



Peer Educator

Practical Handbook

Session Plans and Information
for 12 Monthly Topics

AUGUST 2003



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Table of Contents:

	PAGE
Introduction and tips on using this booklet and the Peer Educator Toolkit	1
Glossary of Abbreviations and Acronyms	3
Monthly Topics:	
HIV in the Workplace: HIV/AIDS Workplace Policy	4
Transmission and Prevention:	8
1. The Basics of HIV/AIDS	
2. Focus on Condom Demonstrations	
The Body's Defense:	16
1. The Immune System and HIV,	
2. Opportunistic Infections: Focus on TB	
Mother-to-Child Transmission (MTCT)	21
Voluntary Counselling and Testing (VCT): Know your HIV status	26
Sexually Transmitted Infections (STI)	30
Living Positively with HIV/AIDS: Care and Support for PLWHA	33
Treatment Options for PLWHA: Keeping the body strong	37
Wills and Inheritance: Planning for your family's future	42
OVC: Orphans and Vulnerable Children	47
Behaviour Change (with Knowledge Questionnaires)	51
Drugs, Alcohol and HIV/AIDS	58
Reference Sheets	62

Introduction:

This booklet is designed to help guide you, the Peer Educator, through your HIV/AIDS sessions and discussions at the workplace. The booklet addresses 12 monthly topics, all related to HIV/AIDS. If you facilitate sessions or have discussions with your peers about all of these topics, they will have a good understanding of HIV/AIDS and the associated implications of the disease.

The peer educator sessions in this booklet have information about the basics of each topic. At the end of each topic are also some suggestions of materials and resources that you can use while presenting to your peers, for example role plays, videos, guest speakers, posters and handouts. These are simply suggestions that will likely make your sessions more interesting and participatory. If you use these materials, together with the handouts from your peer educator training, monthly meetings and refresher workshops, you will be armed with the resources to present comprehensive and correct information in an interesting way.

The monthly topics are in what we consider a logical order. However, if your peers ask questions about one topic in particular and you want to present on that topic, out of turn, this is fine.

This booklet compliments the handouts you received during your peer educator training as well as the HIV/AIDS Flip Chart Posters. The booklet itself is not enough! Sessions you present will ideally incorporate other activities (speakers, videos, role plays). We also encourage you to use any additional resources you can find to increase your knowledge and understanding of the topics. To summarise some of the materials that are available to you:

Materials and their function

- 1. Handouts from Peer Educator Training:** A resource for you. Use the handouts and notes from the peer educator training to help review your information and to find answers to difficult questions your peers might ask.
- 2. HIV/AIDS Resource and Topic Booklet for Workplace Peer Educators:** Use this booklet when presenting to your peers. It tells you the information that you should give to your peers. The information is more basic than many of your handouts and notes from the peer educator training.
- 3. HIV/AIDS Flip Chart Posters:** Use the posters while presenting your topics. They will supplement this booklet and serve as a helpful visual aid and guide when discussing certain topics.

What you will see for each topic

Objectives: *“At the end of this session, your peers should be able to:”*

The objectives tell you the aim for each monthly topic; what you want your peers to know and be able to do at the end of the month/time presenting that particular topic. Each objective has been assigned an approximate length of time necessary for presenting to your peers. You should try to complete all objectives for each topic. Prepare

for sessions according to the amount of time you have available.

Suggested Materials and Resources: This provides a list of possible handouts you can give to your peers, speakers to invite during the month, and videos you can show. It's important to prepare handouts, invite speakers, and borrow videos in advance.

Role Plays: Ideas for how to introduce a topic or expand more on the topic. Your peers will enjoy participating in role plays. The role plays that are in this booklet offer ideas. You can change and add onto the role play as much as you like. Please remember to always follow the role plays with asking your peers some questions about what they saw and what lessons they can take. Some example questions you can ask:

- What did you see in this role play?
- Do you think that this happens in our company, in our community, in our homes?
- What do you think this person could do differently?
- What did this person do that was good/not so good?

Peer Educator Reference Sheets

At the back of the booklet are resource sheets. These are to provide extra information to you, and are not necessarily meant for you to give to your peers.

Some particular (additional) resources you may find helpful

Books:

There are a number of very informative books that can assist with answering questions and further details about HIV/AIDS. One book we suggest:

AIDS Africa: Continent in Crisis, by Helen Jackson, Copyright 2002

Order From:

Southern African HIV/AIDS Information Dissemination Services (SAFAIDS)

Tel; 263 4 336193/4

Email: info@safaids.org.zw

Website: www.safaids.org.zw

Videos:

"Steps for the Future": This is a series of videos, all about HIV/AIDS, all of which take place in Southern Africa. The videos address different issues relating to HIV/AIDS and vary in length. Videos can be ordered individually or as an entire set from:

Mubasen (Windhoek)

Tel: 061-259106

Fax: 061-259104

Web site: www.steps.co.za

Web Sites:

www.fhi.org (email FHI : info@fhi.org.na)

www.thebody.com

www.redribbon.co.za

www.who.org

www.unaids.org

Newsletters:

Take Control: Namibian HIV/AIDS Media Campaign

Tel: 061-2912250

email: jamupala@nbc.com.na

riane@mweb.com.na

Glossary of Abbreviations and Acronyms

ACT:	AIDS Care Trust (Located in Windhoek)
ALU:	AIDS Law Unit of the Legal Assistance Centre
ART:	Antiretroviral Therapy
ARVs:	Antiretrovirals
CAA:	Catholic AIDS Action
COM:	Chamber of Mines
FHI:	Family Health International (Located in Windhoek)
LAC:	Legal Assistance Centre
PE:	Peer Educator
PE Kits:	Peer Educator Resource Kit. This includes your flip chart of posters, resource and topic booklet, set of pamphlets, and penis model.
PLWHA:	People Living With HIV/AIDS
MOHSS:	Ministry of Health and Social Services
MTCT:	Mother-to-Child Transmission
SNMPC:	Sam Nujoma Multi-Purpose Centre (Located in Ongwediva)
STI:	Sexually Transmitted Infections
WBMPC:	Walvis Bay Multi-Purpose Centre (Located in Kuisebmond)
WBC:	White Blood Cells
VCT:	Voluntary Counselling and Testing

HIV/AIDS In the Workplace:

Our Company's HIV/AIDS Policy

Peer Educator Session:

Topic: HIV/AIDS Workplace Policy

At the end of this session, your peers should be able to do the following:

- 10 Minutes** • List some of the statistics globally and in Namibia (use flip chart poster)
- 10 Minutes** • List some of the effects of HIV on the workplace
- 20 Minutes** • I identify, according to the company HIV/AIDS policy, what the company will do to educate its employees about HIV/AIDS
- 15 Minutes** • Describe how the company policy protects the rights of employees who are HIV positive
- 5 Minutes** • State where to go for legal assistance with regard to HIV/AIDS

Note: PE should carefully review the workplace HIV/AIDS policy before presenting this topic. Should you not be clear on some of the issues outlined in the policy, talk with your Human Resources Manager to clarify any points before presenting to your peers.

Objective: List some of the effects of HIV on the workplace

HIV/AIDS affects the productivity of businesses. Workplaces see:

- Decrease in productivity
- More costs for medical aid schemes and pension plans
- Loss of skilled workers due to sickness and/or death
- Increase costs for recruiting, employing and training new people
- Increase costs because people take sick leave and days off for funerals
- Decrease in morale in workplace

Objective: I identify, according to the company HIV/AIDS policy, what the company will do to educate its employees about HIV/AIDS, describe how the company policy protects the rights of employees who are HIV positive.

Our company has written a policy to try solve some of the problems related to HIV/AIDS. The policy addresses major issues relating to HIV/AIDS:

1. Health Promotion activities:

- Condom distribution (the company will provide condoms to its employees)
- Peer Education (peer educators have been trained and will present information about HIV/AIDS on a monthly basis)
- Clinic facilities for treating opportunistic infections, STI and other health problems

2. Ensuring non-discrimination for HIV-positive workers:

A person's HIV status cannot be considered for employment, promotion, taking of leave, and general treatment in the work place. This is in accordance with the Namibian Labour Act.

3. Confidentiality of a person's HIV status:

The company cannot force an employee to be tested. But if a person decides to be tested for HIV and chooses to tell someone in the company, that information will be kept confidential.

4. Offering support to HIV-positive employees

A company will support PLWHA by providing standard sick leave, an environment free from discrimination and, when applicable, treatment to prolong the lives of HIV-positive employees.

Objective: State where to go for legal assistance with regard to HIV/AIDS

The AIDS Law Unit at the Legal Assistance Centre provides information to companies about HIV/AIDS workplace policies, information about writing a valid will, and support with regard to discrimination and other legal issues associated with HIV/AIDS. The telephone number for the AIDS Law Unit (ALU): 061-223356

Suggested Materials and Resources:

HIV/AIDS in the Workplace: Our Company's HIV/AIDS Policy

What?		Where to find it?
<u>Handouts:</u>	A copy of your company's HIV/AIDS policy. Ask your Human Resources Manager if there is a summary version of the policy as well as translated versions. Labour Act provisions on HIV/AIDS in the workplace (especially if your company does not yet have an HIV/AIDS policy)	Human Resource Manager, ALU
<u>Speaker:</u>	Invite a member of the human resource department to introduce the topic to the employees.	Your Company
<u>Video:</u>	"Managing AIDS", Steps for the Future. This video is designed for management teams, however, PE could show a 10-15 minute portion of the video to highlight some of the major issues around HIV/AIDS in the workplace.	ACT, WBMPC, COM, FHI, SNMPC
<u>Poster:</u>	Fip Chart Poster, "HIV/AIDS in the Workplace"	PE Kit
<u>Role Play:</u>		

Joseph walks past an office and sees his colleague, Erastus, trying to hide that he is drinking tablets. Joseph asks Erastus what he is doing, but Erastus seems very shy and ashamed to talk with Joseph. Joseph mentions that he often sees Erastus trying to take tablets in a secretive way and wonders why. After some friendly discussion, Erastus finally tells Joseph that he is HIV positive and takes some medication (either ARVs, treatment for opportunistic infections, or vitamins to keep his immune system strong) every day. He hides this in fear of what his supervisors and colleagues will do. Erastus is very afraid of being fired or moved to another department, but Joseph explains clearly some points in the company policy and stresses that a person cannot be discriminated against based on his/her HIV status. Erastus feels much better and now believes that it is not necessary to be ashamed of his HIV status.

Transmission and Prevention

1. Basic Facts

2. Focus on Condom Demonstrations

Peer Educator Session:

Topic: HIV Transmission and Prevention

At the end of this session, your peers should be able to do the following:

- 5 Minutes** • Define HIV and AIDS and the difference between the two
- 5 Minutes** • List the four body fluids that transmit HIV.
- 20 Minutes** • Identify some high risk behaviours for HIV transmission
- 5 Minutes** • Identify why certain behaviours put a person at risk of HIV transmission (referring back to the body fluids)
- 10 Minutes** • List the methods that can prevent sexual transmission of HIV and why they are effective
- 20 Minutes** • List the correct steps for using a male and female condoms

1. Basic Facts

First start by defining HIV and AIDS:

H = Human: only found in humans

I = Immuno-deficiency: weakens the immune system

V = Virus: A type of germ

A = Acquired: To get. Something that you are not born with

I = Immune: Your defense system

D = Deficiency: Lack of or not enough of something

S = Syndrome: A collection of diseases, getting sick

Objective: Define HIV and AIDS and the difference between the two, and list the four body fluids that transmit HIV.

HIV and AIDS are NOT the same. HIV is the virus, AIDS comes as a result of HIV infection. AIDS is a collection of diseases that results from a weakened immune system. A person can have HIV for a long time before he/she develops AIDS.

HIV only lives in **FOUR BODY FLUIDS** in high enough concentrations to spread the virus. These fluids have White Blood Cells (WBC), which are the types of cells that HIV infects.

1 - **Blood**

2 - **Semen:** the fluid that a man ejaculates when sexually excited

3 - **Vaginal Fluids:** the fluid that a women releases when she is sexually excited

4 - **Breast Milk**

Objective: I identify some high risk behaviours for HIV transmission; I identify why certain behaviours put a person at risk of HIV transmission (referring back to the body fluids)

For a person to be infected with HIV, the virus must enter the body. If any of these four fluids come in contact with the body, a person is at risk of HIV infection.

Some examples of where the virus could enter the body:

- Cuts, wounds, open sores in or on the skin
- Lining of the vagina or vulva
- Thin skin on the penis
- Lining of the rectum (in the anus)
- Mouth (sores or openings)
- Lining of the oesophagus (e.g. in a newborn baby who is breastfeeding)

Some behaviours that might allow these four fluids to enter the body and therefore put a person at **risk of HIV transmission:**

a) Sex:

- Unprotected sexual intercourse

b) Blood-to-blood contact:

- Blood transfusions (infected blood, which is rare in Namibia because donated blood is tested)
- Traditional scarring (sharing non-sterilized razors and other instruments)
- Circumcision (sharing non-sterilized razors and other instruments)
- Intravenous drug use (sharing needles)

c) Mother-to-child transmission:

- While mother is pregnant with the child, through injury to the uterus or placenta
- When the baby is born (during childbirth), its soft skin is exposed to the mother's blood
- While breastfeeding

What must be done to prevent sexual transmission of HIV?

a) Abstain: Choosing not to take part in sex

b) Be Faithful: Only have sex with one partner who you know (by an HIV test) is HIV negative

c) Use a Condom correctly every time you have sex: Condoms provide a barrier, not allowing any of the four fluids to enter the body.

d) Delay: Waiting till a later age before taking part in sexual activities

e) Early treatment of STI: Sexually Transmitted Infections increase the risk of HIV infection. All STI should be treated as early as possible.

Objective: List the methods that can prevent sexual transmission of HIV and why they are effective, list the correct steps for using male and female condoms

2. Using Condoms Correctly and Consistently

Using condoms, correctly and consistently, will substantially reduce the risk of getting an STI including HIV, during sexual intercourse. Two words are important here CORRECTLY and CONSISTENTLY.

Correctly means that there is a right way to use condoms.

Consistently means every time a person has sexual intercourse. Not some of the time, but every time.

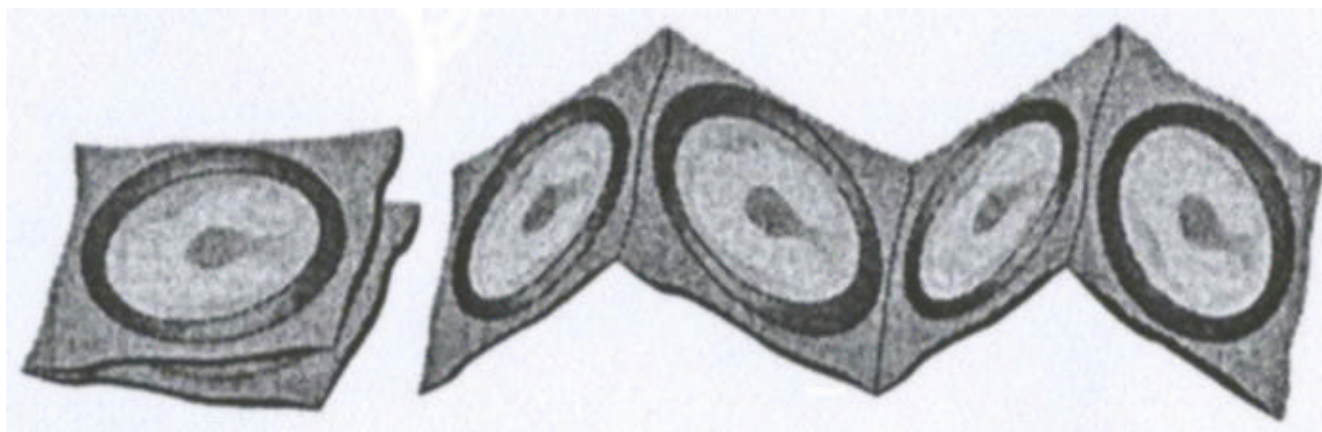
FACTS about Condoms

- No penis is too big or too small for a condom (a condom can be stretched to fit over a forearm)
- Female condoms come in one size
- Condoms do not eliminate sensation, although they may change sensation
- HIV cannot leak through condoms
- Almost all condoms are lubricated. If extra lubrication is desired, use a water-soluble lubricant such as KY jelly (show an example if available) and saliva are good substitutes. Petroleum jelly, vaseline or hair oil should NOT be used as they can cause the condom to break.

Activity: Condom Demonstrations

For the Male Condom:

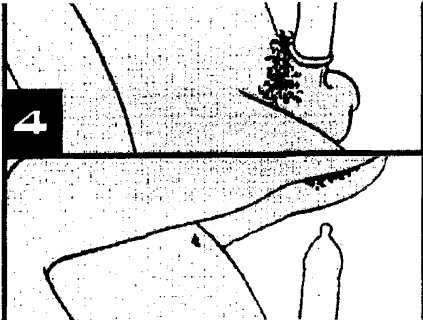
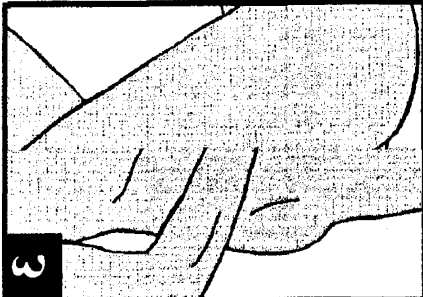
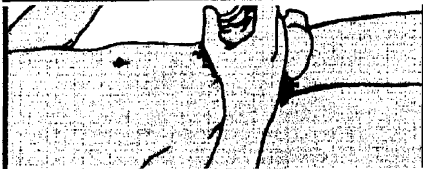
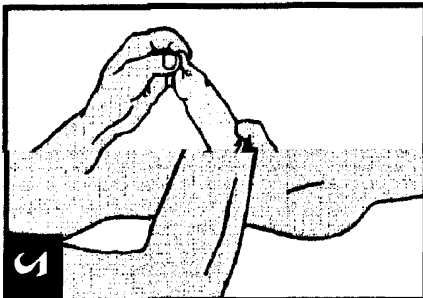
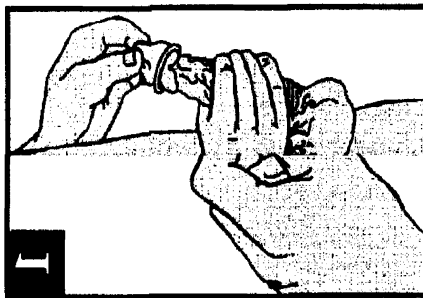
- Store in a cool, dry place, preferably near the bed
- Check the expiry date
- Open the package carefully
- Be careful of long fingernails that might tear the latex
- Hold tip of condom as you roll it down over the penis
- Roll the condom down to the base of the penis
- Be sure you leave a space at the tip, so that the ejaculated semen can be captured there. After ejaculation, withdraw the penis from your partner
- Be sure to hold the base of the penis model (explain that to prevent spilling of the semen, the condom must be held at the base while withdrawing from the partner's body). The condom should be removed before the penis goes soft
- Remove the condom and discard it in a place where children will not find or play with it.



For the Female Condom:

- Store in a cool dry place
- Check the expiry date
- Open the package carefully
- Bend the smaller ring on the closed end of the condom
- Hold the sheath with the open end hanging down
- Squeeze the inner ring and twist to form a figure eight and insert in the vagina
- Use your index finger to push the ring inside the vagina
- The outer ring should lie flat against the opening to your vagina
- After sex remove the condom by twisting the outer ring and pulling it out
- Wrap condom in paper and throw it into a bin (or bury/burn it if there are no bins around). Do not flush. Dispose of condom carefully.

How to Use a Condom



Remove the condom from the back of the penis. Carefully roll the condom off the penis. Do not touch the inside of the condom. After use, the condom should be discarded in a trash can.

Slide the condom over the penis. Do not use the condom if the condom is torn or has a hole. Do not use the condom if the condom is not the right size for the penis.

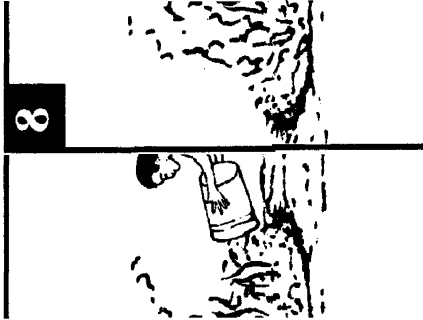
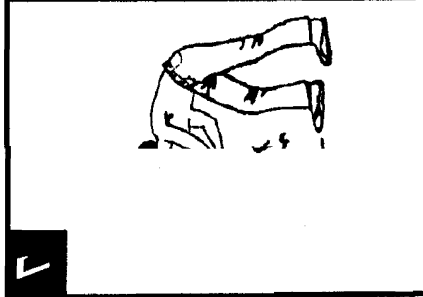
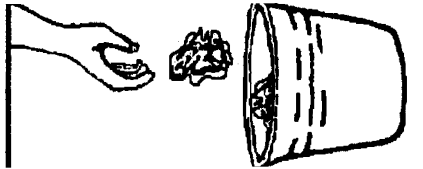
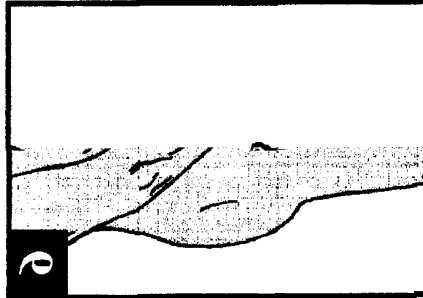
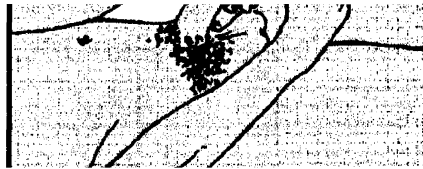
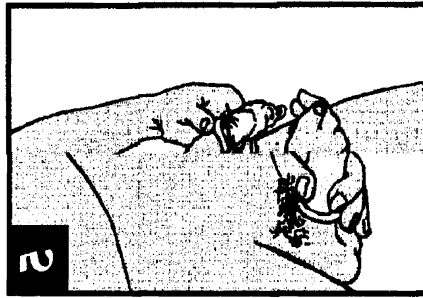
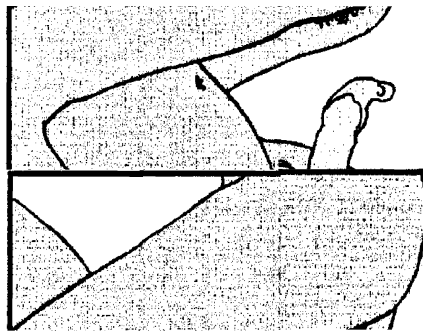
Roll the condom over the penis. Do not use the condom if the condom is torn or has a hole. Do not use the condom if the condom is not the right size for the penis.

Continue to roll the condom over the penis. Do not use the condom if the condom is torn or has a hole. Do not use the condom if the condom is not the right size for the penis.

Always use a condom. Do not use the condom if the condom is torn or has a hole. Do not use the condom if the condom is not the right size for the penis.

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Suggested Materials and Resources:

Transmission and Prevention

What?	<u>1. Basic Facts</u> <u>2. Focus on Condom Demonstrations</u>	Where to find it?
<u>Handouts:</u>	Instructions for Use of the male condom Instructions for Use of the female condom Why you should use a condom (leaflet)	PE kit PE kit MOHSS
<u>Speaker:</u>	Representative from Social Marketing Association (SMA) or National Social Marketing Association (NASOMA) to give condom demonstrations for both male and female condoms	SMA NASOMA
<u>Poster:</u>	Flip Chart Poster "Transmission of HIV" Flip Chart Poster "Prevention of HIV" A, B, C, D, E for Prevention of HIV	PE Kit SMA
<u>Other:</u>	4 body fluid A4 cards Penis model Vaginal Model Male condoms Female Condoms	PE kit PE kit ACT, WBMPC, COM, SNMPC MOHSS, SMA, NASOMA

Role Play:

Martin receives a call from his girlfriend, Maria, who says that she is coming for the weekend to stay at his place. After hanging up the telephone, Martin runs to see his best friend, Patrick. Martin tells Patrick that he is nervous about Maria's visit. They have not had sex yet because they wanted to take the relationship slowly, but Martin thinks that he would like to ask Maria to have sex with him this weekend. Patrick talks with Martin about the importance of having safe sex and shows Martin how to use a condom and discusses the benefits of condom use.

The Body's Defenses:

1. The Immune System and HIV

2. Opportunistic Infections: Focus on TB

Peer Educator Session:

Topic: The Body's Defenses: 1. The Immune System and HIV

At the end of this session, your peers should be able to do the following:

- 20 Minutes** • Describe how the body is protected from diseases
- 5 Minutes** • List some of the key parts of the immune system
- 15 Minutes** • Describe how the level of CD4 cells relates to the progression of HIV disease
- 5 Minutes** • Describe when a person will receive an AIDS diagnosis and will likely suffer from opportunistic infections
- 10 Minutes** (In relation to CD4 cell count)
 - Explain the role of antibodies in HIV testing
 - List some common opportunistic infections

Objective: Describe how the body is protected from diseases

The body is protected by the immune system which consists of White Blood Cells (WBC):

- There are different types of WBC, for example, CD4 cells.
- If the body is infected by germs like bacteria (e.g. TB), viruses (e.g. HIV), parasites (e.g. Malaria), or yeast (e.g. Thrush), the immune system fights those germs so that the body won't get sick. Sometimes, the germs are strong and can cause the body to feel sick for a few days or weeks.
- But at the end of the day, the immune system usually wins and the body becomes healthy again.
- HIV is a special virus that attacks the cells of the immune system specifically.
- Opportunistic infections are infections by germs that only cause disease in persons with weak immune systems (such as persons with HIV, receiving cancer treatment, or recipients of donor transplants).

Objective: List some of the key parts of the immune system, describe how the level of CD4 cells relates to the progression of HIV disease

When we talk about HIV, there are a few types of cells that are of particular importance: (use the poster "The progression of HIV disease" to help explain the importance of these cells).

1. CD4 cells:

- These are the cells that are responsible for attacking and killing many other disease-causing germs.
- These are the cells that HIV attacks and destroys.
- In every drop of blood in the body, there are about 1000-1200 CD4 cells.
- When the CD4 cells are very low (around or below 200), a person will begin to suffer from opportunistic infections, because the immune system is no longer strong enough to fight the diseases. At this stage a person is considered to have AIDS.

Objective: Explain the role of antibodies in HIV testing

2. Antibodies to HIV:

- These are the chemicals that the body produces to inform other WBC to mount an attack on HIV. They are the messengers. An HIV test looks for antibodies to HIV, not the virus itself.
- It takes the body 3 weeks to 3 months to develop antibodies to HIV. This is called the window period.
- During the window period, an infected person will have HIV in the body, but there will not yet be antibodies to HIV, so the test for HIV will be negative. The person can still infect others with the virus.

Objective: List some common opportunistic infections

1. Opportunistic Infections (OI):

- Opportunistic Infections attack HIV-positive people who have a weakened immune system
- Some examples of opportunistic infections include: TB, thrush in the mouth and throat, skin rashes, pneumonia, skin cancer, dementia (mental illness/forgetfulness), fever and night sweats, weight loss, Herpes Zoster
- Many opportunistic infections can be treated with antibiotics and other medication. If a person suffers from an opportunistic infection, he/she should seek immediate treatment.

Opportunistic infections are not a sign that the person will soon die. They simply serve as a sign that the body's immune system is growing weaker. If these infections are treated, the person's immune system can get stronger. People who have AIDS (whose CD4 cells have dropped below 200 - per drop of blood - and have had opportunistic infections) can live for many years as well. They must, however, take the necessary steps to fight opportunistic infections and to keep the immune system as strong as possible.

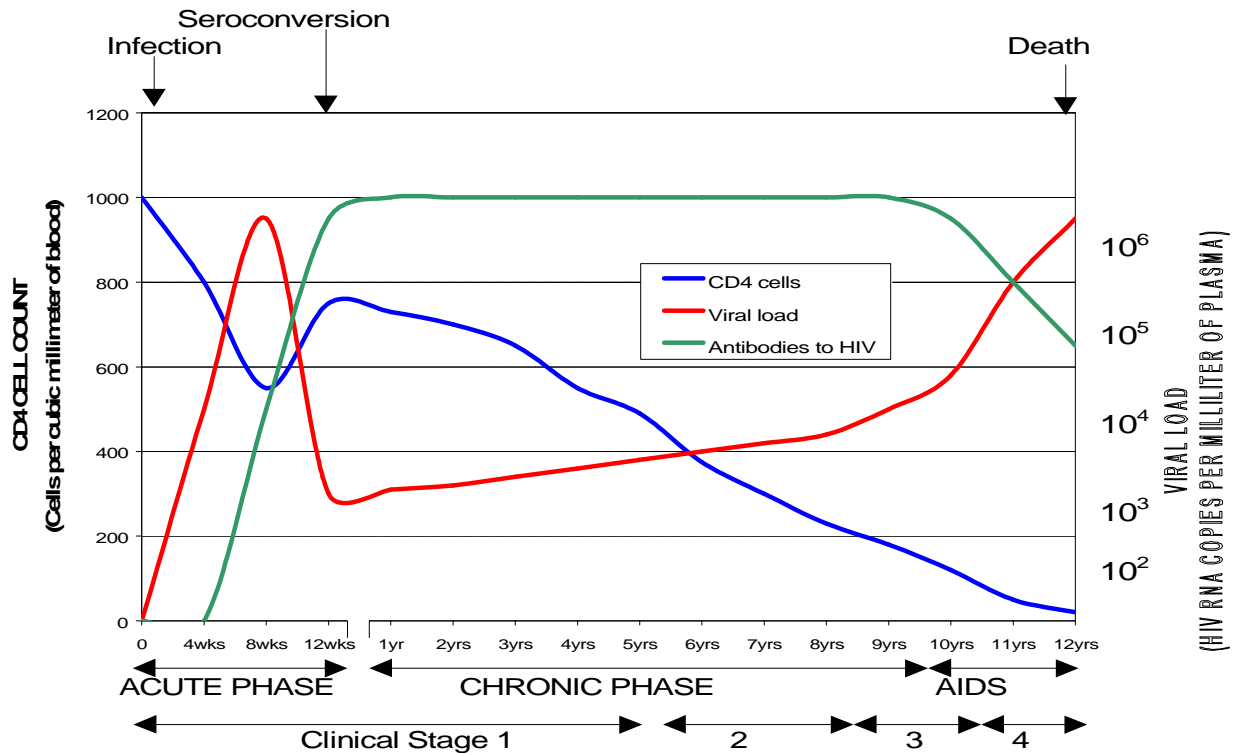
2. TB:

One of the most common opportunistic infections in Namibia is Tuberculosis (TB). Like other opportunistic infections, TB causes disease in people with weak immune systems. A person can carry TB in his/her body but not be sick, because the immune system is strong enough to control the TB. When the immune system gets weak the person will get sick from the TB.

Some facts about Tuberculosis (TB):

- TB is a common opportunistic infection
- TB is a bacteria
- TB is airborne, spread through air particles
- TB infects the lungs
- TB can be cured, if treated properly (if the person finishes the TB treatment)
- It is very important for patients who suffer from TB to finish the entire TB treatment

The natural course of HIV disease



Infection: The time when the virus enters the body.

Acute Phase: This is the time right after infection, during the window period. During the acute phase the amount of virus (called VIRAL LOAD) is very high. A person might feel sick or experience flu-like symptoms, usually between two and six weeks after infection. Because the viral load is so high during this time, it's very easy for the virus to be transmitted.

Chronic Phase: The time when the CD4 cells are high and the virus is low. A person can look and feel healthy. This time can be long if a person takes the necessary steps to live a positive life. This period usually last many years. During this time non-specific symptoms may occur such as skin rashes, itching or infections that are easily treated. HIV is present in the body fluids and can therefore be passed to another person. (Chronic = a disease or illness that lasts a long time)

AIDS: During this phase the person suffers from opportunistic infections. When the CD4 cells drop to around or below 200.

Sero-conversion: This is the time when there are enough antibodies to HIV for the test to detect. A person who is HIV positive will test positive for the virus from this point on.

Suggested Materials and Resources:

What?	The Body's Defenses: <u>Immune System and HIV</u>	Where to find it?
<u>Poster:</u>	Poster "The Body's Defenses" Poster "The Natural Course of HIV Disease"	PE kit

MTCT:

Mother-to-Child Transmission

Peer Educator Session:

Topic: Mother-to-Child Transmission

At the end of this session, your peers should be able to do the following:

- 10 Minutes** • List the 3 stages when a mother can pass HIV to her child
- 10 Minutes** • Describe 3 steps a woman can take to prevent MTCT
- 10 Minutes** • Name the antiretroviral that a woman can take to decrease the chances of MTCT (Nevirapine)
- 15 Minutes** • Describe how it is possible for an HIV-positive woman to give birth to an HIV-negative baby
- 10 Minutes** • Describe why it is not possible for an HIV-positive man to directly pass the virus to his unborn child

Objective: List the 3 stages when a mother can pass HIV to her child

How can a woman pass HIV to her child?

An HIV-positive pregnant woman can pass the virus to her child at three different stages:

1. During pregnancy
2. During childbirth (delivery)
3. While breastfeeding

Why can HIV be passed during these stages?

Remember that HIV can be transmitted through: **Blood, Semen, Vaginal Fluids, and Breastmilk** (because these fluids contain white blood cells, the cells that HIV infects)

During pregnancy: If there is damage to the placenta, it is possible for the mother's **blood** to come in contact with the baby.

During Childbirth: During childbirth the baby's mucosa ("red skin" or the eyes, mouth, nose, etc) come in contact with the mother's **blood** and so there is a risk of the virus entering the baby.

While breast-feeding: HIV can be transmitted through **breastmilk**.

Objective: Describe 3 steps a woman can take to prevent MTCT, name the antiretroviral that a woman can take to decrease the chances of MTCT (Nevirapine)

What steps can a woman take to decrease the risk of passing HIV to her child?

1. Go for an HIV test: It is very important that a pregnant woman gets tested for HIV so she can be counselled on how to prevent mother-to-child transmission.

2. Keep her immune system strong: A strong and healthy body is less likely to pass HIV to the unborn child. If the immune system is strong, there is less chance that the placenta will be damaged, less chance that the blood will come in contact with the baby.

3. Take antiretrovirals, for example, Nevirapine: Antiretrovirals can greatly reduce the risk of MTCT. The antiretroviral most commonly used in Namibia is called Nevirapine. Nevirapine reduces the risk of MTCT by 50%. The mother takes one tablet of Nevirapine early during labor and then one dose of Nevirapine syrup is given to the baby within 72 hours after birth. Antiretrovirals reduce the amount of HIV in the mother's body, therefore decreasing the risk of transmitting the virus to the baby (during childbirth). ARVs reduce the ability of the virus to infect the cells in the baby's body.

4. Follow breastfeeding regimen or use replacement feeding: If possible, an HIV-positive mother should not breastfeed, but should give her baby milk formula. If replacement feeding is not possible, then a mother should exclusively breastfeed her child for three to six months (no water, juice, porridge, or other food products). When the mother stops breastfeeding, she must stop entirely.

Factors that increase the risk of MTCT

High viral load in the mother

Advanced HIV disease (AIDS)

Shortly after HIV infection

Other infections

Genital infections (STI)

Childbirth

Prolonged duration of childbirth

Bleeding wounds in the birth canal of the mother or on the baby's body

Breastfeeding

Dry or cracked nipples on the mother's breast

Newborn babies receiving breastfeeding together with other foods

Objective: Describe how it is possible for an HIV-positive woman to give birth to an HIV-negative baby

How can an HIV-positive woman give birth to an HIV-negative baby?

During pregnancy the mother and baby do not share blood. Although the child receives nutrients, vitamins, and other important food sources from the mother, blood does not pass through the placenta into the baby's body. (Use the poster, "How can an HIV-positive woman give birth to an HIV-negative baby" to explain this.)

Objective: Describe why it is not possible for an HIV-positive man to directly pass the virus to his unborn child

An HIV-positive man cannot directly pass the virus to his unborn child.

HIV can be transmitted through semen. Many people do not realize that semen and sperm are not the same. In order for a woman to become pregnant, one sperm from the father will enter the egg from the mother's body. It is only the sperm that enters the egg, not the semen itself.

You can compare semen to soup. Like soup, semen is a liquid that contains many different things, many different types of cells. A soup may have tomatoes, potatoes, onions, salt, meat, and water. If the onion is removed from the soup, the other ingredients still remain in the pot. The same is true with semen. When the sperm leaves the semen to enter the egg, the other cells, including HIV if the man is infected, will remain outside of the egg. The woman could be infected with the virus, but the virus will not enter the egg and will therefore not infect the baby.

Suggested Materials and Resources:

MTCT:

Mother-to-Child Transmission

What?

Where to find it?

<u>Handouts:</u>	"Pregnancy and HIV" (leaflet from AIDS Law Unit) "Protect yourself and your baby from HIV and AIDS" (FHI booklet)	ALU PE Kit, WBMPC, COM, SNMPC, FHI
<u>Speaker:</u>	HIV-positive woman who has taken Nevirapine. Nurse or doctor to talk more in depth about MTCT	Lironga Eparu, Positive but Confident Support Group
<u>Video:</u>	"Mother To Child", part of the Steps for the Future series. A story about two South African HIV-positive pregnant women who take Nevirapine and other measures to reduce the risk of MTCT.	ACT, COM, WBMPC
<u>Poster:</u>	Flip Chart Posters "MTCT: Mother-to-Child Transmission"	PE kit

Role Play:

Lorna and Saima are talking during the tea break and it is very clear that Saima is happy and has something she wants to tell Lorna. Lorna asks Saima why she is so happy and Saima tells her that after nearly four years of marriage she is finally pregnant. She is so excited that she will soon have a baby. Lorna is happy for her friend and asks whether she has been tested for HIV. Saima is angered by the question and asks Lorna what her pregnancy has to do with an HIV test. Lorna explains to Saima that she has learned a lot about mother-to-child transmission. She tells Saima how HIV can be passed from the mother to her child, but that there are also things that can be done to reduce the risk of infecting a baby.

Voluntary Counselling and Testing:

Know your HIV status

Peer Educator Session:

Topic: Voluntary Counselling and Testing

At the end of this session, your peers should be able to do the following:

- | | |
|-------------------|---|
| 5 Minutes | • Explain what Voluntary Counselling and Testing means |
| 20 Minutes | • List reasons why HIV testing is important? |
| 10 Minutes | • Describe what is discussed during pre- and post- test counselling |
| 5 Minutes | • List the cost of voluntary counselling and testing, location of testing centres |

Note: Before presenting this topic, review the company HIV/AIDS policy to be able to explain how the company assists with testing. For example, will the company pay for a visit to a VCT Centre?

Objective: List reasons why HIV testing is important?

Why should a person get tested?

- Many people don't know their status and could infect their partners.
- HIV positive people are at risk of reinfection if they are again exposed to the virus by having unprotected sex with an infected partner.
- Knowing your status is also essential for planning your life: If you are HIV positive you should immediately start with a healthy life-style to extend how long you live and for early detection and treatment of other opportunistic diseases. Testing is also a very important step for partners who want to get married or are planning to have children.

Feelings About Testing:

If we go for an HIV test we are all afraid of what the result may be. We fear we might be positive because being HIV positive will change our life and that of our family and friends. Professional counsellors will help us cope with the testing procedures and the results. They will give us information about HIV/AIDS and methods of prevention.

Ask your peers what they feel about getting tested for HIV. Take their feelings seriously.

Then give them the following information:

V-Voluntary Means that you go for counselling and testing out of your own will. A person can never be forced to go for an HIV test.

C-Counselling Trained counsellors help a person to help him/herself. There is counselling before the test (pre-test) and after the test when you go for the results (post-test)

T-Testing The process of taking blood from the body to see whether the person is HIV positive. The test looks for antibodies to HIV, not the virus itself.

Objective: Describe what is discussed during pre- and post-test counselling

Pre-Test Counselling:

The first stage is the **Pre-Test Counselling**, which means counselling before you go for an HIV test. The counsellor prepares you for the test and makes sure that you understand what HIV and AIDS are and what a positive or negative test result will mean. If you then choose to be tested, blood is drawn from the body and is tested for antibodies to HIV. You will be asked to come back (usually after 2-4 days) for the test results.

Post-Test Counselling:

The second stage of counselling is called **Post-Test Counselling**, which takes place when you go to get your test result. You will be given the result from the counsellor. Again, this will be in total privacy and confidentiality. The counsellor will talk about what the test result means for your future.

- **If your test result is negative** (non-reactive), you will be advised about the importance of getting a second test because of the **window period**. The window period is the stage between the moment you are infected with the virus and the time when your body starts producing antibodies (what the test looks for). That means the test could still produce a negative result while in fact you are already HIV positive. The window period lasts an average of 3 weeks to 3 months. Also, people who test negative will be counselled about how to remain negative.

- **If your test result is positive** (reactive), the counsellor will help you to come to terms with (accept) your status and to deal with the social, emotional and medical consequences of being HIV positive.

Objectives: List of the cost of voluntary counselling and testing, and location of testing centres

VCT Sites:

VCT Centres and other sites designed specifically for VCT. Discuss the costs of testing at the sites (N\$10 at NEW START Centres), location, and telephone numbers. (See your Peer Educator Referral Sheet)

Note: Before you close off the session, remind your peers of the importance of going for an HIV test. Tell them: "knowing your status is the first step to prevention and caring for people!"

Suggested Materials and Resources:

Voluntary Counselling and Testing:

Know your HIV status

What?

**Where to
find it?**

Handouts:

“What is NEW START Voluntary Counselling and Testing (VCT)?” (leaflet)

New Start
Centres

WHK:

CCN Centre

061-220368

Bernard

Nordkamp

061-234221

Oshakati:

065-220434

W/Bay:

064-200219

Rundu

Speaker:

Trained HIV counsellor to discuss the process of pre- and post- test counselling.

Poster:

Flip Chart Poster “Voluntary Counselling and Testing”

PE Kit

Video:

“The TASO Experience”: Voluntary Counselling and Testing. This video takes place in Uganda and goes in detail about the VCT process, describing the important factors of effective counselling. The story follows people through their pre- and post-test counselling. The video might be too long and in-depth for a PE session on VCT, but PE can use a 10-15 minute portion of the video when presenting to peers.

CAA,

WBMPC

Role Play:

Sylvia and Anna are talking during tea break about their colleague and friend, Pamela. Pamela has taken many sick days in the past few months and Sylvia and Anna are very worried about her. They discuss some of the types of problems Pamela has had and Sylvia says that she thinks Pamela should go for an HIV test. Anna is very surprised by this and the two start talking about why a person would ever want to go for an HIV test. Sylvia explains to Anna that, “life is about knowing”. She gives the example to Anna about taking a job. If you don’t know anything about the type of work you will do, how much you will get paid, etc, how do you feel? Anna says that she would not feel good, not secure, not sure. It’s similar with HIV testing, explains Sylvia. If you know, then you can be more secure and can do things to keep healthier. She’s not saying that Pamela is HIV positive, but that if she is and she knows her status, she can do things like eat healthy food to live longer. Anna is still a little unsure and asks if Sylvia has been tested for HIV and Sylvia says, yes of course she has. Sylvia tells Anna a little about the New Start VCT Centres and says that the counselling was helpful and that she is very happy that she knows her HIV status. (Note: Remember that Anna should not ask Sylvia about the results)

STI

Sexually Transmitted Infections

Peer Educator Session:

Topic: STI and Opportunistic Infections

At the end of this session, your peers should be able to do the following:

- | | |
|-------------------|--|
| 15 Minutes | • Define STI and list some common signs and symptoms of STI |
| 10 Minutes | • Explain how STI increase the risk of HIV infection |
| 10 Minutes | • List steps a person should take if he/she has symptoms of an STI |

Facts about STI:

- STI are spread by sexual contact (includes vaginal, oral, and anal sex).
- Some STI can be passed from a mother to her child.
- Having STI increases the risk of HIV infection (sores on genitals provide a place for HIV to enter the body).
- Most STI can be treated and cured, but must be treated as soon as possible.

Some signs and symptoms of STI:

- Unusual smell coming from the genitals
- Discharge from vagina or penis
- Burning while urinating
- Sores, bumps, or blisters around the genitals
- Swelling in the groin, the area around the genitals
- Burning or itching around genitals

If a person has an STI:

- Go for immediate treatment
- Encourage partner to be treated for STI

Suggested Materials and Resources:

What?	STI <u>Sexually Transmitted Infections</u>	Where to find it?
<u>Handouts:</u>	"STI: Sexually Transmitted Infections" (leaflet) "What you and your partner should know about STDs" (small leaflet) FACTS ON STDs (leaflet with pictures of STD infected genitals)	MOHSS SMA MOHSS
<u>Speaker:</u>	Nurse from company clinic (if applicable) or from a local clinic or hospital. The nurse could discuss some of the signs and symptoms of STI, focusing on STI that are commonly seen in Namibian clinics and hospitals	Company clinic or local clinic
<u>Poster:</u>	Flip Chart Poster "STI and Opportunistic Infections" Sexually Transmitted Diseases	PE Kit MOHSS

Role Play:

Sarah has a lot of pain when she urinates and decides to go to the clinic. After the examination, the nurse tells Sarah that she has a Sexually Transmitted Infection. Sarah has heard a little about STI, but is confused because she is married and has only had sex with her husband, Peter. The nurse talks with Sarah about the importance of asking her husband to come to be tested for the STI as well. Sarah explains that it will be very difficult to tell her husband, but the nurse explains the importance of treating both Sarah and her husband.

Living Positively With HIV/AIDS:

Care and Support for PLWHA

Peer Educator Session:

Topic: Living Positively with HIV/AIDS

At the end of this session, your peers should be able to do the following:

- 20 Minutes** • List some things that an HIV-positive person can do to live longer
- 20 Minutes** • Discuss where PLWHA can get the necessary care and support

Living Positively is about Hope, about living with the virus and not about dying from it. It means doing everything possible, both mentally and physically, to help the immune system cope with HIV (or any other illness) in order to live as well- and as long as possible.

Living positively works. Research in Uganda has shown that poor people with HIV who take care of themselves and have a positive outlook on life can live much longer than other people with the same virus – even without expensive medicines or other treatments

Manuals and pamphlets about living positively, healthy eating habits, etc. are available from organisations in Namibia listed in the resource list, such as Catholic AIDS Action and ACT.

In addition, the Internet is a good source of finding additional information, leaflets and pamphlets on Living Positively.

Living well with HIV/AIDS: A manual on nutritional care and support for people living with HIV/AIDS has recently been published by the FAO and is posted on their website with instructions on how to, for example, adapt the manual to reflect local eating habits and availability of nutritious local food. The manual also includes a number of summary sheets on nutrition, weight, food safety and hygiene. <http://www.fao.org/DOCREP/005/Y4168E/Y4168E00.HTM>

10 Tips for Positive Living

1

Make Plans for Your Life

Do not give up things you enjoy doing or cancel dreams and aspirations. Keep working as long as possible. It is still possible to be active, keep old friends and make new ones, and do many important things in your life.

2

Find People to Talk to for Emotional Support

Tell those who matter to you that you have the virus. This may be difficult but you need the love and support of those around you. Keeping such a secret will weaken your immune system.

3

Avoid Tobacco, Drugs, Alcohol and other Harmful Substances

These can weaken the immune system and hamper the absorption of essential nutrients. Stimulants such as alcohol, tea and coffee can also cause a lack of sleep.

4

Keep up Your Daily Hygiene

Brush your hair and wash your body with soap and clean water every day. Your teeth should be cleaned after every meal and your clothes and bedding should be washed regularly. Also, a person who looks neat and smells clean feels good and is more likely to want to socialise and keep contacts with friends and family.

5

Exercise Regularly

It is important not to lie or sit around all day if you can still be active. Exercise tones the muscles and keeps them strong. It is good for the heart, by making sure that the blood circulation keeps a good supply of oxygen to the brain and the body. Also, keep working as long as possible.

6

Get Enough Rest

At night, try to get a good night's sleep. Naps or rest-periods during the day can help if someone is feeling tired or weak.

7

Avoid other Infections

People with HIV are vulnerable to other infections as the immune system is weakened and cannot defend the body well. If you have a cold, upset stomach, cough or flu, try to avoid giving this to a person with HIV. People with HIV/AIDS should also stay away from animal and chicken enclosures, rubbish heaps and other places where lots of harmful bacteria may be present. Consume clean food and water. Abstain from SEX or if that is not possible use a CONDOM to avoid infection with STDs or re-infection with HIV. Also, avoid pregnancy. Re-infection, STDs and pregnancy will all weaken the immune system and hasten the progress of HIV/AIDS.

8

Monitor Your General Health

Visit a health facility regularly for check-ups and early treatment of possible co-infections and other health problems. Pregnant women should visit clinics regularly to make sure that both the mother and her unborn baby have the best possible care. Children with HIV/AIDS also need regular medical attention as they have special needs.

9

Seek Spiritual and Other Counselling

This does not have to take place with a priest or trained counsellor. Sometimes, just having a good friend to talk to or laugh with can be uplifting. Avoid those who make you feel bad about yourself.

10

Devise a Healthy Eating Plan

This means eating a variety of food from the Four Food Groups every day, in order to have enough of the vitamins, minerals and other nutrients needed by the body to stay healthy for longer. Try to eat at least 3 meals a day and to have snacks in-between. Traditional foods that we eat in Namibia are often the healthiest foods you can get. Also, drink plenty of liquids such as clean water at least 8 cups or glasses every day.

Suggested Materials and Resources:

What?	Living Positively With HIV/AIDS: <u>Care and Support for PLWHA</u>	Where to find it?
<u>Handouts:</u>	"12 Steps to Living Positively With HIV" (booklet) "Healthy Eating " (booklet)	CAA
<u>Speaker:</u>	I nvoke a person living with HIV to talk to your peers about keeping the mind and body healthy, the role of support groups, etc.	Positive But Confident Support Group at WBMPC, Lironga Eparu
<u>Video:</u>	"Not Afraid" Steps for the Future video about Kathy, who is an HIV-positive woman living in Windhoek. Video recording of "Carte Blanche" episode about David Profit, a man who was infected with HIV in 1983, living healthily without ARVs	ACT, COM, WBMPC, SNMPC, FHI
<u>Poster:</u>	Flip Chart Poster "Living Positively with HIV/AIDS"	PE kit
<u>Other:</u>	For information about starting a support group for PLWHA, writing a valid will and coping with death, see the reference section of this booklet, pages 74-80	PE kit

Treatment Options for PLWHA:

Keeping the Body Strong

Peer Educator Session:

Topic: Treatment Options for PLWHA

At the end of this session, your peers should be able to do the following:

- 10 Minutes** • List three methods for treating a person who is HIV-positive
- 10 Minutes** • Describe methods for keeping the immune system strong
- 10 Minutes** • Explain the importance of immediately treating opportunistic infections
- 15 Minutes** • Describe how anti-retrovirals (ARVs) help an HIV-positive person live longer
- 15 Minutes** • Discuss the current availability of anti-retroviral therapy (ART) in Namibia and the future plans of the MOHSS for providing ARVs
- 20 Minutes** • List some methods that might help people taking ARVs follow the treatment plan

Objective: List three methods for treating a person who is HIV-positive; Describe methods for keeping the immune system strong; Explain the importance of immediately treating opportunistic infections

People living with HIV can live for a long time if they take care of their bodies.

There are three methods, or three approaches to treating a person who is infected with HIV. **All three are equally important and a person who uses all three approaches will likely live the longest.**

Three methods of treating PLWHA:

- **Keep the immune system strong**
- **Immediate treatment of infections**
- **Anti-retroviral therapy (ART)**

1. Keep the immune system strong

(some of this information is a review from "Living Positively with HIV/AIDS".)

A strong immune system will be more effective at keeping the viral load (amount of HIV) low as well as fighting off other infections. As soon as the immune system gets too weak, a person will suffer from opportunistic infections. A strong immune system will result from:

- Eating a balanced, healthy diet
- Getting enough rest
- Exercising regularly
- Drinking plenty of water
- Keeping a positive attitude
- Avoiding harmful substances like tobacco and alcohol
- Avoid infections such as STI

2. Immediate treatment of opportunistic infections

- When there are opportunistic infections in the body, the immune system must work harder.
- When the immune system works hard to eliminate opportunistic and other infections, it's easier for HIV to replicate (make more HIV).
- Immediate treatment of opportunistic infections helps to keep the immune system stronger and therefore the viral load lower.
- Hospitals, clinics and private doctors have various treatments for many opportunistic infections.

Objective: Describe how anti-retrovirals (ARVs) help an HIV-positive person live longer; Discuss the current availability of anti-retroviral therapy (ART) in Namibia and the future plans of the MOHSS for providing ARVs

3. Anti-retroviral Therapy (ART)

- Anti-retroviral therapy is NOT a cure for HIV
- Anti-retroviral therapy (ART) or Anti-retrovirals (ARVs) attack HIV directly, therefore decreasing the viral load (amount of virus)
- ARVs are taken in combination, usually three different ARVs every day
- ARVs should not be started until a person has AIDS (CD4 cells at around 200)
- Once started, ARVs must be taken for the rest of a person's life
- Can cause side effects (e.g. nausea, anaemia, rashes, headaches)
- ARVs must be taken properly every day at the correct times
- ART helps the body strengthen the immune system and fight off opportunistic infections
- ART reduces HIV transmission from the mother to child

If a person does not take all of the right medicines (anti-retrovirals) every day at the right times, the anti-retroviral therapy will not work. When a person takes all of the medicines every day at the right times, we say that there is compliance or adherence.

Objective: List some methods that might help people taking ARVs follow the treatment plan

Ask that your peers divide into groups and discuss the following questions about adherence to Anti-retroviral Therapy:

1. What might make it difficult for people to take ARVs everyday at the right times?
2. What are some things that people could do or could have access to (resources, support, etc) that would make taking ARVs every day at the right time easier?

Ask for feedback from the groups and write on a flip chart some of their ideas.

Some possible answers to, "What might make it difficult for people to take ARVs every day at the right times?"

- People naturally forget
- Forgetting when drinking alcohol or using drugs
- Stigma attached to taking so many tablets
- Difficult to coordinate taking medicine with or without food
- Might be expensive for medication, maybe some months a person can't afford the ARVs
- Side effects: if a person feels sick from the medicine, then he/she might not continue taking it
- Run out of tablets, forget to go to pharmacy at end of the month
- Travelling

Some possible solutions to these difficulties:

- Counselling by doctor and counsellor about importance of adherence
- Only start ARVs if there is access to the drugs every month (eg government programme or full medical aid coverage)
- Use memory aids: timers/alarm clock/cell phones, written schedule, pill boxes
- Recruit family, friends, and peers to help with help remembering to take the tablets
- Create an atmosphere at work and at home where it's okay to be HIV-positive, so people need not fear discrimination about taking medication.

Note: The Ministry of Health and Social Services (MOHSS) now provides anti-retroviral therapy to some HIV-positive people. Before the end of 2003, ART programmes will be established in government hospitals in Windhoek, Walvis Bay, Oshakati, Rundu, and Katima Mulilo. The MOHSS uses a committee to select individuals who qualify for the programme. One of their criteria is whether the HIV-positive person will be able to comply with the treatment plan.

Suggested Materials and Resources:

Treatment options for PLWHA:

Keeping the body strong

What?

Where to
find it?

Handouts

Nutrition and HIV & AIDS
(Take Control leaflet/bulletin)

Take Control
Media Campaign,
MOHSS

Speaker:

A doctor or pharmacist to discuss procedures for taking ARVs

Video:

"It's My Life", Steps for the Future. This video is over an hour long, but portions of it can be shown. The video highlights the work done by the Treatment Access Campaign in South Africa and addresses issues around access to treatment. If you show this video, be sure to follow-up with a discussion about access to ARVs in Namibia. Updates can be found at MOHSS.
"Beat It" a video about access to treatment

ACT, COM,
WBMPC,
SNMPC,
FHI

ALU,
WBMPC

Other:

Sample of ARVs (if available)
List and prices of ARVs available from your local pharmacy
Information about benefits (with regard to ARVs) for medical aid schemes used by your company
Guidelines for ART in Namibia (small book)

Pharmacy

HR department

MOHSS

Role Play:

Titus walks into a pharmacy and asks the pharmacist for medicine "to cure AIDS". The pharmacist asks Titus why he wants such treatment and where he heard about the drugs. Titus says, "people say I have AIDS". The pharmacist first explains that the only way to know one's HIV status is to go for an HIV test. Then the pharmacist explains that there is no cure for AIDS, but the treatment he heard about will only help people who are HIV positive live longer. He/she explains that such tablets can only be taken if a doctor has written a prescription. The pharmacist talks a little more about when a person can start taking ARVs (when CD4 count is at or below 200) and that there are now some programmes with the government, medical aid schemes and some companies that will help pay for the ARVs. Titus decides that it would be a good idea to go for an HIV test and talk to his doctor about ARVs.

Wills and Inheritance:

Planning for Your Family's Future

Peer Educator Session:

Topic: Wills and Inheritance

At the end of this session, your peers should be able to do the following:

- 10 Minutes** • Describe the importance of writing a will
- 20 Minutes** • Explain some of the details that are included in a will
- 10 Minutes** • Identify places and people who can assist with writing a will

This section on creating a will was provided by the AIDS Law Unit of the Legal Assistance Centre. Please contact LAC for assistance with writing a will.

(Telephone: 061-223356)

Objective: Describe the importance of writing a will

Introduction

It is important to plan for your future by writing a will to ensure that your assets are distributed in accordance with your wishes. The only way to avoid family disputes and property grabbing is to clearly state your wishes in your will.

What is a Will and what is inheritance?

A will is a written document, voluntarily made by a person (called the testator) in which a person says what should happen to their property, or who should look after their minor children, after the person's death. Inheritance is a term used for the property and belongings that are passed on after a person's death.

Why should I have a will?

- I can give my property to whoever I want.
- I can take care of my wife/husband, or if I am not married, to my partner, and children after my death.
- I can appoint a guardian for my minor children, and see to it that they are financially looked after.

Who can make a will?

Any person who is 16 years or older may make a will, provided that person knows and understands that s/he is making a will.

Who can receive benefits under the will?

Normally, any person can benefit under a will. However, make sure that the witnesses of the will are not beneficiaries under the will, or are not nominated as guardians or executor, as this will prohibit them from inheriting under the will or from being appointed as a guardian or executor. In short, it is best to get people to witness or write the will who will not receive anything under the will.

Objective: Explain some of the details that are included in a will

Basic details to include in a will

Personal and family details

Your full names, age, identity number and permanent address.

Your marital status and whether you are married in or out of community of property (sharing of property in a marriage.)

If married, your spouse's name and ID number.

The names, sex and ages of your children, and whether they are single or married.

Details of your relatives and other persons or groups who will inherit.

The name and details of the executor - the person who manages the will and who is responsible for winding up (closing) the estate and making sure that the estate is distributed properly.

Business and financial details

Your personal financial position for example: What you own, what money you owe, any policies you have, e.g. life assurance.

Your employment details - provident or pension fund beneficiaries and employer's address.

Show your peers the example of a will and refer them to the LAC should they be interested in writing a will.

EXAMPLE OF A WILL

This is the last will of (full name)

with identity number.....

of(address)

1. I revoke any previous wills made by me.

2. I nominate(full name)

of (address) to be the Executor of my Estate.

3. I direct that my Executor does not have to give security to the Master of the High Court for the proper administration of my Estate.

4. I bequeath my Estate to the person(s) and to the extent set out below:.....

.....

5. I appoint(full name)

Identity number.....

of(address)

to be the guardian of my children.

Signed at on this day ofyear.....

In the presence of the undersigned witnesses, who signed in my presence and in the presence of each other, all being present at the same time.

.....

(Testator)

AS WITNESSES:

1.....

2.....

Suggested Materials and Resources:

Wills and Inheritance

Planning for Your Family's Future

What?

Where to
find it?

Handouts:

"Your Guide to Writing A Valid Will" (booklet)
" Wills and Inheritance" (leaflet)
Example will

ALU, LAC

PE Kit,

Speaker:

Representative of the AIDS Law Unit at the Legal
Assistance Center

ALU, LAC

Poster:

Flip Chart Poster "Wills and Inheritance"

PE Kit

Role Play:

Maria's husband recently passed away. She and her husband had a very good understanding and he always told her that, should he die, Maria should stay in their home, keep their children together and have access to all of his bank accounts and other properties. However, Maria's husband did not write a will, so now she is dealing with her late husband's family and their demands to take property and the family's belongings.

OVC

Orphans and Vulnerable Children

Peer Educator Session:

Topic: OVC: Orphans and Vulnerable Children

At the end of this session, your peers should be able to do the following:

- 5 Minutes** • Define OVC
- 20 Minutes** • Discuss some of the problems OVC face
- 20 Minutes** • Discuss some effects of a high OVC population on extended families and surrounding communities
- 10 Minutes** • List support services where they can refer OVC

Objective: Define OVC

Who are OVC?

OVC, Orphans and Vulnerable Children, are children "up to the age of 18 whose mother, father, or both parents have died; who are affected by HIV/AIDS; who are in need of care, including those disadvantaged, in conflict with the law, or who are subject to abuse and violence" (MOHSS)

How big is the problem:

Not all OVC are AIDS orphans. However, it's estimated that in Namibia, in 2001, 56.4% of all orphans were AIDS orphans. By 2006, 71.3% of orphans will be due to AIDS. It's estimated that in 2002 there were 98 230 orphans, of whom 62.5% were AIDS orphans. This means that there are about 61 380 AIDS orphans in Namibia. (*"A Situation Analysis of Orphan Children in Namibia"--SIAPAC/MOHSS 2002*)

Objective: Discuss some of the problems OVC face

What are the effects on OVC?

Many children have known someone in their family or community who has died of AIDS. If one parent is infected with HIV it means that his or her partner might also be infected through unprotected sexual intercourse. Then both parents get sick and eventually die. This means that unlike orphans who have lost a parent due to an accident or other fatal disease (for example cancer), AIDS orphans are confronted with the illness and death of BOTH parents.

All children have physical, emotional, social and intellectual needs. For a child to develop to his/her full potential and become a participating and contributing adult, these needs must be met. OVC face many difficulties fulfilling these needs.

(Ask peers to come up with some of these difficulties before listing them yourself)

Some possible difficulties faced by OVC:

- Trauma associated with the death of one or both parents, and from witnessing a parent's physical decline, pain and death.
- Lack of emotional support from extended family. Grandparents and other family members often already have many other dependents, which can result in a lack of emotional support.
- Difficulty fitting in with extended family.
- Financial struggles (with school fees, clothing, etc)
- Stigmatisation: within the extended family, at school, and in the community. When there is stigma related to AIDS, the children orphaned by AIDS will fall victim to similar stigma.
- Relocating to a new school and area to live with grandparents and other family members.
- OVC do not inherit property from parents (if parents fail to write a will).
- Separating from siblings.
- Being infected themselves with HIV.

Objective: Discuss some effects of a high OVC population on extended families and surrounding communities

Effects on extended family and community

Extended families and communities who take in and offer support to OVC are also quite impacted by the problem:

- Families experience greater financial strain as a result of welcoming and supporting additional members of the household.
- Schools suffer the loss of fees for the school development fund (OVC often are not required to pay school fees).
- Overall level of education might decrease which ultimately affects the overall economic contribution to the country and immediate communities (long-term).

Objective: List support services where they can refer OVC

Support offered to OVC:

- Child Care and Protection Act: Legislation to ensure the rights of children in need of care and children in need of protection.
- School development fund for exemption. OVC who are registered with a social worker will not be required to pay school fees.
- Welfare grants. Government provides funds to families supporting OVC.
- Catholic AIDS Action(CAA): Offers school uniforms, some soup kitchens, activities and other support for OVC.
- Christina Swart-Opperman AIDS Orphans Foundation Trust. Aims to identify and look after needy orphans until they are 19 years old. The foundation works together with CAA and Red Cross
- Counselling and emotional support from social workers and other community groups.

For OVC to access funds and other support offered by government, they must be registered with a social worker. PE should use their referral sheets to provide contact information for local social workers and the local CAA office.

Suggested Materials and Resources:

OVC

What?

Orphans and Vulnerable Children

Where to find it?

Handouts:

How should we care for our AIDS orphans? (booklet produced by FHI)

FHI

Speaker:

Social worker to explain the steps for registering OVC and to report on the OVC situation in your town or region.
Member of CAA to talk about the support that they offer to OVC.

Local hospital,
MOHSS,
CAA

Other:

"Building Resiliency Among Children Affected by HIV/AIDS" (Catholic AIDS Action - CAA - 2002)
"A Situation Analysis of Orphan Children in Namibia" (SIAPAC/MOHSS, 2002)
Full Report from First National Conference on Orphans and Other Vulnerable Children (MOHSS, May 2001)
Summary Report from 2nd National Conference on Orphans and other Vulnerable Children (MOHSS, June 2002)

CAA

MOHSS,
FHI

Note: The books listed here are for peer educators to use for references on OVC. Much of the information provided in these books is more detailed than the information peer educators will present to their peers.

Role Play:

Freddy is sitting at home enjoying his weekend off from work. His brother, Ben, comes for a visit and after some time they start talking about their cousin, Albertina, who recently passed away from AIDS. Albertina's husband died only a few years ago, so many people were not surprised when Albertina started to show symptoms of AIDS. Ben and Freddy talk about what will happen with the children, now that Albertina has died. They had seven children, who all go to school and live in the same town as Freddy and Ben. Both Freddy and Ben have children of their own and have already adopted nieces and nephews. Their houses are crowded and their money is running lower and lower each month. They want to help as members of the family, but don't know what to do.

Behaviour Change:

**Helping Peers Move From High Risk Behaviour to Low
Risk, Healthy Behaviours**

Peer Educator Session:

Topic: Behaviour Change

At the end of this session, your peers should be able to do the following:

- | | |
|-------------------|---|
| <i>30 Minutes</i> | • Complete an HIV/AIDS knowledge questionnaire |
| <i>20 Minutes</i> | • List some of the steps necessary for a person to change behaviour |
| <i>15 Minutes</i> | • Identify the difference between risk reduction and risk elimination |
| <i>15 Minutes</i> | • Complete a personal risk assessment |
| <i>10 Minutes</i> | • List places and people with whom they can talk further about their personal risk assessment |

This topic has three parts:

1. Knowledge questionnaire
2. Discussion about behaviour change
3. Completing personal risk assessments

Objective: Complete an HIV/AIDS knowledge questionnaire

1. Knowledge Questionnaire: Self-Administered Company Questionnaire on HIV Knowledge and Attitudes (also in Afrikaans and Oshiwambo in the reference section of this booklet, pages 83-86)

Many employees have completed the knowledge questionnaire before. Explain to your peers that this questionnaire is designed simply to measure the general knowledge and some prevailing attitudes about HIV/AIDS. If it is their second time to complete the questionnaire, we simply hope to measure any change in knowledge and attitudes. Many employees from various companies in Namibia are completing these questionnaires. Ask that employees answer all questions as honestly as possible, reminding them that no names will be written on the questionnaire. After they finish, collect the papers and then submit to your HIV/AIDS co-ordinator.

Objective: List some of the steps necessary for a person to change behaviour

2. Discussion about behaviour change

For someone to change their HIV related risk-taking behavior they must:

- Understand the facts about HIV transmission
- Recognise the risks they are personally taking
- Understand the consequences of being infected with HIV
- Have simple achievable practical steps they can take to avoid infection

Typically HIV prevention messages concentrate on giving the facts and the means to avoid infection. But unless people understand the consequences of infection and believe it can happen to them they will not change their behaviour.

Widespread behaviour change is most likely to take place in a culture in which

- People living with HIV can be open about their HIV status
- Illness and deaths caused by HIV/AIDS are acknowledged.
- People accept the reality of HIV/AIDS within their community and/or social groups.

Tips:

- *Start a discussion about how colleagues would react if someone at work had AIDS*
- *Next time someone says they find condoms hard to use ask why. Listen and respond appropriately and without judgment*
- *Influence opinion leaders*
- *Ensure people have easy access to condoms*
- *When you can see something is needed that you can't provide, find someone who can do it (Use referral skills and reference sheet).*

Objective: Identify the difference between risk reduction and risk elimination

Risk Reduction vs. Risk Elimination

Strategies for HIV Prevention follow two competing philosophies:

Risk Reduction, which is typically characterised by:

- Use of condoms in penetrative sex
- Screening of the blood supply
- Adoption of universal precautions (health care workers using latex gloves, etc)
- Needle exchange schemes (providing clean needles for injecting drug users)

Risk Elimination, which is typically characterized by:

- Highlighting of all risks including low risks
- Promotion of faithfulness and/or abstinence
- Promotion of giving up drug use altogether

Objective: Complete a personal risk assessment, list places and people with whom they can talk further about their personal risk assessment

3. Helping your peers complete a personal risk assessment for HIV infection:

(provide some blank pieces of paper and pens for this part of the session)

- a) Tell your peers that you have highlighted many different topics about HIV/AIDS and that, by now, many employees should have a fair understanding of HIV/AIDS.

- b) Ask that they think about some of the behaviours that might have put them at risk of HIV infection and to write down some of these behaviours on their piece of paper.
- c) This information is confidential and only for themselves
- d) After they finish this, hand out the sheet, "Assessing HIV Risk Behaviours" . Tell the group that they should complete this form, being as honest as possible. Tell them that in addition to some of the risk behaviours they listed on their own, there might be some other behaviours that they should consider as risk behaviours for HIV infection.
- e) Give everyone time to complete the personal risk assessment, stressing that no other person needs to see the paper.
- f) If anyone would like to talk further about what they have discovered about their level of risk, they can talk to you (the peer educator) or you can even refer them to a counsellor.

SELF-ADMINISTERED COMPANY QUESTIONNAIRE ON HIV KNOWLEDGE AND ATTITUDES

Company			Number		

This test is anonymous and fully confidential. You should not put your name on the form. After completing the form, hand it in to the facilitator.

1. Type of Work: Production <input type="checkbox"/> Administration <input type="checkbox"/>	2. Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
3. To which age group do you belong: 15-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40+ <input type="checkbox"/>	4. Marital Status: Single <input type="checkbox"/> Not married, living with partner <input type="checkbox"/> Married, living with spouse <input type="checkbox"/> Married, not living with spouse <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>

5. HIV and AIDS are the same	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. You can get HIV from kissing	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Breast feeding can transmit HIV	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Can people protect themselves from HIV by always using condoms?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Can people protect themselves from HIV by only having sex with one faithful partner who is HIV negative?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. A person can get HIV from mosquito bites	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Faithful married women can get HIV	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Most people with HIV look sick	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Some condoms have invisible holes through which the virus can pass	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. All children born to HIV positive women will get HIV	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. People with HIV can only do light work	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. TB can be cured in persons with HIV	Yes <input type="checkbox"/> No <input type="checkbox"/>

17. Some traditional healers can cure AIDS	Yes <input type="checkbox"/> No <input type="checkbox"/>
18. There are drugs that can cure AIDS	Yes <input type="checkbox"/> No <input type="checkbox"/>
19. People do not go for an HIV test, because they are afraid of being rejected if they are HIV positive.	Yes <input type="checkbox"/> No <input type="checkbox"/>
20. Do you know someone at your workplace, who is infected with HIV or has died of AIDS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
21. Do you know where you can go for an HIV test?	Yes <input type="checkbox"/> No <input type="checkbox"/>
22. Did you ever go for HIV testing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
23. It is always easy to obtain condoms where I work	Yes <input type="checkbox"/> No <input type="checkbox"/>
24. If you knew a food seller had HIV would you buy food from him	Yes <input type="checkbox"/> No <input type="checkbox"/>
25. Would you be willing to share a meal with someone who has HIV	Yes <input type="checkbox"/> No <input type="checkbox"/>
26. If a member of your family became ill with AIDS would you want it to remain secret?	Yes <input type="checkbox"/> No <input type="checkbox"/>
27. If a member of your family became ill with AIDS, would you be willing to provide care in your household	Yes <input type="checkbox"/> No <input type="checkbox"/>
28. How many peer education sessions did you attend in the last 6 months?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more <input type="checkbox"/>
29. What do you think about the peer education sessions?	Almost always interesting <input type="checkbox"/> Sometimes interesting <input type="checkbox"/> Almost never interesting <input type="checkbox"/>

Please write down any comments or suggestions on the Peer Education programme

Assessing HIV Risk Behaviours

Answer these questions to help measure your personal risk of HIV infection. This paper is for you and you only. You do not need to return this to the peer educator or show it to any other.

Sex

- Had oral, vaginal, or anal sexual intercourse with another person?
- With how many different people? One? Two or three? Four to 10? More than 10?
- Have your partners been men, women, or both? What about your partner's partners?
- Ever felt that a sex partner put you at risk of HIV infection?
- Ever had a sexually transmitted infection, such as herpes, gonorrhoea, genital warts, or chlamydia?
- Ever had sex against your will?
- What do you do to protect yourself from HIV and other sexually transmitted infections (STI)?
- Do you use male condoms? Female condoms? Other barriers? Please describe how you use them?

Drugs

- Used injecting drugs with shared equipment, including street drugs, steroids?
- Had sex with a person who uses and shares?
- Had sex while stoned, high, or drunk, so that you can't remember details?
- Exchanged sex for drugs, money, shelter, food, clothes?

Blood

- Shared equipment for tattoo, body piercing, traditional scarring, and/or circumcision?

Don't assume that:

- *Single people have many partners and risky practices*
- *Older people have fewer partners and infrequent sex*
- *Sexually experienced people know how to use safer sex techniques*
- *Married people are heterosexual*
- *People with good jobs don't use drugs*
- *Well educated people practice safer sex*

Drugs and Alcohol

And Their Relationship to HIV/AIDS

Peer Educator Session:

Topic: Drugs and Alcohol and Their Relationship to HIV/AIDS

At the end of this session, your peers should be able to do the following:

- 20 Minutes** • Discuss some of the factors that lead people to use drugs and alcohol
- 15 Minutes** • List some reasons why using drugs and alcohol increase the risk of HIV transmission
- 20 Minutes** • Explain some effects of alcohol and drug use on a person's health (particularly PLWHA)
- 10 Minutes** • List support services for people struggling with drugs and alcohol use and abuse

Drugs and alcohol use and abuse contribute to the impact of HIV/AIDS on many levels. Two general areas they affect are:

- The rate of transmission of HIV
- The health of PLWHA (who use and/or abuse drugs and alcohol)

Many people have heard about the negative health effects of using drugs and alcohol, yet we still see so much of it in our communities.

Ask that your peers think of some of the reasons why people use alcohol and drugs, despite knowing about the health risks involved, and make a list.

Objective: Discuss some of the factors that lead people to use drugs and alcohol

Examples of some reasons why people use drugs and alcohol?

- Availability and accessibility
- Peer pressure
- Boredom
- Poor self-esteem
- Mass media
- Poor example of adults and family
- Temporary relief of pain, anxiety, depression, worries
- Isolation and a need to belong
- Habit

Objective: List some reasons why using drugs and alcohol increase the risk of HIV transmission

How do drug and alcohol use affect the rate of HIV transmission?

Use of drugs or alcohol can impair a person's ability to think clearly, which can lead to high risk behaviours and increased risk of transmission of HIV and other STI.

Now ask that your peers think of how drinking alcohol and using drugs increase the risk of being infected with HIV and discuss some of these points.

- When people use alcohol and drugs they have fewer inhibitions: people are more likely to take part in behaviours that they would not do if sober (without drugs or alcohol in their system)
- People are often forgetful under the influence of drugs and alcohol: a person might intend to practice safe sex (for example using condoms) but could forget after drinking some alcohol or taking some drugs.
- Men have difficulties maintaining an erection under the influence of too much alcohol and even some drugs. This means that should a man use a male condom, the condom might not stay on the penis properly, therefore increasing the risk of HIV and STI transmission.

Objective: Explain some effects of alcohol and drug use on a person's health (particularly PLWHA)

Some effects of alcohol and drugs on a person's health:

Drugs and alcohol have many negative effects on a person's physical and mental health, regardless of their HIV status. For a person living with HIV, the physical effects of drugs and alcohol will increase greatly. A person with HIV needs to keep the immune system strong. This is not possible with the use of drugs and alcohol. Tobacco, dagga, alcohol, mandrax, even caffeine, all impact the immune system and body's ability to fight off infections. It is important that PLWHA limit the amount of drugs and alcohol in order to help keep their immune system strong for as long as they can.

Alcohol and drugs may cause:

- Loss of brain tissue
- Kidney failure
- High blood pressure
- Liver damage
- Lung problems
- General malnutrition
- Vitamin deficiency
- Depression
- Dependence on the drug
- Cramps

Objective: List support services for people struggling with drugs and/or alcohol use and abuse

Where can a person go for help?

There is help and support available for people who have drug and/or alcohol problems.

Drug Awareness Group

Tel: 061-230 296

Nova Vita Rehabilitation Centre

Tel: 061-203 2380/081 124 1151

Ministry of Health and Social Services/National Drug Control Commission or Social Services

Tel: 061-2039111

Suggested Materials and Resources:

What?	Drugs and Alcohol <u>And their Relationship to HIV/AIDS</u>	Where to find it?
<u>Handouts:</u>	Drugs and Substances (booklet)	MOHSS
<u>Speaker:</u>	Health worker to talk about alcohol and drug use	MOHSS

Role Play:

Sam and his friends from work meet out at a club and are drinking and dancing. Sam is so comfortable at the club and knows everyone who works there. As time passes on, Sam is behaving very badly and it is clear that he is drunk. His friends start talking to each other (without Sam hearing), saying that every time they see Sam he is drunk. They mention that he always needs to borrow money from people, is no longer living at home with his wife, comes late to work a lot and even looks a little sick at times. His friends agree that Sam has a problem and that maybe, as good friends, they should do something to help. They talk about resources and where and when to refer Sam for help.

Peer Educator Reference Sheets

For Additional Information on Monthly and Other Topics

GLOSSARY: STIs and HIV/AIDS

AIDS (acquired immune deficiency syndrome) - a condition associated with a virus (HIV) that reduces a person's ability to fight certain types of infections

Acquired obtained or contracted, not inherited
Immune the body's defense system, provides protection from most diseases
Deficiency a defect or weakness, unable to respond; when linked with the immune system, this means that the system is not able to perform its functions and combat antigens (fight infections)
Syndrome a set of symptoms/diseases that occur together

AIDS virus - the virus associated with AIDS, a synonym for HIV

Anal sex - intercourse in which a man places his penis into either a woman's or another man's anus, or buttocks. STIs and HIV/AIDS can be transmitted through anal sex

Antibiotics - a medicine that stops the growth of micro-organisms. Antibiotics can only be used to treat infections caused by organisms, which are sensitive to them, such as bacteria or fungi.

Antibody - a natural defense produced by the immune system when an antigen enters the body. Its purpose is to protect the body from disease by countering or marking the antigen for destruction.

Anti-fungal - any medicine that kills fungi. Fungi are sometimes simple plant-like organisms such as yeasts, rusts, molds, and mushrooms. Some yeasts cause disease in people while others are good. Some antibiotics are made from molds.

Antigen - any substance the human body regards as foreign or potentially dangerous and against which it produces an antibody. HIV is an antigen.

Asymptomatic - having an antigen in the body but showing no outward symptoms. People infected with HIV who are asymptomatic may transmit HIV or other STIs

Atypical - unexpected, not common, irregular, or unusual

Bacteria - a group of micro-organisms that live in soil, air, water, as well as on people, animals, and plants. Some bacteria are harmless but others cause diseases by making poisons.

Bisexual - being emotionally and sexually attracted to members of both genders

Breast - the mammary gland of a woman. Each breast is made up of tissues that can make milk. These tissues are surrounded by fat tissue.

Chancroid - soft sore; an STI caused by a bacteria. Results in enlargement and ulceration of lymph nodes in the groin

Chlamydia - common name for sexually transmitted infections caused by the *Chlamydia trachomatis* organism

Chronic - describes a disease that lasts a long time with very slow changes in the body. Such a disease often comes on slowly. The term does not necessarily mean the symptoms are severe

Condom - a protective covering that fits over the penis or inside the vagina (female condom) and provides a barrier to prevent passing sperm or antigens from one partner to another during intercourse

Conjunctivitis - inflammation of the eye, which becomes red and swollen and produces a watery or pus-like discharge. It causes discomfort rather than pain

Dementia - chronic or persistent disorder of the mental processes due to organic brain disease. It is marked by memory disorders, changes in personality, impaired ability to think, and disorientation

Diarrhoea - frequent emptying of the bowel or passage of very soft or liquid faeces. Bad diarrhoea that lasts a long time may lead to excess loss of fluid, salts, and nutrients

Erotic - causing arousal of sexual feelings, fantasies, and emotions

Excretions - wastes removed from the body; through the actions of the kidneys, through the sweat glands, breathed out as vapours from the lungs, and as faeces from the digestive tract

Fever - a rise in body temperature above normal; above an oral temperature of 37°C (98.6°F) or a rectal temperature of 37.2°C (99°F). Fever is generally accompanied by shivering, headache, nausea, constipation, or diarrhoea. Fevers are caused by bacterial or viral infections.

Gender - our maleness or femaleness, composed of:

Gender assignment - the biological component of being a man or a woman

Gender identity - the psychological and social aspect of being male or female, often called masculine or feminine; it is influenced by social norms

Genitals - referring to the reproductive organs

Glands - an organ or group of cells that specialises in synthesising and secreting certain fluids

Gonorrhoea - an STI caused by a bacteria that affects the genital mucous membranes. In men, symptoms include pain and/or a burning feeling during urination and discharge of pus from the penis. Women may have an abnormal vaginal discharge, abnormal menses, or be asymptomatic

Granuloma inguinale - an STI caused by a bacteria. Marked by a pimply rash on and around the genitals which develops into nodules under the skin. Nodules erode to form beefy, exuberant ulcers that are painless, bleed on contact, and enlarge slowly

Groin - the external depression on the front of the body where the abdomen and thighs meet

Haemophilia - an inherited condition where blood does not clot normally. It is a disorder that only affects males and causes extreme, sometimes spontaneous bleeding

Hepatitis B - caused by a virus. There is no treatment but a vaccine is available for persons at risk of infection. Often asymptomatic, however when symptoms are present they may include skin eruptions, itchy rash, exhaustion, arthritis, loss of appetite, nausea, vomiting, headache, fever, dark urine, jaundice, liver enlargement and tenderness.

Herpes - caused by a virus with no known cure. Often asymptomatic, however, when symptoms are present they may include single or multiple blisters anywhere on the genitals. Blisters rupture to form shallow painful ulcers that heal with little scarring. Symptoms from the infection may happen from time to time. Avoid sex when lesions are present; some risk of transmission still exists when lesions are not present

Heterosexual - being emotionally and sexually attracted to members of the other gender

HIV Disease - defines the entire range of disease states from infection with HIV to the severe stages of AIDS. It includes asymptomatic and symptomatic HIV infection

HIV Antibody Test - a laboratory test to detect the presence of antibodies, the body's response to HIV. **It is not a test for AIDS.**

ELISA - Enzyme Linked Immunosorbent Assay, a simple and inexpensive test for HIV antibodies

Western Blot - more specific and accurate than the ELISA test. It is also more expensive and is often used to confirm positive ELISA test results

Homosexual - being emotionally and sexually attracted to members of the same gender

Human Immunodeficiency Virus (HIV) - the virus that is associated with AIDS

Immune system - the cells that protect the human body by recognising and neutralising antigens when they enter the body

Incidence - The number of cases recorded in a specific time period

Incubation period - the period between exposure to a virus or other antigen and the appearance of the first symptom or sign of infection. The incubation period for HIV can be very long. Symptoms may not appear for ten or more years after infection

Injection drug use - taking substances by injection. Substances may include prescription drugs, illegal drugs, vitamins, etc. Injection may be into a vein (IV), a muscle, or under the skin

Intercourse - sex that involves one partner entering another. Intercourse may refer to vaginal, anal, or oral sex

Lesions - damaged tissue; a result of disease or wounding. Includes abscesses, ulcers, tumors, and direct injuries

Lymph nodes - swellings along the lymphatic system that act as filters to prevent foreign particles from entering the blood stream. The lymphatic system carries electrolytes, water, proteins, etc. from the tissues to the bloodstream

Malaise - a general feeling of being unwell. The feeling may be accompanied by specific physical discomfort which indicates the presence of a disease

Masturbation - the act of exciting the male or female genitals to orgasm, usually by means other than intercourse, such as by hand

Menses - the blood and other materials that leave a woman's body during menstruation

Mucous membranes - the moist tissue lining many of the tube-like structures and holes of the body, including the nasal passages, mouth and throat, urinary tract, vagina, and other areas of the body

Nausea - the feeling that one is about to vomit

Nerve - fiber that transmits impulses outward from the brain or spinal cord to the muscles and glands or inward from the sense organs to the brain and spinal cord

Nodules - a small swelling of the cells

Opportunistic infection - those diseases that are caused by agents that are often present in our bodies or surroundings that do not cause disease when our immune systems are performing normally

Oral sex - the act of stimulating the male or female genital areas with the mouth

Penis - the male reproductive organ for copulation (ejaculation of sperm) and for urinating

Pneumonia - inflammation of the lung caused by bacteria, in which the air sacs fill up with pus so that air cannot pass through the lung. Symptoms include cough and chest pain

Prevalence (prevalence rate) - The number of persons with a particular condition in a given population. Prevalence is determined by dividing the number of people with the condition by the total population.

Protozoa - a small group of microscopic single-cell animals. Some protozoa cause diseases in people

Retrovirus - a group of RNA viruses that cause a variety of illnesses in animals. HIV is the first retrovirus that is known to affect human beings

Semen - a fluid produced by the male reproductive system that is a mixture of secretions and contains sperm and white blood cells.

Sex - sexual activity or behavior; what we do to express our erotic feelings; what is meant when we say "having sex"

Sexuality - the experience of being sexual, shaped by behavioral, psychological, emotional, social, and orientation factors

Sexually Transmitted Infections (STIs) - diseases that are transmitted during sexual contact from an infected person to his/her partner(s)

Spermicide - a substance, usually in jelly form, that kills sperm and prevents the transmission of some sexually transmitted diseases. It is used by itself or in conjunction with other contraception devices, including condoms and diaphragms

Symptomatic HIV infection - sometimes called AIDS-related complex (ARC), a condition when the immune system is affected by HIV and does not function normally. Symptoms include prolonged fever, weight loss, swollen lymph glands, or infections with fungi. Persons with ARC may become very ill or die, but do not have the disease considered to qualify for AIDS diagnosis

Syphilis - an STI caused by a bacteria. The primary symptom is a chancre (hard ulcer) at the site of infection. Left untreated the disease progresses into more dangerous stages. In pregnant women, the disease can be transmitted to the developing fetus

T-Cells - white blood cells that help manage the immune system, T-cells are the primary targets of HIV and become HIV factories when infected

Helper T-cells (T4) - turn on antibody production

Suppressor T-cells (T8) - turn off antibody production

Testicles - the male reproductive organ that produces and stores sperm

Thrush - appears as white patches on the tongue, or inside the cheeks or vagina; caused by a yeast-like fungus

Ulcer - a break in the skin or mucous membrane that does not heal

Unprotected sex - sexual activity that involves passing of semen, vaginal fluid, or blood from one partner to the other. It may also refer to intercourse without a condom

Vaccine - a fluid that contains an agent that has been modified to stimulate immune response but not cause infection. It may protect the body against future infection with that agent. There is no vaccine for AIDS nor for most other STIs

Vaginal fluids - liquids produced by the female reproductive system that provide moistness and lubrication of the vagina. They are sometimes called cervical secretions

Virus - a microscopic agent that invades and gets benefit from a cell while disrupting or destroying the cell's normal functions

Window period - the time it takes the immune system to produce antibodies after an antigen has entered the body. For HIV, in most people the window period is between 3 weeks to 3 months

HIV/AIDS Service Organisations Resource List

The following Organisations have assisted in the development of this booklet and can provide further information, materials, and support for implementing workplace peer education programmes.

1. AIDS CARE TRUST OF NAMIBIA (ACT) --Windhoek

Tel: 061-259590 Fax: 061-218673

Email: aidscares@iafrica.com.na

Overview of Peer Education Programme: Since 1999 the ACT has been targeting workplaces. Currently, three trainers of the IEC unit offer a range of services to workplaces. The service is flexible and based on the needs of the individual companies. Those having their own resources to run HIV/AIDS prevention programmes only receive training of peer educators. In other cases, the ACT enters into long-term partnerships offering assistance in the selection and training of peer educators, supervising their sessions and organising special events. **Other Services:** Distribution of IEC materials, facilitate home-based care training workshops, provide home-based care for PLWHA.

2. CHAMBER OF MINES OF NAMIBIA --Windhoek

Tel: 061-237925 Fax: 061-222638

Email: chammin@mweb.com.na

Overview of Peer Education Programme: The Chamber of Mines of Namibia runs a programme called OHEAP (Occupational Health Education and Awareness Programme). OHEAP targets mainly mining communities, with a specific emphasis on HIV/AIDS. The programme trains peer educators, offers consultation and guidance on health and HIV/AIDS policies, counselling programmes, assistance with programme implementation, presentations to managements and interested groups, and monitoring and evaluation activities.

3. WALVIS BAY MULTI-PURPOSE CENTRE (WBMPC) --Walvis Bay

Tel: 064-200219 Fax: 064-200291

Email: wbmipc@africaonline.com.na

Overview of Peer Education Programme: The WBMPC started its outreach to private workplaces in 2001. The workplace programme consists of a training-co-ordinator and a team of three outreach health educators. The training co-ordinator and management teams from individual companies identify an HIV/AIDS contact person in the workplace. The WBMPC outreach health educators then conduct 4-hour awareness sessions for as many employees as possible (in either English, Afrikaans, or Oshiwambo). After the awareness sessions are completed, company peer educators are selected. The peer educators are then trained and maintain contact with the WBMPC by attending monthly peer educator meetings.

4. SAM NUJOMA MULTI-PURPOSE CENTRE --Ongwediva

Tel: 065-232017 Fax: 065-230521

Email: tinandengu@hotmail.com

Private Bag 5549, Oshakati

Overview of Peer Education Programme: The SN MPC opened in 2003 and established an outreach HIV/AIDS programme for various sectors. The center has a group of trained outreach health educators who go into local schools and local companies. The outreach health educators train peer educators and provide continuous support to PE in companies. The SN MPC is closely linked with the Ongwediva municipality and work closely with PE there.

Other Support and HIV/AIDS Service Organisations

5. LEGAL ASSISTANCE CENTRE -AIDS LAW UNIT (ALU) --Windhoek

Tel: 061-223356

Fax: 061-276364

Email: aids@lac.org.na

Services: The ALU, of the Legal Assistance Centre (LAC) promotes a human rights based approach to HIV/AIDS in Namibia through education, research, litigation, legal representation, advocacy and lobbying. Provides information and presentations to companies about the impact of HIV/AIDS, assists management and workers through a consultative process to develop appropriate HIV/AIDS policies. The ALU also provides paralegal training for community paralegals and peer educators in HIV/AIDS; how to write a legal will, access to treatment, supported by a variety of materials and training manuals.

6. CATHOLIC AIDS ACTION --Windhoek (national office) plus eight regional offices

Tel: 061-276350

Fax: 061-276364

Email: info@caa.org.na

Services: Provides training in home-based care and psychosocial support for Orphans and other Vulnerable Children. Focuses on community-based home-based care for PLWHA (and others who need support) and Orphans and other Vulnerable Children through their network of over 1400 trained volunteers in 8 regions of Namibia. Implements the Stepping Stones programme for primary schools, host annual conferences, publishes various books and how to booklets in local languages about living positively with HIV/AIDS, and related topics.

As of February 2003, CAA also offers VCT services through the SMA-supported NEW START VCT Centres at the Bernard Nordkamp Centre in Katutura, opposite People's Primary School)

Tel: 061 234 221 and at the New Start Centre in Oshakati, at the Roman Catholic Church multi-purpose centre in Oshakati West: Tel: 065-220434.

7. LIFELINE/CHILDLINE NAMIBIA --Windhoek

Tel: 061-226889

Fax: 061-226894

Crisis Line hotline: 061 232221

Email: llinenam@mweb.com.na

Services: Lay counselling training program. Lay counseling hotline services (7 days per week—15 hours per day)—including HIV/AIDS, domestic violence and sexual abuse counseling; face-to-face counseling, outreach to primary schools (Life Skills participatory educational dramas), facilitation of sustainable community development programmes with focus on emotional health and counselling services.

8. NAMIBIAN NATIONAL NETWORK FOR PEOPLE LIVING WITH HIV/AIDS (NNNP/LIRONGA EPARU) --Windhoek

Tel: 061-261122

Fax: 061-261778

Email: lirongaeraru@iway.na

Services: Mitigates rights for PLWHA, provides IEC materials, advocates access to treatment, care and support for PLWHA, income generating projects to support PLWHA and OVC.

9. NAMIBIA PLANNED PARENTHOOD ASSOCIATION (NAPPA) --Windhoek

Tel: 061-230250 **Fax:** 061-230251

Email: nappa@africaonline.com.na

Services: Provision and education about Family Planning and condom distribution, development of IEC materials, establishes youth clubs in schools.

NaSoMa--Windhoek

Tel: 061-256427/ 256402 **Fax:** 061-256424

Email: nasoma@mweb.com.na

Services: Country-wide distribution of male (Cool Ryder) and female (Femidon) condoms to traditional sector outlets, pharmacies, supermarkets, and non-traditional sectors such as shebeens, petrol stations, and workplaces.

10. SOCIAL MARKETING ASSOCIATION--Windhoek

Tel: 061-244936 **Fax:** 061-244937

Email: smanam@namibtnet.com.na

Services: Provides subsidized male condoms to low-income populations by distributing Maximum Gold condoms to shebeens and workplaces, promotional activities for condoms. Peer Education Program with the Military, HIV/AIDS awareness campaigns and cross border HIV/AIDS prevention activities. Promotes VCT through their recently introduced NEW START VCT Centres in Katutura and Oshakati, Walvis Bay and Rundu.

11. NEW START VOLUNTARY COUNSELLING & TESTING CENTRES

Windhoek:

CCN Centre (Katutura)
061-220368
Bernard Nordkamp, CAA (Katutura)
061-234221

Oshakati:

Roman Catholic Church Premises in
Oshakati West
065-220434

Walvis Bay:

Walvis Bay Multi-Purpose
Centre (Kuisebmond)
064-200219

Rundu:

Lifeline Childline
Site opening in September 2003
Location to be announced

The NEW START Centres are equipped with trained counselors and nurses. A person who wishes to be tested will go through pre- and post- test counseling. The fee for the service is N\$10 and test results are available within three days of testing.

Call Social Marketing Association (SMA) for additional information on NEW START VCT Centres and locations (061-244936)

This is by no means not an exhaustive resource list. More information on other AIDS Service Organisations can be found in the *Namibia HIV/AIDS Service Organisations Directory* published in 2002 by the Network of AIDS Service Organisations (NANASO)

Tel: (061) 234198

Fax: (061) 261778

Email: nanaso@mweb.com.na

Support Groups

In order to be able to give support to others we must be supported ourselves. Being able to meet with others working in a similar field of work can be a good source of professional support.

What is a support group?

A support group allows people to express emotions and feelings about their experiences both in and out of work. Support groups are not about problem solving or case management, they are about people talking and listening to each other so that emotions, tensions and stresses are appropriately processed.

In order to work, the group will need to have some kind of structure and some ground rules. Here are a few simple suggestions:

Facilitation

Decide who will facilitate the group. The facilitator is responsible for keeping time; ensuring only one person speaks at a time and for reminding the group of any ground rules that they have agreed.

The group can either have:

- A single facilitator chosen for their skills and experience.
- A different facilitator each time it meets (rotating facilitator)
- No facilitator; i.e. the group is self-facilitated. However this can lead to problems in an inexperienced group such as poor time management and some people being left unheard due to dominance of the space by other members of the group.

Time

It is important in any group that each person has a chance to speak. Here are some examples of ways to ensure this.

- The group can use a "talking stick". The only person allowed to speak is the one holding the stick, other members must listen. The stick is passed around the group so that each person has a chance to speak. (Instead of a stick you could use a small heart shaped pillow to symbolize speaking from the heart).
- Another simple way to ensure each person can speak is to use equal time. Divide the expected length of the meeting by the number of people present and then let each person speak for that amount of time. The facilitator keeps time and ensures everyone has a chance to speak.
- More experienced groups may use negotiated time. In this system group members agree at the start of the meeting who will have what amount of time depending on the needs and circumstances of group members; so for example, someone who has just been bereaved may be given more time than someone who has little to talk about on that occasion. It is still important, however, that everyone has a chance to speak. The facilitator's job is to lead the process of agreeing times at the start of the meeting and to then facilitate accordingly.

Wills

The section on Creating a Will was provided by the AIDS Law Unit of the Legal Assistance Centre. Please contact LAC listed in the Resource List for more information.

Introduction

The importance of planning for your future by writing a will is to ensure that your assets are distributed in accordance with your wishes. The only way to avoid family disputes and property grabbing is to clearly state your wishes in your will.

What is a Will?

A will is a written document, voluntarily made by a person (called the testator) in which that person says what should happen to their property, or who should look after their minor children, after the person's death.

Why should I have a will?

- I can give my property to whoever I want.
- I can take care of my wife/husband, or if I am not married, to my partner, and children after my death.
- I can appoint a guardian for my minor children, and see to it that they are financially looked after.
- I can state who should round up my affairs after my death. This person is called the executor.
- Normally an executor must furnish security before s/he can be appointed by the Master of the High Court as an executor. I can tell the Master to do away with this requirement in my will and this will make it easier for the executor to be appointed.

Who are the people involved when I draft my will?

Testator: the person making the will

Witnesses: people who sign the will proving that the signature is that of the testator

Beneficiaries: people who will receive benefits under the will, also called heirs.

Executor: the person who has to execute the will of the deceased and see to it that the estate is wound up according to the wishes of the testator by paying all debts and distributing the funds left over to the beneficiaries.

Guardians: if you have minor children, this is the person that you nominate to take custody and care of your children.

Any person who is 16 years or older may make a will, provided that person knows and understands that s/he is making a will.

Who can receive benefits under the will?

Normally, any person can benefit under a will. However, make sure that the witnesses of the will are not beneficiaries under the will, or are not nominated as guardians or executor, as this will prohibit them from inheriting under the will or from being appointed as a guardian or executor.

If a person writes a will on behalf of the testator in which the writer is given something, the testator must make it very clear that it was his/her intention that the person who wrote the will also become a beneficiary under the will. The testator can do this by confirming after the will is drawn up that it was his/her intention that the writer will also benefit under the will.

If a person signs the will on behalf of the testator, neither that person nor his/her spouse can benefit under the will. This will happen when the testator cannot write or where he is unable to make use of his hands to sign the will due to, for example, some disability.

In short, it is best to get people in to witness or write the will who will not receive anything under the will.

Who can be a witness to a will?

Any person who is 16 years and older can witness a will, provided that the person is of sound mind.

Requirements for a valid will

It is very important to follow these instructions carefully, otherwise the will will be invalid.

The will must be dated.

The will must be in writing and signed at the end by the testator. This must be the testator's full signature and not initials.

Somebody may sign the will on behalf of the testator.

A testator may sign with a mark, but then a commissioner of oaths, like a police officer or bank manager, must certify that s/he is certain of the identity of the testator, and that the document is the will of the testator.

The signature or the mark of the testator must be made in the presence of two witnesses.

The witnesses must sign the will after the testator has signed in the presence of the testator and of each other.

*If the will consists of more than one page, the same people must sign all the pages.
If the commissioner of oaths has certified the will, the same commissioner must also sign the other pages.*

Basic details to include in a will

Personal and family details

- Your full names, age, identity number and permanent address.
- Your marital status and whether you are married in or out of community of property (sharing of property in a marriage.)
- If married, your spouse's name and ID number.
- The names, sex and ages of your children, and whether they are single or married.
- Details of your relatives and other persons or groups who will inherit.
- The name and details of the executor - the person who manages the will and who is responsible for winding up (closing) the estate and making sure that the estate is distributed properly.

Business and financial details

- Your personal financial position for example:
What you own, what money you owe, any policies you have, e.g. life assurance.
- Your employment details - provident or pension fund beneficiaries and employer's address.

When will a will be invalid?

If the will does not comply with the following requirements in terms of the Act:

- If the testator did not sign at the end of each page of the will in the presence of two witnesses, who also sign at the end of each page.
- If the testator and the witnesses did not sign at the end of each page in the presence of each other.
- If the testator did not want to make a will, for example where s/he signs something thinking it is some other document.
- When the testator is forced or tricked into making a will.
- Unless the original will is available, a copy of the will will be invalid.

How to change a will

A will can be changed, but then the same procedures must be followed as when a will is made. Remember, every time you make a correction in a will, the correction must be signed by the testator and the witnesses.

How to cancel a will?

The testator may cancel his / her will at any time before death. The testator does this by making a new will, stating that s/he cancels (or revokes) the previous will. If the testator failed to cancel or revoke the previous will, the will with the most recent date will be accepted as the testator's last will.

What can be written in the will?

The testator can:

- distribute all or some of his/her property.
- nominate the people s/he intends to benefit under the will.
- appoint a guardian for the minor children.
- appoint an executor, and instruct the Master not to require security for the handling of the will. The executor can be a trusted friend. You can also state that the executor may be assisted by someone else if necessary. It is advisable to nominate a second executor in the event of the first appointed executor dying or for some reason, he/s is unable to perform his duties as an executor.

The contents of the will may, however, not be:

- illegal
- against public morals
- so vague that it cannot be carried out

What to do after a will is made?

- Keep the will in a safe place, and tell the people who will benefit under the will; or
- Give it to a trusted friend who will produce it after your death; or
- Give it to your local priest or church elder to keep in a safe place; or
- Give it to a lawyer or bank manager to keep safely.
- Regularly update the will to provide for a change in circumstances, such as marriage, the birth of children or getting other property.

What to do once the testator has died?

When the testator dies, a death notice and the will must be filed at the office of the Master of the High Court.

The Master will appoint the executor as identified in the will, and direct her/him what to do.

The testator's bank accounts must be frozen.

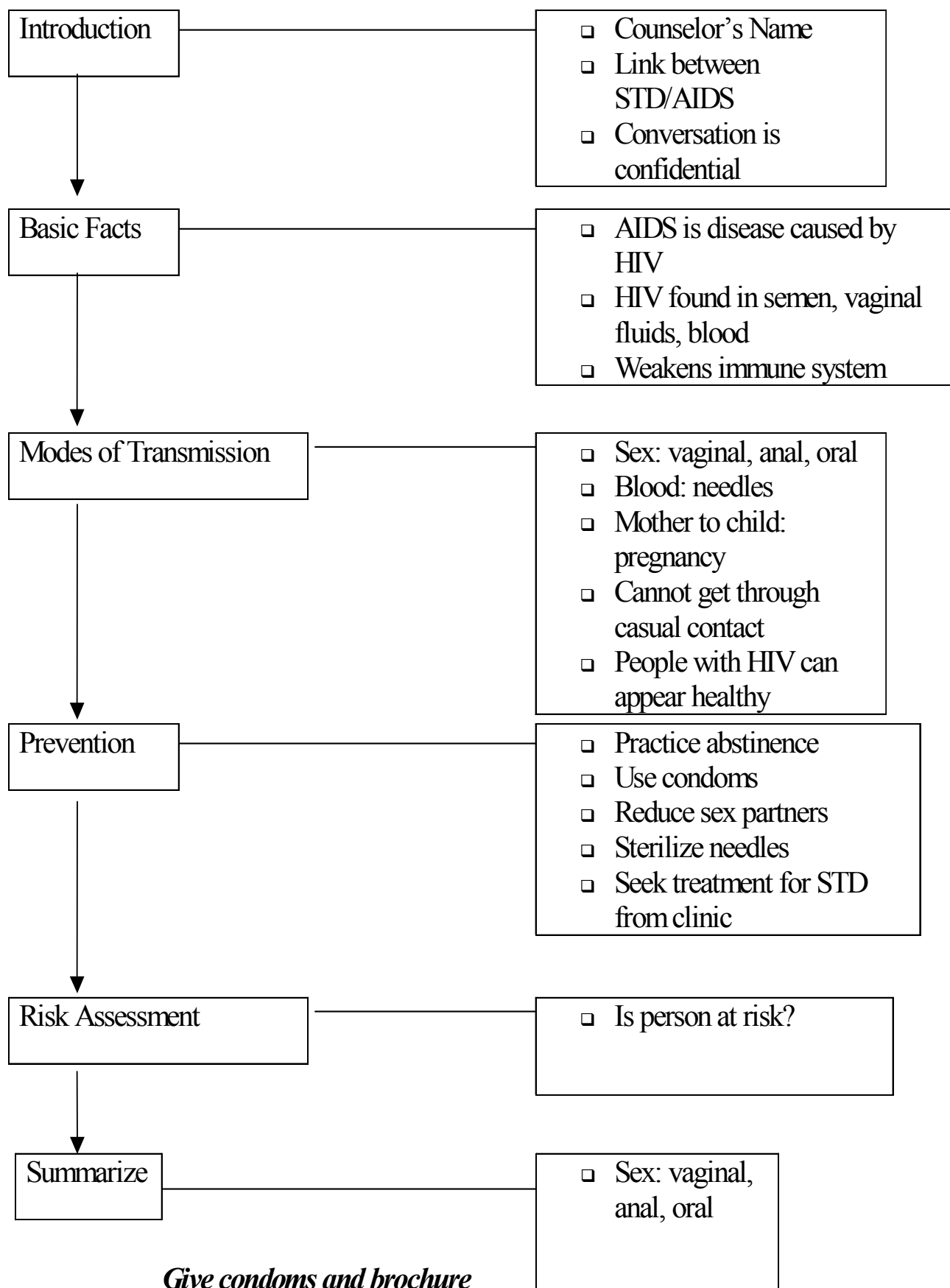
The executor must collect all the money owing to the deceased.

Supporting a Dying Person

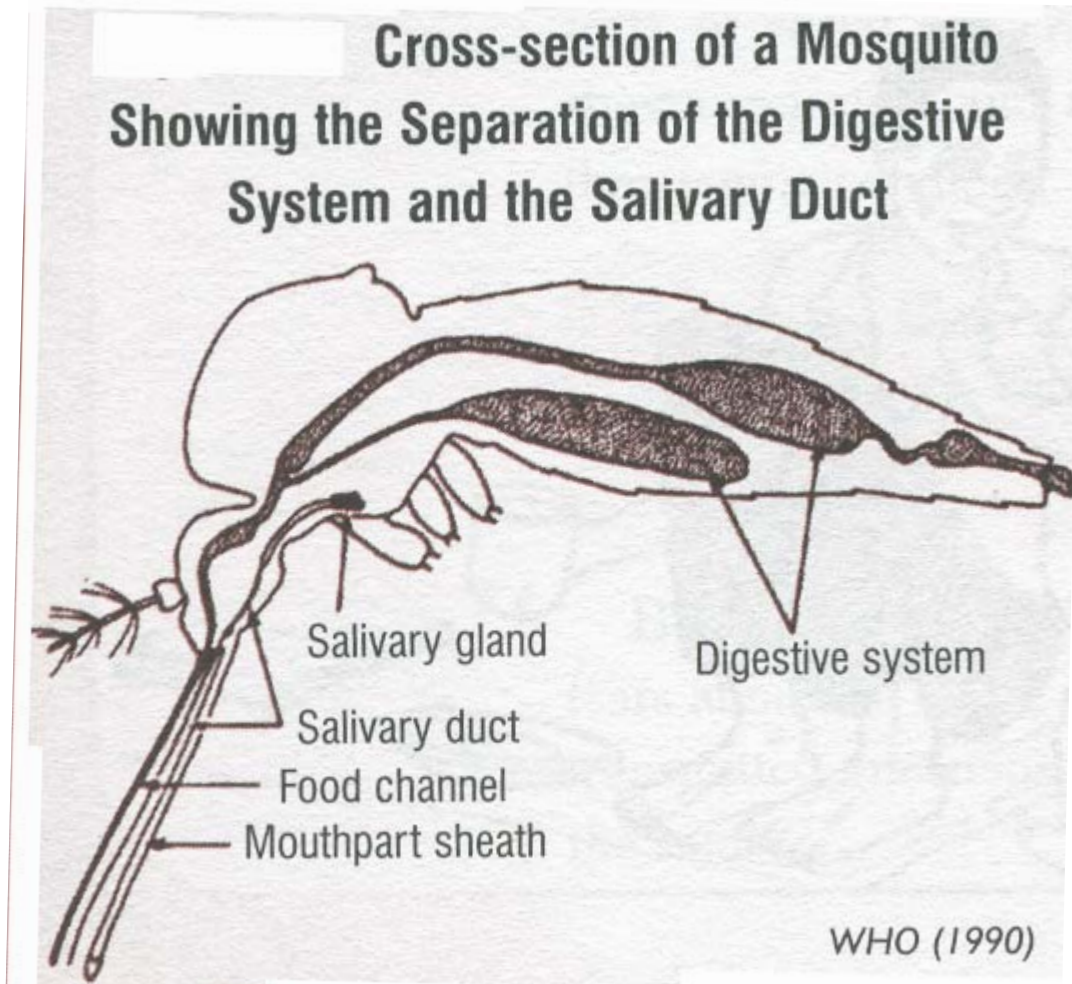
- Treat the person with **Respect**
- Maintain **Dignity**
- Give them **Choices**
- As far as possible, ensure **Relief from Pain**
- Make arrangements for their **Physical Care**
- Allow them to **Express Emotions**.
- Offer **Support** that helps the person to process their feelings but do not try and control the process; the client will progress at their own pace
- If a client has faith, ensure that their **Spiritual Needs** are met with appropriate support and guidance.

There may be times when all you can do is be there. Sitting peacefully with a dying person may provide a great deal of support and comfort even when no words are spoken.

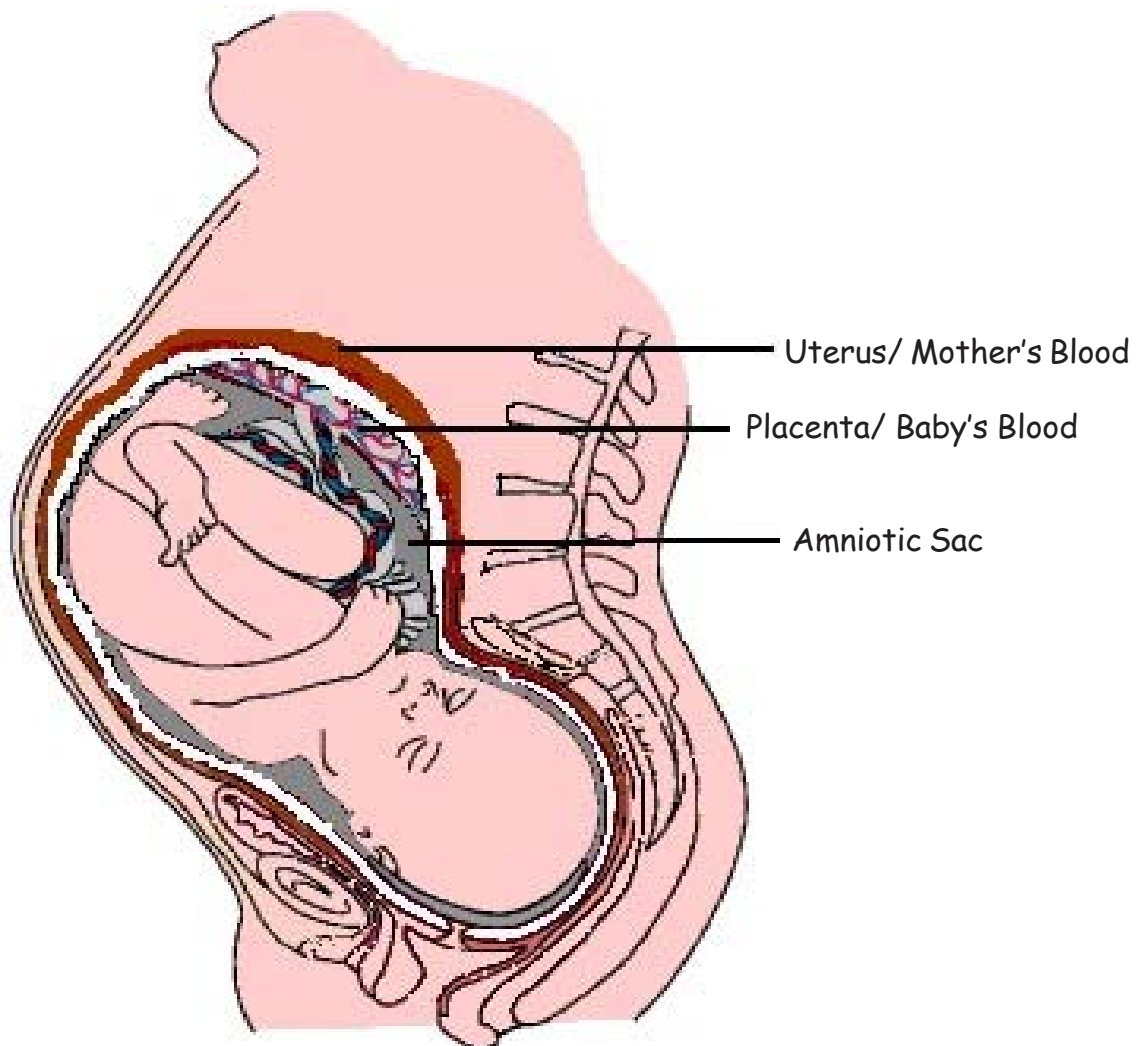
AIDS/HIV Risk Reduction Counseling Checklist



Picture to illustrate why a mosquito cannot transmit HIV



When a mosquito bites, it injects saliva into the human's body, not blood. HIV is not transmitted through saliva, therefore a mosquito cannot transmit HIV.



How does an HIV-positive woman give birth to an HIV-negative baby?

The mother and the baby do not share blood. There is a space between the mother's blood and the baby's blood.

16. TB in mense met MIV kan genees word	Ja <input type="checkbox"/> Nee <input type="checkbox"/>
17. Sommige traditional geneeshere kan VIGS gesond maak.	Ja <input type="checkbox"/> Nee <input type="checkbox"/>
18. Daar is medisyne wat VIGS kan gesond maak.	Ja <input type="checkbox"/> Nee <input type="checkbox"/>
19. Mense is bang om te gaan vir die MIV toets omdat hulle voel hulle sal verstoot word as hulle MIV positief toets	Ja <input type="checkbox"/> Nee <input type="checkbox"/>
20. Ken U iemand wat met MIV geïnfecteer hier by die werk of wat al dood is deur VIGS	Ja <input type="checkbox"/> Nee <input type="checkbox"/>
21. Weet U waarheen om te gaan vir 'n MIV toets.	Ja <input type="checkbox"/> Nee <input type="checkbox"/>
22. Het U al ooit gegaan vir 'n MIV toets.	Ja <input type="checkbox"/> Nee <input type="checkbox"/>
23. Dit is altyd maklik om kondome te kry by my werk.	Ja <input type="checkbox"/> Nee <input type="checkbox"/>
24. As U weet die persoon wat kos verkoop het MIV/VIGS, sal U van hom / haar koop	Ja <input type="checkbox"/> Nee <input type="checkbox"/>
25. Sal jy etes met iemand deel wat MIV positief is.	Ja <input type="checkbox"/> Nee <input type="checkbox"/>
26. As 'n familie lid siek raak met MIV / VIGS sal jy wou he dat dit n geheim moet bly.	Ja <input type="checkbox"/> Nee <input type="checkbox"/>
27. As 'n familie lid siek raak met VIGS, sal U gewillig wees om help aan te bied in jou huishouding.	
28. Hoeveel inligting sessies het U al bygewoon in die laaste ses maande	1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4 of meer <input type="checkbox"/>
29. Hoe voel U oor die inligting sessies?	Amper altyd interessant <input type="checkbox"/> Soms interessant <input type="checkbox"/> Amper nooit interessant <input type="checkbox"/>

Sal u asseblief enige kommentaar of voorstelle oor die inligtings program neerskryf

**OMAPULO GOPAWUMWENE GOKAMPANI SHINASHA NO
NTSEYO KO MBINGA YO HIV NOMIKALO DHAYO**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Edhina lyo kampam

Onomola

Otutsa ndjino oyi li yo pawumwene yo oyi li oshiholekwa. Inashi pumbiwa wu nyole ko edhina lyo ye ko fooloma, ngele wa mana yipa omukwateli komeho.

1. OSHIKONDO: mofaambilika <input type="checkbox"/> mombelewa <input type="checkbox"/>	2. ONGUNDU: Omulumentu <input type="checkbox"/> Omukiintu <input type="checkbox"/>
3. Ongundu yoomvula yini wuli: 15-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40+ <input type="checkbox"/>	4. Ongundu: Inohokana/nwa <input type="checkbox"/> Inohokana/nwa ohamu kala pamwe nomuholike goye <input type="checkbox"/> Mwahokana ohamu kala pamwe nomuholike goye <input type="checkbox"/> Mwahokana ihamu kala pamwe nomuholike goye <input type="checkbox"/>

5. O HIV no AIDS ayihe yimwe	Eeno <input type="checkbox"/> Aawe <input type="checkbox"/>
6. Oto vulu oku kwatwa ko HIV mokuhupitathana	Eeno <input type="checkbox"/> Aawe <input type="checkbox"/>
7. Omashini go kontulo otaga vulu okutaandelitha ombuto yo HIV	Eeno <input type="checkbox"/> Aawe <input type="checkbox"/>
8. Aantu otaa vulu okwiigamena yoyene ko HIV mokulongitha okondoma keye ethimbo	Eeno <input type="checkbox"/> Aawe <input type="checkbox"/>
9. Aantu otaa vulu okwiigamena yoyene ko HIV ngele taayi momilalo na kuume ke omwiineekelwa ngoka kee na ombuto yo HIV	Eeno <input type="checkbox"/> Aawe <input type="checkbox"/>
10. Omuntu ota vulu oku kwatwa ko HIV ngele alika komwe	Eeno <input type="checkbox"/> Aawe <input type="checkbox"/>
11. Omukiintu ahokanwa omwiinekelwa naye ota vulu oku kwatwa ko HIV	Eeno <input type="checkbox"/> Aawe <input type="checkbox"/>
12. Oto vulu okudhimbilula omuntu ngoka ena ombuto yo HIV	Eeno <input type="checkbox"/> Aawe <input type="checkbox"/>
13. Ookondoma/oongumi dhimwe odhina uumbululu moka ombuto HIV tayi vulu okupitila	Eeno <input type="checkbox"/> Aawe <input type="checkbox"/>
14. Uunona awuhe mboka wa valwa kuyina ena ombuto yo HIV nawo otawu kwatwa ko HIV	Eeno <input type="checkbox"/> Aawe <input type="checkbox"/>
15. Aantu mboka yena mbuto yo HIV ohaalongo ashike iilonga iipu	Eeno <input type="checkbox"/> Aawe <input type="checkbox"/>

16. O TB yili momuntu ena o HIV otayi vulu okupangwa	Eeno <input type="checkbox"/> Aawe <input type="checkbox"/>
17. Oonganga dhopamuthigululwakalo dhimwe ohadhi vulu oku panga omukithi gwo AIDS	Eeno <input type="checkbox"/> Aawe <input type="checkbox"/>
18. Okuna omiti dhoka tadhi vulu oku panga omukithi gwo AIDS	Eeno <input type="checkbox"/> Aawe <input type="checkbox"/>
19. Aantu ihaa yi ko tutsa yo HIV oshoka oya tila oku haa taambiwako moshigwana ngele oyena ombuto yo HIV	Eeno <input type="checkbox"/> Aawe <input type="checkbox"/>
20. Oushi omuntu piilonga yoye ngoka akwatwa ko mbuto yo HIV nenge asa ko AIDS?	Eeno <input type="checkbox"/> Aawe <input type="checkbox"/>
21. Oushi mpoka to vulu okuya wu ka konaakonwe ombuto yo HIV?	Eeno <input type="checkbox"/> Aawe <input type="checkbox"/>
22. Owa lola ngaa okuya uka ka konaakonwe ombuto yo HIV?	Eeno <input type="checkbox"/> Aawe <input type="checkbox"/>
23. Oshili oshipu oku mona ookoondoma piilonga yoye?	Eeno <input type="checkbox"/> Aawe <input type="checkbox"/>
24. Ngele owushi omuntu ena ombuto yo HIV oto vulu oku landa puye?	Eeno <input type="checkbox"/> Aawe <input type="checkbox"/>
25. Oto vulu oku lya pwamwe nomuntu ena ombuto yo HIV?	Eeno <input type="checkbox"/> Aawe <input type="checkbox"/>
26. Ngele gumwe gomaakwanezimo lyoye ta ehama omukithi gwo AIDS oto kala wa hala shininge oshiholekwa?	Eeno <input type="checkbox"/> Aawe <input type="checkbox"/>
27. Ngele gumwe gwomaakwanezimo lyoye ta ehama omukithi gwo AIDS oto kala wuna ehalo lyokumutonatela nawa megumbo?	Eeno <input type="checkbox"/> Aawe <input type="checkbox"/>
28. Ootundi dhili ngapi dhelongo ndika wa kutha ombinga muule woomwedhi 6 dhaka pita?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 nenge odhindji <input type="checkbox"/>
29. Elongo ndino lyomawuyelele owulyuuviteko ngiini?	Oli li nawa <input type="checkbox"/> Oli li ngaa <input type="checkbox"/> Ka li li nawa <input type="checkbox"/>

Tukwatha wu nyole po osheetwapo shoye nenge egwedhelopo lyoye kominga yeyilongo lyopolohalama ndjika.

FHI/Namibia-Recommended IEC Materials for PEs

Title	Organization	Telephone	Fax	Postal Address	Email/website
Namibian HIV/AIDS Charter of Rights	AIDS Law Unit - Legal Assistance Centre	061-223356	061-234953	PO Box 604 W/hk	aidslaw@lac.org.na
Pregnancy and HIV	AIDS Law Unit - Legal Assistance Centre	061-223356	061-234953	PO Box 604 W/hk	aidslaw@lac.org.na
Promoting a human rights based approach to HIV/AIDS	AIDS Law Unit - Legal Assistance Centre	061-223356	061-234953	PO Box 604 W/hk	aidslaw@lac.org.na
Your guide on how to write a valid will	AIDS Law Unit - Legal Assistance Centre	061-223356	061-234953	PO Box 604 W/hk	aidslaw@lac.org.na
Choose Life	Catholic AIDS Action	061-276350	061-276364	PO Box 11525 W/hk	www.caa-namibia.org
Following in the footsteps of Jesus	Catholic AIDS Action	061-276350	061-276364	PO Box 11525 W/hk	www.caa-namibia.org
Healthy Eating for People Living with AIDS	Catholic AIDS Action	061-276350	061-276364	PO Box 11525 W/hk	www.caa-namibia.org
Not everyone is having sex	Catholic AIDS Action	061-276350	061-276364	PO Box 11525 W/hk	www.caa-namibia.org
Twelve (12) Steps to Living Positively with HIV	Catholic AIDS Action	061-276350	061-276364	PO Box 11525 W/hk	www.caa-namibia.org
HIV/AIDS Flipchart	Family Health International	061-239463	061-239461	PO Box 90199 Klein Windhoek Namibia	info@fhi.org.na
HIV/AIDS Resource and Topic Booklet for workplace Peer Educators - Session Plans and Information for 12 monthly Topics	Family Health International	061-239463	061-239461	PO Box 90199 Klein Windhoek Namibia	info@fhi.org.na
Protect yourself & your baby from HIV and AIDS	Family Health International	061-239463	061-239461	PO Box 90199 Klein Windhoek Namibia	info@fhi.org.na
Positive Health (English) - Also available in Afrikaans	Metropolitan	RSA -021-9405772			aidsinfo@metropolitan.co.za
Choices about sex - facts for young people	Ministry of Health and Social Services - IEC Unit	061-2032317		P/Bag 13198 W/hk	
Keeping workplaces clean and germ-free	Ministry of Health and Social Services - IEC Unit	061-2032317		P/Bag 13198 W/hk	
Ten things a man can do about family planning	Ministry of Health and Social Services - IEC Unit	061-2039111		P/Bag 13198 W/hk	
What you should know about STI	Ministry of Health and Social Services - IEC Unit	061-2039111		P/Bag 13198 Windhoek	
Why you should use a condom	Ministry of Health and Social Services - IEC Unit	061-2039111		P/Bag 13198 Windhoek	
Guidelines for Anti-Retroviral Therapy	Ministry of Health and Social Services - NACOP	061-2032823	061-224155	PO Box 22331 Windhoek	

Living with AIDS in the Community	Ministry of Health and Social Services - NACOP	061-2032823	061-224155	PO Box 22331 Whk
Sexual Transmitted Diseases	Ministry of Health and Social Services - NACOP	061-2032823	224155	PO Box 22331 Whk
Policy on HIV/AIDS confidentiality, notification reporting and surveillance	Ministry of Health and Social Services - Division Disease Control - PHC	061-2039111		P/Bag 13198 Whk
HIV/AIDS and the New Generation	Namibian German Reproductive Health Project	061-222447	061-222427	PO Box 8016 Whk
Living with HIV and AIDS	National AIDS Coordination Programme Zimbabwe			PO Box CY 1122 Causeway Harare, Zimbabwe
Nutritional guide for people with HIV	New Start Centres	CCN (061) 217621 Bernard Nordkamp 234221 Oshakati 065-220434		
AIDS Policy - Summary	Oceana Group Limited (Erongo Marine Enterprises)	064-219200	064-207084	PO Box 1155, W/Bay
What you and your partner need to know about Sexually Transmitted Diseases (STDs)	Social Marketing Association (SMA)	Windhoek 244936 Rundu 066-255155 Katima 066-253957 Walvis bay 064-200219		
Children and HIV/AIDS	Take Control Namibian HIV/AIDS Media Campaign Secretariat, UNICEF	061-222246 061-204626	061-224937 061-2046206	P/Bag 13344 Whk
Gender and HIV/AIDS	Take Control Namibian HIV/AIDS Media Campaign Secretariat, UNICEF	061-222246 061-2046262	061-224937 061-2046206	P/Bag 13344 Windhoek
Nutrition and HIV/AIDS	Take Control Namibian HIV/AIDS Media Campaign Secretariat, UNICEF	061-222246 061-2046262	061-224937 061-2046206	P/Bag 13344 Whk
Safer sex and HIV/AIDS prevention	Take Control Namibian HIV/AIDS Media Campaign Secretariat, UNICEF	061-222246 061-2046262	061-224937 061-2046206	P/Bag 13344 Whk
TB and HIV/AIDS	Take Control Namibian HIV/AIDS Media Campaign Secretariat, UNICEF	061-222246 061-2046262	061-224937 061-2046206	P/Bag 13344 Whk
Weet jy van MIV en Vigs? (Afrikaans)	Take Control Namibian HIV/AIDS Media Campaign Secretariat, UNICEF	061-222246 061-2046262	061-224937 061-2046206	P/Bag 13344 Whk
How should we care for our AIDS orphans?	UNESCO	061-2917000	061-2917220	
Peer Educator Session Diary Booklet for Namibian Workplace HIV/AIDS Peer Educators	Walvis Bay Multi-Purpose Centre	064-200219	064-200291	PO Box 7243 W/Bay

HIV/AIDS SERVICE ORGANISATIONS

NAME OF ORGANISATION	POSTAL ADDRESS	PHYSICAL ADDRESS	TELEPHONE	FAX NUMBER	E-mail Address
1. AIDS Care Trust of Namibia (ACT)	P.O. Box 8179 Bachbrecht, WHK	1 Adler Str, Windhoek West	061-259590	061-218673	aidscare@iafrica.com.na
2. Chamber of Mines of Namibia	P.O. Box 2895, WHK	5th Floor, Channel Life Building, Post Str Mall, WHK	061-237925	061-222638	shihpo@iway.na
3. AIDS Law Unit (ALU) - Legal Assistance Centre (LAC)	P.O. Box 604, WHK	4 Korner Street, WHK	061-223356	061-234953	mfigueira@lac.org.na
4. Catholic AIDS Action (CAA)	P.O. Box 11525, WHK	21 Jan Jonker Rd, Klein Windhoek	061-276350	061-276364	info@caa.org.na
5. Lifeline/Childline Namibia	P.O. Box 5477, WHK	45 Bismarck Street, WHK	061-226889	061-226894	linenam@mweb.com.na
6. Social Marketing Association (SMA)	P.O. Box 22870, WHK	12 Adler Str, Windhoek West	061-244936	061-244937	smanam@namibnet.com.na
7. National Social Marketing Programme (NASOMA)	P.O. Box 25256, WHK	26 Church Street, City Centre, WHK	061-256427 / 256402	061-256424	nasoma@mweb.com.na
8. Lironga Eparu Trust	P.O. Box 61592, WHK	Erf 2128, Indep. Ave, Katutura (Red Cross Building)	061-213638	061-213635	
11. Philippi Namibia	P.O. Box 447, WHK	29 Jemer Street, Windhoek West	061-259291	061-259210	philippi@iafrica.com.na
12. Namibia Red Cross	P.O. Box 346, WHK	Erf 2128, Independence Ave Katutura, WHK	061-235226	061-228949	enquires@redcross.org.na
9. Walvis Bay Multi-purpose Centre	P.O. Box 7243, Kusebmond, Walvis Bay	Khomas Hochland Str, Kusebmond, Walvis Bay	064-200219	064-200291	beverley@mpc.org.na
10. Sam Nujoma Multi-purpose Centre	P/Bag 5549, Ongwediva	Dr Libertina Amadhila Str, Ongwediva	065-232017	065-230521	tinandengu@hotmail.com
13. Namibia Network of AIDS Service Organisations (NANASO)	P.O. Box 23281 WHK	3rd Fir, Trust Centre Independence Ave WHK	061-234198 / 261122	061-261778	nanaso@mweb.com.na

**REGIONAL HIV/AIDS CO-ORDINATING COMMITTEES (RACOC)
REGIONAL HIV/AIDS CO-ORDINATORS**

REGION	CO-ORDINATOR	POSTAL ADDRESS	TELEPHONE	FAX NUMBER
Caprivi	Mt. J. Kassu Mbuche	P/Bag 5002, Katima Mulilo	066-253316 / 3046	066-253619
Erongo	Mt. Tobias Iyambo	P/Bag 5019, Swakapmund	064-404880/1	064-405418
Hardap	Mt. B.A Pleters	P/Bag 2017, Marietal	063-240728 / 0673	063-240527
Karas	Ms. Denice Cosgrove	P.O Box 384, Keetmanshoop	063-222068	063-223538
Kavango	Mt. Vincent Likaro	P/Bag 2082, Rundu	066-255396/14	066-255036
Khomas	Ms. N. Ekoku	P.O Box 3379, Windhoek	061-221441/2	061-220317
Kunene	Ms. Ngond Ngatjijheue	P/Bag 502, Opuwo	065-273139 / 3070	065-273077
Changwena	Ms. Josephine Hamutwe	P.O Box 13185, Eenhana	065-263021	065-263033
Oranje	Mt. Reihardt Kavengji	P/Bag 2277, Gobabis	062-563191	062-562432
Orrusati	Mt. Patrick Mungjele	P/Bag 523, Ormbanitu	065-251019	065-251078
Oshana	Ms. Albertina Haneb	P/Bag 2598, Oshana	065-220441	065-221292
Oshikoto	Mt. Johannes Houfiku	P.O Box 1116, Tsumeb	067-221484 / 1435	067-220729
Ojizondjupa	Mt. Thommy Koereho	P.O Box 1682, Ojizondjupa	067-303702 / 2966	067-302760

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