conversation regarding group expectations and concerns (see below).

## Review Goals and Objectives of the Workshop

Time: 10 minutes



### Instructions for Facilitator

Co-facilitator reads the overall objective of the workshop (see below). Then the facilitator selects volunteers to read one objective each (see below). Participants will compare the objectives with the groups' expectations to see if they match. Facilitators will highlight that not all expectations of the workshop will be met, yet will offer suggestions for how in future those expectations *could* be met.

### Objectives:

- Concretize and strengthen the network of PLHIV in the MENA Region to provide accessible resources for support, mentorship, and a platform for sharing of experiences and ideas.
- Implement country- and community-level activities and projects that strengthen the HIV response and PLHIV leadership and promote greater involvement.

### Subregional Training Objectives:

- Provide an opportunity for PLHIV in the MENA Region to work together on issues that are important in their lives.
- Present tools that can be used for the formation of a PLHIV support network, trainings, and projects.
- Strengthen participants' ability to address challenges they face as PLHIV, such as stigma and discrimination.
- Strengthen civil society responses to HIV in-country via burgeoning HIV Support Groups and NGOs.
- Create a foundation for greater networking and support by and for PLHIV in the region.

## Review Agenda

**Time: 10 minutes**



### Instructions for Facilitator

The detailed agenda included in Annex 1 is for the facilitator/co-facilitators' reference only and should be tailored and scaled down to suit the particular training and audience. Facilitator/Co-facilitators will reference the tailored Workshop Agenda that was handed out at the beginning of the day, read the Workshop Agenda day by day, and provide a short overview.

## Logistics (per diem, meals, etc.)

**Time: 10 minutes**



### Instructions for Facilitator

The logistics staff introduces themselves and reviews the following:

- Bathroom location
- Water
- Meals
- Tea break
- Per diem
- How to reach a doctor if needed
- Location of first aid kit
- Miscellaneous housekeeping issues

Facilitators will ask participants if there are any questions. If individuals have specific questions during the workshop week, ask them to see logistics staff at breaks, during mealtimes, or after the sessions.



## SESSION TWO: GROUP NORMS AND GROUND RULES

**Time:** 45 minutes

**Materials:** Flip chart, tape, markers

**Prepared Materials:**

**Prepared Flip Chart:** On the flip chart, use one page each for the following headings:

- (1) Group Norms/Ground Rules
- (2) Roles of Participants

### Objective:

- Establish a way of working together that will allow us to work freely and productively throughout the workshop.

### Group Norms/Ground Rules

**Time:** 15 minutes



### Instructions for Facilitator

**Ask participants to establish the group norms or ground rules** that they want the group to use during the workshop:

- Write all participant suggestions on the flip chart.
- After all suggestions are put forth, ask the group to confirm which suggestions they all agree should be included in the group norms and rules.
- Cross out those suggestions with which the group does not agree.
- Put the flip chart paper with the Group Norms and Ground Rules in a prominent place so that all participants can refer to them throughout the workshop.
- Examples of ground rules may include no cell phones, confidentiality, respect, arriving on time, keeping to the agenda.

## Establish Roles of Participants

Time: 10 minutes



### Instructions for Facilitator

**Establish functional roles of participants by selecting the following:**

- One new participant each day to serve as time keeper
- One new participant to lead the wrap-up at the end of each day
- One new participant to provide the review of yesterday's work every morning



### Trainer Notes

We try to select a new participant each day for these roles so as to involve all participants in the mechanics of the workshop itself. This is also a way to encourage participation among quieter participants and to provide an example of balanced participation and roles between men and women.

## Confidentiality Overview and Photography Discussion

Time: 15 minutes



### Instructions for Facilitator

#### Explain:

Interpreters have signed a *confidentiality agreement* for our training. This means that interpreters will keep all information from the meeting confidential and will not share this information with anyone else. Interpreters are often asked to do this, for example, in sensitive political meetings, business negotiations, or community meetings where sensitive information is being shared.

The purpose of the note taker is for the provision of training notes, which should be shared with participants after the meeting to ensure that any promises and plans are documented and followed up when we all go back to our respective homes.

No one's name or picture from the group will be used in the report or any other documents, without expressed, written permission from the participant (introduce the Photo Consent Form, **Annex 2**.) The note taker will take notes throughout the training; however, any participant can ask the note taker to *stop taking notes*—for example, because the participant will be providing confidential information.

#### Photography:

- (1) Discuss photo taking and ask how the group feels about it.
- (2) If the majority of the group is not comfortable, then photo taking will not be allowed.
- (3) If the majority is comfortable, then explore the rules for photos, how they will be used if they're taken (for example, in a training CD, for internal reporting, for publications that reach a wider audience, to share via email with participants to remember the workshop), and whether those in the photo will be identified in any way.
- (4) For those who are comfortable having pictures taken, ask them to sign the Photo Consent Form.



## SESSION THREE: WHAT IS “OUR WORLD OF CONCERNS”?

**Time:** 50 minutes

**Materials:** Flip chart, tape, markers, post-it notes

### Objective:

- Participants will begin to discuss challenges faced in everyday life as HIV+ people in their own communities.

### Discussing “Our World of Concerns”



#### Activity: Facilitator-led Discussion Group

**Participants are asked to sit in a circle and voice personal concerns about their daily lives and routines.** The result of this exercise, beginning with health but addressing all areas of life, will be captured on flip chart paper and kept in the room.



## SESSION FOUR: HISTORY OF THE PLHIV MOVEMENT

**Time:** 45 minutes

**Materials:** Flip chart, tape, markers, computer, projector, display screen

**Prepared Materials:**

**Prepared Flip Chart:** On flip chart paper, use one page each to make consecutive headings for each year from 1981 to the present day.

**PPT\*:** **GIPA–History**

\* PowerPoint Presentation

### Objective:

- To introduce Greater Involvement of People Living with HIV/AIDS (GIPA) principles and contributions to the community, country, regional, and global HIV movements.



## Activity: Personal Timeline Exercise

**Time: 20 minutes**



## Instructions for Facilitator

### Ask participants:

1. “What year did you first hear about HIV and/or AIDS?” and then ask them to stand by the particular year noted on the flip chart timeline (see above), according to their own experience. Ask participants to share with the group regarding the first time they heard about HIV and/or AIDS.
2. “What year did you first meet a person living with HIV?” Ask participants to stand by the respective year and share with the group about the first time they met a person living with HIV.
3. “What year did you find out that you were living with HIV or receive a confirmed diagnosis?” Participants will stand by the year that reflects that answer. Ask them to observe how long participants in our group have known about their diagnosis, which will affect our workshop dynamics. If someone has recently found out their diagnosis, they might need extra support. If someone has known for many years, they might have “survivor’s syndrome” or “burnout” but also could be a great help to others in the group who may have less experience.



## **Activity: GIPA Presentation**

**Time: 25 minutes**



### **Instructions for Facilitator**

Facilitator will present the GIPA overview with the abbreviated PowerPoint. Facilitator will review regional information marking significant progress regarding GIPA in the Middle East/North Africa via the timeline.

## POWERPOINT: GIPA—HISTORY



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### Greater Involvement of People with HIV/AIDS (GIPA)

**History**

Philippa Lawson      June 8, 2008

#### Thanks!

---

- Omar Pérez
- Nairobi Think Tank – Revitalizing the PLH Global Movement, November 2005

## 1981

- CDC reported a number of cases of a rare lung infection known as Pneumocystis Carinii Pneumonia (PCP) in homosexual men in Los Angeles and New York City in USA
- Following month, 10 additional PCP cases reported plus 26 cases of Kaposi's sarcoma
- Scientists refer to syndrome as GRID (Gay-Related Immune Deficiency)
- Gay Men's Health Crisis (GMHC), USA, founded

## 1982

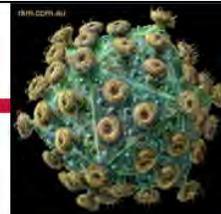
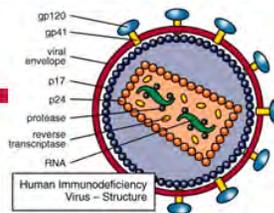
- 4 Hs – Homosexuals, Hemophiliacs, Haitians, Heroin users – in USA
- Syndrome renamed AIDS (Acquired Immune Deficiency Syndrome)
- 14 nations around the world report AIDS
- The term AIDS ("acquired immune deficiency syndrome") is used for the first time

1983

- Denver Principles
- PLHIV International Steering Committee (ISC) established
- GRID is changed to AIDS
- Number of children with AIDS increased – children acquired the infection from their mothers
- Virus could be transmitted through blood transfusions
- AIDS reported in 33 countries



1984



- Mandatory testing of registered drug users in Italy.
- Massive government-funded “death” style campaigns in many countries.
- Two cancer researchers identify the virus responsible for AIDS
  - Dr. Robert Gallo at National Cancer Institute isolates retrovirus, which he names HTLV III
  - Dr. Luc Montagnier at Pasteur Institute isolates retrovirus, which he names LAV (lymphadenopathy-associated virus)

## 1985



- PLH & NGOs push Brazilian Government to respond to HIV.
- April, 1st International AIDS Conference held in Atlanta.
- First HIV antibody test approved.
- Blood products begin to be tested in USA and Japan.
- Oct., Rock Hudson, USA, dies of complications of AIDS.
- By Dec., AIDS had been reported in **51** countries.

## 1986



- Uganda "slim disease"
  - Ugandan MoH declares that his country had AIDS
  - Zambian MoH launches a national AIDS education campaign through dance, drama, and song
  - First HIV-positive person detected in India
- 
- **LAV and HTLV-III the same virus; renamed Human Immunodeficiency Virus (HIV)**
  - **World Health Organization launches global AIDS strategy**
    - recommends providing sterile needles and syringes to drug abusers

## 1987

- President Kaunda, Zambia, announces his son died of AIDS
- ACT UP born
- AZT use begins
- Positively Women (UK) established
- US legislation prohibits entry to the US of HIV+ immigrants, aliens, and short-term visitors
- WHO's Global Programme on AIDS (GPA) established
- **127** countries around the world report AIDS

## Princess Diana: A Champion For People



- Princess Diana opens the first specialist AIDS hospital ward in England in 1987.
- Shocked the world when she didn't wear gloves when shaking hands with people with AIDS.

## 1988

- WHO's Global Programme on AIDS institutes World AIDS Day as an annual event on 1<sup>st</sup> December.
- NAPWA Australia established.
- Direct action against Burroughs Wellcome
- Harm reduction movement begins.
- New Brazil Constitution enacted; a new public health system with community and social participation established.



## 1988 Continued Hysteria about HIV/AIDS



## 1989

- Haiti stops distribution of tainted blood products.
- After two years of intense ACT UP protests over the price of its drug, AZT, Burroughs Wellcome lowers AZT's price by 20%.
- CD4 counting commences.
- Hepatitis C test becomes available.
- AZT trial 076 for pregnant women begins.
- PLH NGO national forums in Brazil.



## 1990

- Romanian children in orphanages infected with HIV as result of “blood boosting.”
- International PLHIV conference, Madrid, Spain.
- “Illegal” syringe exchange programme commenced in the USA; PLH and others arrested.
- Official number – over 307,000 AIDS cases reported to WHO; actual number estimated one million.
- Number of HIV infections worldwide 8–10 million.

## 1991 The Red Ribbon

- International PLHIV conference, London, United Kingdom.
- International Steering Committee changes name to the Global Network of People Living with HIV/AIDS (GNP+).
- European AIDS Treatment Group (EATG) founded.
- Series of first highly publicized cases of criminalization of transmission in Australia.
- Red ribbon becomes the international symbol of AIDS awareness, and was first shown on USA TV at the Tony Awards.



## 1992 International AIDS Conference, Amsterdam

- HIV-positive women from 29 different countries meet outside of the conference and discuss stigma and discrimination in and out of their countries.
- HIV-positive women stand up and disrupt conference, demanding that they be included and stop being viewed only as “vectors to babies” and as research subjects.
- International Community of Women Living with HIV/AIDS (ICW) created.
- GNP+ born officially.
- International AIDS Conference moved from Boston to Amsterdam due to USA travel restrictions on people living with HIV.



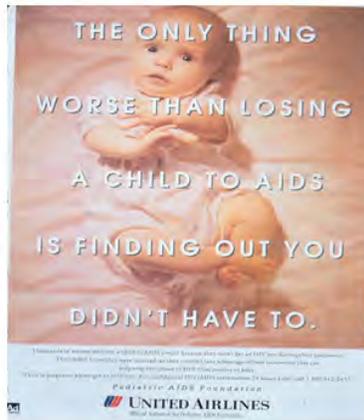
[www.icw.org](http://www.icw.org)

## 1993



- International PLHIV conference, Acapulco, Mexico.
- First ARV generic drug (AZT) produced in Brazil.
- January 1993, Russian ballet star Rudolf Nureyev dies of AIDS.

## 1994 Hope for Pregnant Women



- ACTG 076 shows that AZT reduced by two-thirds the risk of transmission of HIV from infected mothers to their babies

## 1994 PARIS Declaration

42 national governments declared that the principle of greater involvement of people living with HIV/AIDS (GIPA) is critical to the ethical and effective national responses to the epidemic

## 1995

- UNAIDS founded; 1<sup>st</sup> UN agency with PLH on governing board.
- Germany convicts four of selling HIV-tainted blood.
- Brazilian Government enacts Law Number 9313 on access to treatment law.
- Olympic diver Greg Louganis reveals that he has AIDS.
  - 7th International PLHIV Conference, South Africa.
  - Asia/Pacific Network of People Living with HIV (APN+) & Caribbean Regional Network of People Living with HIV (CRN+) born.
  - RNP+, Brazil, & INP+, India formed.



## 1996 New Hopes for the Few – International AIDS Conference in Vancouver

- Triple combination therapy used “the cocktail”
- “Hit Hard, Hit Early” announced
- AIDS perhaps could be a “chronic, manageable disease”
- Viral load testing started
- Non-progressors and long-term survivors discussed
- Majority of HIV-positive people in the world have no access
- Division between those who have access and those who do not is viewed as life vs. death



## 1997

- 8th International PLHIV Conference, Chiang Mia, Thailand.
- Latin American Network of People Living with HIV/AIDS (REDLA+) born.
- Advocacy work in Costa Rica – Supreme Court decision orders National Ministry of Health to provide ARVs.
- Call for access to treatment in Africa at ICASA, Abidjan.
- Approx. total worldwide death count: 6,400,000.
- Approx. number of PLH worldwide – 2,000,000; number is larger than the continent of Australia.

## 1998 The Epidemic Continues

- AIDS vaccine trials started.
- GNP+ Positive Development manual launched.
- ICW Survival Kit launched.
- European Network of People Living with HIV/AIDS (ENP+) born.
- South Africa GIPA workplace model implemented.
- Positive Women's Network (PWN+) India established.
- 12<sup>th</sup> International AIDS Conference in Geneva.

## 1998 EI MOVIMIENTO DE MUJERES POSITIVAS



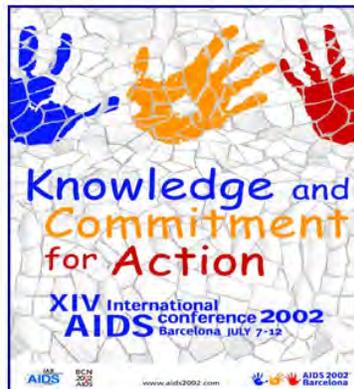
HIV-positive women from Spanish speaking LAC countries, met and formed the **Movimiento de Mujeres Positivas de America Latina y el Caribe 1998, Bogota, Colombia**

## 2002



**THE GLOBAL FUND**  
to Fight AIDS, Tuberculosis and Malaria

- First discussion of HIV in the Kazakhstan Parliament



## 2003

- International Treatment Preparedness Coalition (ITPC) Summit in Capetown, South Africa.
- WHO announces 3x5 Initiative.
- ANERELA+ born.
- Collaborative Fund begins in Minsk, Belarus.
- Thai injecting drug users say “no” to Tenovir trial.
- 2,500 drug users killed in Thailand.
- 11<sup>th</sup> International PLHIV Conference, Kampala, Uganda.

## 2004

- Front AIDS (direct action group) born in Russian Federation.
- Change in Kazakhstan legislation.
- International AIDS Conference, Bangkok, Thailand. United States-funded groups sign against prostitution and condom risk clauses.
- PLH voting rights included in GFATM & CCM Guidelines.
- ART roll out in India and Nepal.
- Cambodian sex workers say “no” to Tenovir trial.
- TAC activist shot at in Queenstown, South Africa.

## 2005

- International PLHIV Conference (Lima) cancelled.
- Methadone placed on WHO's Essential Drugs list.
- Kazakhstan network of PLHIV established.
- Brazil says “no” to United States policy on prostitution and rejects funding for community prevention work.
- Chile has universal access.
- PLH meet with generic drug companies.
- G8 call for universal access to treatment by 2010.
- Indian activists meet.
- Cambodia agrees on National Strategic Plan 2006–2010.

## November 2005: Algiers

### PLH Declaration

- PLHIV should be afforded full human rights...
- Acknowledge PLHIV are productive, active members and leaders.. have a major role ...
- Reflect on infrastructure exists in the region...
- Laws of protection are not implemented or respected...
- Lack of access to free & appropriate services....
- Basic needs for PLHIV ... must be ensured
- Current lack of meaningful involvement of PLHIV....

## November 2005: Nairobi

### Think Tank of people living with HIV

- Take GIPA to a higher level of meaningful active participation
- Be based on social justice and equality
- Be focused on change
- Respect and promote human rights
- Respond to basic human needs
- Promote and practice solidarity
- Empower HIV-positive individuals and groups
- Be accessible, transparent, and accountable
- Be well-coordinated, monitored, and evaluated
- Be built on our past successes and experiences
- Respect diversity in approach
- Invest in human resource needs and new leadership
- Base global action on country realities
- Scale-up now

*Conscientização: "the process by which people achieve a deepened awareness, both of the sociocultural reality that shapes their lives and of their capacity to transform that reality."*

## February 2006

- 1<sup>st</sup> Middle-East and North Africa PLH Training, Tunis

## September 2006

- 2<sup>nd</sup> Middle-East and North Africa PLH Training, Wadi Natroun, Egypt

**June 2008**

- You here are making history!!!

**More to follow...**

THANK YOU FOR BEING PART OF HISTORY!



## SESSION FIVE: HIV: THE BASICS

**Time:** 2 hours 30 minutes

**Materials:** Flip chart, tape, markers, computer, projector, display screen

**Prepared Materials:**

**Prepared Flip Chart:** HIV 101 Quiz Questions; Fluids/Concentration and Associated Behavior

**PPTs\*:** HIV: The Basics

**Handouts:** HIV 101: The Basics (**Annex 4**)

### Objective:

- To gain a better understanding of participants' basic knowledge about HIV/AIDS; to improve upon that knowledge. By the end of the session, participants will have access to a standard knowledge base of correct information.



### Trainer Notes

Introduce the activity in such a way that no one feels offended about the material being presented as “too basic.” People in the group will have varying levels of knowledge about HIV and AIDS. It is important to ensure that everyone is at the same level.



## Activity: HIV/AIDS Quiz and Discussion

**Time: 30 minutes**



### Instructions for Facilitator

**Select** three or four of the quiz questions from below and write them on a prepared flip chart. **Ask** the participants to discuss the answers with you, write the answers on the flip chart and, if there are any incorrect answers, tell the participants that you will go over the correct answers with them toward the end of the session.

#### Quiz Questions (10 minutes)

- (1) What does 'AIDS' stand for?
- (2) What does 'HIV' stand for?
- (3) Can you get HIV from kissing?
- (4) How can you get infected with HIV from sharing needles?
- (5) What does it mean if someone is diagnosed as HIV-antibody positive (HIV)?
- (6) In the context of testing for HIV, what do we mean by the 'window period'?

#### Fluids and Behavior Activity

Draw the following diagram on a piece of flip chart paper (20 minutes).

##### Fluids/Concentration

Blood  
Semen  
Vaginal fluids  
Breast milk  
Amniotic fluids

##### Associated Behavior

Sharing unsterilized syringes  
Unprotected anal sex (blood and semen are present)

**Ask the participants** to name the various fluids by which HIV can be contracted in the order of the concentration of the virus. Examples include: blood, semen, vaginal fluids, mother's milk, saliva, etc. Then ask participants about the various behaviors associated with each fluid listed.

Ask participants what we can do to reduce the risk or associated harmful behaviors that put people in contact with the fluids carrying HIV.



## **Activity: HIV Basics: Transmission, Prevention, and the Natural Stages of HIV**

**Time: 2 hours**

This presentation will review basic information about HIV and AIDS, including transmission, prevention, and the natural progression of HIV. During the presentation, there should be questions, answers, and dialogue. Further, after the presentations, 30 minutes will be reserved for answering participants' questions or clarifications about the information that was presented.



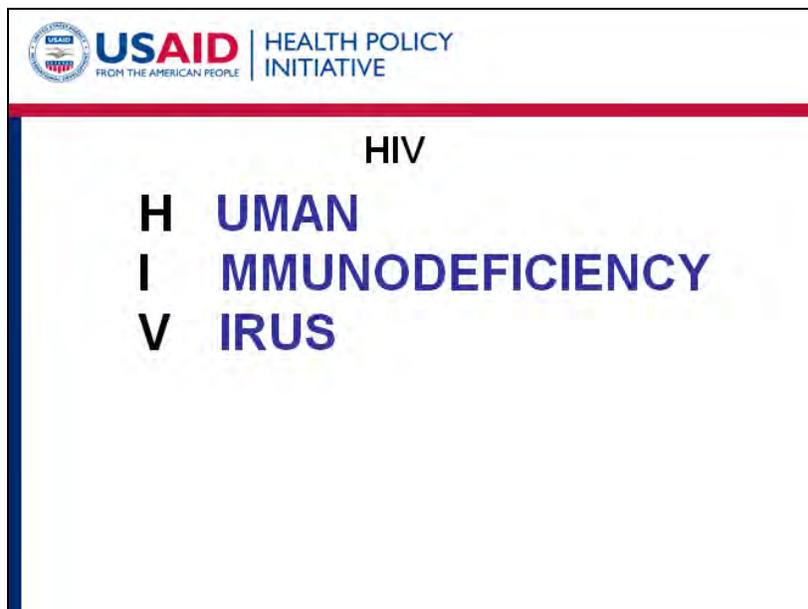
## **Instructions for Facilitator: HIV Basics**

**Time: 90 minutes**

See PowerPoint Presentation: **HIV: The Basics**

**Questions and Answers** (30 minutes)

# POWERPOINT: HIV: THE BASICS





## AIDS

- **A** cquired
- **I** mmune
- **D** eficiency
- **S** yndrome



What is HIV/AIDS?

HIV is the virus that causes AIDS

**H**uman  
**I**mmunodeficiency  
**V**irus



**A**cquired  
**I**mmune  
**D**eficiency  
**S**yndrome



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## HIV AIDS

- HIV is the virus that causes AIDS.
- HIV attacks the immune system.
- When the immune system is attacked and weakened, the body becomes too weak to fight infection.
- As a result, one can develop symptoms, leading to advanced HIV and “AIDS.”
- HIV is a chronic infection.
- HIV only attacks human beings.



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## CHARACTERISTICS OF HIV

- Once infected, infection is for life.
- Infected people are capable of infecting others continuously, even if they have no symptoms.
- HIV attacks cells of the immune system.
- HIV weakens the body, which can lead to illness and death.



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## AIDS

- AIDS (Acquired Immune Deficiency Syndrome) is a disease of the human immune system.
- AIDS is characterized by a weak immune system; therefore, the body is open to multiple infections.
- As the virus multiplies and more immune cells are destroyed, many infections and complications occur.
- These infections are referred to as *opportunistic infections*. They are called “opportunistic” because they take advantage of the body’s lowered immunity.



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## Activity

**How do people become HIV infected?**

8



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## HIV CAN BE TRANSMITTED THROUGH CONTACT

Human fluids carrying the virus:

- BLOOD
- SEMEN
- VAGINAL FLUIDS
- BREASTMILK



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## TRANSMISSION OF HIV (BEHAVIORS)

- Unprotected sex
- Sharing unsterilized syringes
- Breastfeeding
- Pregnancy/birth
- Coming into contact with contaminated medical equipment
- Coming into contact with untested blood transfusions or blood products



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### **YOU CANNOT GET INFECTED BY...**

- Shaking hands or hugging
- Using a toilet
- Using cutlery, glasses, dishes, bed linen, clothes...
- Bites from mosquitoes, dogs, cats, or other animals
- Tears or sweat
- Kissing or saliva
- Eating from the same plate



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### **How can we prevent HIV?**

- Safe sex (avoid multiple partners, use condoms – male and female)
- Do not share syringes
- If pregnant (PTCT), contact healthcare officials about seeking access to treatment
- Get tested
- Do not breastfeed if HIV positive
- Alert healthcare professionals of your status



### **ENEMIES OF HIV – HIV IS DESTROYED BY:**

- Heat
- Detergents
- Disinfectants

Implications of this are

- Once outside the body, HIV dies very fast
- One can share clothes with PLHIV
- One can use detergents such as bleach or alcohol to sterilize



### **DRUG USE AND RISK REDUCTION**

- Who can explain risk reduction strategies for people who use drugs, including alcohol, excessively?



## CONDOMS

- What do you think?



## Pregnancy and birth

- Prenatal or antenatal care
- **Baby's diagnosis**
  - For first 18 months, baby's status unknown or
  - Test for HIV in babies = HIV PCR DNA test
    - PCR DNA test looks for virus in the baby's blood, rather than looking at immune responses
- **Mother's health after the baby is born**



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## HOW CAN WE PREVENT HIV?

- Know your status – VCT
- Vaccine – so far, none
- Nevirapine for Prevention of Mother-to-Child Transmission (PMTCT)
- Awareness and education
- Clean syringes and risk reduction for alcohol and drugs
- Emphasis is on the ABCs of safer sex:
  - ❖ Abstain
  - ❖ Be faithful – to a KNOWN uninfected person or an infected partner with protection
  - ❖ Condom use – with an infected partner(s) or when HIV status is unknown (*proper and consistent use*)



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## STAGES OF HIV & AIDS

- Window Period
  - 2 weeks to 6 months when HIV antibodies are not detected on HIV antibody test, yet highly infectious
- Asymptomatic – no symptoms
- Symptomatic – having symptoms or infections
  - Advanced HIV – under 350 T Cells
- AIDS



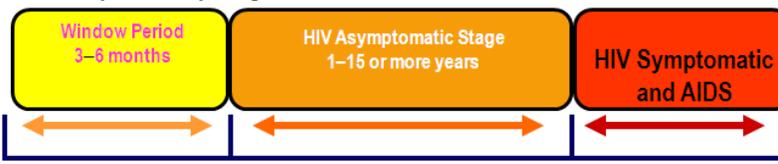
## WINDOW PERIOD

- Can last from 2 weeks to 3–6 months (virus is in the body – although not enough antibodies to be detected in the HIV antibody test)
- HIV antibody test is negative, although one has the virus and CAN infect others (highly infectious)



## HIV/AIDS Summary

- 2 weeks to 3–6 months for HIV to become detectable (window period), yet infectious
- Can have no symptoms and feel completely healthy for years
- Overtime, HIV breaks down body's immune system with various symptoms, making it unable to fight infections
  - Some symptoms include weight loss, fevers, diarrhea, fatigue, and lesions on skin and mouth
  - Other symptoms result from infections, often called opportunistic infections, such as tuberculosis, pneumonia, and meningitis – can be defined as AIDS
- Body's inability to fight these diseases can lead to death





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## TREATMENT OF HIV & AIDS

- NO CURE AS YET
- Antiretrovirals (ARVs) – can slow down the virus
- Opportunistic diseases – many can be prevented and treated
- Nutrition – nutritious “clean” food and clean water improve immunity
- Good hygiene – essential
- Appropriate exercise
- Counseling – as part of social/psychological support
- Spirituality
- Goals in Life



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HIV  AIDS

***THERE IS HOPE!***



## SESSION SIX: CLOSING AND EVALUATION

**Time:** 30 minutes

**Materials:** Flip chart, tape, markers, post-it notes

**Handout:** Daily Feedback Form (**Annex 5**)

### End-of-Day Review and Evaluation



#### **Activity: Wrap-up and Review**

**Time:** 15 minutes

Ask participants to write on a post-it two things they learned today and then ask them to put their post-its on the wall; reviewer/co-facilitator reads a few of the lessons learned.



#### **Activity: Evaluation**

**Time:** 15 minutes



## Trainer Notes

**Explain:** The evaluation is very important; this training program is being tested, and hopefully, participants can use or adapt some of the exercises for their own countries. Participants' comments will be used to regularly revise training content and methods. For these reasons, participants are asked to be truthful, rather than merely polite. The Daily Feedback Forms (**Annex 5**) are anonymous so those participants can give their opinions without the trainers or anyone else knowing the source of opinions.

**Hand out the Daily Feedback Forms.** Allow sufficient time for all forms to be filled in and then collect the forms. Stress the importance of arriving on time for tomorrow's training. During the facilitators meeting to be held at the end of each day, evaluation forms should be read through quickly and discussed. Daily evaluation allows trainers to pick up on problems that can be addressed in the following days.

**Adjourn** and announce any evening events, reminding people what time we will start in the morning. Close with a song, dance, Serenity Prayer, or another short activity to end the day on a positive note.

**Co-facilitators should meet** in the evening to review evaluation forms, discuss the day, and review and prepare for the next day.

# DAY 2

## Schedule:

<b>SESSION</b>	<b>TIME</b>
<b>1:</b> Welcome and Review	30 minutes
<b>2:</b> Nutrition and Exercise	1 hour
<b>3:</b> Treatment	1 hour 25 minutes
<b>4:</b> Warm-ups, Icebreakers, and Exercises	15 minutes
<b>5:</b> Treatment Advocacy Discussion Group	1 hour
<b>6:</b> Gender and HIV	2 hours 20 minutes
<b>7:</b> Process Group	45 minutes
<b>8:</b> Closing and Evaluation	30 minutes

## Day 2 Agenda

Session Title
1. Welcome and Review
2. Nutrition and Exercise
<b>Coffee and Tea Break</b>
3. Treatment
<b>Lunch</b>
4. Warm-ups, Icebreakers, and Exercises
5. Treatment Advocacy Discussion Group
<b>Coffee and Tea Break</b>
6. Gender and HIV
7. Process Group
8. Closing and Evaluation



## SESSION ONE: WELCOME AND REVIEW

**Time:** 30 minutes

**Materials:** Flip chart, tape, markers, computer, projector, display screen

**Prepared Materials:**

**Prepared Flip Chart:** Day 2 Agenda

### Objectives:

- To provide a time for participants to lead an activity and warm up the group with an upbeat and fun start.
- To review housekeeping issues and the agenda for the day.



### Activity: Welcome and Review of Yesterday

**Time:** 30 minutes



#### Instructions for Facilitator

- **Select a participant to lead** warm-up exercise. (15 minutes)
- **Review** the agenda for the day. **Review** highlights from yesterday. (15 minutes)



## SESSION TWO: NUTRITION AND EXERCISE

**Time:** 1 hour

**Materials:** Flip chart, tape, markers

**Prepared Materials:**

**PPTs\*:** Nutrition & HIV; Putting Wellness into Practice

\* PowerPoint Presentations

### Objectives:

- To introduce and review the importance of a proper diet for maintaining personal health in the HIV context.
- To review the importance of exercise and the basic concept of “wellness.”



### Activity: Daily Nutrition and Food Intake

**Time:** 15 minutes



#### Instructions for Facilitator

##### Directions:

1. **Ask participants to write down a list of foods** that they would normally eat for breakfast, lunch, and dinner.
2. **Ask some of the participants to share their list** with the entire group.
3. Show the PowerPoint Presentation **Nutrition & HIV**.
4. **Discuss** the meals with the entire group. Provide time for questions and answers.



## Activity: Exercise

**Time: 30 minutes**



### Instructions for Facilitator

**Explain the importance of appropriate exercise.** Ask the group (participants can raise their hands to answer yes):

- “Who exercises?”
- “What type of exercise do you do?”

**Ask the group to list which exercises are good for different situations of living with HIV** (i.e., dancing, walking, cleaning, bicycling, farming, gardening, stretching, sports, etc.).

### Explain

Many of us do plenty of exercise each day, especially if our work and life requires endurance, such as farming, taking care of children, housework, and/or hard labor. However, exercise should also be a time that is not related to work. Exercise should be a time we *enjoy*, when we get fresh air, can clear our minds, and focus on taking care of ourselves. Some of us do not get enough exercise and can become sedentary. This may be especially relevant if we are depressed, don't like going out, or don't feel well. However, it is important to try to get out of your bed/house and do at least a small amount of exercise each day. This will help you to get some fresh air and circulation, along with a fresh perspective on the day. One strategy to motivate ourselves is to make small exercise goals (i.e., I will walk 30 minutes each day this week) and also to exercise with a friend.

It is important for us all to do some type of appropriate exercise, based on our health status, even, for example, if we are in a wheelchair. Muscle resistant exercise is essential for PLHIV since our muscle mass deteriorates (in addition to aging) and to manage the side effects of medication. Muscle resistant exercises do not mean we must go to an expensive gym—we can use plastic bottles filled with water, stretchy bands, books, or stones (*demonstrate*). Also, stretching is very beneficial to our system because it unlocks the toxins held in our muscles and gets the blood flowing throughout our system, which will mean fewer aches and pains.

Are there any other types of exercises you can think of that are beneficial, even if we are not feeling energetic?

Pass out stretch bands (or another simple exercise tool) to participants. Share some exercises that the whole group will do. See PowerPoint (**Putting Wellness into Practice**).

# POWERPOINT: NUTRITION AND HIV



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## NUTRITION & HIV

Lucy Chesire, Julie, Philippa, Diana, NEPHAK & many others...



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## Thank you!

- Lucy Chesire
- Lynde Francis
- Julie
- WOFAK
- NEPHAK
- University
- Mimi shamba!



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## DEFINITION

- Nutrition is defined as the science of food and that deals with how food is taken into our bodies, its digestion, absorption, and how it is thus excreted from our bodies.
- It's all about food in relation to Health.
- We all know about Nutrition but do we really practice what we know ?



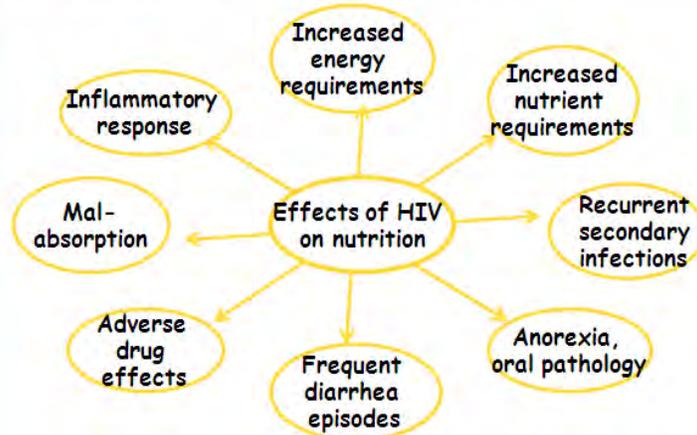
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## Role of Nutrition

- I say to you, take care of your diet for the first 30 years of life-----
- And your diet will take care of you for the rest of your life-----
- Nutrition thus plays a role long before ARVs do in the management of HIV.

## Effects of HIV/AIDS on Nutrition



## Goals of Nutrition Support

- Improve or develop better eating habits.
- Improve health and mental attitude.
- Prevent or stabilize weight loss.
- Preserve muscle mass.
- Prevent food-borne illnesses.
- Prepare diets and manage HIV-related symptoms.
- Provide nutritious foods to households with food insecurity.

## Components of Nutrition Care

- Nutrition education/counseling
- Clean water, good hygiene, and food safety interventions to prevent diarrhea
- Food preparation techniques
- Income-generating activities
- Nutrition supplementation
- Food security strategies

## Causes of Malnutrition

- Depressed appetite
- Poor nutrient intake
- Limited food availability
- Chronic infection
- Mal-absorption
- Metabolic disorders
- Difficulty in swallowing
- Dehydration
- Micronutrient deficiencies
- Loss of muscle mass



## Body Changes

### *Metabolic changes in HIV infection result in*

- Increased resting energy expenditure
- Prompter use of amino acids to fuel energy needs
- Continued fat accumulation
- More adipose tissue compared with lean tissue
- Lack of preservation and restoration of lean tissue
- Weight loss (HIV-associated wasting syndrome)
- High triglyceride levels in blood



## Rationale

- PLWHA are at high risk of malnutrition because of virus progression
- PLWHA take several medications
- Drugs can interact with each other and with food and may reduce food intake or affect nutrient absorption and metabolism

## Main Food and Drug Interactions

- Food effects on drug efficacy
- Medication effects on nutrient absorption, metabolism, distribution, and excretion
- Side effects of medication on food intake and nutrient absorption
- Medication and food interactions causing unhealthy side effects

## MAINTAIN GOOD NUTRITION

- **Eat a balanced diet:**
  - Sometimes easier to eat small meals as many times a day as possible.
  - Your body needs more food than usual...
- ⌘ **Proteins – body building:**
  - ⌘ locally available sources, e.g., white meat (fish, chicken), legumes (bean family), nuts
- ⌘ **Carbohydrates – energy giving:**
  - ⌘ whole grain – avoid highly polished flours ...



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## MAINTAIN GOOD NUTRITION (cont'd)

### ⌘ Vitamins/minerals – protective foods – fight infection:

⌘ lightly cooked vegetables, vegetable juices, hygienically prepared salads; fresh fruit juices – avoid counter juices and juices with lots of sugar.

### ⌘ Fats – complement energy – heat/warmth:

⌘ fat from plant origin, e.g., sunflower, corn, soya oil – use cooking oils, avoid fatty meats and very fatty foods like chips...



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## MAINTAIN GOOD NUTRITION (cont'd)

- Always pay attention to what you eat.
- Drink plenty of fluids.
- Drink 2 liters of clean water a day, at least.
- For those who are having trouble gaining weight, eat whenever you're hungry, and eat every few hours even if you're not hungry.
- Avoid smoking, drugs, and alcohol
  - If you have to drink alcohol, take one beer or a glass of wine per day!!



## Maintain good nutrition (cont'd)

- Eat what your body needs
  - required nutrients depending on your condition
- Avoid foods with caffeine, e.g., coffee and tea
  - may take soya drink, hot water with lemon, herbal teas, enriched porridge instead
  - For breakfast take: enriched porridge or soya drink instead of tea/coffee
- Make it a habit of taking nutritious drinks or snacks:
  - e.g., vegetable/fruit juice with little sugar instead of soda, vegetables instead of chips
- Eat foods with medicinal value:
  - garlic, ginger, pumpkin seeds ....
- Eat indigenous local foods...
  - Your great grandmother knows



## 5 Golden Rules

- Eat food that is whole and unrefined.
- Eat food that is unprocessed, no additives.
- Eat locally grown foods that are in season.
- Make sure your water is always clean. Boil, filter, or purify.
- Eat little and often.



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## **Exercise**

### **Regular physical activity**

- **Be as active as possible every day**
- **Feel better physically and emotionally**



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## **Exercise**

- **Light exercises to keep one's body fit**
- **e.g., sweeping house, gardening, running with children, cleaning house, walking, sit ups, light stretching, muscle resistance ...**



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## Benefits of exercise !!

- Helps strengthen and build muscles.

*Exercise makes your muscles stronger;  
your heart is a muscle.*

- Exercise helps relieve stress.

*Regular exercise can help you cope with the  
pressures of life with HIV/AIDS.*



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## Benefits of exercise (cont'd)

- Increase your appetite...

Your body might need more calories and protein. If you're exercising a lot, you'll need to eat a lot to give your body energy.

- Getting exercise and activity is one more way you can stay in control. It's a nice thing to do for yourself!

*NB: consult a doctor/gym instructor on the type of exercise in the gym.*



### **Benefits of exercise (cont'd)**

- Exercise can boost your immunity – your body can fight HIV, opportunistic infections.
- Exercise can help fight drug side effects.
- Exercise can give an opportunity to spend time with others.
- Exercise can feel good – endorphins stimulated.
- Good time for relaxing.....



### **Exercise**

Your ideas?

# POWERPOINT: PUTTING WELLNESS INTO PRACTICE



## Putting Wellness into Practice

Adapted from Training Week Presentation:  
USAID | Health Policy Initiative

## Wellness



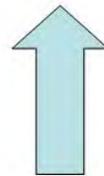
- An interactive process of becoming aware of and practicing healthy choices to create a more successful and balanced lifestyle.
- The science and art of helping people change their lifestyle to move toward a state of optimal health, which is a balance of physical, emotional, social, spiritual, and intellectual health.
- The quality of state-of-being in good health, especially as an actively sought goal.

## Wellness

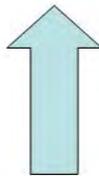


- Physical = "Not Sick"
- Emotional
- Spiritual
- Social
- Intellectual

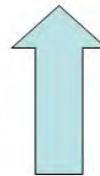
## Areas of Daily Wellness



Nutrition



Stress Management



Work Life Balance

## Stress

- A family of related experiences, pathways, responses, and outcomes caused by a range of different events or circumstances. Different people experience different aspects and identify with different definitions.
- “Stress is not necessarily something bad – it all depends on how you take it. The stress of exhilarating, creative successful work is beneficial, while that of failure, humiliation or infection is detrimental.” – Hans Selye 1956 (founding father of stress research)



## Stress Management Techniques

- Guided Imagery
- Music Therapy
- Humor Therapy
- Rhythmic Breathing
- Physical Activity



## Activity

- Sitting on the edge of a chair, abs engaged, loop resistance band around your mid-sole with your knee bent (A)
- Pull resistance band tight
- Keeping your arms steady, slowly extend your leg forward (keep your knee soft) (B)
- Pause, slowly bring your leg back to the start position
- Reps: 10–12 Sets: 2



## Activity

- Sitting on the floor, loop the resistance band around your feet, as shown (A)
- Sitting up straight, squeeze arms straight back (B)
- Pause, return to the start position
- Reps: 10–12 Sets: 2



## Activity

- Standing with your foot on one end of the resistance band, hold the other end in your hand (A)
- Slowly curl your arm up, pivoting at your elbow joint (B)
- Pause, slowly lower band to the start position
- Reps: 10–12 Sets: 2



## Session Goal

- Set a goal that you can achieve before the end of this week
- The goal should be related to your personal stress management
- Identify a partner or partners who can hold you accountable to your goal



## SESSION THREE: TREATMENT

**Time:** 1 hour 25 minutes

**Materials:** Flip chart, tape, markers

**Prepared Materials:**

**PPT\*:** Treatment

**Other:** 15x20 cm cards for each participant

\* PowerPoint Presentation

### Objective:

- To gain a better understanding of the role of treatment and the viability of antiretroviral treatment (ART) at the community level.



## Activity

**Time:** 1 hour



## Instructions for Facilitator

Use the prepared PowerPoint **Treatment**

### Directions:

Introduction to Treatment—**Ask:** What do we mean by “treatment”?

- Drug treatment? For people who have drug problems (i.e., substitution therapy)?
- Treatment for alcohol use?
- Treatment for opportunistic infections?
- Treatment for tuberculosis?
- Treatment for sexually transmitted diseases?
- Treatment for psychological issues, such as depression or anxiety?
- Homeopathic or herbal treatments for skin rashes, etc.?
- Treatment for high blood pressure, diabetes, or cancer?

### All of the above are common for many of us who are living with HIV.

- **Explain:** The word “treatment” tends to be associated only with taking antiretrovirals (ARVs). However, the word “treatment” encompasses much more.
- **Introduce** the goal of antiretroviral therapy (ART) and explain different types of ARVs and how they work.
- **Ask** for definitions of ART and ARV from the group.
- **Ask** about the benefits of ART.
- **Ask** to which types of ARVs the participants have access in their respective countries.
- **Ask** how ARVs work.

**Explain** when adults should start taking ARVs (including eligibility criteria).



**Trainer Notes:** Only review the criteria to which the participants have access. If the workshop is being conducted at the local level, find out this information from a local PLHIV or the National AIDS Committee/Office.



## Instructions for Facilitator

### Directions (continued):

**Explain** the benefits of and limitations to ART.

### Introduce the main issues concerning ART adherence.

- Concept of adherence. (**Ask a participant** to provide a definition.)
- Importance of adherence. (**Ask for personal experiences** of not adhering/adhering to a prescribed medicine.)
- Factors that enhance and hinder adherence. (**Ask participants** what prevents people from adhering to ARVs.)

### Remind participants of the following:

- If you miss any doses (even three doses in a month), DRUG RESISTANCE can develop (these drugs will stop working).
- **Do not miss any doses.** This is very important to ensure proper blood levels, so that ART can work properly.
- If you forget a dose, do not take a double dose.
- Drugs **MUST NOT** be shared with ANYONE, including family and friends.

**Explain** that there can be some drug interactions and side effects. Cite personal experience when possible.

### Introduction to the use of ARVs in special circumstances:

- People who use drugs, alcohol, herbs, or medications
- Women of childbearing potential (include information on the effect of some ARVs on the effectiveness of oral contraceptives)
- Pregnant women
- ART in children
- Post-exposure prophylaxis (PEP)

**Facilitate a discussion** based on questions from the participants.



### **Trainer Notes**

Avoid the tendency to give too much pharmaceutical detail. Participants should not be expected to become pharmaceutical experts. If there are health workers in the group (nurses, pharmacists, doctors), refer them for professional training with the appropriate institutions.

Remind participants that information on ARVs is changing all the time. For updated guidelines on the use of ARVs for both adults and children, go to <http://www.who.org>. A useful email discussion forum can be found through [www.aidsmap.com](http://www.aidsmap.com).



## Activity: Anonymous Questions

**Time: 25 minutes**



### Instructions for Facilitator

Inform participants that this activity is called “**Anonymous Questions.**” Here, the facilitators will attempt to answer any questions about HIV and AIDS participants may have. Questions are written anonymously in private, are submitted in a ballot box, and will be answered for all to hear, share, and discuss further.

**Provide one 15x20 cm card** to each participant.

- **Ask participants** to think about everything they have ever heard or read about HIV and AIDS, not only today but also in previous months and years. Ask them to think about any question they have ever wanted to ask on this topic.
- **Ask participants** to shield their card in some way (some may want to move to another part of the room for increased privacy) and to write any questions very clearly. Make sure participants do NOT put their name on the card. They should bring the cards to the trainer face down.
- **Inform participants** that they have about 7 minutes to think of questions and can ask as many questions as they like within this timeframe.
- Once participants have either put their cards in the ballot box or have given them directly to the trainer, the trainer should shake the box or shuffle the cards while turned away from the group. Then, with the cards placed face down, the trainer should pick up each card, read the question, and provide an answer.

Facilitator/co-facilitators should try to keep answers brief and consider whether some questions will be answered in later sessions of the training course. If so, please note this so that the participants can look forward to receiving more information later. Some questions will be sensitive or embarrassing and will lead to laughter, confused looks, etc., but each question should be answered honestly and carefully. If you, the facilitator, don't know an answer, admitting that you do not know but that you will try to find out the answer later demonstrates your truthfulness.

# POWERPOINT: TREATMENT





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## PREVENTION

### REVIEW

#### How HIV is transmitted



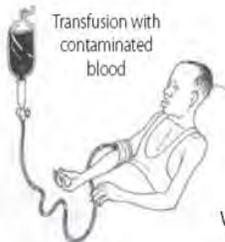
Direct contact with the  
blood or body fluids



Unprotected sex



Pregnancy



Transfusion with  
contaminated  
blood



Breastfeeding



Labour and  
Delivery

WHO flipchart [www.who.org](http://www.who.org)

## Safer sex behaviour



Stay faithful to your partner.



Limit the number of sexual partners. Always use condoms.

Explore other forms of sexual pleasure.



Do not have sex with young girls. It does not cure HIV. It makes things worse by spreading infection to the young generation.

WHO flipchart [www.who.org](http://www.who.org)

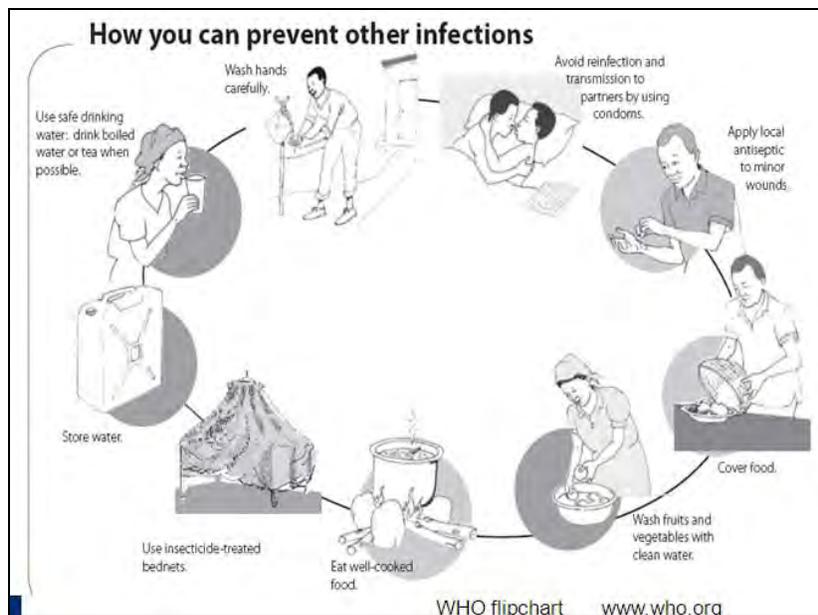
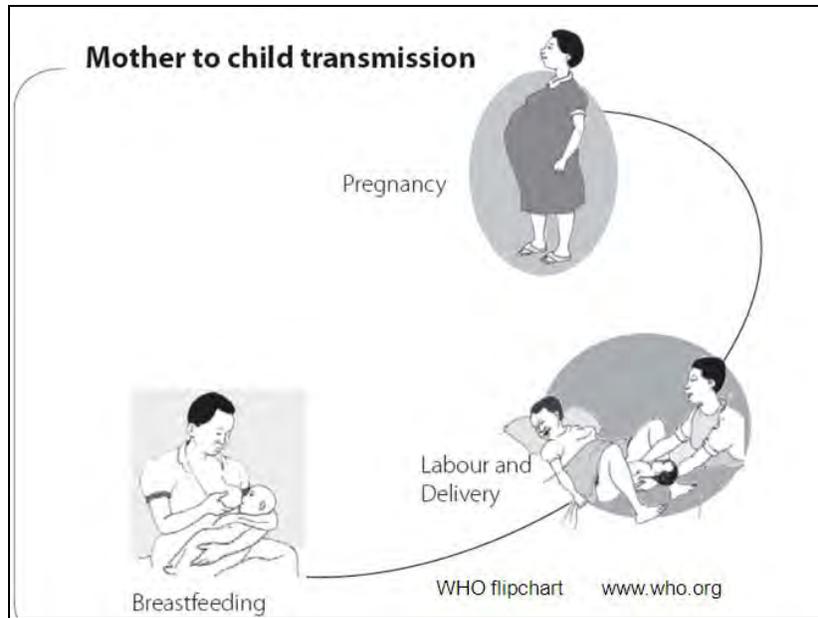


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### Reduce risks with drugs and alcohol

- Change behavior
- Reduce risks
- Clean syringes
- Alcohol and other drugs lower inhibition – increases risky behavior



## Medicines that can help you with HIV?

### Tuberculosis

- PLH are at higher risk of infection and illness.
- It is very important to receive medicines and to use them as prescribed even after cough or symptoms disappear.



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INITIATIVE**

## Which are the medicines that can really help you?

### “Prophylaxis” medicines

- Help prevent infections, avoid cough, diarrhea, etc.
- Adherence – important to take medicines as told
- Even on prophylaxis, you can get infections, cough, diarrhea, etc.
- Communicate with your health workers

Adapted from WHO flipchart [www.who.org](http://www.who.org)



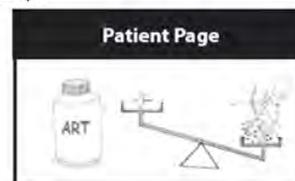
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## What can ART do to help?

- ART is antiretroviral therapy – using drugs, antiretrovirals, and others.
- ART is medicine to strengthen your defense system.
- Many people who take ART as prescribed feel stronger and healthier.
- WHO-revised guidelines recommend if you have CD4 cells under 350 or 300 to consider starting ART.
- You must be prepared to take ART as prescribed = adherent.
- ART is not for all people living with HIV (PLH).
- Many PLH do NOT need ART:
  - no or minor symptoms; and/or
  - CD4 cells above 350.

Adapted from WHO flipchart [www.who.org](http://www.who.org)





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## Taking ART: What it means

- Not everyone does well on ART.
- Some feel even sicker – your health worker can help you adjust.
- Some antiretrovirals may not work.
- Some people are very sick for treatment and have too few shields to fight illness.
- ART may seem difficult to take at first
  - With support, most do very well.
- Liver, CBC, other tests and illnesses are key.

Adapted from WHO flipchart [www.who.org](http://www.who.org)



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The decision to start taking ART is a life-long commitment.

You need someone to help you remember to take the tablets twice daily and how to respond to problems.

From WHO flipchart [www.who.org](http://www.who.org)



### **ART Basics: Commitment**

- Making a commitment to ART
- Ask someone to help you remember
- When on ART, remember to continue to live positively



### **ART Basics: Side Effects**

- When you start, you may have some side effects and feel worse.
- Few people have serious side effects.
- If you have side effects, talk to your health worker.



### ART Basics: Adherence

- Drug users can adhere.
- Adherence requires commitment and changed learned behavior.
- Examples?

#### Taking ART.

- It helps to have someone you can trust, a family member or friend, to help you remember to take your drugs. This person is called a treatment supporter.
- It takes practise to remember to take ART drugs.

#### Here are some ways to help you remember.

- Put the ART drugs where you will take them.
- Take the ART drugs at the same time each day, i.e. when you eat your meal.

From WHO flipchart [www.who.org](http://www.who.org)

#### Remember

It is important to establish a routine for taking your ART drugs. Put them where you can remember them everyday.

#### Patient Page



**ART Basics**  
*ART does not cure HIV*

**ART does not cure HIV**

- If you are taking ART, you can still pass on HIV to somebody else.

**ART does not protect against re-infection of HIV**

- If you are taking ART, you can still get infected with HIV again. (There is more than one type of HIV.)
- This may make your immune system weaker.

**ART does not protect from infecting others with HIV**

- While you are taking ART, continue to protect yourself and others by regularly using a condom when you have sex.

From WHO flipchart [www.who.org](http://www.who.org)

**Remember**

ART does not cure HIV. You can protect yourself from re-infection and avoid transmission to others by using condoms. Advise on disclosure, safe sex, and how to negotiate condom use and HIV test.

**Patient Page**



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**ART Basics**  
*ART and Pregnancy*




From WHO flipchart [www.who.org](http://www.who.org)

## ART Basics

ART and Pregnancy

From WHO flipchart [www.who.org](http://www.who.org)



### ART and pregnancy.

- 1 It is very important to tell the health worker if you are pregnant, or want to have a baby, when you are about to start ART or are on ART.
- 2 You can get pregnant while you are on ART.
- 3 ART can help prevent transmission of HIV to the baby.
- 4 For male patients on ART: if you are planning to have a baby with your partner/wife, come together for further counselling.
- 5 If your partner/wife is already pregnant, you both need to go to PMTCT service.

### Remember

Talk to a health worker if you want to have a baby or if you are pregnant.

### Some ART medicines are safer during pregnancy than others.

- 1 Tell the health worker right away if you are pregnant or want to have a baby. The health worker can help you make a decision about what to do.
- 2 Some ART medicines are safer to use while you are pregnant. Talk to your health worker about which ART medicines to use.

### Patient Page



### How to remember ART.

- 1 Write notes, use stickers, and look at clocks and calendars to remind you to take your ART or use the radio programme, or the chickens coming out in the morning and going in at night.

### Here are some ways to help you remember to take ART correctly.

- 1 Take ART with you.
- 2 Plan ahead for how you will take the ART when you are at work.
- 3 If you go away from home, pack more tablets than you need in case you stay away longer than expected.

From WHO flipchart [www.who.org](http://www.who.org)

### Remember

Stick to a routine and plan ahead to take ART correctly.

### Patient Page





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If you remember within four hours from the time you are supposed to take the drugs, take them, otherwise skip this dose and return to your regular schedule.

Don't take twice the tablets at the same. If you forget a dose, do not take a double dose.

If ART is giving you any problems, talk to the health worker.

From WHO flipchart [www.who.org](http://www.who.org)



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**If you forget to take your tablets:**

Within four hours from the time, take them. If later than four hours, take the **next dose** as scheduled. Do **not** double.

**If you are having problems taking your ART drugs:**

Inform the health worker if you have skipped doses.

**If you want to stop taking ART:**

Before doing so, inform the health worker.

The clinical team can help you to address problems.



Adapted From WHO flipchart [www.who.org](http://www.who.org)



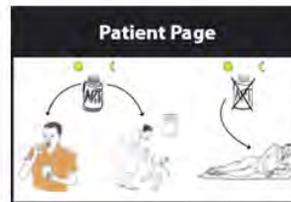
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## Antiretroviral Therapy

If you take ART as prescribed, you will be able to live a longer, healthier life.

**If you do not take all doses, you might start having problems.**



Adapted from WHO flipchart

[www.who.org](http://www.who.org)



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## Never share your ART drugs.

If you share the drugs, they won't work for you or for the other person.

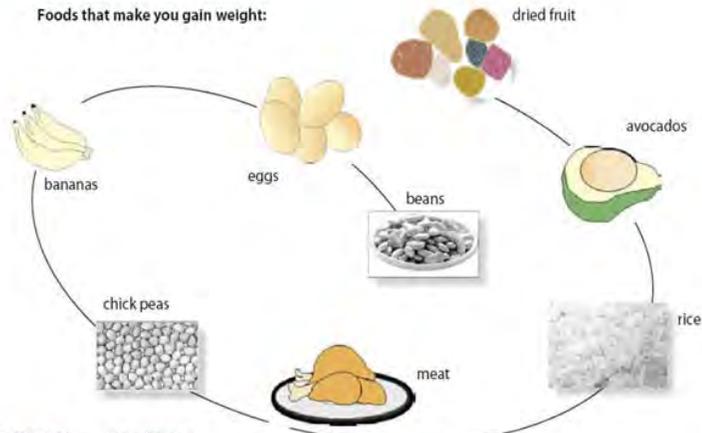
## Keep ART in a safe place.

Like all medicines, keep ART in a safe place and away from children.



### What should you eat?

Foods that make you gain weight:



From WHO flipchart [www.who.org](http://www.who.org)



### Discussion



## SESSION FOUR: WARM-UPS, ICEBREAKERS, AND EXERCISES

**Time:** 15 minutes

**Materials:** Flip chart, tape, markers



### Activity

**Time:** 1 hour



### Instructions for Facilitator

The facilitator or a volunteer from the group will present an icebreaker, warm-up, and/or exercises to share with the group to provide further group bonding, team work, and a fresh start to the afternoon.



## SESSION FIVE: TREATMENT ADVOCACY DISCUSSION GROUP

**Time:** 1 hour

**Materials:** Flip chart, tape, markers

### Objectives:

- To discuss specific treatment issues in the country and regional context.
- To provide a space for participants to share their concerns, questions, and ideas related to access to quality treatment, support, and care.
- To provide guidance and possible solutions to improve access to treatment in different contexts, including resource-limited, gender-insensitive, and conflict settings.



## Activity: Treatment Advocacy Discussion Group

**Time:** 1 hour



### Instructions for Facilitator: Expectations and Concerns Activity

#### Directions:

**Ask** the group to sit in a circle. State the goal of the session (above). A positive facilitator will describe briefly any challenges he or she has faced related to treatment, support, and care in his/her community, how this has progressed and, in particular, how advocacy plays a part in that country and region.

**Invite** anyone from the group to share his/her own questions, story, or impressions.

**Guide** the group in talking about these issues so as to promote solution-oriented discussion, including how regional networking and support can serve treatment advocacy.



## SESSION SIX: GENDER AND HIV

**Time:** 2 hours 20 minutes

**Materials:** Flip chart, tape, markers, projector, display screen, picture of baby on PowerPoint slide

**Prepared Materials:**

**PPT: Gender and HIV and AIDS**

**Handouts:** Tripoli Declaration (**Annex 6**), 'Turning the Tide' (Arabic), Human Rights Cards, (Arabic), International Community of HIV Positive Women (ICW) Series (Arabic)

*\*Note: 'Turning the Tide' and the Human Rights Cards can be obtained from UNDP's HIV/AIDS Regional Programme in the Arab States ([www.harpas.org](http://www.harpas.org)). The ICW Series can be obtained from ICW ([www.icw.org](http://www.icw.org); send e-mail to: [info@icw.org](mailto:info@icw.org))*

### Objectives:

- To identify basic human rights.
- To explore rights as a need for human development.
- To understand the universal nature of rights.
- To start a discussion regarding the gendered implications of human rights for women and girls.



## Activity: Rights We Have from Birth

**Time: 30 minutes**

**Materials:** Baby picture on PowerPoint, human rights cards, flip chart, markers



### Instructions for Facilitator

#### Directions:

1. Put a picture of a baby at the front of the training room (this can be cut from a magazine and put on the flip chart or on a PowerPoint, for example).
2. Break the larger group up into small groups of 3–4 people.
3. Ask the groups to consider what the baby would need to have a full life as a human being.
4. Each group should agree upon a list of needs that will be noted on flip chart paper.
5. Each subgroup should present the conclusions of their discussion to the big group.
6. Once all groups have presented, facilitate a general discussion around the input given by each group.

#### Discussion Notes

The facilitator will lead a discussion on the nature of human rights and how they relate to our own lives as women and men. During the discussion, ensure that important points are highlighted including

- What human rights are
- The characteristics of rights
- The categories of rights and where they come from
- Rights that are difficult to talk about or usually avoided, such as sexual and reproductive rights

You can use some of the following questions to guide the discussion:

1. Why do you think the baby needs all of those things on the list?
2. How will these things benefit the baby?
3. Does the baby deserve all of these things listed? Why or why not?
4. Are there other things that adults must have to enjoy a full life?
5. What concepts/terminology can be used to refer to all the things babies and adults need to lead a full life or to live as human beings? (Note: *This question will change the terminology of 'needs' to that of 'rights,' in case the latter has not yet come up in the discussion.*)

6. What do you think might happen if babies and adults are deprived of these rights/things you've listed?
7. Does the baby have different rights and responsibilities if it is a girl versus a boy? If so, what, and why are they different?

\*Handout: UNDP Human Rights cards ([www.harapas.org](http://www.harapas.org)).



## Activity: Defining Gender and Related Concepts

**Time: 30 minutes**

**Prepared Materials:**

**Flip charts:** Gender Terms

**Objectives:**

- To discuss differences in key gender terms.
- To agree on common definitions and usage of key gender terms.
- To begin to discuss the gendered dimensions of HIV.

*Adapted from: USAID Interagency Gender Working Group, Gender Training Modules, June 2006.*



## Instructions for Facilitator

**Directions:**

1. Divide participants into 3 groups.
2. Assign each group one of the following terms:
  - Gender
  - Gender Equity
  - Gender Equality

Tell each group to take 5–10 min. to define each term. When all groups are finished, ask each group to write the assigned definition on a flip chart and tape it to the wall in the front of the room.

3. Have the larger group assemble around each term, ask someone from the smaller group to read the definitions, and ask the larger group for their thoughts on how it was defined.

4. Include the following points in the discussion:
  - ‘Gender’ refers to **socially constructed** roles, responsibilities, and expectations of males and females in a given culture or society;
  - These roles, responsibilities, and expectations are **learned** from family, friends, communities, opinion leaders, religious institutions, schools, the work place, and the media.
  - They also are influenced by **custom, law, class, ethnicity, and bias**.
  - The definition of what it means to be male or female is learned, varies among cultures, and **changes** over time.
  
5. Display the flip chart with the definitions of key words from the small groups. Explain to the group that these key words are defined in many different ways, but for our purposes, the following are sample definitions to keep in mind as we also discuss the region-specific meanings of each:
  - **Gender** refers to the economic, social, political, and cultural attributes and opportunities associated with being female and male. The social definitions of what it means to be female or male vary among cultures and change over time.
  - **Sex** refers to the biological differences between women and men. Sex differences are concerned with women and men’s physiology.
  - **Gender Equity** is the process of being fair to women and men. To ensure fairness, measures must be put in place to compensate for historical, social, and structural disadvantages that prevent women and men from operating on a level playing field. Gender equity strategies are used to eventually gain gender equality. Equity is the means; equality is the result.
  - **Gender Equality** permits women and men equal enjoyment of human rights, socially valued goods, opportunities, resources, and the benefits from development results.
  - **Gender Integration** means taking into account both differences and the inequalities between women and men in HIV program planning, implementation, and evaluation. The roles of women and men and their relative power affect who does what in carrying out an activity and further, who benefits.
  
6. Ask the larger group if they have other ideas, questions, or comments, especially from a regional, country, or local perspective.
  
7. Ask a volunteer to take notes and develop a definition for each term. Pass out a draft of these definitions after the next break and agree upon a final working definition of each.



### **Trainer Notes: Transition Points into Next Activity**

1. Explain to the group that both men and women can help to reduce risk factors that contribute to HIV, stigma, and related issues, if they are equipped to recognize and deal with them from an informed, gendered perspective.
2. **Negative gender norms are a risk factor.** People are influenced by their own cultures and traditions, sometimes without realizing it. Everyone is taught as children and adults to behave in certain ways according to gender-based norms, but everyone should have access to the same basic rights.
3. Once we recognize these and any other norms that put people at particular risk, we can change them. Trainers, educators, advocates, program implementers, and people living with HIV in their daily lives also can help to challenge gender-based norms and stereotypes by being more aware of how gender influences behavior, including their own actions.



### **Activity: Sex and Gender**

**Time:** 30 minutes

**Materials:** Flipchart, markers

**Objectives:**

- To help participants understand the difference between 'sex' and 'gender.'
- To recognize gender stereotypes and why they are important.



### **Instructions for Facilitator**

**Directions:**

1. Draw three columns on flip chart paper.
2. Label the first column 'woman' and leave the other two blank.

3. Ask participants to identify personality traits, abilities, and roles often associated with women in their community, region, and broader society. These may include stereotypes.
4. Write their suggestions in the 'woman' column.
5. Label the third column 'man' and ask participants to again make a list of personality traits, abilities, and roles often associated with men. These also may include stereotypes.
6. Make sure that participants provide examples related to HIV and/or broader issues of health.

**Examples:**

- Women are biologically more susceptible to HIV.
  - Women should not be seen carrying condoms in their purse.
  - Women are expected to stay home and care for children.
  - Women are unable to negotiate condom use effectively.
  - Most commercial sex workers and people who engage in sex for money are women.
  - Women are the center of the family.
  - Women hold the honor of the family.
  - Women teach their family values and rules for healthy living.
  - Women are encouraged to be chaste.
  - Women, if not tamed, have an overabundance of sexual energy they cannot discipline without the help of family, community, and certain traditional practices.
  - Men can participate in certain risk behaviors that woman cannot.
  - Men experience peer pressure to be sexually active.
  - Men tend to avoid responsibility.
  - Men do not like condoms.
  - Men can negotiate condom use more easily than women.
  - Men have more financial resources than women.
  - Men should protect women in all ways possible.
  - God intended men to support the health and strength of the family.
  - Men usually have multiple partners when single or married.
  - Men are the center of the family.
7. Ensure that both columns include both positive and negative words or phrases.
  8. Reverse headings by writing 'man' above the first column and 'woman' above the third column.
  9. Working down the list, ask participants whether men can exhibit the characteristics and behaviors attributed to women, and vice versa.

10. Place those attributes usually not considered interchangeable into the middle column and label this column 'sex.'
11. Discuss all of the items in the 'sex' column and any main issues from the other two.
12. Stress that stereotyped ideas about female and male qualities can be damaging because they limit our potential to develop a full range of possible human capacities, including healthy behavior choices.



### Activity: Women's Vulnerability to HIV

**Time:** 30 minutes

**Materials:** Flipchart, markers



### Instructions for Facilitator

#### Directions:

1. **Introduce** the topic of gender, how gender refers to both men and women and related masculine and feminine identities, and further, how gender roles can affect how one lives with HIV.
2. Begin the PPT presentation on women and HIV (**Gender and HIV and AIDS**). (10 minutes)
3. Group discussions (30 minutes): Divide the men and women into separate groups and discuss the following topic areas with each group. Ask the groups to discuss gender factors within each topic area that affect men and women living with HIV (see bullet list that follows). For example: From a sociocultural perspective, men in many cases are 'supposed' to be strong and not show their fear. Yet, an HIV-positive man might feel afraid for reasons related to possible consequences of his HIV status (social rejection, inability to obtain treatment, job loss, etc.), among other issues. From an economic perspective, women may often be in a position of caring for other HIV-positive people, such as their husbands, which could affect their ability to work in a paid position. This in turn could lower their economic quality of life.
4. Participant groups will have 30 minutes to discuss all topic areas listed below. One person from each group will be recording answers for each category on a piece of flip chart paper or in notes, while another person will be designated as the speaker for the group to share the findings from the discussion.

5. After the group discussion is finished, both groups will report back to the larger group. (20 minutes)
6. Facilitators should make sure that gender is not seen as a dichotomy between men and women but rather in the more complex terms of gender roles and identity, including issues surrounding men who have unsafe sex with men and other at-risk groups, where appropriate. Briefly discuss the range of stigma and discrimination for each topic area, as well as other effects.
  - Education
  - Social/Cultural
  - Economic
  - Legal
  - Treatment and Care



### Trainer Notes:

Below are some region-specific points to keep in mind as you navigate the discussion topics with participants. Encourage discussion of participants' knowledge of country-level policies and programming in addition to personal experience.

- **Education**—In some cultures, boys are given greater priority for access to schooling while girls and women do not have the same opportunities. Globally, three of every four illiterate adults are women, and two-thirds of children denied primary education are girls. Although in some MENA countries the gap between girl's and boy's access to education is narrowing, illiteracy and lack of access to education remain barriers in the region, which faces the highest incidence of illiteracy among women and girls in the world.<sup>1</sup> In some countries in the region, such as some Gulf countries, however, women actually have similar or higher literacy rates than men. When women have access to education, they have access to correct information and greater knowledge and are empowered to make healthy personal choices. Why do you think there is a difference in access to education and literacy among women and men in the region?
- **Social/Cultural**—In MENA, there is a culture of silence around sex and sexuality. Complex social and cultural barriers have made talking about sexuality, and in particular, women's sexuality, taboo in MENA countries. If people cannot talk about sexuality, discussion of HIV and AIDS is especially challenging.

<sup>1</sup> It is crucial to note these determinants and acknowledge the evidence that important factors accounting for health disparities within MENA countries are income level, place of residence (urban or rural), and mother's educational level. For more information, see WHO, 2007.

Girls and women in MENA also face harmful traditional practices, including early marriage, as well as female genital cutting (FGC), which is widespread in several MENA countries. For example, in Egypt, more than 90 percent of women and girls over age 10 face FGC; in Yemen, more than 20 percent of the female population is affected.<sup>2</sup> FGC creates greater vulnerability to HIV in perpetuating women and girls' lack of control over their own bodies, including advocating for safer sex. FGC also creates greater physical vulnerability due to the highly injurious practices often implemented by midwives, hairdressers, and barbers with cultural, traditional, and local legitimacy to perform 'circumcisions' using unsterilized instruments. Further, this practice often takes place just before marriage to ensure chastity. Health is further complicated during childbirth. When practices that are unhealthy for women are secured by longstanding social and cultural traditions, it is even more difficult for women to be empowered to make healthier choices and transform unhealthy norms. Further, often a culture of shame surrounds women and girls living with HIV in the region, who can be regarded as symbols of family honor. If a woman is living with HIV, she often is seen as bringing shame not only to herself but to her family, extended family, and even the entire village. This often results in social isolation and community expulsion.

Where women are blamed, this can lead to

- heightened levels of sexual and domestic violence
  - abandonment by families and communities
  - forced abortion or sterilization
  - loss of jobs
  - loss of livelihood opportunities
- **Economic**—Of the people who live in abject poverty globally, nearly 70 percent are women. Further, women perform two-thirds of the world's work, earn less than 5 percent of its income, and own less than 1 percent of its property. In the MENA Region, women make up the majority of people living in poverty and abject poverty. Women's access to economic power is limited, as the region also has the highest unemployment rate among women globally.<sup>3</sup> When women live in poverty, daily survival takes precedence over longer-term needs, including access to HIV information, testing, and care, all of which can be perceived as less urgent than food, water, and basic needs. Further, women living in poverty may then be forced to engage in commercial sex work, survival sex, or transactional sex, which also can put women at risk for HIV.
  - **Legal**—HIV in the MENA Region is also a human rights issue. High levels of HIV stigma and discrimination include travel policies restricting PLHIV from legally entering some countries, based on their HIV status; school expulsions; house evictions;

<sup>2</sup> UNDP. 2009. *Arab Human Development Report, Challenges to Human Security in Arab Countries*. New York: UNDP.

<sup>3</sup> Ibid.

and rejection within the community. Healthcare providers also sometimes stigmatize PLHIV and refuse to provide them with services. As a result, people who are possibly infected often do not seek the necessary tests due to shame, fear, and potential stigma and discrimination. In addition, stigma and discrimination have led to egregious human rights abuses throughout the region, ranging from domestic to state-sponsored abuse.

Women and men living with HIV have access to certain rights, such as the right to marry and have a home, a family, and a job, and also are responsible for protecting themselves and others. However, where there are supportive laws, many women and men do not know about them, while other laws and policies actually can prohibit access to support and basic rights. For example, marriage laws in the region can fuel women's vulnerability inside relationships in which they have little power, as most laws confirm a husband's custodial rights over his wife. Further, male supremacy within the family is reinforced under Personal Status Laws; under these laws, most women in MENA countries do not have the right to ask for a divorce or oppose polygamy, marital rape, or other forms of subordination and abuse. While some laws in the region protect women and men living with HIV, it is often difficult to translate laws that are in opposition to strongly held beliefs, practices, tradition, and some interpretations of religion. This is especially true for those practices and cultural norms that relegate women to the private sphere and to positions subordinate to male counterparts in the family and society.

- **Treatment and Care**—Only 14 percent of those people in the region who need treatment are receiving antiretroviral drugs. In 2008, treatment coverage in MENA was less than half of the global average for low- and middle-income countries.<sup>4</sup> When provided at all, the regimens for antiretroviral treatment (ART) are limited, as are combination therapies and consistency. Stockouts are not uncommon. In particular, many mothers in the region living with HIV do not have access to ART to prevent mother-to-child transmission. Also, HIV-positive mothers have reported refusal by hospitals and clinics to support childbirth as well as pre- and postnatal care.
- PLHIV with access to treatment usually have access to voluntary counseling and testing (VCT) as well but, for the large majority of people in the region, VCT is inaccessible. Furthermore, as many as 90 percent of PLHIV in the MENA Region are unaware that they are positive.<sup>5</sup> When VCT is available, necessary testing crucial to effective treatment—including CD4 and viral load—often is not.

<sup>4</sup> UNAIDS. 2009. *AIDS Epidemic Update*. UNAIDS: Geneva.

<sup>5</sup> Obermeyer, Carla Makhlouf. 2006. 'HIV in the Middle East.' Retrieved on October 2, 2009 from [www.bmj.com](http://www.bmj.com)<<http://www.bmj.com>.

# POWERPOINT: GENDER AND HIV AND AIDS



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## Gender and HIV and AIDS

### Global Statistics (UNAIDS, December 2006)

#### Current Status

- Adults living with HIV/AIDS 37.2 Million
- Women living with HIV/AIDS 17.7 Million
- Children living with HIV/AIDS (under 15) 2.3 Million
- People newly infected with HIV in 2006 4.3 Million
- AIDS deaths in 2006 2.6 Million

## Global Statistics, continued...

- The number of women living with HIV has increased globally and in all regions over time.
  - Women account for almost half (48%) of all adults living with HIV and AIDS worldwide.
  - 17.7 million women living with HIV in 2006 represented an increase of more than 1 million compared with 2004.
- Young people (15–24 years old) account for about 40% of all new infections worldwide.
- About 6,000 youths become infected every day; the majority are female.

## Women and HIV and AIDS

- Women are more vulnerable to HIV due to gender inequalities
  - Social and economic status
  - Access to prevention and care services
- Women are biologically more susceptible to HIV infection than men
  - Sexual violence may increase women's risk
- HIV and AIDS have multiple effects on women
  - added responsibilities of caring for sick family members
  - loss of property if they become widowed and/or infected
  - violence when their HIV status is discovered

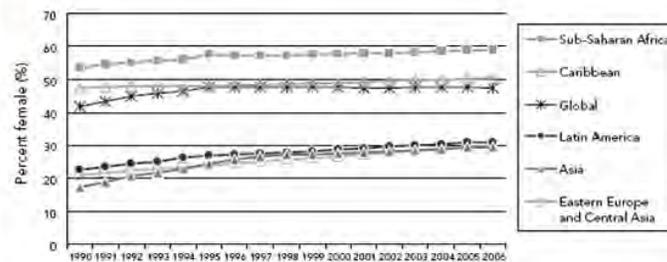
## HIV-Positive Women Around the World

Regional HIV statistics and features for women, 2004 and 2006

		Number of women (15+) living with HIV	Percent of adults (15+) living with HIV who are women (15+) (%)
Sub-Saharan Africa	2006	13.3 million [11.5–15.2 million]	59
	2004	12.7 million [11.0–14.5 million]	59
Middle East and North Africa	2006	200 000 [100 000–370 000]	48
	2004	180 000 [89 000–230 000]	49
South and South-East Asia	2006	2.2 million [1.3–3.6 million]	29
	2004	2.0 million [1.2–3.3 million]	29
East Asia	2006	210 000 [110 000–370 000]	29
	2004	160 000 [90 000–280 000]	27
Oceania	2006	36 000 [17 000–90 000]	47
	2004	32 000 [16 000–81 000]	47
Latin America	2006	510 000 [350 000–800 000]	31
	2004	450 000 [210 000–670 000]	30
Caribbean	2006	120 000 [85 000–160 000]	50
	2004	110 000 [80 000–150 000]	50
Eastern Europe and Central Asia	2006	510 000 [230 000–810 000]	30
	2004	410 000 [260 000–650 000]	30
Western and Central Europe	2006	210 000 [160 000–300 000]	28
	2004	190 000 [140 000–260 000]	28
North America	2006	350 000 [190 000–570 000]	26
	2004	300 000 [160 000–510 000]	26
TOTAL	2006	17.7 million [15.1–20.9 million]	48
	2004	16.5 million [14.2–19.5 million]	48

## HIV-Positive Women Around the World

Percent of adults (15+) living with HIV who are female, 1990–2006



## HIV Statistics in sub-Saharan Africa

### Adults and children

- |                        |              |
|------------------------|--------------|
| - Living with HIV/AIDS | 24.7 million |
| - Prevalence rate      | 5.9%         |
| - Newly infected       | 2.8 million  |
| - Deaths               | 2.1 million  |
| - AIDS orphans         | 12 million   |
- Two-thirds (63%) of all adults and children infected with HIV globally live in sub-Saharan Africa.
  - Almost three-quarters (72%) of all adult and child deaths due to AIDS in 2006 occurred in sub-Saharan Africa.

## Country Example: Kenya

- Current prevalence rate (ages 15–49) estimates range from 5.9% to 6.1%
  - Women—7.7%
  - Men—4%
- The prevalence rate for young women ages 15–24 is at 5.2%; for young men ages 15–24, it is at 1.0%
- Women make up 50% of those who are HIV positive

## Women and HIV in sub-Saharan Africa

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- Women represent more than half (59%) of all adults living with HIV/AIDS.
- For every 10 men living with HIV, there are about 14 adult women who are infected with the virus.
- Among young people, on average, three young women are infected for every young man.
- Women are more likely than men to be infected with HIV, and in most countries, they are more likely to be the ones caring for PLHAs.



## SESSION SEVEN: PROCESS GROUP

**Time:** 45 minutes

**Materials:** Flip chart, tape, markers

### Objective:

- To provide an opportunity for participants to share their feelings via a model called a “process group.”



## Instructions for Facilitator

### Co-facilitators will explain the following steps in the Process Group:

1. While sitting in a circle, explain the process group process.
2. Anyone from the group can share his/her feelings.
3. When someone is speaking, there should be no interruptions and everyone should focus on good listening skills.
4. To practice, a facilitator or volunteer can start his/her sentence by saying "I feel..." Members are specifically asked to phrase sentences as "I" rather than "you" to ensure that the statement remains centered on the person's own feelings. This should be done both by those requesting and providing feedback.
5. For example, a participant may say: "I feel happy to be among PLHIV from my region but am nervous about going back home..."
6. The group member who speaks is then asked by the facilitator if s/he would like feedback from the group.
7. If s/he answers yes, the co-facilitator lets the person know he/she can ask for a particular person's feedback, or from anyone in the group.
8. When another group member gives feedback, it should not be advice or solutions, unless it is requested.
9. The person receiving feedback should acknowledge the feedback. The receiver can rephrase the feedback to ensure clear communication.
10. As mentioned earlier in our ground rules, there should be no putting down of others' values.
11. No person's question is dumb.
12. It is OK to feel embarrassed.
13. No one should ask personal questions.
14. No one needs to justify their behavior.
15. Everyone in the circle has the right to participate or pass.
16. Everyone in the group should feel they have an opportunity to speak but are not forced to speak.
17. All members are asked to speak from the heart.



## SESSION EIGHT: CLOSING AND EVALUATION

**Time:** 30 minutes

**Materials:** Post-it notes, flip chart



### Activity: Evaluation



### Instructions for Facilitator

#### Directions:

1. Use a different process for this evaluation. Use three colors of post-its—one for something they learned, one for something they liked, and one for something that needs improvement. Group these according to color and put the colors on different flip charts for review. (**15 minutes**)
2. **Adjourn** and announce any evening events, reminding people what time we will start in the morning. Close with a song, dance, prayer, or another short activity to end the day on a positive note. (**15 minutes**)
3. **Co-facilitators should meet** in the evening to review post-it evaluations, discuss the day, and review and prepare for the next day.

# DAY 3

## Schedule:

### SESSION

1: Welcome and Review

2: Stigma

3: Disclosure

4: Visualization and Relaxation

5: Positive Living

6: Closing and Evaluation

### TIME

30 minutes

3 hours 30 minutes

1 hour 25 minutes

20 minutes

1 hour 15 minutes

30 minutes

## Day 3 Agenda

Session Title
1. Welcome and Review
2. Stigma
2. Stigma (continued)
3. Disclosure
4. Visualization and Relaxation
5. Positive Living
6. Closing and Evaluation



## SESSION ONE: WELCOME AND REVIEW

**Time:** 30 minutes

**Materials:** Flip chart, tape, marker

**Prepared Materials:**

**Prepared Flip Chart:** Day 3 Agenda

### Objectives:

- To provide a time for participants to lead an activity and warm up the group with an upbeat and fun start.
- To review housekeeping issues and the agenda for the day.



### Activity: Welcome and Review of Yesterday

**Time:** 30 minutes



#### Instructions for Facilitator

- **Select a participant to lead** warm-up exercise. **(15 minutes)**
- **Review** the agenda for the day. **Review** highlights from yesterday. **(15 minutes)**



## SESSION TWO: STIGMA

**Time:** 3 hours 30 minutes

**Prepared Materials:**

**PPT: Stigma**

**Flip chart:** Internal and External; papers for small groups, flip chart for list of strategies

**Other:** Stickers (for prioritization), pictures and/or words to put on 4 walls prior to starting

**Handout:** “Embarrassment” poem (**Annex 6**)

### Objective:

- Identify key issues, challenges, and strategies related to stigma for PLHIV in the region.



## Activity: Stigma PowerPoint Presentation and Stigma Discussion

Time: 1 hour



### Instructions for Facilitator

- **Begin with a PowerPoint Presentation (Stigma)** that discusses the difference between **stigma** and **discrimination** and **internal** and **external** stigma. Internal stigma refers to feelings inside the person and external stigma refers to feelings put on a person by someone from the outside.
- **Explain:** Stigma is a tainted identity. To stigmatize is to label someone or even ourselves, to see them (or ourselves) as inferior because of an attribute they (we) have. Discrimination is a form of external stigma in which another person can act out his/her feelings of stigma.
- **Review** three types of stigma:
  - **Self-Stigma**—self-hatred, shame, blame—people living with HIV can feel they are being judged by others, so they become isolated. PLHIV sometimes practice “self-stigma” and isolate themselves from their families and communities.
  - **Felt Stigma**—perceptions or feelings towards PLHIV.
  - **Enacted Stigma**, or discrimination.
- **Stigma is a process:**
  - **Point out or label differences—Example:** He/she is different from us—he/she coughs a lot or is getting too skinny.
  - **Attribute differences to negative behavior—Example:** His sickness is caused by his sinful and promiscuous behavior.
  - **Separate “us” and “them” —Example:** shunning, isolation, rejection.
  - **Loss of status and discrimination** (loss of respect, isolation).
  - Explore other important dimensions of stigma and discrimination through group questions/discussion.
  - **For example:**
    - Often people do not understand the word “stigma.”
    - It is difficult to find a word in other languages that is equivalent.
    - Stigma differs in intensity—sometimes it is blatant; sometimes it is subtle.
    - Stigma is targeted mostly at people who are assumed to be HIV positive.
    - Stigma is targeted at stereotyped and scapegoat groups (women, sex workers).

- Other diseases (TB) are stigmatized because of HIV.
  - AIDS disfigures, so stigma changes according to the stage of the disease. Stigma increases as the symptoms of the disease become more visible.
  - HIV, sex, and death are all value laden and often morally defined.
  - Motives for stigma change according to the setting.
  - Stigma disrupts social relations.
  - People often fear that HIV is very contagious; this is only one of a number of myths or misinformed fear-based feelings.
  - People hide their stigmatizing attitudes.
  - Discrimination is directly related to human rights.
- **Summary—Explain** how stigma hinders prevention and treatment of HIV and AIDS in the following ways:
    - Stigma keeps people from learning their HIV status through testing and discourages them from telling their partners. As a result, partners could become infected.
    - Stigma keeps people who suspect they are HIV positive from accessing treatment and counseling services because they often want to keep their status hidden.
    - Stigma discourages people from using other services (for example, pregnant women from taking ARVs or accessing Navarapine).
    - Stigma prevents people from caring for people living with HIV and AIDS.
    - Discuss the idea that “Stigma kills.”



## Activity: Issues, Challenges with Stigma in Family, Community, Work, and Healthcare Settings

Time: 1 hour



### Instructions for Facilitator

- **Divide groups into:** Group 1—Family; Group 2—Community; Group 3—Work; and Group 4—Healthcare Setting.
  - Begin sharing in groups of 4–5 people regarding particular settings in which stigma can take place (see above).
  - Ask each group to nominate a note taker who will record main ideas from group discussion on stigma.
- **Group Discussion: Identify issues and challenges with stigma**
  - List challenges in a general brainstorming discussion.
  - From brainstorming, list the three most relevant/important internal and external examples of stigma in the family, community, work, and healthcare settings.
  - To start, you can use the ‘fill in the blank’ example below with your own feelings and experiences facing both internal and external stigma.

Internal	External
I feel... because I am living with HIV.	My family treats me differently. They... because they know I am living with HIV.

- Each group nominates one person to present their ideas to the main group. (5 minutes per group)
- The whole group of participants prioritizes two challenges for internal stigma—the person’s own thoughts or feelings—and two challenges for external stigma—coming from other people. Pick priorities using stickers.



## Activity: Role Plays

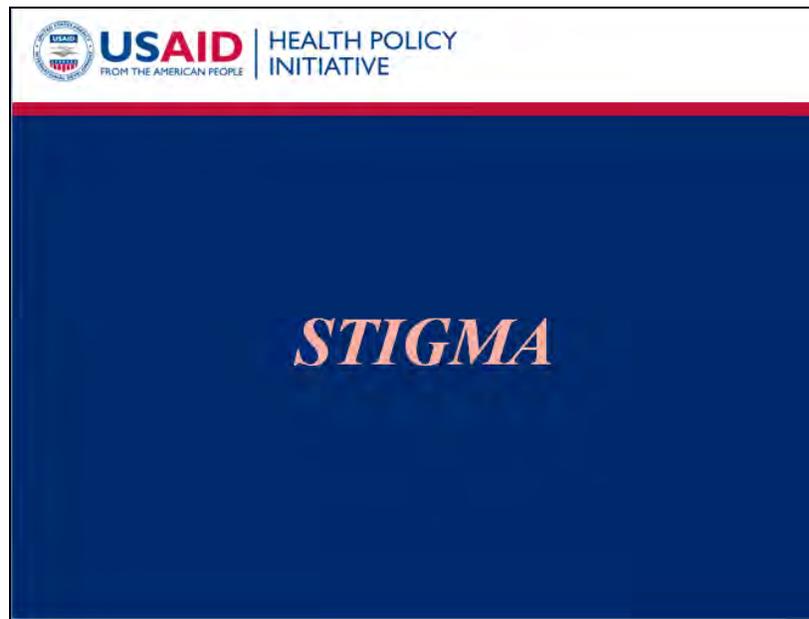
**Time: 1 hour 30 minutes**



### Instructions for Facilitator

- **Ask each of the four groups** to take one of the prioritized stigma settings (family, community, work, or healthcare) and develop a 5-minute role play to share with the main group. **(20 minutes)**
- **Presentation of the role plays.** The four groups will present their role plays **(5 minutes each)**, followed by a discussion. Participants act out scenarios where stigma is involved.
  - Each of the four groups act out the internal and/or external stigma role play. Each group acts out how best to address stigma in the situation, including two internal and two external strategies to cope with stigma. For example: **internal strategies** might involve self-talk; **external strategies** could be ways of addressing others who are stigmatizing you. **(20 minutes)**
- After each role play, **ask the main group the following questions: (30 minutes)**
  - What form of stigma was illustrated?
  - What was the cause of the stigma?
  - What are some techniques that you can use to reduce such stigma?
- List the strategies for addressing the various forms of stigma on a piece of flip chart paper. **(15 minutes)**

# POWERPOINT: STIGMA



## TYPES OF STIGMA

Self-stigma or “internal stigma”

- blaming & isolating themselves

Stigma by association—

- the whole family affected

Stigma by looks/appearance/type of occupation



## TYPES OF STIGMA

Self-stigma or “internal stigma”

External stigma





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## STIGMA WITHIN PLHA



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What do you feel and believe about yourself?  
How do you feel about being HIV positive?  
Do you have any internal STIGMA?





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## Work in groups of 5 and report back

What do you feel & believe about yourself?

How do you feel about being HIV positive?

Do you have any internal STIGMA? Any internal shame or blaming yourself because you are HIV?



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## MAIN CAUSES

**IGNORANCE!**

**FEAR!**

**INDIFFERENCE**



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## FIGHT STIGMA & DISCRIMINATION

- EDUCATION
- HOPE
- ACTION
- UNITY
- ACCOUNTABILITY



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## UNGASS Declaration

*Leadership  
involves personal commitment  
and  
concrete actions.*



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## STIGMA?



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## Strategies

- Knowledge and education
- Contact and experience w/PLHA
- Challenge social norms
- Create a welcome environment
- Develop tools and capacity
- Provide care and treatment
- Develop legal and regulatory response
- Hope
- Support
- Unity



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# UNDERSTANDING AND CHALLENGING HIV STIGMA

Toolkit For Action

Copies of the Toolkit are available from:

The CHANGE project

Academy for Educational Development

1825 Connecticut Ave NW

Washington DC 20009-5921

[www.changeproject.org](http://www.changeproject.org)

email: [changeinfo@aed.org](mailto:changeinfo@aed.org)



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## The International Community of Women Living with HIV/AIDS



*World AIDS Conference Amsterdam 1992*

A Positive Woman's Survival Kit

[www.icw.org](http://www.icw.org)  
DRAFT NOT FOR DISTRIBUTION



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*Action without vision is pointless, vision without action is fruitless but combined, it could lead to great things"*

Positive development:  
setting up self-help groups &  
advocating for change.

A manual for people living with HIV

Published Global Network of People  
Living with HIV and AIDS (GNP+) in  
collaboration with Healthlink.

Copies: NAP+ [www.nap-rap.org](http://www.nap-rap.org) or

GNP+, PO Box 11726, 1001 GS  
Amsterdam, The Netherlands.

tel: +31 20 423 41 14,

fax: +31 20 423 42 24,

e-mail: [info@gnpplus.net](mailto:info@gnpplus.net)

[www.gnpplus.net/programs.html](http://www.gnpplus.net/programs.html)



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## Resources for HOPE

**YOU!!!!**



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## Resources for SUPPORT

Each Other



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## RESOURCES

- NAP [www.nap-rap.org](http://www.nap-rap.org)
- ICW [www.icw.org](http://www.icw.org)
- GNP+ [www.gnp.org](http://www.gnp.org)
- NAPWA (USA) [www.napwa.org](http://www.napwa.org)
- HPI [www.healthpolicyinitiative.com](http://www.healthpolicyinitiative.com)
  - Measuring HIV/AIDS related to stigma
- USAID [www.usaid.gov](http://www.usaid.gov)
- [www.theglobalfund.org](http://www.theglobalfund.org)
- UNAIDS [www.unaids.org](http://www.unaids.org)
- International Labor Organisation [www.ilo.org](http://www.ilo.org)
- AED – CHANGE & ICRW [www.changeproject.org](http://www.changeproject.org)
- YOU!!!!



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**Thank You!**



## SESSION THREE: DISCLOSURE

**Time:** 1 hour 25 minutes

**Prepared Materials:**

**PPT: Disclosure: To Do or Not to Do**

### **Objective:**

- Identify key issues, challenges, and strategies related to disclosure for PLHIV in the region.



### **Activity: PowerPoint Presentation on Disclosure**

**Time: 30 minutes**



## Activity: Role Plays

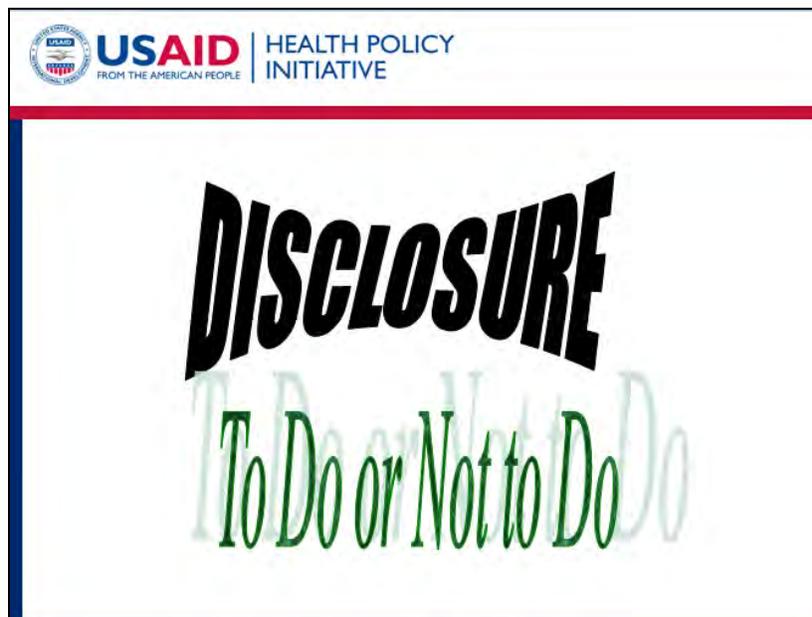
**Time: 55 minutes**



### Instructions for Facilitator

- **Ask participants** if any of them know someone with whom they have been thinking about disclosing their status and/or with whom they really want to disclose their status. As a group, we can help each other practice and explore different strategies for disclosing. Practicing beforehand in the mirror or with others and practicing different reactions prepares us for what might help when we disclose our status with others. Provide time for participants to express different ideas, fears, questions, and thoughts related to disclosure. **(20 minutes)**
- Co-facilitators should demonstrate a role play related to disclosure for the group.
- If several people have someone they want to disclose to, break the larger group into smaller groups of participants and practice the different scenarios via role play with each other. **(15 minutes)**
- Bring the small groups back and share scenarios from the disclosure.
- Review strategies for disclosure based on discussion and role play. Ask for feedback from the group regarding these strategies and further thoughts on disclosure. **(20 minutes)**

# POWERPOINT: DISCLOSURE: TO DO OR NOT TO DO



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## Disclosure

- Who do you want to know about your HIV status – everyone?
  - Disclose to family? To close friends? Only people you work with?
  - To your children?
- What would happen if your HIV status was known?
  - Only to people outside your own home area or country?
- How would you feel about people assuming that you are HIV positive because of your work with the group?
- If you appear in public, speaking to a group or on television, do you want to be open about your own HIV status?



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## Disclosure: Some Advantages

- You may be relieved to stop keeping a secret.
- You may be able to speak more freely and openly.
- You may be better able to help other people who are learning about HIV and have issues and concerns.
- Other people may be encouraged if they see you as someone who can be open about HIV status.
- You may receive support, love, and care.
- You can access HIV/TB treatment and other services.



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## Disclosure: Disadvantages

- You may feel that everyone is talking about you and you are not the same person that you always have been.
- You may find that people cannot accept you in the same way as before they knew that you were HIV positive.
- Telling people that you are HIV positive may make you feel worse than when you alone knew about it.



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### Disclosure to Parents

- What do you think?
- How have you done it?
- Why have you not?



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### Disclosure to Children

- What do you think?
- How have you done it?
- Why have you not?



### Disclosure: Learning from Others

- Your experiences help me – give me courage!



### CHECKLIST

#### Planning your presentation

**WHY** are you making this presentation?

- Is it to persuade, teach, inform, entertain?
- What actions do you want your audience to take as a result of your presentation?
- What other objectives do you have?

**WHAT** do you have to say?

- Make a list of all the ideas, information, and issues on your subject.
- Choose the best that you would like to link to your objectives. Which are the most important?
- Make only a few important points – not more than three. This helps to leave your audience with a very clear picture of your presentation.

**WHO** are you saying it to?

- How many people may be attending?

**WHY** are they coming?

- Do they have any knowledge of the subject that you will be presenting?

**HOW** will you be saying it?

- Will you be alone?
- Do you need any visual aids or hand-outs?
- Can you include any humour or drama?
- Will you ask the audience to contribute?

**WHEN** will you be saying it?

- At what time of day?
- How long will the presentation last?

**WHERE** will you be saying it?

- How big is the room?
- How near will the audience be to you?
- Try to visit the room before you speak there.



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## Disclosure: Choice for Us?

- Any involuntary disclosure is a breach of confidentiality.
- Unfortunately, others tell others often.
- We need to be aware that once we start disclosing, others will probably tell others.



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## PRACTISING DISCLOSURE

**AIM** to consider what might happen as a result of letting other people know your HIV status.



### Disclosure practice

	<i>Advantages</i>	<i>Disadvantages</i>
<ul style="list-style-type: none"><li>• Partner/Spouse</li><li>• Person I am attracted to</li><li>• Children</li><li>• Mother or Father</li><li>• Friend</li><li>• Co-workers</li><li>• Boss</li><li>• Medical provider</li><li>• Spiritual or Religious</li><li>• Other:</li></ul>		



**Thank You!**  
**Merci!**



## SESSION FOUR: VISUALIZATION AND RELAXATION

**Time:** 20 minutes

**Materials:** Music or cassette player and cassette tape with relaxing music

**Prepared Materials:**

**Other:** Written meditation/relaxation (Imagery script from Samuels and Bennett)

### Objective:

- To provide an introduction to stress relief via meditation and visualization exercise.



## Activity: Meditation

**Time: 20 minutes**



### Instructions for Facilitator

- **Ask the participants** if any have meditated or have used visualization. If so, ask them why they tried meditation and/or visualization. Explain some of the proven physical benefits resulting from these techniques. Introduce the exercise by telling participants to try what they feel comfortable with.



### Trainer Notes:

Facilitator(s) can prepare their own script or use the one below to guide the process.

#### **Imagery Script from Samuels and Bennett** (15 minutes)

**Note:** This passage should be read slowly, with a relaxed tone.

*“Close your eyes. Breathe in and out slowly and deeply. Relax your whole body by whatever method works best for you. Then let your ideas of all illness and symptoms...become bubbles in your consciousness. Now imagine that these bubbles are being blown out of your mind, out of your body, out of your consciousness by a breeze which draws them away from you, far into the distance, until you no longer see them or feel them. Watch them disappear over the horizon.*

*Now imagine that you are in a place that you love. It may be the beach, in the mountains, on the desert, or wherever else you feel fully alive, comfortable, and healthy. Imagine the area around you is filled with bright, clear light. Allow the light to flow into your body, making you brighter, and filling you with the energy of health. Enjoy basking in this light...”<sup>6</sup>*

<sup>6</sup> Adapted from Samuels M. and H. Bennett. 1985. “Be Well.” Appendix A, p. 284 in *Imagery in Healing*. Jeanne Achtenberg, Massachusetts: New Science Library.



## SESSION FIVE: POSITIVE LIVING

**Time:** 1 hour 15 minutes

**Materials:** Flip chart, tape, markers

**Prepared Materials:**

**PPT: Positive Living**

**Flipchart:** Fishbowl discussion questions

**Handouts:** Positive Living handout (**Annex 7**)

### Objectives:

- To review the workshop context from a personal perspective, including promoting personal strategies related to workshop content.
- To promote positive living, including how to reduce self-stigma, and to review personal experiences and the role of support groups.
- To review with participants information about nutrition, exercise, stress relief, and a holistic approach to managing HIV and AIDS.
- At the conclusion of these activities, participants will be able to
  - Describe behaviors contributing to their own health and well-being
  - Assess the behaviors and habits they currently practice



## **Activity: Warm-ups, Icebreakers, and Exercises**

**Time: 15 minutes**



### **Instructions for Facilitator**

**Facilitator(s)** will present a selected icebreaker, warm-up, or exercise to share with the group to provide further group bonding, team work, and a fresh start to the afternoon.



## **Activity: Positive Living PowerPoint**

**Time: 20 minutes**



### **Instructions for Facilitator**

#### **Explain:**

The longevity and quality of life of PLHIV can be attributed to multiple factors, including quality health systems, medicine, and support for PLHIV in maintaining healthier lifestyles. Nevertheless, it is you, the individual, who will ultimately pursue the quality of your life. What does it take to improve the quality of your life? That is the question we will try to answer today. Each one of us may have different specific ways to get there, but the goal is the same—to live positively.



## Activity: Brainstorming: Healthy Lifestyle

**Time: 20 minutes**



### Instructions for Facilitator

- **Ask participants to brainstorm** behaviors that contribute to the health and well-being of PLHIV, including myself.
  - Nominate a note taker.
  - The note taker will write the list of behaviors from group brainstorms on their flip chart.
  - The group prioritizes the top five healthy behaviors from the list.
  - The group reviews how PLHIV can engage in these five behaviors to maintain a healthy lifestyle, including at least one new behavior that each participant aims to include in his/her own life.
  - The co-facilitator recaps the discussion.



## Activity: Fishbowl: Embracing Change

**Time: 20 minutes**



### Instructions for Facilitator

The Fishbowl exercise forces participants to listen actively to the experiences and perspectives of a specific group of people.

**Ask participants to** prepare for a fishbowl. To prepare for the actual fishbowl dialogue, ask the “fishbowl” participants to sit in a circle in the middle of the room. The workshop participants who are acting as “observers” should sit in a larger circle around the fishbowl participants.

### Instructions:

The following steps will set the ground rules, then initiate and process the dialogue for the participant fishbowl activity.

One important ground rule must guide the participation of the observers: During the course of the fishbowl, observers are not allowed to speak. Their job is to listen and learn from the fishbowl participants. Mention that the observers will have an opportunity to discuss any issues that emerge in later processing dialogue.

If possible, assign one of the fishbowl participants the role of facilitator. It will be her or his responsibility to ask questions, facilitate the fishbowl discussion, and make sure everyone has an opportunity to talk. If necessary, you can play the role of facilitator.

The topics to be discussed by the fishbowl can be developed to be relevant to your course or workshop. For the most part, fishbowl participants should have an opportunity to take the conversation where they want—or need—it to go.

- **Ask a volunteer from the group to write** the two questions listed below on a flip chart. Identify the order of the discussion of the questions.
  1. When have you made health changes in your life?
  2. How have you created health-related changes in your life?
- **Explore** theories or ideas for promoting and sustaining change among PLHIV leaders, NGOs, or individuals in the MENA region. Explain that the readiness for change can be determined only by the individual.
- **Recap.**



## Trainer Notes

A few simple strategies will help you facilitate this activity smoothly. First, remember that this activity is as much about asking participants about the types of health-related changes they have made in their lives as it is about listening. Therefore, it is crucial that observers show maximum respect to the fishbowl participants by following the silence ground rule. It may take some effort to enforce this ground rule, as many facilitators are not fully ready to play the role of learner from others. Consider writing something on the flip chart such as "We are all teachers. We are all learners." Fishbowl discussions are usually most successful when they are informal.<sup>7</sup>

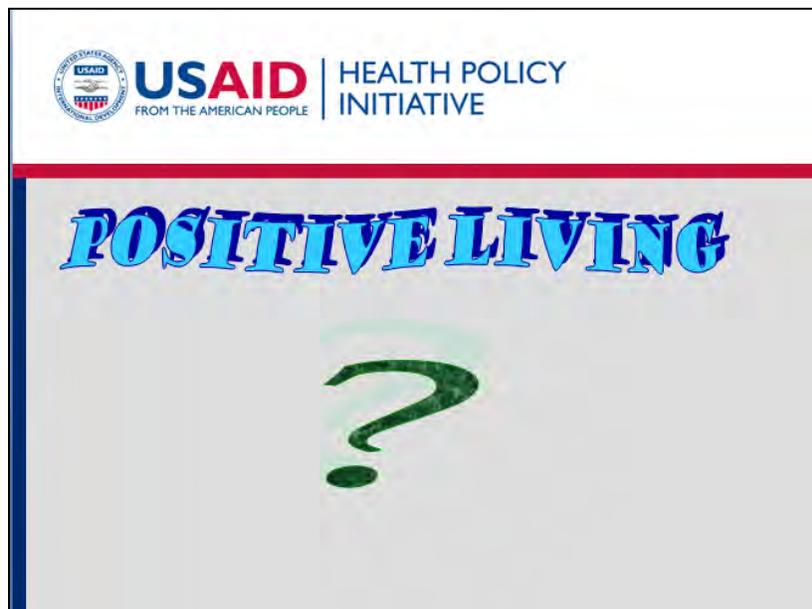
### Summary

Living positively recognizes the value of behavior, habits, and practices in promoting a healthy lifestyle. It also acknowledges the value of identifying the changes that can be made to enhance the quality of life and health of a PLHIV. At the same time, it accepts the importance of readiness to make changes.

Request verbal feedback following this activity.

<sup>7</sup> <http://www.youthwebonline.com/teachers/activities/culture/05.html>. Accessed on June 26, 2009.

# POWERPOINT: POSITIVE LIVING



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### Positive Living

- What is "positive" about being HIV infected?

*Understanding and Challenging HIV Stigma: A Toolkit for Action*



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### Positive Living

Behaviors, practices, habits

Attitudes

Feelings (perceptions)

Beliefs



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### Steps to Create Change

- One: No interest in change.
- Two: Thinking about the possibility of change.
- Three: Preparing to make change.
- Four: Change is adopted.
- Five: Stops change a bit, but doesn't give up and tries again.
- Six: Change continues over time.



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## Treatment

Example:

- 1: No interest in medical treatment.
- 2: Thinking about making an appointment.
- 3: Appointment scheduled.
- 4: Attends medical visit.
- 5: Misses an appointment, but then reschedules.
- 6: Continues in medical treatment every 3-6 months.



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## How do you live “Positively”?

What Behaviors, practices, habits do you do?

What Attitudes do you have?

What Feelings (perceptions)?

What Beliefs do you have?



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## Positive Living

*If you have the will to live –  
then you can live positively with HIV!*



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## Learning to live positively with HIV

- Have a positive mind
- Learn from others who faced HIV or challenges
- Believe in yourself. Love yourself!
- Remind yourself – “I am important...because...”
- Mirror work
- Affirmations
- Visualizations
- Stress release
- Setting goals for LIVING



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### Learning to LIVE Positively

- Welcoming good – kicking out bad.
- Telling someone.
- Sharing with others.
- Receiving support.
- Finding out more about HIV illness.
- Taking care of your body.
- Eating and drinking positively.
- Adhering to medication.
- Exercising positively.



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### Learning how to LIVE Positively

- Good hygiene – wash your hands, etc.
- Sleep
- Work
- Avoid caffeine, alcohol, non-medical drugs, and smoking
- Drink at least 2 liters of clean water daily
- ... and much more



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***Thank you!***



## SESSION SIX: CLOSING AND EVALUATION

**Time:** 30 minutes

**Materials:** Post-it notes, flip chart



### Activity: Evaluation

**Time:** 20 minutes



### Instructions for Facilitator

- Use three colors of post-its—one for something they learned, one for something they liked, and one for something that needs improvement. Group these according to color on different flip charts for review. (**15 minutes**)
- **Adjourn** and announce any evening events, reminding people what time we will start in the morning. Close with a song, dance, prayer, or another short activity to end the day on a positive note. (**15 minutes**)
- **Co-facilitators should meet** in the evening to review evaluation forms, discuss the day, and review and prepare for the next day.

# DAY 4

## Schedule:

<b>SESSION</b>	<b>TIME</b>
<b>1:</b> Welcome and Review	30 minutes
<b>2:</b> Relationships, Marriage, and Family	1 hour
<b>3:</b> Parent-to-Child Transmission	1 hour 30 minutes
<b>4:</b> Support Groups	1 hour 30 minutes
<b>5:</b> Advocacy: Taking Action	1 hour
<b>6:</b> Process Group	30 minutes
<b>7:</b> Closing and Evaluation	30 minutes

## Day 4 Agenda

1. Welcome and Review
2. Relationships, Marriage, and Family
3. Parent-to-Child Transmission
4. Support Groups
5. Advocacy: Taking Action
6. Process Group
7. Closing and Evaluation



## SESSION ONE: WELCOME AND REVIEW

**Time:** 30 minutes

**Materials:** Flip chart, tape, markers

**Prepared Materials:**

**Prepared Flip Chart:** Day 4 Agenda

### Objectives:

- To provide a time for participants to lead an activity and warm up the group with an upbeat and fun start.
- To review housekeeping issues and the agenda for the day.



### Activity: Welcome and Review of Yesterday

**Time:** 30 minutes



#### Instructions for Facilitator

- **Select a participant to lead** warm-up exercise. **(15 minutes)**
- **Review** the agenda for the day. **Review** highlights from yesterday. **(15 minutes)**



## SESSION TWO: RELATIONSHIPS, MARRIAGE, AND FAMILY

**Time:** 1 hour

**Prepared Materials:**

**Flip chart:** to write down any overall themes

### Objectives:

- To discuss in a group format issues related to relationships, marriage, and family.
- To dispel myths or misinformation related to living with HIV and relationships or marriage and family.
- To provide a platform to discuss challenges, fears, and real-life stories related to these issues.
- To highlight the importance of support and networks when addressing personal goals related to relationships/marriage and family.



## Activity: Relationships, Marriage, and Family Discussion

**Time: 1 hour**



### Instructions for Facilitator

- Participants are asked to **meet in a circle** and review the goal of the discussion.
- Facilitator **shares key ideas** related to relationships, marriage, and family, including common fears, misconceptions, and real-life examples (both positive and negative).
- Each person in the group is **invited to share** his/her own experience, ideas, and concerns related to living with HIV and relationships.
- The **discussion** is guided to provide more options/possibilities for people in the group to realize their own goals related to relationships/marriage and family and to highlight the importance of a support network.



## SESSION THREE: PARENT-TO-CHILD TRANSMISSION (PTCT)

**Time:** 1 hour 30 minutes

**Materials:** Flip chart, tape, markers

**Prepared Materials:**

**PPT: Parent-to-Child Transmission (PTCT)**

**Flip chart: Parent-to-Child Transmission (PTCT)**

### Objectives:

- To review the latest information related to PTCT.
- To provide a platform for participants to discuss challenges, concerns, and thoughts related to PTCT, including issues they face in their own lives.



### Activity: PTCT PowerPoint Presentation

**Time:** 1 hour



#### Instructions for Facilitator

- **Review** PTCT via PowerPoint Presentation (**Parent-to-Child Transmission**). (40 minutes)
- Discuss with the group questions, answers, and concerns related to PTCT. (20 minutes)



## **Activity: Warm-ups, Icebreakers, and Exercises**

**Time: 30 minutes**



### **Instructions for Facilitator**

Facilitator(s) will present a selected icebreaker, warm-up, or exercise to share with the group to provide further group bonding, team work, and a fresh start to the afternoon.

## POWERPOINT: PARENT-TO-CHILD TRANSMISSION



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# Parent-to-Child Transmission (PTCT)

CLICK TO ADD TITLE

This presentation has been prepared using material  
solely from **i-base**. From their booklet: “HIV  
Pregnancy and Women’s Health.”  
Spring 2005 edition.

**[www.i-base.info](http://www.i-base.info)**

## Knowing Your HIV Status

---

Knowing your status will help you decide what steps you might be able to take to reduce the risk of transmission to your baby.

## Can HIV-Positive Women Become Mothers?

---

**YES!!!!!!!**

- With proper treatment. Treatment has had an enormous effect on the health of HIV-positive mothers and their children
- The benefits of treatment are not just to your own health. Treating your HIV will reduce the risks of your baby becoming HIV+ to almost zero (less than 1%)

## How Is HIV Transmitted to the Baby?

The exact mode of transmission is still unknown but:

- the majority of transmissions occur near the time of or during labor and delivery
- it also can occur through breastfeeding

## Risks Associated with Transmission

- The mother's viral load
- Premature birth
- Lack of prenatal HIV care
- Breastfeeding

## Serodiscordance

---

- Serodiscordance means that one partner is HIV+ and the other partner is HIV-.
- It is **unwise for serodiscordant couples to have unsafe sex. Even if it is an attempt to conceive a child, there is always a risk of the negative partner contracting HIV.**

## Risks to Consider When Trying to Conceive a Child

---

- The viral load in the semen of HIV+ men
- The viral load in genital fluids of HIV+ women

**Note: An undetectable viral load in blood does not mean that viral load is undetectable in seminal or genital fluids.**

## Other Factors to Consider

---

### Male Circumcision

- Uncircumcised men may be more at risk of contracting HIV because cells in the foreskin are more vulnerable to infection.
- Having sex with an uncircumcised HIV+ man is a greater risk to an HIV- woman than sex with a circumcised HIV+ man.

## More Factors to Consider

---

- Infections of the genital tract also increase the risk of sexual transmission of Sexually Transmitted Infections (STIs) such as HIV.
- Regardless of the method of conception, both members of a serodiscordant couple should get tested and treated for such infections.

Also...

- The man should have a semen analysis. This can rule out any infection and can ensure that his sperm count is fit and healthy.
- Knowing that the man's sperm are healthy will limit the numer of conception attempts during ovulation.

Having Explored All of These Risks:

- HIV is quite a difficult virus to transmit.
  - Statistically, it is more difficult to transmit HIV than to get pregnant, so limited conception attempts during ovulation carry a low risk if the partner has undetectable levels of viral load.
- BUT!**
- Some couples do not return to safer sex afterward. Serodiscordant couples should *always* practice safer sex.

## Other Options

- For those wishing to conceive, there are other options that include almost no risk to the negative partner.
- Remember that if you have stayed negative until now, you do not want to change this due to a decision to have a baby.

## Options for When the Man is HIV+ and the Woman is HIV-

### Sperm washing:

- A machine separates the sperm cell from the seminal fluid (only seminal fluid contains HIV-infected white blood cells);
- The sperm is tested for HIV; and
- A catheter is used to inject the sperm into the woman's uterus.
- Sometimes IVF (in-vitro fertilization) can be used.

## **Options for when the Woman is HIV+ and the Man is HIV-**

### **Self insemination: a much simpler option**

Around the time of ovulation, you put the sperm of your partner as high up the vagina as possible.

You can obtain the sperm by:

- having protected intercourse with a spermicide-free condom, or
- having your partner ejaculate in a container.

Then insert the sperm into your vagina with a syringe.

## **When Both Partners Are Positive**

### **Doctors still recommend safe sex to prevent re-infection.**

- The risk between HIV+ couples is likely to relate to viral load levels.
- The risk is likely to be higher if one partner is doing well on treatment, while the other is untreated and/or has a high viral load.
- The risk is more serious if one partner is resistant to HIV treatment.

*“Nothing is more important to a child than the health of its mother”*



## SESSION FOUR: SUPPORT GROUPS

**Time:** 1 hour 30 minutes

**Materials:** Flip chart, tape, markers

**Prepared Materials:**

**Other:** GNP+ Positive Development Manual, Support Group Exercise

**Handouts:** Positive Living Chapter 5, Support Group Chapter

### Objectives:

- Provide information about the process of creating a support group.



## Activity: Positive Development

**Time: 1 hour 30 minutes**



### Instructions for Facilitator

- Review GNP+ 'Positive Development' Manual and explain the history and importance of the book.<sup>8</sup> Highlight chapters in the Manual and what subjects are covered.
- Brainstorm thoughts regarding why support groups can be useful in participants' communities. Ask people to share their experiences, including challenges for facilitating support groups.
- Review support group guidelines from the chapter. (Review 45 minutes)
- Ask whether it is better at times to have support groups for separate groups and types of issues (for example: HIV+ drug users, parents, young people, non-married people, married couples, women, men, etc.).
- Break into 4 small groups of 5–6 people and practice mock support groups using the guidelines mentioned above, with facilitator(s) participating in each group (if there are enough) or floating from one group to the next. (Group work 45 minutes)

<sup>8</sup> To access 'Positive Development' online in Arabic, English, French, and other languages, go to: [[http://www.gnpplus.net/component/option,com\\_docman/task,cat\\_view/gid,26/Itemid,53/](http://www.gnpplus.net/component/option,com_docman/task,cat_view/gid,26/Itemid,53/)].



## SESSION FIVE: ADVOCACY: TAKING ACTION

**Time:** 1 hour

**Materials:** Flip chart, tape, markers

**Prepared Materials:**

**PPT: Advocacy Leading to Policy Change**

**Flip chart:** Internal and External, papers for small groups, flip chart for list of strategies

**Other:** "Taking Action" exercise

### Objective:

- To provide hope that change is possible through sharing lessons learned and experiences of PLHIV taking risks and leading change to improve the situation of PLHIV in their own communities, countries, and the world.



### Activity: What Is Advocacy?

**Time:** 1 hour



### Instructions for Facilitator

- Show the PowerPoint (**Advocacy Leading to Policy Change**) and hold a discussion regarding how advocacy can be used in the region.
- Facilitators should **talk about the advocacy workshops** conducted in the region and possibly their own countries and give examples of their Advocacy Action Plans.
- **Ask** participants to share their successes and challenges for taking action and making a difference.

# POWERPOINT: ADVOCACY LEADING TO POLICY CHANGE

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**Examples:  
Advocacy Leading to  
Policy Change**



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**Advocacy with the  
Nepal Police:**

*Policy Change  
with Police and Vulnerable Groups*



**Issue**

- Vulnerable groups are considered “criminals” and have numerous encounters with police.
- ⇒ Ongoing challenge to find the balance between responsiveness to public outcry and protecting the rights of vulnerable groups.



**Issues Facing Vulnerable Groups**

**Men who have sex with men (MSM)**

- Clients
- Verbal, physical, mental, and sexual harassment/violence
- Extortion
- Arrested for carrying condoms

**Injection drug users (IDU)**

- Arrested for carrying needles
- Regarded as criminals
- Extortion
- Harassment

**Sex workers**

- Clients
- Arrested for carrying condoms
- Sexual harassment and violence
- Extortion



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### Supportive Information

- Newspaper clippings
- Interviews with NGOs working with vulnerable groups
- FGDs with vulnerable groups
- Behavioral surveillance
- Sex workers' documentation of violence by Nepal Police



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### Target Audience

- Secretary and other senior-level officials at Ministry of Home Affairs
- Policymakers of Nepal Police (Inspector General Police-IGP, Assistant-AIGP, Deputy-DIGP)
- Police officers



## Audience Analysis

- **Why do police behave this way?**
  - Lack of understanding of HIV/AIDS
  - Lack of understanding about vulnerable groups (especially in lower ranks)
  - Conflicting viewpoints between Ministry of Health and Ministry of Home Affairs
  - Social norms
  
- **How to best bring about change?**
  - Top to bottom approach works in uniformed services!
  - If leaders take the lead... then changes can easily be achieved!



## Toward Building Support...

- **One-on-one personal meetings:**
  - With high-level police officers to sensitize them about the issues and advocate for interventions
  
- **Meetings with Ministry of Home Affairs:**
  - Changing Nepal Police behavior towards vulnerable groups
  - Lack of understanding about HIV and unsafe sex among Nepal Police
  - Human rights issues



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### Toward Building Support...

- Meetings with Nepal IGP:
  - Ways to incorporate HIV/AIDS information among the Nepal Police
  - Benefits to Nepal Police
  - Examples from other countries



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### Building the Capacity of Nepal Police HIV/AIDS Advisory Group

- National and international exposure trip
- Provide information on:
  - Global and national HIV/AIDS scenario
  - Burning issues in Nepal
  - Why Nepal Police are vulnerable
  - Existing stigma and discrimination against vulnerable groups



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### **Nepal Police Commitment**

#### *Solutions Identified*

Areas identified as ways to protect Nepal Police and vulnerable groups from HIV:

- Develop HIV/AIDS Strategy for Nepal Police
- Develop and integrate HIV into regular training program
- Sensitization for police with vulnerable groups
- Exposure trips with police officials
- Formation of HIV/AIDS Advisory Committee to coordinate and monitor future Nepal Police programs



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### **Appropriate Advocacy Methods**

- Personal meetings
- Orientation meetings
- National and international exposure trips
- Sensitization programs with participation of vulnerable groups
- Invitation of police to vulnerable groups' advocacy events
- Integration of HIV/AIDS information into Nepal Police regular training programs
- Nepal Police leaders take initiative



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**Example:  
Sex Worker Message to Nepal DIGP**

**Statement:**

Sex workers should not be abused or arrested if they have condoms with them.

**Evidence:**

In April 2004, Sita was arrested in Thamel, taken into custody, and badly abused.

**Solution:**

Please issue an ordinance not to arrest women carrying a condom as sex workers, and not to abuse women when in custody.



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**Sex Workers Address Their Issues  
with Senior Police Officers on the Final Day of “Advocacy for Change” Training**





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**HIV/AIDS TOT with Nepal Police  
Includes Interaction Sessions with Vulnerable Groups**



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**New Recruits Interact with Vulnerable Groups and Learn How They  
Can Make a Difference**





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**HEALTH POLICY  
INITIATIVE**

### Sex Workers and Policymakers Working Together for Change



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### Nepal IGP Launches Nepal Police Strategy and Curriculum





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**Thai Network of  
PLWHA:**

**100% Bactrim®  
Campaign**



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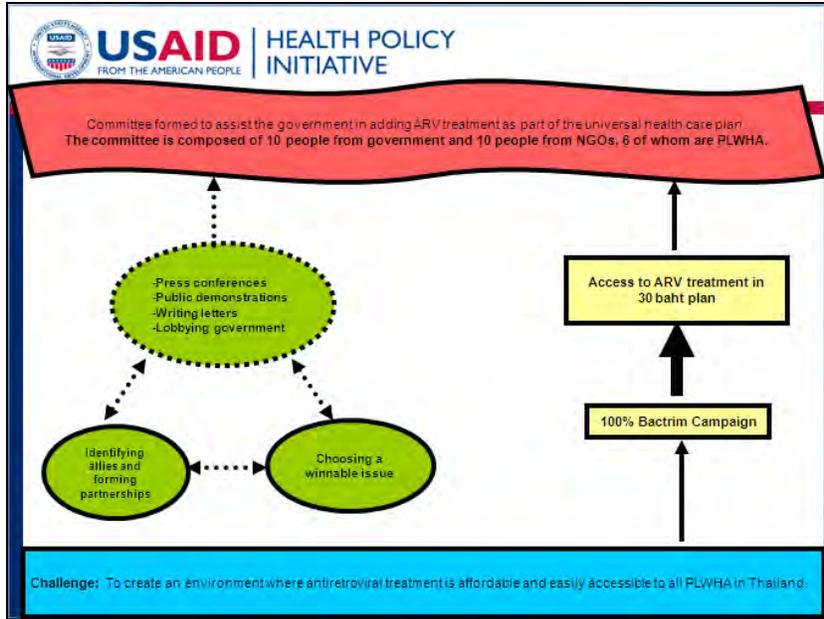
HEALTH POLICY  
INITIATIVE

## 100% Bactrim Campaign

*"We needed to show the government and the people of Thailand that access to antiretroviral treatment for PLWHA was really a human rights issue and about equity and equal access for all. It was not a money issue."*

**PaisanTan-Ud, TNP+**







## SESSION SIX: PROCESS GROUP

**Time:** 30 minutes

**Materials:** Flip chart, tape, markers

### Objective:

- To provide an opportunity for participants to share their feelings via a model called a “process group.”



## Instructions for Facilitator

- While sitting in a circle, explain the process group process: Anyone from the group can share his/her feelings. When someone is speaking, there should be no interruptions and everyone should focus on good listening skills.
- To practice, the person can start his/her sentence by saying, "I feel..." Members are specifically asked to phrase sentences as "I" rather than "you" to ensure that the statement remains centered on the person's feelings. This should be done both from those requesting and providing feedback.
- For example, a participant may say, "I feel happy to be among PLHIV from my region but am nervous about going back home..."
- The group member who speaks is then asked by the facilitator if he/she would like feedback from the group.
- If he/she answers yes, the co-facilitator lets him/her know he/she can ask for a particular person's feedback, or from anyone in the group.
- When another group member gives feedback, it should not be advice or solutions unless those are requested.
- The person receiving feedback should acknowledge it. The receiver can rephrase the feedback to ensure clear communication.
- As mentioned earlier in our ground rules, there should be no putting down of others' values.
- No person's question is dumb.
- It is OK to feel embarrassed.
- No one should ask personal questions.
- No one needs to justify his/her behavior.
- Everyone in the circle has the right to participate or pass.
- Everyone in the group should feel they have an opportunity to speak but are not forced to do so.
- All members are asked to speak from the heart.



## SESSION SEVEN: CLOSING AND EVALUATION

**Time:** 30 minutes

**Materials:** Post-its of various colors, flip chart



### Activity: Evaluation

**Time:** 30 minutes



### Instructions for Facilitator

- Use three colors of post-its—one for something they learned, one for something they liked, and one for something that needs improvement. Group these according to color on different flip charts for review. (15 minutes)
- **Adjourn** and announce any evening events, reminding people what time we will start in the morning. Close with a song, dance, prayer, or another short activity to end the day on a positive note. (15 minutes)
- **Co-facilitators should meet** in the evening to review evaluation forms, discuss the day, and review and prepare for the next day.

# DAY 5

## Schedule:

<b>SESSION</b>	<b>TIME</b>
<b>1:</b> Welcome and Review	30 minutes
<b>2:</b> Community Challenges, Planning, and Developing Goals	1 hour
<b>3:</b> Human Rights and HIV	1 hour
<b>4:</b> Networking	1 hour
<b>5:</b> Closing and Presentation of Certificates	1 hour
<b>6:</b> Final Evaluation	30 minutes

## Day 5 Agenda

1. Welcome and Review
2. Community Challenges, Planning, and Developing Goals
3. Human Rights and HIV
4. Networking
5. Closing and Presentation of Certificates
6. Final Evaluation



## SESSION ONE: WELCOME AND REVIEW

**Time:** 30 minutes

**Materials:** Flip chart, tape, markers

**Prepared Materials:**

**Prepared Flip Chart:** Day 5 Agenda

### Objectives:

- To provide a time for participants to lead an activity and warm up the group with an upbeat and fun start.
- To review housekeeping issues and the agenda for the day.



### Activity: Welcome and Review of Yesterday

**Time:** 30 minutes



#### Instructions for Facilitator

- **Select a participant to lead** warm-up exercise. (15 minutes)
- **Review** the agenda for the day. **Review** highlights from yesterday. (15 minutes)



## SESSION TWO: COMMUNITY CHALLENGES, PLANNING, AND DEVELOPING GOALS

**Time:** 1 hour

**Materials:** Flip chart, tape, markers

**Prepared Materials:**

**Flip chart:** blank paper for each group

### Objectives:

- To discuss concrete goals, objectives, and expectations related to country-level challenges.
- To orient participants to action planning and ways to use information from the workshop back in home country.
- To form country-level teams via a group exercise.



## Activity: Small Group Country Exercise

**Time:** 1 hour



### Instructions for Facilitator

- **Ask participants** to break into groups of countries. If there is only one participant from a country, ask him or her to merge with another country group that seems beneficial to work with—for example, a neighboring country in the same subregion. Give each group flip chart paper and markers.
- **Ask each group** to assign a note taker and someone who will present the small group's ideas to the main group.
- **Ask the participants** to first discuss/brainstorm in their group the one or two main issues related to HIV that require more awareness in their country (e.g., HIV stigma and discrimination, HIV prevention, modes of transmission, treatment, etc.)
- **Ask the groups** to write down on the flip chart some brainstorming ideas related to the key challenges in their country related to the HIV issue mentioned in the previous step, and when complete, to post their flip chart on the wall.
- **Ask each group**, “If you had limited resources to address this issue, what would you do (i.e., US\$300 [calculate in local currency] or less)? What kind of action would you take to address this issue? Write down brainstorm ideas.
- **Review the definitions** of goals, objectives, and expectations and how they fit into creating an action plan. Cite expectations exercise from Day 1.

### Review

- **Expectations** are simply what participants expect from the training, for example, what skills participants expect to learn and how they expect to use these skills when they return home. These expectations should help define training goals.
- A **goal** is a broad statement of purpose—what we would like to be true. It may depend on many objectives for its achievement. Further, it may not be precisely measurable. For example, participant surveys conducted before the meeting stated one goal was to end HIV-related stigma.

- **Objectives** are the time-bound actions we take to reach our goal. They can be:
  - A specific statement of the ideal situation that will exist at the completion of a particular task—a future fact.
  - A statement of exactly what the learner will be able to do at the end of the training.
  - A precise element or unit of work that will contribute to reaching a goal—one of the steps toward the goal.
  - May be related to other objectives but is measured against itself.
  - Must be precisely measurable (results can be seen and measured).
  - Must answer the following questions: What? How much or how many? When? And sometimes: Where? Who? With whom? How often?

For example, to help reach the goal of ending HIV-related stigma, after the training, new trainers can provide awareness-raising sessions this year in-country to limit myths and misinformation that contribute to HIV-related stigma.

- **Ask groups** to return to the previous example of using limited resources. They should then conduct a more structured brainstorm for that step by creating a goal and several objectives to meet that goal via a draft action plan.
- **Ask each group** to present their goal/objectives and plan.
- After all groups present their thoughts, **discuss similarities and differences.**



## SESSION THREE: HUMAN RIGHTS AND HIV

**Time:** 1 hour

**Materials:** Flip chart, tape, markers

**Handouts:** ICW Human Rights fact sheet (**Annex 8**)

### Objectives:

- To discuss and define HIV as a human rights issue.
- To contextualize HIV at a regional level within a human rights framework.



## Activity: Group Discussion

**Time: 1 hour**



### Instructions for Facilitator

- Format session in a group discussion circle to discuss country and community situations related to human rights and HIV.
- **What is the relevance of human rights, HIV, and personal experience?**
  - In the circle, a facilitator will share an example of a personal experience related to HIV and human rights, including specific human rights issues and how they were challenged and/or addressed.
  - Another facilitator will hand out the UNDP human rights cards in Arabic.
  - Ask the group members to share their own experiences related to HIV and human rights.
- **Global and Regional Partnerships**
  - Highlight how global regional support/partners (GNP+, International Community of Women Living with HIV [ICW], and International Treatment Preparedness Coalition ([ITPC]) can help to address human rights issues.
  - Ask who has attended recent meetings/workshops about PLHIV in the region.
  - Address issues raised in the recent meetings and specifically the issue of human rights in the region.



## SESSION FOUR: NETWORKING

**Time:** 1 hour

**Materials:** Flip chart, tape, markers

### Objectives:

- To take stock of regional and country-level activities, including ways in which participants can benefit and plug into existing activities.
- To create a more useful and concrete regional network from already existing informal networks of support.



## Instructions for Facilitator

- **Ask** participants how they normally communicate with each other:
  - Phone
  - Text messaging
  - Email
  - Messenger
  - Skype
  - Face to face
  - Regular mail
  - Other
- **Review** regional developments, including the formation and goals and objectives of the Regional Network, and brainstorm the following:
- **Discuss** one regular communication vehicle of the Regional Network, including the Network Website, how to use it, and what participants think it should provide.
  - **Example:** a space where participants can access resources in Arabic and share a platform for people to explore ideas, experiences, questions, and support needs.
- What do participants see as the purpose of a regional network?
- How can this build on or become part of existing networks?
- What is the best way to provide feedback on any issues in-country that participants aim to address or progress that has been made on the issues?
- **Confirm** one to two methods for strengthening the network in the region.



## SESSION FIVE: CLOSING AND PRESENTATION OF CERTIFICATES

**Time:** 1 hour

**Prepared Materials:** Certificates

### Objectives:

- To provide recognition to all participants for their hard work, participation, and future plans.
- To recognize accomplishments throughout the week and a sense of closure and fellowship.



### Instructions for Facilitator

- Participants will sit in a semi-circle with the facilitator(s), who have the participant certificates.
- Facilitator(s) will take a few minutes to explain what this workshop has meant to our group.
- Facilitator(s) will highlight accomplishments.
- Participants are asked to provide their own feelings regarding what this workshop has meant to them.
- Facilitator(s) will then stand and present certificates to participants, asking each participant to receive one in turn.



## SESSION SIX: FINAL EVALUATION

**Time:** 30 minutes

**Handouts:** End-of-Workshop Evaluation (**Annex 9**)

### Objectives:

- To receive feedback regarding the workshop, including its strengths, weaknesses, and possibilities for future work and trainings.
- To access what can be improved upon in future work.
- To provide a vehicle for monitoring, evaluation, and reporting.



### Instructions for Facilitator

- **Hand out** the End-of-Workshop Evaluation sheet to all participants (**Annex 9**).
- **Review** the goal of the evaluation with participants.
- **Ask** participants to reflect carefully on the week and what it has meant to them.
- **Remind** participants to please include their most honest review of the workshop. Compliments are appreciated but so is constructive criticism. Briefly review constructive criticism in the context of this session.
- **Remind** participants that they do not need to sign their name; these evaluations are anonymous.
- **Adjourn** and announce any evening events. Close with a song, dance, serenity prayer, or something that promotes bonding and a good end to the week (co-facilitators).

## ANNEXES

**Annex 1:** Workshop Agenda

**Annex 2:** Photo Consent Form

**Annex 3:** Interpreter Confidentiality Agreement

**Annex 4:** HIV 101: The Basics about HIV/AIDS

**Annex 5:** Daily Feedback Form

**Annex 6:** “Embarrassment” Poem

**Annex 7:** Positive Living

**Annex 8:** Human Rights

**Annex 9:** End-of-Workshop Evaluations

# ANNEX I

## SUBREGIONAL CURRICULUM:

### HIV Basics by and for HIV-Positive People in the Middle East and North Africa Region. *Investing in MENA Series—Volume 2*

SESSION TITLE	TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
<b>DAY I</b>				
<b>Session One:</b> Introduction and Goals of Training	1 hour 20 minutes	<ul style="list-style-type: none"> <li>▪ Welcome participants to the Investing in Middle East and North Africa (MENA) HIV Basics by and for HIV-Positive People Subregional Training.</li> <li>▪ Provide an overall introduction to the training and its objectives.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Welcome participants—<i>Ahlan wa Sahlan!</i></li> <li>▪ Introduce facilitation team.</li> <li>▪ Conduct activities: Participant introductions and icebreakers.</li> <li>▪ Introduce resource people, logistics people, and note takers.</li> <li>▪ Conduct activity: Expectations and concerns for the training.</li> <li>▪ Review overall goals and objectives of the workshop and subregional training objectives.</li> <li>▪ Review Workshop Agenda.</li> <li>▪ Review logistics (per diem, meals, etc.).</li> </ul>	<p>Materials</p> <ul style="list-style-type: none"> <li>▪ Flip chart, tape, markers, different color sticky pads (post-it notes)</li> </ul> <p>Prepared Materials</p> <ul style="list-style-type: none"> <li>▪ Prepared flip chart: On the flip chart, use one page each for the following headings:               <ul style="list-style-type: none"> <li>○ Introduction: Name, home country, how long and why I've been involved with HIV</li> <li>○ Expectations</li> <li>○ Concerns</li> <li>○ Goals and objectives of workshop</li> </ul> </li> <li>▪ Handouts: <i>Workshop Agenda (Annex 1)</i>, <i>Subject Release Form/Photo Consent Form (Annex 2)</i>, <i>Interpreter Confidentiality Agreement (Annex 3)</i></li> </ul>
<b>Session Two:</b> Group Norms and Ground Rules	45 minutes	<ul style="list-style-type: none"> <li>▪ Establish a way of working together that will allow us to work freely and productively throughout the workshop.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Conduct activity: Establish ground rules for the training.</li> <li>▪ Establish the participants' roles.</li> <li>▪ Discuss and review the Interpreter Confidentiality Agreement and Photo Consent Form.</li> </ul>	<p>Materials</p> <ul style="list-style-type: none"> <li>▪ Flip chart, tape, markers</li> </ul> <p>Prepared Materials</p> <ul style="list-style-type: none"> <li>▪ Prepared flip chart: On the flip chart, use one page each for the following headings:               <ul style="list-style-type: none"> <li>○ Group Norms/ Ground Rules</li> <li>○ Roles of Participants</li> </ul> </li> </ul>
<b>Session Three:</b> What is "Our World of	50 minutes	<ul style="list-style-type: none"> <li>▪ Have participants discuss challenges they face in everyday life as HIV-</li> </ul>	<ul style="list-style-type: none"> <li>▪ Conduct activity: Discussing Our World of Concerns.</li> </ul>	<p>Materials</p> <ul style="list-style-type: none"> <li>▪ Flip chart, tape, markers, post-it notes</li> </ul>

SUBREGIONAL CURRICULUM:

HIV Basics by and for HIV-Positive People in the Middle East and North Africa Region. *Investing in MENA Series—Volume 2*

SESSION TITLE	TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
<b>DAY I</b>				
Concerns’?		positive people in their own communities.		
<b>Session Four:</b> History of the PLHIV Movement	45 minutes	<ul style="list-style-type: none"> <li>Introduce Greater Involvement of People Living with HIV/AIDS (GIPA) principles and its contribution to the community, country, regional, and global HIV movements.</li> </ul>	<ul style="list-style-type: none"> <li>Conduct activity: Personal Timeline Exercise.</li> <li>Deliver GIPA presentation. Show PowerPoint: <i>Greater Involvement of People with HIV/AIDS (GIPA) – History</i>.</li> </ul>	<p>Materials</p> <ul style="list-style-type: none"> <li>Flip chart, tape, markers, computer, projector, display screen</li> </ul> <p>Prepared Materials</p> <ul style="list-style-type: none"> <li>PowerPoint: <i>Greater Involvement of People with HIV/AIDS (GIPA) – History</i></li> <li>Prepared flip chart: On the flip chart, use one page each to make consecutive headings for each year from 1981 to the present day</li> </ul>
<b>Session Five:</b> HIV: The Basics	2 hours 30 minutes	<ul style="list-style-type: none"> <li>Gain a better understanding of participants’ basic knowledge about HIV/AIDS, improve upon that knowledge, and establish a standard knowledge base of correct information.</li> </ul>	<ul style="list-style-type: none"> <li>Conduct activity: HIV/AIDS quiz and discussion.</li> <li>Conduct activity: HIV Basics: Transmission, Prevention, and the Natural Stages of HIV.</li> <li>Show PowerPoint (PPT) presentation: <i>HIV: The Basics</i>.</li> </ul>	<p>Materials</p> <ul style="list-style-type: none"> <li>Flip chart, tape, markers, computer, projector, display screen</li> </ul> <p>Prepared Materials</p> <ul style="list-style-type: none"> <li>PowerPoint: <i>HIV: The Basics</i></li> <li>Prepared flip chart: HIV 101 Quiz Questions, Fluids/Concentration and Associated Behavior</li> <li>Handouts: <i>HIV 101: The Basics (Annex 4)</i></li> </ul>
<b>Session Six:</b> Closing and Evaluation	30 minutes	<ul style="list-style-type: none"> <li>Wrap up the day’s events and gather daily feedback on the sessions.</li> </ul>	<ul style="list-style-type: none"> <li>Conduct activity: Wrap up and review.</li> </ul>	<p>Materials</p> <ul style="list-style-type: none"> <li>Flip chart, tape, markers, post-it notes</li> </ul> <p>Prepared Materials</p> <ul style="list-style-type: none"> <li>Handout: <i>Daily Feedback Form (Annex 5)</i></li> </ul>

SUBREGIONAL CURRICULUM:

HIV Basics by and for HIV-Positive People in the Middle East and North Africa Region. *Investing in MENA Series—Volume 2*

SESSION TITLE	TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
<b>DAY 2</b>				
<b>Session One:</b> Welcome and Review	30 minutes	<ul style="list-style-type: none"> <li>Provide a time for participants to lead an activity and warm up the group with an upbeat and fun start.</li> <li>Review housekeeping issues and the agenda for the day.</li> <li>Review yesterday's highlights.</li> </ul>	<ul style="list-style-type: none"> <li>Conduct activity: Participant-led warm-up exercise.</li> <li>Review today's agenda.</li> <li>Review highlights from yesterday's session.</li> </ul>	<p>Materials</p> <ul style="list-style-type: none"> <li>Flip chart, tape, markers, computer, projector, display screen</li> </ul> <p>Prepared Materials</p> <ul style="list-style-type: none"> <li>Prepared flip chart: Day 2 Agenda</li> </ul>
<b>Session Two:</b> Nutrition and Exercise	1 hour	<ul style="list-style-type: none"> <li>Introduce and review the importance of a proper diet for maintaining personal health in the HIV context.</li> <li>Review the importance of exercise and the basic concept of "wellness."</li> </ul>	<ul style="list-style-type: none"> <li>Conduct activity: Daily Nutrition and Food Intake.</li> <li>Show PPT: <i>Nutrition &amp; HIV</i>.</li> <li>Conduct activity: Exercise.</li> <li>Show PPT: <i>Putting Wellness into Practice</i>.</li> </ul>	<p>Materials</p> <ul style="list-style-type: none"> <li>Flip chart, tape, markers</li> </ul> <p>Prepared Materials</p> <ul style="list-style-type: none"> <li>PowerPoints: <i>Nutrition &amp; HIV, Putting Wellness into Practice</i></li> </ul>
<b>Session Three:</b> Treatment	1 hour 25 minutes	<ul style="list-style-type: none"> <li>Gain a better understanding of the role of treatment and the viability of antiretroviral treatment (ART) at the community level.</li> </ul>	<ul style="list-style-type: none"> <li>Deliver presentation: Treatment and HIV. Show PowerPoint: <i>Treatment</i>.</li> <li>Discuss what we mean by "treatment."</li> <li>Discuss ART and ARV.</li> <li>Conduct activity: Anonymous questions.</li> </ul>	<p>Materials</p> <ul style="list-style-type: none"> <li>Flip chart, tape, markers</li> </ul> <p>Prepared Materials</p> <ul style="list-style-type: none"> <li>PowerPoint: <i>Treatment</i></li> <li>Other: 15x20 cm cards for each participant</li> </ul>
<b>Session Four:</b> Warm-ups, Icebreakers, and Exercises	15 minutes	<ul style="list-style-type: none"> <li>Provide participants with a physical or mental exercise that promotes participants' energy and concentration.</li> </ul>	<ul style="list-style-type: none"> <li>Conduct activity: Participant-led warm-up, icebreaker, or exercise.</li> </ul>	<p>Materials</p> <ul style="list-style-type: none"> <li>Flip chart, tape, markers</li> </ul>
<b>Session Five:</b> Treatment Advocacy Discussion Group	1 hour	<ul style="list-style-type: none"> <li>Discuss specific treatment issues in the country and regional context.</li> <li>Provide a space for participants to share their concerns, questions, and ideas related to access to quality treatment, support, and care.</li> <li>Provide guidance and possible</li> </ul>	<ul style="list-style-type: none"> <li>Conduct activity: Treatment Advocacy Discussion Group.</li> </ul>	<p>Materials</p> <ul style="list-style-type: none"> <li>Flip chart, tape, markers</li> </ul>

SUBREGIONAL CURRICULUM:

HIV Basics by and for HIV-Positive People in the Middle East and North Africa Region. *Investing in MENA Series—Volume 2*

SESSION TITLE	TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
<b>DAY 2</b>				
		solutions to improve access to treatment in different contexts, including resource-limited, gender-insensitive, and conflict settings.		
<b>Session Six:</b> Gender and HIV	2 hours 20 minutes	<ul style="list-style-type: none"> <li>▪ Identify basic human rights.</li> <li>▪ Explore rights as a need for human development.</li> <li>▪ Understand the universal nature of rights.</li> <li>▪ Start a discussion regarding the gendered implications of human rights for women and girls.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Conduct activity: Rights We Have from Birth.</li> <li>▪ Show PPT: <i>Gender and HIV and AIDS</i>.</li> <li>▪ Conduct activity: Defining Gender and Related Concepts.</li> <li>▪ Conduct activity: Sex and Gender.</li> <li>▪ Conduct activity: Women’s Vulnerability to HIV.</li> </ul>	<p>Materials</p> <ul style="list-style-type: none"> <li>▪ Baby picture on PowerPoint, human rights cards, flip chart, tape, markers</li> </ul> <p>Prepared Materials</p> <ul style="list-style-type: none"> <li>▪ PowerPoint: <i>Gender and HIV and AIDS</i></li> <li>▪ Handouts: <i>Tripoli Declaration (Annex 6); ‘Turning the Tide’(Arabic), Human Rights Cards, (Arabic), International Community of HIV Positive Women (ICW) Series (Arabic)</i></li> </ul>
<b>Session Seven:</b> Process Group	45 minutes	<ul style="list-style-type: none"> <li>▪ Provide an opportunity for participants to share their feelings via a model called a “process group.”</li> </ul>	<ul style="list-style-type: none"> <li>▪ Participants share feelings and receive feedback.</li> </ul>	<p>Materials</p> <ul style="list-style-type: none"> <li>▪ Flip chart, tape, markers</li> </ul>
<b>Session Eight:</b> Closing and Evaluation	30 minutes	<ul style="list-style-type: none"> <li>▪ Wrap up the day’s events and gather daily feedback on the sessions.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Conduct activity: Evaluation.</li> </ul>	<p>Materials</p> <ul style="list-style-type: none"> <li>▪ Post-it notes, flip chart</li> </ul>

SUBREGIONAL CURRICULUM:

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SESSION TITLE	TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
<b>DAY 3</b>				
<b>Session One:</b> Welcome and Review	30 minutes	<ul style="list-style-type: none"> <li>Provide a time for participants to lead an activity and warm up the group with an upbeat and fun start.</li> <li>Review housekeeping issues and the agenda for the day.</li> </ul>	<ul style="list-style-type: none"> <li>Conduct activity: Participant-led warm-up exercise.</li> <li>Review today's agenda.</li> <li>Review highlights from yesterday's sessions.</li> </ul>	<p>Materials</p> <ul style="list-style-type: none"> <li>Flip chart, tape, markers</li> </ul> <p>Prepared Materials</p> <ul style="list-style-type: none"> <li>Prepared flip chart: Day 3 Agenda</li> </ul>
<b>Session Two:</b> Stigma	3 hours 30 minutes	<ul style="list-style-type: none"> <li>Identify key issues, challenges, and strategies related to stigma for PLHIV in the region.</li> </ul>	<ul style="list-style-type: none"> <li>Conduct activity: Show PPT: <i>Stigma</i>, and conduct stigma discussion.</li> <li>Discuss differences between stigma and discrimination and internal and external stigma.</li> <li>Conduct activity: Issues, Challenges with Stigma in Family, Community, Work, and Healthcare Settings.</li> <li>Conduct activity: Role plays. Coping with stigma—internal and external strategies.</li> </ul>	<p>Prepared Materials</p> <ul style="list-style-type: none"> <li>PowerPoint: <i>Stigma</i></li> <li>Prepared flip chart: Internal and External, papers for small groups, flip chart for list of strategies</li> <li>Handout: “<i>Embarrassment</i>” Poem (Annex 7)</li> <li>Other: Stickers (for prioritization), pictures and/or words to put on 4 walls prior to starting.</li> </ul>
<b>Session Three:</b> Disclosure	1 hour 25 minutes	<ul style="list-style-type: none"> <li>Identify key issues, challenges, and strategies related to disclosure for PLHIV in region.</li> </ul>	<ul style="list-style-type: none"> <li>Show PPT: <i>Disclosure: To Do or Not to Do</i>.</li> <li>Conduct activity: Role plays.</li> </ul>	<p>Prepared Materials</p> <ul style="list-style-type: none"> <li>PowerPoint: <i>Disclosure: To Do or Not to Do</i></li> </ul>
<b>Session Four:</b> Visualization and Relaxation	20 minutes	<ul style="list-style-type: none"> <li>Provide an introduction to stress relief via meditation and visualization exercise.</li> </ul>	<ul style="list-style-type: none"> <li>Conduct activity: Meditation.</li> </ul>	<p>Materials</p> <ul style="list-style-type: none"> <li>Music or cassette player and cassette tape with relaxing music</li> </ul> <p>Prepared Materials</p> <ul style="list-style-type: none"> <li>Other: Written meditation/relaxation (imagery script from Samuels and Bennett)</li> </ul>
<b>Session Five:</b>	1 hour	<ul style="list-style-type: none"> <li>Review the workshop context from a</li> </ul>	<ul style="list-style-type: none"> <li>Conduct activity: Warm-ups,</li> </ul>	<p>Materials</p>

SUBREGIONAL CURRICULUM:

HIV Basics by and for HIV-Positive People in the Middle East and North Africa Region. *Investing in MENA Series—Volume 2*

SESSION TITLE	TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
<b>DAY 3</b>				
Positive Living	15 minutes	<p>personal perspective, including promoting personal strategies related to workshop content.</p> <ul style="list-style-type: none"> <li>▪ Promote positive living, including how to reduce self-stigma and review personal experiences and the role of support groups.</li> <li>▪ Review information about nutrition, exercise, stress relief, and a holistic approach to managing HIV and AIDS.</li> <li>▪ Ensure that participants can describe behaviors contributing to their own health and well-being; and assess the behaviors and habits they currently practice.</li> </ul>	<p>icebreakers, and exercises.</p> <ul style="list-style-type: none"> <li>▪ Show PPT: <i>Positive Living</i>.</li> <li>▪ Conduct activity: Brainstorming: Healthy Lifestyle—brainstorm activities that promote health and well-being.</li> <li>▪ Conduct activity: Fishbowl: Embracing Change.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Flip chart, tape, markers</li> </ul> <p>Prepared Materials</p> <ul style="list-style-type: none"> <li>▪ PowerPoints: <i>Positive Living</i></li> <li>▪ Prepared flip chart: Fishbowl discussion questions</li> <li>▪ Handouts: <i>Positive Living</i> (Annex 8)</li> </ul>
<b>Session Six:</b> Closing and Evaluation	30 minutes	<ul style="list-style-type: none"> <li>▪ Wrap up the day's events and gather daily feedback on the sessions.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Conduct activity: Evaluation.</li> </ul>	<p>Materials</p> <ul style="list-style-type: none"> <li>▪ Post-it notes, flip chart</li> </ul>

SUBREGIONAL CURRICULUM:

HIV Basics by and for HIV-Positive People in the Middle East and North Africa Region. *Investing in MENA Series—Volume 2*

SESSION TITLE	TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
<b>DAY 4</b>				
<b>Session One:</b> Welcome and Review	30 minutes	<ul style="list-style-type: none"> <li>Provide a time for participants to lead an activity and warm up the group with an upbeat and fun start.</li> <li>Review housekeeping issues and the agenda for the day.</li> </ul>	<ul style="list-style-type: none"> <li>Conduct activity: Participant-led warm-up exercise.</li> <li>Review today's agenda.</li> <li>Review highlights from yesterday's sessions.</li> </ul>	<p>Materials</p> <ul style="list-style-type: none"> <li>Flip chart, tape, markers</li> </ul> <p>Prepared Materials</p> <ul style="list-style-type: none"> <li>Prepared flip chart: Day 4 Agenda</li> </ul>
<b>Session Two:</b> Relationships, Marriage, and Family	1 hour	<ul style="list-style-type: none"> <li>Discuss in a group format issues related to relationships, marriage, and family.</li> <li>Dispel myths or misinformation related to living with HIV and relationships or marriage and family.</li> <li>Provide a platform to discuss challenges, fears, and real-life stories related to these issues.</li> <li>Highlight the importance of support and networks when addressing personal goals related to relationships/marriage and family.</li> </ul>	<ul style="list-style-type: none"> <li>Conduct activity: Relationships, Marriage, and Family discussion. Share ideas and provide real-life examples.</li> </ul>	<p>Materials</p> <ul style="list-style-type: none"> <li>Flip chart: to write down any overall themes</li> </ul>
<b>Session Three:</b> Parent-to-Child Transmission (PTCT)	1 hour 30 minutes	<ul style="list-style-type: none"> <li>Review the latest information related to PTCT.</li> <li>Provide a platform for participants to discuss challenges, concerns, and thoughts related to PTCT, including issues they face in their own lives.</li> </ul>	<ul style="list-style-type: none"> <li>Show PPT: <i>Parent-to-Child Transmission (PTCT)</i>.</li> <li>Conduct activity: Warm-ups, icebreakers, and exercises.</li> </ul>	<p>Materials</p> <ul style="list-style-type: none"> <li>Flip chart, tape, markers</li> </ul> <p>Prepared Materials</p> <ul style="list-style-type: none"> <li>PowerPoint: <i>Parent-to-Child Transmission (PTCT)</i>.</li> <li>Flip chart: PTCT</li> </ul>
<b>Session Four:</b> Support Groups	1 hour 30 minutes	<ul style="list-style-type: none"> <li>Provide information about the process of creating a support group.</li> </ul>	<ul style="list-style-type: none"> <li>Conduct activity: Positive Development.</li> <li>Highlight chapter on Support Groups in the <i>GNP+ Positive Development Manual</i>.</li> </ul>	<p>Materials</p> <ul style="list-style-type: none"> <li>Flip chart, tape, markers</li> </ul> <p>Prepared Materials</p> <ul style="list-style-type: none"> <li>Handouts: <i>Positive Living Chapter 5</i>,</li> </ul>

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SESSION TITLE	TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
<b>DAY 4</b>				
				<p><i>Support Group Chapter</i></p> <ul style="list-style-type: none"> <li>Other: <i>GNP+ Positive Development Manual</i>, Support Group Exercise</li> </ul>
<b>Session Five:</b> Advocacy: Taking Action	1 hour	<ul style="list-style-type: none"> <li>Provide hope that change is possible through sharing lessons learned and experiences of PLHIV taking risks and leading change to improve the situation of PLHIV in their own communities, countries, and the world.</li> </ul>	<ul style="list-style-type: none"> <li>Conduct activity: What Is Advocacy?</li> <li>Show PPT: <i>Advocacy Leading to Policy Change</i>.</li> </ul>	<p>Materials</p> <ul style="list-style-type: none"> <li>Flip chart, tape, markers</li> </ul> <p>Prepared Materials</p> <ul style="list-style-type: none"> <li>PowerPoint: <i>Advocacy Leading to Policy Change</i></li> <li>Flip chart: Internal and External, papers for small groups, flip chart for list of strategies</li> <li>Other: “Taking Action” exercise</li> </ul>
<b>Session Six:</b> Process Group	30 minutes	<ul style="list-style-type: none"> <li>Provide an opportunity for participants to share their feelings via a model called a “process group.”</li> </ul>	<ul style="list-style-type: none"> <li>Closing discussion for the day.</li> </ul>	<ul style="list-style-type: none"> <li>Flip chart, tape, markers</li> </ul>
<b>Session Seven:</b> Closing and Evaluation	30 minutes	<ul style="list-style-type: none"> <li>Wrap up the day’s events and gather daily feedback on the sessions.</li> </ul>	<ul style="list-style-type: none"> <li>Conduct activity: Evaluation and feedback.</li> </ul>	<p>Materials</p> <ul style="list-style-type: none"> <li>Post-its of various colors</li> </ul> <p>Materials</p> <ul style="list-style-type: none"> <li>Post-it notes, flip chart</li> </ul>

**SUBREGIONAL CURRICULUM:**

**HIV Basics by and for HIV-Positive People in the Middle East and North Africa Region. *Investing in MENA Series—Volume 2***

<b>SESSION TITLE</b>	<b>TIME</b>	<b>OBJECTIVES/ACTIVITIES</b>	<b>TRAINING/LEARNING METHODS</b>	<b>RESOURCE MATERIALS</b>
<b>DAY 5</b>				
<b>Session One:</b> Welcome and Review	30 minutes	<ul style="list-style-type: none"> <li>Provide a time for participants to lead an activity and warm up the group with an upbeat and fun start.</li> <li>Review housekeeping issues and the agenda for the day.</li> </ul>	<ul style="list-style-type: none"> <li>Conduct activity: Volunteer-led energizer or icebreaker.</li> <li>Have co-facilitators summarize workshop feedback, discuss housekeeping issues, and provide overview of the day's agenda.</li> </ul>	Materials <ul style="list-style-type: none"> <li>Flip chart, tape, markers</li> </ul> Prepared Materials <ul style="list-style-type: none"> <li>Prepared flip chart: Day 5 Agenda</li> </ul>
<b>Session Two:</b> Community Challenges, Planning, and Developing Goals	1 hour	<ul style="list-style-type: none"> <li>Discuss concrete goals, objectives, and expectations related to country-level challenges.</li> <li>Orient participants to action planning and ways to use information from the workshop back in home country.</li> <li>Form country-level teams via a group exercise.</li> </ul>	<ul style="list-style-type: none"> <li>Conduct activity: Small group country exercise.</li> <li>Brainstorm challenges related to HIV in various countries.</li> </ul>	Materials <ul style="list-style-type: none"> <li>Flip chart, tape, markers</li> </ul> Prepared Materials <ul style="list-style-type: none"> <li>Blank paper for each group</li> </ul>
<b>Session Three:</b> Human Rights and HIV	1 hour	<ul style="list-style-type: none"> <li>Discuss and define HIV as a human rights issue.</li> <li>Contextualize HIV at a regional level within a human rights framework.</li> </ul>	<ul style="list-style-type: none"> <li>Facilitate group discussion on the question, "What is the relevance of human rights, HIV, and personal experience?"</li> <li>Discuss global and regional partnerships.</li> </ul>	Materials <ul style="list-style-type: none"> <li>Flip chart, tape, markers</li> </ul> Prepared Materials <ul style="list-style-type: none"> <li>ICW <i>Human Rights fact sheet (Annex 9)</i></li> </ul>
<b>Session Four:</b> Networking	1 hour	<ul style="list-style-type: none"> <li>Take stock of regional and country-level activities, including ways in which participants can benefit and plug into existing activities.</li> <li>Create a more useful and concrete regional network from already existing informal networks of support.</li> </ul>	<ul style="list-style-type: none"> <li>Facilitate discussion: Techniques for Networking.</li> <li>Discuss ways of communicating with each other.</li> <li>Review regional developments.</li> </ul>	Materials <ul style="list-style-type: none"> <li>Flip chart, tape, markers</li> </ul>
<b>Session Five:</b> Closing and Presentation	1 hour	<ul style="list-style-type: none"> <li>Provide recognition to all participants for their hard work, participation, and</li> </ul>	<ul style="list-style-type: none"> <li>Give closing remarks.</li> <li>Hand out certificates and conduct</li> </ul>	Prepared Materials <ul style="list-style-type: none"> <li>Certificates</li> </ul>

SUBREGIONAL CURRICULUM:

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SESSION TITLE	TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
<b>DAY 5</b>				
of Certificates		future plans. <ul style="list-style-type: none"> <li>▪ Recognize accomplishments throughout the week and a sense of closure and fellowship.</li> </ul>	closing ceremony.	
<b>Session Six:</b> Final Evaluation	30 minutes	<ul style="list-style-type: none"> <li>▪ Receive feedback regarding the workshop, including its strengths, weaknesses, and possibilities for future work and trainings.</li> <li>▪ Access what can be improved upon in future work.</li> <li>▪ Provide a vehicle for monitoring, evaluation, and reporting.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Have participants fill out evaluations.</li> </ul>	Materials <ul style="list-style-type: none"> <li>▪ Handout: End-of-Workshop Evaluation (Annex 10)</li> </ul>

## ANNEX 2

### Subject Release Form/Photo Consent Form

I would like permission to take your picture or video on behalf of:

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*(Enter company name, NGO or other organization/group being represented above)*

I would also like permission to include your picture in a document that may be published or put on our Internet website for educational purposes. Any information provided in this document and/or website or with your picture will not misrepresent you. Please read the below statement. If you agree with the statement, please sign your name and include today's date.

- Yes, I agree to having my picture taken, and I understand that the photo may be used in a document or on the Internet for educational purposes.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ANNEX 3

### Interpreter Confidentiality Agreement:

I, \_\_\_\_\_, as an interpreter, will be permitted to have access to participants' information in order to perform interpretation and translation work related to **INVESTING IN PLHIV LEADERSHIP IN THE MIDDLE EAST AND NORTH AFRICA REGION TRAINING-OF-TRAINERS AND SUBREGIONAL WORKSHOPS**.

I agree to keep all information that I learn about the participants from both of these trainings confidential. I understand that I may not discuss or disclose any information related to any participant to anyone outside the workshop setting. I further understand that I may learn personal information about a participant and/or his or her family that is private. I understand that it is my duty and responsibility to preserve and protect this privacy and confidentiality. I understand that this duty will extend after I am no longer working at the workshops. I also understand that information relating to persons who are participating at the workshop is also privileged and must be kept confidential. By placing my signature below, I hereby indicate that I understand and agree to maintain the privacy of the participant(s)' personal information.

WITNESS:

INTERPRETER:

By: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## ANNEX 4

### HIV 101: THE BASICS

#### Terms to Remember

The resources in Annex 4 are excerpted from two sources:

Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS). 2005. *HIV and AIDS Treatment Literacy Toolkit for Women*. Avondale, Harare, Zimbabwe: SAfAIDS. Accessed on August 19, 2009 at:

[http://www.saf aids.net/files/u1/HIV\\_Trt\\_D\\_Item\\_2.pdf](http://www.saf aids.net/files/u1/HIV_Trt_D_Item_2.pdf).

HIV i-Base (treatment activist group). 2007. *Treatment Training for Advocates: A Manual*. London, UK: HIV i-Base. Accessed on August 19, 2009 at:

<http://www.i-base.info/manual/en/1.html>.

# Terms to Remember

## Adherence

Means sticking to or being devoted to something. In antiretroviral therapy (ART), adherence involves taking medications in the correct amount, at the correct time and in the way they are prescribed.

## AIDS

AIDS stands for ‘*Acquired Immunodeficiency Syndrome*’.

AIDS is the name given to a group of serious illnesses in HIV positive people. AIDS develops when People Living with HIV/AIDS (PLWHA) are no longer able to fight off infections because of lowered immunity.

## Antibodies

These are special proteins that are produced by the body in response to an infection. HIV antibodies are specific proteins produced to show that the body has reacted to HIV infection.

## Antiretroviral (ARV) medicines

These are medicines that interfere with, or disturb the life cycle of HIV by slowing down or stopping the processes by which HIV makes copies of itself, and increases in the body.

## Antiretroviral treatment

This is the process of taking the ARV medicines that fight HIV.

## Asymptomatic

This is a stage of a disease, during which you show no signs of the disease and do not feel sick. It may be referred to as the “latent phase.”

## CD4 cells

A CD4 cell is a type of cell (lymphocyte) in the body that plays an important part in helping your immune system to stay strong and fight infection-causing diseases. They are also called ‘Helper T lymphocytes’. CD4 cells are killed by HIV – at a very fast rate.

## CD4 cell count

This involves a blood test to tell how well the immune system is doing, by finding out the number of CD4 cells in your body.

## Complementary treatment

These are forms of treatment that may help repair the immune system or treat opportunistic infections. The treatments may be suggested to accompany ART, or may be used on their own to make your immune system stronger.

## Counselling

A special form of confidential communication between a patient (such as PLWHA) and a service provider in which thoughts, feelings and attitudes are explored in order to make a person feel good about himself/herself or help him/her to make decisions.

## Disclosure

**Voluntary disclosure** refers to when a person shares information about his or her HIV status with other people. This may be partial or full disclosure (see below). A counsellor should help the client to identify possible impacts on their decision.

**Full disclosure** is when the clients publicly reveal their HIV status to a person or organisation, for example, a family member, friend, support group or to the media. Before clients disclose their HIV status, a counsellor can assist them to explore who to tell, how and when to tell it. In this way, the client remains in control of what to say and how to say it.

**Partial disclosure** means that the clients will only tell certain people about their HIV status, for example, a spouse, a relative, a counsellor or a friend. Counsellors need to assist their clients to think carefully and prepare them for the range of possible outcomes before disclosing their status. Clients may not be able to control what happens, once they have disclosed. Most

cases of involuntary disclosure arise from situations where clients decide to partially disclose their status and without their knowledge the information is made public by an individual or organisation.

**Non-disclosure** means that clients do not reveal their HIV status to anyone.

**Involuntary disclosure** happens when someone reveals someone's HIV status without their approval or even without their knowledge. Involuntary disclosure can also occur when one is forced to reveal their HIV status for workplace requirements, or international travel requirements.

### Discrimination

A term used to describe treating other people differently or unfairly because they are HIV positive or different from others.

### Exclusive breastfeeding

When an HIV positive mother ONLY breastfeeds her child and does not use any other form of nourishment (formulas, water, dairy milk) to prevent the transmission of HIV to her baby.

### First-line treatment or regimen

A term used to describe the first set of ARV drugs given as part of ART. Usually, the set is a combination of three antiretroviral medicines aimed at increasing CD4 counts and decreasing viral load while preventing resistance.

### Glands

These are tissues and organs (parts) of the body that make useful substances for the body – such as the thyroid gland in the throat. The glands also allow chemicals to be passed out of your body such as the sweat glands on your skin. Other glands act as filters of infection such as glands in the armpit.

### Highly Active Antiretroviral Therapy (HAART)

A combination of three antiretroviral medicines used to fight HIV and AIDS.

### HIV

HIV stands for 'Human Immunodeficiency Virus'. This means HIV is a virus (germ that causes disease when it enters your body) that weakens the human immune system.

### Immune system

The immune system is a combination of the different parts of our body - the chemicals, cells, tissues and organs that protect the body from germs. The immune system can tell the difference between what belongs to the body and what does not belong. It is sometimes called the body's defence system. When your immune system is strong, you are able to fight foreign bodies that enter your body and avoid getting sick. HIV makes our immune system weak and that is why, if you are infected with HIV, over time you begin to get sick more often and for longer periods.

### Informed consent

The basis of Voluntary Counselling and Testing, where the decision to take an HIV test is made entirely by the individual being tested.

### Life cycle

A term used to describe different times in a person's life. People at different stages in their life cycle will have different needs, concerns and ways of coping with problems.

### Meaningful Involvement of People Living with or Affected by HIV and AIDS (MIPA)

One of the general principles of good care for PLWHA which recognises the important contribution PLWHA can make in response to the fight against HIV and AIDS and creating a space within society for the involvement and active participation of PLWHA in such responses.

### Non-adherence

The failure or inability of PLWHA to stick to their ARV regimen.

### Opportunistic infections (OIs)

These are diseases caused by bacteria, fungi or viruses that take advantage of the weakened immune system in people infected with HIV.

### **Parent to Child Transmission (PTCT)**

This is when HIV positive parents pass HIV to their baby either during pregnancy, at birth or after delivery. Because the virus directly comes from the mother, this is also referred to as mother-to-child transmission (MTCT) or vertical transmission. It is now called PTCT because we know that a baby's HIV status is the responsibility of both parents.

### **Pill burden**

A term used to describe ART regimens that involve many doses of pills each day with specific food and fluid instructions. High pill burden is associated with decreased levels of adherence.

### **Pill count**

A method for measuring adherence to ART that involves counting the number of pills taken and comparing that number against how many pills should be taken for 100% adherence.

### **Positive living**

A term used to describe steps taken by people living with HIV or AIDS that enhance their lives and increase their health.

### **Post Exposure Prophylaxis (PEP)**

PEP is treatment with medicines to prevent HIV from developing within one's body. This requires taking ARV medicines for a short period after being exposed to HIV. PEP is usually given after an accident which involved mixing of your blood with another person's blood, or forced sexual intercourse such as rape.

### **Prevention of Parent-to-Child Transmission (PPTCT)**

Methods that help prevent a mother passing HIV onto her baby during pregnancy, child birth or breast feeding.

### **Resistance**

A term used to describe the ability of HIV to change its structure so that ARV medicines become less effective. The fewer antiretroviral medicines a person is taking, the greater the chance HIV will have the

opportunity to change. Resistance is the reason why ARVs are usually prescribed as a combination of three medicines.

### **Safer sex**

These are sexual practices that prevent possible contact with and mixing of infected sex fluids. These include sexual intercourse using a female or male condom, oral sex, non-penetrative sex and mutual masturbation.

### **Second-line treatment regimen**

A second line of ARV medications given to individuals who have developed resistance to first-line ARV regimens or who experienced treatment failure.

### **Seroconversion**

The time after the window period when a person's body begins to make antibodies to fight HIV.

### **Shared confidentiality**

Means sharing certain information with people chosen by the patient.

### **Stress**

A term used to describe feelings of being emotionally, physically or mentally overwhelmed when faced with a certain situation, event or person.

### **Stigma**

Negative attitudes toward people who are HIV positive or who belong to a particular group or who have different characteristics than others.

### **Support network**

A term used to describe people in your life with whom you can talk openly and honestly about things that trouble you. A support network often includes people who you feel understand you and what you are going through.

### **Syndrome**

This is a collection of signs and symptoms that together give a picture of a particular disease or abnormal health condition.

### **Treatment failure**

A term used to describe the failure of ARV medicines to continue preventing opportunistic infections and/or to improve CD4 levels. Treatment failure requires a change in ARV regimen.

### **VCT**

Voluntary Counselling and Testing, a common term for the process of taking an HIV test.

### **Viral Load**

Implies the amount of HIV in the blood.

### **Virological failure**

Similar to treatment failure, but specifically describes the inability of ARV medicines to keep the viral load suppressed in PLWHA. Virological failure is associated with poor adherence.

### **Window period**

Time from infection with HIV until the body is able to make antibodies to fight HIV. The window period lasts approximately 6–12 weeks. A person may test negative for HIV during this time.

Source: Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS). 2005. *HIV and AIDS Treatment Literacy Toolkit for Women*. Avondale, Harare, Zimbabwe: SAfAIDS. Accessed on August 19, 2009 at: [http://www.saf aids.net/files/u1/HIV\\_Trt\\_D\\_Item\\_2.pdf](http://www.saf aids.net/files/u1/HIV_Trt_D_Item_2.pdf)

# 1 Immune system and CD4 count

## 1.5 How the immune system works (before HIV infection)

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### ***Protection from infection***

Your **skin** is a major barrier.

If your skin is damaged, for example through a tiny cut or tear, an infection can enter your body (like the HIV virus).

An infection can also be **breathed in** (like TB).

If an infection enters the body it is attacked by the **immune system**.

### ***Antigens and antibodies***

Two medical words are often used when talking about the immune system and infections:

- **Antigen** is a word for a small particle of infectious material that has been broken down in the body and recognised by the immune system.
- **Antibody** is a type of protein made by certain white blood cells in response to a foreign substance (antigen). Each antibody can bind to only one specific antigen. The purpose of this binding is to help destroy the antigen. Some antibodies destroy antigens directly. Others make it easier for white blood cells to destroy the antigen.

### ***Cellular and humoral immunity***

Your body uses different **cells** to attack and break down an infection. There are two main ways that your body does this:

### **Humoral immunity is based on antibodies**

- In response to an infection your body makes antibodies to identify and sometimes destroy the foreign particles.
- HIV is routinely diagnosed using an antibody test. This looks for evidence of the body's response to HIV. This response usually takes 2-3 weeks from infection to develop, but can take several months and occasionally longer.

## Cellular immune responses are based on CD4 and CD8 responses

Generally your body uses cellular immunity to fight viruses, and to fight HIV.

- **T cells** are a type of **white blood cell (lymphocyte)**. The two main types of T cells are CD4<sup>+</sup> cells and CD8<sup>+</sup> cells (T4 and T8 cells).
- **CD4 cells** are sometimes called **helper cells** because they help the immune response by sending signals to CD8 cells.
- **CD8<sup>+</sup> cells** are sometimes called **killer cells** because they recognise and kill cells that are infected with a virus

Sometimes these cell processes and functions overlap.

**Macrophages** are another type of larger white blood cell that **engulf** or swallow up infectious organisms or waste material from dead cells. They also send signals to activate other cells in the immune system.

### What does 'CD' stand for?

**CD** stands for **cluster of differentiation**. Cells in the immune system are classified by these molecules (**glycoproteins**), which are found on the surface of the cell.

## 1 Immune system and CD4 count

### 1.6 How HIV interacts with the immune system

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**HIV is especially difficult for the body to deal with because the cells that the virus uses to reproduce itself are the cells that the body uses to fight a viral infection. HIV infection makes infected cells die more quickly, and it also makes infected cells signal to other uninfected cells to die more quickly. Therefore, HIV doesn't need to infect every cell to cause them to die.**

These two factors are like a dog chasing its tail!

- HIV infection makes the body produce more **CD4 cells** to fight this new virus
- These new cells provide more target cells for HIV to infect and reproduce
- The body responds by making even more cells to fight the new virus

After a while the HIV-specific CD4 cells (or **T4 cells**) get worn out and disappear (in most people within 6 months after infection). After many years the body gets very tired and the rest of the immune system is worn down.

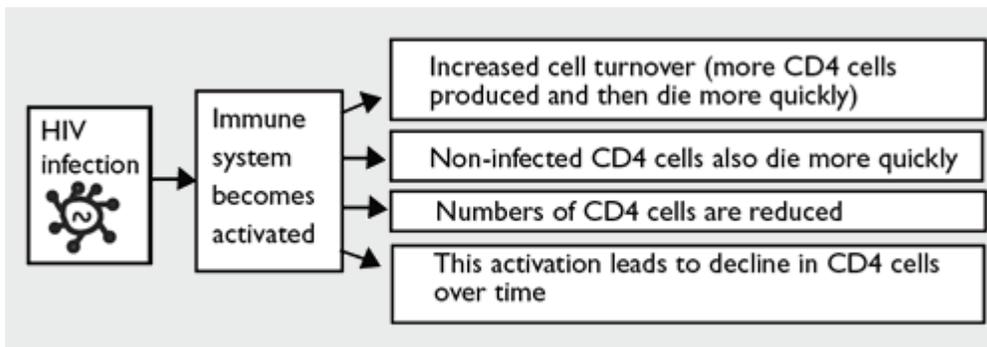
This can be difficult to understand.

The main point is that **HIV makes the immune system go into overdrive**, producing more and more cells.

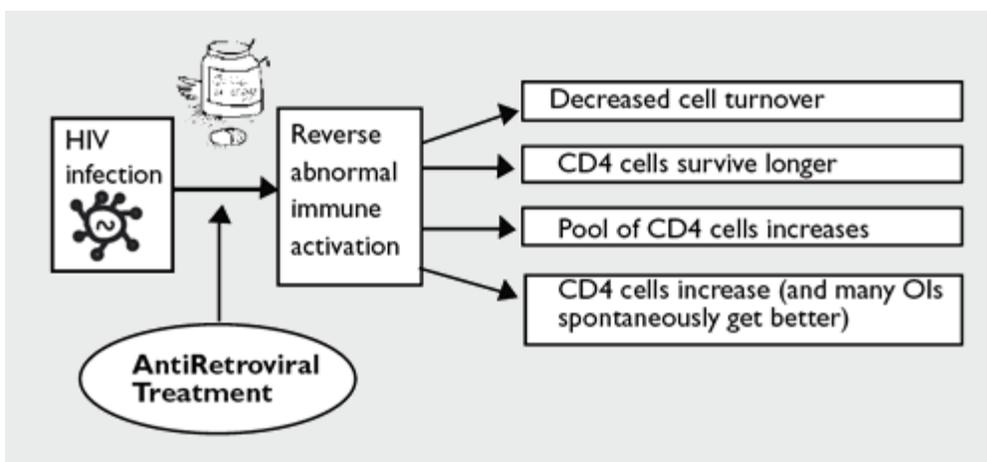
These cells die very quickly though, and over time the immune system loses out. This is why your **CD4 count** drops over time.

**ARV treatment** blocks HIV from reproducing, and returns your immune system back to an almost normal state.

### ***HIV and the immune system before ARV treatment***



### ***HIV and the immune system after ARV treatment***



# 1 Immune system and CD4 count

## 1.7 CD4 count as a surrogate marker

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### ***What is a CD4 count?***

**A CD4 count is the result of a blood test that tells you how many of these cells are in a cubic millimetre of blood (mm<sup>3</sup>).**

Full name: CD4+ T lymphocyte count, but also called CD4+ T cell or T4 count.

Everyone should have a CD4 count soon after they are diagnosed with HIV. If this is under 200 cells/mm<sup>3</sup> it is usually recommended to start treatment. CD4 monitoring should be done every three months. Sometimes lack of resources mean it may be done every six months.

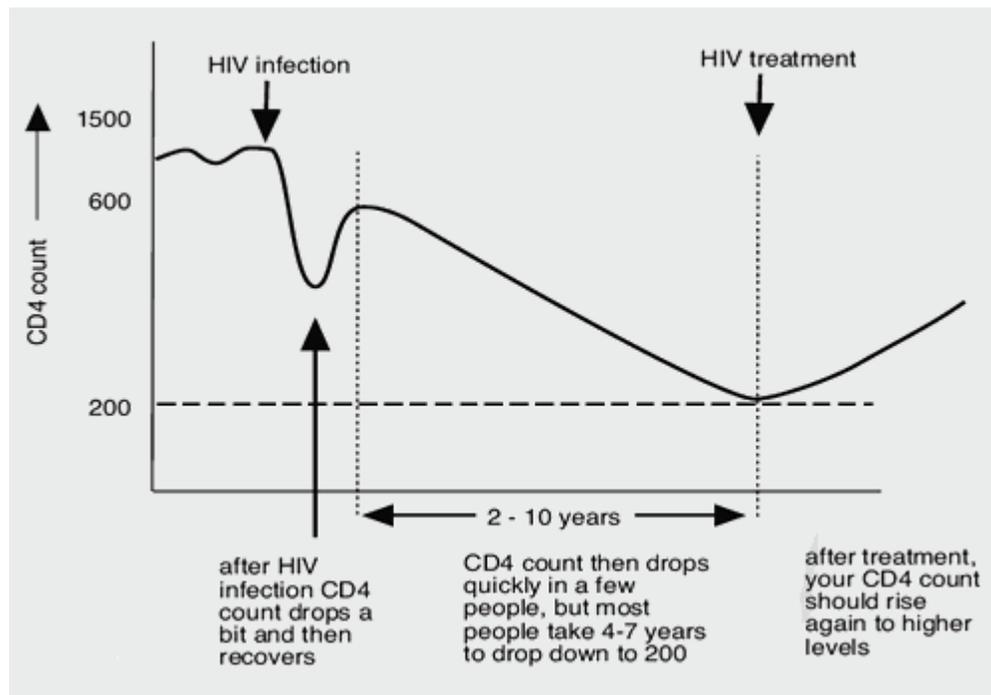
### ***What is a surrogate marker?***

**A surrogate marker is when something that is easy to measure directly is used to measure something else indirectly.**

The CD4 count is a good surrogate marker for how much HIV has damaged your immune system. It can tell you your risk of infections and when you need to start treatment.

The average CD4 count for an HIV-negative person is usually between 600 and 1,600 – but a few people have levels that are naturally lower or higher levels than this.

## Pattern of CD4 count after HIV infection



- A few weeks after infection with HIV the CD4 count falls
- Then as the body's immune system begins to fight back, it goes back up again – though not to the levels that it was before HIV infection
- This level is sometimes called the CD4 set point and usually takes about 3- 6 months after infection to stabilise, but it can take much longer
- Then the trend for the CD4 count is to gradually go down over several years. The average rate that CD4 counts fall is about 50 cells/mm<sup>3</sup> every year. In some people CD4 counts will fall much faster and in some people much slower.

**Most people's immune system controls HIV very successfully without needing HIV drugs for many years.**

Source: HIV i-Base (treatment activist group). 2007. *Treatment Training for Advocates: A Manual*. London, UK: HIV i-Base. Sections 1.5–1.7. Accessed on August 19, 2009 at:

<http://www.i-base.info/manual/en/1.html>

# ANNEX 5

## DAILY FEEDBACK FORM

**Please provide your feedback on the following:**

**Session 1:** \_\_\_\_\_

Enter title of session above

What did you learn from this session?

What were the session strengths?

What were the session weaknesses?

Other comments:

**Session 2:** \_\_\_\_\_

Enter title of session above

What did you learn from this session?

What were the session strengths?

What were the session weaknesses?

Other comments:

**Session 3:** \_\_\_\_\_

Enter title of session above

What did you learn from this session?

What were the session strengths?

What were the session weaknesses?

Other comments:

**Session 4:** \_\_\_\_\_

Enter title of session above

What did you learn from this session?

What were the session strengths?

What were the session weaknesses?

Other comments:

**Session 5:** \_\_\_\_\_

Enter title of session above

What did you learn from this session?

What were the session strengths?

What were the session weaknesses?

Other comments:

## ANNEX 6



### **The Tripoli Declaration of Women Religious Leaders in the Arab States in Response to the HIV/AIDS Epidemic**

We, the Muslim and Christian women religious leaders in the field of AIDS in the Arab States, meeting in Tripoli (Libya) from the 4-7 Gumada Al-Awal 1427 H, 28-31 May 2006 as part of an initiative of the United Nations Development Programme and its HIV/AIDS Regional Programme in the Arab States (HARPAS), hosted by the NGO "Wattassimo for Charity": Declare our endorsement of the Cairo Declaration for Religious Leaders', and affirm that women religious leaders are enjoying a considerable degree of awareness of the threat of HIV/AIDS and we have committed to increasing awareness of its underlying causes and of its destruction of our societies. Thus, we will focus in this Declaration on issues related to both women and children, in view of their vulnerability to HIV infection in our Arab societies, and we have agreed the following:

#### **First: To protect women from HIV infection by:**

- Advocating the importance of the implementation of religious laws to facilitate prevention, protection and treatment of HIV/AIDS
- Promoting woman's right to protect themselves from HIV infection
- Working on putting an end to all forms of confiscation of the self-evident God-given right of women to choose or refuse situations that might expose them to HIV infection
- Promoting and reinforcing women's psychological, economic and social status to reduce their vulnerability to HIV infection
- Ensuring women's right to legitimate and safe sexual relations
- Advocating the enactment and implementation of laws that protect women from sexual abuse and exploitation
- Emphasizing the importance of reaching out to vulnerable groups; especially commercial sex workers and drug users, and advocating the importance of designing up-to-date programmes based on our cultures, traditions and religious values to help in rehabilitating and protecting these vulnerable groups
- Calling upon the media to abide by ethical codes regarding the material they present and to avoid misuse of images of women in commercials, video clips, T.V serials and superficial movies, and encouraging the media to promote virtue
- Denouncing of all forms of violence against women along with harmful customs and traditions that contradict religious laws, and fostering a culture that encourages dialogue within the family
- Asserting women's right to benefit from health services and information related to HIV
- Appealing to governments and civil society to facilitate access to free medication for women living with HIV/AIDS and to establish a regional fund to help these women and all those affected by it
- Organizing awareness campaigns aimed at providing precautionary information to both medical and non-medical institutions regarding use of equipment that may transmit the virus
- Improving women's status during conflicts and migration, and in refugee and internal displacement situations
- Urging concerned Arab, African and Asian authorities to hold scientific workshops to ascertain the true causes of the spread of the epidemic, to find solutions, and to encourage scientific research on other issues related to HIV
- Preparing comprehensive programmes to combat poverty in our countries and transform needy families into independent and productive ones; as well as encouraging wealthier States to support and fund HIV/AIDS projects in poorer states
- Establishing and activating funds to support young people who want to get married

#### **Second: To protect children from HIV infection by:**

- Protecting children from the sex trade and taking all available media, educational, economic and legal measures to prevent such practices
- Advocating the development and implementation of a law dealing with the sexual abuse of children
- Emphasizing the importance of age-conscious sex education in school curricula in order to protect children from HIV infection
- Emphasizing the importance of enacting and implementing laws that forbid child labor under all circumstances, as it may lead to severe consequences, including HIV infection
- Addressing issues related to street children, homeless children and orphans
- Putting an end to the genital mutilation of young girls and the associated psychological and physical damage (which includes the possibility of exposure to HIV infection)
- Improving the match between the content of school curricula and the requirements of the labor market to empower young people and help them avoid unemployment
- Instituting developmental projects that address unemployment and help fill the free time of young people, girls and women, and especially the right of girls and women to take part in activities such as sports and related activities.

## ANNEX 7

### The “Embarrassment” Poem

**The resource in Annex 7 is excerpted from the following source:**

The Change Project. 2003. *HIV. Understanding and Challenging HIV Stigma: A Toolkit for Action*. Washington, DC. Accessed on August 19, 2009 at:

<http://www.changeproject.org/technical/hivaids/stigma/StigmaToolkit.pdf>.

## Embarrassment is an Opportunistic Infection

I am embarrassed to talk about SEX  
So I avoid talking to my children  
I giggle and laugh nervously  
Whenever the word SEX is mentioned  
I am too embarrassed to look up  
In the age of HIV/AIDS  
My embarrassment continues  
About SEX, AIDS and CONDOMS  
I am even afraid to read about the disease  
I am so embarrassed  
Now I am at a loss  
My daughter, my son  
My husband and I have AIDS  
We have never talked about SEX and AIDS  
Even when we knew better  
We were too embarrassed  
Too embarrassed to protect ourselves  
Too embarrassed to keep DEATH at bay  
Now I am too embarrassed  
To let anyone know about us  
My family and AIDS  
Then one day  
My mother opened my eyes  
She said "Your family is not dying of AIDS  
It is dying of embarrassment,  
A deadly OPPORTUNISTIC INFECTION"  
Today we are no longer sick with embarrassment  
We know better  
That no one ever died of embarrassment  
But DAILY a loved one dies of AIDS

By Mwaganu wa Kaggia

[www.changeproject.org](http://www.changeproject.org)  
*Understanding and Challenging HIV Stigma: A Toolkit for Action, AED CHANGE & ICRW.*

## ANNEX 8

### Positive Living

**The resources in Annex 8 are excerpted from:**

Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS). 2005. *HIV and AIDS Treatment Literacy Toolkit for Women*. Avondale, Harare, Zimbabwe: SAfAIDS. Accessed on August 19, 2009 at:

[http://www.saf aids.net/files/u1/HIV\\_Trt\\_Y\\_How\\_To\\_Stay\\_Healthy.pdf](http://www.saf aids.net/files/u1/HIV_Trt_Y_How_To_Stay_Healthy.pdf) .



## **POSITIVE LIVING**

The will to live is one of the strongest medicines for people living with HIV and AIDS.

If you have the will to live, then your body will respond in very good ways - your quality of life will improve and you will live a longer, healthier and more productive life.

If you have the will to live - then you can live positively with HIV in the absence of antiretroviral therapy (ART). Remember that antiretroviral treatment is when you use antiretroviral (ARV) medicines that help fight your HIV and slow its multiplication in your body. The need for you to begin ART will only be necessary much later - when you begin getting very ill. Till then there are many ways by which you can keep your body, mind and emotions strong and healthy - for many years. All the information below will help you to strengthen your immune system (cells in your body which will help fight diseases) in the absence of antiretroviral therapy - and they usually cost less than antiretroviral treatment.

### **Learn to live positively with HIV**

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

### **Having a positive mind**

If you think you will deal with your HIV infection and will live a long and healthy life with it - then you are already HALFWAY there. When you believe that you can do this, then you will also be willing to do things that will help you stay healthy and strong for longer.

### **- Believing in yourself**

Love yourself. Remember that you are valuable (important and useful) and worthy. Think about the many ways in which you are important to your family, friends, work and your community. Think about how important you are to other people also living with HIV and AIDS.



## Remind yourself that "I am HIV positive and I am important because..."

*'I am the breadwinner in my family' 'I am getting an education which will enable me to help other people better themselves' 'I am helping other people with HIV to cope with it' 'I am a mother and my children need me to guide and support them as they grow' 'I am a father and my children need my protection, care and love and for me to support them to get an education' 'I can share my experience with my community and help them prevent getting infected' 'I can encourage other people to get an HIV test and know their HIV status so that they can live positively and avoid infecting other people' 'I have good farming skills and can use them to continue producing crops for our family and community'*

...And think of the many other ways in which you are important and useful

### - Setting goals for living

Why must you go on living? Write down all the reasons why you need to go on living, and why you should stay healthy and strong. These could be:

- *I have children to protect, nurture and care for.*
- *I want to complete my education and get further education.*
- *I am very good at the work that I do and my employer needs me.*

Then begin to set your goals (things you must get done), such as:

- *I will live longer so that I can see my children grow and protect them from the dangers of life.*
- *I will get the education that I have always wanted.*
- *I will get the promotions which I have always wanted at work.*
- *I will eat healthy food and exercise regularly to stay physically strong.*
- *I will continue with doing things which I enjoy.*

...there are so many other goals you can set, which will be different for each person and will depend on your lifestyle.

### - Welcoming Good - Kicking Out Bad

Think positive (good) thoughts only. Avoid negative (bad) thoughts because they will reduce your mental powers and weaken your immune system - making you sick.

### - Telling someone

To help you live positively you also need some support and encouragement from people who truly love and care for you.

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### **- Finding out more about HIV and AIDS**

Get more information about HIV and AIDS. The more you know about HIV, the better you can use the information to help you stay healthy and strong. But remember that not all the information you get is true. Make sure you check the information you get with different people working in the area of HIV and AIDS or health workers (nurses, doctors or peer educators).

### **FIGHT HIV WITH YOUR MIND**

You can do this through 'meditation' - when you concentrate on something in a positive and calm way, moving your mind away from your usual thoughts and activities. It is best to do this early in the morning, late at night or any other quiet time you find. To meditate best you can:

- Go to a peaceful place where you will not be disturbed for some time - this could be your room, outside under trees, near a river or hills
- Close your eyes
- Sit or lie in a comfortable position - you can lie on your back with your arms and legs spread out, or sit with your legs crossed and your arms lightly on your knees, or choose any other position which is very relaxing for you

- Breathe in deeply and slowly through your nose and out through your mouth. Do this till your breathing builds a rhythm and is gentle and easy
- Make pictures and thoughts in your mind of how you would like to be, places you would like to be, things you would like to do - choose one and think only of that. See yourself in the situation you are imagining. In your mind make it real and stay there. You can also think of something which you like and that makes you relax - such as flying, floating around, being near water, or any other place and activity you would like to do. Focus on this and imagine being there. Slowly take your mind there and you will forget what is around you. You can also think of a positive statement such as 'I will fight this HIV in my body and get strong', and say it over and over again in your mind - till it takes over all your thoughts.
- Gradually relax each part of your body till you feel it is 'floating.'

You may do this with some soft music which you enjoy in the background, just before sleeping or after reading something which is spiritual such as a prayer. Your meditation may last from 10 to 20 minutes, depending on how much you may feel you need it.

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## You Can Strengthen Your Mind

### By...

*...telling yourself, even in front of a mirror, that you will fight HIV and will stay strong and healthy*

*...telling yourself how you want your body to be, that you want your damaged parts to get better*

*...reading books and material which give information on how people have lived positively with HIV or about people who have coped with other big difficulties in their lives such as cancer or war or other traumas - these will encourage you that you also need to live positively WITH HIV and AIDS and fight it*

*...listening to music which calms, relaxes and refreshes your mind*

*...making your living space happy, bright and peaceful - put up pictures of things, places or people you really like. paint your room a colour which you like. put flowers or other things which make you feel good when you look at them - in your room.*

*...Watching movies or television programmes and listening to radio programmes or tapes which show how people can live positively with HIV and AIDS and what can be done to help them do so*

*...praying or meditating and building your spiritual strength*

*...holding conversation or drama in your mind - close your eyes and think about a fight against HIV in your body - with you emerging the winner*

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## WHAT YOU EAT AND DRINK

### - NUTRITION

Your mind and body need to work together to fight disease. The food you eat and how you eat it is a very important way of strengthening your immune system and staying healthy without ARV medicines. 'Good nutrition' means eating different foods - every day - that help keep your body healthy. A healthy diet should provide enough vitamins (these help you fight disease and are mainly found in fruits and vegetables), minerals (these help you fight disease and stay strong and are found in different foods such as pumpkin seeds, fish, nuts, spinach, fruits and others).

Carbohydrates (these give you energy and are mainly found in starchy foods and high fibre foods such as grain and cereals) and proteins (these make your body strong and are found in poultry and other foods) to:

- Keep your immune system strong
- Build your muscles
- Keep a healthy Body weight
- Give your body energy





There are some simple things you need to remember about eating healthy:

- Do not eat too much fat and sugary foods like greasy chips, too much sugar in your tea, jam or sweets, cream buns or doughnuts. You can satisfy your desire for sweet things by eating honey or fruits. Do not use much oil when cooking.
- Eat regularly and not only when you are very hungry. Set certain times at which you eat a balanced meal
- Eat a variety of foods - nuts, eggs, beans, cheese, peanut butter, fruits, vegetables, fish chicken and cereals
- Drink a lot of water and avoid fizzy drinks (coca-cola, fanta and others). It is a good idea for you to boil your water before drinking it.
- Avoid too much coffee or tea
- Try and avoid refined or processed foods and foods with preservatives
- Eat fresh foods - eat a lot of fresh fruit and vegetables if you grow your own vegetables, it is best to eat those because you know how they have been grown. You may consider growing your own vegetables and fruits. This can save money, and working on the farm can be a good form of physical exercise. Fruits and vegetables can be sold to make extra money.

- Avoid junk food (chips, buns, fizzy drinks, sweets and so on)- this will also save you money for buying healthier food
- Discuss nutrition in your support group or with a health worker. Get more information on specific foods to eat, especially when fighting opportunistic infections

You need to store and prepare your food in a clean environment, and throw away rubbish and burn it to avoid attracting flies, cockroaches, rats or other disease carrying insects or animals. All of these will contribute to your health

## **YOU AND YOUR SURROUNDINGS**

It is important that you practice personal hygiene (keep yourself clean) at all times. It is also important for you to keep your environment (surroundings) very clean from dirt, insects and rubbish. It would be good to develop a habit of:

- Washing your hands - with soap if possible - after using the toilet, before cooking or eating
- Keeping your nails short and cleaning under them each time you wash your hands

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- Not touching your eyes, any open wounds you may have, inside your mouth, private parts or scratching your body - unless your hands have been washed well. Dirty hands and nails can carry germs on them which can cause disease
- Flushing your toilet each time you use it, or another person has used it - or using buckets of water to wash away the waste, or cover it with dust - if your toilet facility is not modern
- Removing dropped food from floors or surfaces, throwing away empty containers which you are no longer using. Also wipe water or fluids that spill on a surface or floor, and clean surfaces from dust and dirt everyday. This will keep away flies, cockroaches, rats and other disease - carrying animals
- Avoiding animals inside your house, unless you bathe them very well each day. These animals can carry many germs with them which can contribute to you getting ill
- Burning, burying or finding another safe way of getting rid of your rubbish. You should not leave your rubbish near your home for long, or else it will rot and attract disease - carrying insects or animals.

## EXERCISE

When your body parts can handle everyday activity then you can be said to be 'fit'. To stay fit you need to exercise regularly. This will help:

- Keep your mind healthy and refreshed and help you deal better with situations
- Keep your body strong and able to fight disease better
- Make you feel alive and healthy and happy
- Help you to sleep better
- Improve the way your face and body looks
- Improve your appetite

There are many ways to get some exercise - even when you are feeling ill:

- Walking fast, or up and down stairs or up and down hills, or for long distances.
- Herding cattle, taking care of other animals such as chickens, rabbits, birds and so on - by feeding them or washing them
- Carrying firewood or water, from where you get it to your home.
- Gardening or farming - including ploughing, hoeing, sowing seeds, harvesting, weeding and other similar activity.
- Playing with your baby or child can also be exercise because you will be moving around a lot and it is something you will enjoy



- Doing household chores such as sweeping and polishing floors, dusting, washing clothes, ironing, washing windows and other activities
- Any sport which you enjoy such as running, playing football, netball or other games with your friends. You can begin a sports team with your support group
- Dancing to music
- Swimming in a pool, river or other body of water as long as you know how to swim and have other people around you for your safety
- Walking around or outside if you are not feeling very well, or just moving your arms and legs up and down when sitting or lying down can help exercise your body.

To help you sleep better:

- Sleep regular hours. Set a routine of when you go to bed and when you wake up - this will build a rhythm and helps your immune system cope with everyday activities
- Try and sleep in a dark, clean and quiet room which has enough fresh air.
- Choose a firm mattress . You may try sleeping on a thin mattress on the floor, as long as it does not hurt your body and is not very cold
- You may choose to read a book, take a warm bath just before sleeping, do some light exercise, meditate or pray, listen to music or sing to yourself, or anything else which will helps you relax before falling asleep

## SLEEP

Sleep is healing as it allows your body to rest and get back energy it has lost during the day. Sleep will also help your mind to rest. Your immune system will work best when your mind and body are stronger and refreshed. Different people need different amounts of sleep. You will be able to tell that you are getting enough sleep, if you wake up feeling good, awake, fresh and with energy.



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## WORK

Keep yourself busy. If you are involved in a formal job, then keep doing it as best as you can. Do other types of work around the house or garden. Do handicrafts (knitting, basket making, crocheting, pottery, or others) you enjoy. You can also do community work or anything else which will keep you busy and which you enjoy.

This will give you a sense of satisfaction as you prove to yourself and to others around you that you can remain productive while living with HIV. Working will also occupy your mind in a positive way. Staying active through some regular work will make your immune system stronger and help fight disease.



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## AVOID ALCOHOL, ILLEGAL DRUGS AND SMOKING

Alcohol, illegal drugs (marijuana, 'mbanje', cocaine, ecstasy and others) and smoking all work to weaken your immune system by breaking down cells in your body. They will make it easier for disease to enter your body and make you sick and it will take much longer for you to get better.

If you used to smoke and drink a lot, then try and find other things to do during the usual times you would smoke or drink.

Avoid going to the places where you would usually drink alcohol or smoke. Find out how other people living with HIV and AIDS reduced or stopped drinking alcohol or smoking.

Some ways to help you stay occupied include:

- Doing some exercise
- Eating healthier foods - especially during the times you would drink alcohol
- Watching a programme on television or listening to a radio programme you like
- Begin an activity you enjoy, such as farming, drawing, reading, learning a craft and keep yourself busy in a positive way



**Find a 'buddy' who can join you in trying to stop smoking or drinking. This may be:**

- another person who is also trying to stop

**or**

- a person who has already stopped and who will remind you of your determination to stop and encourage you/ join you in engaging other activities to replace the smoking and drinking.

They include:

- Meditation and prayer
- Finding things to make you laugh - look for these everyday
- Get enough sleep
- Exercising regularly and keeping your body active
- Eating well and drinking enough water
- Keep busy with work or other productive activities
- Share your worries and problems with someone who cares and is supportive
- Join a support group and discuss ways to deal with problems. Remember you are not the only one with problems

## DEAL WITH STRESS

Stress (when you are worried and restless about something which is a problem) is a common reason why many people get ill. So you should try and be 'stress-free'. But this is often not easy for many people. The more stress you have the more chance you have of getting ill. Stress makes your immune system weaker. So you need to find ways to reduce your stress levels. Some ways have already been shared in this leaflet.



## AVOID RE-INFECTION

Remember that you need to prevent yourself from becoming infected again with HIV. The more HIV enters your body, the weaker your immune system will become and you will get sicker faster. Therefore remember:

- You can continue to enjoy sex - but use a condom correctly each time you have sex
- Make sure that any needle or skin piercing instrument which will be used on you is new or has been sterilised before it is used on you

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- Make sure that any blood transfusion or body tissue, which is being transported into your body, has been checked for HIV

## **PREVENT AND TREAT OPPORTUNISTIC INFECTIONS**

'Opportunistic Infections' are diseases, such as colds, tuberculosis, rashes, mouth ulcers and others) which are common among HIV positive people because HIV has weakened their immune system.

You need to be aware of these and make sure that you avoid getting them by: eating well, exercising, sleeping well, dealing with stress and other methods described in this brochure, to help your immune system stay strong.

The health worker in your community, or at the clinic nearest you, may give you medicines which will help your immune system to fight the diseases before you get ill. These medicines are called 'prophylaxis'.

## **COMPLEMENTARY TREATMENT**

### **What is "Complementary Treatment"?**

'Complementary treatments' are treatment types which do not involve taking medicines and are usually natural and practical.

They can be used even when you are not ill, to bring back the normal balance of your body function. Some of these treatments can be used together with medicines which you get from the clinic or hospital.

### **What you should do before beginning Complimentary Treatments**

It is very important that you discuss your wish to begin any of these treatments with the health worker in your community or at the clinic or hospital you visit. Before beginning any of the treatments explained below, you must find out if any of these treatments will interfere with medicines you may be taking.

You can also discuss the choice of treatment with your partner or support group. This will also help you to get support from group members if treatment becomes difficult or does not work well.

### **How to choose the best treatment**

Before choosing what treatment to use, you need to know what is giving you trouble, is it:

- Difficulty in sleeping?
- Too much stress and worry?
- Difficulty with your stomach digesting food and passing stool?
- Pain in some part of your body?
- Generally feeling weak and tired?



...Or anything else. Knowing what your problem or problems are will help you choose treatment which can help you best. You can use more than one treatment at a time.

### **Where to get complementary treatment**

You can discuss the best place to get the treatment you want with your community health worker or when you visit your nearest health centre. You can find out more about complementary treatments from your support group as well. Do not worry if you can not get much information about some treatments because you can do some treatments on your own.

### **Common types of complementary treatment**

The following are only some of the common treatment types you can try. They can help you live healthy and positively with HIV and AIDS.

#### ***Rubbing of your muscles***

This can also be called 'massage', and is one of the oldest and simplest ways to treat some health problems. This is when your muscles are stroked, squeezed or pressed either by yourself or another person.

There are different ways of doing this, and it depends on what health problem you are trying to solve. Different types of rubbing of your muscles will :

- Help to release tension from your muscles and make them 'loose'.
- Increase the flow of blood to your muscles and make them function better.
- Help the health of your skin.
- Help to strengthen your immune system.
- Reduce the pain you are feeling in a certain area
- Help you relax and reduce your stress.
- Help you sleep.
- Improve your sexual health.
- Make you feel better about yourself.

For the best effects in using this treatment type make sure:

- To use the fleshy parts of the hand when rubbing on the muscles or body parts being treated
- The skin or area being rubbed or squeezed has not got any open wounds or rash
- The person doing the treatment has washed their hands - and if you are doing your own treatment you wash your hands - with soap and water.





### Some suggestions for using this treatment

#### - If you are having pain in your neck or back...

- Lie on your stomach or lean forward in a relaxed position
- Ask your partner, child or close friend to slowly and deeply rub and squeeze the muscles on your neck and back. Deep - squeezing of your muscles with the fleshy part of their hands will help reduce tightness and pain and increase blood movement in the area.

They can keep doing this for about 5 - 10 minutes, moving up and down the whole back and across the neck in a regular way

- This is better done without wearing anything so that their hands can move your muscles better
- The person rubbing your muscles can use some oil to help the rubbing and squeezing of your muscles be less painful and for their hands to move better over your skin

#### - If you are having headaches...

- You can have the same treatment as for the pain in your back or neck
- You can also slowly rub the sides of your head or the head area which is hurting - close your eyes while you do this and take deep slow breaths
- If no-one else can do the rubbing of your head area, then you can do it yourself.





**- If you are having trouble sleeping...**

- You can lie on your stomach or some other relaxed position in which you can fall asleep
- Ask your partner, child, friend or a person close to you to gently stroke your back muscles - up and down and slowly, not squeezing your muscles but just moving over your skin gently

This should give you a relaxing feeling and can be done till you are ready to sleep

- This is better done without wearing anything so that their hands can move your muscles better.
- The person rubbing your muscles can use some oil to help the rubbing and squeezing of your muscles be less painful and for their hands to move better over your skin.

**● Treatment using Herbs and Plants (Herbal Treatment)**

Herbs and plants can be used to cure disease and to prevent disease by strengthening the immune system. Before starting to use any herbs, you must discuss this with a health care worker. It is important that you do this because some herbs may not have good effects and can make you sick if mixed with other medicines.

However herbs can :

- Clean your blood and stomach of any germs
- Give your body energy
- Cure certain diseases such as thrush
- Help reduce pain and conditions such as mouth ulcers
- Help you relax and sleep better

You can find other benefits from herbs and plants from a health worker

**● Treatment using Water (hydrotreatment)**

Many health problems can be reduced by using water around the your body parts. You can put certain parts of body or your whole body in water to get certain healing effects. The water may be warm or cold, depending on what healing effect is wanted. Doing some light movements or exercise in the water is also useful.

Getting into a pool, bathtub or big container of warm water, or putting a part of your body in a basin of warm water can help you to:

- Relax and feel calm and help you sleep afterwards.
- Get rid of pain.
- Improve movement if your joints are sore.

You can leave sections of your body or stay in the warm water for up to 15 minutes.



Since it is easier to move in water, especially if you have pain when out of water, you can do some movements or exercise inside the water.

Be sure that before putting sections your body part, or entering the warm water, you do not have any open wounds and skin diseases. Staying in the warm water may worsen these conditions.

Getting into a cold bath or pool, or putting your legs or hand in a basin of cold water can:

- Fight infection and the swelling which comes with it.
- Stimulate your muscles and make you feel refreshed.
- Make you feel energetic.

Other complementary treatments which you can find out more about include:

- **Aromatreatment** - treatment using smells of certain oils which will help you to relax.
- **Reflexology** - which uses pressure on certain points of your feet and hands, which reduce pain and help other parts of your body function better
- **Hypnotreatment** - treatment by putting you to sleep, helps clear your deep emotions and leave you refreshed

- **Yoga treatment** by putting your body into different positions for different time periods
- **Acupuncture** - treatment using dry needles to release pressure of from certain tense parts of your body, and is generally not painful.
- **Reiki and Shiatsu** - treatment by learning to use certain special body movements to help you relax and focus your mind on positive things.
- If you would like to try any of these treatments first consult a professional to help you understand when, where, and how they can be done properly.



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Source: Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS). 2005. *HIV and AIDS Treatment Literacy Toolkit for Women*. Avondale, Harare, Zimbabwe: SAfAIDS. Accessed on August 19, 2009 at: [http://www.saf aids.net/files/u1/HIV\\_Trt\\_Y\\_How\\_To\\_Stay\\_Healthy.pdf](http://www.saf aids.net/files/u1/HIV_Trt_Y_How_To_Stay_Healthy.pdf).

## ANNEX 9

### Human Rights

**The resource in Annex 9 is excerpted from:**

The International Community of Women Living with HIV (ICW). 2005. *A Positive Woman's Survival Kit: Factsheet 9*. London, UK: ICW. Accessed on August 19, 2009 at: <http://www.icw.org/files/20706%20ICW%20Fact%20sheet%209.pdf>.

# Human Rights and HIV

## **Promoting human rights in the context of HIV and AIDS means:**

- Encouraging people to respect each other's rights, and to treat others as they themselves would wish to be treated
- Making sure that education, and access to health care are available to everyone
- Educating people to help them overcome the fears, ignorance and prejudices that lead them to abuse the rights of others

## **Protecting human rights means:**

- Supporting and defending people whose rights are threatened or abused
- Remedying and compensating for abuses when they occur
- Working to change the conditions of poverty, powerlessness and dependence that make people vulnerable to abuse of their rights

## **Internationally accepted human rights**

The human rights of people living with HIV/AIDS are abused in countries all over the world. The following are human rights and examples of how those rights are being abused. ICW is against any abuse of the human rights of HIV positive people.

### **Liberty, security and freedom of movement**

#### **Abuses:**

- Compulsory HIV testing
- Quarantine, isolation and segregation such as quarantining HIV positive sex workers and segregating HIV positive prisoners

### **Freedom from inhumane or degrading treatment**

#### **Abuses:**

- Isolation, for example of HIV positive prisoners
- Participation in drug or medical trials without fully understood and informed consent

- Physical, emotional and psychological abuse of HIV positive women

### **Right to marry or have relationships and children**

#### **Abuses:**

- Forced abortion or sterilisation
- Compulsory pre-marital HIV testing
- Discrimination against same sex relationships
- Forced pregnancy
- Forced wife inheritance
- Forced taking of children

### **Equal access to health care**

#### **Abuses:**

- Lack of appropriate drugs, condoms, clean syringes and diagnostic and treatment procedures
- Refusal to care for or treat people with HIV - including refusal of hospital beds
- Home based care without any back-up systems in place
- Lack of access to drug use treatment centres

### **Education**

#### **Abuses:**

- Lack of access to information which enables people to make informed choices
- Refusal to provide education because of HIV status

### **Equal protection of the law**

#### **Abuses:**

- Denying access to legal advice or services
- Compulsory testing of those accused in rape/abuse cases before a guilty verdict is pronounced
- Prosecution of HIV positive sex workers

## **Privacy**

### **Abuses:**

- Lack of confidentiality or disclosure of test results without consent
- Compulsory reporting of people with HIV to health authorities (making HIV a notifiable disease)
- Partner tracing and notification without consent
- Compulsory testing of newborn babies

## **Self-determination**

### **Abuses:**

- Banning organisations by people vulnerable to or affected by HIV
- Lack of access to understandable information which enables people to make informed choices

## **Shelter, social security and housing**

### **Abuses**

- Denial of access to housing or social services
- Eviction by landlords because of HIV status

## **Work and security**

### **Abuses:**

- Dismissal from or discrimination at work
- Limited or no insurance coverage or other benefits
- HIV testing as a precondition of employment

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October 2005

Source: The International Community of Women Living with HIV (ICW). 2005. *A Positive Woman's Survival Kit: Factsheet 9*. London, UK: ICW. Accessed on August 20, 2009 at: <http://www.icw.org/files/20706%20ICW%20Fact%20sheet%209.pdf>.

## ANNEX 10

### End-of Workshop Evaluation

	Session Title				
1	Session 1:				
	Relevance				
	Facilitation/Speakers				
	Comments				
2	Session 2:				
	Relevance				
	Facilitation/Speakers				
	Comments				
3	Session 3:				
	Relevance				
	Facilitation/Speakers				
	Comments				
4	Session 4:				
	Relevance				
	Facilitation/Speakers				
	Comments				
5	Session 5:				
	Relevance				
	Facilitation/Speakers				
	Comments				
6	Session 6:				
	Relevance				
	Facilitation/Speakers				
	Comments				
7	Session 7:				
	Relevance				
	Facilitation/Speakers				
	Comments				

	Session Title				
8	Session 8:				
	Relevance				
	Facilitation/Speakers				
	Comments				
9	Session 9:				
	Relevance				
	Facilitation/Speakers				
	Comments				
10	Session 10:				
	Relevance				
	Facilitation/Speakers				
	Comments				
11	Session 11:				
	Relevance				
	Facilitation/Speakers				
	Comments				
12	Session 12:				
	Relevance				
	Facilitation/Speakers				
	Comments				
13	Session 13:				
	Relevance				
	Facilitation/Speakers				
	Comments				
14	Session 14:				
	Relevance				
	Facilitation/Speakers				
	Comments				
15	Session 15:				
	Relevance				
	Facilitation/Speakers				
	Comments				
16	Session 16:				
	Relevance				

	Session Title				
	Facilitation/Speakers				
	Comments				
17	Session 17:				
	Relevance				
	Facilitation/Speakers				
	Comments				
18	Session 18:				
	Relevance				
	Facilitation/Speakers				
	Comments				
19	Session 19:				
	Relevance				
	Facilitation/Speakers				
	Comments				
20	<b>Feedback Groups</b> (General Evaluation of All Feedback Groups)				
	Relevance				
	Facilitation/Speakers				
	Comments				

