



# Training Module on HIV/AIDS

Mainstreaming Cell  
National AIDS Control Organisation



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**National AIDS Control Organisation**

India's voice against AIDS  
Ministry of Health & Family Welfare, Government of India  
[www.naco.gov.in](http://www.naco.gov.in)





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### FOREWORD

India has third largest numbers of people living with HIV/AIDS in the world. HIV is driven by a number of socio-economic factors and so health interventions alone cannot address the causes and consequences of the epidemic. We require multi-faceted and multi-sectoral response to HIV. Mainstreaming being one of the key priorities of NACP-IV has increasingly gained ground with the realization that the non-health sector play a very important and meaningful role in reducing vulnerability to HIV and mitigating its impact on those infected and affected.

National AIDS Control Programme places importance on Mainstreaming HIV/AIDS and related issues and provides prevention and treatment services and is also committed towards impact mitigation of HIV on individuals and households. The programme has been globally acclaimed, but to increase the reach of the programme and reach out to every individual infected, affected or at risk of HIV a lot was needed to be done. The efforts culminated in signing of MoUs between NACO and non-health Ministries and Departments of Government of India and formation of Joint Working Groups at the national and the state level.

Subsequent meetings and deliberations have resulted in departments, Public and Private sector undertakings, initiating activities within the organisation and for the surrounding communities. Most of the departments and PSUs incorporated HIV and AIDS related services including incorporating HIV as a topic in the regular training sessions under health & safety. It was felt by other departments, PSUs and NACO that for sensitisation and orientation of employees and other work force, there is a need for a standard Training Module.

It is my pleasure in handing you over this Training Module which will orient the internal Resource Pool of the organisation or serve the purpose of sensitising the external resources and further cascading down to the grassroots level. These steps taken together in information dissemination will definitely help reach the last mile of success in preventing HIV.

I wish to acknowledge the contributions of UNDP India and the PIPPSE Project supported by USAID for developing and designing this training module. I also wish to appreciate the efforts of the Mainstreaming Team members of NACO for their valuable contribution.

  
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# ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Treatment
CSR	Corporate Social Responsibility
DAPCU	District AIDS Prevention and Control Unit
FSW	Female Sex Worker
HIV	Human Immunodeficiency Virus
HRG	High Risk Group
IDU	Injecting Drug User
ICTC	Integrated Counseling and Testing Centre
MARPs	Most at Risk Populations
MSM	Men who have Sex with Men
NACO	National AIDS Control Organization
NACP	National AIDS Control Program
OVC	Orphan and Vulnerable Children
PLHIV	People Living with HIV/AIDS
PPTCT	Prevention of Parent to Child Transmission
SACS	State AIDS Control Society
STI	Sexually Transmitted Infection
BCC	Behaviour Change Communication
IEC	Information Education and Communication
NGO	Non-Governmental Organization
OIs	Opportunistic Infections
TI	Targeted Intervention
PE	Peer Education/ Peer Educator
TB	Tuberculosis
TG	Transgender





# PART: I

BACKGROUND: UNDERSTANDING  
MAINSTREAMING EFFORTS IN NACP

## MAINSTREAMING AND PARTNERSHIP- STRATEGIC APPROACH

HIV/AIDS is not a mere health issue as its occurrence is influenced by a number of socio-economic elements. Health interventions alone, therefore, cannot lead to prevention. HIV prevention requires a concerted collaborative effort from all departments, institutions or organizations in public life through their work and programmes.

The operational definition of mainstreaming used by NACO is the “Integrated, inclusive and multi-sectoral approach which transfers the ownership of HIV/AIDS issues – including its direct and indirect causes, impact and response to various stakeholders, including the government, the corporate sector and civil society organizations”. The focus of all organizations in mainstreaming is to adapt their core business to respond to the challenges of HIV/AIDS.

Mainstreaming approaches to HIV have increasingly gained ground with the realization that the non-health sector can play an important and meaningful role in reducing vulnerability to HIV and mitigating its impact on those infected and affected. Though HIV is preventable, currently there is no cure for it. It can be best described as “a manageable condition”. In this scenario, mainstreaming and partnership for risk reduction, social protection, access to service and stigma reduction, become key policy tools to help communities become resilient and cope better.

## VISION FOR MAINSTREAMING

Harmonized and coordinated multi-sectoral national response to achieve NACP goal of accelerating reversal and integrating response.

### Objectives

- a) Strengthen multisectoral response through synergies and coordinated efforts across different players like department, public and private sectors, civil society, institutions and autonomous bodies, health and non health sectors to optimize resource utilization and maximize impact.
- b) Build capacities of key institutions at various levels to initiate activities on risk reduction, integration of HIV related services and social protection to mitigate the impact of HIV through improved quality of lives of People Living with HIV (PLHIVs) and Most at Risk Populations (MARPs).
- c) Creation of an enabling environment through policies, programmes and communication strategies.
- d) Amendment of policies programmes and social protection schemes appropriately to support needs of PLHIV and MARPs.

### Mainstreaming intends

- Strengthen government’s response to HIV through integrating HIV in the ongoing activities of all its Departments;

- Involvement of public and private sectors in HIV programmes through workplace policy and workplace intervention on HIV;
- Involvement of Civil Society Organizations for greater coverage of HIV programme ensuring community ownership;
- Capacity building of People living with HIV and facilitating access to social and legal protection through amendment of government schemes/ policies in the best interest of PLHIV.

## KEY FOCUS AREAS

*The key focus areas under NACP IV are:*

- Creating an enabling environment through policies, programme and communication.
- Facilitating expansion of key STI/HIV/AIDS services through integration with health systems of various stakeholders.
- Designing & modifying policies, programmes and schemes to support social protection needs of PLHIV, MARPs and CABA.

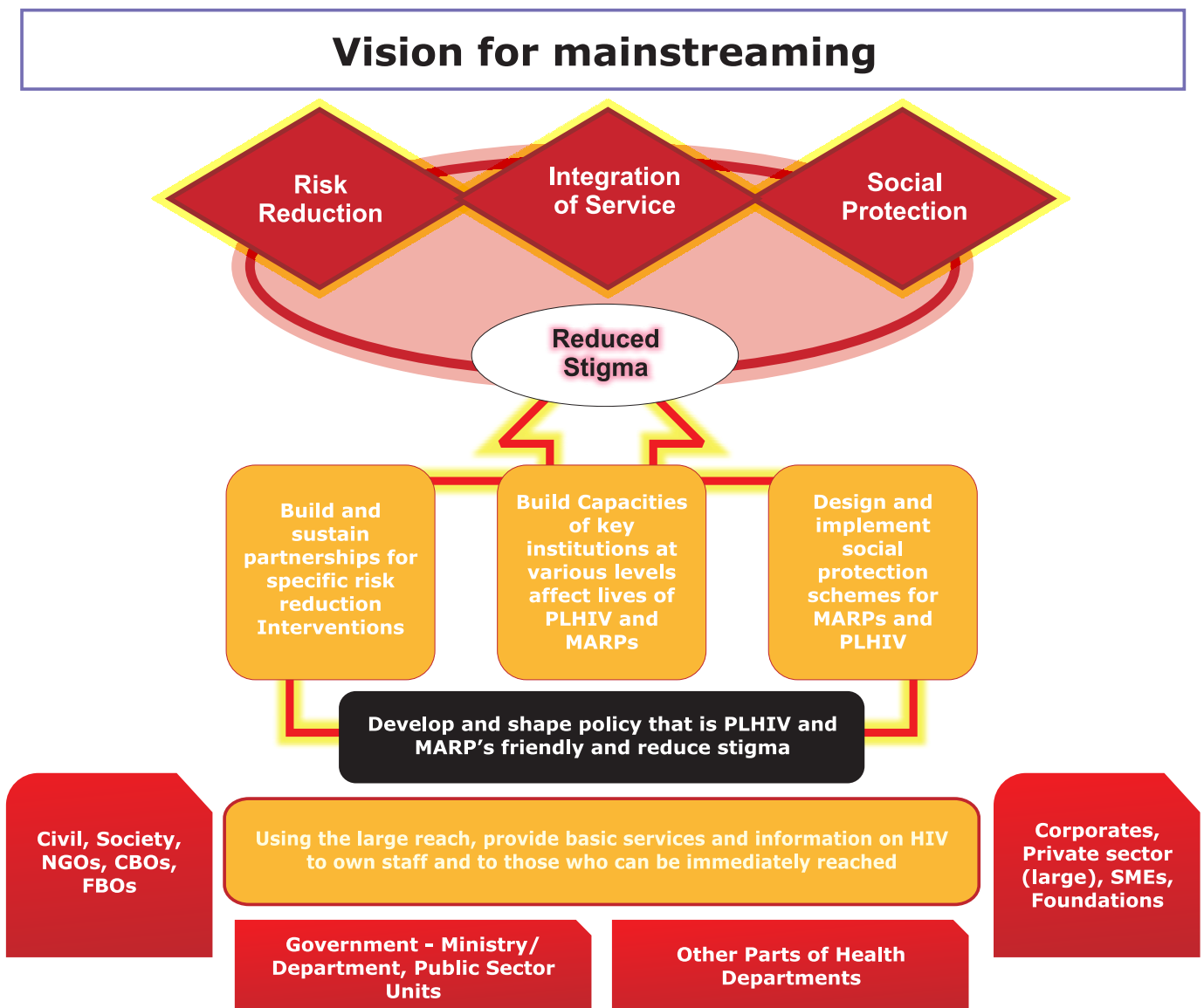
## KEY CONSTITUENCIES

*There are four key constituents for the NACP on its mainstreaming and partnership strategy. They are:*

- Government:** This includes key Ministries and Departments (Central, State, District, Block levels, including convergence with other departments within Health Ministry) Public Sector Undertakings, Panchayati Raj Institutions, Urban Local Bodies, Armed forces, Police and Paramilitary forces, Railway Protection Force, Judiciary, Parliament/legislature, Statutory Authorities/Regulatory Bodies, Central and State owned universities, laboratories and special bodies (such as ICMR, CSIR, DRDO).
- Civil Society:** This includes Not-for-profit organizations, Community Based Organizations, Faith Based Organizations, and positive networks of people living with HIV, Local self-governance units at the grassroots level in rural and urban setting are also included in this category.
- Public and Private Sector:** This includes industries of Public and Private Sectors, Employer Organization, Small and Medium Enterprises (SMEs), and CSR Foundations
- Development Partners-** Development partners at national and state level such as World bank, GFATM, DFID, UNAIDS, UNDP, UNICEF, ILO, UNFPA, UNWOMEN, BMGF etc.

## STRATEGIES FOR MAINSTREAMING AND PARTNERSHIP DURING NACP IV

The epidemic in the country is changing according to emerging vulnerability factors related to poverty, migration, marginalization and gender. Therefore the need for collaboration between sectors, structures and systems those deal with these issues, especially migratory and floating population becomes imperative. Based on the need to achieve the above objectives and the potential role of the various constituencies, Mainstreaming and Partnership strategies are outlined below:



## **A. MAINSTREAMING FOR PREVENTION -**

### **Provide information on HIV/AIDS to own staff and those who can be immediately reached through the outreach programmes**

Most of the partners have substantial reach – Government Ministries/Departments, Public and private sector in particular– through their vast number of employees, supply chain employees and the health & extension services they provide. These partners may be encouraged to mainstream HIV messaging in the existing mechanisms of information delivery.

### **Build capacities of key institutions at various levels**

Capacity building and technical support are two key roles of NACO, SACS and developmental partners facilitating mainstreaming programmes. To this end, capacity building packages (videos, audio, on line and set of trainers, positive speakers) will be developed and made available to mainstreaming partners. In addition, need based technical support to various partners will be provided in ensuring that the mainstreaming activities are rolled out successfully. Here, the support and partnership with capacity building organizations and PLHIV and HRG groups are critical.

## **B. MAINSTREAMING FOR SCALING UP OF HIV/AIDS SERVICES**

### **Integration of HIV/AIDS/STIs with the existing health systems of other Ministries**

Workplace programmes can raise awareness, support prevention, expand access to information and health services and prevent discrimination of workers infected or sick. Workplace has a vital role to play in the wider struggle to control the epidemic, as it affects workers and their families, enterprises and the communities which depend on them. HIV has negative effects amongst the workplace in terms of loss of income & benefit, loss of skills and experience, falling productivity and reduced profit. Thus HIV/AIDS needs to become a part of workplace health promotion policies. Discrimination and stigmatization against people living with HIV threaten fundamental principles and rights at work, and undermine efforts for prevention and care.

## **C. MAINSTREAMING FOR SOCIAL PROTECTION;**

### **Partnership for mitigating the impact of HIV and AIDS by improving access to social and legal protection for communities infected or affected by HIV**

HIV and AIDS can push people and households into poverty, in part by reducing household labour capacity and by increasing medical expenses. In some cases, HIV-related stigma and discrimination marginalises PLHIV and households affected by the HIV epidemic and exclude them from essential services. The humanitarian case for taking action to prevent the spread of HIV and AIDS is in itself a compelling one. The impact is felt on income, employment, consumption expenditure (especially nutrition, education and health care) and savings. To conquer the epidemic and reduce its staggering burdens on households and families considerable greater efforts and resources will be needed. Partnership for mitigating the impact is important as provision of social and legal protection to communities infected and affected by HIV.

Social and legal protection is a mix of policies and programmes that meet the needs and uphold the rights of the most vulnerable and the excluded. In their comprehensive form, social and legal protection measures include access to rights and entitlements which may be in the areas of nutrition, health care, safe shelter, health insurance, legal aid, travel support and so on. In the HIV context, social and legal protection reduces the possibility of an individual becoming infected with HIV, the likely damage HIV can wreak on individuals, households and communities, and enhances the efforts to expand universal access to the most hard to reach.

Social protection measures become HIV sensitive when they are inclusive of people who are either at risk of HIV infection or susceptible to the consequences of HIV and AIDS. In the light of the strategic importance of social protection to mitigate the impact on people living with HIV as well as to reduce the vulnerabilities of people to infection, the National AIDS Control Organization works closely with government departments to identify and advocate for amendment/adaptation of policies and schemes for social and legal protection of marginalized groups.

### **EXPECTED OUTCOMES:**

- **Enhanced reach and coverage of MARPs** and people who are highly vulnerable to HIV.
- **Expansion of health services-** Utilization of the vast health infrastructure in the country and resources available with different ministries for implementation of the NACP. (Improved access to larger population).
- **Provision of appropriate social protection** schemes, by largely modifying existing schemes to make them more PLHIV and MARPs friendly.
- **An enabled environment** where the legal, policy and living environments are conducive for the PLHIV and MARPs groups to access services.
- **Reduction/ elimination of stigma and discrimination** faced by PLHIV and MARPs at family, community and services level.

**Source: Mainstreaming and Partnership monograph**

**<http://naco.gov.in/upload/NACP%20-%20IV/Mainstreaming%20and%20Partnerships.pdf>**

# **PART: II**

**ABOUT THE GUIDE AND HOW TO USE**

## **ABOUT THE GUIDE**

This guide is part of effort to enhance participant's understanding on issue of HIV and AIDS and strengthen institutional capacity to reduce vulnerability, integration of services and social protection for People Living with HIV and Most at risk population.

## **HOW TO USE THE GUIDE**

This is a working guide for facilitator. The facilitators are expected to work with participants through sharing and learning from each other's experiences, using exercises, role plays demonstrations, reflections, case studies etc. to reach practical approaches to mainstreaming HIV and AIDS within organization and programmes.

Facilitators are encouraged to use flexible and relevant methods tailored to the nature and level of the target group. A successful way to use this guide is to prepare adequately, work through each session and understand session objectives, suggested preparatory steps to put in place appropriate methods, materials etc. It is good to internalize session content and encourage discussion for clarity.

It is expected that the facilitator may prepare precise notes for each session that can be used conveniently to remind key action, questions, etc. along the session. Finally, make a provision to evaluate each session using participant's knowledge and understanding on the session.

## **MAIN FUNCTIONS OF A TRAINING FACILITATOR & KEY RESOURCE PERSON (TRAINERS)**

- Ensuring completion of planned content within the stipulated time.
- Ensure that all the objectives are met.
- Manage different training methodologies and tools.
- Handle interpersonal and group communication and make session participatory.
- Resolving conflicts, solving problems and address emergencies, if any.
- Coordinate resource persons both internal and external.
- Ensure logistic arrangements such as training materials, seating arrangements and group activities.

## **CHECKLIST/ MATERIALS REQUIRED FOR TRAINING**

- Identification of resource person.
- Material for participants i.e. writing pad, printed copy of presentation used in training, copy of schedule, any brochure on HIV/AIDS.



- Registration sheet.
- List of confirmed participants.
- Pre-post test questionnaires.
- Feedback format.
- Materials required by resource person like (Flip chart board, chart sheets, markers, double tape).
- Equipment for audio visual display (Projector, sound system).
- Documentary/ short film if plan to use during training.

Wherever possible, local resource persons should be engaged for various sessions. Local NGOs, PLHIV networks, State AIDS Control Societies (SACS), District AIDS Prevention & Control Unit (DAPCU), Integrated Counseling and Testing Centers (ICTC) in the vicinity could be contacted for identifying quality resource persons. Resource persons should be requested to keep the methodology participatory and creative. This is extremely necessary as the methodology used by the resource persons should make the training interesting, and provide ideas to participants to conduct their own session later on.

## THE TRAINING TARGET

This module is designed to meet the needs of training to the target audience. The module is helpful to organizations or individuals that facilitate other organizations to effectively respond to HIV and AIDS using the mainstreaming approach. 30-40 participants are ideal in the workshop to enable effective participation and easy interaction with each participant.

## AIMS AND OBJECTIVES

**Aim:** To develop practical approaches to mainstreaming HIV and AIDS with a focus on development programmes.

### Training Objectives:

- Understand the HIV/AIDS scenario, national and global response to HIV.
- Learn Basics of HIV/AIDS, mode of transmission and prevention.
- Know about the services with regard to prevention, testing and care & support to PLHIV.
- Concept of Mainstreaming of HIV.
- Able to Identify strategies and approaches for internal and external mainstreaming of HIV and AIDS within organizational goals and personal activities.

## **TRAINING METHODOLOGY**

*The guide presents following methods of training:*

### **Presentations:**

Facilitators are expected to introduce sessions and subsections of sessions. Caution should be exercised not to prolong presentations because they may undermine the participatory element.

### **Question and Answer:**

Facilitators may involve participants in the thinking process, particularly to define important concepts, introduce discussions, process group activity exercises, role plays, case studies etc to reach a consensus. Facilitators are advised to prepare questions in advance in specific situations to be able to achieve desired objectives.

### **Role Plays:**

The role play session may be prepared and “rehearsed” for a particular case study to ensure that it achieves the desired objective.

### **Discussions:**

Facilitators can use discussions at every opportunity to seek individual opinions and contributions to reach desired objectives.

### **Ice Breaker Session**

To break the ice, a few exercises have been included in the module; however facilitators can get other locally developed exercises to set the scene for the workshop.

## **TRAINING WORKSHOP NORMS: DO'S AND DON'TS**

### **Pre-post test questionnaire:**

A pre & post test Questionnaire has to be provided in the resource materials. Sufficient copies should be made for the participants while preparing for the training programme. Distribute one copy to each participant and ask him or her to fill out individually and return to facilitator. Participants should fill the pre test and post test questionnaire, and may have a choice whether or not to give their identity. This test is helpful in assessing the knowledge level of the participants before the workshop. This would provide input into the workshop.

The same questionnaire should be used during the close of the workshop also to measure the changes in knowledge level of the participant after the workshop.

## SUGGESTED AGENDA

Topic	Time	Specific Objective	Methodology
Pre test Questionnaire	05 Min	To ascertain the knowledge, perception of participants about HIV/AIDS	Pre test questionnaire
Welcome, Introduction, capturing expectation, aim & objective of the workshop	30Min	To welcome the participants, capture key expectation	Listing expectation on a flip chart
HIV/AIDS scenario in India and National Responses	30 Min	To understand the prevalence of HIV in the country and national responses	Facilitation by resource person
Basic of HIV/AIDS (understanding HIV and AIDS, Route of transmission, myth & misconception about HIV/AIDS, prevention of HIV)	90 Min	To enhance the knowledge level of the participants on HIV/AIDS	Facilitation by resource person
Prevention of HIV	30 Min	To enhance the knowledge level of participants on prevention of HIV	Facilitation by resource person
Gender Dimension of HIV	30 Min	To enhance the knowledge level of participants on gender dimension of HIV	Facilitation by resource person
Stigma and Discrimination against PLHIV, MARPs, Third Gender	45 Min	To provide an interface with PLHIV, understand the issue of stigma and discrimination associated with HIV	Facilitation by resource person
How to Contribute in HIV/AIDS prevention	30 Min	To enhance understanding to address HIV/AIDS issue	Facilitation by resource person
Pre test Questionnaire and Feedback	10 Min	To ascertain enhance knowledge and perception of participants about HIV/AIDS	Post test questionnaire

Note: If any resource person is invited from PLHIV/MARPS/Third Gender for sharing perspectives and experiences as community voices, the session should be dealt with required sensitivity. Facilitators are expected to make environment conducive to meet the objective of session.



**PART: III**  
TECHNICAL SESSION

# SESSION 1:

## INTRODUCTION, EXPECTATIONS, WORKSHOP OBJECTIVES AND NORMS

Session Time: **30 Minutes**

Session Objective:

- **To orient about the objective of the workshop**
- **To know about the facilitators and all participants for active and interactive participation.**
- **To set the ground rules for the workshop**

Session Overview:

This session is for participants to know each other. Facilitators will know participants as well as the whole group getting comfortable with one other. Participants will present what they expect from the workshop; facilitators should use workshop objectives and schedule to help participants keep focus on what the workshop is intended to achieve. Once the enabling environment has been set, the group will agree on the ground rules that will govern the workshop.

Preparation

- Arrange sufficient stick-on cards for each participant to write the name and special attributes of a colleague.
- Write the Introduction Questions below on a slide/flip chart.
- Write the question: What do I expect to achieve from this workshop? On a flip chart for participants to use to state their expectations.
- Prepare copies of objectives and schedule of the workshop for each participant. Objectives may also be prepared on a slide/flip chart for use in a presentation/ explanation session.
- Write workshop norms/ ground rules on a flip chart; you will present them in addition to participants' contributions.

Participants' Introductions:

- Explain to the participants that the purpose of the exercise is to get them to know each other. Participants are grouped in pairs and introduce each other to the rest of the group. Give a card to each participant to write his/her partner's information.
- Share the suggestive Introduction Questions with participants to ask their partners.
- Inform participants that they need to introduce their partner within one minute.

## Expectation

It is important for them to know each other's expectations in order to work towards achieving the team's common objectives for the workshop.

- Put up a flip chart/slide containing the question: What do I expect to achieve from this workshop.
- Distribute cards to each participant and ask to write their expectations using marker pens.
- Stick their cards on the wall where they can see and read them.
- Ask one person to lead by reading expectations, finding similar views and summarizing them.
- Allow them five minutes to discuss their expectations.
- Introduce and explain the purpose and objectives of the workshop on a flip chart/slide.

## Introduction

The introduction session in any training program is important to set the tempo of the workshop. It is vital for building rapport with the participants, providing information about the organization, resource persons, project and the background of the workshop. Also, it helps to know the expectations of the participants with the training.

## SESSION 2:

### HIV/AIDS SCENARIO IN INDIA

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Session Time: **30 Minutes**

Session Objective:

- **To understand the HIV prevalence in India.**
- **To understand the national response to HIV.**

#### HIV prevalence

Prevalence and estimates, as per the survey (2013-14) is underway and according to the last survey and categorization of the states (NACP-III);

- ✓ Approximately 20.88 lakh people are estimated to be living with HIV in India.
- ✓ High prevalence states (NACP-III)- six states – Tamilnadu, Andhra Pradesh, Karnataka, Maharashtra, Manipur and Nagaland were referred to as high prevalence states because the HIV prevalence rates exceed 5 percent among high-risk groups and exceed 1 percent among antenatal women. Lately efforts have shown decline in the prevalence.
- ✓ Medium prevalence states- Where HIV prevalence is exceeding 5 percent among high-risk groups but is less than 1 percent among antenatal women.
- ✓ Low Prevalence states-the where HIV prevalence rate is less than 5 percent in high risk groups, and less than 1 percent among antenatal women.
- ✓ The classification up to the district level, is done as under;

Category	Definition
A	More than 1% ANC prevalence in district in any of the sites in the last three years
B	Less than 1% ANC prevalence in all the sites during last three years with more than 5% prevalence in any HRG site
C	Less than 1% ANC prevalence in all sites during last three years with less than 5% in all HRG sites, with known hot spots
D	Less than 1% ANC prevalence in all sites during the last three years with less than 5% in all HRG sites; with no known hot spots OR no or poor HIV data.

India has the third highest number of estimated people living with HIV in the world. The HIV epidemic continues to be heterogeneous in geographical spread and across different typologies. The National prevalence of HIV (according to NACO Annual Report 2013-14) found considerably high among High Risk Group i. e. Female Sex Workers (2.67%), MSM (4.43%), IDU (7.14%), TG (8.82%), Truckers (2.59%), Migrants (0.99%), and ANC (0.35%). IDUs and Transgender are emerging as a risk group with high vulnerability.



## NACP I

The first phase of National AIDS Control Programme (NACP-I) was initiated in the year 1992 as a comprehensive programme for prevention and control of HIV/AIDS in India. The first phase had the objective of slowing down the spread of HIV infections so as to reduce morbidity, mortality and impact of AIDS in the country. A National AIDS Control Board was constituted and an autonomous National AIDS Control Organization was set up.

## NACP II

The second phase of National AIDS Control Programme (NACP-II, 1999-2007) was launched with added focus on behaviour change in order to reduce the vulnerability of HIV. Also decentralization of the programme implementation was taken to the States. Greater involvement of NGOs was undertaken.

## NACP III

The third phase of National AIDS Control Programme (NACP-III) was implemented from 2007 to 2012. It was a scientifically evolved programme. NACP III aimed at halting and reversing the HIV epidemic in India by scaling up prevention efforts among HRG and general population, and integrating them with Care, Support & Treatment (CST).

## NACP IV

Consolidating the gains made till NACP III, the fourth phase of National AIDS Control Programme (NACP IV- 2012-2017) aims to accelerate the process of epidemic reversal and further strengthen the epidemic response in India through a well defined integration process. The objectives of NACP IV are to reduce new infection and provide comprehensive care and support to all PLHIV and treatment services for all those who require it. The five cross cutting themes are being focused under NACP IV are quality, innovation, integration, leveraging partnerships, and addressing stigma and discrimination.

## GOAL: ACCELERATE REVERSAL AND INTEGRATE RESPONSE

### Objectives

1. Reduce new infections by 50% (2007 Baseline of NACP III).
2. Provide comprehensive care and support to all persons living with HIV/AIDS and treatment services for all those who require it.

### Key Strategies

1. Intensifying and consolidating prevention services, with a focus on HRGs and vulnerable population.
2. Increasing access and promoting comprehensive care, support and treatment strategy.
3. Expanding IEC services for (a) general population and (b) high risk groups with a focus on behaviour change and demand generation.

4. Building capacities at national, state, district and facility levels strategy.
5. Strengthening Strategic Information Management Systems.

**The Guiding principles for NACP- IV continue to be:**

1. Continued emphasis on three ones - one Agreed Action Framework, one National HIV/AIDS Coordinating Authority and one Agreed National M&E System.
2. Equity
3. Gender
4. Respect for the rights of the PLHIV
5. Civil society representation and participation
6. Improved public private partnerships.
7. Evidence based and result oriented programme implementation.

**Key priorities under NACP- IV are:**

1. Preventing new infection by sustaining the reach of current interventions and effectively addressing emerging epidemic.
2. Prevention of Parent to Child transmission.
3. Focusing on IEC strategies for behaviour change in HRG, awareness among general population and demand generation for HIV services.
4. Providing comprehensive care, support and treatment to eligible PLHIV.
5. Reducing stigma and discrimination through Greater involvement of PLHA (GIPA).
6. De-centralizing rollout of services including technical support.
7. Ensuring effective use of strategic information at all levels of programme.
8. Building capacities of NGO and civil society partners especially in states with emerging epidemics.
9. Integrating HIV services with health systems in a phased manner.
10. Mainstreaming of HIV/ AIDS activities with all key central/state level Ministries/ departments will be given a high priority and resources of the respective departments will be leveraged. Social protection and insurance mechanisms for PLHIV will be strengthened.

**Source:** NACP Phase IV (2012-17) Strategy Document

<http://www.naco.gov.in/upload/NACP%20-%20IV/NACP-IV%20Strategy%20Document%20.pdf>

## SESSION 3:

### BASICS OF HIV/AIDS (PREVENTION, TESTING & TREATMENT)

Session Time: **90 Minutes**

Session Objective:

- **To enhance the participants' level of understanding on HIV/AIDS/STIs.**
- **To discuss the extent of the problem and trends of HIV/AIDS in the country and states.**
- **To enhance participant's level of understanding on myth and misconception about HIV and AIDS.**

Session Overview:

This session provides information to the participants about HIV and AIDS, how the virus is transmitted from one person to another, breaking common myths and misconceptions about its spread and also disseminates the knowledge on HIV prevention and control.

#### Definition of HIV

Knowledge gaps are identified in a participatory manner by inviting the participants to share their knowledge on HIV and AIDS. This can be initiated by writing "HIV" abbreviation on a flip chart and asking participants to explain what each letter stands for. Record their responses and discuss them to reach the meaning of the abbreviation.

Conclude the definition by summarizing as follows:

#### What is HIV?

HIV is the acronym for human immunodeficiency virus. HIV causes reduction of the body's capability to fight against various infections in human beings.

- **H** = Human (who is affected)
- **I** = Immuno deficiency (the result)
- **V** = Virus (the causal agent)

AIDS is the advanced stage of HIV infection. As HIV progressively destroys the immune system, most people, particularly in resource-constrained settings may die in some years of the appearance of the first signs of AIDS. Only a blood test can establish a person's HIV status. However, this does not mean that every person who undergoes a positive test has AIDS. It should be remembered that that HIV virus cannot be eradicated from the body. However, treatment can help to manage the infection by reducing the rate at which the virus multiplies in the body, and by treating opportunistic infections which arise when the immune system is weak.

Ask participants to state what each letter stands for in the abbreviation AIDS. Record their responses on the flip chart and discuss them to reach a common understanding. Ask participants the difference between HIV and AIDS; record the responses.

Conclude the definition by summarizing as follows:

### What is AIDS?

- **A** = Acquired (from bodily fluids through a behavior or action, including from the mother during pregnancy, during delivery, or through breast milk)
- **I** = Immune (where the virus attacks)
- **D** = Deficiency (resulting effect of virus)
- **S** = Syndrome (set of symptoms of illnesses)

AIDS stands for Acquired Immune Deficiency Syndrome. It is the later stage of infection with HIV. It is a condition in which a group of symptoms appear as the immune system becomes very weak. It can take around 8-10 years from the time of HIV infection to the stage of AIDS.

### *Now the definition of HIV and AIDS is summarized as:*

**HIV:** Human Immuno-deficiency Virus (Gradually affects our immune system, i.e. the ability to fight infections/ diseases)

**AIDS:** stands for Acquired Immune Deficiency Syndrome.

A person who has the virus and is harboring HIV infection is called as HIV positive. Such an individual is also called a sero positive individual for HIV. This person does not necessarily have AIDS.

HIV infected persons become prone to catching opportunistic infections.

**Opportunistic Infections:** Infections that occur because HIV has weakened the Immune system are called opportunistic infections. These include fever, cough, cold and other respiratory infections such as Tuberculosis, Pneumonia and Gastrointestinal Infections, such as diarrhea and certain types of brain infections. In India, around 60 per cent of HIV-positive persons develop Tuberculosis. However, one must bear in mind that all persons infected with Tuberculosis do not have HIV.

### What is the Immune System?

- Immune system defends the body.
- White Blood cells (WBCs) are the most important part of this immune system.
- WBCs fight and destroy bacteria, fungi and viruses that enter the body.

### How does HIV weaken the immune system?

- HIV enters the body
- WBCs are attacked by HIV
- HIV multiplies inside WBCs and infects other WBCs
- Infected WBCs are eventually destroyed
- Leads to a reduction in the number of WBCs
- Ultimately leads to greatly reduced immunity.

### Causes of HIV

Following are the routes of Transmission of HIV

- ***Unprotected sexual intercourse with an infected person:*** This is the most common way of transmission of HIV. Around 80 per cent of the people around the globe are infected through this route. HIV is present in high concentration in semen and in cervical and vaginal fluids including the menstrual blood of infected persons. HIV infection through sexual act is possible through direct contact between the penis and the vagina in heterosexual intercourse. It is also possible through penile-anal sex with a man, woman or transgender person as well.

It is possible to get HIV infection from a single sexual contact with an infected person.

- ***Infected blood transfusion; including organ transplants and accidental exposures***
- ***Sharing of infected syringes and needles***
- ***From infected mother to child:*** Risk of transmission is 25 to 40 per cent and may happen during gestation, at the time of delivery and through breast-feeding. This risk can be lowered by medication and other techniques of PPTCT (prevention of parent to child transmission).

### Myths and misconceptions

The purpose of the exercise is to assist participants to share their experiences of how they and the community around them (including their work-places) interpret HIV and the AIDS epidemic. The facilitator should allow more time to participants to generate as many statements about HIV and AIDS as possible, whether they consider them to be true or false.

This exercise is used to reach a common understanding of HIV and AIDS by participants who have some exposure to HIV and AIDS and those who are being introduced to it for the first time. Such experiences will provide a good foundation to build on when considering HIV and AIDS mainstreaming.

Following are the myths which are generally prevalent among the people:

- ✓ Living in the same home.
- ✓ Working together.
- ✓ Traveling in the same vehicle.
- ✓ Playing together.
- ✓ Sitting at the side for a long time.
- ✓ Non-infected children of people living with HIV.
- ✓ Handshakes.
- ✓ Hugs.
- ✓ Sharing of food or drinks shared with an HIV-infected person.
- ✓ Mosquitoes or other insects bite.
- ✓ Social Kisses.
- ✓ Sharing of Toilet/Latrines.

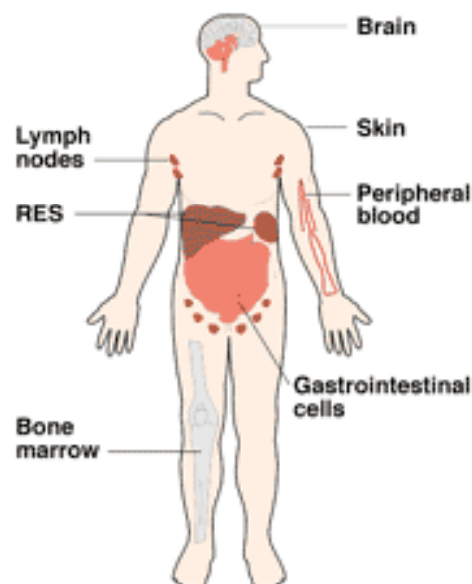
### Presence of HIV in body and body fluids

#### Potential hiding places of the virus Pictorial and data presentation

Body fluids that contain large viral load can effectively transmit HIV. This includes – blood, semen, vaginal fluids, cerebrospinal fluids, amniotic fluids and breast milk.

The HIV virus cannot live outside our body for long. We can only contact HIV if the body fluids of an infected person enter our body. The body fluids with a high concentration of HIV in the infected person are: blood, semen and vaginal secretions including menstrual blood. Other body fluids like sweat, urine, tears and saliva do not contain the virus in high potency and concentration. Therefore, there is no risk of transmission of virus from these fluids.

#### Potential “Hiding Places” for HIV



### Risk of HIV transmission in population

#### General Population and High-risk Groups

**General Population:** the population of an area whose sexual behaviours and risks are assumed to be typical or average of the area.

**High-Risk Groups:** populations whose risk for getting HIV through sexual or other means is significantly higher than the general population

**Note:** Typically, Female sex workers (FSW), men who have sex with men (MSM), transgenders (TG), and injecting drug users (IDU) are considered to be HRGs.

A third category called **Bridge Population**, acts as the link between general population and high-risk groups. These are truck drivers, helpers, migrants etc.

## Transmission Trend through Diagrammatic presentation



FSW: Female Sex Workers; MSM: Men who have sex with Men; IDU: Injecting Drug Users; TG: Transgenders/ Hijras

### Impact of Gender on risk of HIV infection

- A woman is more susceptible to HIV infection than a man.
- This is because the area of the mucous membrane exposed during intercourse is much larger in the woman than for the man, and the virus can easily penetrate the compromised or broken mucous membrane of the vagina.
- Also, the concentration of the virus is higher in the semen than the vaginal fluids. In addition, social factors like lower socio-economic status, economic dependence, lower literacy rates, limited mobility, low decision making powers and limited access to information put women at further risk of HIV infection.
- Men, women, and transgenders who are receptive sexual partners in anal sex also have high risk.

## Stages of HIV Infection and its detection:

### Window period

Once a person becomes infected with HIV, that person may not immediately “Test Positive”. There is a period of around three months (2 to 12 weeks) before the body reacts to the presence of this virus and produces antibodies in quantities that can be detected in the blood tests. This period is called window period i.e. the period in which a person is infected but normal blood tests do not reveal the true status as the anti bodies are not developed in detectable quantity. However, since the person is infected in the window period, he/she can pass on the infection to others. During this “window period” the person although infected, may test negative for HIV antibodies. The test needs to be repeated after 3 months meanwhile, he/she can still spread infection to others

### Asymptomatic period

After a person is infected with HIV, there is usually no change in that person’s health for quite a few years. The person feels well, is able to work as before and shows no signs of being sick (this is what is meant by “asymptomatic”). With the exception of having HIV in the body, the person is “fit for work.” This asymptomatic period varies from a few years to up to as many as 8-10 years.

### The symptomatic period

The symptomatic period is when the person is sick. Remember that AIDS is a “syndrome,” a collection of symptoms and conditions that, taken together allows to be classified as AIDS. Most of the conditions that start to appear are called “opportunistic infections” or OIs. OIs that are normally caused by bacteria or viruses that normally do not cause illness in a person with a strong immune system but do cause illness in a person with a weakened immune system. OIs are infections such as tuberculosis and pneumonia, and they repeatedly make the person sick. When the infection has progressed to AIDS, the length of time may vary from individual to individual depending on the number and type of OIs and the availability of treatment and drugs.

WHO guidelines for the diagnosis of AIDS:

Category	Definition
Major Symptoms/ Signs	<ul style="list-style-type: none"><li>✓ Weight loss of over 10 % of body weight.</li><li>✓ Fever for longer than one month.</li><li>✓ Diarrhea for longer than one month</li></ul>
Major Symptoms/ Signs	<ul style="list-style-type: none"><li>✓ Persistent cough for more than one month</li><li>✓ General itchy skin diseases</li><li>✓ Recurring shingles (herpes zoster)</li><li>✓ Thrush in the mouth and throat</li><li>✓ Long lasting, spreading and severe cold sores</li><li>✓ Long lasting swelling of the lymph glands</li></ul>

*Note: These symptoms/signs may also occur because of any other infection or health related illness. It is always good to consult doctors or prefer to test for HIV.*



## Sexually Transmitted Infected (STI)

### Diagnosis and Treatment of Sexually Transmitted Infection (STIs):

A person with a high-risk behaviour (i.e. one who practices unprotected multi partner sex) and his/her partner with the following symptoms can have a Sexually Transmitted Infection:

#### STI symptoms in male

Discharge or pus from the penis Sores, blisters, Rashes or boils on the penis, Lumps on or near the genital area or penis swelling in the genital area, Pain or burning during urination, itching in and around the genital area

#### STI symptoms in women

Pain in the lower abdomen, Unusual and foul smelling discharge from the vagina Lumps on or near the genital area, Pain or burning during the sexual intercourse Itching in and around the genitals, Sores, blisters, Rashes or boils around the genitals

### Link between STIs & HIV/AIDS:

The predominant mode of transmission of both HIV and other STI agents is sexual, although other routes of transmission for both include blood, blood products, donated organs or tissue, and from infected mother to her child. Many of the measures for preventing the sexual transmission of HIV and other STI agents are the same. There is a strong association between the occurrence of HIV infection and the presence of certain STIs (Genital ulcer disease 10 times more chances, Genital discharges 5 times more chances) making early diagnosis and effective treatment of such STIs an important strategy for the prevention of HIV transmission.

## Tests for HIV

The screening can be either ELISA & or rapid HIV tests.

ELISA (Enzyme Linked Immunosorbent Assay) is the preferred test at blood banks. Rapid tests are preferred at ICTCs and PPTCTs Center for diagnosis of HIV.

The HIV test is available free of cost at all ICTCs and PPTCTCs supported by NACO.

## HIV Diagnosis

Who should undergo HIV testing?

- Any person who wants to be tested (voluntary).
- All pregnant women and women considering pregnancy.
- Those with high risk behaviours (e.g. multiple partners, sexual/drug abuse etc.).
- Men who have Sex with Men–MSMs.
- Persons with multiple sexual partners or who trade sex for money, pleasure or drugs

- Sexual partners of people who have high risk behaviors.
- Injecting drug users (IDUs) and their partners.
- Recipients and donors of blood, organs and semen.
- Persons with Sexually Transmitted Infections (STIs).
- Persons having Hepatitis B & Hepatitis C infection.
- Persons having Tuberculosis infection.

### Management of HIV/AIDS:

**Medical:** The various levels of medical management of People living with HIV/AIDS include

**Treatment of opportunistic infections:** Drugs are provided in all government hospitals for the management of infections like Tuberculosis, Pneumonias, fungal infection etc.

**Nutrition & Positive living:** All people living with HIV/AIDS must be encouraged to fight the HIV infection within themselves, look after their own health, exercise regularly (20 minutes of brisk walk or aerobic exercises), decrease mental tension through relaxation exercises, meditation or Yoga, dietary advice (lots of green, leafy vegetables & seasonal fruits, avoid red meat etc)

**Anti-retroviral therapy:** Anti- Retroviral Therapy is given to all persons with HIV infection who are medically eligible to receive ART (as per national guidelines). Baseline laboratory tests & screening of CD4 to determine eligibility for starting ART. These are also done for those who are detected HIV positive. Usually combination of 3 drugs is provided which arrests the spread of virus within the body. But before starting therapy, patients must be counseled that it is not a cure, ART medicines need to be taken throughout life.

**Palliative care:** Providing care during the terminal stages of the illness through management of pain & supportive therapy is also important.

### CARE & SUPPORT:

People with HIV/AIDS need empathy, love & affection. In addition, they need ongoing counseling to cope with their HIV status. Referral services to organizations that provide vocational training, financial support or other support services must be made available to people with HIV/AIDS. Family members need to be taught about how to take care of health, hygiene, nutrition and ailments of their loved ones through home-based care approach.

## SESSION 4:

### PREVENTION OF HIV

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Session Time: 30 Minutes

Session Objective:

- **To enhance the participants' level of understanding on prevention of HIV.**
- **To enhance the knowledge of available services related with prevention, testing & care & support.**
- **To enhance the participants level of understanding on condom promotion as part of HIV/AIDS prevention activities.**

#### Prevention of HIV

The best way to prevent HIV is by knowing about it. Getting correct information about the routes of transmission and taking precaution or modifying risky behaviours are the key issues as explained below:

- As sexual route is the most common mode of transmission of HIV, it can be prevented by:
  - A: Abstinence
  - B: By mutual faithfulness in sexual relationship; and
  - C: Correct and consistent use of condom as safer sex practice
- HIV Transmission through infected blood and blood products can be avoided through practice of universal precautions by health care workers, sterilization of all medical equipment, avoiding sharing of syringe/needle and screening of all blood/blood products before transfusion.
- Mother to child transmission can take place during pregnancy, during delivery and during breast-feeding. This can be prevented by either avoiding pregnancy otherwise ensuring institutional delivery. Following medical advice on breast-feeding and taking available medication to prevent mother to child transmission.
- Ways in which HIV is not transmitted – One cannot get HIV by
  - ✓ Shaking hands with an infected person.
  - ✓ Drinking water or eating food from the same utensils used by an infected person.
  - ✓ Hugging, touching or social kissing.
  - ✓ Caring and looking after people with HIV or AIDS.
  - ✓ Use of the same toilets as used by PLHIV

- ✓ Sharing office equipment
- ✓ Sneezing and coughing
- ✓ Getting bitten by a mosquito that has already bitten an infected person

### Condom Promotion

Condom promotion is one of the key activities in prevention of HIV. The advantages of using a condom in prevention of STIs and HIV/AIDS, its quality, imparting usage skills through demonstrations.

#### What is a Condom? What is it for?

- A Condom is a thin sheath made of latex/plastic to fit on the penis to make sex safer.
- It protects both partners during vaginal, anal, oral intercourse. It prevents pregnancy by preventing sperm from entering the vagina.
- The latex condom protects against many sexually transmitted infection including HIV, by protecting the body fluids that may be infected.

#### How well it works? Its effectiveness:

- In relation to HIV prevention, condoms are the present solution and substantially reducing the risk of HIV transmission.
- Condoms are only effective when used consistently and correctly.

#### How to use condoms?

- Handle condoms gently.
- Store them in cool, dry place (long exposure to air, heat and light makes the condoms more susceptible to damage).
- Do not stash them continually in a back pocket, wallet, in vehicle dash board or glove compartment

#### Correct use of Condom

- Check the expiration date.
- Carefully open the condom package – use of teeth, fingernails or scissors can cut or tear the condom.
- Use a new condom every time a person has sexual intercourse.

## SESSION 5:

### GENDER DIMENSIONS OF HIV/AIDS

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Session Time: 30 Minutes

Session Objective:

- **To understand the gender inequality and prevalence of HIV.**
- **To understand the vulnerability of women to HIV.**

India has the third largest number of people living with HIV/AIDS in the world. Given the adult prevalence rate of 0.27%, approximately 21 lakh people are estimated to be living with HIV/AIDS in India, of which, 39% are women and 7% are children below the age of 15 years. The prevalence of HIV infection in high prevalent states like Maharashtra, Tamilnadu, Andhra Pradesh, Karnataka, Manipur and Nagaland the ratio of infected male to female is almost becoming equal.

#### Gender dimensions

- Many women experience sexual and economic subordination in their marriages or relationships and are therefore unable to negotiate safe sex or refuse unsafe sex.
- The power imbalance in the workplace exposes women to the threat of sexual harassment.
- Poverty is a noted contributing factor to AIDS vulnerability.
- Women's access to prevention messages is hampered by illiteracy, a state affecting more women than men world wide – twice as many in some countries.
- Studies show the heightened vulnerability of women, compared to men, to the social stigma and ostracism associated with AIDS, particularly in rural settings, thus leaving them shunned and marginalized.

#### Why are women more vulnerable?

Physiological susceptibility

Increased social/cultural vulnerability

#### Physiological Susceptibility:

- The vaginal walls of women have large surface area, which aid in collection of fluids that can facilitate in the transmission of HIV. On the other hand surface area on the penis is small thus cannot collect fluids.
- Walls of cervix and vagina are thinner and are easily torn thus the microspores can allow easy passage to the virus.

- Women have more chances of getting Reproductive Tract Infections.
- Most often women suffer from Sexually Transmitted Infection, which are asymptomatic and do not get treated.

**Socio-cultural reasons:**

- The reasons are that there is unequal access to education and economic resources.
- They enjoy less power than men in social and sexual relations.
- Women are more likely to experience rape, sexual coercion, sometimes forced to sell or exchange sex for their economic survival.
- Laws and policies that prevent women from owning land, property and other productive resources often support gender-related discrimination. This promotes women's economic vulnerability to HIV infection, limiting their ability to seek and receive care and support.
- Women with HIV infection also often experience more social blame and stigma than men in the same position.
- In addition to their own increased risk of HIV, women also carry the social burden of the epidemic, in terms of providing care of relatives with AIDS.

## SESSION 6:

### STIGMA AND DISCRIMINATION

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Session Time: 45 Minutes

Session Objective:

- **To enhance the participants' level of understanding stigma and discrimination associated with HIV.**
- **To reduce stigma against people living with HIV.**

#### Stigma and Discrimination

HIV/AIDS is today not only the greatest health challenge, but is also the greatest challenge to human rights. Fear of becoming infected underlies stigma and discrimination, which remain major impediment to preventing HIV transmission and providing treatment, care, and support to people who are HIV-infected and their families.

HIV/AIDS-related stigma is increasingly recognized as the single greatest challenge to slowing the spread of the HIV infection at the global, national, and community/provider level.

*The most effective responses to the HIV/AIDS epidemic are those that work to prevent the stigma and discrimination associated with HIV, and to protect the human rights of people living with HIV and those at risk of infection.*

#### What is stigma?

*Stigma* refers to unfavorable attitudes and beliefs directed toward someone or something.

#### HIV/AIDS-related stigma

HIV/AIDS-related stigma refers to all unfavorable attitudes and beliefs directed toward people living with HIV/AIDS (PLHIV) or those perceived to be infected, and toward their significant others and loved ones, close associates, social groups, and communities. Stigmatizing attitudes are often directed not only toward the person living with HIV, but also toward behaviours believed to have caused the infection. Stigma is particularly pronounced when the behaviour linked to the origin of a particular disease is perceived to be under the individual's control, such as prostitution or injection drug use.

People who often are already socially marginalized – poor people, indigenous populations, men who have sex with men, injecting drug users, and sex workers – frequently bear the heaviest burden of HIV/AIDS-related stigmatization. People who are HIV-infected are often assumed to be members of these groups, whether they are or not.

### What is discrimination?

Discrimination is the treatment of an individual or group with partiality or prejudice. Discrimination is often defined in terms of human rights and entitlements in various spheres, including healthcare, employment, the legal system, social welfare, and reproductive and family life.

### Stigmatization and discrimination

- Stigmatization reflects an attitude, but discrimination is an act or behaviour.
- Discrimination is a way of expressing, either on purpose or inadvertently, stigmatizing thoughts.
- Stigma and discrimination are linked. Stigmatized individuals may suffer discrimination and human rights violations. Stigmatizing thoughts can lead a person to act or behave in a way that denies services or entitlements to another person.
- Stigma and discrimination have been documented in association with other disfiguring or incurable infectious diseases, including tuberculosis, syphilis, and leprosy. However, HIV/AIDS-related stigma appears to be more severe than the stigma associated with other life-threatening infectious diseases.



## SESSION 7:

### HOW TO CONTRIBUTE IN NATIONAL AIDS CONTROL PROGRAMME

**Session Time: 30 Minutes**

**Session Objective:**

- To enhance the participants' level of understanding on contribution in awareness building, referral & linkages, reduce stigma and discrimination, institutionalize HIV prevention drive.
- Develop work plan on HIV/AIDS prevention at the workplace.

The prevention of HIV infection and mitigation of impact requires multi-sectoral response. Mainstreaming approaches to HIV have increasingly gained ground with the realization that the non-health sector can play an important and meaningful role in reducing vulnerability to HIV and mitigating its impact on those infected and affected.

The idea of mainstreaming is to work with a broad range of stakeholders from government, civil society and the corporate sector in a more balanced, focused and systematic manner. The opportunities to be explored that how can an individual, institution, organization or department may contribute to meet the objective of NACP IV i.e. reduce new infection and provide comprehensive care & support to people living with HIV/AIDS and treatment services to all those who requires it.

The possibilities of activities with regard to reduce vulnerability to HIV, integration of HIV related services and social protection to people living with HIV and affected communities may be broadly explored. Individual and institutional capacities may be increased to address the issue of HIV/AIDS at the workplace, reduce stigma and discrimination if any, reaching out with awareness messages through policies and programme.

Individual or institution can contribute in HIV/AIDS prevention in several ways

- ✓ Spread awareness on HIV and AIDS.
- ✓ Motivate self or other to volunteer as peer educator.
- ✓ Discuss HIV/AIDS at the workplace.
- ✓ Support to strengthen institutional capacity to address HIV and AIDS.
- ✓ Initiate HIV/AIDS prevention activities.
- ✓ Support to institutionalize HIV/AIDS prevention activities in organizational capacity with the objective of vulnerability reduction, integration of services and, or social protection for people living with HIV.

- ✓ Support to develop/ strengthen linkages with available service (ICTC, STI Clinic, ART Clinic etc.) to those who requires it.
- ✓ Support to reduce stigma and discrimination against PLHIV.
- ✓ Adopt 'National policy on HIV/AIDS and World of Work'

Note: Monograph on Mainstreaming & Partnership, Technical Notes for Ministry/ Department, National policy on HIV/AIDS and world of work, guidelines on ELM, training materials developed by SACS/ ILO etc. are useful to develop individual and or institutional capacity to address HIV.

# PART: IV

## ANNEXURES

# ANNEXURE I

## Pre and Post – Test Questionnaire Format

Date:

Place

Name:

Designation:

Department:

**Qts. 1.** What HIV stands for?

- |                                 |                          |
|---------------------------------|--------------------------|
| 1. Human Immunodeficiency Virus | 2. Human Induced Virus   |
| 3. Hepatitis Immunity Virus     | 4. Herpes Immunity Virus |

**Qts. 2.** What AIDS stands for?

- |   |                                    |
|---|------------------------------------|
| 1. Actual Induced Syndrome                      | 2. Acting inside Dormant Seed      |
| 3. Acquired Immune Deficiency Syndrome Sickness | 4. Accredited Influenza Deficiency |

**Qts. 3.** Who can get infected with HIV?

- |                                    |                                |
|------------------------------------|--------------------------------|
| 1. Anybody can get infected        | 2. Old people can get infected |
| 3. Younger people can get Infected | 4. Nobody can get infected     |

**Qts. 4.** How can we identify an HIV positive person

- |                           |                |
|---------------------------|----------------|
| 1. By looking at her/ him | 2. By testing  |
| 3. By living with them    | 4. Do not know |

**Qts. 5.** Which fluid is generally taken for HIV testing?

- |          |                  |
|----------|------------------|
| 1. Blood | 2. Sexual fluids |
| 3. Tears | 4. Urine         |

**Qts. 6 .** Which one is most common cause for HIV transmission?

- |                             |                          |
|-----------------------------|--------------------------|
| 1. Unsafe Sex               | 2. By infected blood     |
| 3. Infected Mother to Child | 4. By injecting drug use |

**Qts. 7.** Which of following is not a cause of HIV transmission?

- 1. Unsafe sex with a positive person
- 2. Through infected needle and syringe
- 3. Eating food together
- 4. By infected blood

**Qts. 8.** Which of the following can cure HIV?

- 1. Medicine
- 2. Vaccination
- 3. Herb
- 4. None of the above

**Qts. 9.** Which of the following are the benefits of using a condom?

- 1. Protection from HIV/AIDS
- 2. Protection from STI
- 3. Protection from unwanted pregnancy
- 4. All of the above

**Qts. 10.** Where can you get HIV test done?

- 1. ART centre
- 2. Suraksha Clinic
- 3. Link ART Centre
- 4. ICTC

**Qts. 11.** What do you understand by mainstreaming?

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**Qts. 12.** If you get a chance to mainstreaming of HIV prevention, how you would like to contribute?

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## ANNEXURES II

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Training feedback format

Name:

Designation:

Department/Organization Name:

1- How was the training?

Average

Good

Very Good

Excellent

2- What were three things you like most during the training?

- a. ....
- b. ....
- c. ....

3- Please give three suggestions for improvement of the trainings for future.

- a. ....
- b. ....
- c. ....

4- What will you do for mainstreaming HIV in your organization/department level?

- a. ....
- b. ....
- c. ....

5- What will you do for mainstreaming HIV as an individual?

- a. ....
- b. ....
- c. ....

## ANNEXURE III

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### Ice breaking game

#### EXERCISE 1: PASS THE BEAT

**Objective:** Participants get to know each other and the group's energy is raised as trainees become aware of their dependence upon one another.

**TIME:** 5 to 10 minutes      **Material required:** None

Suitable for all training and field work

**Process:** Have all participants form a circle. To introduce the exercise, say: *"I am going to face and make eye contact with the person on my left, and we will try to clap our hands at the same moment [demonstrate]. Then, she or he will turn to the left and clap hands at the same time with the person next to her or him. We will 'pass the beat' around the circle.*

*Let's try it now and remember to make eye contact and try to clap at the same time."* The rhythm builds up and the facilitator can call out *"faster"* or *"slower"* to increase the speed of the game. Once the handclaps have passed around the circle, say: *"Now we will try to make the rhythm go faster and faster. Always be ready because we might begin to send additional rounds of handclaps around the circle, chasing the first one."*

The 'beat' begins to be passed around the circle, from one person to the next. Remind people to keep it going, even if it stops for a moment when someone misses the beat. When the first round of handclaps is well-established the participants may start a new round. Eventually there might be three or four beats going around the group at the same time. This will often result in a sort of enjoyable, high-energy chaos in the group with lots of laughter.

**CLOSURE** Briefly ask whether participants enjoyed the game. Ask the group to describe, without singling anybody out, what happens in an interdependent team game when a player drops the ball. Remind the group that, to get the best results when working as a team, everyone is interdependent and depends on the other team members.

#### EXERCISE 2: THE HUMAN KNOT

**Objective:** Participants work on trust building, team building and problem solving. They learn to respect people's bodies by exercising self-control while trying to accomplish a group task without hurting anyone.

**Time:** 10 to 15 minutes      **Material required:** None

**Process:** Clear a space in which to form one or more circles of about eight to ten people. Explain that for this game it is very important to follow instructions and listen to each other carefully, so that no one gets their wrist twisted or hurt in any way. Explain that everyone will stand in a circle, reach into the middle of the circle with both hands to get hold of the hands of two other people. Without letting go, their job is to untangle the 'rope' and back into a circle.

Tell the participants to seize the right hand of one person and the left hand of another person. Next, ask them to try slowly and carefully to unravel until they can form a circle without ever having let go of the hands they are holding. If the group gets very good at this, variations can be made such as, no talking, or only whispering, etc.

**Closure:** You can talk to the group briefly about how they felt playing the game.

**Caution:** Participants taking part in this game should be warned before beginning that they need to be very careful not to hurt anyone by twisting their wrist, stepping on them, etc.

### EXERCISE 3: MOVING SCULPTURES

**Objectives:** Participants are energized, encouraged to be spontaneous and ‘get outside themselves’ while performing. Participants also work towards building the team and building trust.

**Time:** 20 to 45 minutes (often repeatable, with variations)

**Material:** None

**Process:** Designate an open space at the front of the room as the ‘stage’ area. Explain that, “In this exercise we will make some human team sculptures and poems together. It’s a team-building and group creativity exercise.

The trainer asks for a group of about five to eight volunteers to come up and stand on either side of the stage (indicate where the stage area is). Instruct them to come up and strike a pose of their choice (demonstrate examples), one at a time. Once the first person is in their pose, the rest of the volunteers come up and strike their pose. All participants must touch at least one other ‘poser’. The facilitator should make sure that everyone is comfortable with the physical contact. Continue instructing participants to come up voluntarily, strike a pose and freeze in that position. Explain to them that when you say the word ‘change’ (let the word last a few seconds: chaaaaange), they should change to a new pose. Remind them that they should still be touching at least one other participant, even during the time they change poses. Tell them that, as soon as you finish saying the drawn-out change, they should freeze in their new positions.

Watch the group carefully and advise them whenever you see that someone is not in contact with at least one other person in the group. If you notice that male and female participants feel uncomfortable touching one another, help rearrange the sculpture so that people of the same sex are closer to each other. You can also play with the group by changing the length of the word ‘change’, so that sometimes they have a long time to find their pose, while at other times they must rearrange themselves very quickly (in two to three seconds). This makes the game more challenging and entertaining. Allow more teams to come up after the first group has made a few poses.

**CLOSURE** A nice touch and a useful team-building factor is for the trainer to take some photos of the wonderful group poses that will emerge in this game. Giving copies of the photos to the trainees can help make them feel part of a team.



# **PART: V**

## **FREQUENTLY ASKED QUESTIONS**

## **FREQUENTLY ASKED QUESTIONS ABOUT HIV/AIDS**

### **What is HIV?**

HIV stands for Human Immuno-deficiency Virus. HIV after entering the human body gradually destroys the immune system, i.e. the ability to fight infections/diseases.

### **What is AIDS?**

AIDS stands for Acquired Immune Deficiency Syndrome. It is the later stage of infection with HIV. It is a condition in which a group of symptoms appear as the immune system becomes very weak. It can take around 8-10 years from the time of HIV infection to the stage of AIDS. HIV infected people can lead symptom-free and productive lives for years.

### **Do all people with HIV have AIDS?**

No. Being diagnosed with HIV does NOT mean a person will also be having AIDS. A person is having AIDS only when HIV infection begins to get severe opportunistic infections (OIs), or CD4 cell counts fall below a certain level.

### **Can I get HIV from sharing a cup or shaking hands with someone who has HIV or AIDS?**

HIV is found only in body fluids, so you cannot get HIV by shaking someone's hand or giving them a hug (or by using the same toilet or towel). While HIV is found in saliva, sharing cups or utensils has never been shown to transmit HIV.

### **Can HIV be transmitted through an insect bite?**

No, Insects can NOT transmit HIV. Research has shown that HIV does not replicate or survive well in insects. In addition, blood-eating insects digest their food and do not inject blood from the last person they bite into the next person.

### **How do people get infected with HIV?**

HIV can be transmitted through: Unprotected sex with an HIV infected person; Transfusion of HIV infected blood or blood products; Sharing of needles contaminated with HIV infected blood or serum; and from HIV infected mother to her baby.

Apart from the above modes of transmission, HIV doesn't spread by any other way, HIV doesn't spread through ordinary social contact; for example by shaking hands, traveling in the same bus, eating from same utensils, by hugging or social kissing etc.

### **Where did HIV come from?**

Scientists have different theories about the origin of HIV, but none have been proven or approved.

We do know that the virus has existed in the United States since at least the mid- to late 1970s. From 1979-1981 rare types of pneumonia, cancer, and other illnesses were being reported by doctors in Los Angeles and New York among a number of gay male patients. These were conditions not usually found in people with healthy immune systems.

In 1982 public health officials began to use the term “acquired immune deficiency syndrome,” or AIDS, to describe the occurrences of opportunistic infections, Kaposi’s sarcoma, and Pneumocystis carinii pneumonia in previously healthy men. Formal tracking (surveillance) of AIDS cases began that year in the United States.

The cause of AIDS is a virus that scientists isolated in 1983. The virus was at first named HTLV-III/LAV (human T-cell lymphotropic virus-type III/lymphadenopathy- associated virus) by an international scientific committee. This name was later changed to HIV (Human Immunodeficiency Virus).

### Why the HIV/ AIDS epidemic is considered so serious?

HIV generally affects people at the most productive age, leading to premature death thereby severely affecting the socio-economic structure of whole families, communities and countries.

Secondly, HIV infection goes unnoticed in the initial years because it is not symptomatic in the initial phase. Thus, early detection, treatment and management get tough. This is the reason why HIV / AIDS is often called a silent killer.

A considerable amount of stigma and discrimination is associated with AIDS, which creates hindrance in prevention as well as care and support efforts.

And, because HIV spreads mostly through sexual contact which being very personal and private affair, it becomes difficult to address it.

### Can I get HIV from getting a tattoo or through body piercing?

A risk of HIV transmission does exist if instruments contaminated with blood are either not sterilized or disinfected or are used inappropriately between clients. CDC recommends that instruments that are intended to penetrate the skin be used once, then disposed of or thoroughly cleaned and sterilized.

Personal service workers who do tattooing or body piercing should be educated about how HIV is transmitted and take precautions to prevent transmission of HIV and other blood-borne infections in their settings. If you are considering getting a tattoo or having your body pierced, ask staff at the establishment what procedures they use to prevent the spread of HIV and other blood-borne infections, such as hepatitis B virus. You also may call the local health department to find out what sterilization procedures are in place in the local area for these types of establishments.

### Why is injecting drug use a risk for HIV?

At the start of every intravenous injection, blood from the vein is sucked in for confirmation and thus blood is introduced into needles and syringes. HIV is present in large quantity in the blood of a person infected with the virus. The reuse of a HIV infected blood -contaminated needle or syringe by another drug injector (sometimes called “direct syringe sharing”) has some quantity of the HIV infected blood present in the hollow of the needle and the base of the syringe cylinder. Hence the reuse of such needles and syringes carry high risk of HIV transmission when pushed into the blood stream of the next user.

“Street sellers” of syringes may repackage used unsterilised syringes and sell them as sterile syringes. For this reason, people who continue to inject drugs should obtain syringes from reliable sources of sterile syringes, such as pharmacies. It is important to know that sharing a needle or syringe for any use, including skin-piercing and injecting steroids, can put one at risk for HIV and other blood-borne infections.

### Is there a connection between HIV and other sexually transmitted infection?

Yes. Having a sexually transmitted infection (STI) can increase a person’s risk of becoming infected with HIV, whether the STI causes open sores or breaks in the skin (e.g., syphilis, herpes, chancroid) or does not cause breaks in the skin (e.g., chlamydia, gonorrhoea).

If the Sexually Transmitted infection causes irritation of the skin, breaks or sores may make it easier for HIV to enter the body during sexual contact. Even when the STI causes no breaks or open sores, the infection can stimulate an immune response in the genital area that can make HIV transmission more likely.

In addition, if an HIV-infected person is also infected with another STI, that person is three to five times more likely than other HIV-infected persons to transmit HIV through sexual contact.

### How effective are latex condoms in preventing HIV?

Studies have shown that latex condoms are highly effective in preventing HIV transmission when used correct and consistently. These studies looked at uninfected people considered to be at very high risk of infection because they were involved in sexual relationships with HIV-infected people. The studies found that even with repeated sexual contact, more than 98 percent of those people who used latex condoms correctly and consistently did not become HIV infected.

### Can I get HIV from anal sex?

Yes, it is possible for either sex partner to become infected with HIV during anal sex. HIV can be found in the blood, semen, pre-seminal fluid, or vaginal fluid of a person is infected with HIV virus. In general, the person receiving the semen is at greater risk of getting HIV because the lining of the rectum is thin and any cuts, abrasion or bruise may allow the virus to enter the body during anal sex. However, a person who inserts his penis into an infected partner also is at risk because HIV can enter through the urethra (the opening at the tip of the penis) or through small cuts, abrasions, or open sores on the penis.

Having unprotected (without a condom) anal sex is considered to be a very risky behavior. If people choose to have anal sex, they should use a latex condom. Most of the time, condoms work well. However, condoms are more likely to rupture or break during anal sex than during vaginal sex. Thus, even with a condom, anal sex can be risky. A person should use a water-based lubricant in addition to the condom to reduce the chances of the condom rupture or breaking.

### Can I get HIV from open-mouth kissing?

Open-mouth kissing is considered a very low-risk activity for the transmission of HIV. However, prolonged open-mouth kissing could damage the mouth or lips and allow HIV to pass from an infected person to a partner and then enter the body through cuts or sores in the mouth or gums. Because of this possible risk, the CDC recommends against open-mouth kissing with an infected partner.

### Can I get HIV from kissing on the cheek?

HIV is not casually transmitted, so kissing on the cheek is very safe. Even if the other person has the virus, your unbroken skin is a good barrier. No one has reported getting infection from such ordinary social contact as dry kisses, hugs, and handshakes.

### How can I avoid being infected through sex?

By abstaining from sex; or  
By having a mutually faithful monogamous sexual relationship with an uninfected partner; or  
By practicing safe sex (Safe sex involves the correct use of a condom during each sexual encounter and also includes non-penetrative sex.)

### I had sex with someone I think could be at risk for HIV, and the condom broke? What should I do?

If it's been less than 72 hours since the condom broke, you may be able to take medication that could keep you from getting infected with HIV, even if your partner is HIV positive. Call your doctor or your local health department immediately and ask about post-exposure prophylaxis, or PEP. If it's been longer than 72 hours, PEP will not protect you from HIV, and you will need to explore HIV testing options. In most cases, you will have to wait at least 6 weeks after a possible exposure before an HIV test can provide accurate results.

### Can we assume responsibility in preventing HIV infection?

Both men and women & third gender share the responsibility for avoiding behaviour that might lead to HIV infection. Equally, they also share the right to refuse sex and assume responsibility for ensuring safe sex. In many societies, however, men have much more control than women in deciding, with whom and how they have sex. In such cases, men need to assume greater responsibility for their actions.

### Why is early and complete treatment of STI important?

STI transmission is caused by unprotected sexual act in the general population. After the complete treatment and cure, the risk of spread of STIs to sexual partners is reduced and thus exposure to contacting HIV is also reduced. Besides, early treatment of STI also prevents infertility and ectopic pregnancies. Partner/s treatment for STIs is also important. Partner management includes examination and treatment of regular/permanent sex partner (e.g., spouse) of the patient.

### Can use of unsterilised injections transmit HIV infection?

Yes, if the injecting equipment is contaminated with blood containing HIV. Avoid injections unless absolutely necessary. If you must have an injection, make sure the needle and syringe come straight from a sterile package or have been sterilized properly; a needle and syringe that has been cleaned and then boiled for 20 minutes is ready for reuse. Finally, if you inject drugs, of whatever kind, never use anyone else's injecting equipment.

### Is there a treatment available for HIV/AIDS?

While there is no cure, effective Anti-Retroviral Treatment (ART) drugs are available which can prolong the life of an HIV positive person, thus enhance the quality of life as well. But once started, these ART drugs have to be taken lifelong. In addition, these drugs are expensive and have side effects. In addition, the treatment needs to be administered under supervision of doctors who are trained in HIV case management.

### Why should young people be concerned about HIV/AIDS?

The reasons for the important role of young people depend upon several factors:

- A major proportion of HIV infection occurs in young people
- Young people are at a high risk of acquiring sexually transmitted infections, including HIV if they experiment with sex or drug as a part of their growing up.
- Young people can communicate better with other young people than older people can. This means their role as peer educators and motivators, cannot be taken by other people.
- Young people have the enthusiasm, energy and idealism that can be harnessed for spreading the message of HIV/AIDS awareness and responsible sexual behaviour.
- Young persons can spread the message not only to their peers and to younger children, but also to their families and the community.
- Young persons can ideally serve as role models for younger children and their peers.

### What is the window period?

The normal HIV blood tests detect the presence of antibodies in human body, which take about 2-12 weeks after infection to form in the body in detectable quantity. This period is called the window period. During this period the HIV status does not show in the test but the person can infect others. Once body is infected it usually takes 2 to 12 weeks for it to develop HIV antibodies. During this “window period” the person although infected, tests negative for HIV antibodies. The test needs to be repeated after 3 months He/she can still spread infection to others

### Why is it important to tell people to fight AIDS & not people living with HIV/AIDS?

This is important because AIDS has produced an unprecedented negative reaction from people.

- It has produced reaction of fear, hostility and prejudice.
- Sometimes people with HIV/AIDS have been evicted from their lodgings and rejected by their family or friends.
- Consequently people with AIDS are afraid to tell others about their condition for fear of victimization.
- Such reaction, as above are mostly due to ignorance.

- Education on how AIDS is transmitted and how people can protect themselves is the most important means of reducing the spread of AIDS.

Moreover, the facts that HIV is not transmitted through casual and social contacts including sharing of clothes and utensils, eating together, sharing the toilets, playing together, touching, hugging, is reinforced and the fear and stigma associated with HIV can be dispelled.

### What support can I give a person who is living with HIV/AIDS?

It is important that we help a person living with HIV to remain strong in the body and mind, as this helps greatly to increase their life expectancy and the quality, by delaying the disease progression. We can offer support by:

- Joining in the fight against reducing HIV/AIDS related Stigma and discrimination.
- Providing a balanced and nutritious diet
- Ensuring that the person stays active and economically productive
- Accepting the person along with the illness so that he or she maintains a positive self-image by feeling wanted and loved
- Providing the necessary care and affection and support to the family
- Helping neighbours, friends and relatives to understand the nature of the illness and the care and precautions required.

### How can we win the war against HIV/AIDS?

It is important to realize that AIDS is the concern of each one of us as anyone of us may be at risk. By sharing and spreading correct facts and positive attitudes we can ensure the safest protective behaviour possible.

We can do this by: Sharing our knowledge and facts about HIV and AIDS with all the members of the family realizing our responsibility to spread the knowledge about AIDS in our community, helping people understand the care and precautions required to avoid the spread of the infection, helping people realize that there is no risk attached in taking care for a person with AIDS at home provided that sensible household hygiene measures are taken and by creating an enabling environment for PLHIV at workplace.

