

FLIPCHART FOR CLIENT EDUCATION

HIV prevention, treatment and care

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Foreword

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

It is estimated that about 1,000,000 Zambians are already living with the virus, of which 200,000 need antiretroviral therapy (ART) urgently². Whilst Government has made great strides in rolling out treatment, care and support programmes to those infected and living with HIV, there is still an urgent need for better information for clients. The health workers need effective teaching tools to be able to counsel the clients with correct, consistent and attractively presented information.

The Ministry of Health has joined forces with key partners in Zambia to produce this simple, accurate and client friendly flipchart that can be used by health care providers, peer educators and counsellors to share and discuss key information on positive living and Antiretroviral treatment. It also addresses related issues like making reproductive health choices, MTCT and issues particularly relevant to positive children and adolescents.

We would like to thank all the individuals who provided their personal testimonials which have helped illustrate the various sections with relevant, real-life experiences.

We hope you find this flipchart useful in counselling the clients and the clients find the information presented in an easy and useful way.



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Lusaka, Zambia
May 2007

¹ Zambia Demographic Health Survey (DHS) 2001/2

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



INTRODUCTION



Who can use the Flipchart?

The Flipchart can be used by health facility and community health care providers with:

- **Clients** when educating on basic HIV prevention
- **People Living with HIV/AIDS (PLHA)** and their families when educating on prevention, basics of HIV, care and treatment, including ART, positive living, self management
- **Buddies** when preparing them to support PLHA on ARV with adherence to medicines, keeping appointments and positive living
- **Everybody in the community** when educating on HIV issues

Using the Flipchart for client education

The Flipchart will:

- Provide the information you need to offer good advice
- Offer you tips and guidance on how to communicate with clients
- Provide you with pictures to make the information more clear

The more you use the Flipchart, the more you will become familiar with it

- You will look at the **PROVIDER** page, which has guidance for what to discuss with the client. Provider pages have the word “Provider” on the bottom right hand corner. The client will look at the client page, which has less information but has large pictures to clarify the message you are giving. On the provider page you have information on the message to convey to the client and a small box showing what is on the client page.
- This guide covers only the **MAIN POINTS** for each topic. However, based upon the training you have, you may want to provide more information, responding to the client’s needs.
- Use language that the client can understand and, if possible, **DO NOT READ** the text. Once the flip chart has become familiar, a glance will remind you of the key information you need to provide. **If the client cannot read well, pointing to the pictures might be very useful.**
- The key health words have been translated into Zambian languages so it is easier for you to use the language that your client is comfortable with. When you find a word that you do not know how to translate into the local language, you can look at the translations table for help. See the end of this introduction for the translations.

Remember to use key communication skills presented in this flipchart and ASK questions to be sure that the client understands.

How to use this tool with the client



Provider

Client Page



How to use this tool with the client

The tool stands up so both you and the clients can see the pages on each side.

Place the tool where the client can easily see it. Try not to place the Flipchart directly between you and the client. You can place it somewhat to the side or where both of you look at the client's page together.

Tell the client about the tool and explain that it will help meet his/her needs.

Each page shows the client an important question or topic. To use this tool correctly, you usually need the client's answers or information to decide if it will be useful to discuss the topic on the following page. You may need to use only one or all of the pages, depending on the client's needs.

For example, if you are with a client who tells you that she wants to have a baby, you will need to use the relevant information in Section 4: Sex and having a baby. However, if you are with a client who is not concerned about having children and is asking many questions about ARV side effects, you will want to use the side effects management information in Section 6: How to take care of yourself when you are HIV+.

Please note that we have used both "he" and "she" to refer to the client in this flipchart. When a page uses "she," it still applies to both men and women; in the same way, when a page uses "he," the instructions apply to both men and women.

Do not forget to read and use the communication skills presented on the following pages. It is very important to convey the message to the client in the right way.

Provider

Communication skills for client counselling

Providers - please read the information on communication over the next few pages. This will help you to improve your work with clients.

Communication with your clients is very important. It is important to give a message to your client in the right way. This can help them to better understand and remember what you have told them. Good communication can also encourage your client to carry out any instructions you have given them about their treatment and behaviour. Finally, good communication can encourage your client to open up to you about difficulties that may be affecting their treatment and health.

Be sure to think about how you talk with clients and try to improve your skills.

A good communicator should be:

- Kind, understanding and supportive
- Able to exercise confidentiality
- Responsible, a good listener and can easily be talked to
- Open and non-judgemental
- Someone who has the client's interests at heart
- Someone who knows when to speak and when to listen
- Helpful and caring
- Trustworthy
- Someone who has respect for others

Think about which of these qualities you have. Also, think about which qualities you are strong in and which that you could improve on.

Provider

Communication basics

Establishing rapport

Every time you talk with a client it is important to establish rapport. *Establishing rapport* means making a client feel welcome and at ease, and finding common ground with her. A feeling of rapport does not only come out of what words are said, but how they are said. It helps a client feel comfortable and trust the person who is communicating with her.

Tips for establishing rapport:

- Greet clients by name
- Introduce yourself by name
- Shake hands, if appropriate
- Be friendly and welcoming
- Make eye contact with the client, if appropriate

The four basic communication skills

There are three types of communication:

1. Non-verbal: This is body language, including touch, eye contact, physical distance from the client, and active listening. When we think of communicating with clients, we normally think about spoken conversations; but non-verbal communication is just as important as verbal communication.
2. Emotional: Acknowledging feelings
3. Verbal: Asking questions, summarising

There are four basic communication skills to use when talking to clients:

| | |
|--------------------------------|----------------------------|
| Active listening | (Non-verbal communication) |
| Acknowledging feelings | (Emotional communication) |
| Asking questions (open/closed) | (Verbal communication) |
| Summarising | (Verbal communication) |

1. Active Listening

- Active listening involves paying attention to a client in a way that shows respect, interest, and empathy.
- Active listening is paying attention to the content of the client's messages and also the feelings and worries that may be shown through a client's tone of voice, facial expressions, and posture.

The four basic communication skills

2. Acknowledging feelings

- The purpose of *acknowledging feelings* is to let a client know that you recognize and understand his feelings about the topic you are discussing.
- *Acknowledging feelings* involves identifying the emotion a client seems to be feeling, based on his words, facial expression, body language, etc.
- Most health care providers are good at giving information. Giving information is easier than staying with a client's feelings.
- But most people need to have their feelings acknowledged and discussed before they are able to really hear and receive information

Some phrases to use when you want to show that you are acknowledging a client's feelings:

- It seems to me you are feeling _____
- It sounds like you _____
- What I hear you saying is _____

Some examples of ways to acknowledge feelings:

Client: If I start taking ARV medicines, I've heard that I will feel even sicker at first and might have a lot of side effects.

Health care

provider: It seems to me you are feeling anxious because you're worried that the medicines will actually make you more ill than you feel now. Is that right?

OR

It sounds like you would like to know if what you've been told to expect when starting therapy is correct. Is that right?

Provider

The four basic communication skills

3. Asking questions

- The way that we ask a question will influence the response we get.
- There are two kinds of questions: open-ended and closed-ended.

Open-ended questions

- Cannot be answered with a simple yes or no answer
- Usually begin with words like “how,” “what,” or “why”
- Help people to open up and express their feelings
- Encourage more detailed conversations
- Examples:
 - Will you say a little more about why you think it might be difficult for you to take the medicines everyday?
 - How did you feel when your husband found out you were coming here today?

Closed-ended questions

- Often require a “Yes” or “No” answer
- Usually encourage a short answer
- Should be used to get concrete information such as personal background data (age, number of children, address) and to close a conversation
- Examples:
 - How many children do you have?
 - Has anyone talked to you about ART?
 - Do you have any final questions for me today?

The four basic communication skills

4. Summarising

- *Summarising* pulls pieces of the conversation together so that the client can see the whole picture.
- It helps to make sure the client and health care provider understand each other correctly, and to clarify any misunderstanding.
- It helps the health care provider to summarise the next steps the client should take in addressing the health problem.

Ways to summarise:

- List the key topics covered in the conversation.
 - Example: “In this visit we talked about how HIV has damaged your body and how you are now at risk of developing AIDS.”
- List the concerns a client has expressed.
 - Example: “It sounds like your two main concerns are telling your husband you have HIV, and getting him to understand why you need to start taking ARVs.”
- List the actions a client has decided to take.
 - Example: “So you’ve decided you’ll start taking ARVs today, and you’ll come back in two weeks for a check-up to see how you’re responding to the medicines.”
- List what has happened in this visit.
 - Example: “Today we’ve discussed the result of your CD4 count, and we’ve talked about ART – what it is and what it is not. Next time, if you would like me to, I will give you more information about a care and support group near you. Is there anything else that we discussed that I have forgotten?”

Provider

Communicating with couples

When you are communicating with a couple, there are special things you need to consider.

Here are some techniques you can use when working with a couple:

- Establish rapport with both partners.
- Let them know that there will be equal talk time for both of them.
- Let the apparently dominant partner start, as this may influence how the couple's decisions are carried out once they get home.
- If the dominant person does all the talking, after a while you can say that you want to hear what his/her partner has to say about the issues.
- Try gently to draw out the quieter partner, and encourage him/her to talk.
- In extreme cases, if the dominant person refuses to let his/her partner speak, you may need to invite that person to wait outside while you talk with his/her partner privately.
- Pay attention to both verbal and non-verbal communication.
- If asked whether you are married, tell the truth. Either way, you may inform the client(s) that you are trained to work with couples.
- Do not judge or take sides.
- Keep your values or beliefs aside and work with those of the couple.

Communicating with children

Children also have special counselling needs. Here are some tips on how to communicate with children:

- **Facial gestures and eye contact** are very important. If you look angry or uninterested, the child will find it difficult to talk. Look at the child, even if they look away. This tells them you are listening to them.
- **Let the child speak to you.** If the child has difficulty finding their words, you may be tempted to “put words in their mouths.” Be patient and give them time to tell you in their own way.
 - To help, you can make encouraging sounds or repeat the last word or sentence the child said. You can also ask “open” questions.
- **Talk to children in a language they understand.** Using words they have not heard before will confuse them. If you use a medical term, explain to the child what it means.
- **Honestly answer any questions they have.** If you do not know the answer, tell the child that you do not know. It is better to do this than to pretend you know.
- **The child will find it hard to talk if they are made to feel stupid or that they have done something wrong in saying certain things.** They will find it easier to talk if they think you understand what they are feeling. If they have not understood something, do not criticize them. Help them to understand by explaining more simply.

Client treatment preparation for ART initiation

This flipchart can be used to assist in treatment preparation.

What is treatment preparation?

Treatment preparation is the process that prepares a client and the client's family for a lifetime of adherence to ARVs. This is a very important part of care because it lays the ground work for a long term relationship with the treatment-care team and success with HIV treatment. Also, taking the tablets the correct way everyday is called "adherence." There are four parts of treatment preparation:

- Educating and supporting the client
- Establishing a trusting and long-term relationship
- Identifying barriers to adherence
- Assessing client's readiness for ART

Who conducts the treatment preparation?

- The client is best supported when multiple clinic staff and volunteers help in treatment preparation.

What is covered during treatment preparation?

1. Client assessment - This includes:

- A health assessment done by the clinician before treatment begins –a complete history and physical, as well as laboratory testing and disease staging.
- Client beliefs about HIV and treatment
- Social support assessment (friends, family, community, church, other)
- Socioeconomic assessment (housing, money, other)
- Barriers to adherence – may include literacy level, non-disclosure, depression, relationship problems, attitudes towards treatment, and many other factors

Provider

What is covered during treatment preparation?

2. Client education

- Based on the client assessment, the health care worker addresses the identified learning needs. He also strengthens the client's current knowledge with specific treatment-related information. Here are some important topics to go over with the client:
 - HIV transmission and prevention
 - CD4 and viral load
 - ARVs and how they work
 - Side effects
 - Resistance
 - Adherence

3. Creating a treatment plan

- Treatment regimen is chosen and described in detail, including when to take, what foods to take or avoid, and other key points
- Follow-up plan is agreed on – how often will client come in or be visited by staff

Translations for selected words

| English | Bemba | Kaonde | Lozi | Luvale | Lunda | Nyanja | Tonga |
|--------------------|---|---|--------------------------------|------------------------------|------------------------------|--|---|
| Abdominal | Pa mala | Mwiishiiyaanda | Zamwamba | Chamujimo | Kwishana devumu | Camumimba | Cintu cijatikizya mwida |
| Abstain | Ukotaluka kukulaala na umuntu | Ikaanye | Kuilela | Kulikanyisa | Kuleka chikupu | Dziretse | Koliimya |
| Abstinence | Ubushimbe | Kwiikaanya | Kuila / buiswalo | Kutitwamina | Kudzihilika | Kudziretisa | Kuliimya kukundaana |
| Adherence | Kukoselela | Kulaamachiila | Kutamahana | Kukavangiza | Kutiyilila | Kutsatira | Lukamantano |
| Affectionate | Icitemwiko | Kuteemwa | Lilato | Peha | Kukeña kwabadika | Chikondi | Kuyandana kapati |
| Anal sex | Ukulaalana kumusula | Kwiikuna (kusaamba keena kumunyi taboo) | Kusoma mwa muñopyana | Kusunda mundumbi | Uvumbi wa kumahanda | Kugona munthu ku munyero | Kukundaanina kumatako abasankwa balike like |
| Anemia | Ukucepelwa umulopa | Kukeepeelwa kwaamaashi mumubiji | Kutokwa mali | Kuzemba | Kuma mashi | Matenda yakuchepa kwa mwazi/magazi muthupi | Bulwazi bwakuceya kwabulowa mumubili |
| ART | Ukundapwa kwakucefya utushishi mumubili | Muchi waakukeepasha tu loogolo twa aids | Mulyani wocineza butuku | Vitumbo vyakufwomona tuthutu | Yitumbu yakuwundisha musongu | Thandizo la matenda a AIDS | Kusilika bulwazi bwa sikalileke |
| Body fluids | Ifya meenshi fifuma mumubili | Meema amu mubiji | Mezi amwa mubili | Meya a mujimba | Menzhi amumuzhimba | Madzi a mthupi monga thukuta | Meendenda amumubili |
| Buddy | Cibusa-kacincisha | Mbai | Mulikani / mukulisi | Mbayi | Musensi/imbwa | Bwenzi eni-eni | Mwenzinyoko biyo |
| Burden | Ukutwika icisendo | Kuneemenwa | Kuimeza | Chipatela | Chisenda | Kukhala ndi mvuto/kupatsa bvuto | Kupenzya |
| Carbohydrates | Ifilyo Ifipeela amaka | Kaajo kaapana buluume naangwa ngovu | Lco zefa maata | Kukingiwa na vitumbo | Yakuda yahanaña ñovu | Zakudya monga shuga, buledi ndi mbatatisi | Zakulya zipa nguzu |
| Carbolic Soap | Isopo lipaya utushiishi | Muloola (soopo) wiipaaya tuloongolo | Mulola womufubelu / wacarbolic | Kukwachiwa | Soopu yaitumbu yañovu | Sopo wocinzira matenda | Nsipa ijesi misamu ijaya tuzunda |
| Clinician | Umubomfi wa mu kiliniki | N'ganga wakiizungu | Mualafi | Muka kuka (chimbanda) | Mukaku kwasha jahikatu | Dokotala | Musilisi muniini |
| Contaminated blood | Umulopa wa kowela | Meema ataama | Mali asilafezi | Manyinga a mapi | Mashi atama | Magazi odetsedwa/oipa | Bulowa bujisi tuzunda |

| English | Bemba | Kaonde | Lozi | Luvale | Lunda | Nyanja | Tonga |
|------------------------|---------------------------|---|----------------------------------|----------------------------|---|--|--|
| Cuddling | Ukulela | Kukumbaata | Kukumbatama | Kuumachila | Kuhema kwa kudikwatakwa akachi kawantu adikeña | Kukumbatirana | Kukumbatana kwa ciindi cilamfu |
| Debut | Ukutampa | Kwiiya patooka | Kubonahala lwapili | Phemba kanama | Kudimwekesha kwatachi | Kuzidziwitsa/kuonekera koyamba | Kutalika (chiindi chakusaanguna) |
| Decrease | Ukucepa | Kukeepesha | Kufukuza | Kutepuluka | Kkeesha | Kubwerera pansi | Kuceya |
| Defense | Ukuicingilila | Kwiilaamwiina | Kitwanela | Kulikinga | Kdamwina | Citetezo | Kkwabilila |
| Disclosing | Ukusokolola | Kubuulan'gana | Kupatalaza / kuzibahaza | Kukeha cha kulya mumujimba | Kushimuna kafuta | Kuulula | Kuyubulula |
| Discordance | Ubupusano | Kukaankalwa kusaambula twiishi twaakafuukula kumuunta Ujiinaato | Zusalumelelana | Chihandwa | Chamwekanaña mukachi ketala, yumo kwikala namusoñu wa HIV | Kukhala munthu omwe ngati agona ndi munthu wa AIDS iye sangatenge matenda kapena ngati ali ndi AIDS sangapatse wina. | Koonana amukaintu amusankwa, akati kabo umwi kali abulwazi umwi katajisi |
| Discordant | Ukopusana | Kupusaana | Yasalumelelani | Kulihandunuma | Kumbula kutiyangana | Kukhala munthu omwe ngati agona ndi munthu wa AIDS iye sangatenge matenda kapena ngati ali ndi AIDS sangapatse wina. | Kuteendelana kwamukaintu amusankwa |
| Drug resistance | Umuti ukuleka ukubomba | Kukaankalwa kwiingila kwaamuchi mumubiji | Kusa alafeha ka milyani | Kukana cha vitumbu | Kukañanya kwaitumbu | Kukana mankhwala | Mubili kuba mpengele kumisamu |
| Ejaculation | Ukufumya ifilume | Kwiichiila malume | Kuzala | Lomo (ulunga) | Kumwañga matekela | Kucosa ukala | Kusuba bweenze mpocinonezya koonana amukaintu |
| Emotions | Ifyo tumfwa | Byootumvwa | Mabifi | Kwivwa | Itoñoshoka yakudineña | Momwe munthu amamverera | Kucisa kwa moyo |
| Expressing breast milk | Ukutina umukaka ku mabele | Kufina mukaaka | Kutalusa za mabisi a mwa mazwele | Kukamuna livele | Kukamuna na kutatishi mayeli adi na HIV | Kufina mkaka kumadziwa | Kunyonsyela mu Bbodela kutegwa mwana kayeeya kuti ni nkolo |
| Fidelity | Bucishinka | Bukiishinka | Sepahalo | Vya kuwango | Walaala | Kukhulupiririka | Kusyomeka |
| Figure out | Ukufwailisha | Yuuka | Kuzibahala | Kuwana | Talishaku | Kudziwa | Kujana muzeezo |

Provider

| English | Bemba | Kaonde | Lozi | Luvale | Lunda | Nyanja | Tonga |
|------------------|---|---|-------------------------------------|-------------------------------|--|---|--|
| First line ART | Ukundapwa kwakubalilapo ukwacefya utushiishi mumubili | Muchi waakafuukula upaanwa mukibeese kitaanshi | Kalafo yapili ya mulyani wocinelisa | Vitumbo vya kulivanga | Yitumbu yatachiya kovwaisha musoñu | Thandizo la matenda a AIDS loyamba | Kusilikwa kwasikalileke naa AIDS kwachiindi cakusaanguna |
| Health facility | Ukwakundapwa | Kiipaateela | Zetisa buiketo | Mulola wa keshi livumba | Chipatela | Cipatala | Cibbadela naa busena bwakusilikilwa |
| Hormones | Ifyaba mu mulopa ifilumya nangu ukucefya ukukabila ukulaala na umuntu | Biitu mumubijji bileenga mubijji Kwiingila buloongo | Mali azamaisa hande mubili | Meya akulitungisa amumujimba | Menzhi yendeshana uusau mumuzhimba wamutu | Zinthu mthupi zimene zipangitsa munthu kuti akule ndi kumvera mosiyana-siyana mthupi monga kumva ngati kukhala pamodzi ndi mkazi kapena mwamuna | Nguzu zyamumubili |
| Immune | Ubucingililo | Bukiikizhi bwaamubijji | Silelezo kwa matuku | Kulikinga cha mujimba | Ñovu zhakwashanaña kuyikatu | Njira yomwe thupi izitetedzera kumatenda | Bukwabilizi mubili ngo ujisi |
| Immunizations | Amalale | Ntoombi | Kupendiwa | Kwivwa | Kukeña ku nyisonu | Katemera | Kkwabilila kuzwa kumalwazi |
| Immunodeficiency | Ukukaana kwata ubucingililo | Kukeepeelwa kwaabukikizhi mubijji | Kupalelwa kuisileleza | Kukeha cha kuringa mu mujimba | Kukeha kwañovu zhakweshanaña kuhikatu mu mujimba | Kucepa kwa mphamvu ya njira yomwe thupi izitetedzera kumatenda | Kceya kwa bu kwabilizi mumubili |
| Infections | Amalwele | Nshiiki | Zeyambukela | Kukwachiwa | Nisoñu | Kyambukiridwa | Kba amalwazi aaindene indene |
| Infestation | Ukuwilwa | Mwaalo | Yambukelo-lico | Kulitwamina cha mu chi vali | Kukwachiwa | Malo omwe pali tilombo tambili | Kvula kwatuuka naa tuzunda mumubili naa mumuunda |
| Intimacy | Ukwishibana – nishisha | Kupwaan'gana bweema | Kuutwana ka lilato | Kusenenesa | Kudikeñsha | Kukhala muubwenzi wogwirizana kwambiri | Kumwana kwakuyanda naa cisyamwali |
| Lubricated | Umwabomba | Kuneekeenya na mafuuta | Yekolobisizwe | Kunungulula | Manzhi akovwaisha | Kuikidwa mafuta | Kuba amafuta acesya kucumbana |
| Malnourished | Ukukaana lya bwino | Kubula kuuja buloongo | Yesika fepeha hande / kuota | Kutepuluka | Kukeña kweyakuda | Kusadwa bwino | Blwazi bwakubula zilyo ziyaka mubili |

Provider

| English | Bemba | Kaonde | Lozi | Luvale | Lunda | Nyanja | Tonga |
|---------------|---|--|---------------------------|--|---|---|--|
| Massage | Ukucina | Kukaanda | Kuotolola mubili / kutoza | Kohona livumba | Kukanda | Kusanda thupi | Kloola olola |
| Multiplied | Ukufula | Kuvuuzha | Kuhasanya / kuñatafaza | Kuvuulako | Kuvulisha | Kukulukitsa | Kuzyalana |
| Nausea | Umuselu | Museeluseelu | Litomapa | Kulemuwisa | Kuzemba/kulevuma kumuchima | Kumva ngati ufuna kuluka | Kampenda kakulinvwa kakuluka |
| Opportunistic | Amalwele yasaansa umubili ushili na maka | Bulwaazhi bwiiya paanyuuma yakukupeelwa kwaabukiizhi Bwaamubijji | -kuitombola / katohonolo | Kukola cha ha lwola lwa kuzeya mujimba | Nyisoñu, ela yikatu yamboka yeñilanga mujimba | Kuyambukiridwa pomwe thupi liliribe mphamvu yozitetedzera kumatenda | Malwazi aboola kuti bukwalizi bwamubili bwaceeya |
| Oral sex | Ukufyompana ku mamba | Kufyoompa kubwaanabukaazhi naagwa bwaanabuluume | Kuila / buiswalo | Kusunda mukanwa | Uvumbi wa kukanwa | Kugona munthu mkamwa | Kmyonta kuzinswe |
| Penis | Ubukala | Bwaana buluume | Nemba | Sunji (uphevevo) | Ilomu/wyala | Umuna/malisece a mwamuna/mbolo | Ntoni |
| Psychological | Mu- matontokanyo | Byotumvwa mumuutwe | Mobusebeleza booko | Kulya cha kuhana ngolo | Kukabakeshewa kwa muchima | Mumaganizo | Mapenzi amizeezo |
| Quit | Ukuleka | Leeka | Kuzwa | Kwecha | Leka | Kuleka | Kucileka |
| Referral | Ukutwalwa | Kutuuntululwa kwaamulwaazhi kukiipateela kiingi | Kshimbululela kusili | Kulitambwisa cheka | Knungulula | Kucipatala kumene watumizidwa | Kutuma bantu kuba silisi ba pati |
| Rehydration | Ukupeela ameenshi | Kubweezha meema mumubijji | Kutokwa mezi mwa mubili | Kukeha manyinga | Kufuntish menzhi mumujimba | Kubweza madzi mthupi pambuyo pakutulula kwambiri | Kuyungizya meenda mumubili |
| Reinfection | Ukwambula nakabili | Kusaambula jiiijji | Kyambukiseza | Kunakwila | Kutambula musoñu kamuchiyedi | Kuyambukidwiranso | Kjokelelwa bulwazi |
| Safer sex | Ukulaalana kwabula ukupeelehanya ifya meenshi yafuma mumubili | Kusaambakaana kwaakwiilaamwina | Kusoma kokusilelelizwe | Kulisunda cha kulikinga | Uvumbi wakiñewa | Kugonana kocinjiridzika | Knana kwakutapana malwazi |

| English | Bemba | Kaonde | Lozi | Luvale | Lunda | Nyanja | Tonga |
|----------------------|---|---|---------------------------------------|------------------------------|--|---|---|
| Second line ART | Ukundapwa kwacibili ukwacefya utushiishi mumibili | Muchi waakafuukula upaanwa mukibeese kyabubijji | Kalafo yabubeli ya mulyani wocinelisa | Vitumbo vya muchivali | Yitumbu ya muchiyendi ya kovwaisha musoŋu | Thandizo la matenda a AIDS laciwiri | Kusilikwa kwasikalileke naa AIDS kwachiindi cabili |
| Secondary abstinence | Ukusaluka kubulaale-laale kwa cibili | Kwiikaanya kwaakiibijji | Kuilela lwabubeli | Kwambulula | Kudzihilika kamuchiyedi | Kudziletsa kwaciwiri | Kuliimya koonana kwabili |
| Secondary virginity | Ukuwa icisungu ca cibili | Bukisuungu bwakiibijji | Kukutela bwalyanjo | Wali wamuchivali | Kuleka uvumbi chikupu kamuchiyedi | Unamwali waciwiri | Kcileka koonana |
| Semen | Ifilume | Malume | Bwense | Vana | Menzhi auuyala | Ukala | Bweenze |
| Sexual expression | Umusango wa kusansamwishish-amo umubili | Kumweesha lusaako lwakukeeba kusaambakaana | Kubonisa takazo yakusoma | Kulihemesa | Yilwilu yawuvumbi | Kuonetsa kuti munthu afuna kugona mnzake | Kli tondezya kuyanda koonana amukaintu naa amusankwa |
| Sexual intercourse | Ukulaalana | Kusaambakaana | Kukonya / kusoma | Meya a mujimba | Kudikama/kudisunda | Kugonana mkazi ndi mwamuna | Kukundaana |
| Sexual pleasure | Insansa shaba mukulaalana | Kusaangalala kwaamubijji pakusaambakana na Mwaamulume naangwa waamukaazhi | Kusoma kokusilelelizwe | Usunda | Kuhema kwa kuwahi kudi ne kudikwata hamuzhimba ela kudimusha | Kumvera bwino ngati anthu agonana | Knona kwakoonana |
| Side effects | Amaafya yafuma mukubomfya umuti | Biimweekana kumubijji paanyama ya kutooma muchi | -zetaha mwamulaho wa kezo | Vinjikizo vya vipi kumujimba | Yadimwekeshaŋa ela yatiyakaŋa hanyima ya kunwa itumbu | Mabvuto a padera omwe mankhwala amabweretsa | Kutalinwa kabotu kuboola kuti muntu wanywa musamu naa kucitika muntu anywa musamu |
| Stressed | Ukusakamana | Kukooka kwaamubijji | Kukatala mwa booko | Kuzeya cha mujimba | Kutiya kutama kumujimba | Kupanikizidwa | Kuba amizeezo |
| Suppressed | Ukutitikisha | Kaanya | Yekomilwe / yehatelezwi | Kulyadula chatuthutu | Kudatilila | Kusagwirazana | Kudyamininwa |
| Symptoms | Ifishibilo | Tuuyukiilo twa kiikoola | Liponiso | Vinjikilo | Yinjikizhilu | Zidziwitso (za matenda) | Chitondezyo cabulwazi mumubili |
| Tingling | Ukusobola | Kuusumaaŋa mumubijji | Butuku bwa sitabi | Chingole | Ujinji | Kulumaluma muthupi | Kubaba naa kuvwa bunyeele |

| English | Bemba | Kaonde | Lozi | Luvale | Lunda | Nyanja | Tonga |
|----------------|---------------------------------|--|-----------------------------|--|--|--|---|
| Toxicities | Amaafya yafuma mukubomfya umuti | Buleembe | Zekola | Vyakupendesa | Yikatu yamwekanaña hanyima yakunwa yitumbu | Paizoni kapena zinthi ziri ndi paizoni | Zintu zikoola |
| Unscented | Ukwabula iceena | Kubula kuunuunkiila | Yesanunki | Kuvulisa meya mu mujimba | Kubula ivumba | Kupanda/kusakhala ndi fungo | Kutanunkilila |
| Vagina | Ubwanakashi | Bwaana bukaazhi | Litoci | Kulisunda (kuliwana) | Itaku/wumbanda | Ukazi/malisece a mkazi/nyini (taboo word) | Inyo (Chinswe chamukaintu) |
| Vaginal fluids | Ameenshi yafuma mu bwanakashi | Meema amu bwaanabukaazhi | Mezi amwa busali / mukokoto | Meya a musunji | Menzhi amumbanda | Madzi ocoka ku ukazi/ maliseche a mkazi | Meenda azwa kubukaintu naa kucinswe camukaintu ciindi cakoonana |
| Virally | Utushiishi twabulwele | Twiishi twaakaafukula tuleenga mubijji kukooka | Zama tukokwani twa matuku | Kulisunda ukha | Tububu twa kozomba | Kupyolera mutolombo | Mlwazi ajatikizya tuzunda tusyupa kusiilika mbuli bulwazi kwasikalileke |
| Virus | Akashiishi | Kafuukula | Tukokwani twa matuku | Kathutu | Tububu twanyanya twaletaña ikatu ya AIDS | Kalombo | Kazunda kasyupa |
| Wet nursing | Ukonsesha | Kwaamisha mwaana kumuuntu ungi | Kalafo ya mukamo | Kwamwishila | Kudihana kwamwisha mwana kamukwenu | Kuyamwitsa mwana omwe siunabale | Kunyonsya mwana utali wako |
| Window period | Inshita yakwambukisha | Kiimye kiipitaapo pakuuba twiishi twaakafukula | Nako yende yakueza sika | Lwola lwa kuswama (lwola lwa njanena). | Kapinji kahitaña kulonda HIV yidimwekeshi | Nthawi imene kalombo ka AIDS kaziculukitsa | Ciindi tuzunda netutalibonyi |

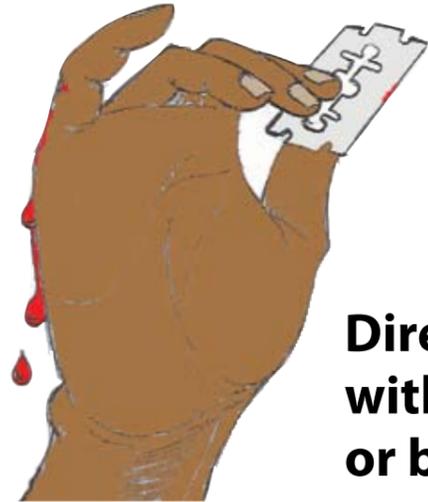


Section 1: PREVENTION



- **Basic prevention for everyone**
 - **Additional positive prevention for PLHA and family members and/or caregivers**
- 

How HIV is transmitted

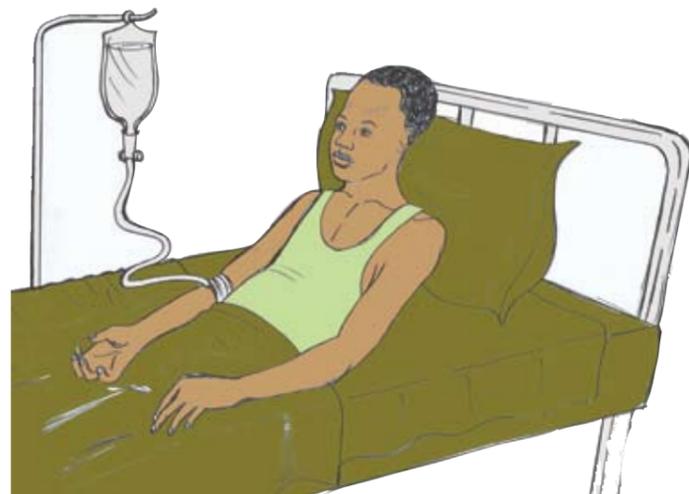


Direct contact with the blood or body fluids



Sex without a condom

Transfusion with contaminated blood (rare)



Pregnancy, labour, delivery, and breastfeeding

Client Page



How HIV is transmitted

SEXUAL:

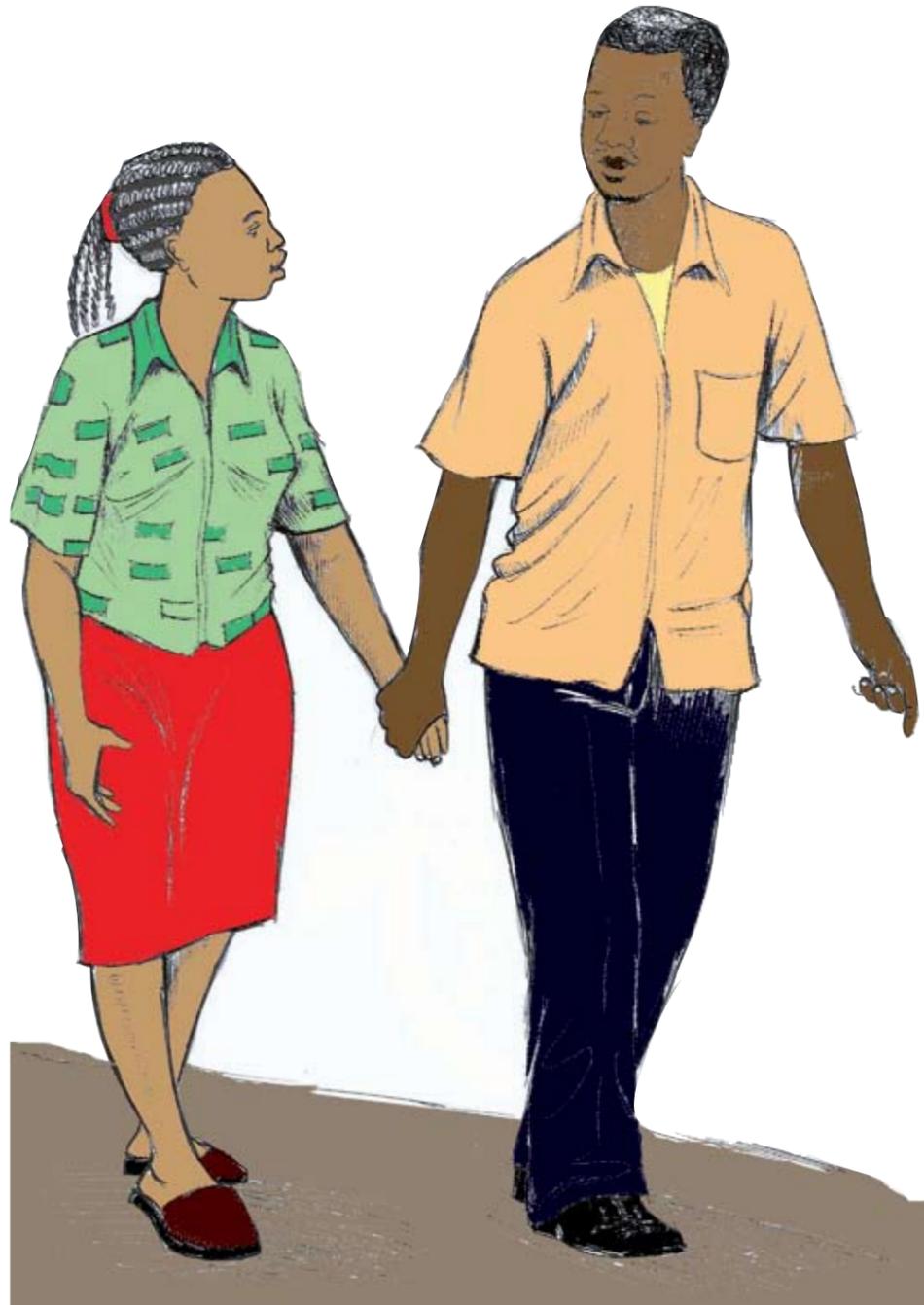
- Sexual intercourse and other sexual acts
- HIV and other sexually transmitted infections, or STIs can be transmitted during sex through **contact with the infected blood, semen, or vaginal fluids** of the infected person.
- HIV can be transmitted through **vaginal sex, anal sex** and **oral sex**.

NON-SEXUAL:

- From an infected mother to her child during pregnancy, delivery or breastfeeding (*See page 39*)
- Through direct contact with the blood, or body fluids, of an infected person (*See page 41*)
- Through a transfusion of blood infected with HIV

Provider

Safer sex behaviour – Abstinence



Client Page



Safer sex behaviour – Abstinence

- Abstinence is the only way to be 100% certain that you can prevent sexual transmission of HIV.
- Partners who abstain from sex can still enjoy other expressions of affection. Remember hugging and kissing will not transmit HIV.
- Delaying sexual debut (the age when you first have sex) is a good way to protect youth from sexual HIV infection.
- Return to abstinence: “Secondary Virginity”, is an excellent way to prevent sexual HIV infection and may be chosen at any time.

Provider

Safer sex behaviour

Consider abstinence and explore other forms of sexual pleasure such as hugging and touching.



Reduce your number of lifetime partners.

Client Page



Safer sex behaviour

Educate the client on safer sex behaviour (any safer sexual behaviour that reduces the risk of HIV and other STIs from one person to another) and advise to:

- Stay faithful to one partner.
- Reduce the number of sexual partners, during one's lifetime.
- Encourage partners to discuss how they would like to express themselves sexually; remember that sexual intercourse is not the only way to be affectionate between partners.
- Encourage individuals and couples to get HIV counselling and testing.

Explain Safer Sexual Expressions:

- Safer sex expressions are sexual activities which do not allow semen, fluid from the vagina, or blood to enter the anus, vagina or the mouth of the partner.
- Remember to ask how possible this seems to the client or to the couple receiving counselling.
- Explore other forms of sexual pleasure or affection (hugging, touching, and the like)
- Condoms, when used consistently and correctly, have been shown to reduce the risk of transmission of HIV, STIs and HIV re-infection (see the end of this section for more information on the correct use of condoms).

Provider

Safer sex behaviour



Having sex with young boys and girls does not cure HIV. In fact, HIV can be transmitted through sex with young boys and girls.



Talk with your partner about safer sex and alternatives (abstinence, hugging, touching) to sex.

Client Page



Safer sex behaviour

- For men, emphasize that having sex with a young girl or an infant neither cures HIV nor provides protection against it. It makes things worse by spreading infection to the younger generation.
- Emphasize to women that it is important for couples to communicate with each other how they would like to share forms of sexual expression. Ask women if this is possible in their situation and discuss ways to help make this possible.
- Encourage partner counselling, when possible.
- Educate client on how to negotiate safer sex. Reinforce skills and use them with confidence.
- Remind clients about safer sexual expressions as alternative options to intercourse.
- Reinforce decisions about safer sex.
- Remember to ask questions to make sure the client understands.

Provider

Counselling a couple on protection against HIV and STIs



Talk with a provider about safer sex options.



Explore sexual pleasure through other safe forms of intimacy (touching, hugging, etc.).

If having sex, condoms, when used consistently and correctly, reduce risk of HIV transmission. Even if you are on ARV medicines, you can transmit HIV.

Client Page



Counselling a couple on protection against HIV and STIs

- Give the same message, regardless of whether one or both partners are HIV+.
- Remember that in the case of discordant couples (only one partner is HIV+), counselling about HIV prevention can be very difficult and sensitive.
- Remember that HIV counselling includes messages about STI prevention.
- **Discuss:**
 - Safer sex behaviours, including abstinence
 - The importance of mutual fidelity
 - Condoms, when used consistently and correctly, have been shown to reduce the risk of transmission of HIV and STIs (see the end of this section for more information on the correct use of condoms).
- **Educate:**
 - Discuss the importance of HIV counselling and testing for each partner.
 - Ask the couple if they intend to have a family.
 - If the couple does not want children, provide appropriate counselling.
 - If the couple wants to have children, inform and counsel them about this choice. If one or both partners is HIV+, refer to MTCT.
 - See section on “Sex and Having a Baby”



Provider

Discordance and what to do if you and your partner are discordant



When one sexual partner is HIV positive, but the other is HIV negative, this is called, "discordance."

Client Page



Discordance and what to do if you and your partner are discordant

Explain what discordance is and how it happens:

- It is possible for one sexual partner to be HIV positive, while the other partner is HIV negative. When this happens, it is called “discordance”.

How is it possible for a couple to be discordant?:

- Chance
- Number of times you have sex (less sex, less chance of HIV transmission)
- Absence of STIs in the negative partner (STIs increase one’s chance of getting HIV)
- The amount of HIV in the positive partner’s body (more virus present = higher chance of transmission)
- The discordant negative partner may actually be positive but may test negative if they have been infected in the 3 month period prior to the HIV test. Recommend retest after 3 months.

If the client and his/her partner are discordant, explain what they can do:

- It is important to practice safer sex if you and your partner are discordant.
- The negative partner can get infected any time the two of you have intercourse.
 - Remember, HIV may still be transmitted to the negative partner even if the positive partner is taking ARV medicines. Even if a partner is virally suppressed, the virus is still present and may be transmitted.
- Both members of the couple are responsible for giving support to the other. The positive partner should not be blamed for their HIV+ status.

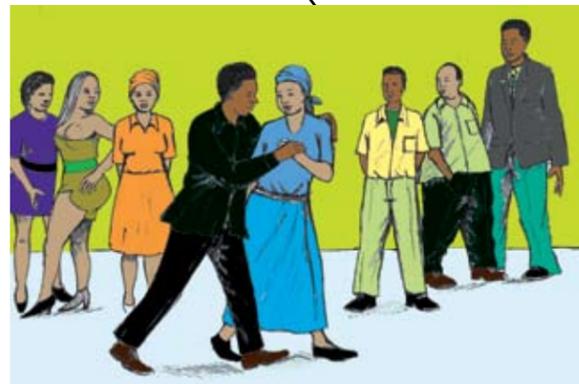
Provider

Counselling young adolescents



#1
Encourage friendships with both boys and girls.

#2
Delay sexual activity. If in an intimate relationship, explore other forms of sexual pleasure (massage, touching, hugging).



#4
Limit the number of sexual partners.



#3
Stay faithful to one partner (who is also faithful to you).

Client Page



If your client is a young adolescent

Counsel adolescents to:

- Consider delay of sexual activity. Relationships can be fulfilling without sexual activity. Abstinence is the only way to 100% ensure the prevention of HIV and STIs.

Educate the adolescent about negotiating healthy sexual relationships:

- Discuss appropriate ways to avoid unwanted sex. Reinforce skills and confidence.
- Adolescents will also need to prepare for the challenges of possible STI infection, HIV re-infection, and pregnancy.

Provide options:

- Provide information about abstinence and “secondary virginity.”
- Stay faithful to one partner who is also faithful to you.
- Reduce the number of sexual partners, within one’s lifetime.

Warn how alcohol and drug use can decrease self-control and result in unsafe sexual choices.

Provider

Counselling HIV-positive adolescents



Explore sexual pleasure through other safe forms of intimacy (touching, hugging, etc). Abstinence is the only way to 100% prevent HIV transmission.

If having sex - condoms, when used consistently and correctly, can prevent transmission of HIV and STIs, as well as pregnancy.

Client Page



Counselling HIV-positive adolescents

Advise client:

- Abstinence is the only way to 100% ensure the prevention of HIV transmission and HIV re-infection.
- Explore sexual pleasure through other safe forms of intimacy (touching, hugging, etc), avoiding contact with the partner's semen or vaginal fluids.
- Avoid vaginal, anal, or oral sex.
- "Secondary virginity," or returning to abstinence, is an excellent way to prevent sexual HIV infection and may be chosen at any time.
- Delaying sexual debut, if applicable, is the best way to protect the client and a partner.
- Discuss disclosure of HIV status to partner(s).
- Condoms, when used consistently and correctly, have been shown to reduce the risk of transmission of HIV, STIs and HIV re-infection (see the end of this section for more information on the correct use of condoms).

Provider

Considering a family...

What is your situation?

Pregnant



Considering pregnancy



HIV infection through non-sexual spread is less common, but it is very important to be careful



Client Page



HIV infection through non-sexual spread is less common, but it is very important to be careful

Main Messages to give:

- Do not share sharp objects.
- Carefully clean any blood or body fluid spills.
- Carefully dispose of waste that could have been touched by or mixed with body fluids.

Educate:

- Do not share needles, toothbrushes, razor blades, or other sharp objects.
- Cover any open cuts or sores on clients, partner, or caregivers.
- Carefully clean up any blood or body fluid with mild disinfectant (diluted bleach).
- Wash clothes or linen touched by or mixed with body fluids separately.
- Carefully dispose of waste touched by or mixed with body fluids safely.

Provider

HIV transmission concerns for men who have sex with men (MSM) and injection drug users (IDUs)



Client Page

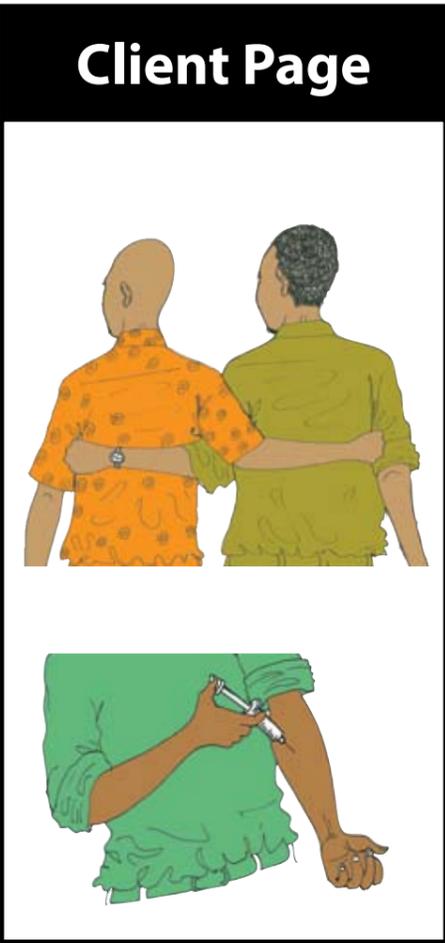
HIV transmission concerns for MSM and IDUs

Men who have sex with men (MSM)

- Anal sex has a higher risk of HIV transmission than other forms of sexual activity. Anal skin is very thin and prone to tearing.
- Abstinence is the only way to be 100% certain to prevent HIV, STIs and HIV re-infection.
- Condoms, when used consistently and correctly, have been shown to reduce the risk of transmission of HIV, STIs and HIV re-infection (see the end of this section for more information on the correct use of condoms).

Injection Drug Users (IDUs)

- The risk of HIV transmission by sharing needles for injection drug use is high. When using a needle that has been used by a person infected with HIV, infected blood is being injected directly into the bloodstream.
- When using drugs, IDUs should be advised not to share needles.
- HIV+ clients can be re-infected with other forms of HIV by sharing needles.
- IDUs should be encouraged to stop using drugs. Refer to appropriate clinics and community resources for substance abuse treatment.
- Educate IDUs about safer sexual behaviour.



Provider

Referrals for condoms



Client Page



Referrals for condoms

- Condoms, when used consistently and correctly, have been shown to reduce the risk of transmission of HIV, STIs and HIV re-infection.
- Explain to the client where condoms are available and where they can get more information.
- Remind the client that a person who is HIV+ on ARV medicines can still transmit HIV.
- Also, advise him that safer sex measures still must be used if both partners are HIV+ to prevent HIV re-infection.

Provider

How to use a male condom



1 Use a new condom for each sex act and check expiry date.



2 Pinch the tip of the condom and then place the condom on the tip of penis with roll and rim facing away from body.



3 While still pinching the tip of the condom, unroll condom all the way down to base of penis.



4 After ejaculation, hold condom and remove penis from vagina.



5 Throw used condom away properly in a toilet, pit latrine, or bucket, away from children.

CONDOMS SHOULD BE PUT ON AT THE BEGINNING OF INTERCOURSE, NOT JUST BEFORE EJACULATION.

Client Page

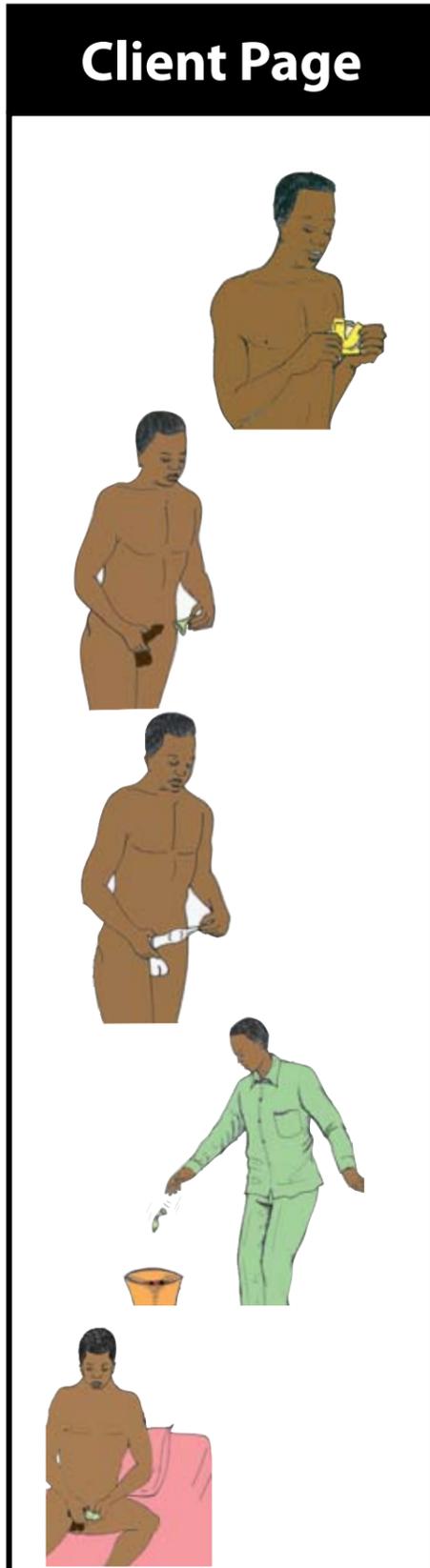
How to use a male condom

Explain the pictures on the client page:

- Use a new condom for each sex act and check expiry date on condom packet.
- Be careful opening the packet so that you do not tear the condom.
- After ejaculation, hold condom and remove penis from vagina.
- Throw used condom away properly in a toilet, pit latrine, or bucket, away from children.
- Inform client where condoms can be obtained.

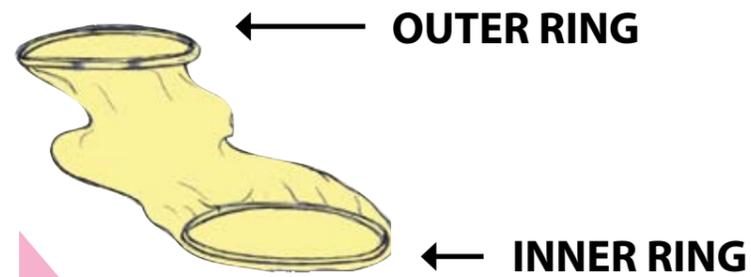
Explain to people living with HIV:

Remember to apply the same measures even if you are on ARV medicines and you and your partner are both HIV+.

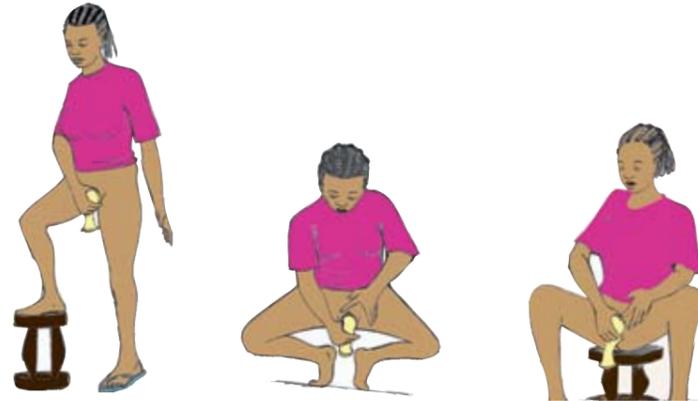


Provider

How to use a female condom



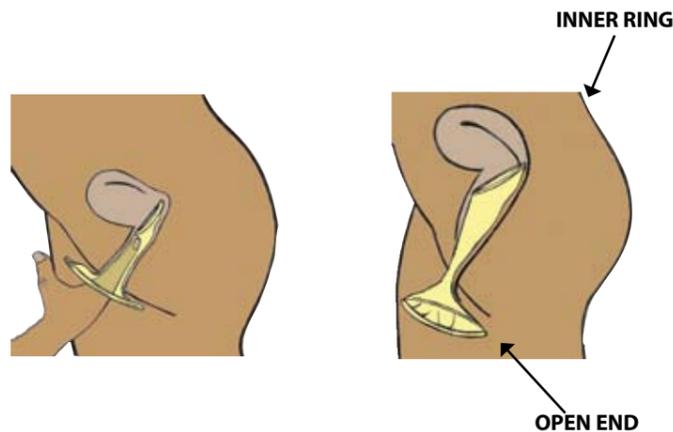
1 Open package carefully. Make sure the condom is well lubricated inside.



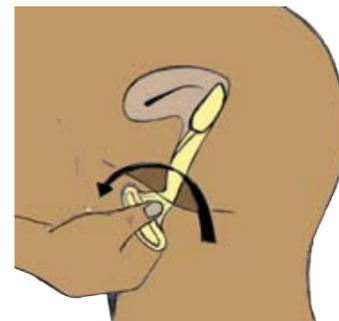
2 Choose a comfortable position - squat, raise one leg, sit or lie down.



3 Squeeze the inner ring at the closed end.



4 Gently insert the inner ring into the vagina. Place the index finger inside the condom, and push the inner ring up as far as it will go. Make sure the outer ring is outside the vagina and the condom is not twisted.



5 To remove, twist the outer ring and pull gently. Throw away condom properly.

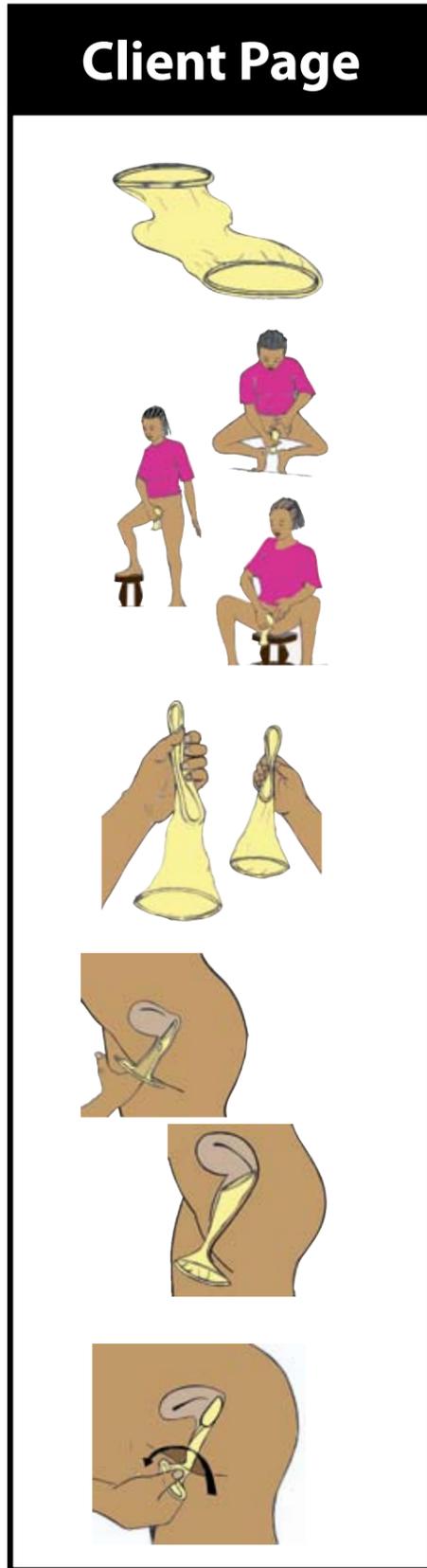
BE SURE THAT THE PENIS ENTERS THE CONDOM AND STAYS INSIDE IT DURING INTERCOURSE.

Client Page

How to use a female condom

Explain the pictures on the client page.

- **Use a new female condom for each act of intercourse.**
- Female condoms should be inserted *before* the penis touches the vagina.
- Female condoms can be inserted any time up to 8 hours before sex.
- When finished, the woman must move away from partner and take care not to spill semen on the vaginal opening.
- The female condom should be thrown away properly, in a bin, toilet, pit latrine, or trash can as appropriate, away from children.



Provider



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

**Gertrude Mayembe
Twafwano Support Group,
Kapiri Mposhi**

Client Page

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

Gertrude Mayembe
Twafwano Support Group,
Kapiri Mposhi



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

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

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

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

Remember



Communication skills

Provider

"How I found out"

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



Client Page

"How I found out"

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



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

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

My CD4 count was very low, though I have never been ill, and I went onto ARV medicines at the recommendation of the clinic. I have had no serious side effects from the medicines and my sex drive has returned. I'm not sure whether this is because I feel psychologically ok again or because I'm on the ARV medicines. I now feel it's important for me to support others locally who are living with HIV. There are still many who are scared to come to the clinic. They are stigmatising themselves. I hope if they see me and I can speak to them this might give them encouragement. Coming together with others who are in the same situation as yourself really helps to build your confidence, you have time to ask questions and find out more about what living with HIV involves.

Remember



Communication
skills

Provider



Section 2: **HOW HIV ATTACKS OUR HEALTH**



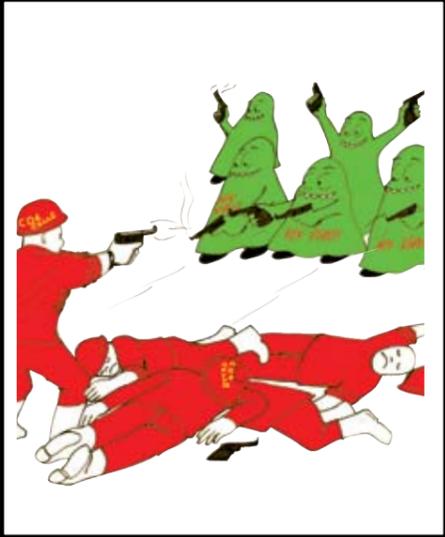
For all people



How your body fights illness



HIV is like an enemy that attacks the body's army.



How your body fights illness

Explain to the client:

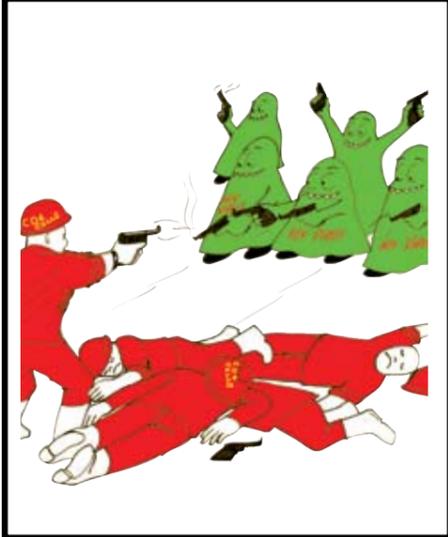
- HIV is a virus, the Human Immunodeficiency Virus. A virus is a tiny germ – it is so small it cannot be seen. HIV makes it difficult for the body to fight illnesses and the person starts to get sick very often, and it becomes more and more difficult to get better.
- When a person has been infected with the virus, he is HIV positive. Being HIV positive does not mean he has AIDS. Someone with HIV can still live a happy and healthy life for many years.
- The body is kept safe from diseases by your immune system. The immune system is like an army. HIV is like an enemy, which attacks the body's army.
- The army is made up of soldiers called CD4 cells. When the HIV enters the body, the CD4 cell 'soldiers' try to fight the enemy.

Be sure to ask the client if he has any questions.



How your body fights illness





How your body fights illness

Explain to the client:

- HIV attacks and destroys the body's CD4 cell soldiers. This means that the immune system becomes weak. The more CD4 cells lost, the weaker the immune system becomes because the CD4 cell soldiers are too few to fight back. This means the body is no longer kept safe from diseases and the person is more likely to get sick.
- As the HIV destroys the CD4 cells, it also makes copies of itself. After some time, the HIV will destroy so many of the CD4 cells, that it is very easy for the person with HIV to get sick. AIDS (Acquired Immunodeficiency Syndrome) is the illness an HIV+ person gets when HIV has destroyed almost all of his CD4 cells.
- **Advise the client:** Even if you get ill with infections when you are HIV positive, most of these can be treated and you can become well again for a long time.

Be sure to ask the client if she has any questions.

Remember



Communication skills

Provider

Stages of HIV and AIDS

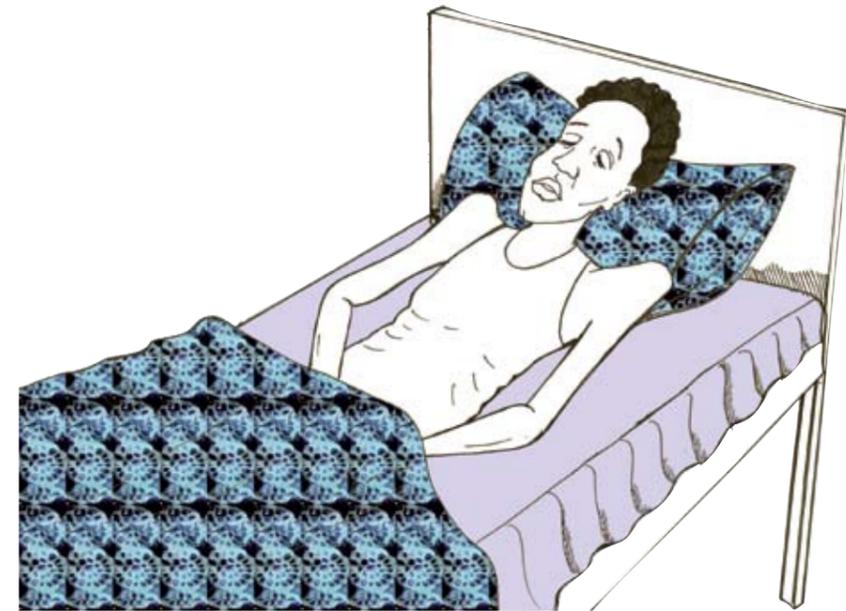
1. Newly infected or living with HIV



2. Early AIDS



3. Full AIDS



These stages can sometimes take many years.



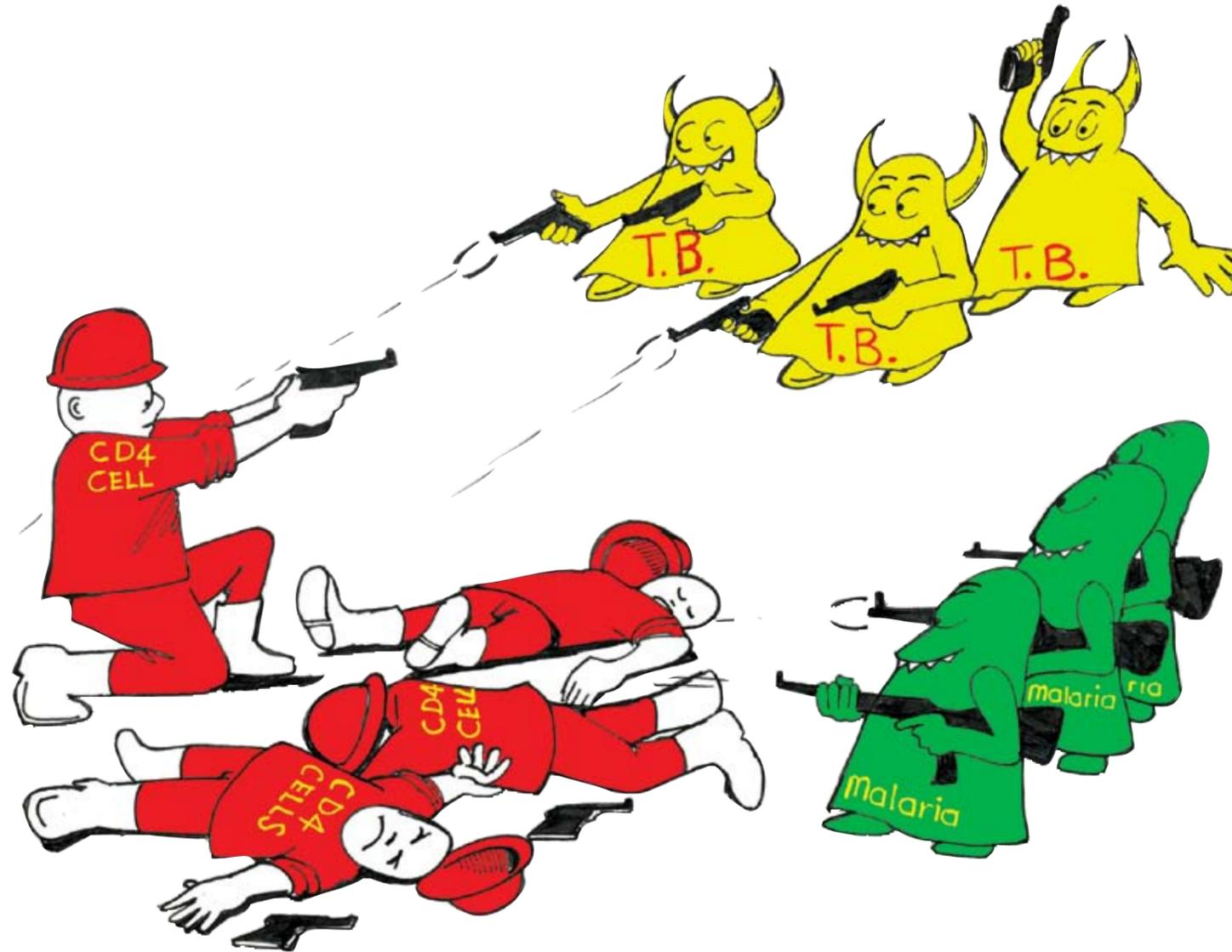
Stages of HIV and AIDS

Explain the stages to the client:

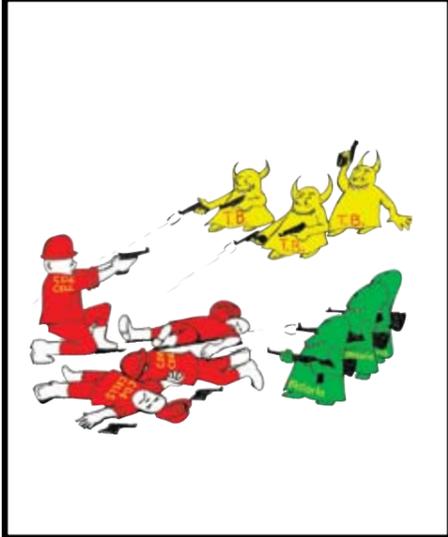
- Most people go through the same stages after they have been infected with HIV. HIV destroys the body's defense system very slowly. From the time when you become infected with HIV to when you become ill with AIDS can take many years. Remind the client that HIV can be passed on through sex anytime when someone is HIV positive, even if she is feeling well.
- **Newly infected with HIV :** When you are first infected with HIV, you may feel no different at all. There is a "window period" of 1-6 months when some people test negative for HIV even though they have been infected with the virus. This is because most tests can only know for sure that you have HIV in your body after 6 months. This stage is most infectious.
- **Living with HIV :** You can remain healthy and live a normal life for many years with no sickness.
- **Early AIDS :** You start to get sick with different infections, e.g. malaria or Tuberculosis (TB).
- **Full AIDS:** Your body becomes very weak and you become ill very easily with sicknesses that do not finish.
- **Advise:** You can't tell by looking who is HIV positive. People can look and feel well and not know they have the virus for a very long time.



What are “opportunistic infections”?



Opportunistic infections are infections that attack your CD4 cells when they are weak or few in number due to HIV.



What are 'opportunistic infections'?

Explain:

- As HIV attacks the CD4 soldier cells, the immune system becomes weaker and weaker. This means that the body can no longer fight off the germs that can make one sick. The germs take advantage of the body having a weak immune system, or too few soldier cells, which is why they are called 'opportunistic'.
- Opportunistic infections are infections or sicknesses that attack the body when it is weak. Some examples include tuberculosis (TB), malaria and pneumonia.
- It is important for the client to protect himself from opportunistic infections, and to treat them early if he has them before they become worse.
- Ways to protect himself include:
 - Sleeping under an insecticide-treated bed net
 - Practicing good hand washing
 - Using Clorin for safe water treatment

Be sure to ask if the client has any questions.

What can we do?



Just as a house that is kept well lasts longer, a person who takes good care of him or herself will live longer.

Client Page



What can we do?

Advise the client:

- Think of your body like a house. If you look after a house nicely, it will last longer. If you don't look after the house, the rain will be able to get in.
- Opportunistic infections enter the body the way rain enters a house that is falling apart. Just as a house that is kept well lasts longer, a person who takes good care of him or herself will live longer.
- In addition to taking good care of oneself, it is very important to see your health care provider regularly. If the client is a child, be sure to tell the caretaker that the same person should come with the child to each health care visit.

Remember



Communication
skills

Provider

What medicines can help you?





What medicines can help you?

Explain to the client:

- She may need to take medicines to prevent or treat certain infections. She may also need to take anti-retroviral (ARV) medicines.
- These have to be taken in the way the health care provider tells her to take them until they are finished. These medicines can include:
 - ARVs
 - Tuberculosis (TB) medicines
 - Septrin
 - Malaria medicines
- If she is not sure how and when to take the medicines, or she is experiencing side effects, she should talk to her health care provider for more information.
- Medicines from a traditional healer cannot help or cure HIV/AIDS. In fact, some of them could make her sicker.

Remember



Communication skills

Provider

What can ART do to help?



The HIV level can get very low in your body, but HIV will not completely disappear.



What can ART do to help?

Explain the basic information about ART:

- HIV attacks the client's CD4 solidier cells, weakening the immune system. Over time the number of CD4 cells drops.
- With proper use, ARVs slow down the virus from multiplying.
- As the level of the virus decreases in the body, the number of CD4 cells begins to increase. The client's immune system should become stronger and her body will be able to fight infections better.
- The HIV level can get very low with proper use of ARVs, but HIV will not fully disappear. It will be sleeping in the client's body. This is why the client can still infect someone else even though she feels much better.
- ARV medicines usually come in the form of tablets or capsules. Children can take a syrup form of the medicines, which are easier to swallow.

Be sure to ask if the client has questions.

Remember



Communication skills

Provider

Taking ARV medicines



If your immune system is weak, ARVs will help you to keep your body strong and healthy.

But, every person with HIV does NOT need to take ARVs.

Client Page



Taking ARV medicines

Explain that the client must have tested HIV positive before being considered for ARV medicines. Then, if her immune system is very weak, and she often falls ill, she may need to go onto ARV medicines.

- You should advise her on when to take the medicines. Explain that the lab will run a series of medical tests which will give a guide to when to start ARVs.
- Tell the client to not wait until she feels sick to go to the clinic or hospital. Like a house which is well kept ARVs will help you to keep her body strong and healthy.
- Explain that, if the client's CD4 soldiers cells are still strong, there are other ways she can stay healthy without going onto ARVs. Not everyone who is HIV positive needs to take ARV medicines right away. But once the client starts ARVs, she must take them for life.
- Talk to the client about other options, if applicable.

Be sure to ask if the client has questions. Refer to Section 5 for more details on ARVs.

Remember



Communication skills

Provider



Section 3: POSITIVE LIVING



For PLHA and family members and/or caregivers



What can we do?



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

Client Page



What can we do?

Explain that:

- When the client first finds out that he or a loved one are HIV positive, he may have lots of different feelings and emotions.
- The client may be shocked, depressed, angry or upset.
- It may take some time before he is able to accept what has happened.
- It is important that he think 'positively' about himself and his life. Advise that having HIV doesn't mean his life has come to an end.
- Positive living is about taking care of his body and emotions. If the client feels stressed or worried he is more likely to become sick. There are a number of ways to keep his body healthy and avoid getting ill. These include:
 - Eating lots of different types of foods
 - Keeping his body active
 - Getting sleep and rest when he needs it
 - Thinking positively and looking after his spiritual & emotional health

Remember



Communication skills

Special concerns for children with HIV

- It is very important for caretakers of children with HIV to follow good hygiene practices in the home and compound. Stress to them the importance of keeping the home and compound clean, hand washing before the child eats and after the child uses the bathroom, etc.
- Advise the caretaker to keep children's finger and toe nails short and clean. Germs and worm eggs hide under the nails. This can cause worm infestation and diarrhoea.

Provider

How to live well when you are HIV+



Think positive thoughts.



For example: my family needs me.



How to live well when you are HIV+

Explain:

- The will to live is one of the best medicines for people living with HIV. If the client wants to live, then his body will respond in good ways and he will live a longer, happier and healthier life. He needs to think positive (good) thoughts. He should also avoid negative (bad or sad) thoughts because they will weaken his immune system and make him get sick faster.
- He should write down or think about all the reasons why he needs to go on living and why he should stay strong and healthy. Here are some examples:

My children need me, I am helping other people with HIV to cope, I can share my experience with my community and show them how to avoid infection, I do a good job at work and my employer needs me, I still have lots to do in my life.



How to live well when you are HIV+



**I can help other people
with HIV to cope.**



**I still have lots to
do in my life.**



How to live well when you are HIV+

- The client should then begin to draw up a list of things he wants to do such as: ***I want to live longer so I can see my children grow, I want to eat healthy food and keep my body active to stay strong, I want to stay working as I enjoy my job and need a salary, I want to learn more about HIV to help myself and others like me, I want to travel and see new places, I am the breadwinner in my family.***
- Advise client to consider how these plans fit with HIV transmission reduction behaviours. For example, practicing safer sex can keep you from getting infected with more HIV. This means you will be more likely to be healthy so that you can live longer to see your children grow.
- Educate the client to consider fidelity, secondary abstinence, and condom use (refer to Section 1: Prevention).

Remember



Communication skills

Provider

Find out more about HIV & AIDS



**The more you know about HIV,
the more you will understand
what is happening to your body.**

Client Page



Find out more about HIV & AIDS

Explain to the client that sitting in this session means that she has already started to live positively as she is learning more about being HIV positive. Then explain the following points to the client:

- She should get more information about HIV and AIDS. The more she knows about HIV, the more she will understand what is happening to her body.
- This means she will understand how to stay healthy.
- This means the client can help other people to understand what it is like to be living with HIV.
- There is a lot of work being done to try and find medicines to help fight HIV. The client can read about the latest medicines for HIV like ARV medicines, so that she knows what is best for her.

Be sure to discuss the care options with the client.

Remember



Communication skills

Provider

Get support



Get support

Be aware that the client may need additional support. Advise him/her:

- She may be dealing with difficult emotional, psychological or spiritual issues. These can include questions about life and death, stress about her family's future, dealing with stigma against people with HIV, or grief over death of a loved one.
- She may want to talk with someone about these issues or just spend time with other people who share her spiritual beliefs or can just bring her happiness.
- Some groups and people whom she may want to go to for support include:
 - Family members
 - Church groups and other people or groups who share her spiritual/religious beliefs
 - Organised groups in the community or at the health clinic for people living with HIV/AIDS
 - Community elders - they are often experienced in helping people with their problems

If available, give the client contact information for support options like church groups and clinic support groups.



Joining a support group



Support groups of PLHA meet to share information on living with HIV.



Many support groups have set up “income generating activities.”

Joining a support group

Explain what support groups are and how they can help the client:

- Support groups of PLHAs come together regularly to share information on living with the virus. Support groups also outreach into their local communities to share experiences and explain more about living with HIV.
- Joining a support group will help the client to:
Understand that she is not alone, Learn and discuss ways which will help her and others to live positively, Share her feelings about living with HIV, Stay strong and feel good about herself, Keep thinking positively and remember that she has rights as a person living with HIV.
- Many support groups have set up “income generating activities.” These are activities which help the members of the group to make money. Examples of activities are tailoring, tie and dye and making HIV beaded pins.

If available, give the client contact information for a support group.



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



'Musandiseke' Support Group Football Team, Kamwala, Lusaka

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

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

Binwell Chamuchita, Musaniseke Sports Master



Access home-based care



Home-based care is when a person with HIV and AIDS is cared for in their own home.

Client Page



Access home-based care

Explain:

- Home-based care is when a person with HIV and AIDS is cared for in their own home.
- It is not a replacement for hospital or health clinic care – the client will still have to come to the hospital or health clinic for appointments.
- When she is getting home-based care, someone will visit her regularly at home. Some things they may help her to do are:
 - Cook healthy meals
 - Get exercise
 - Change dirty bed linens
 - Keep her skin and mouth healthy
 - Help her bathe
 - If she is in bed, change her position in bed so she does not get sores

Give the client information on groups or people who do home-based care, if available.

Remember



Communication skills

Provider

Helping children to live positively



Children need to play and talk with friends.



Also, encourage the child with her schoolwork.

Client Page



Helping children to live positively

Explain to the caretaker of a child with HIV that their child can live a normal life. Once a child has gotten used to taking ARVs, they can enjoy usual childhood activities, like going to school and playing.

Advise the caretaker to:

- Encourage the child with her schoolwork. Exam results are important.
- Encourage the child to play and talk with friends. Keeping up with friends means a lot to young people. It shows that even with HIV, they can do as well as other children.
- Talk to the child about how she may feel about having HIV. It is important that the child feels she has support from the caretaker and can talk with him about challenges.

Remember



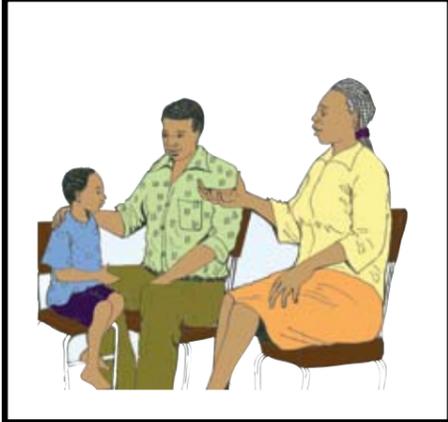
Communication skills

Provider

Disclosing HIV status to your child



It is important to tell your children the truth about your HIV status.



Disclosing HIV status to your child

Advise the client:

- Telling a child about the child's HIV positive status or the parent/caretaker's own HIV positive status can be very difficult but is important. Their child may already sense something is wrong and may be worried. It is important to tell their child the truth.
- They should not wait for "the right time" because this may never come. Their child may want to know why they waited so long to share such important news. They may also find that talking to the child about HIV becomes much more difficult as time goes on.
- The best person to tell a child is someone they are close to and who they trust. This should be someone who the child can talk to when needed. Someone who sees the child only once a year would not be a good choice, even if she and the child get along well.

Remember



Communication skills

Provider

What to think about before disclosing HIV status to your child



Think about when and how you will tell your child the news.

Client Page



What to think about before disclosing HIV status to your child

Advise the client that there are some things to think about before telling a child about the client's HIV status or the child's HIV status.

The client should consider these questions/issues:

- It will help to think about how the child will react to the news. Will they be angry, upset, or not believe you? Think about when and how you will tell them the news. It is best to find a quiet place where you and your child are alone.
- How will you stay calm if the child reacts in a way you find shocking or upsetting?
- Answering questions honestly is usually the best way to talk with your child.
- What questions might the child ask? It could be helpful to have some information about HIV with you in case they want some medical information.
- How will you answer questions about where the infection came from, or about death and what will happen in the future? It can help you to practice this in your mind or with another person. You may not say what you planned to but practicing will help you in the real situation.

Remember



Provider

Keeping your body active



Walk or run for exercise



Dance



Work in the fields



Sweep

Keeping your body active

Be sure to talk with the client about how to exercise and why it is important.

Explain:

● **It's important for the client to keep active. Taking regular exercise helps to:**

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

● **Some examples of exercises are:** walking, **sports, such as running, football and netball**, sweeping, **polishing and other activities around the house**, gardening or farming, and **dancing to music you like**.



Alcohol and smoking



Drinking a lot of alcohol and smoking make your body's army (immune system) weak.



Alcohol and smoking

Explain:

- Drinking a lot of alcohol is bad for the client's immune system (her body's army that fights HIV). Smoking cigarettes or dagga also weakens her body's immune system.
- Alcohol and dagga can also make her forget the sex related decisions and goals she set for herself. It can make the client forget to be careful and she might put her sexual partner and herself at risk by making unsafe sexual choices.
- When taking ARV medicines or other medicines, drinking alcohol may increase the side effects experienced, making the client feel worse.
- Alcohol may also make her forget to take her medicines. This will mean they won't work so well and she risks becoming ill.

If the client smokes or drinks, encourage the client to talk to other people who are HIV positive to find out how they cut down or stopped smoking and drinking alcohol.

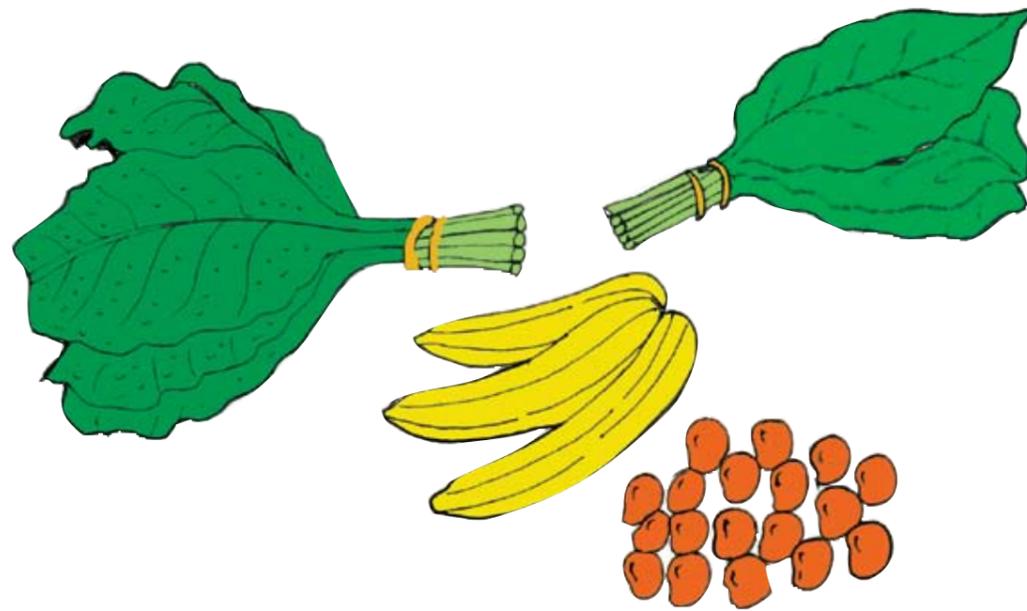
Remember



Communication skills

Provider

Importance of a mixed and nutritious diet



Eat many different types of food.



Drink lots of cooled, boiled water.

Eat many small meals throughout the day.

Importance of a mixed and nutritious diet

Explain:

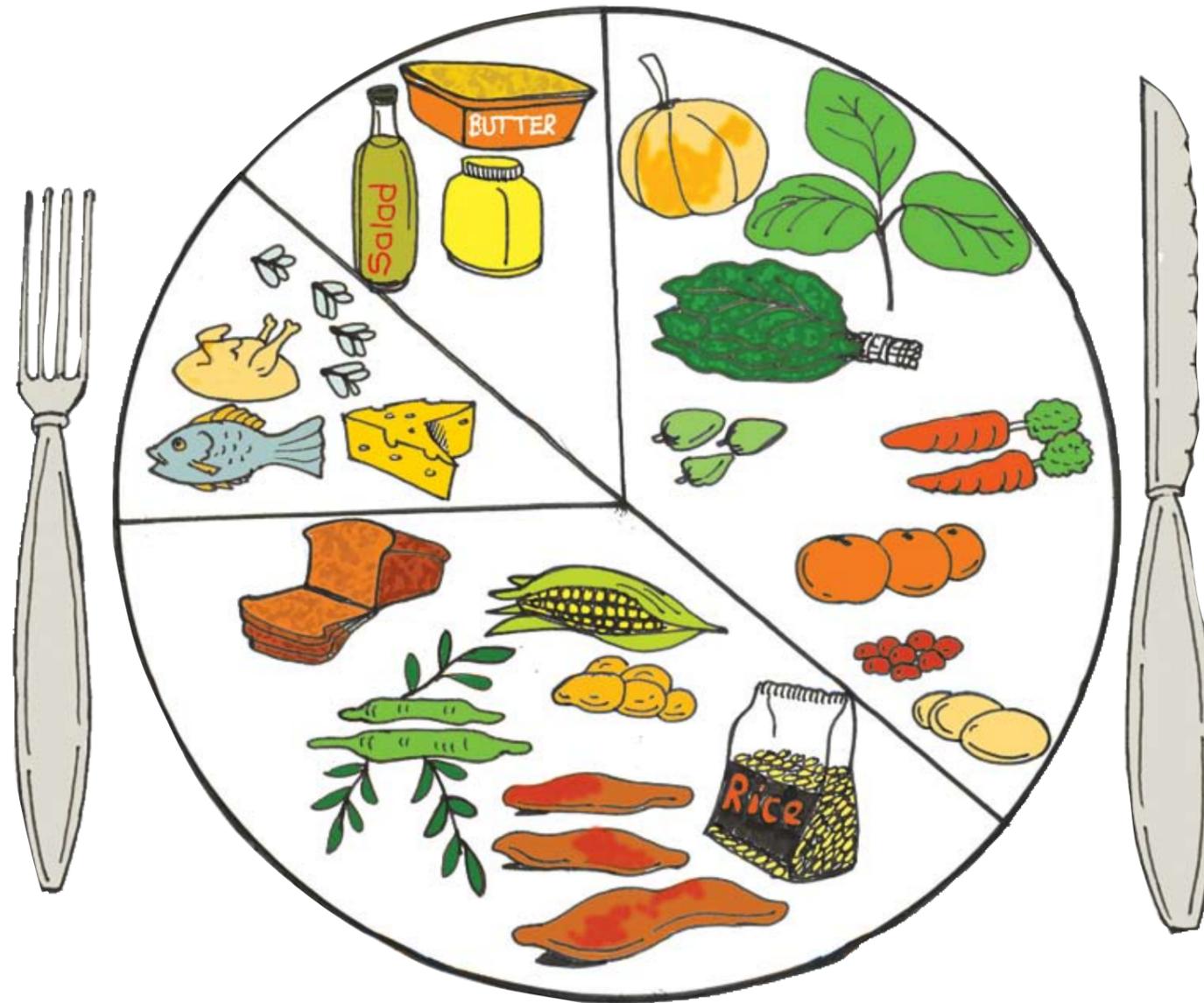
- The food the client eats and how he eats it is very important for keeping his immune system strong and building it up when it is low.
- Different foods contain different nutrients. Nutrients are the parts of food that the body uses to keep healthy.
- A 'nutritious diet' is one that is full of lots of different nutrients. A 'mixed diet' means eating lots of different types of foods.
- A mixed and nutritious diet helps to: **Strengthen his body especially when taking medicines**, prevent him losing weight and becoming weak, **fight infections**, build energy to get through the day, prevent weight loss.
- The client can also take multi-vitamin pills which contain vitamins & minerals. They can be taken as an addition to his daily food intake.

Advise the client to:

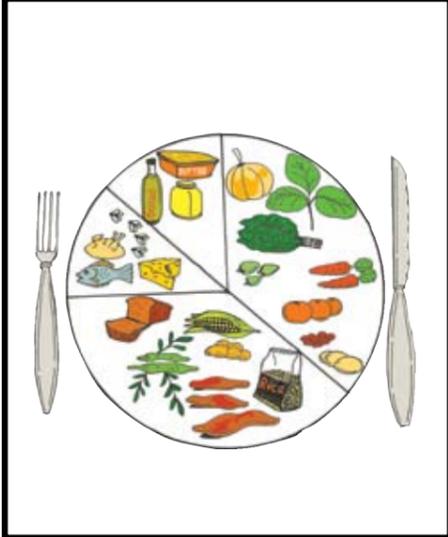
- Drink lots of cooled, boiled water, or chlorinated water. Clean, safe water is much better for his body than tea or softies. He should drink 6 to 8 glasses of clean, safe water every day.
- **Eat small frequent meals:** Eating lots of small meals throughout the day is better than just one big meal. If he eats lots of small meals, it will be easier for his body to use the food, and he won't get tired as is usual with big meals.



What should I eat?



Eat a mixture of foods from each of the food groups everyday.



What should I eat?

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

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

Remember



Communication skills

Provider

Foods I shouldn't eat



Stay away from the snacks, fast foods and sugary drinks that you can buy in the shops.

Foods I shouldn't eat



- Explain that traditional **Zambian foods** are much better for the body than the **snacks, fast foods and sugary drinks** that the client can buy in the shops. The client should try to reduce on:
 - Very salty foods like crisps & adding too much salt to food
 - Fried and fatty foods like sausage and chips
 - Softies like Coke or Fanta, which are full of sugar
 - Sugary & fatty foods like chocolate, cakes and biscuits
- Explain that she needs to eat some oily or fatty food with every meal, but limit the amount she takes. **Too much oil and fat can cause diarrhoea.**
- Also explain that whole grain or brown bread is better for her than white bread, just as roller meal is better than breakfast meal. If she has access to either, she should try to switch over.
- Be sure to ask if the client has any questions about what to eat and what not to eat.



Preparing and storing food



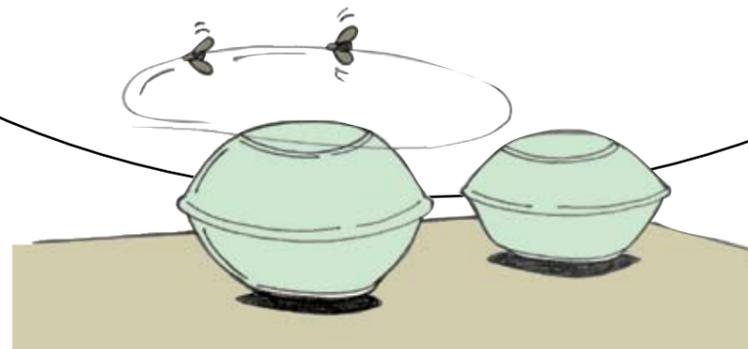
Wash your hands with soap and clean, safe water before preparing food and before eating.



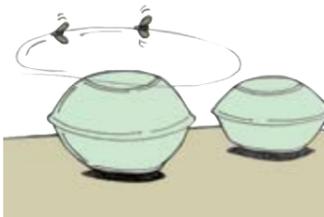
Wash fruits/vegetables in clean, safe water before cooking or eating.



Make sure that meat is well-cooked, not pink inside.



Store food in covered containers in a cool place.



Preparing and storing food

Explain to the client that if food is not prepared or stored properly, it can contain a lot of germs that will make you sick. Give the client this simple advice to prevent germs getting into your food:

- Wash hands with soap and clean, safe water before preparing food.
- Wash fruits and vegetables with clean, safe water before cooking or eating them.
- Serve food and water using clean plates, cups and spoons – wash them in clean, safe water before using them, and leave them out in the sun so that they are completely dry.
- Make sure that meat is well cooked, it shouldn't be pink in the middle or on the bone.
- Cover food or put it in a container away from flies and store in a cool place.
- Always wash hands in clean, safe water before eating – don't pass the same bowl of water around, but pour fresh water out for each person for cleanliness.



Eating tips to help intake and digestion of food



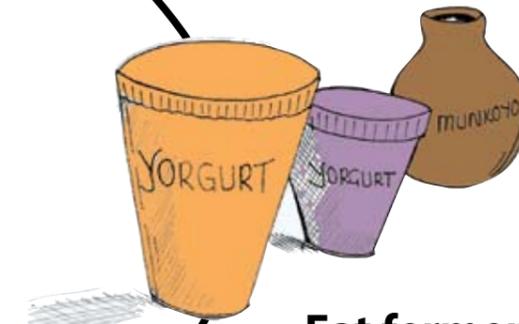
Instead of 3 big meals eat many small meals a day.



Eat paw paw with food to help digest it.



Avoid heavy alcohol drinking, smoking or non-prescribed medicine use.



Eat fermented foods.



Squeeze fresh lemon juice over meat and nuts.



Drink water and fluids between meals, not with meals.

Client Page



Eating tips to help intake and digestion of food

Advise to:

- Squeeze fresh lemon juice over fatty foods like meat, chicken and nuts.
- Eat papaya with food to help digest it.
- Eat many small meals a day and chew food well.
- Drink water or other fluids between meals, not during meals.
- Eat fermented or sour foods such as sour milk, sour porridge, etc.
- Avoid excessive alcohol, smoking or non-prescribed medicines.

In addition, advise to:

- Maintain good care of mouth and teeth. People with HIV often develop oral problems. Regular teeth cleaning and mouth rinsing can protect from developing these problems.

Special concerns for children with HIV

Children's teeth need to be cleaned each day as well, even before you see teeth. If the child is bottle fed, explain to the caretaker that the bottle should not be left in the bed or crib with the child. Overuse of bottles can cause mouth problems which can lead to pain, infection, and poor growth.

Remember



Communication skills

Provider

Special diet concerns for children with HIV



**Children with HIV
need twice as much
food as children who
do not have HIV.**



Special diet concerns for children with HIV

Be sure to advise child caretakers:

- Children with HIV often lose weight or fail to grow well because their bodies cannot properly use the food they eat.
- They may also have repeated attacks of diarrhoea and other infections. These things can make them lose weight and/or have a poor appetite.
- Caretakers of children with HIV need to make sure that the children do not become malnourished. They should:
 - Feed the child before the other family members to make sure the child gets enough food.
 - Give the child a separate plate with his/her own food to make sure the child eats enough food.
 - If the child is still hungry and asks for more food, give her some more. The child should not feel hungry at the end of the meal.
 - Offer the child a snack, such as a piece of fruit, in between meals.
- **Children with HIV need twice as much food as children who do not have HIV.**



Children and health check-ups and immunizations



All children need regular health check-ups and immunizations.



Children and health check-ups and immunizations

Advise caretakers of children that children with HIV need protection from common illnesses, just like all children.

- Explain that it is very important to make sure that all children, including those with HIV or suspected to have HIV, are given immunizations. Tell the caretaker what immunizations are needed and when she needs to bring the child in to the clinic.
- Also stress the importance of the child getting regular health checkups. Explain that the clinic can keep track of the child's growth and make sure he is growing well. If there are problems, they can be identified and treated early.

Remember



Communication skills

Provider



Section 4:
SEX AND HAVING A BABY



Can I still have sex when I am HIV positive?



**You can still have sex
when you have HIV.**

Client Page



Can I still have sex when I am HIV positive?

Explain to the client that finding out that she is HIV positive does not mean that she cannot lead a fulfilling life with her partner. However, she and her partner must make some big decisions regarding their sex life. **Advise the client of the following:**

- She and her partner may choose to abstain from sexual intercourse and focus on other ways to please each other - for example, touching, cuddling, or massaging each other. If they choose to continue to have sexual intercourse, they must consider the risk of HIV and STI transmission.
- Condoms protect her partner from HIV if he is negative, and both of them from getting more of the virus if they are both HIV positive. Condoms must be used correctly and consistently. Condoms are very effective in protecting one another from HIV and other STIs, and in protecting the client from getting more of the virus if they are both HIV positive.
- Talking openly about sex with her partner is very important. She should try discussing what she likes and what she doesn't like with her partner. As a provider, you can give communication suggestions or refer her to a counselor, if needed.



Provider

Can I still have sex when I am HIV positive?



Client Page

Can I still have sex when I am HIV positive?

- Advise the client that **he and his partner can also talk about other ways of pleasing each other** like touching, kissing and cuddling. They don't have to have sexual intercourse every time to enjoy themselves and they can even practice secondary abstinence.
- The client and partner can also try a female condom which is worn by the woman; these are available from most chemists.
- Explain that there are different kinds of condoms available. If you have information on where to find condoms, you can provide this if applicable. Also, please refer to the condom instruction pages in Section 1: Prevention (pages 47-50).

Remember



Communication skills

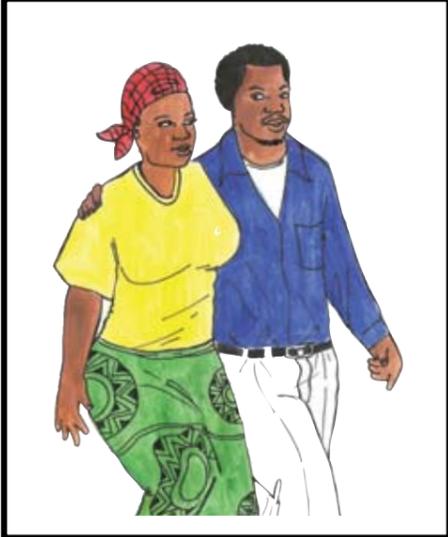
Provider

Do I need to practice safer sex?



If you and your partner are both HIV+ and are having sex, using a condom correctly and consistently can prevent you both from being infected with more of the virus.

Remember, the only way to be 100% certain that you prevent sexual transmission of HIV is abstinence.



Do I need to practice safer sex?

- Advise the client that practicing safer sex or other forms of sexual expression (hugging, touching) is important.
- Practicing abstinence is the only way the client can 100% protect his partner from HIV.
- If the client is having sex, explain that the only way to avoid passing the virus to his partner is by using a condom consistently and correctly.
- When both partners are HIV+, safer sex should be practiced. This is because they can both be infected with more of the virus, or with a different type of the virus. This is called “re-infection.”
- If the client is ‘re-infected’ with a different type of the virus, it can attack his immune system at a faster rate and make him become sick sooner.

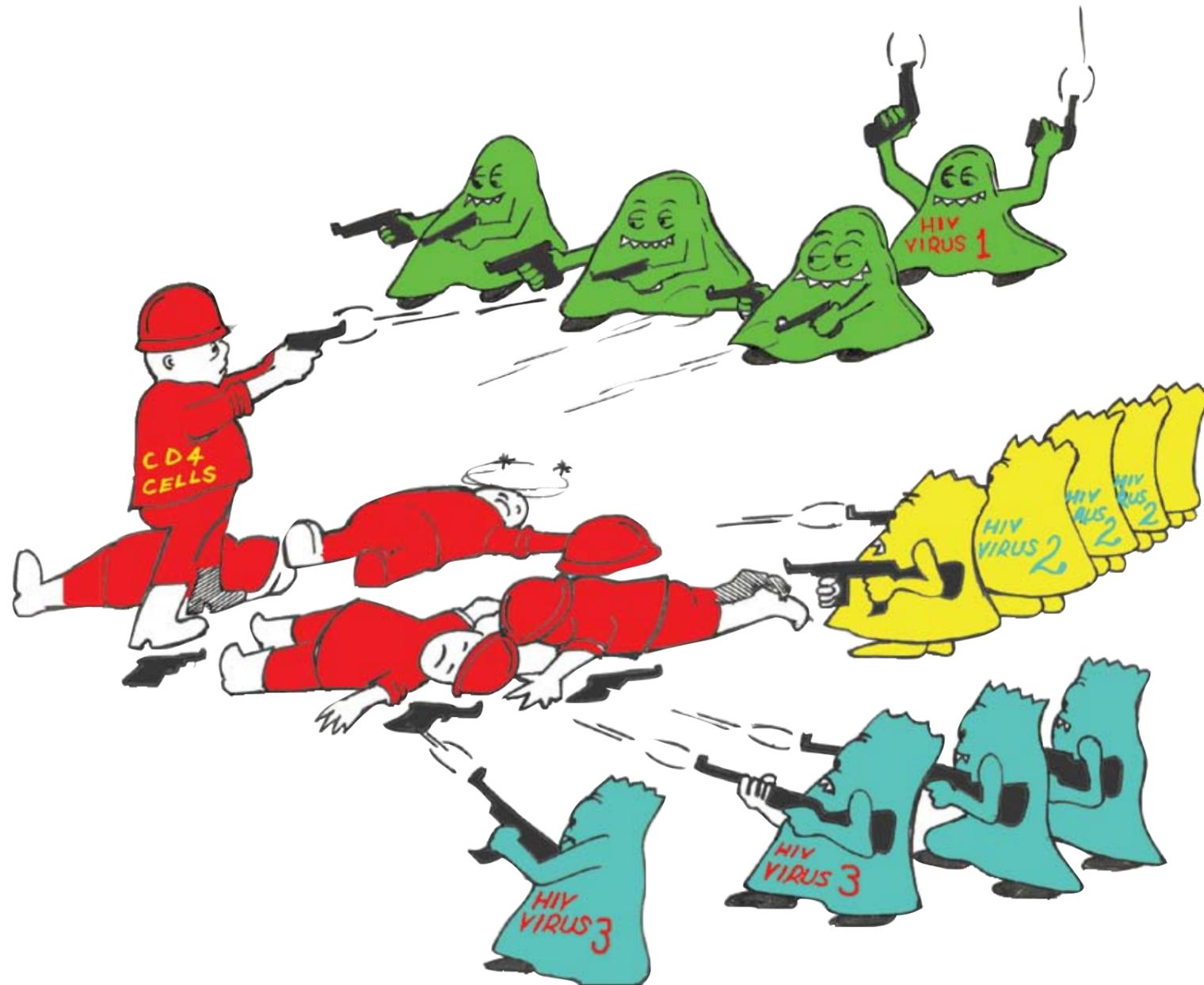
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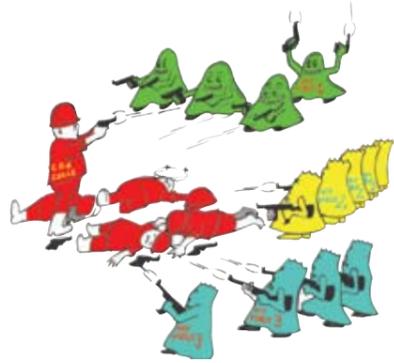
Communication skills

Provider

Why should I practice safer sex if my partner is also HIV+?



You can be infected with more HIV, by other STIs or by a different type of HIV if you do not practice safer sex.



Why should I practice safer sex if my partner is also HIV+?

It can be hard for a client to understand why safer sex is important if both he and his partner have HIV.

- **Explain that HIV is like an enemy attacking his body.** His body is protected by the immune system. The soldiers in the immune system are called CD4 cells.
- If he has sex with someone who has a different type of HIV, it is like his body is being attacked by a second enemy. This means that the HIV enemy is able to attack and destroy the CD4 soldier cells, which defend the immune system, more quickly.
- Explain that condoms, when used consistently and correctly, also prevent the spread of sexually transmitted infections (STIs). Any infection can make the client's immune system weaker. If the client thinks he has an STI he should let you know so it can be treated.

Remember



Communication skills

Provider

HIV and interest in sex



**HIV and ARVs may change
your interest in sex.**

Client Page



HIV and interest in sex

- **Explain** that, when you are HIV positive and on ARVs, your interest in sex may decrease or increase. This may be for psychological reasons or biological reasons.
- HIV and ARVs can affect her body's hormones that maintain her sexual interest and ability.
- The client may also feel psychological stress that affects her sexual interest and ability.
- If she feels that her sexual interest or ability has changed in a way that bothers her, she may want to talk to her doctor to figure out if the cause is psychological or biological.
 - If it is biological, there are certain other medicines that the doctor may recommend
 - If it is psychological, counselling with her and/or her partner can help
- There is no good reason that she and her partner cannot have a satisfying sexual relationship, if it is something they both want.

Remember



Communication
skills

Provider

Telling your partner that you have HIV

Be open with your partner about your HIV status.



Telling your partner that you have HIV

It is important to explain to the client that having HIV is not something to be ashamed of. People fear HIV because they don't know enough about it. Being open with himself and others helps people to understand that HIV is a lifelong condition like any other - like sugar disease (diabetes) or BP (high blood pressure). **Advise him that:**

- It is important to tell his sexual partner or partners about his HIV status.
- Partners need to know this so that they can:
 - Find out if they have HIV as soon as possible
 - Get medical care if they do have HIV
 - Learn how to prevent giving HIV to other people
 - Plan for the future
 - Support the client in his HIV treatment
- Someone else, such as a trusted friend or counselor, may help the client find a way to tell his partner or partners. He should think about his partner's reaction and how this will affect him.
- The client should encourage his partner to get tested for HIV. He could also go with his partner for VCT (voluntary counselling and testing) to offer support.

Remember

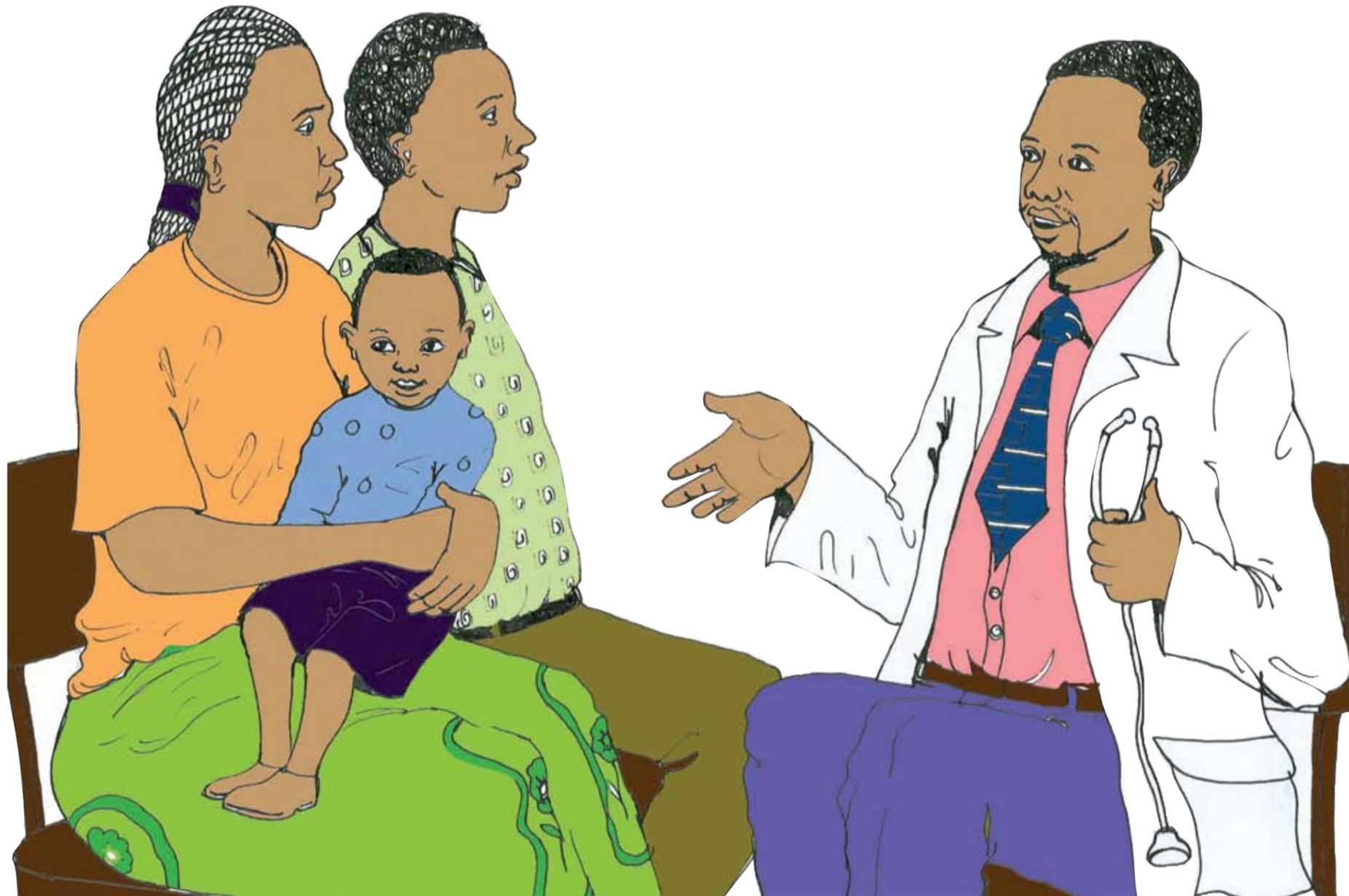


Communication skills

Provider

Family testing for HIV

Your children and partner should also be tested for HIV.





Family testing for HIV

Explain the importance of family testing:

- The client's children also need to be tested for HIV. This is because they may have been given HIV through "mother-to-child transmission." This is when a baby becomes HIV positive during pregnancy, birth, or breast feeding.
- Family testing is important even if the client and her partner felt healthy at the time of these past pregnancies and even if the pregnancy was many years ago. She may still have had HIV in her body and could have passed it to the children.
- Having the children tested for HIV will allow the client to make sure they get the care and treatment they need to live long, healthy lives. There are ARV medicines for HIV positive children to take.
- This is also a good chance to get her partner tested for HIV if he has not yet done so.

Remember



Communication skills

Provider

Having a baby when you are HIV positive



HIV can be passed from a mother to her baby when she is pregnant, during childbirth or when breast feeding.



Having a baby when you are HIV positive

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

Advise the client that:

- It's important to think carefully about having a baby before the client or partner get pregnant. Having a baby can put a lot of stress on the mother's body.
- If the client and partner do not want to have a baby, explain that you can give them information about family planning choices. If the client chooses to have sexual intercourse, advise that you may help the client make a decision about what to use.
- The client or partner can still get pregnant if one or both are HIV positive. If the client or partner still want to have a baby after knowing all the risks, they have to think seriously about the options.

Remember



Communication skills

Provider

Having a baby when you are HIV positive

Talk to your health care provider about having a baby when you are HIV positive.





Having a baby when you are HIV positive

If the client already knows she is pregnant, advise her to visit the clinic with her partner. Then you can outline their options for having a baby. If they both visit the clinic together then they can support one another when they have to make important decisions.

- Explain that you can give her advice on:
 - Taking ARV medicines to try and stop the HIV being passed on to the baby
 - How to stay healthy while she is pregnant, including the right foods to eat
 - Treatment for any illness or infections
 - Safer sex while she is pregnant
 - The best ways to feed the baby
- Also say that you can talk with her and her partner about the safest ways of giving birth.
- Stress that it is important to give birth at a clinic or hospital where the care provider knows how to reduce the chances of HIV passing to the baby during birth.

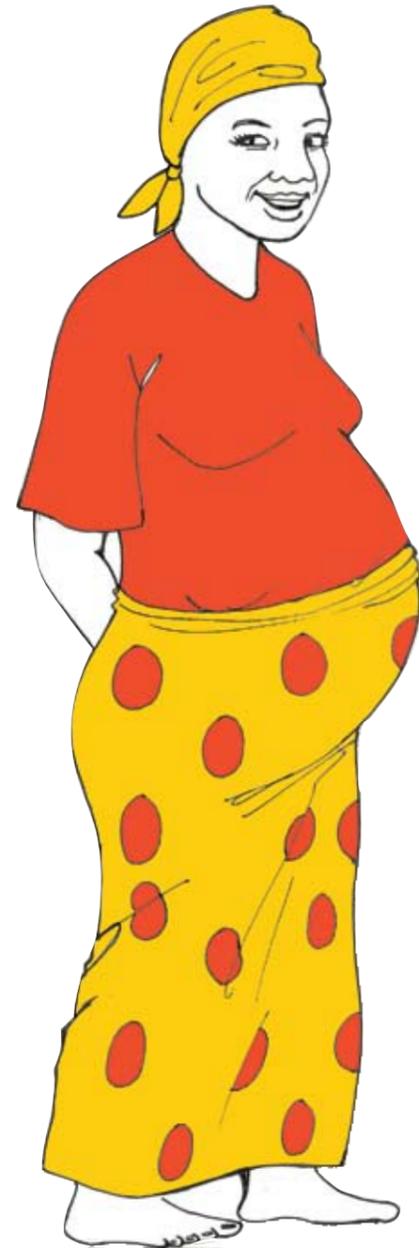
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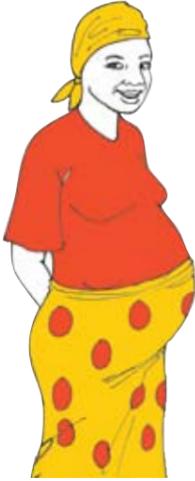
Communication skills

Provider

Treatment to reduce mother to child transmission



You can take medications to reduce the chance of passing HIV to your baby.



Treatment to reduce mother to child transmission

Explain that one of the ways to reduce the chance of HIV being passed on to a baby is to take anti-retroviral (ARV) medicines.

Provide the following information:

- Taking ARV medicines does not always stop the baby from being infected with HIV. But it will make it more likely that the baby is born HIV negative (without HIV). You can discuss with the client her options to reduce mother to child transmission.
- It is not always possible to tell whether the baby has been infected with HIV straight away after birth. She will need to wait 18 months to find out through an HIV test, whether or not the baby has HIV.

Remember



Communication skills

Provider

Treatment to reduce mother to child transmission





Treatment to reduce mother to child transmission

Explain further:

- **PMTCT Plus** is a programme that supports HIV positive women who are pregnant. The programme helps the woman, her baby and her family with HIV tests, treatment for opportunistic infections and ARV medicines.
- If the client is HIV positive and pregnant, she may need to go onto ARV medicines. She can find out whether she needs to start the medicines by taking a blood test here at the hospital/clinic to check the number of CD4 cells in her body.
- By going onto a PMTCT Plus programme the risk of mother to child transmission is greatly reduced - statistics show that only 5% of mothers on the PMTCT Plus programme pass HIV onto their babies.
- The client can also join a women's support group to help her through the PMTCT Plus programme. She should ask her health care provider for more information.

Remember



Communication skills

Provider



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

**Ruth Mulima
Chelstone Support Group,
Lusaka**

Client Page

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

Ruth Mulima
Chelstone Support Group, Lusaka



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

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

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

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

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

Before my delivery, I was given a Neveripine tablet to take as soon as I went into labour. I started taking ARVs on 1st July 2003 and gave birth to my son on 24th July, 2003.

Remember



Communication
skills

Provider



Client Page



Even though I was on ARVs, I took the Nevirapine tablet as soon as the delivery started. My son was also given a dosage of Nevirapine syrup immediately after birth to protect him from infection.

I exclusively breast fed my baby for 3 months (please advise the client that the current recommendation is for 6 months - see page 140). Exclusive breastfeeding means that your baby takes breast milk and breast milk only. No water or anything else. After this I changed his feeding to formula milk instead. My son had to undergo three HIV tests before his second birthday. He had his first test when he was 2 months old which was negative.

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

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

Remember



Communication skills

Provider

What if my baby tests HIV positive?



What if my baby tests HIV positive?

It is important to explain that:

- Even if the mother takes ARV medicines to prevent her baby from becoming infected with HIV, there is a small chance that the baby may still be HIV positive.
- One of the earliest signs that a baby may be HIV positive is if the baby is not growing properly. If she is worried about her child's HIV status, she should go to the local health centre to get them tested.
- She should make sure to get her baby tested according to the guidelines given to her by health care providers. Even if her child appears healthy, it is important to have the child tested up until he/she is 18 months old.



Remember



Communication skills

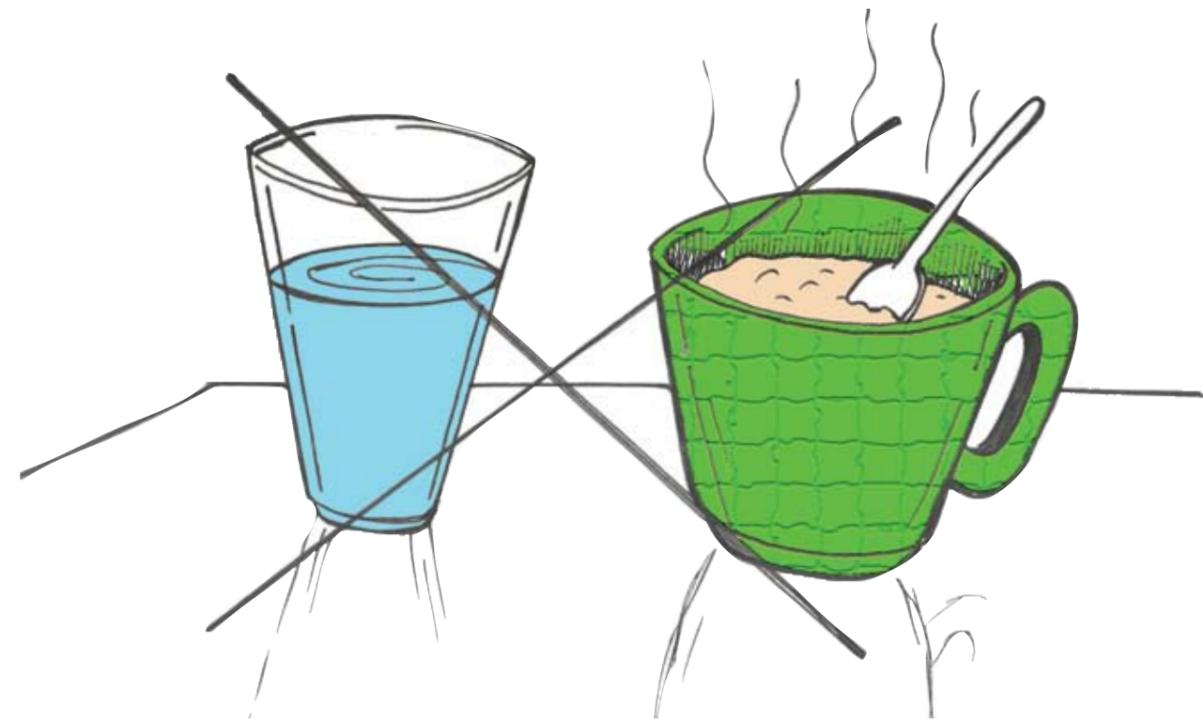
Provider

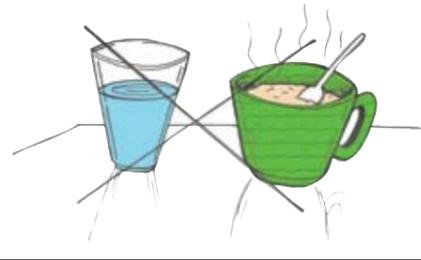
Feeding your baby: Breast feeding



If you are breast feeding, do not give your baby any other foods or liquids for the first 6 months.

You should stop breast feeding when your child is 6 months old.





Feeding your baby: Breast feeding

There are four options for feeding a baby. Breast feeding only for the first 6 months of life is the best option in low resource settings. **At 6 months of age, the breast feeding should be stopped.** Research shows that stopping breast feeding at 6 months (instead of a later age) is better for HIV prevention and the child's health.

Explain Option 1: Breast feeding only

- Breast milk contains HIV but it is hard to pass it on through breast feeding. If she gives her baby nothing but breast milk for the first 6 months, the chances of passing on the virus are small.
- If she mixes breast feeding and any other liquids or foods during this first 6 months it can upset the baby's stomach and make it easier for the virus to pass to the baby. This means no water and no food.
- After 6 months a baby's stomach is stronger and can manage on other foods. This is when breast milk should be completely stopped and she can start giving her baby other foods.
- Her breasts and nipples should not be sore when she is feeding her baby. She should talk to her health care providers about how to breast feed properly to avoid sore breasts or nipples. These can lead to infection. Any infection will increase the chance of passing HIV on to the baby.

Remember



Communication skills

Provider

Feeding your baby: Baby formula



Formula is expensive. Once you start giving your baby formula, you cannot stop and then start breast feeding again.



Feeding your baby: Baby formula

If using baby formula is **safe, affordable, feasible and able to be continued over time**, it is recommended that babies are only given formula; this means that the baby should not take any breast milk. Otherwise, babies should be breastfed during the first 6 months of life. **Please review the formula feeding information with the client:**

Option 2: Formula

- Using baby formula, e.g. Lactogen, is fine but she must be sure that she will be able to find the money to buy formula to feed her baby for at least 6 months.
- She must decide whether she wants to breast feed or give the baby formula. She can only do one or the other **not both**.
- Formula is expensive. Once she starts giving her baby formula, she cannot stop and then start breast feeding again.
- If the client decides to use formula, she must remember to:
 - Only give the baby formula and don't breast feed
 - **Use clean and safe water** to make the milk – this means boiling all water for at least 5 minutes

Remember



Communication skills

Provider

Feeding your baby: Using a wet nurse

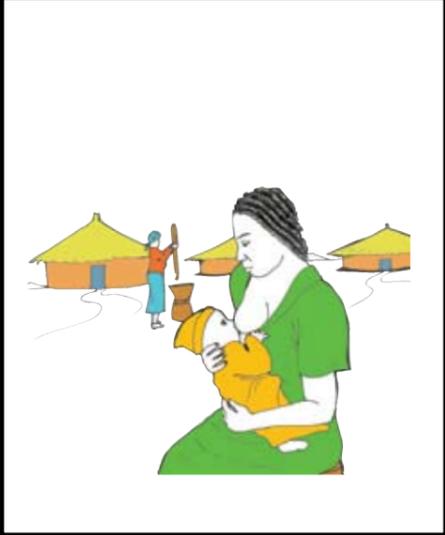


Feeding your baby: Using a wet nurse

A baby can also be fed by using a “wet nurse.” Explain to the client:

Option 3: Wet nurse

- “Wet nursing” is when a woman is requested, or volunteers, to breast-feed another woman’s baby.
- A close relative is an ideal wet nurse.
- When choosing a wet nurse, the client needs to consider:
 - Is she available to breastfeed the infant often and for as long as necessary?
 - Has she recently tested HIV negative?
 - Is the wet nurse practicing safer sex? She must be protecting herself from getting HIV.
 - Does she understand her risk of acquiring HIV from a possibly infected baby? The risk is small, but she should still be counseled on this.



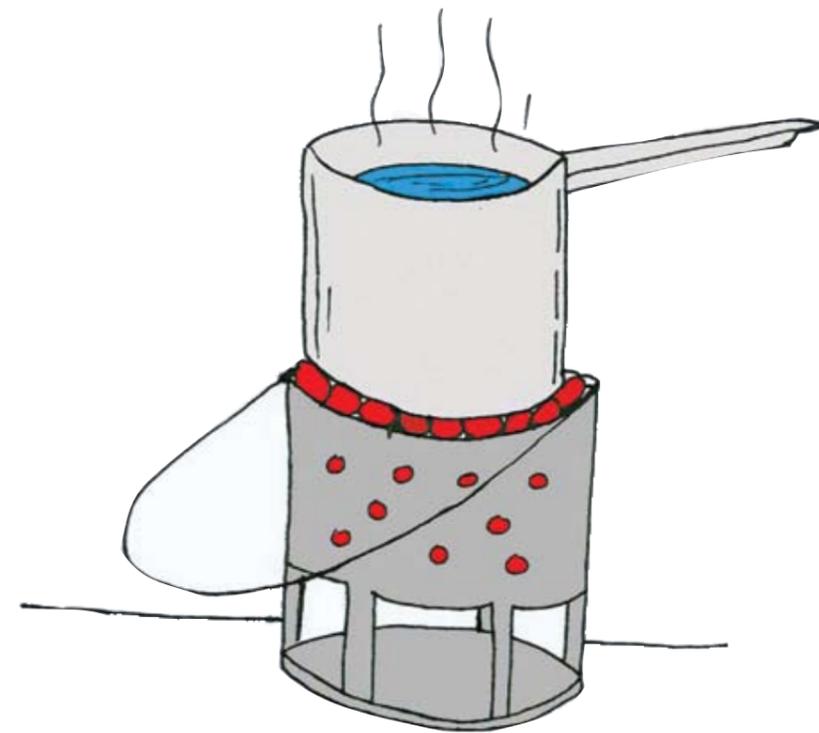
Remember



Communication skills

Provider

Feeding your baby: Expressing and heating breast milk



Feeding your baby: Expressing and heating breast milk

One last option for feeding the client's baby is for the mother to "express" and heat her own breast milk. Please explain:

Option 4: Expressing and heating breast milk

- The HIV is killed by heating breast milk. Most of the nutrients stay in the breast milk after heating.
- If the client chooses to feed her baby with heated breast milk, she needs to first remove milk from the breast either manually or with a pump. She then stores the milk in a clean jar with a cover.
- Next, she needs to heat a pan of water to boiling and remove that pan from the fire when the boiling starts. She then immediately places the covered jar of breast milk in the pan of water and lets it sit for 20 minutes. After 20 minutes, she removes the milk jar and lets it cool before feeding her baby.
- Her baby will have to drink the milk from a cup and it may take time for her to learn.
- Expressing and heating breast milk takes time and must be done frequently. The breast milk needs to be stored in a cool place and used within an hour of heating.

Be sure to stress that the client will also need clean water to wash the baby's cup and the container used to store the breast milk.

Ask the client if she has questions about feeding her baby.

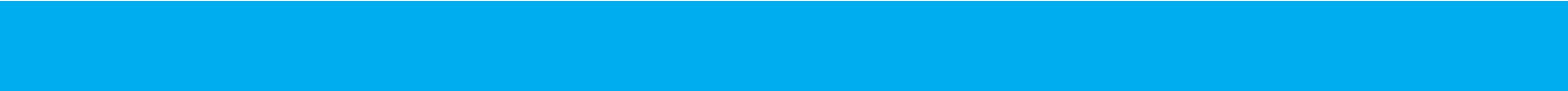




Section 5: BASIC FACTS ABOUT ANTI-RETROVIRAL THERAPY (ART)



This section is designed to help you understand the basics about anti-retroviral therapy (ART) and how to live healthy while taking anti-retroviral (ARVs) medicines.



ART Basics



Our body has an immune system that helps to prevent infection the same way a house protects us from rain and cold.

Client Page



ART Basics

Explain that the client must have tested HIV-positive before he can be considered for ART.
Then provide the following information:

Antiretroviral Therapy

- If his immune system is very weak, the client may consider taking a treatment called ART.
- The full name for ART is Anti-Retroviral Therapy.
- If his immune system is still strong he might not need ARV medicines, but he still needs to protect himself from opportunistic infections.

ART does not cure HIV

- When on ART, the client will take ARV medicines.
- The full name for ARV medicines is Anti-Retroviral medicines.
- He must take all the ARV medicines at the correct time every day.
- If you miss taking the medicine, the virus gets strong again and ARV medicines might not be able to slow it down anymore. The medicines may stop working.

How ART works

- ART does not cure HIV. It slows down the virus from multiplying so fewer viruses attack the immune system.
- The immune system gets stronger and can keep out opportunistic infections when on ARV medicines.
- ARV medicines will make you feel better, have less infection and make you live a normal life.
- You will be able to return to your work and/or school as before.
- When on ARV medicines, you will get sick less and feel better for longer periods of time.

Provider



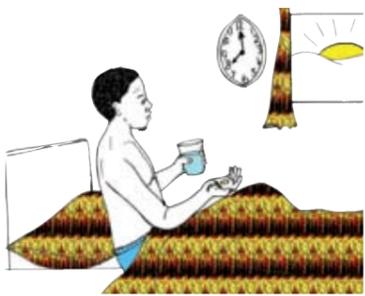
Commitment to ART



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

You need someone to help you remember to take the tablets at the same time everyday and to help you to respond to problems.

Client Page



Commitment to ART

Explain that the client must make a commitment to ART. You can help the client learn about ART, but the decision to start it has to be made by the client.

Provide this information:

- ARV medicines help lower the amount of HIV in the body to very little but HIV does not go away completely. It is sleeping in the client's body. This is why she must continue to take ARV medicines for life.
- The client should start taking ARV medicines only when she is ready to make a life-long commitment. She needs to remember that she will have to take the tablets at the same time every day for the rest of her life.
- Stopping and starting, and missing tablets stops the ARV medicines from working.
- Taking some of the tablets, but not the others, also stops ARV medicines from working.

Advise the client to ask someone to help them remember:

- Health care providers can help her think of ways to help her take her medicines. But, when taking ARV medicines, it will be important to disclose her HIV status to at least one person. S/he can help you a lot.
- It helps to have someone she trusts become her buddy to help her remember to take the ARV tablets.

Explain that, when taking ARV medicines, it is important to continue to live positively:

- Follow instructions on prevention and positive living.
- The client should not wait till she feels sick to talk to her health care provider. She needs to visit the clinic periodically or as advised by the health care provider. She should not skip appointments.
- The client needs to eat healthy, nutritious meals throughout the day to maximize the benefits of her therapy.

Remember



Communication skills

Provider

ARV medicines do not cure HIV



Even if you are feeling well, you still have HIV in your body. You can still pass HIV on to someone else and need to think about safer sexual decisions.



ARV medicines do not cure HIV

It is common for clients to misunderstand what ARV medicines can do for them. Provide the following information:

ARV medicines do not cure HIV

- Even If the client is taking ARV medicines and feeling well, she still has the virus in her system.

ARV medicines do not protect the client against re-infection of HIV

- If she is taking ARV medicines, she can still get re-infected with another type of the virus. (There is more than one type of HIV)
- This may make her immune system weaker.

ARV medicines do not protect the client from infecting others with HIV

- While she is taking ARV medicines, she may still transmit HIV to others, even if she is feeling well. She must continue to protect herself and others by practicing abstinence or other forms of safer sexual behaviour.

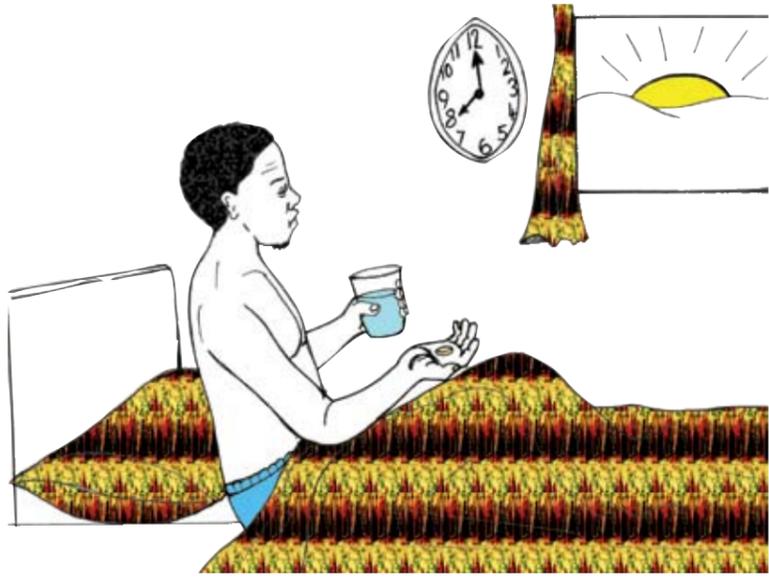
Remember



Communication skills

Provider

Taking ARV medicines—what to do



Take medicines as prescribed.



Have your buddy remind you to take ARV medicines.

Client Page



Taking ARV medicines—what to do

Taking ARV medicines can be very hard. Advise the client that:

- It helps to ask someone the client can trust, a family member or friend, to help him remember to take the medicines. This person is called a buddy.
- It is important to eat healthy, nutritious meals when taking ARV medicines.
- It takes practise to remember to take ARV medicines.

Give the client these tips on remembering doses:

- He should put the ARV medicines where he will take them.
- He should take the ARV medicines at the same time each day, i.e. when he eats his meal.

Special concerns for children with HIV

Advise that the caretaker and their family should help the child to remember to take ARV medicines. The ARVs should become part of the daily routine – like getting out of bed or going to school. For example, use radio programs that you and your child listen to help you remember.

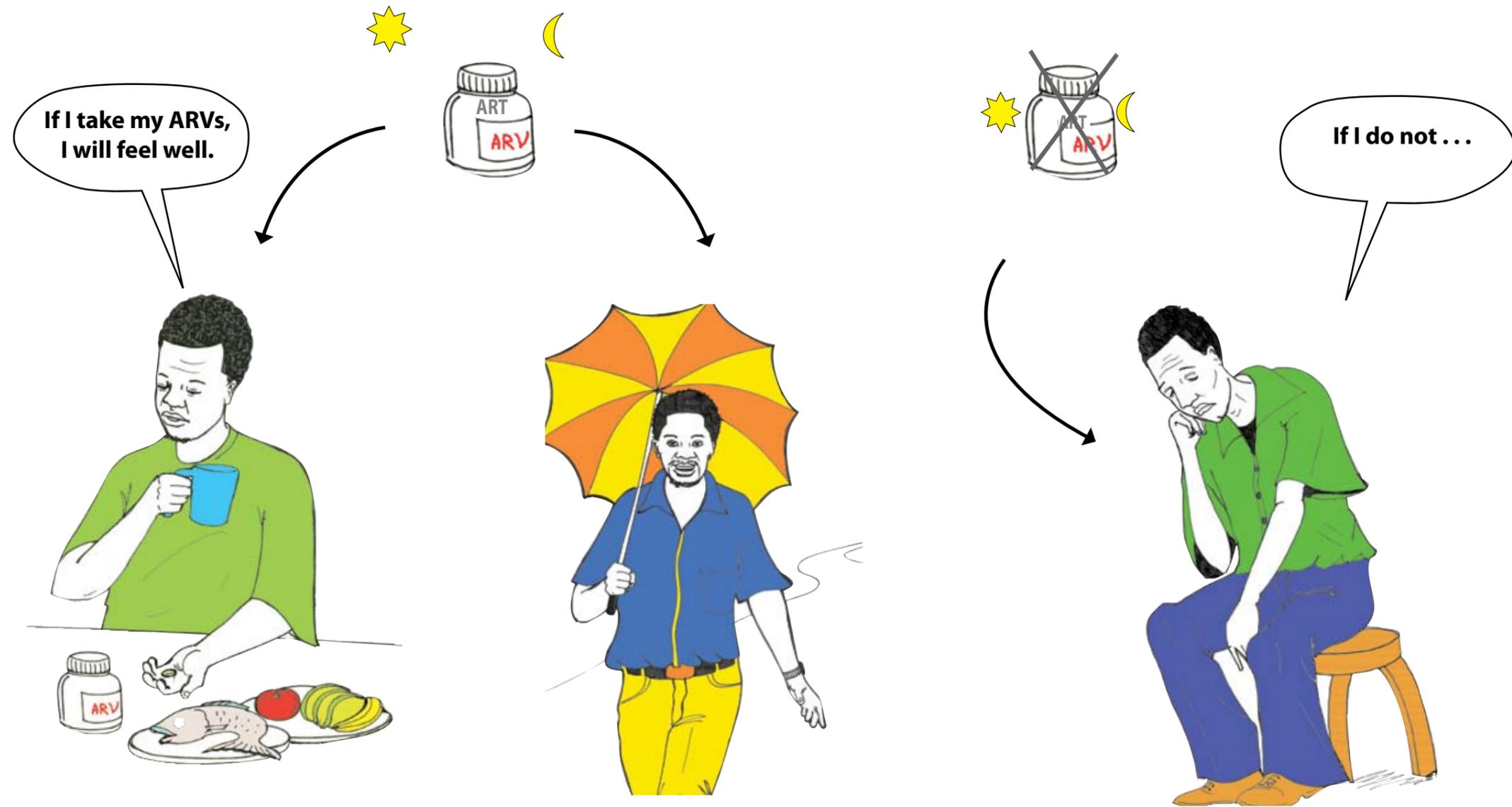
Remember



Communication skills

Provider

Taking ARV medicines—what to do



Remember: If ARV medicines are giving you any problems, talk to the health care provider.

Client Page



Taking ARV medicines—what to do

Explain these added points on antiretroviral therapy:

- If the client takes ARV medicines as prescribed, every day at the correct time, he will be able to live a longer, healthier life .
- If he does not take all doses, he might start having problems again.
- He should have his buddy assist him in adhering to the therapy especially at the beginning.
- It is helpful to learn as much as he can about the side effects of the medicines he is taking, so that he knows what to expect if he doesn't feel well.
- Also, he should remember to go for follow-up and get more ARV medicines at least 1 – 2 weeks before his medicines run out.
- Advise that if he is having problems taking his medicines on time, he should talk to you or one of the other providers on his health care team and they will try to help him make a better schedule.

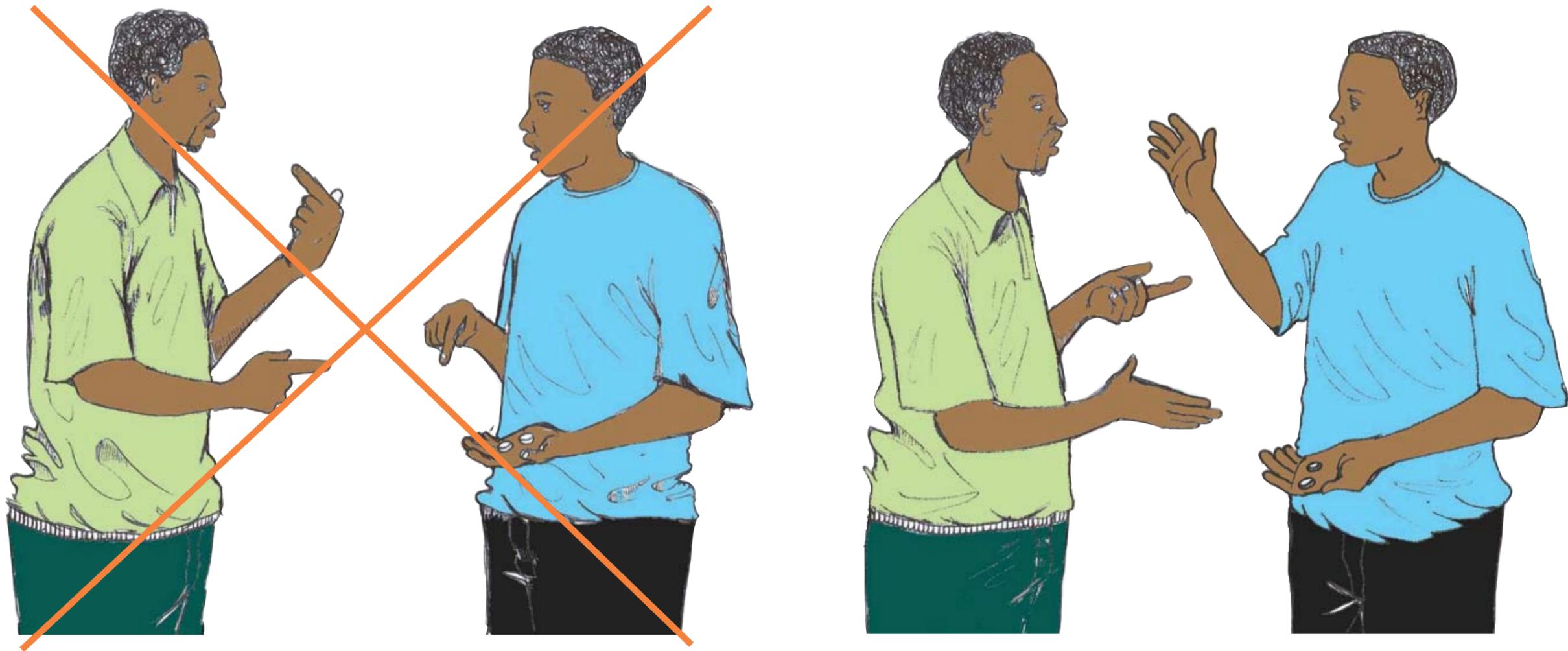
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Communication skills

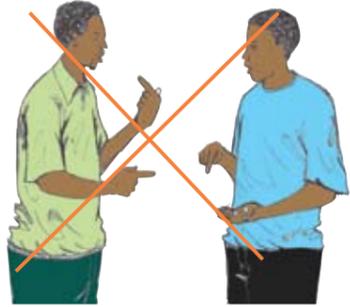
Provider

Taking ARV medicines—what to do



DO NOT share your ARV medicines.

Client Page



Taking ARV medicines—what to do

Advise the client to never share his ARV medicines.

- If he shares the medicines, they won't work for him nor for the other person.

Advise the client to keep ARVs in a safe place.

- Like all medicines, he needs to keep ARVs in a safe place and away from children.

Explain that if the client is often running out of his medicines, he should go to the health center. The staff can help him to make a better schedule for medication refills to suit his lifestyle.

Special concerns for children with HIV

Advise the caretaker of a child on ARV medicines that the child needs to be seen by a health care provider and needs to have his/her own prescription for ARVs. ARV medicines should not be shared among family members.

Remember



Communication
skills

Provider

How to remember to take your ARVs

Plan ahead.



**You can pack your medicines when going to work or when travelling.
The most important thing is always to have your medicines with you.**

How to remember to take your ARVs

Provide this additional advice on remembering to take ARV medicines:

- The client can write notes, use stickers, and look at clocks and calendars to remind him to take his ARV medicines, or use a radio programme, or the chickens coming out in the morning and going in at night.
- He can ask his “buddy” to help him remember.
- He should carry his ARV medicines with him or carry his dose for the day.
- It is important to plan ahead for how he will take the ARV medicines when he is in a place where he doesn't want others to know he is taking ARV medicines. Give him these examples - if he is at a bar with friends who do not know he has HIV, how will he take his ARVs? If he is at a wedding in his home village and nobody there knows he has HIV, how will he take his ARVs? **He needs to make a plan and keep track of the time.**
- If he goes away from home, he should pack more tablets than he needs in case he stays away longer than expected.



Problems with forgetting to take ARVs



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

If ARVs are giving you any problems, talk to the health care provider but do not stop taking the medicines unless told to do so.

Client Page



Problems with forgetting to take ARVs

Explain that if he forgets to take the medicine:

- For clients on twice/day ARVs: If it is within four hours from the time he was supposed to take the tablet, take them. If it is later than four hours, take the **next dose** as scheduled, but do **not** double it.
- For clients on once/day ARVs: If he forgets, he can still take the medicine.

If he is having problems taking the ARV medicines:

- He should inform the health care provider team if he has skipped doses or if he is having trouble with his treatment regimen. He needs to be 100% honest and answer any questions about personal issues like sex, alcohol and other medicines he might be taking. His health care provider is there to help him, not to judge him.
- If he is honest, there is a better chance the ARV medicines will work for him.

If he wants to stop taking ARV medicines:

- Before doing so, he should inform his health team.
- The health team can help him in addressing the problems ARVs might cause him.

Special concerns for drug using clients

- Just because a client uses drugs does not mean that he will not be able to adhere to the medication.
- While a client who uses drugs should of course be encouraged to seek substance abuse treatment, the client can also be benefiting from ARVs now.
- Be sure to talk realistically with the client about his drug use and how it may impact adherence. The client needs to think through the situations he may find himself in as a drug user and how he will manage to remember to take the ARVs in those situations.

Remember



Communication skills

Provider

ARV Side Effects



When you start ARVs you may have some discomfort called side effects.

Client Page



ARV Side Effects

Clients may have some ARV side effects. Explain to the client:

- When she starts ARV medicines she may have some discomfort called side effects.
- Side effects are reactions that may occur when the client starts taking ARV medicines. Side effects usually go away when her body gets used to the ARVs. This may take a few days, weeks, or months. All medicines have side effects and they affect each person differently.
- The client must tell you if she is taking any other medicines, this includes prescription medicines, herbal medicines, vitamins and alcohol. Other medicines may effect her ARV treatment and she might need to stop taking them.
- When she visits the clinic she should tell the health care provider right away about any side effects, even the minor ones. This will help the health care provider to make the medicines easier to take and avoid any serious health problems.
- Explain that these are some examples of side effects from ARV medicines:
 - dry mouth
 - skin rash
 - feeling dizzy
 - headache

Remember



Communication skills

Provider

ARV Toxicities



Toxicities are symptoms from medications that can get worse over time.





ARV Toxicities

Explain that toxicities are symptoms from medications that can get worse over time. They can also be life threatening if the client does not get treatment from a health care provider. Toxicities often look like illnesses that can be caused by other things. For this reason, it is important that if the client experiences any of these symptoms she see a health care provider immediately to figure out the cause and treatment.

Explain these important symptoms:

Rash

- Can be caused by certain medications but also by many illnesses.
- Most rashes are not serious but if the rash comes with fever, blisters, sores in the mouth, or gets worse every day she should immediately see a health care provider.

Pain, burning or numbness in the feet

- This can be caused by HIV, diabetes, and other illnesses. It can also be caused by some medications.
- If she has these symptoms in her feet she should tell the health care provider at her next appointment.

Abdominal pain

- This is caused by many illnesses. She may also get fever, yellow eyes, nausea, vomiting, or diarrhoea at the same time. Some ARV medications can cause abdominal pain as well.
- If she has abdominal pain that gets worse every day she should immediately see a health care provider.

Advise that, if the client has any of these symptoms, he/she should NOT stop taking ARVs unless the client's health care provider directs him/her to.

Remember



Communication skills

Provider

ARVs and Pregnancy



When you are about to start ARVs or are on ARVs, tell your health care provider if you are pregnant or want to have a baby.



ARVs and Pregnancy

Talk about ARV medicines and pregnancy to both male and female clients.

Explain that:

- It is very important to tell the health care provider if the client or client's partner is pregnant, or wants to have a baby, when the client is about to start ARVs or is on ARV.
- Clients can get pregnant while on ARVs.
- ARV medicines can help prevent transmission of HIV to the baby.
- For male clients on ARV medicines:
 - If he is planning to have a baby with his partner/wife, they should come together to the clinic for further counselling.
 - If his partner/wife is already pregnant, you should recommend that they go for MTCT (Mother to Child Transmission) services.

Advise that some ARV medicines are safer during pregnancy than others:

- The client needs to tell one of her health care providers right away if she is pregnant or wants to have a baby. They can help her make a decision about what to do.
- Most ARVs can help protect the baby from HIV. But some can hurt the baby so it is important to tell the doctor if she becomes pregnant or are planning to do so.

Remember



Communication skills

Provider

What is drug resistance?



Sometimes the virus can change and get strong again, and become resistant to some ARV medicines.



What is drug resistance?

Explain resistance to the client:

- HIV is difficult to keep under control.
- Sometimes the virus can change and get strong again, and become resistant to some ARV medicines.
- Then those medications will not be able to slow down the HIV any more
- Resistance means some medicines will not work to control the virus.
- Resistance usually occurs because all the ARV medicines are not taken correctly all the time.
- Once the ARV medicines quit working and the virus gets strong again, then the client may start feeling worse and get sick again because her immune system is becoming weaker.
- The best way to avoid resistance is to always take all her medicines correctly all the time.

Remember



Communication skills

Provider

What is treatment failure?



Resistance and treatment failure can be prevented by taking all of your medicines correctly all the time.



What is treatment failure?

Explain treatment failure to the client:

- Once resistance has occurred and the client begins to feel worse or get sick again this is called treatment failure.
- At this time her health care provider may make a decision to change her ARV medicine combination.
- The health care provider will understand which medicines in her ARV combination need to be changed.
- Resistance and treatment failure can be prevented by taking all her medicines correctly all the time.

Remember



Communication
skills

Provider

What is “First line” versus “Second line” ART?



What is “First line” versus “Second line” ART?

Explain the difference between first and second line therapy:

- When the client first starts ARVs, the drug combination to start with is considered “First line” treatment.
- If she has bad side effects or toxicities to one or more of these first medicines, the health care provider may change the medicines. This is still considered “First line” treatment.
- If her ARV medicines stop working to control the virus in her body, then a new combination of medicines will be given to her. This is called “Second line” treatment.
- Currently in Zambia there is only First and Second line ARV available. So it is very important for the client to take her medicines correctly so they will keep working.



Remember



Communication skills

Provider

Giving ARVs and other medicines to children





Giving ARVs and other medicines to children

Giving medicines to children can be hard. Explain these points and suggestions to caretakers of children with HIV:

- Children with HIV will need to take medicines often. Before the caretaker leaves the clinic, she needs to understand the instructions so that she knows for sure how much her child is supposed to take and how often the child needs to take it. She should ask the provider questions if she needs to.
- With liquid medicine or syrup, the caretaker can squeeze it slowly into the side of the baby's mouth. She can use a dropper or syringe, or pour it in slowly with a spoon.
- Sometimes tablets or pills are hard for children to swallow. To make it easier:
 - She can crush the tablets and mix them with jam or honey.
 - If the child is old enough, the caretaker can explain to the child why he needs to take the tablets.
 - The caretaker should not shout at or threaten her child – this may make him refuse to take the medicine. It is better to praise him after he has taken it.
 - If her child vomits right after taking the tablet, wait a while and then give him the dose again.
 - If he vomits more than 20 minutes after taking the tablet, the caretaker does not need to give the tablet again.
 - If the medicine has a bad taste, tell the child before he takes it so that he knows what to expect.
 - If the child develops a skin rash after taking the medicine, the caretaker should take him to the clinic because he may be allergic to it.

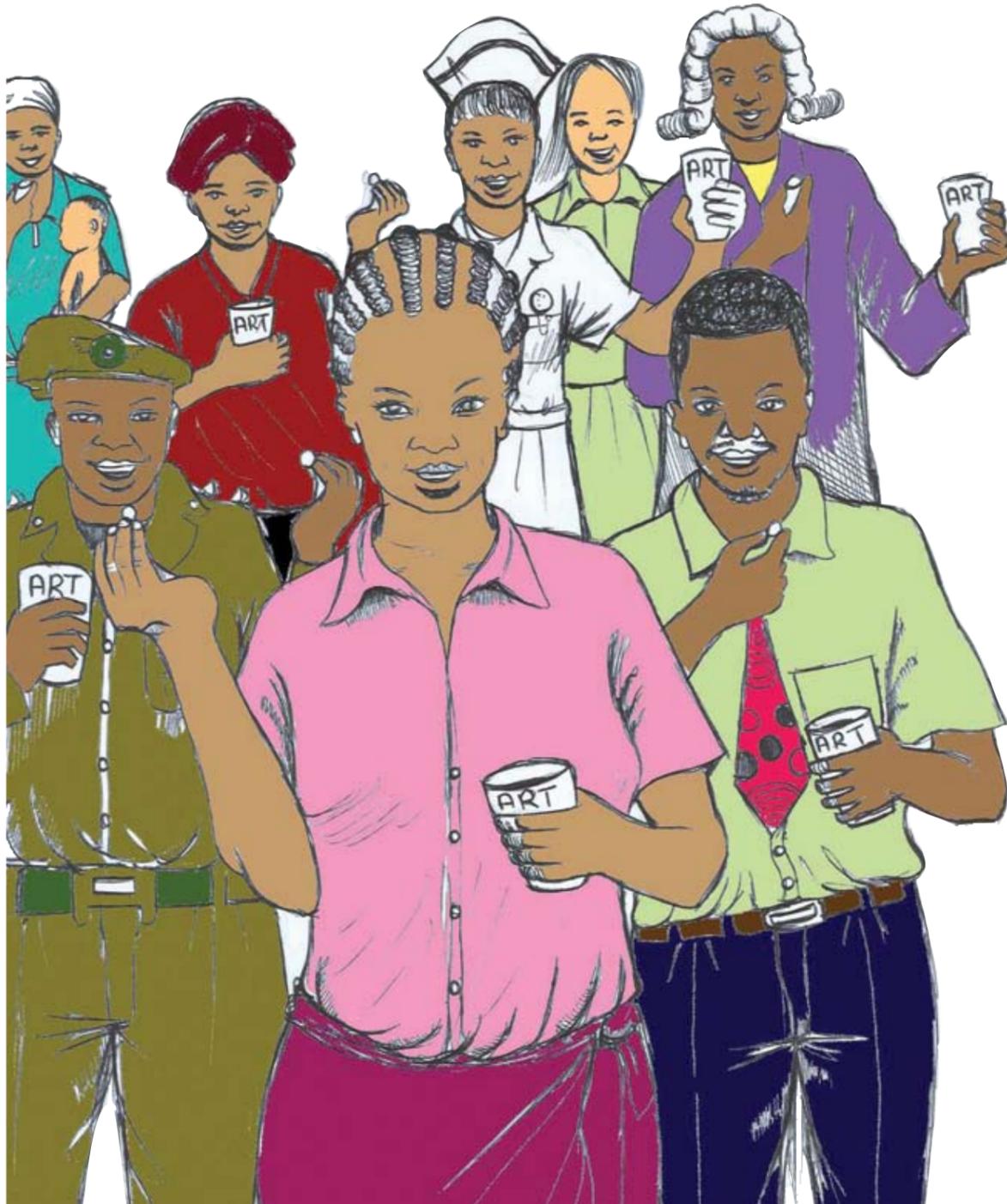
Remember



Communication skills

Provider

Taking ARV medicines—you are not alone



You are not alone!

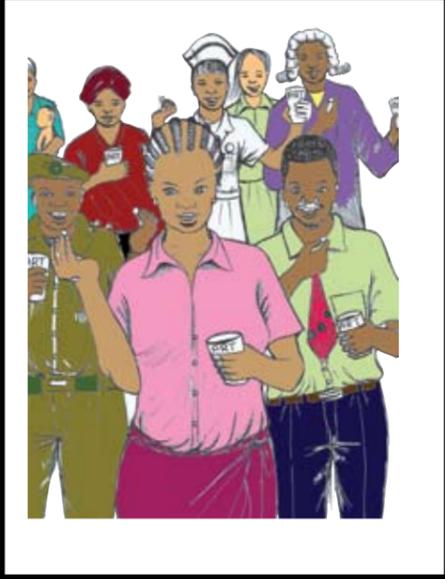
Remember, many people around the world take ARVs everyday. You too can take them successfully.

Client Page

Taking ARV medicines—you are not alone

Explain to the client that she is not alone:

- There are many people around the world that take ARVs everyday
- The client, too, can take ARVs successfully and lead a healthy life.



Remember



Communication
skills

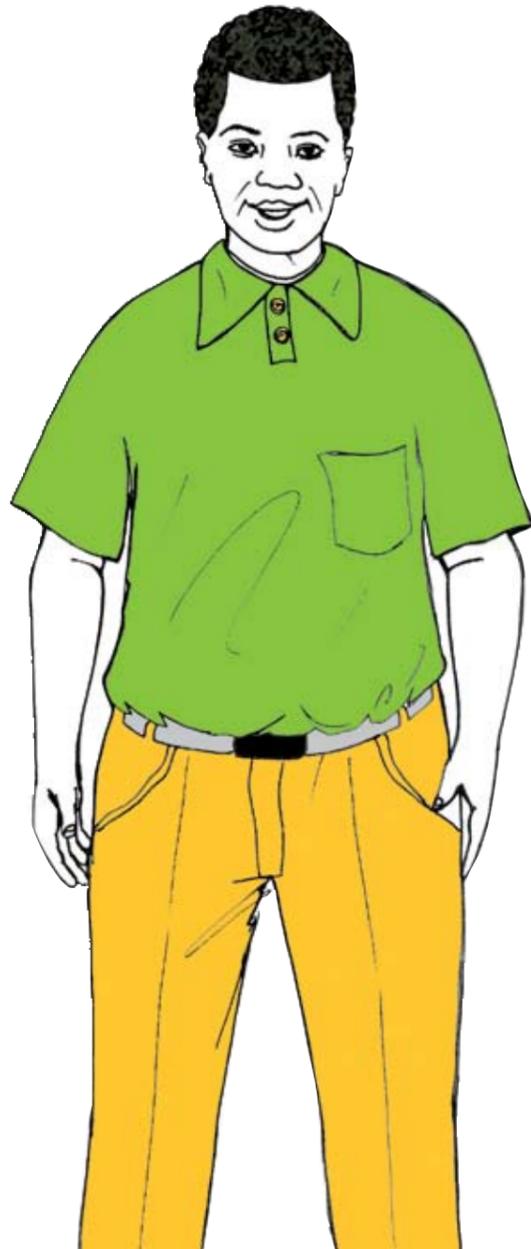
Provider



Section 6:
TAKING CARE OF YOURSELF
WHEN YOU ARE HIV+



Be involved in your own health





Be involved in your own health

Advise the client that:

- With her experience and all the information given by the health care provider, most often she can find solutions to the problems she is experiencing. This will include seeking care for those problems that she cannot solve herself. However, understanding her problems and what she needs to do about them will need to come from her. Every day she will need to make decisions about:
 - If she has sex, who she has sex with and how she protects herself and her partner
 - Prevention and treatment of opportunistic infections
 - Positive living and eating well
 - Taking her medicines as prescribed and going to all of her appointments
 - Understanding the use or abuse of medicines or alcohol
- She should be involved in her health. She should be part of every decision that is made related to her health.
- HIV is a lifelong disease. Although it will take time, it is important for the client to understand it, learn to feel comfortable about it and learn how to manage the problems that it might give her.

Remember



Communication skills

Provider

Talk to the health care provider



Client Page



Talk to the health care provider

Talk to the client about asking questions:

- If the client does not understand something that the health care provider tells her, she should always ask questions. If she does not understand the answer she is given, she should feel free to say so. She can also ask a family member, a friend or carer to be there with her to help her to remember answers at home.

Talk to the client about her feelings and fears:

- Explain that it is not always easy to talk about her situation, feelings and fears. She might not want to burden someone close to her with her problems, or she may feel that they may not understand her as well. If she talks to her health care provider, she might be able to off-load some of her feelings and talk about ways to cope better with her situation.
- Explain that it is OK to show her fears, and to say what it is that she is afraid of. Her health care worker will be able to explain her problems to her so that she can understand them. Understanding what is happening with her will make her feel better and in control of her health.

Remember



Communication
skills

Provider

Learn more about your health and your treatment

Please explain to me





Learn more about your health and your treatment

An opportunity to learn more

- Explain that the client's visit to the clinic should be taken as an opportunity to learn more about her condition, the medicines she is taking, how she can best address problems she is having at home. She can also ask about the resources and support that can be available for her and approach them when needed. The more information she has, the better prepared she will be to take care of herself.

Getting information

- Advise the client to collect as much information as she can about her disease and the treatment she will need. She should ask her health care worker what she should do in case new symptoms appear.

Other information

- Note that the client should be sure to know what the risks of the treatment are, and what will happen if she does not take her medicine.

Remember

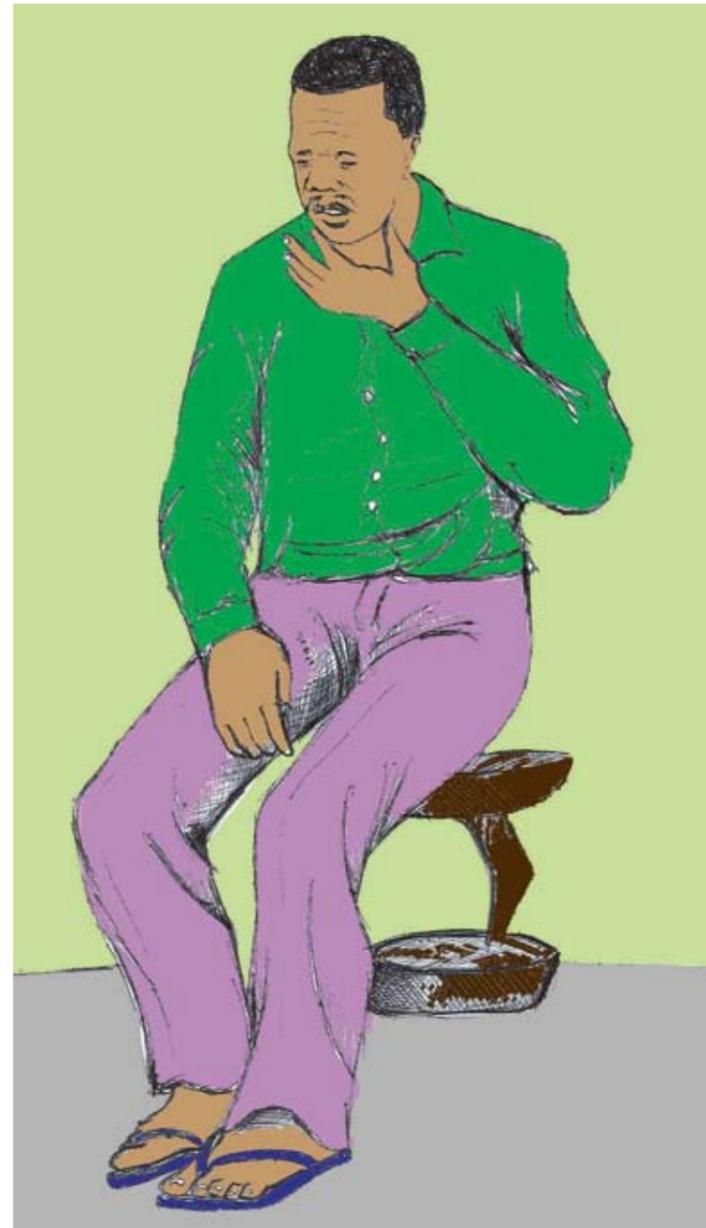


Communication skills

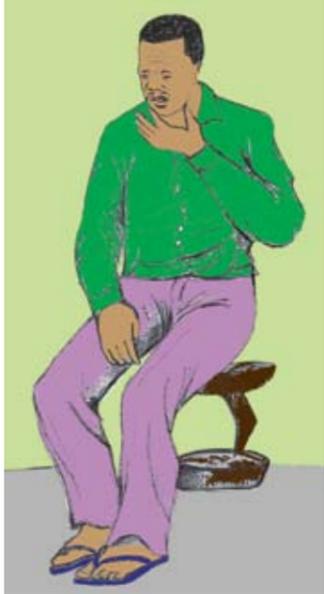
Provider

Be careful if new symptoms appear

**I feel sick, but I think it
is just nausea and will
go away . . .**



Client Page



Be careful if new symptoms appear

Explain that:

- She should also know how to handle new signs and symptoms that may appear.
- The client should remember what the health care provider and the caregiver have told her. It is important to know if she can manage the problem on her own or if she needs to seek care from the health facility.
- Advise that if she is not sure of what to do, she should go to the clinic as soon as possible to find out.
- Comfort the client by saying that she should not be nervous to ask as many questions as she has to the health care workers at the health center.

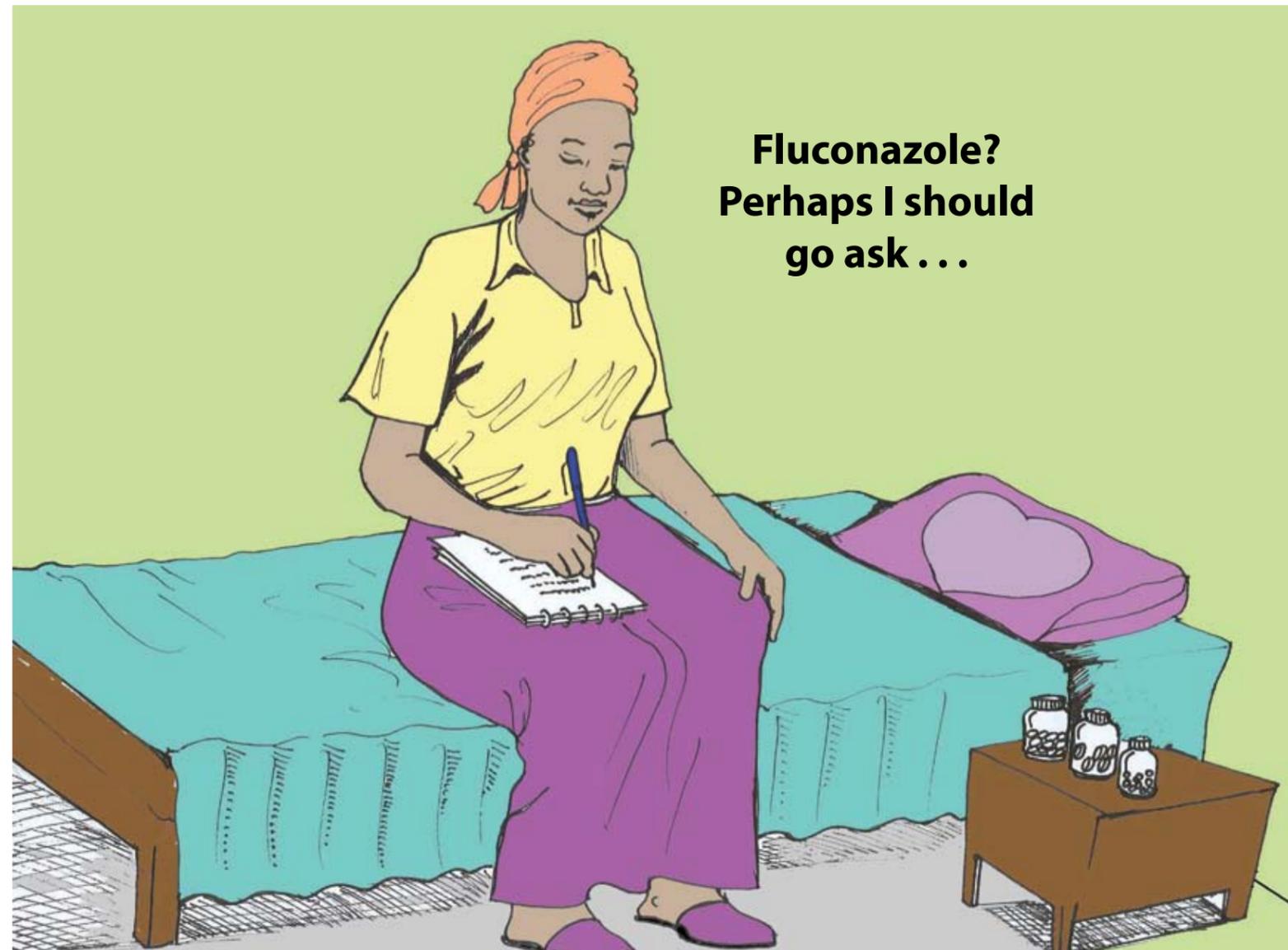
Remember



Communication
skills

Provider

List all of the medicines you are taking



Client Page



List all of the medicines you are taking

Advise the client to make a list or have someone help him to do so:

- He needs to get to know all of the medicines he is taking (including multivitamins, herbal teas, etc. if he is taking those). Making a list of his medications can help. He can ask the health care provider to write the names of his medicines as well. If he has any doubt or needs help making the list, he should ask his health care provider, buddy, caregiver or family.
- It will help him to get to know what each medicine is for.
- He should remember any problems he has experienced when taking certain medications.
- Say that he should make sure his health care provider KNOWS about these problems with medications. He should ask his health care provider or caregiver what he needs to do in case the problems come again, whether he can do something at home or he needs to seek care.

Advise that the client should ALWAYS take his medication with him when he goes to see the health care provider.

Ask the client if she needs help making a list or understanding what her medicines are for.

Remember



Communication
skills

Provider

Understand when and how to take your medicines



Would you please explain more about my medications?



Understand when and how to take your medicines

Talk to the client about knowing ALL about ARVs and other medicines he is taking.

- Before he begins to take his medicines, he should be sure he knows exactly HOW and WHEN to take them. All medicines need to be taken as prescribed. ARVs, in particular, will lose their effect if not taken every day, at the correct time.

Talk to the client about knowing how long to take it:

- The client should not stop taking his ARVs or other medicines/medicine because he feels better on some days. **His medicine must be taken every day for the rest of his life.**
- Only his health care worker can tell him to stop.

Remember

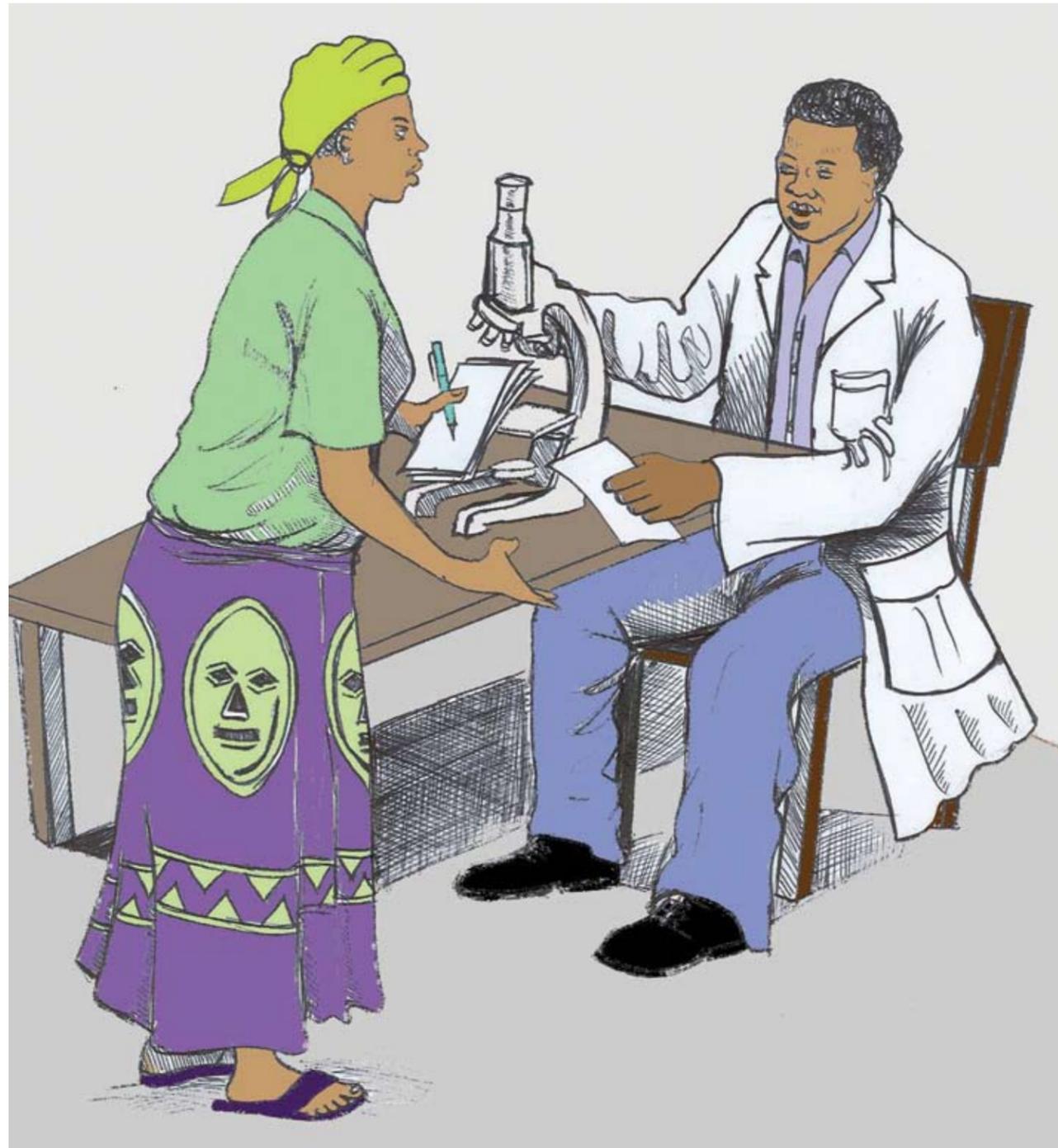


Communication skills

Provider

Get the results of every test

I took a test. I'd like to know my results so that I can keep my own record.



Client Page



Get the results of every test

Advise the client to:

- Ask for the results of every test or procedure he has taken. By keeping his own record of test results, he will have more information about his health.
- When he get his results, he should always remember to ask what the results mean for his health and for his treatment.

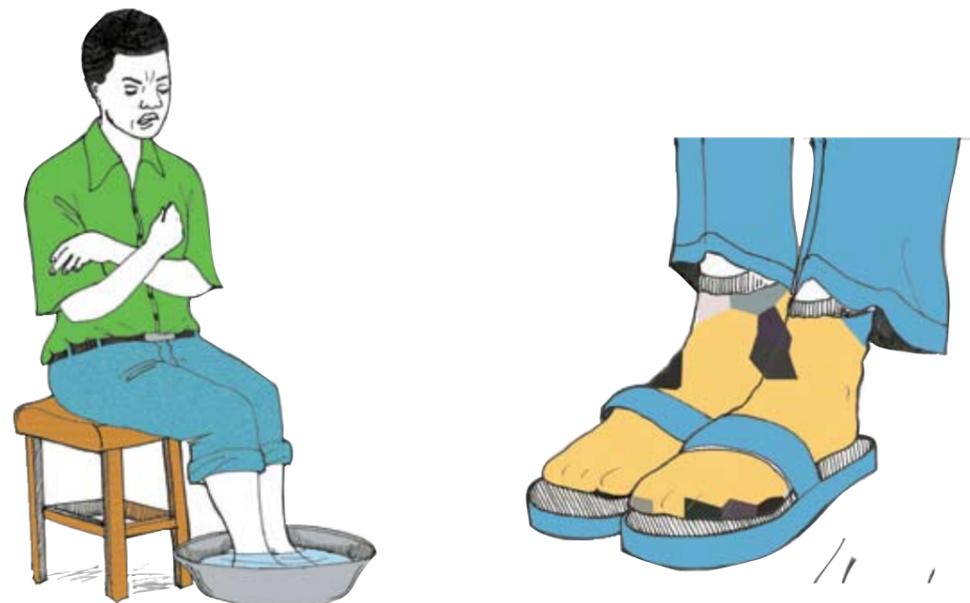


Provider

Basic pain relief and care



For headache, rest in a cool, dark room or place a damp cool cloth on your forehead.



For pain/tingling in feet - soak feet in warm water. Also wear comfortable, loose shoes to prevent problems.

Client Page



Basic pain relief and care

Most of the following pages have instructions for the client on basic pain relief and care. Provide these to the client as needed.

Headache - what to do:

- Rest in a quiet, dark room with eyes closed.
- Place a cloth dipped in cold water over eyes and forehead.

Pain or tingling in hands or feet - what to do:

- Wear loose-fitting slippers, sandals or shoes.
- Soak feet in warm water or massage them with a cloth soaked in warm water.
- Take 2 tablets of paracetamol 3-4 times a day for 1-2 days. If the pain doesn't stop within 24 hours she should go to the clinic.
- She should go to the clinic if:
 - The tingling does not go away or gets worse.
 - The pain is preventing her from walking or using her hands.

Remember



Communication skills

Provider

Basic pain relief and care



For dry mouth, drink lots of water and avoid sweets and coffee/softies.



For skin rash, take a bath at least once a day with soap and water. Also, apply calamine lotion to the rash.



Basic pain relief and care

Dry mouth - what to do:

- Avoid drinks with caffeine such as coffee, strong tea and some soft drinks.
- Avoid eating sweets. Try sucking on a pineapple as this sometimes helps thrush.
- She can rinse her mouth with clean warm salty water.
- Drink clean, warm water.
- She should go to the clinic if:
 - She has spots on her tongue or in her mouth
 - She has trouble swallowing food

Skin rash - what to do:

- Use calamine lotion for itching.
- Take a bath at least once a day with carbolic (unscented) soap and water, and keep skin clean and dry.
- Avoid walking in the sun when she has a rash.
- She should go to the clinic if:
 - The rash becomes worse

Remember



Provider

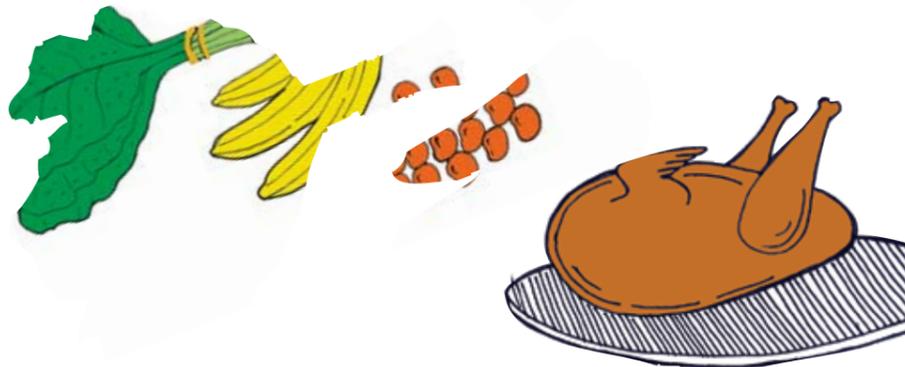
Basic pain relief and care



For diarrhoea, drink lots of clean, cooled boiled water. Also take oral re hydration solution.



For anaemia, eat beans, dark leafy vegetables, and fruits. Also eat meat and fish.



Basic pain relief and care

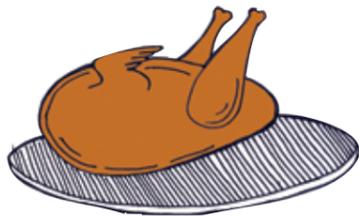
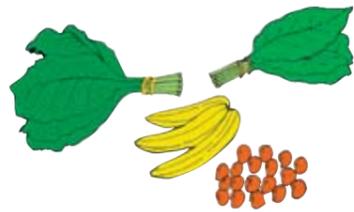
Diarrhoea - what to do:

- Drink lots of cooled, clean boiled water. Take oral re hydration solution (ORS).
- Eat small meals more times a day, rather than fewer large meals.
- Eat foods that are easy to swallow e.g. bananas and rice.
- Avoid peppery or fried foods.
- She should go to the clinic if:
 - There is blood in her stool
 - She has loose watery stools, more than 4 times a day
 - She is thirsty but cannot eat or drink properly

Explain that Anaemia is when the blood is weak from not enough iron. When one has anaemia, she may feel very weak and dizzy and get tired easily. A health care provider will inform the client if her weakness or fatigue is caused by anaemia.

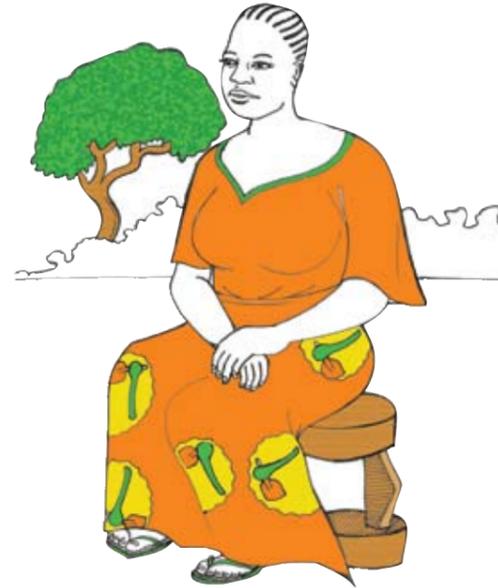
Anaemia - what to do:

- Eat iron rich foods like fish, meat and chicken.
- Eat beans, dark leafy greens and fruits.
- She can get iron tablets from the hospital/clinic.
- She should go to the clinic if:
 - She has been tired for one week, and she is feeling more and more tired.



Basic pain relief and care

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



If you have nausea and vomiting, drink small sips of clean, cooled boiled water. Also check with your provider to see if you should be taking your ARVs with your meals.



Basic pain relief and care

Feeling dizzy - what to do:

- Sit down until the dizzy feeling goes away.
- Try not to lift anything heavy or move quickly.
- She should go to the clinic if:
 - The dizziness does not go away.
 - She has trouble walking.

Nausea and vomiting - what to do:

- Check with the health care provider whether she should take her tablets with food.
- Eat lots of small meals rather than big meals.
- Take sips of clean, boiled water, weak tea, or Oral Rehydration Solution (ORS) until the vomiting stops.
- Avoid peppery or fried foods.
- She should go to the clinic if:
 - She has sharp pains in her stomach
 - She also has fever
 - There is blood when she vomits.
 - Vomiting and nausea last more than a day or get worse
 - She is very thirsty but cannot eat or drink properly.

Remember



Communication skills

Provider

Basic pain relief and care

To prevent bad or unusual dreams, avoid alcohol and fatty foods. Also, try to do something calming before you go to bed.



To prevent feeling tired, keep your body active and try to get enough rest when you need to.



Basic pain relief and care

Unusual or bad dreams - what to do:

- She can try to do something that makes her feel good and calm just before she goes to sleep.
- Avoid alcohol as drinking will make things worse.
- Avoid food with a lot of fat - this includes things like chips and fried foods.
- She should go to the clinic if:
 - She cannot sleep for several nights.

Feeling tired - what to do:

- She should get enough rest.
- She should keep her body active so that she feels alive.
- Always make sure she has food prepared for times when she is too tired to cook.
- She should go to the clinic if:
 - She feels too tired to eat or move.
 - She cannot swallow or eat enough to keep strong.

Remember



Communication skills

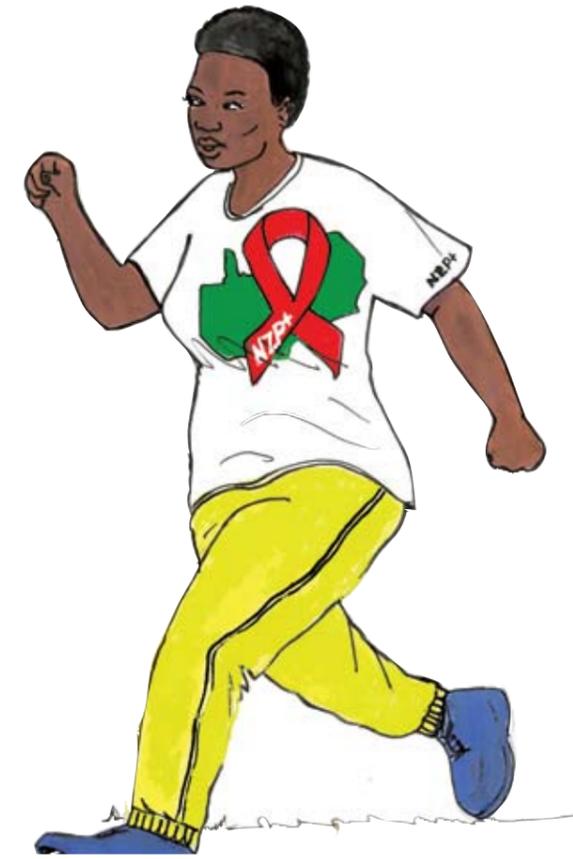
Provider

Basic pain relief and care

If you are feeling sad or worrying, these things may help:



Talk to others.



Get exercise.



Basic pain relief and care

Feeling sad or worrying - what to do:

- She should talk about her feelings with others, join a support group or talk to a counselor
- She needs to keep her body active
- She should go to the clinic if:
 - She feels very sad or very worried (depressed)
 - She is very aggressive or very scared

Remember



Communication skills

Provider

What to do if you are referred to the hospital



Should I go right away to the referral? My wife is not around; can I wait for her to return?



What to do if you are referred to the hospital

Explain that the client should always ASK the health care worker who is making the referral:

- Why he is being referred
- How quickly he will need to go to the hospital, and what will happen if he does not go. If he can't go, he needs to understand what is happening with his body. Knowing how quickly he needs to go will allow him to plan ahead, so he can tell his wife, friends, or his caregiver.
- If he will have to pay for treatment at the hospital, and how much it will cost him
- If there are any services to help pay for his treatment if he is not able to pay all or part of the bill

Remember



Communication skills

Provider

Know your treatment plan *before* you leave the hospital

I'd like to write here that I took a chest x-ray test and that I'm on TB medicines.



Provider



Know your treatment plan *before* you leave the hospital

Explaining the Treatment

- Advise the client that, before he leaves the hospital, he should ask the health care provider to explain what treatment he had and the new medicines he needs to take, if any. The client should make sure the health care provider knows what medicine he is already taking.
- Explain that it is especially important to understand his follow-up care plan, and what medicines he must continue to take at home until he visits the health care provider at the clinic.

Remember



Communication skills

Provider



World Health Organisation



MINISTRY OF HEALTH

