

AIDS-free Community Campaign Toolbox

HIV/AIDS

Prevention Education

A Field Guide for Peer Educators



Institute of Cultural Affairs

LTID-Kenya, Tanzania, OPAD-Zambia, Zimbabwe, Canada, USA



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About HIV/AIDS Prevention Education: A Field Guide for Peer Educators

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

The AIDS-Free Community Campaign Toolbox

The AIDS-Free Community Campaign Toolbox is a set of seven manuals, beginning with the *Campaign Consult Procedures: Leader's Guide*. This set of resources is the product of community HIV/AIDS prevention and management work undertaken by national Institutes of Cultural Affairs (ICAs) in eight African countries in collaboration with the Institutes of Cultural Affairs in the USA and Canada over fourteen years. The AIDS-Free Community Campaign was implemented and tested from 2013 to 2016 in twenty communities in Harare by ICA Zimbabwe to consolidate what had been learned and organize the key aspects of community responsibility for AIDS prevention into a replicable one-year design.



The Institute of Cultural Affairs

ICAs are members of the Institute of Cultural Affairs International, a global network of 24 members and five associate on six continents. Founded in 1977, The Institute of Cultural Affairs International is an international non-governmental association that facilitates the activities of autonomous national member ICAs and their global relationships.



Institute of Cultural Affairs
LTID-Kenya, Tanzania, OPAD-Zambia, Zimbabwe, Canada, USA

The Institute of Cultural Affairs facilitates social innovation, participation, and community building in all sectors of society. From over thirty years of working with villages, communities, and organizations, ICA has developed facilitation methods that enable groups to gather information from all present, analyze that information, and come to a common decision about how to act on it. ICA methodologies place community culture at the center of human development.

The Institutes of Cultural Affairs in the USA and Canada, and many donors and friends, have provided support for the African HIV/AIDS Prevention Initiative begun in 2002 and implementation of the AIDS-Free Community Campaigns beginning in 2013.

Editor: Louise R. Singleton, MSPH

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www.mirrorcommunication.com

Photo Credits

Except for the cover, the photographs used in the *Field Guide* were taken at trainings for lay community HIV/AIDS educators in Kenya, Ghana, Zambia and Uganda by Louise Singleton.

Cover Who Wants to Be Tested?, Mwala District, Kenya.

Page iv Practicing teaching in Ve Golukuati, Ghana

Page 16 Project Launch in Nebuganyi, Uganda

Artist and ICA colleague Paul Noah created the toolbox image.

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INTRODUCTION AND ACKNOWLEDGEMENTS

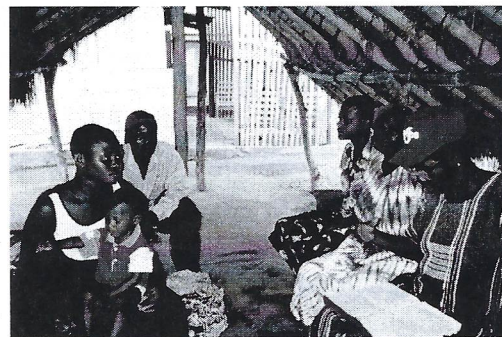
This *Field Guide* is intended for use by community HIV/AIDS educators and anyone interested in learning about and talking with others about HIV/AIDS prevention and management.

It contains fifteen lessons on HIV/AIDS prevention, management, and the care of those affected. It is used by trained community HIV/AIDS educators in twelve countries as part of the African HIV/AIDS Prevention Initiative of the Institute of Cultural Affairs (ICA). Each lesson answers questions people may have about HIV/AIDS and forms the basis for discussion about the importance of the information for the life of individuals, families, and communities. In ICA projects, each community educator receives a week of training in using the guide. (The Peer Educator Training Consult is found in the *Campaign Consult Procedures Guide*, beginning on page 25.) Health professionals will find it helpful in counseling their patients, and educators will find it helpful for talking with young people. Support groups such as Self-Help and Living Well will find it helpful as they learn about managing the disease.

Each lesson in the Field Guide has four main points with key information. Beginning on page 17, there is a suggested interactive conversation for each lesson plus optional activities for group settings.

The lessons are based on *HIV, Health and Your Community* by Reuben Granich, MD, MPH, and Jonathan Mermin, MD, MPH (Stanford University Press, 1999) and reprinted by the Hesperian Foundation in 2003 and 2006. See Resource Materials on page 25 of this guide.

The *Field Guide* was originally written on site in Ghana in July 2002. HIV community educators in Ve Golokuati, the Volta Region of Ghana, participated with feedback during their training and tested the original version in 2002–2003 as they used this guide. It was revised for launching projects in seven additional African countries in 2003–2004. A further revision was published by PACT in 2004. A 2007 edition was revised in light of what had become available in the community and in cooperation with



Practicing teaching in Ve Golokuati, Ghana

the Kenya Ministry of Health. The 2011 edition reflected not only changes in HIV/AIDS attitudes, prevention and treatment, but also ICAs' recent experience in communities as testing is essential, treatment more available, and long-time management of the disease and assistance to those who are infected and affected becomes a welcome challenge. The 2013 edition was further updated for use by ICA Zimbabwe in training Peer Educators for Zimbabwe 50, a five year project to address HIV/AIDS in one-year campaigns in 50 communities. And the 2016 edition has been updated for use in other countries.

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

Louise R. Singleton MSPH, ICA Volunteer and Gerald Gomani, Director, ICA Zimbabwe

March 2016

Lesson I — Why do we need to fight HIV/AIDS?

HIV/AIDS is a global epidemic. 2015 estimates are:

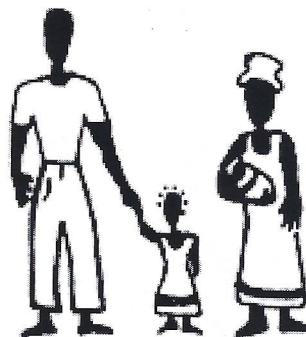


- 36.7 million people in the world live with HIV infection.
- 2.1 million are newly infected. No decline since 2010.
- 46% of infected had access to treatment. (June, 2016)
- 1.1 million people died of HIV related disease.
- 77% of pregnant women with HIV had access to ARVs to prevent transmission to baby.

Source: UNAIDS Fact Sheet 2016

HIV/AIDS is devastating to families and communities. It increases poverty.

- HIV/AIDS primarily affects people 15–49 years of age—when they are most productive.
- Untreated, men and women cannot work or care for children.
- The costs of the epidemic to families, communities, health facilities, and nations is very high.



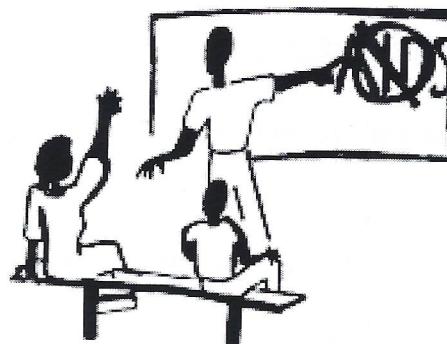
We can fight it by making healthy choices, testing, treatment, and assistance to those affected.



- The HIV/AIDS picture has shifted: The epidemic is not hopeless.
- People can learn how to protect themselves. The number of new cases per year dropped in half since 2001. New cases in Zimbabwe decreased by half from 1998–2013.
- Being tested is key to knowing your HIV status and seeking treatment if you are positive. It is not a cure. If you test negative, you can take measures to remain uninfected.
- 44% of Africans with HIV/AIDS are receiving treatment.
- Treatment keeps you healthy and is itself prevention.

WITH THE AIDS-FREE COMMUNITY CAMPAIGN YOU, YOUR FAMILY, AND YOUR COMMUNITY CAN FIGHT HIV/AIDS.

- Learn about prevention and making healthy choices.
- Urge everyone you know to be tested.
- Mobilize your community to manage the disease.
- Join a Living Well or Self-Help Group if you have HIV.
- Encourage young people to think about their futures.



MAKE HEALTHY CHOICES — BE TESTED — SPREAD THE WORD

Lesson 2 — What is HIV? What is AIDS?

HIV AIDS

HIV STANDS FOR:

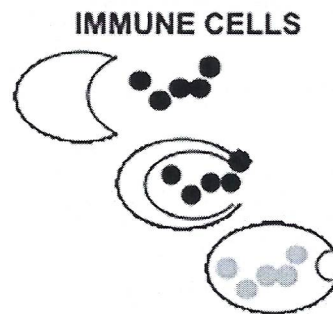
- **H** – Human, means in people
- **I** – Immunodeficiency, means the white (fighter) blood cells are getting weaker
- **V** – Virus, means the type of micro-organism

AIDS STANDS FOR:

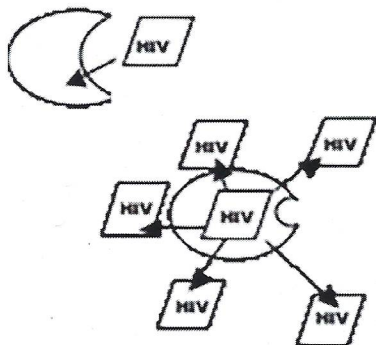
- **A** – Acquired, means to get it over time
- **I** – Immune, our body's defense against disease by white (fighter) cells
- **D** – Deficiency, means a weakness
- **S** – Syndrome, means a group of diseases

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

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



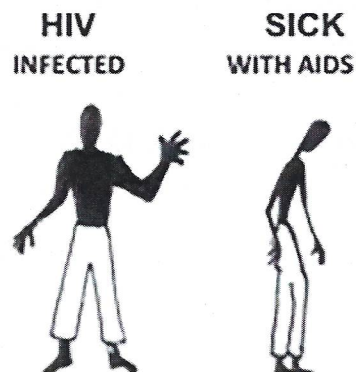
HIV ACTS DIFFERENTLY FROM OTHER VIRUSES.



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

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

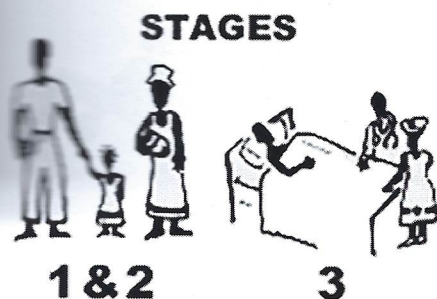
- When you or others get HIV, you will not know it. You look healthy and feel healthy. You can give it to your partner.
- After 5–7 years HIV becomes AIDS. You lose weight and are weak.
- You are more likely to get infections like pneumonia, TB (tuberculosis), STDs (sexually transmitted diseases), or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



MAKE HEALTHY CHOICES — BE TESTED — SPREAD THE WORD

Lesson 3 — What are the symptoms of HIV/AIDS?

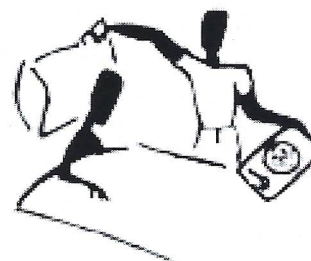
HIV/AIDS HAS THREE STAGES. ALL OF THEM ARE INFECTIOUS.



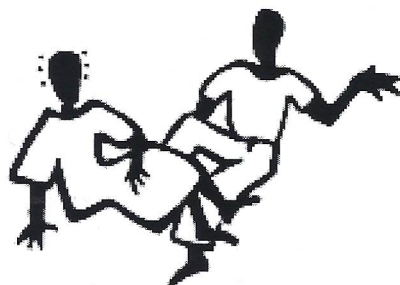
- **Stage 1:** People newly infected with HIV may have flu-like symptoms in the first month. They are very infectious during this time.
- **Stage 2:** From the 2nd month until about 5 years, there may be no symptoms. At this stage HIV is a hidden infection.
- **Stage 3:** When someone becomes sick because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

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

- Weight loss: "Slim" disease
- Diarrhea
- Fever, Cough
- Cancer
- Night Sweats, Fatigue
- Swollen Glands



EMOTIONAL IMPACTS OF HAVING HIV/AIDS:



- Anger
- Shock, denial
- Fear of isolation from community: stigma
- Fear of not adequately managing the disease
- Guilt and shame
- Helplessness and depression
- Eventually, acceptance and planning for the future

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

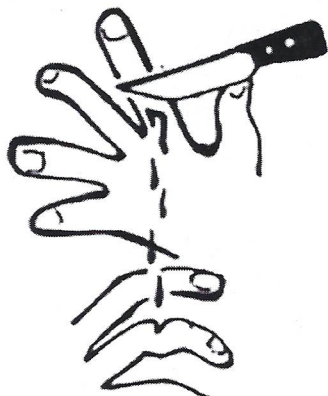
- May be too sick to work or care for children
- Very vulnerable to infections, especially TB and STDs.
- TB rates have increased 5–10 times since HIV epidemic.
- May require home care from family if patient has AIDS.
- It may be difficult to get treatment.
- Health care needs are costly.
- May infect partner or baby.



MAKE HEALTHY CHOICES — BE TESTED — SPREAD THE WORD

Lesson 4 — How is HIV/AIDS spread?

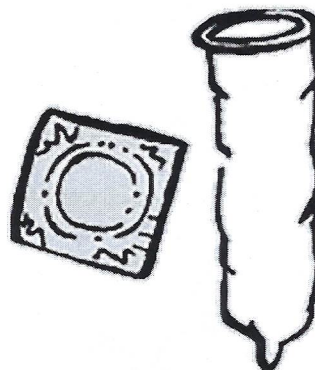
HIV IS CAUSED BY A VIRUS THAT LIVES IN BODY FLUIDS AND ATTACKS THE IMMUNE SYSTEM.



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

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

- 80% of cases are spread by unprotected sex with a person who is infected.
- 15% of cases are passed from infected mothers to their baby.
- 5% of cases are passed through infected blood on dirty instruments or needles.



HIV IS NOT SPREAD BY CASUAL CONTACT.



NO



NO



NO

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

THERE IS NO VACCINE AND NO CURE.

- Prevention is the only way to stop the spread of HIV.
- Treatment lowers viral load in body, making infecting others less likely.



MAKE HEALTHY CHOICES — BE TESTED — SPREAD THE WORD

Lesson 5 — How can I avoid being infected by HIV/AIDS?

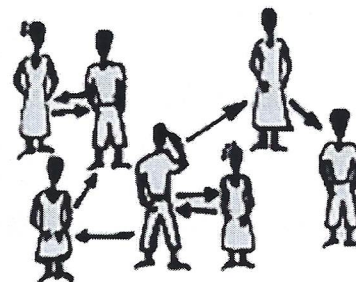
HIV IS SPREAD BY SEXUAL INTERCOURSE WITH AN INFECTED PERSON.



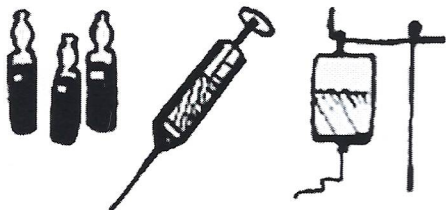
- **Abstain**—especially if you are young and single. Say No!
- **Be faithful** — “Zero Grazing”—have one uninfected, faithful partner. Uganda’s success shows this works.
- **Use a condom** correctly, every time!
- Get treatment for Sexually Transmitted Diseases (STDs).
- Be tested and know your HIV status.
- Learn about Voluntary Medical Male Circumcision (VMMC).

SOME SEXUAL PRACTICES ARE MORE RISKY THAN OTHERS:

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



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



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

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

- A baby can be infected **during pregnancy** or at birth.
- If you are infected, breast-feeding can cause HIV infection.
- If you are pregnant and suspect HIV infection, be tested.



Treatment at time of birth can prevent infecting the infant.

Lesson 6 — How can I prepare for safer sex?

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

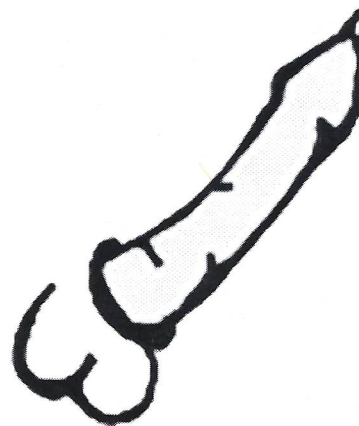


- HIV can be avoided by practicing safer sex, meaning no exchange of blood, semen or vaginal fluids. The three best ways to avoid HIV are **ABC**:
- **Abstain**—no intercourse
- **Be faithful**—in a “sheltered” couple both partners are uninfected. There are not multiple partners.
- **Use Condoms** during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

HOW TO USE A CONDOM — THE TECHNIQUE IS EASY:

(Demonstrate on penis carving or banana)

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



THE WAY CONDOMS WORK BEST:

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

THERE IS NO GOOD EXCUSE FOR NOT USING A CONDOM.

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

MAKE HEALTHY CHOICES — BE TESTED — SPREAD THE WORD

Lesson 7 — Does choosing safer sex conflict with common practices?

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

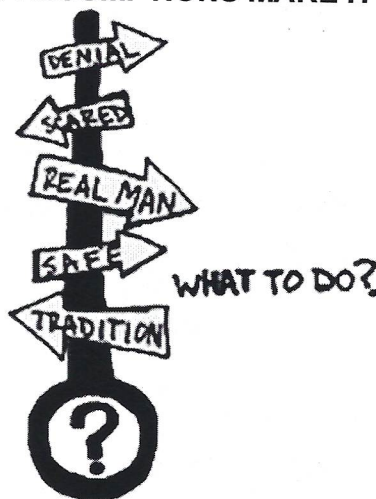


- Before HIV, sex without a condom could result in unwanted pregnancy or sexually transmitted diseases.
- Before HIV, having several partners may have been accepted or frowned upon.
- Since the HIV/AIDS epidemic, sex without a condom or having several partners can result in sickness and death if not treated.

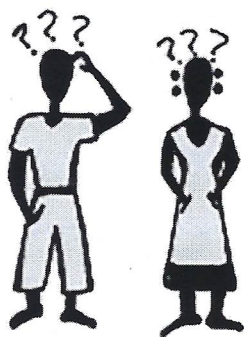
HOW TO USE A CONDOM IS EASY. BUT CUSTOMS AND ASSUMPTIONS MAKE IT HARD TO DECIDE TO USE ONE.

Common assumptions or barriers to using a condom:

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



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



- In the past, people did not even want to say they had illnesses like TB.
- Many people feel it is shameful to have HIV, and will not talk about it with others. This causes isolation.
- Fear may keep people from being tested.
- Since HIV, we must talk about the risk of HIV and help people prevent, be tested, and manage the disease.

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

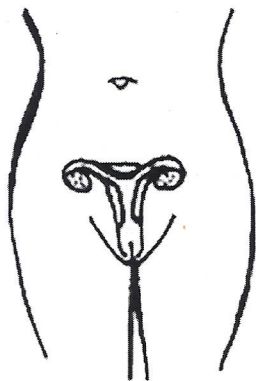
- Since HIV, knives and needles must always be sterilized or new.
- Examine your common practices in light of the danger of HIV.
- Voluntary Medical Male Circumcision (VMMC) is safe and reduces spreading of HIV.



MAKE HEALTHY CHOICES — BE TESTED — SPREAD THE WORD

Lesson 8 — Why are women at greater risk?

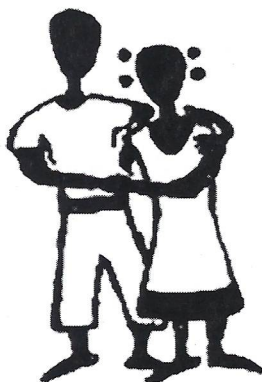
WOMEN'S BODIES WELCOME STDs AND HIV.



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

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

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

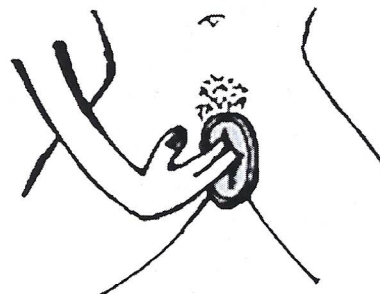


- Women often suffer the negative effects of men's sexual activities and have no power to protect themselves or their children.
- Women suffer from untrue myths. Sex with virgins does not cure HIV.
- Men and women need to learn to talk with each other about sex and take mutual responsibility for the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



FEMALE CONDOMS ARE AVAILABLE:

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



MAKE HEALTHY CHOICES — BE TESTED — SPREAD THE WORD

Lesson 9 — Why should I be tested?

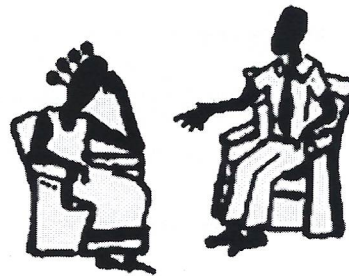
HIV TESTING IS THE ONLY WAY TO KNOW WHETHER A PERSON IS INFECTED OR NOT.



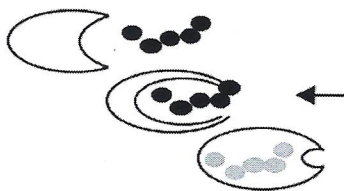
- If a blood test is positive (+), the person is infected with HIV and is **infectious**.
- If a blood test is negative (–), the person is not infected.
- If the person has been infected for less than 3 months, the test will be inconclusive. Another test is needed in three months to confirm status.
-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

PRE- AND POST-TEST COUNSELING IS IMPORTANT.

- Results are available almost immediately.
- Counseling helps people who test positive to face and plan for their illness.
- They learn about practicing protected sex so that they don't infect their partner.
- People who test negative are counseled to practice safer sex to remain HIV negative. **ABC**
- People who test positive should seek medical evaluation as soon as possible and receive a CD4 test to determine the viral load in their body.
- The results of tests are confidential.



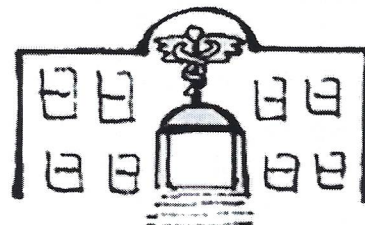
HOW THE HIV TEST WORKS.



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

HIV TESTS ARE SIMPLE AND AVAILABLE.

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

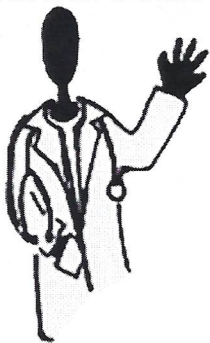


The best way to prevent the spread of HIV is for people to know their HIV status.

MAKE HEALTHY CHOICES — BE TESTED — SPREAD THE WORD

Lesson 10 — What medical treatment is available for HIV/AIDS?

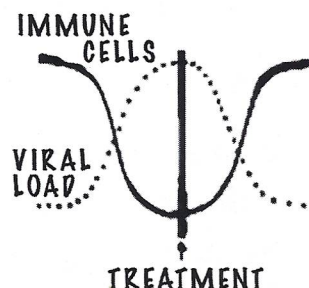
HIV/AIDS TREATMENT IS EFFECTIVE!



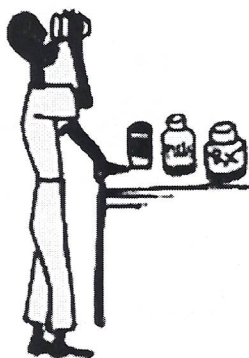
- If started before AIDS develops, (or CD4 count is less than 500), treatment keeps people feeling well. Started after AIDS develops, it makes 6 out of 10 feel well.
- Treatment doesn't cure HIV infection. It does make HIV into a chronic infection, which can be managed.
- Vitamins, herbal medicines, or traditional medicines may be helpful, but like modern medicine, they are not a cure.
- If a person is HIV+, testing for TB is essential before starting treatment.

ANTIRETROVIRAL TREATMENT (ART): HOW IT WORKS.

- Different drugs attack the virus in different ways.
- Most treatment uses several drugs that work in differing ways.
- The effect is to lower the "viral load" (the amount of virus in the body) in the immune system.
- When the viral load is low, (below 250) the immune system works well. When it is high, the immune system is less effective in preventing secondary infections.
- When the viral load is low, a person is less infectious.



HOW TREATMENT IS GIVEN.



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

ANTIRETROVIRAL TREATMENT AVAILABILITY.

- Treatment costs \$120–\$150 US per year.
- Governments are working to improve availability of treatment, by improving ability of the health system to provide it.
- A pregnant woman who tests positive should receive treatment to prevent transmitting HIV to her baby and the baby should receive treatment after birth.
- Breast feeding is recommended exclusively for six months.
- People who are in a serious accident involving a lot of blood, can receive Post-Exposure Prophylaxis (PEP), immediately in a hospital.
- Research continues in order to find vaccines to prevent infection and drugs to better manage the disease.



MAKE HEALTHY CHOICES — BE TESTED — SPREAD THE WORD

Lesson 11 — How can I have HIV/AIDS and live a healthy life?

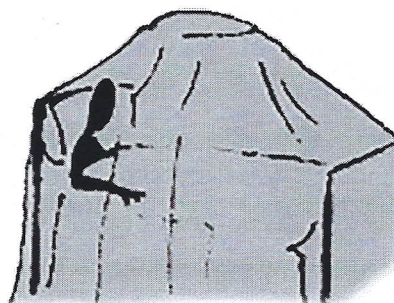
STAY AS WELL AS YOU CAN AS LONG AS YOU CAN.



- If you haven't gotten one, get an HIV test to confirm your status.
- If you are positive, seek information about when to begin treatment.
- Remember the three stages of the disease (Lesson 3). Which are you?
- In Stage 2, particularly, you can lead a healthy, productive life.
- Take precautions not to infect others by having unprotected sex.
- Don't worry. You cannot infect others in normal family and social contact.

PROTECT AGAINST ILLNESSES THAT ATTACK YOUR WEAKENED IMMUNE SYSTEM.

- Get treatment for Sexually Transmitted Diseases (STDs). They increase viral load (the amount of virus in the body) and make you more infectious.
- Eat well (see Lesson 13). Boil water and eat clean or cooked food. The digestive system is vulnerable.
- Tuberculosis and malaria can make you very sick. Use a mosquito net and avoid close contact with people with TB.
- Seek medical help at the first signs of illness. There are treatments for many illnesses.



- With treatment, AIDS is a chronic illness, but care is necessary.

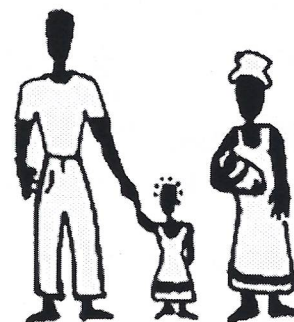
STAY CONNECTED.



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

PLAN FOR THE FUTURE WITH YOUR FAMILY.

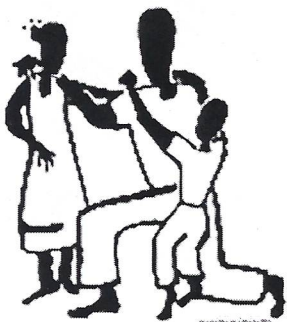
- Practice safe sex to avoid infecting a partner or baby.
- Treatment and availability of care is improving. Be responsible, yourself, for managing your disease.
- Death from untreated AIDS or opportunistic infections may leave a single parent or orphaned children. Plan who will care for them.
- Learn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



- Talk with one another. Be hopeful for the future.

Lesson 12 — How can we care for someone with AIDS?

PERSONS WITH HIV/AIDS NEED LOVE AND SUPPORT.



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

IT IS SAFE TO CARE FOR LOVED ONES AT HOME.

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



WAYS TO HELP A PATIENT WHO IS BED RIDDEN.



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

HELP THE SICK PERSON TO JOIN A SUPPORT GROUP

- Living Well and Self-Help Groups can provide support and assistance with self-management of the disease.
- Take care of yourself. Find a friend or counselor you can talk with about your own grief and worry.
- Learn about resources in the community to help with home care and medical care for illnesses that accompany HIV/AIDS.
- Remember you aren't alone. You can ask for help. Talk with each other.



MAKE HEALTHY CHOICES — BE TESTED — SPREAD THE WORD

Lesson 13 — What should a person with HIV/AIDS eat?

PEOPLE WITH HIV/AIDS HAVE SPECIAL NUTRITIONAL NEEDS.



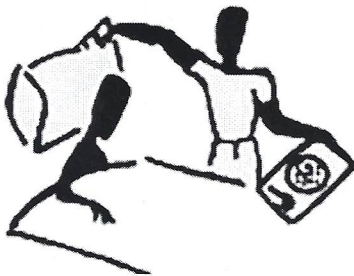
- They need extra nutrients to fight the virus and infections.
- They may have a poor appetite.
- They may have trouble with nausea, vomiting or diarrhea.
- They may have sores in the mouth or have trouble swallowing.
- Uncooked and unclean food will make them sick. Take special care to serve fresh,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

EAT A BALANCED DIET EVERY DAY.

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



MAKE EATING A PLEASANT EXPERIENCE.



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

WAYS TO MANAGE SYMPTOMS OF HIV/AIDS.

• Diarrhea and vomiting:

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

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

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

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



MAKE HEALTHY CHOICES — BE TESTED — SPREAD THE WORD

Lesson 14 — How can the community take control of HIV/AIDS?

ACKNOWLEDGE THERE IS A PROBLEM. COMMIT TO CHANGE.



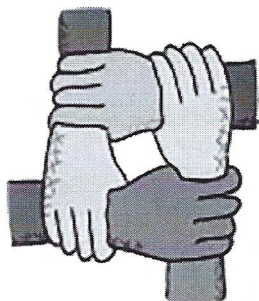
- It is easy for a community to deny there is a problem.
- It is easy to avoid thinking about the underlying causes of HIV/AIDS, and stigmatize those who have HIV/AIDS.
- Wise leaders know this is devastating.
- Effective leaders take responsibility for the community's response. They lead the response.

ASK QUESTIONS.

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



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



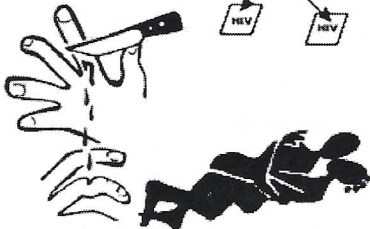
- Is VCT easily available? Have all who are willing, been tested?
- Are condoms easily and privately available?
- Are pregnant women being tested and, if HIV+, given ART before delivery and their infants treated?
- Are preventive health services available? Is the nurse able to diagnose and treat STDs? Is the threat of TB understood?
- Is there treatment and community support for people living with HIV/AIDS?
- Is there assistance for families of those living with HIV/AIDS?
- Is information about prevention always put before both young and older people in new and interesting ways?

COMMUNITY-WIDE EFFORT IS NEEDED. ALL ARE RESPONSIBLE FOR THE CAMPAIGN.

- Does the community have a plan for managing HIV/AIDS?
- Has the community adopted a declaration not to discriminate against those who are HIV positive? Is it displayed publicly as a reminder? Is there a logo or symbol to remind people?
- Does the community leadership lead and support changes that may be needed to help people—especially young people—make good choices?
- Is the community calling on all available resources to help?
- Are there support groups such as Living Well or Self-Help Groups to assist those infected and affected by HIV?
- Everyone has a part to play. What is your role?



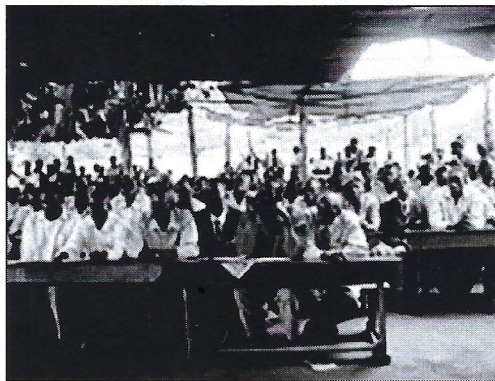
MAKE HEALTHY CHOICES — BE TESTED — SPREAD THE WORD



-

Things to Think About Before Presenting

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



Project Launch in Nebuganyi, Uganda

Things to think about

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

Getting started with Interactive Conversations

Pages 17 through 21 contain discussion plans and activities for each lesson for use with small groups and individuals.

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

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

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

DISCUSSION

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

**OPTIONAL ACTIVITY**

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

LESSON 2: WHAT IS HIV? WHAT IS AIDS?

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

Experience: caution about the "hidden" infection

DISCUSSION

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

OPTIONAL ACTIVITIES

Create a role-play that has HIV cells invading white cells. For more information see chapters 1 and 2 in *HIV, Health and Your Community*.

**HIV
INFECTED**



**SICK
WITH AIDS**

**LESSON 3: WHAT ARE THE SYMPTOMS OF HIV/AIDS?**

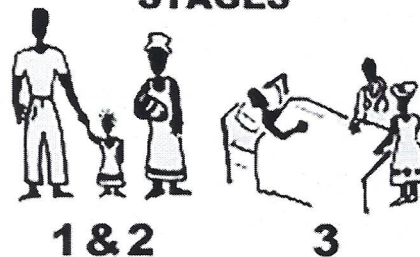
Know: physical symptoms and emotional impacts of HIV & AIDS. Know that infected people may have no symptoms.

Experience: concern for those infected with HIV/AIDS

DISCUSSION

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

STAGES

**OPTIONAL ACTIVITIES**

Visit someone with AIDS. Talk with them about the problems they are experiencing. For more information see chapters 2 and 10 in *HIV, Health and Your Community*.

LESSON 4: HOW IS HIV/AIDS SPREAD?

Know: how HIV is spread and how it is NOT spread.

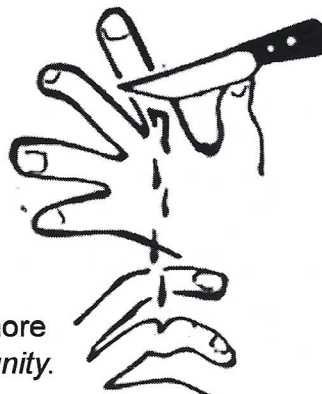
Experience: concern about becoming infected with HIV/AIDS.

DISCUSSION:

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

OPTIONAL ACTIVITIES:

Talk in small groups about how HIV can and cannot be spread. For more information see chapters 1, 5, and 6 in *HIV, Health and Your Community*.



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

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

Experience: confidence that I can make healthy choices.

DISCUSSION:

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



OPTIONAL ACTIVITIES:

Role-play different ways to say no to sex.

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

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

LESSON 6: HOW CAN I PRACTICE SAFER SEX?

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

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

DISCUSSION:

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

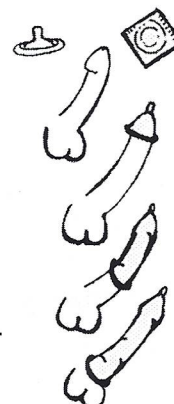
OPTIONAL ACTIVITIES:

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

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

Role play deciding to have voluntary Medical Male Circumcision (VMMC)

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



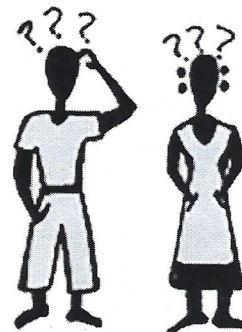
LESSON 7: DOES CHOOSING SAFER SEX CONFLICT WITH COMMON PRACTICES?

Know: ways that safe sexual practices sometimes conflict with customary behavior

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

DISCUSSION:

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

**OPTIONAL ACTIVITIES:**

Hold a workshop with a group on Barriers to Practicing Safe Sex.

Then talk about why the barriers exist. Role-play situations where one partner asks another partner to use a condom. For more information see chapters 5 and 9 in *HIV, Health and Your Community*

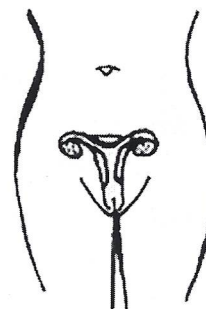
LESSON 8: WHY ARE WOMEN AT GREATER RISK?

Know: there are many reasons why women are at greater risk.

Experience: fear of the consequences of continued high risk for women.

DISCUSSION:

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

**OPTIONAL ACTIVITIES:**

Do a role-play of situations such as family planning, or safe sex, in which men and women discuss the expectations that each has for him or herself and for the other. For more information see chapters 5 and 9 in *HIV, Health and Your Community*.

LESSON 9: WHY SHOULD I BE TESTED?

Know: testing for HIV is the only way to know if one is infected. Know about testing process & what it tells you.

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

DISCUSSION:

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

**OPTIONAL ACTIVITIES:**

Create a role-play in which someone learns they are HIV *positive* and receives counseling. Create a role-play in which someone learns they are HIV *negative* and receives counseling. Invite a nurse to talk about STDs. For more information see chapter 8 in *HIV, Health and Your Community*.

LESSON 10: WHAT MEDICAL TREATMENT IS AVAILABLE FOR HIV/AIDS?

Know: about available treatments—what works and what does not work.

Experience: encouragement about medical progress and skeptical of false treatments.

DISCUSSION:

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



OPTIONAL ACTIVITIES:

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

LESSON 11: HOW CAN I HAVE HIV/AIDS AND LIVE A HEALTHY LIFE?

Know: ways to take care of one self to stay as healthy as possible. Know that with treatment, HIV is a chronic disease.

Experience: hope for the future.

DISCUSSION:

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



OPTIONAL ACTIVITIES:

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

LESSON 12: HOW CAN WE CARE FOR SOMEONE WITH AIDS?

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

Experience: the desire and ability to assist a person who is sick with AIDS.

DISCUSSION:

1. What do you remember?
2. What worries you about caring for someone with AIDS?
3. What options are there to help someone manage their disease?
4. What would be hardest about having someone sick with HIV/AIDS in your family?



OPTIONAL ACTIVITIES:

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

LESSON 13: WHAT SHOULD A PERSON WITH HIV/AIDS EAT?

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

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

DISCUSSION:

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

**OPTIONAL ACTIVITIES:**

Hold a workshop to plan healthy meals for people with HIV/AIDS using available foods.

Ask how you can grow vegetables or keep animals, such as chickens, to supplement available food. For more information see chapters 2 and 10 in *HIV, Health and Your Community*.

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

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

Experience: urgency to act proactively as a whole community.

DISCUSSION:

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

**OPTIONAL ACTIVITIES:**

Divide into small groups; talk about the biggest problems to be addressed in the future. Share. Then talk about what you will do to work for solutions. Who will you tell about what you think? For more information see chapters 12 and 13 in *HIV, Health and Your Community*.

LESSON 15: WHAT HAVE WE LEARNED ABOUT DEFEATING THE EPIDEMIC?

Know: It is possible to prevent, manage, and defeat HIV/AIDS.

Experience: confidence about making healthy choices.

DISCUSSION:

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

**OPTIONAL ACTIVITIES:**

Hold a community celebration to recognize the good work that is being accomplished in your community to learn about and manage HIV/AIDS.

Who would you honor? Create and give a street drama with music and songs that illustrates at least six of the messages. Plan what you will do next.

OVERVIEW OF FIVE-DAY PEER EDUCATOR TRAINING CONSULT

Learning Objectives: Know HIV/AIDS basic information. Know how to teach others. Prepare to lead the community and individuals in understanding, preventing, and managing HIV/AIDS. Know community resources. Create 3 month Campaign Action Plan with Evaluation Indicators.

Experiential Objectives: Feel competent, determined, and hopeful about effecting individual and community response to HIV/AIDS. PE and community resources working together as one. Feel committed to lead the community to mobilize against HIV/AIDS.

DAY ONE A CAMPAIGN TO MANAGE HIV/AIDS	DAY TWO PREVENTION—A HARD NUT TO CRACK	DAY THREE TESTING IS KEY	DAY FOUR SUPPORT FOR THOSE WHO ARE HIV+	DAY FIVE PREPARING FOR SUCCESS
Setting the stage Introductions Conversation: Impact of HIV on community Campaign Overview <ul style="list-style-type: none"> Phases, Arenas Role of Peer Educators Relationships with agencies Effect community knowledge, attitudes, and behavior. The Field Guide as a tool for learning and teaching	Getting inside prevention Conversation: Attitudes about HIV/AIDS Short course on ORID Finding Answers: Use the Field Guide to find answers to questions from previous afternoon (Lessons 1–6). Role play telling the answers Demonstration and Practice: How to correctly use a condom	Bringing HIV out of shadows Conversation: Community customs, traditions and HIV Short course: Presentations Finding Answers: Use the Field Guide to find answers to question named first afternoon (Lessons 7–9). Plan/give/critique short presentations to a targeted audience on Lessons 7, 8, 9.	Medical care is essential Conversation: Hearing the bad news: I'm HIV+ Lecture: Medical Care Follow up to positive test <ul style="list-style-type: none"> Treatment: ARV's Other prevention: <ul style="list-style-type: none"> Pregnancy Male circumcision Opportunistic diseases <ul style="list-style-type: none"> TB, Malaria, STD's- Questions and Discussion	What is our plan? Conversation: Making Something Happen. Review Lesson 14 Workshop: Create 3-month Action Plan and Timeline <ul style="list-style-type: none"> What will it take to make it work? What is a symbol or logo for the campaign you plan? Questions
L U N C H				
What we need to know Conversation: Sickness and health in your community Workshop: What do we need to know? Small groups assess HIV knowledge <ul style="list-style-type: none"> Commonly known Gaps in comm'ty knowledge What do we need to know to help others? Characteristics of community with HIV/AIDS under control	Why is this still a problem? Conversation: Making difficult decisions Workshop: What are barriers to preventing HIV? <ul style="list-style-type: none"> Name barriers: K, A, B Why do these barriers exist? What are the operating images that support them? How can we make an impact and bring about change in our community? 	Understand testing: key tool Conversation: Getting the Word Out. How do people in this community learn? Lecture: Testing <ul style="list-style-type: none"> What is the process? Why choose to be tested? Participants are tested <ul style="list-style-type: none"> What did we learn about testing? Why test? How can we encourage testing? Make flyers for Testing Campaign 	Support for those HIV+ Conversation: Help on the ground Finding answers: Use the Field Guide to find answers to questions. Lessons 10–13 <ul style="list-style-type: none"> Counseling: ORID Support groups: Self-help, Living Well Home care—MOH Battling stigma What is the role of Peer Educators in support?	How will we know if we are effective? Short Lecture on Evaluation. <ul style="list-style-type: none"> What Indicators were decided in Ldrshp Consult? Based on our plan, what will we measure? Name Indicators for measuring activities, change. in K, A, B What are your expectations? Training Evaluation Certificates, Congratulations!
<ul style="list-style-type: none"> List of questions we need to know. (Sort by Lessons) Add as they come up. 	<ul style="list-style-type: none"> Answers to questions Lessons 1–6. Barriers plus why they exist and images 	<ul style="list-style-type: none"> Answers to questions 7–9 Testing info and experience Flyers advertising campaign 	<ul style="list-style-type: none"> Answers to questions 10–13. Research: Resources for care 	<ul style="list-style-type: none"> 3-month Action Plans Evaluation Indicators Certificates

UNAIDS HIV/AIDS Fact sheet 2016

Global Statistics—2015

- 17 million people were accessing antiretroviral therapy
- 36.7 million [34.0 million–39.8 million] people globally were living with HIV
- 2.1 million [1.8 million–2.4 million] people became newly infected with HIV
- 1.1 million [940,000–1.3 million] people died from AIDS-related illnesses
- 78 million [69.5 million–87.6 million] people have become infected with HIV since the start of the epidemic
- 35 million [29.6 million–40.8 million] people have died from AIDS-related illnesses since the start of the epidemic

People living with HIV

- In 2015, there were 36.7 million [34.0 million–39.8 million] people living with HIV.
- As of December 2015, 17 million people living with HIV were accessing antiretroviral therapy, up from 15.8 million in June 2015 and 7.5 million in 2010.
 - » 46% [43–50%] of all adults living with HIV were accessing treatment in 2015, up from 23% [21–25%] in 2010.
 - » 49% [42–55%] of all children living with HIV were accessing treatment in 2015, up from 21% [18–23%] in 2010.
 - » 77% [69–86%] of pregnant women living with HIV had access to antiretroviral medicines to prevent transmission of HIV to their babies in 2015.

New HIV infections

- New HIV infections have fallen by 6% since 2010.
 - » Worldwide, 2.1 million [1.8 million–2.4 million] people became newly infected with HIV in 2015, down from 2.2 million [2 million–2.5 million] in 2010.
- New HIV infections among children have declined by 50% since 2010.
 - » Worldwide, 150,000 [110,000–190,000] children became newly infected with HIV in 2015, down from 290,000 [250,000–350,000] in 2010.

AIDS-related deaths

- AIDS-related deaths have fallen by 45% since the peak in 2005.
 - » In 2015, 1.1 million [940,000–1.3 million] people died from AIDS-related causes worldwide, compared to 2 million [1.7 million–2.3 million] in 2005.

HIV/tuberculosis

- Tuberculosis-related deaths among people living with HIV have fallen by 32% since 2004.
 - » Tuberculosis remains the leading cause of death among people living with HIV, accounting for around one in three AIDS-related deaths.
 - » In 2014, the percentage of identified HIV-positive tuberculosis patients who started or continued on antiretroviral therapy reached 77%.

Investments

- At the end of 2015, US\$ 19 billion was invested in the AIDS response in low- and middle-income countries (not including the countries that have recently transitioned into high-income categories).
- Domestic resources constituted 57% of the total resources for HIV in low-income and middle-income countries in 2015.
- Recent updated UNAIDS estimates indicate that US\$ 26.2 billion will be required for the AIDS response in 2020, with US\$ 23.9 billion required in 2030.

Source: *UNAIDS Global Update 2016*

Expansion of Life-Saving Treatment

Scale-up of antiretroviral therapy is on a fast track trajectory that has surpassed expectations. Global coverage of antiretroviral therapy reached 46% [43–50%] at the end of 2015. Gains were greatest in the world's most affected region, eastern and southern Africa. Coverage increased from 24% [22–26%] in 2010 to 54% [50–58%] in 2015, reaching a regional total of 10.3 million people.

South Africa alone had nearly 3.4 million people on treatment, more than any other country in the world. After South Africa, Kenya has the largest treatment programme in Africa, with nearly 900,000 people on treatment at the end of 2015. Botswana, Eritrea, Kenya, Malawi, Mozambique, Rwanda, South Africa, Swaziland, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe all increased treatment

Source: *UNAIDS Global Update 2016*

The Joint United Nations Programme on HIV/AIDS (UNAIDS)

The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations—UN High Commissioner for Refugees (UNHCR), UN International Children's Emergency Fund (UNICEF), World Food Programme (WFP), UN Development Programme (UNDP), UN Population Fund (UNFPA), UN Office on Drugs and Crime (UNODC), UN Women*, International Labor Organization (ILO), UN Education, Scientific and Cultural Organization (UNESCO), World Health Organization (WHO) and the World Bank. UNAIDS also works closely with global and national partners to maximize results for the AIDS response.

* The United Nations Entity for Gender Equality and the Empowerment of Women

UNAIDS Communications and Global Advocacy

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Resource Materials

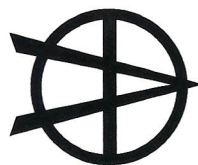
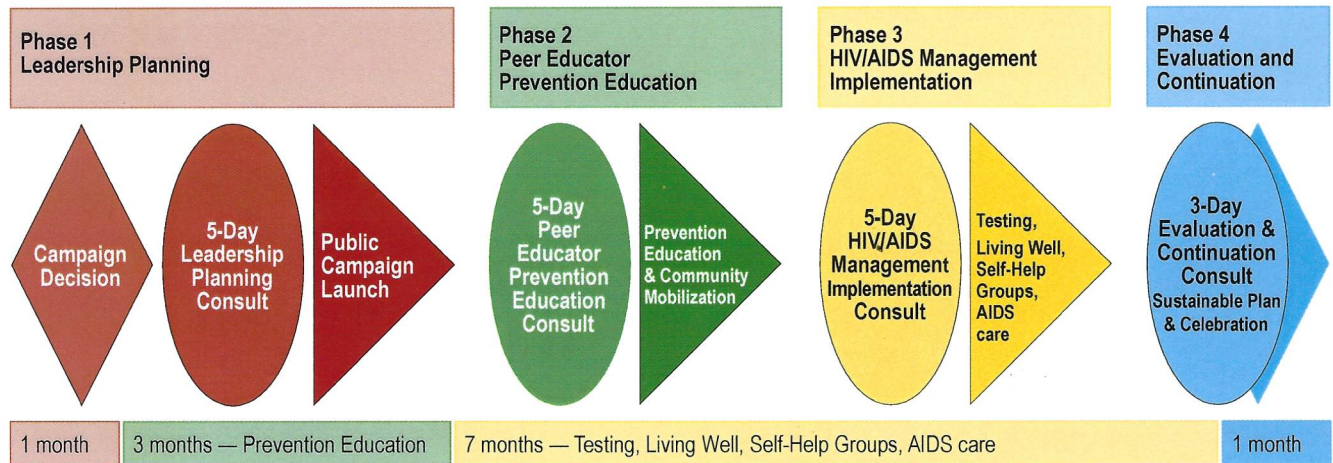
The lessons in this Guide are based primarily on *HIV, Health and Your Community*, by Reuben Granich, JMD, MPH, and Jonathan Mermin, MD, MPH, Stanford University Press, 1999, and reprinted by Hesperian Foundation in 2003 and 2006. The book is available in Bengali, Chinese, English, English adaptation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

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Other resources include:

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AIDS-free Community Campaign Toolbox
ONE-YEAR AIDS-FREE COMMUNITY CAMPAIGN
 Community-Wide Consults and Implementation



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