Pehchan Consortium Partners

India HIV/AIDS Alliance (www.allianceindia.org)

Pehchan Focus: National coordination and grant oversight

Based in New Delhi, India HIV/AIDS Alliance (Alliance India) was founded in 1999 as a non-governmental organisation working in partnership with civil society and communities to support sustained responses to HIV in India. Complementing the Indian national program, Alliance India works through capacity building, technical support and advocacy to strengthen the delivery of effective, innovative, community-based interventions to key populations most vulnerable to HIV, including men who have sex with men (MSM), transgenders, hijras, people who use drugs (PWUD), sex workers, youth, and people living with HIV (PLHIV).

Alliance India Andhra Pradesh

Pehchan Focus: Andhra Pradesh

Alliance India supports a regional office in Hyderabad that leads implementation of Pehchan in Andhra Pradesh and serves as a State Lead Partner of the Bill & Melinda Gates Foundation.

The Humsafar Trust (www.humsafar.org)

Pehchan Focus: Maharashtra, Madhya Pradesh, Goa, Gujarat and Rajasthan

For nearly two decades, Humsafar Trust has worked with MSM and transgender communities in Mumbai, Maharashtra. It has successfully linked community advocacy and support activities to the development of effective HIV prevention and health services. It is one of the pioneers among MSM and transgender organisations in India and serves as the national secretariat of the Indian Network for Sexual Minorities (INFOSEM).

Pehchan North Region Office

Pehchan Focus: Punjab, Delhi, Uttar Pradesh and Bihar

Alliance India supports a regional implementing office based in Delhi that leads implementation of Pehchan in four states of North India.

Solidarity and Action Against The HIV Infection in India (SAATHII) (www.saathii.org)

Pehchan Focus: West Bengal, Manipur, Orissa and Jharkhand

With offices in five states and over 10 years of experience, SAATHII works with sexual minorities for HIV prevention. SAATHII works closely with the West Bengal’s State AIDS Control Society (SACS) and the State Technical Support Unit and is the SACS-designated State Training and Resource Centre for MSM, transgender and hijra.

South India AIDS Action Programme (SIAAP) (www.siaapindia.org)

Pehchan Focus: Tamil Nadu

SIAAP brings more than 22 years of experience with community-driven and community development focussed programmes, counselling, advocacy for progressive policies, and training to address HIV and wider vulnerability issues for MSM, transgender and hijra community.

Sangama (www.sangama.org)

Pehchan Focus: Karnataka and Kerala

For more than 20 years, Sangama has been assisting MSM, transgender and hijra communities to live their lives with self-acceptance, self-respect and dignity. Sangama lobbies for changes in existing laws that discriminate against sexual minorities and for changing public opinion in their favour.
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About this Module

This module is designed to help training participants: 1) understand clinical basics of HIV and AIDS, with special reference to people living with HIV (PLHIV); 2) become familiar with antiretroviral treatment (ART) and treatment adherence; 3) identify specific needs of PLHIV; and 4) learn principles of care giving for PLHIV. In the Pehchan programme, this module is used to introduce basic principles of positive living to CBO Programme Managers, Counsellors, and Outreach Workers.

About Pehchan

With financial support from the Global Fund, Pehchan is building the capacity of 200 community-based organisations (CBOs) for men who have sex with men (MSM), transgenders and hijras in 17 states in India to be more effective partners in the government’s HIV prevention programme. By supporting the development of strong CBOs, Pehchan addresses some of the capacity gaps that have often prevented CBOs from receiving government funding for much-needed HIV programming. Named Pehchan, which in Hindi means ‘identity’, ‘recognition’ or ‘acknowledgement,’ this programme will reach 453,750 MSM, transgenders and hijras by 2015. It is the Global Fund’s largest single-country grant to date, focused on the HIV response for vulnerable sexual minorities.

Training Curriculum Overview

In order to stimulate the development of strong and effective CBOs for MSM, transgender and hijra communities and to increase their impact in HIV prevention efforts, responsive and comprehensive capacity building is required. To build CBO capacity, Pehchan developed a robust training programme through a process of engagement with community leaders, trainers, technical experts, and academicians in a series of consultations that identified training priorities. Based on these priorities, smaller subgroups then developed specific thematic components for each curricular module. Inputs from community consultations helped increase relevance and value of training modules. By engaging MSM, transgender and hijra (MTH) communities in the development process, there has been greater ownership of training and of the overall programme among supported CBOs. Technical experts worked on the development of thematic components for priority areas identified by community representatives. The process also helped fine-tune the overall training model and scale-up strategy. Thus, through a consultative, community-based process, Pehchan developed a training model responsive to the specific needs of the programme and reflecting key priorities and capacity gaps of MSM, transgender and hijra CBOs in India.
Preface

As I put pen to paper, a shiver goes down my spine. It is hard to believe that this day has come after almost five long years! For many of us, Pehchan is not merely a programme; it is a way of life. Facing a growing HIV epidemic among men who have sex with men (MSM), transgender, and hijra communities in India, a group of development and health activists began to push for a large-scale project for these populations that would be responsive to their specific needs and would show this country and the world that these interventions are not only urgently needed but feasible.

Pehchan was finally launched in 2010 after more than two years of planning and negotiation. As the programme has evolved, it has never stepped back from its core principle: Pehchan is by, for and of India’s MSM, transgender and hijra communities. Leveraging rich community expertise, the Global Fund’s generous support and our government’s unwavering collaboration, Pehchan has been meticulously planned and passionately executed. More than just the sum of good intentions, it has thrived due to hard work, excellent stakeholder support, and creative execution.

At the heart of Pehchan are community systems strengthening. Our approach to capacity building has been engineered to maximise community leadership and expertise. The community drives and energises Pehchan. Our task was to develop 200 strong community-based organisations (CBOs) in a vast and complex country to partner with state governments and provide services to MSM, transgender and hijra communities to increase the effectiveness of the HIV response for these populations and improve their health and wellbeing. To achieve necessary scale and sustain social change, strong CBOs would require responsive development of human capital.

Over and above consistent services throughout Pehchan, we wanted to ensure quality. To achieve this, we proposed a standard training package for all CBO staff. When we looked around, we found there really wasn’t an existing curriculum that we could use. Consequently, we decided to develop one not only for Pehchan but also for future efforts to build the capacity of community systems for sexual minorities. So began our journey to create this curriculum.

Building on the experience of Sashakt, a pilot programme supported by UNDP that tested the model that we’re scaling up in Pehchan, an involved process of consultations and workshops was undertaken. Ideas for each module came from discussions with a range of stakeholders from across India, including community leaders, activists, academics and institutional representatives from government and donors. The list of modules grew with each consultation. For example in Sashakt, we had a single training module on family support and mental health; in Pehchan, we decided that it would be valuable to split these and have one on each.

Eventually, we agreed on the framework for the modules and the thematic components, finding a balance between individual and organisational capacity. Overall, there are two main areas of capacity building: one that is directly related to the services and the other that is focused on building capable service providers. Then we began the actual writing of the curriculum, a process of drafting, commenting, correcting, tweaking and finalising that took over eight months.
Once the curriculum was ready to use, trainings-of-trainers were organised to develop a cadre of master trainers who would work directly with CBO staff. Working through Pehchan’s four Regional Training Centers, these trainers, mostly members of MSM, transgender and hijra communities, provided further in-service revisions and suggestions to the modules to make them succinct, clear and user-friendly. Our consortium partner SAATHII contributed particularly to these efforts, and the current training curriculum reflects their hard work.

In fact, the contributors to this work are many, and in the Acknowledgements section following this Preface, we have done our best to name them. They include staff from all our consortium partners, technical experts, advocates, donor representatives and government colleagues. The staff at India HIV/AIDS Alliance, notably the Pehchan team, worked beautifully to develop both process and content. That we have come so far is also a tribute to vision and support of our leaders, at Alliance India and in our consortium partners, Humsafar Trust, SAATHII, Sangama, and SIAAP, as well as in India’s National AIDS Control Organisation and at the Global Fund to Fight AIDS, Tuberculosis and Malaria in Geneva.

We would like to think of the Pehchan Training Curriculum as a game changer. While the modules reflect the specific context of India, we are confident that they will be useful to governments, civil society organisations and individuals around the world interested in developing community systems to support improved HIV and other health programming for sexual minorities and other vulnerable communities as well.

After two years of trial and testing, we now share this curriculum with the world. Our team members and master trainers have helped us refine them, and seeing the growth of the staff in the CBOs we have trained has increased our confidence in the value of this curriculum. The impact of these efforts is becoming apparent. As CBOs have been strengthened through Pehchan, we are already seeing MSM, transgender and hijra communities more empowered to take charge, not only to improve HIV prevention but also to lead more productive and healthy lives.

**Sonal Mehta**  
Director: Policy & Programmes  
India HIV/AIDS Alliance  
New Delhi  
March 2013
General Acknowledgements

The Pehchan Training Curriculum is the work of many people, including community members, technical experts and programme implementers. When we were not able to find training materials necessary to establish, support and monitor strong community-based organisations for MSM, transgenders and hijras in India, the Pehchan consortium collectively developed a curriculum designed to address these challenges through a series of community consultations and development workshops. This process drew on the best ideas of the communities and helped develop a responsive curriculum that will help sustain strong CBOs as key element of Pehchan.

We would like to take this opportunity to acknowledge the contributions of those who helped in taking this process forward, including (in alphabetical order): Ajai, Praxis; Usha Andewar, The Humsafar Trust; Sarita Barapanda, IWW-UK; Jhuma Basak, Consultant; Dr. V. Chakrapani, C-Sharp; Umesh Chawla, UNDP; Alpana Dange, Consultant; Brinelle D’Sourza, TISS; Firoz, Love Life Society; Prashanth G, Maan AIDS Foundation; Urmia Jadav, The Humsafar Trust; Jeeva, TRA; Harleen Kaur, Manas Foundation; Krishna, Suraksha; Monica Kumar, Manas Foundation; Muthu Kumar, Lotus Sangama; Sameer Kunta, Avahan; Agniva Lahiri, PLUS; Meera Limaya, Consultant; Veronica Magar, REACH; Magdalene, Center for Counselling; Sylvester Merchant, Lakshya; Amrita Nanda, Lawyers’ Collective; Nilanjana, SAFRG; Prabhakar, SIAAP; Priti Prabhughate, ICRW; Nagendra Prasad, Ashodaya Samithi; Revathi, Consultant; Rex, KHPT; Amitava Sarkar, SAATHII; Dr. Maninder Setia, Consultant; Chetan Sharma, SAFRG; Suneeta Singh, Amaltas; Prabhakar Sinha, Heroes Project; Sreeram, Ashodaya Samithi; Suresh, KHPT; Sanjantii Veul, JHU; and Roy Wadia, Heroes Project.

Once curricular framework was finalised, a group of technical and community experts was formed to develop manuscripts and solicit additional inputs from community leaders. The curriculum was then standardised with support from Dr. E.M. Sreejit and streamlined with support from a team at SAATHI, led by Pawan Dhall. This process included inputs from Sudha Jha, Anupam Hazra, Somen Acharya, Shantanu Pyne, Moyazzam Hossain, Amitava Sarkar, and Debjyoti Ghosh Dhall from SAATHII; Cairo Araijo, Vaibhav Saria, Dr. E.M. Sreejit, Jhuma Basak, and Vahista Dastoor, Consultants; Olga Aaron from SIAAP; and Harjyot Khosa and Chaitanya Bhatt from India HIV/AIDS Alliance.

From the start, the Government of India’s National AIDS Control Organisation has been a key partner of Pehchan. In particular, Madam Aradhana Johri, Additional Secretary, NACO, has provided strong leadership and steady guidance to our work. The team from NACO’s Targeted Intervention (TI) Division has been a constant friend and resource to Pehchan, notably Dr. Neeraj Dhingra, Deputy Director General (TI); Manilal N. Raghvan, Programme Officer (TI); and Mridu, Technical Officer (TI). As the programme has moved from concept to scale-up, Pehchan has repeatedly benefitted from the encouragement and wisdom of NACO Directors General, past and present, including Madam Sujata Rao, Shri K. Chandramouli, Shri Sayan Chatterjee, and Shri Lov Verma.

Pehchan is implemented by a consortium of committed organisations that bring passion, experience, and vision to this work. The programme’s partners have been actively engaged in developing the training curriculum. We are grateful for the many contributions of Anupam Hazra and Pawan Dhall from SAATHII; Hemangi, Pallav Patnaik, Vivek Anand and Ashok Row Kavi from the Humsafar Trust; Olga Aaron and Indumati from SIAAP; Vijay Nair from Alliance India Andhra Pradesh; and Manohar from Sangama. Each contributed above and beyond the call of duty, helping to create a vibrant training programme while scaling up the programme across 17 states.
India HIV/AIDS Alliance’s Pehchan team has been untiring in its contributions to this curriculum, including Abhina Aher, Jonathan Ripley, Yadvendra (Rahul) Singh, Simran Shaikh, Yashwinder Singh, Rohit Sarkar, Chaitanya Bhatt, Nunthuk Vunghoihkim, Ramesh Tiwari, Sarbeshwar Patnaik, Ankita Bhatta, Dr. Ravi Kanth, Sophia Lonappan, Rajan Mani, Shaleen Rakesh, and James Robertson. A special thank-you to Sonal Mehta and Harjyot Khosa for their hard work, patience and persistence in bringing this curriculum to life.

Through it all, the Global Fund to Fight AIDS, Tuberculosis and Malaria has provided us both funding and guidance, setting clear standards and giving us enough flexibility to ensure the programme’s successful evolution and growth. We are deeply grateful for this support.

Pehchan’s Training Curriculum is the result of more than two years of work by many stakeholders. If any names have been omitted, please accept our apologies. We are grateful to all who have helped us reach this milestone.

The Pehchan Training Curriculum is dedicated to MSM, transgender and hijra communities in India who for years, have been true examples of strength and leadership by affirming their pehchān.
Module Acknowledgments: Positive Living

Each component of the Pehchan Training Curriculum has a number of contributors who have provided specific inputs. For this component, the following are acknowledged:

Primary Authors
Dr. Vijay Prabhu, Consultant; Dr. Venkatesh Chakrapani, C-SHaRP; Dr. E. M. Sreejit, Consultant

Compilation
Dr. E. M. Sreejit, Consultant

Technical Input
J. Robin, Olga Aaron, SIAAP; Bharat Patil, Lakshya Trust; Vijay Francis, Humsafar Trust; Krishna Kumar, Nokhu Ayakhu; Ashish Agarwal, Samman Foundation; Moyazam Hossain, Sudha Jha, SAATHII; Yadvendra Singh, Simran Sheikh and Vijay Nair, India HIV/AIDS Alliance

Coordination and Development
Vahista Dastoor, C4D Consultant
Pawan Dhall, SAATHII

References
- **Antiretroviral therapy for HIV infection in adults and adolescents: Recommendations for a public health approach.** (2010 revision). Department of HIV/AIDS. World Health Organization. Geneva
About the Positive Living Module

<table>
<thead>
<tr>
<th>No.</th>
<th>D3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Positive Living</td>
</tr>
</tbody>
</table>
| Pehchan Trainees | • Project Managers  
• Counsellors  
• Outreach Workers (ORW) |
| Pehchan CBO Type | TI Plus |
| Training Objectives | By the end of this module, the participants will:  
• Gain understanding of medical information on HIV and AIDS, with special reference to people living with HIV (PLHIV);  
• Gain understanding of antiretroviral treatment (ART) and ART adherence;  
• Be able to identify the needs of PLHIV; and  
• Gain information on caregiving and its importance. |
| Total Duration | One and a half days. A day’s training typically covers 8 hours. |

Module Reference Materials

All the reference material required to facilitate this module has been provided in this document and in relevant digital files provided with the Pehchan Training Curriculum. Please familiarise yourself with the content before the training session.

**Attention:** Please do not change the names of file or folders, or move files from one folder to another, as some of the files are linked to each other. If you rename files or change their location on your computer, the hyperlinks to these documents in the Facilitator Guide will not work correctly.

If you are reading this module on a computer screen, you can click the hyperlinks to open files. If you are reading a printed copy of this module, the following list will help you locate the files you need.

**Audio-visual Support**
1. PowerPoint presentation ‘Positive Living’
2. Short film titled ‘Targeting HIV Replication’

**Annexures**
1. Annexure 1 on ‘Basics of HIV/AIDS’
2. Annexure 2 on ‘Positive Living and HIV’
3. Annexure 3 on ‘Positive Prevention Needs’
4. Annexure 4 on ‘Sexual Practices and Risks’
5. Annexure 5 on ‘Psycho-Social Care’
6. Annexure 6 on ‘Nutrition, Exercise and HIV’
7. Annexure 7 on ‘Palliative Care’
8. Annexure 8 on ‘Living Well with HIV’ available on digital file
## Activity Index

<table>
<thead>
<tr>
<th>No.</th>
<th>Activity Name</th>
<th>Time</th>
<th>Material¹</th>
<th>Audio-visual Resources</th>
<th>Take-home material</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Overview of HIV/AIDS</td>
<td>30 minutes</td>
<td>N/A</td>
<td>Refer to the slides titled ‘Basics of HIV/AIDS’ from the PowerPoint presentation ‘Positive Living’</td>
<td>Annexure 1 on ‘Basics of HIV/AIDS’</td>
</tr>
<tr>
<td>2</td>
<td>HIV and Immunity</td>
<td>20 minutes</td>
<td>N/A</td>
<td>Short film titled ‘Targeting HIV Replication’</td>
<td>N/A</td>
</tr>
<tr>
<td>3</td>
<td>Positive Living</td>
<td>20 minutes</td>
<td>N/A</td>
<td>N/A</td>
<td>Annexure 2 on ‘Positive Living and HIV’</td>
</tr>
<tr>
<td>4</td>
<td>Opportunistic Infections</td>
<td>40 minutes</td>
<td>N/A</td>
<td>Refer to the slides titled ‘Opportunistic Infections’ from the PowerPoint presentation ‘Positive Living’</td>
<td>N/A</td>
</tr>
<tr>
<td>5</td>
<td>ART and Treatment Adherence</td>
<td>45 minutes</td>
<td>N/A</td>
<td>Refer to the slides titled ‘Anti-retroviral treatment’ from the PowerPoint presentation ‘Positive Living’</td>
<td>N/A</td>
</tr>
<tr>
<td>6</td>
<td>Positive Prevention</td>
<td>45 minutes</td>
<td>N/A</td>
<td>N/A</td>
<td>Annexure 3 on ‘Positive Prevention Needs’ Annexure 4 on ‘Sexual Practices and Risks’</td>
</tr>
<tr>
<td>7</td>
<td>Special Needs of PLHIV</td>
<td>45 minutes</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>8</td>
<td>Psycho-social Care</td>
<td>45 minutes</td>
<td>N/A</td>
<td>N/A</td>
<td>Annexure 5 on ‘Psycho-Social Care’</td>
</tr>
<tr>
<td>9</td>
<td>Stigma and Discrimination</td>
<td>45 minutes</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>10</td>
<td>Nutrition, Exercise and HIV</td>
<td>45 minutes</td>
<td>N/A</td>
<td>N/A</td>
<td>Annexure 6 on ‘Nutrition, Exercise and HIV’ Annexure 8 on ‘Living Well with HIV’</td>
</tr>
<tr>
<td>11</td>
<td>Palliative Care</td>
<td>45 minutes</td>
<td>N/A</td>
<td>N/A</td>
<td>Annexure 7 on ‘Palliative Care’</td>
</tr>
<tr>
<td>12</td>
<td>Caregiving</td>
<td>45 minutes</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>13</td>
<td>Positive Speaking</td>
<td>30 minutes</td>
<td>Chart papers, markers</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

¹ Overhead projector, laptop, sound system and whiteboard should be provided at every training.
Activity 1: Overview of HIV/AIDS

<table>
<thead>
<tr>
<th>Time</th>
<th>30 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Learning Outcomes</strong></td>
<td>By the end of this activity, the participants will understand:</td>
</tr>
<tr>
<td></td>
<td>• The definition of HIV and AIDS;</td>
</tr>
<tr>
<td></td>
<td>• Modes of transmission of HIV;</td>
</tr>
<tr>
<td></td>
<td>• Methods of prevention of HIV;</td>
</tr>
<tr>
<td></td>
<td>• Ways in which HIV is not transmitted; and</td>
</tr>
<tr>
<td></td>
<td>• How the HIV infection progresses.</td>
</tr>
<tr>
<td><strong>Materials</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Audio-visual Support</strong></td>
<td>Refer to the slides titled ‘Basics of HIV/AIDS’ from the PowerPoint presentation ‘Positive Living’.</td>
</tr>
<tr>
<td><strong>Take-home Material</strong></td>
<td>Annexure 1 on ‘Basics of HIV/AIDS’.</td>
</tr>
</tbody>
</table>

**Methodology**

Conduct a small quiz to gauge the existing knowledge of the participants prior to the start of training. Some sample questions could be:

- What is the most common route of HIV transmission?
- Is HIV curable? (Yes/No)
- There is a higher risk of transmission of HIV through oral sex than anal sex. (True/False)
- India has the highest number of the PLHIV in the world. (True/False)
- What are symptoms of Sexually Transmitted Infections (STIs)?
- How do you know if someone is infected with HIV?

Using the slides titled ‘Basics of HIV/AIDS’ from the PowerPoint presentation ‘Positive Living’, cover the gaps in the participants’ knowledge to ensure that they can answer the following:

- What is HIV? What is AIDS?
- Can HIV/AIDS be cured?
- How is HIV spread?
- How HIV is NOT spread?
- How to prevent HIV transmission?
- How to diagnose HIV infection?
- How the HIV infection progresses?
- How to monitor HIV progression?
- What are CD4 cells and what is their importance in monitoring HIV progression?
- How to treat an HIV infection?

Divide the participants into small groups, preferably region-wise, and ask them to discuss the prevalent myths and misconceptions regarding HIV in the geographical areas where they work. Ask each group to share their findings in the larger group.

Clarify their misconceptions, if any. Distribute copies of Annexure 1 on ‘Basics of HIV/AIDS’ to all participants.
Activity 2: HIV and Immunity

<table>
<thead>
<tr>
<th>Time</th>
<th>20 minutes</th>
</tr>
</thead>
</table>

**Learning Outcomes**

By the end of this activity, the participants will be able to:

- Understand the effect of HIV infection on body's immunity; and
- Understand what CD4 cells are and their importance for treating HIV infection.

**Materials**

N/A

**Audio-visual Support**

Short film titled ‘Targeting HIV Replication’.

**Take-home Material**

N/A

**Methodology**

Screen the audio-video clip from the movie ‘Targeting HIV Replication’. The film demonstrates the spread of HIV infection, including the entry of the virus into the human body, its replication inside human cells, and how it weakens immunity. Also use the opportunity to show how ART works at different stages of the infection.

After the participants have viewed the video, ask them the following questions to ensure that they have learnt how HIV affects the immune system:

- What does the immune system do for a healthy person?
- What happens to the immune system when a person is infected with HIV?
- Does a person with HIV know what is happening to his/her body?
- Why a person with HIV is more vulnerable to TB than a person who is not infected with HIV?

Encourage the participants to share what they already know about HIV/AIDS (for example, ask them to expand on the acronym AIDS, or ask them to describe the effects of the virus on immunity).
Activity 3: Positive Living

<table>
<thead>
<tr>
<th>Time</th>
<th>20 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Outcomes</td>
<td>By the end of this activity, the participants will be able to:</td>
</tr>
<tr>
<td></td>
<td>• Understand Positive Living.</td>
</tr>
<tr>
<td>Materials</td>
<td>N/A</td>
</tr>
<tr>
<td>Audio-visual Support</td>
<td>N/A</td>
</tr>
<tr>
<td>Take-home Material</td>
<td>Annexure 2 on ‘Positive Living and HIV’.</td>
</tr>
</tbody>
</table>

Methodology

Define Positive Living by describing it as ‘a way of life for people who are living with HIV’. Emphasise why it is important that people living with HIV come to terms with their medical condition, gather the strength to disclose their status to friends and families, look after their jobs, comply with the treatment regime, and at the same time stay upbeat about life in general.

Explain how this session can:

• Improve the knowledge and skills of outreach workers (ORWs) and counselors on positive living so that they are equipped to provide appropriate education and counselling on positive living to MSM, transgenders, and hijras (MTH) living with HIV; and
• Help overcome fear and barriers to positive living.

Emphasise to the participants how they can play an important part in the lives of people living with HIV (PLHIV) by being sensitive to their needs.

Ask the participants to identify the various challenges that PLHIV face in their day to day lives, such as stigma and discrimination, and remind them how PLHIV can lead productive and healthy lives if they are aware and have access to correct information, treatment, care, and support. Tell them ORWs and PEs play a major role in providing them this information.

Give each participant a printout of Annexure 2 titled ‘Positive Living and HIV’ and tell them the importance of the following:

• Being aware: MTH people knowing what their rights are in terms of employment, welfare, access to health services, education, and family life.
• Treatment: access to right treatment, including drugs against opportunistic infections, and anti-HIV medicines.
• Support: acceptance, affection, respect, and love from friends and family and from fellow members of the MTH community, including hijra gurus/nayaks. It also means supportive laws and an enabling environment to protect people against stigma and discrimination.
• Care: psycho-social support and access to necessary medical treatment, a healthy diet, clean water, and accommodation.

Note to Facilitator

Identify a member from the MTH community living with HIV who is willing to narrate experiences of living with the infection. If such an individual can be identified, even from among the participants or resource persons then tell the participants that at the end of the day’s activities, they will have the opportunity to interact with a member from the MTH community living with HIV.
Activity 4: Opportunistic Infections

Time 40 minutes

Learning Outcomes
By the end of this activity, the participants will be able to:
- Articulate what is meant by the term Opportunistic Infections (OIs) and how they are transmitted;
- Recognise signs and symptoms of common OIs;
- Articulate the importance of early diagnosis, referral, and treatment of OIs;
- Articulate how OIs can affect PLHIV; and
- Articulate how to manage OIs.

Materials N/A

Audio-visual Support
Refer to the slides on ‘Opportunistic Infections’ from the PowerPoint presentation ‘Positive Living’.

Take-home Material N/A

Methodology
Using the slides titled ‘Opportunistic Infections’ from the PowerPoint presentation ‘Positive Living’, explain:
- The concept and examples of Opportunistic Infections (OIs), their diagnosis, and relation to CD4 cells;
- Treatment of OIs and effect of ART on them;
- Link between immunity levels and risk of OIs;
- Drug prophylaxis for OIs; and
- How to identify symptoms of OIs.
Activity 5: ART and Treatment Adherence

<table>
<thead>
<tr>
<th>Time</th>
<th>45 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Learning Outcomes</strong></td>
<td>By the end of this activity, the participants will be able to articulate:</td>
</tr>
<tr>
<td>• What is ‘anti-retroviral treatment’ (ART) and its importance in the management of HIV infection;</td>
<td></td>
</tr>
<tr>
<td>• The criteria and appropriate time to start ART; and</td>
<td></td>
</tr>
<tr>
<td>• Importance of ART adherence and its importance in the management of HIV infection.</td>
<td></td>
</tr>
<tr>
<td><strong>Materials</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Audio-visual Support</strong></td>
<td>Refer to the slides on ‘Anti-retroviral treatment’ from the PowerPoint presentation ‘Positive Living’</td>
</tr>
<tr>
<td><strong>Take-home Material</strong></td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Methodology**

Using the slides titled ‘Anti-retroviral treatment’ from PowerPoint presentation ‘Positive Living’, introduce participants to:

• Definition of anti-retroviral treatment (ART);
• When to start ART;
• Things to know before starting treatment;
• Side-effects of ART;
• Importance of ART adherence;
• Importance of monitoring ART; and
• Drug interactions.

**Note to Facilitator**

Participants of this training present the information using simple words and avoid using scientific jargon.
Activity 6: Positive Prevention

Time | 45 minutes
---|---
**Learning Outcomes** | By the end of this activity, the participants will be able to:  
• Articulate why it is important for PLHIV to protect themselves from other strains of HIV as well STIs;  
• Identify and address the prevention needs of PLHIV; and  
• Recognise that Positive Prevention involves counselling and discussing risk reduction strategies (options/choices).

**Materials** | N/A
**Audio-visual Support** | N/A
**Take-home Material** | Annexure 3 on ‘Positive Prevention Needs’.  
Annexure 4 on ‘Sexual Practices and Risks’.

Methodology

**Part I**

Discuss the following components of positive prevention:  
• Prevention of HIV transmission from PLHIV to others;  
• Prevention of new strains of HIV from infecting PLHIV;  
• Prevent emergence and transmission of drug-resistant strains of HIV; and  
• Prevention of other STIs.

Use the context of positive prevention to reinforce the messages on STIs and their links with HIV transmission.

Introduce the participants to a lesser discussed topic: ‘Sexual needs of PLHIV’. You can start by reminding the participants about the routes of transmission of HIV, including the most common route identified in India, sexual transmission.

Divide the participants into smaller groups and ask them to list reasons why, in their opinion, there is a higher incidence of HIV in the MTH community compared to other groups. Ask them to elaborate on the subject of sexual transmission of HIV and other STIs amongst the MTH community.

During the debriefing of the group work, list each group’s responses on flip-charts, and ensure that the following points have been covered:  
• Knowledge;  
• Beliefs about personal risk;  
• Means to protect themselves and others;  
• Skills to practice safe sex; and  
• Support.

**Note:** Distribute Annexure 3 on ‘Positive Prevention Needs’.

**Note to Facilitator**

Do not forget to remind the participants that the viral load (amount of HIV in blood) may not relate to the level of the virus in semen or vaginal or anal fluids. Therefore, while HIV levels in blood may be undetectable by a lab test, they may still be present in high levels elsewhere (like semen).

Remind the participants that even when taking ARV drugs, PLHIV can transmit HIV during unprotected sex, so they should always use condoms. ARV drugs are meant to treat HIV and AIDS, and they can only reduce the levels of HIV in body fluids, not eliminate it.
Part II
List the various types of sexual practices (penetrative and non-penetrative) and discuss them with the group. Divide the participants into smaller groups and give each group two or three sexual practices (terms) and ask them to answer the following for each practice:

- What is the relative risk of HIV through this unprotected sexual practice? (Give 3 stars for highest risk, 2 stars for medium risk and 1 star for low risk)
- What types of STIs can be transmitted or acquired through this unprotected sexual practice?
- How to reduce the risk of acquiring or transmitting HIV or STIs through this sexual practice?

Give the participants 15 minutes to discuss these questions. Meanwhile, prepare a table similar to the one below on the whiteboard or flip-chart, where you can later fill in their responses.

<table>
<thead>
<tr>
<th>Sexual practices</th>
<th>HIV risk</th>
<th>STI risk</th>
<th>Harm reduction options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peno-anal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peno-vaginal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peno-oral</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cunnilingus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fingering</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rimming</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Masturbation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>French kissing</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Conclude the group exercise by discussing the risks associated with various unprotected sexual acts and by providing facts about safer sex.

Part III
If time permits, discuss the following questions with participants:

- What are the possible reasons for disclosure or non-disclosure of HIV status to the following sexual partners?
  - Male regular or steady partner (panthi or others)
  - Wife
  - Casual partners
  - Clients of sex work
- What are the ways in which MTH living with HIV disclose their HIV status to their regular male partners or wives?
- Is it important to disclose HIV-positive status if condoms are going to be used in all sexual acts with the sexual partners? If yes, why? If no, then why not?
- What can be the possible strategies that could be adopted by MTH living with HIV if the following types of sexual partners do not want to use condoms?
  - Clients of sex work
  - Regular or steady male partner
Sero-sorting refers to the practice of choosing sexual partners based on their HIV status. In other words, people ‘sort’ their potential partners according to whether they are HIV-positive or HIV-negative.

- Do you think ‘sero-sorting’ is a useful strategy for MTH living with HIV, i.e., to choose only PLHIV to have sex with? Why or why not?
- What could be the various reasons why MTH living with HIV may not want to use, or be able to use, condoms with their male sexual partners?

Distribute Annexure 4 on ‘Sexual Practices and Risks’.
Activity 7: Special Needs of PLHIV

<table>
<thead>
<tr>
<th>Time</th>
<th>45 minutes</th>
</tr>
</thead>
</table>
| Learning Outcomes | By the end of this activity, the participants will be able to:  
  • Identify the special needs of a person living with HIV; and  
  • Respond more effectively to some of the special needs of PLHIV. |
| Materials    | N/A        |
| Audio-visual Support | N/A        |
| Take-home Material | N/A        |

Methodology

Read out the following case study which is designed to encourage participants to think about the range of needs that PLHIV may have, especially PLHIV from the MTH communities:

*Reshma, a transgender (TG) person, lives in one of the suburbs of Mumbai (India). She recently started coughing and has lost weight. A local medical practitioner examined her and sent her to the nearby ICTC where she tested positive for HIV. The counsellor at the ICTC also referred her to the chest clinic of the local district hospital where the treating doctor diagnosed her with TB. Reshma was very depressed. She is scared thinking about her future.*

Ask the participants to work in small groups and discuss the following questions:

• What did you learn from this case study?
• Can you think of needs/requirements of Reshma?
• What do you think are the needs/requirements of MTH people living with HIV and how they may be different from others?
• Can you think of ways in which you can help people like Reshma?

Ask each group to share their answers, ensuring that the following special needs of MTH PLHIV are listed:

• Personal and family hygiene;
• Dealing with other medical conditions such as cough and pain;
• Spiritual support;
• Nutrition, diet, food;
• Income, employment;
• Effect on sex work;
• Disclosure;
• Dealing with immediate reaction of community members (both MTH and the larger community);
• Transport, lodging;
• Supportive and sensitive healthcare providers; and
• Nursing care.

Note to Facilitator

This session will help in setting the tone for further discussions on various ‘needs’ covered in later sessions.
Activity 8: Psycho-social Care

**Time** 45 minutes

**Learning Outcomes**
By the end of this activity, the participants will be able to:
- Understand the psycho-social impact of testing positive for HIV; and
- Articulate the ways in which psycho-social care services can be provided through a programme like Pehchan.

**Materials** N/A

**Audio-visual Support** N/A

**Take Home Material** Annexure 5 on ‘Psycho-Social Care’.

**Methodology**

Ask the participants to share what they think are the emotions and fears that MTH community persons who are newly diagnosed HIV-positive may experience and list them on a flip-chart. These should include:
- Guilt, anger or denial about infection;
- Depression;
- Fear of death;
- Conflicts with sexual or romantic partner/guru/nayak;
- Stigma and discrimination by other people and their consequences, for example, losing a job, loss of sex work; and
- Hopelessness.

Ask the participants to think about the kind of psycho-social support that could be provided, such as:
- How to accept life as a PLHIV;
- How to cope with emotions such as grief, anger, etc;
- To enable behaviour change and build self-esteem, assertiveness, and self-confidence;
- To identify social support groups and/or networks who can support PLHIV, especially PLHIV from MTH communities; and
- To explore beliefs, attitudes, and values related to sexual practices, gender, safer sex, and reducing or avoiding high-risk behaviours.

Conclude the session by briefly discussing the various modalities of delivering services that provide psycho-social support to PLHIV. Some of the activities in Pehchan could be:
- Providing psychological support and counseling to PLHIV, sexual partners, and family members;
- Starting support groups and self-help groups (SHGs) for PLHIV and promoting their activities;
- Facilitating groups that provide religious, spiritual, and emotional support;
- Establishing referral links with other agencies offering specialised psychological care.

Note to Facilitator
Remind participants that all models that aim to provide comprehensive care for PLHIV must include psycho-social care, and that Pehchan programme also attempts to address the psycho-social concerns of MTH community members.
• Raising awareness among hijra gharanas, families and other MTH communities to reduce stigma and discrimination; and
• Educating PLHIV and their families on the importance of understanding welfare schemes, inheritance issues, and financial planning for the future.

Distribute Annexure 5 on ‘Psycho-Social Care’ to each participant.
Activity 9: Stigma and Discrimination

**Time**  | **45 minutes**
---|---

**Learning Outcomes**  
By the end of this activity, the participants will be able to understand:
- Various kinds of stigma faced by PLHIV, especially those who are from MTH communities; and
- Ways in which discrimination manifests towards PLHIV.

**Materials**  
N/A

**Audio-visual Support**  
N/A

**Take-home Material**  
N/A

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**Methodology**

**Part I**

Start by defining the word ‘stigma’ in simple terms. Explain the factors that contribute to HIV/AIDS-related stigma such as:
- Morality attached to sex;
- Treating AIDS like an always fatal disease;
- Association of HIV infection to behaviours and practices that are considered socially unacceptable (such as homosexuality, drug use, sex work, etc.);
- Lack of understanding and misconceptions about how HIV is transmitted;
- Sensationalisation of HIV by media;
- Lack of access to treatment;
- Common perception about HIV infection as the result of personal irresponsibility; and
- Religious or moral beliefs that being infected with HIV is punishment for moral sins.

Describe what is meant by the term ‘Discrimination’. Describe what is meant by the terms self-stigma or ‘internalised stigma’.

---

**Part II**

Invite the participants to sit in a circle on the floor. Ask participants to explore their experiences of stigma and discrimination. If necessary, use the following questions to facilitate the discussion:
- Why are PLHIV discriminated against?
- Why are MTH community members discriminated against?
- What kind of discrimination do PLHIV from MTH communities face?
- Have you ever felt discriminated because of the identity or status? Would you like to share your experience?
- What would you do if you discovered that a person was infected with HIV?

---

2 The participants will have already been introduced to the terms ‘stigma’ and ‘discrimination’ in the training C1 module titled ‘Identity, Gender and Sexuality’.
After the discussion, ask the participants to list the number of ways (or levels) in which MTH people can be discriminated against. Describe how HIV/AIDS related stigma and discrimination can take different forms and are seen at societal, community and individual levels as well as in different contexts, such as:

- Family and community settings;
- Institutional settings, such as healthcare services, prisons, workplaces, educational institutions and social welfare settings; and
- At the national level, in the form of stigmatizing/discriminatory laws and policies (such as mandatory testing, limitations on travel, and access to health insurance).

Conduct an interactive discussion on how discrimination can be reduced or stopped, and how this is within the purview of the Pehchan programme.
Activity 10: Nutrition, Exercise, and HIV

<table>
<thead>
<tr>
<th>Time</th>
<th>45 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Outcomes</td>
<td>By the end of this activity, the participants will be able to:</td>
</tr>
<tr>
<td></td>
<td>• Understand the importance of nutrition and exercise for PLHIV.</td>
</tr>
<tr>
<td>Materials</td>
<td>N/A</td>
</tr>
<tr>
<td>Audio-visual Support</td>
<td>N/A</td>
</tr>
<tr>
<td>Take Home Material</td>
<td>Annexure 6 on ‘Nutrition, Exercise and HIV’. Annexeure 8 on ‘Living Well with HIV’.</td>
</tr>
</tbody>
</table>

Methodology

Start by stating how important it is for PLHIV to have access to adequate nutrition. Talk about the role of nutrition in HIV, and explain the relationship between malnutrition and HIV progression. You should emphasise how good nutritional care and support helps to break the vicious cycle of HIV and malnutrition by helping individuals maintain and improve nutritional status. Moreover, tell them how it will boost their immune response, manage the frequency and severity of symptoms, and improve the effectiveness of ART and other medical treatment.

Opportunistic infections (OIs) cause reduced nutritional intake (eg., a painful oral ulcer makes it difficult to eat and as a consequence, a person may eat a little but not as much as his body needs), or nutritional wastage (diarrhoea), thus contributing to nutritional deficiency. An HIV-weakened immune system can contribute to malnourishment, which in turn contributes to faster progression of HIV. Thus, improving nutritional status can help strengthen the immune system, thus reducing susceptibility to infections, preventing weight-loss and delaying the progression of HIV.

Initiate a discussion on the topic of balanced diet. Ask the participants what they understand by the term ‘balanced diet’. Ask them to list examples of food that constitutes balanced diet and to name some of the local food recipes or items that can be recommended to PLHIV.

Encourage the participants to consider the socio-economic status of the clients they would be serving and the seasonal availability of the food items when recommending a balanced diet. Guide the discussion to the conclusion that a diet containing all nutrients in appropriate amounts and proportion is called a balanced diet. Explore the food chart (Annexure 6) as a guideline to a balanced diet.

Another useful tool is the food triangle or pyramid, which is a nutrition guide which is divided into sections to show the recommended intake for each food group. It has basic foods at the base, including milk, rice, wheat, and potatoes; a large section of supplemental vegetables and fruits in the middle; and an apex of supplemental meat, fish and eggs. The quantity of food recommended differs according to the food group as mentioned in the table below. The different kinds of food should be consumed daily in the right quantity and proportion (balanced diet).
Discuss the purpose of good nutrition for PLHIV such as:

- To help transform the vicious cycle of HIV and malnutrition into a positive relation between improved nutritional status and stronger immune response;
- To maintain adequate intake of a balanced diet;
- To prevent weight loss and preserve muscle mass;
- To integrate nutritional interventions with HIV care;
- To improve/develop better eating habits;
- To manage symptoms that affect food intake, such as a sore mouth, diarrhea, etc.; and
- To improve overall quality of life.

Lead a discussion in which you list examples of food and ways of providing balanced nutrition, such as:

- Starting a community kitchen for members where all the nutritional requirements are prepared under supervision;
- Avoiding raw salads and vegetables because of the possibility of germs; and
- Eating freshly cooked vegetables.

Ask the participants to refer to the table in Annexure 6 on “Nutrition, Exercise and HIV” that shows the combination of foods which are healthy for the body as well as sufficient in terms of providing the daily energy requirements (SEMDA 1998).

<table>
<thead>
<tr>
<th>Food groups</th>
<th>Type of foods</th>
<th>Servings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Foods to build your body</strong></td>
<td>• Fish and other sea foods</td>
<td>Eat two or three servings of different foods from this list every day.</td>
</tr>
<tr>
<td>Body-building foods give you</td>
<td>• Egg</td>
<td>Example: You could have an egg at breakfast, drink milk at lunch and</td>
</tr>
<tr>
<td>protein and minerals.</td>
<td>• Nuts and seeds</td>
<td>have fish at dinner.</td>
</tr>
<tr>
<td></td>
<td>• Dry beans and peas</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Milk, cheese</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Foods for protection</strong></td>
<td>• Dark green leafy vegetables such as spinach and</td>
<td>Eat five servings of different foods from the list every day.</td>
</tr>
<tr>
<td>These foods provide vitamins and</td>
<td>cabbage</td>
<td>Example: You could have banana at breakfast, beans at lunch and mango</td>
</tr>
<tr>
<td>minerals that protect your body</td>
<td>• Vegetables such as carrot, pumpkin, beans and</td>
<td>at dinner.</td>
</tr>
<tr>
<td>from infection.</td>
<td>tomatoes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Fruits such as mango, oranges, banana, lemons</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and pineapple</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Foods for energy</strong></td>
<td>• Bananas</td>
<td>Eat five servings of different foods from this list every day.</td>
</tr>
<tr>
<td>Energy-giving foods are</td>
<td>• Potatoes and sweet potatoes</td>
<td>Example: You could have banana at breakfast, two slices of bread at</td>
</tr>
<tr>
<td>called carbohydrates</td>
<td>• Rice, bread and wheat</td>
<td>lunch and potatoes at dinner.</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Discuss hydration and its importance, stating that:

- It is important to cut down on tea and coffee and to avoid alcoholic beverages;
- Water is very important to our health;
- One needs to drink at least 9 glasses of fluids every day. This could be in form of water, coconut water, fruit and vegetable juices, milk, etc.;
- Water must be clean or boiled for at least five minutes before consumption;
- Avoid drinking water during meals; and
- It is better to eat fruit for dietary fibre and avoid fruit juices which contain little fruit and more sugar.

Discuss the importance of exercise for a PLHIV as it helps tone muscles, keeps the limbs supple, and preserves muscle mass. Regular exercises such as walking and jogging can make a person feel energized and can also help keep a body fit.

It is important that the degree of physical exertion should depend on the general health of the individual and advice should be taken from a healthcare provider prior to starting any form of physical exercise. It is important to avoid gaining weight as some ART medicines also cause redistribution of fat, affecting certain areas of the body, such as sunken cheeks, humps on the back of neck, or fat around the waist.

Explain some of the ways of managing diarrhea and vomiting in home settings:

- Bland food is good as it is easy to digest and has very little oil.
- Replace water loss through oral rehydration solutions (ORS).
- Avoid milk during prolonged periods of loose motions as PLHIV may have poor tolerance to milk and milk products.
- Add vitamins and minerals to the diet.
- Contact a doctor if diarrhea is prolonged.

Distribute printouts of the following take home materials:

- Annexure 6 on ‘Nutrition, Exercise and HIV’
- Annexure 8 on ‘Living Well with HIV’
Activity 11: Palliative Care

<table>
<thead>
<tr>
<th>Time</th>
<th>45 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Outcomes</td>
<td>By the end of this activity, the participants will be able to articulate:</td>
</tr>
<tr>
<td></td>
<td>• Principles of palliative care in the management of HIV; and</td>
</tr>
<tr>
<td></td>
<td>• Role of palliative care in the management of HIV.</td>
</tr>
<tr>
<td>Materials</td>
<td>N/A</td>
</tr>
<tr>
<td>Audio-visual Support</td>
<td>N/A</td>
</tr>
<tr>
<td>Take-home Material</td>
<td>Annexure 7 on ‘Palliative Care’.</td>
</tr>
</tbody>
</table>

Methodology

Start by defining palliative care. It relates to the care of a person whose disease is not responsive to medicinal treatment. In the context of HIV, explain that palliative care means treating someone who is not responding to ART and needs regular treatment for opportunistic infection and management of pain. Explain and discuss some of the broader areas in palliative care, such as:

- How palliative care improves the quality of life of PLHIV and that of their families;
- How palliative care is achieved through early identification, assessment of symptoms, and treatment of pain;
- Palliative care addresses problems that are physical, psycho-social, and spiritual in nature;
- How terminal care is also one of the components of palliative care;
- How palliative care can start right from the time of diagnosis of HIV infection; and
- How the scope of palliative care should extend beyond care of PLHIV and include friends, partners, community members, and families.

Introduce the components of palliative care, namely:

- Pain management;
- Symptom control;
- Nutritional support;
- Psycho-social support;
- Spiritual support;
- End-of-life care (terminal care); and
- Bereavement counselling.

Explain how palliative care is relevant at different stages of HIV.

Pre-ART: It involves addressing emotional distress, symptoms of HIV illness and opportunistic infections;

ART stage: It can come in the form of physical and psychological support at the time of starting ART and also for managing the symptoms of HIV-related illness, opportunistic infections and adverse effects of medicines; and

Palliative care: It can be given during hospital care as well as part of home-based care.

Give a printout of Annexure 7 titled ‘Palliative Care’ to each participant.
Activity 12: Caregiving

**Time** | 45 minutes
---|---
**Learning Outcomes** | By the end of this activity, the participants will:
- Understand the term ‘caregiving’;
- Understand the importance of caregiving for PLHIV from the MTH communities; and
- Understand the role of a caregiver from the perspective of PLHIV.
**Materials** | Chart paper, markers.
**Audio-visual Support** | N/A
**Take-home Material** | N/A

### Methodology

**Part I**

Introduce the concept of caregiving and explain that caregiving requires being warm, empathetic and gentle. A caregiver should be someone who can address the fear and anger that a PLHIV may go through, especially soon after testing positive. Caregivers should know that MTH PLHIV are one of the most severely affected groups among PLHIV, as they lose support from their own communities, friends, and family to a greater proportion than other PLHIV. Thus, a caregiver plays the role of a nurse, a counsellor, an information provider, a helper, and above all, a friend/companion. Conduct an interactive discussion using one of the following alternatives:

- Ask a PLHIV (if willing) among the participants to share his/her experiences of caregiving.
- Divide the participants into groups, and ask them to discuss the following case scenario and to suggest different ways of helping the protagonist in the following case study.

**Arjun is a 33-year-old gay man who has HIV. His long-term partner Ramesh died of AIDS two years ago. His parents have abandoned him and have no contact with him. He is poor; his friends and neighbours do not talk to him. They fear that they may also get HIV from him if they mingle with him. Arjun is not so well educated and has poor vocational skills. His community has also abandoned him. He is now tired and weak and cannot work. To make matters worse, he has very little money to buy food.**

Sum up the participants’ suggestions and summarise the key points on caregiving.

**Part II**

Discuss the terms ‘treatment’ and ‘care and support for PLHIV’ and help participants identify sources of care and support for PLHIV. Divide the participants into small groups of three to four participants and explain that they will be doing an exercise wherein they would need to list the needs of PLHIV.

Give each group a different scenario, and ask them how they will determine the ‘treatment, care, and support’ possibilities for PLHIV (such as nutrition, ART needs, psycho-social counselling and palliative care) in the scenario given to them, keeping in mind that the person is from the MTH community.
Ask the participants to discuss ‘care, support, and treatment’ with the following questions in mind:

- Who is responsible for the care and support of PLHIV? Why?
- Do you think the MTH members living with HIV require different types of care and support? If yes, why? If no, why not?
- What are the differences between the needs of MSM, tranegers and hijras living with HIV? Are they different from each other? List the common requirements and those that are unique to each of these groups.
- What are the ways in which you can help people living with HIV?
- Where and how can a PLHIV get the help and support?

After each group presents their findings, sum up the activity as follows: Any course of action that improves a PLHIV’s health and length of life is a form of treatment. Treatment need not be always through medications. For example, personal and social or psycho-social support also constitutes treatment.

Explain that the type of treatment/care depends on the stage of illness, the socio-economic status, cultural and religious environment and gender. Treatment/care can happen in different settings depending on the resources available and the stage of illness. The process of treatment and care can pass through different settings, such as hospital, nursing homes, community care centres, home, and deras, in the case of hijras.

Further, effective coordination of information, resources and services at all the above locations is vital for effective and comprehensive care for PLHIV.
Activity 13: Positive Speaking

<table>
<thead>
<tr>
<th>Time</th>
<th>30 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Outcomes</td>
<td>By the end of this activity, the participants will be able to:</td>
</tr>
<tr>
<td></td>
<td>• Understand the personal and social implications for an MTH person who is living with HIV, especially after being detected positive for HIV.</td>
</tr>
<tr>
<td>Materials</td>
<td>Chart paper, markers.</td>
</tr>
<tr>
<td>Audio-visual Support</td>
<td>N/A</td>
</tr>
<tr>
<td>Take Home Material</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Methodology
Start the session with sharing of experiences by a person living with HIV. Some of the questions participants can discuss with the speaker are:

- How did it feel when you first discovered that you were HIV positive?
- How did you cope with the result?
- What support structures did you rely upon?
- How did you disclose the result to your near and dear ones?
- How did your family, friends, partners, and community react?

Alternate Activity (if there is no volunteer available):
Divide the participants into three groups and give them chart papers and markers. Tell them to imagine a scenario where a person from the MTH community has been tested positive for HIV. Ask each group to list down the consequences and challenges an MTH person can potentially face after receiving an HIV test result.

- Ask the first group to discuss and make a list of the social consequences for the individual who has been tested positive.
- Ask the second group to make a list of the personal consequences for the individual who has been tested positive.
- Ask the third group to make a list of the various consequences for the individual's family, sexual/romantic/marital partner, and the MTH sub-community the individual belongs to.

For the purpose of this exercise, explain with examples what is meant by ‘personal’ (loss of job, loss of support from the family); and ‘social’ (exclusion from society/friends). Ask each group to present their findings and lead the discussion. Some of the questions you may ask to facilitate the discussion are:

- How did the person (or someone in the group who is living with HIV and wants to volunteer) feel when they were told that s/he has been tested positive?
- Why do you think people who have been tested positive have to bear these negative consequences?
- Do you think these consequences that they have to bear are right and justified? Why/why not?
- How do you think these negative consequences can be avoided?

Allow the participants to bring up the issue of stigma and discrimination. Wind up the discussions by summarising points on how stigma and discrimination can be dealt with.
Annexure 1: Basics of HIV/AIDS

Adapted from: SAATHII-AGRAGATI Developing HIV/AIDS Workplace Policy Workshop

HIV is the virus that causes AIDS. HIV stands for human immunodeficiency virus.

HIV is a retrovirus, which affects the immune system and destroys the body’s defences against infections. It is well known that protein synthesis takes place in our cells. DNA present in the nucleus of the cell activates RNA. RNA assembles amino acids to form proteins. But the reverse transcriptase enzyme that is present in HIV produces DNA from RNA. That is, it goes a step backward in protein synthesis. Hence it is called a retrovirus.

HIV affects the most productive age group of 15 to 49 years, which is also the most sexually active age-group.

Are HIV and AIDS the same?

HIV stands for human immunodeficiency virus and AIDS stands for acquired immune deficiency syndrome.

In simple terms

HIV is a virus that makes the human body’s immune system weak or deficient, while AIDS is an outcome of an HIV infection. However, being infected with HIV is not the same as having AIDS.

AIDS is actually a late stage of the HIV infection and comes about only when HIV has made your body’s immunity (defence system) too weak to fight off other infections. It may take several years for AIDS to develop. The healthier your body and the better you take care of it, the longer it will take for AIDS to develop.

What Does AIDS Stand for?

The term ‘acquired’ implies that AIDS is not hereditary or present in your body from birth. It comes from an external source through certain behaviours or situations.

‘Immune deficiency’ means AIDS is something that makes your immunity deficient.

‘Syndrome’ implies that AIDS is a collection of diseases that attack your body when its immunity becomes weak. These diseases are often called opportunistic infections or OIs. An AIDS death is actually an outcome of these diseases. But if treated properly and in time, they need not be fatal. This means that AIDS need not be fatal. Two of the commonest OIs in India are tuberculosis and diarrhoea.
Some HIV/AIDS Facts and Figures

About 14,000 new infections occur every day throughout the world, and of these 2,000 occur among children (UNAIDS data).

About 95 per cent of the new infections occur in developing countries. In Sub-Saharan Africa, one in five adults is living with HIV/AIDS (UNAIDS data).

The National AIDS Control Organization (NACO) of India estimated in 2006 that there were about 2.50 million people infected with HIV in India. The adult HIV prevalence rate was 0.36 per cent in 2006. These data were based on the National Family Health Survey (NFHS) findings.

As of August 31, 2006, the total number of people who had reached the AIDS stage of HIV infection in India was 1,24,995. This included 88,245 males and 36,750 females. But there could be far more unreported or undetected cases (NACO data).

Data from voluntary confidential counselling and testing centres showed that 3,610 people got infected with HIV in West Bengal in 2006 (West Bengal State AIDS Prevention & Control Society data).

According to data for 2006 for West Bengal, HIV prevalence rates in West Bengal were 1.66 per cent, 0.40 per cent and 4.64 per cent among STI clients, ante-natal care clients (pregnant women) and injecting drug users. The figures for female sex workers and males who have sex with males were 6.60 per cent and 6.12 per cent, respectively (HIV Sentinel Surveillance Data, West Bengal State AIDS Prevention & Control Society / NACO).

History of HIV/AIDS

The disease was first discovered among gay or homosexual men (who had multiple sexual partners) in New York and Los Angeles in 1981. All these gay men suffered from severe defects in their immune functions. Some of them suffered from severe forms of a rare pneumonia (pneumocystis carini), others suffered from a rare form of skin cancer (Kaposi’s sarcoma). As it was found among gay men initially, it was called gay-related immunodeficiency (GRID).

Later, such symptoms were also seen among injecting drug users (IDUs) and haemophiliacs (who had received multiple blood transfusions). By 1983 this disease was seen among many other groups in other parts of the globe. Many women were affected, which suggested that the disease might be passed on through heterosexual sex also.

It was becoming clearer that a much wider group of people was going to be affected. The Centre for Disease Control, Atlanta, USA, named this disease acquired immune deficiency syndrome or AIDS.

In 1984, similar symptoms were seen among children born to mothers who had the symptoms. By 1985, it was clear that the disease spread through penetrative sex, blood and blood products and from mother to child. As the number of deaths soared, medical experts scrambled to find a cause and more importantly a cure.

In 1984, France’s Institut Pasteur discovered what they called the HIV virus, but it was not until a year later that US scientist Dr. Robert Gallo confirmed that HIV was the cause of AIDS. Following this discovery, the first test for HIV was approved in 1985. The term HIV or human immunodeficiency virus was first coined by the International Committee on the Taxonomy of Viruses in May, 1986.
In India, the first case of HIV infection was detected in 1986 in Chennai among female sex workers. Over the next several years, increasingly effective medications to combat the virus (anti-retroviral therapy or ART), and to treat OIs that flourish when the immune system is damaged by HIV, have been developed. An international HIV vaccine initiative is also underway.

While the medical and scientific communities continue their efforts, it is important to remember that HIV can affect all persons irrespective of age, gender, sex, sexuality, class, caste and race. It would therefore not be appropriate to name HIV or AIDS as a gay men’s disease or the disease of any other particular section of society.

**How Can You Get Infected With HIV?**

You can get infected with HIV if certain body fluids from an infected person’s body enter your body. By body fluids we mean blood, seminal fluids (semen, pre-cum) and vaginal fluids, which can host HIV and carry it from one person to another.

In almost 80-85 per cent of cases, HIV is passed on sexually. If you have unprotected penetrative sex – anal, vaginal or oral – with an infected person, body fluids from that person can enter your body. Different sexual acts have different risks. Unprotected anal sex and vaginal sex are considered to be more risky than unprotected oral sex.

You can get infected with HIV if you receive blood or blood products from an infected person.

HIV can enter your body if you share syringes or other sharp injectible instruments with an infected person because these instruments can lead to exchange of blood from the infected person to you.

HIV can also be transmitted from an infected mother to her child during pregnancy (through blood across the placenta), during delivery (through vaginal fluids or blood) or during breastfeeding (through milk).

HIV has also been detected in other body fluids such as saliva, skin oils, tears and sweat, but the concentration of the virus in these fluids is too little for transmission of the virus to take place. In addition to these – cerebrospinal fluid, amniotic fluid and faecal matter are some other body fluids where HIV can be found but these fluids are not very likely to be exchanged between people. Viral concentration is much higher in blood (including menstrual blood), vaginal fluids, seminal fluids, and breast milk.

**Sexually Transmitted Infections (STIs)**

As the name suggests, STIs are infections that are transmitted through sexual contact. Like HIV, many STIs are transmitted through unprotected penetrative (anal, vaginal or oral) sex. Therefore these STIs can also be prevented in the same way as HIV – by staying in a mutually faithful and monogamous sexual relationship with an uninfected partner or practicing safer sex with each and every sexual partner.

However, there are some STIs that can also be transmitted through non-penetrative sexual acts. Activities involving close body contact during sex (such as body rubbing and deep kissing) may transmit these STIs. Maintaining oral and overall personal hygiene is the best way to prevent transmission of these STIs.
Like HIV, some STIs are also transmitted non-sexually, and are preventable in similar ways – safer sharing of injecting equipment, safer sharing of blood and blood products, and early and complete treatment of STIs in pregnant women for preventing mother-to-child transmission.

**There Are a Large Number of STIs Known to Medical Science**

Some of the common ones are: chlamydia, genital warts, gonorrhoea, hepatitis A, hepatitis B, hepatitis C, herpes simplex virus, pubic lice, syphilis, and trichomoniasis.

**Some Generic Symptoms of Common STIs**

**In males**
- Discharge or pus from the penis or anus
- Sores, blisters, rashes or boils on the penis or testicles/in or around anus or mouth
- Lumps on or near the penis, testicles, anus
- Swelling on the penis or testicles
- Pain or burning during urination
- Itching in and around the genital areas – penis, testicles, thighs, anus

**In females**
- Pain in the lower abdomen
- Unusual and foul smelling discharge from the vagina
- Lumps on or near the vagina or anus
- Pain or burning during penetrative sex (vaginal)
- Itching in and around the genital areas – vagina, thighs, anus
- Sores, blisters, rashes or boils in or around vagina, anus or mouth

**Attention:** While STI symptoms in men are more likely to be visible, in women they are often inside the body and therefore not readily visible. This makes women more vulnerable to the harmful effects of STIs such as infertility and miscarriage. Regular medical check-ups are the best way to check STIs in early stages in women, particularly if a woman feels she may have been exposed to STIs through a certain behaviour or experience.

**Link Between STIs and HIV**

The predominant mode of transmission of both HIV and STIs is sexual (in that sense, HIV is also an STI). The presence of STIs in a person is often considered as a marker for potential HIV infection as well. Many of the measures for preventing the sexual transmission of HIV and STIs are also the same.
In addition: STIs often cause ulcers, blisters, sores and boils and most of these are located in/on/around the mouth, penis, vagina, or anus. During sexual intercourse HIV transmission can take place more easily through these openings in the skin or mucous membrane present in these organs. The T-cells, which are responsible for warning the immune system about invading organisms, are present in large numbers around these openings. Since HIV can very readily attach with T-cells, it becomes easy for it to enter the body riding piggyback on the T-cells.

**Early and complete treatment of STIs is therefore desirable not only to reduce or prevent the harmful effects of STIs themselves, but also to prevent HIV infection.**

In people already infected with HIV, STIs tend to compromise the immunity further, making it easier for HIV infection to progress in the body.
Annexure 2: Positive Living and HIV

Definition

People living with HIV (PLHIV) often have to deal with many emotions such as fear, grief, depression, denial, anger and anxiety. Being ‘positive’ for HIV, does not mean end of life, it means that they have to start living positively. Positive living or living positively with HIV/AIDS means ‘to lead a normal life and practice HIV preventive and supportive measures’. Another aspect of positive living is to prevent the spread of HIV from an infected person to someone who is uninfected.

Dimensions of Positive Living

There are many dimensions of positive living usually considered essential in the development and provision of any comprehensive HIV/AIDS care system. With the aim of meeting the physical, emotional, social and economic needs of PLHIV, ‘positive living’ should ideally include the following dimensions.

1. Hope
   - Hope is a feeling that what is wanted can be had or that events will turn out for the best.
   - Hope is a powerful feeling that many PLHIV may lack.

2. Openness or disclosure
   - Positive living requires that there be an environment of openness wherein persons living with HIV can disclose their HIV positive status, ‘normalise’ their disclosure, and comfortably discuss HIV in their environment.
   - Openness or disclosure helps in reducing stigmas.
   - Openness or disclosure helps in dealing with internal HIV/AIDS phobia.
   - PLHIV are often much happier in their relationships when their HIV status is known to their partner.
   - Clinicians, counsellors and programs relating to HIV need to be sensitive to the complexity of the disclosure and understand that disclosure is not for all people and for all contexts.

3. Accepting one’s status
   - Long-term denial (of one’s HIV sero-status) is detrimental and should be discouraged.
   - Knowing and accepting one’s HIV sero-status helps to reduce stigma related to HIV.
   - Knowing and accepting one’s status enables a more informed planning for the future.

4. Respect for human rights
   - Respect for human rights is one of the important components of positive living, keeping in view the dignity of PLHIV.
• Society should treat all persons, including children living with HIV, with respect and compassion.
• PLHIV have the right to live life with respect and dignity regardless of sexual orientation. They should not be segregated, condemned or shunned.

5. Strong sense of purpose
• PLHIV often seem to lack or lose the sense of purpose in life after being diagnosed as HIV positive.
• PLHIV need assistance to retain a sense of purpose in life through job rehabilitation, and helping them improve their self-worth.

6. Accessibility and availability
• Accessibility and availability of healthcare services is important in ensuring positive living.
• Basic care provisions should be available at all levels.

7. Balanced and healthy nutrition
• Maintaining good general health and nutrition can contribute to the maintenance of immune system functioning.
• Living positively includes eating a healthy, balanced diet.
• Good and healthy nutrition can help in delaying the progression from HIV to AIDS.
• Nutritional care and support are important from the early stage of infection to prevent the development of nutritional deficiency.

8. Equity
• Health needs for positive living of the targeted population should be met in a fair and a just way.
• Geographical, economic and social barriers should be minimized to promote equity.
• Care should be provided to all PLHIV, regardless of gender, age, race, ethnicity, sexual identity, income, and place of residence.

9. Economic empowerment
• Many PLHIV are affected by loss of livelihood and poverty.
• Economic opportunities help PLHIV to live ‘positively’.
• Employment and engagement in business activities, financial independence and capacity-building training have empowered PLHIV, resulting in reduced social stigma and positive living.

10. Spirituality
• Positive living can also be achieved by addressing spiritual needs.
• Spirituality is an important resource that individuals use to cope with a chronic illness such as HIV infection.
• Spirituality offers a religious and an existential component encouraging us to find meaning in life, hope, self-transcendence, and rituals.
• Spirituality is a resource that PLHIV may find useful for coping with physiological and psychological challenges of the illness.
• It is important to remember that many PLHIV see their infection as a punishment from God and this belief needs to be addressed accordingly.
Techniques to Improve Positive Living

The lives of PLHIV can be definitely led in a positive way with multisectoral responses and interventions. These range from individual-oriented services to community empowerment programs, with involvement from different departments and agencies. The participation of PLHIV in designing, implementing and evaluation of the interventions is vital to their effectiveness.

1. Providing good HIV screening and diagnostic services
   - Laboratory capacity for detection and diagnosis.
   - Adequate set-up for providing results and counseling in a confidential, private manner.
   - Referral services should be widely available.

2. Counselling, psychological and social support
   - PLHIV should be encouraged physically, socially and spiritually so that they can live long. PLHIV should be encouraged to live positively through messages like, ‘Don’t worry about this disease, you will get better soon’, ‘Don’t worry, we are with you’. PLHIV should also be encouraged to engage in sporting activities, vocational training, and hobbies like gardening to keep fit and earn a living.

   (a) Counselling and psychological support
   - Psychological intervention for coping with the diagnosis and accepting one’s HIV sero-status.
   - Counselling to support development of individual plans of action.
   - Counselling after diagnosis and educating PLHIV help delay the onset of clinical manifestations and prevent re-infection.
   - Professional interventions for coping with severe emotional disturbances.
   - Adequate sources of spiritual support.
   - Multidisciplinary approaches such as meditation and other relaxation techniques help in positive living.

   (b) Social support
   - Financial support (insurance, loans, donations, subsidies).
   - Home-based care.
   - Referral systems (for legal, financial, educational, public administration concerns).
   - Assistance to orphaned children.
   - Advocacy and legal representation.
   - Food distribution and serving of meals.
   - Bereavement and funeral support.

3. Community education and participation
   - Community education can be provided by information, education and communication strategies to effectively improve positive living.
   - Community education can be achieved by distribution of pamphlets, posters, radio and television announcements, videos in waiting rooms, etc. to help PLHIV live positively.
   - HIV/AIDS education programs should be provided at schools and community centers.
• Education for family members and caregivers should be provided by various programs and workshops.
• Religious leaders and human resources personnel in private and public sectors should be sensitized on HIV. A supportive environment for PLHIV is needed in their workplaces.
• Development of community support networks (PLHIV networks).
• Distribution programs for condoms and lubricants.

4. Nutritional interventions
• A balanced diet keeps our bodies strong and our immune systems healthy, making it harder for us to fall sick.
• HIV-positive people are more susceptible to infections from food and water, so it is especially important to follow safe cooking guidelines and drink water that has been purified.
• Nutritional assessment.
• Nutritional counselling and education should include food safety.
• Plan for action to prevent weight and muscle mass loss.
• Dietary changes to address associated drug reactions.
• Provision of food supplements, if needed, but only in consultation with a doctor.

5. Living positively with HIV
Positive living can be promoted by PLHIV taking care of themselves as follows.
• Keeping a positive outlook in life, having plans, projects and dreams.
• Maintaining an active social life.
• Paying special attention to basic rules of good hygiene.
• Exercising adequately.
• Getting enough sleep.
• Avoiding stress.
• Eating well and avoiding alcohol, tobacco, foods that have been improperly preserved, potentially contaminated water, and food sold by street vendors that is exposed to contamination. Making sure that fruits and vegetables are thoroughly washed.
• Eating a balanced diet.
• Avoiding re-infection with HIV.
• Staying in close touch with one’s doctor and HIV advisor/counsellor.
• Staying well-informed about scientific advances in HIV/AIDS and about new local resources available.

6. Others
• Never agonizing on HIV status.
• Planning for one’s children and future.
• Considering the need for disclosure of one’s HIV status to marital/sexual/romantic partners. If disclosure has to be made, it should be carefully planned, as far as possible with back-up support from friends, healthcare providers and other PLHIV.
• Joining support groups (PLHIV networks) to share experiences, socializing with other PLHIV, and working on joint awareness and advocacy initiatives.
Annexure 3: Positive Prevention Needs

Remember the following with regard to HIV prevention needs.

Knowledge: Remember that all community members do not have correct knowledge about HIV and HIV transmission. Peer Educators (PEs), Outreach Workers (ORWs) and Counsellors in the project will pass correct information to the community and dispel the myths and misconceptions about the disease.

Beliefs about personal risk: Remember that some PLHIV think (wrongly) that there is no need to practice safer sex (for example, using condoms) with their sexual partner who has also tested positive for HIV or that by being on ART and/or having undetectable viral load means they can have sex without practicing safer sex.

The means to protect themselves and others: Remember that MTH members who are PLHIV do not always have access to condoms and PEs and ORWs in the project should help in procuring them.

Skills: Remember that some PLHIV may not have the necessary skills to practice safer sex. For example, they may not know how to use condoms, or negotiate with their sexual partners/clients for using condoms. As a PE, ORW or Counsellor, it will be useful to enhance these skills. It also means empowering MTH living with HIV to take charge of their lives and be able to take decisions that will keep them safe.

Support: Remember that PLHIV also need support from their sexual/romantic/marital partners. The project staff can help in reinforcing the responsibilities of the sexual partners in ensuring a safe and healthy sexual life.
Annexure 4: Sexual Practices and Risks


Given below are the various sexual practices.

<table>
<thead>
<tr>
<th>Penetrative Sexual Practices</th>
<th>Non-penetrative sexual practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Vaginal sex: peno-vaginal intercourse</td>
<td>• Dry kissing</td>
</tr>
<tr>
<td>• Anal sex: insertive, receptive (peno-anal intercourse)</td>
<td>• Wet (French) kissing</td>
</tr>
<tr>
<td>• Oral sex: fellatio (peno-oral sex)</td>
<td>• Sensual touching</td>
</tr>
<tr>
<td>• Anilingus: oro-anal sex</td>
<td>• Self-masturbation</td>
</tr>
<tr>
<td>• Cunnilingus: oro-vaginal sex</td>
<td>• Mutual masturbation</td>
</tr>
<tr>
<td>• Fingering: introducing finger into rectum or vagina</td>
<td>• Necking</td>
</tr>
<tr>
<td>• Fisting: introduction of fist into rectum or vagina</td>
<td>• Caressing</td>
</tr>
<tr>
<td></td>
<td>• Hugging</td>
</tr>
<tr>
<td></td>
<td>• Breast caressing</td>
</tr>
<tr>
<td></td>
<td>• Breast sucking</td>
</tr>
<tr>
<td></td>
<td>• Erotic talk</td>
</tr>
<tr>
<td></td>
<td>• Using sex toys</td>
</tr>
<tr>
<td></td>
<td>• Sharing fantasies</td>
</tr>
<tr>
<td></td>
<td>• Telephone sex</td>
</tr>
<tr>
<td></td>
<td>• Cyber sex</td>
</tr>
<tr>
<td></td>
<td>• Bubble bath</td>
</tr>
<tr>
<td></td>
<td>• Water sports</td>
</tr>
</tbody>
</table>

**Anal Sex**

- Unprotected anal sex has the greatest risk of HIV transmission; more than oral and vaginal sex.
- The chances of passing on HIV during unprotected anal sex are greatest if the person who has HIV is the active or insertive partner during sex.
- The risk is particularly high if the PLHIV has a high viral load, an untreated STI or ejaculates inside the sexual partner.
- If the PLHIV is a receptive partner during sex, the risk of passing on HIV is reduced, but is still present, especially if the person has a high viral load or an untreated STI.
Vaginal Sex (remember this may be important for every MSM married to a woman)

- During unprotected vaginal sex, HIV can be transmitted from either partner to the other.
- Transmission from the woman to the man is less likely than from man to woman, but if the woman is having her periods this may increase the risk that her partner will be infected.

Oral Sex

- The risk of transmitting HIV by oral sex is much less certain than anal or vaginal sex.
- High viral load, an untreated STI, ejaculating in the mouth of the person sucking, and bleeding gums or sores or wounds in the mouth of the person sucking seem to increase the (very small) risk.

Other Sexual Practices

- Insertion of fingers or the fist into the anus or vagina does not generally involve any exchange of body fluids, and therefore these activities are unlikely to lead to HIV infection.
- But if the skin of the inserted finger or hand has cuts or abrasions, there is a risk of HIV transmission from one partner to the other.

Facts about safer sex

- A single male condom, when used correctly, provides excellent protection against getting STIs and HIV (including re-infection with another strain of HIV).
- Condoms are usually made of latex. Some people are allergic to latex condoms. If this is the case, then polyurethane condoms are a safe alternative.
- A water-based lubricant should be used with condoms, as oil-based ones weaken condoms and can cause tiny tears.
- Avoid sex under the influence of drugs and/or alcohol as the latter can increase the risk of transmission of HIV to others by making you forget about safer sex.
- Any kind of physical contact such as hugging, dry kissing, massage is safe as long as there is no contact with body fluids.
- Masturbation, either self or mutual, is a healthy way to express sexual feelings.
- It is important to talk to your partner about safer sex. Agree on safer sex practices before any sexual contact.
## Risk Reduction Charts

### An HIV-positive man having anal sex with an HIV-negative man/TG WITHOUT a condom

<table>
<thead>
<tr>
<th>Your HIV transmission risk can be REDUCED</th>
<th>Your HIV transmission risk can INCREASE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Take these facts into account</strong></td>
<td><strong>If the HIV-positive man:</strong></td>
</tr>
<tr>
<td>• Regular sexual health check-ups for both partners can ensure STIs are diagnosed and treated.</td>
<td>• Ejaculates inside the anus;</td>
</tr>
<tr>
<td>• If the HIV-positive man is an insertive partner, ejaculating outside the anus reduces risk, but HIV can still be present in pre-cum.</td>
<td>• Has a high HIV viral load; and</td>
</tr>
<tr>
<td>• A generous amount of water-based lubricant applied before and re-applied during anal intercourse can prevent soreness and bleeding.</td>
<td>• Has an untreated STI on/in his penis.</td>
</tr>
<tr>
<td>• When fingering, to avoid damage, start gently first – make sure the anus is relaxed and use plenty of water-based lubricant.</td>
<td><strong>If the HIV-negative man/TG has:</strong></td>
</tr>
<tr>
<td>• Take extra care when fisting or using dildos – it may be safer to avoid these before anal intercourse.</td>
<td>• An untreated STI in the anus; and/or</td>
</tr>
<tr>
<td></td>
<td>• Soreness or bleeding inside the anus.</td>
</tr>
<tr>
<td></td>
<td><strong>Remember</strong></td>
</tr>
<tr>
<td></td>
<td>• It is more likely for HIV to be transmitted if the HIV-positive man has insertive anal sex with an HIV-negative man/TG.</td>
</tr>
</tbody>
</table>

### An HIV-positive man having oral sex with an HIV-negative man/TG WITHOUT a condom

<table>
<thead>
<tr>
<th>If the HIV-positive man:</th>
<th>If the HIV-negative man has:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ejaculates outside the mouth;</td>
<td>• Unhealthy gums, or ulcers, or cuts in the mouth;</td>
</tr>
<tr>
<td>• Has regular sexual health check-ups; and</td>
<td>• A sore or inflamed throat or an untreated infection (like gonorrhea, syphilis) in the throat which may not show symptoms; and</td>
</tr>
<tr>
<td>• Has regular HIV health monitoring.</td>
<td>• Has an untreated STI on/in his penis.</td>
</tr>
<tr>
<td>If the HIV-negative man has:</td>
<td><strong>If the HIV-negative man/TG has:</strong></td>
</tr>
<tr>
<td>• Regular oral health check-ups (it may be safer to avoid brushing or flossing before performing oral sex on the penis).</td>
<td>• Unhealthy gums, or ulcers, or cuts in the mouth;</td>
</tr>
<tr>
<td></td>
<td>• A sore or inflamed throat or an untreated infection (like gonorrhea, syphilis) in the throat which may not show symptoms; and</td>
</tr>
<tr>
<td></td>
<td>• Has an untreated STI on/in his penis.</td>
</tr>
</tbody>
</table>
### Condoms reduce risk significantly when used correctly

**Anal sex WITH a condom between an HIV-negative man and an HIV-positive man**

<table>
<thead>
<tr>
<th>You can minimize the chance of ‘condom failure’ if you use the condom correctly.</th>
<th>When the condom tears or slips off during sex. This can happen particularly if:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure that condom has not gone past its expiry date.</td>
<td>The condom has expired;</td>
</tr>
<tr>
<td>Put in on properly (if you are not sure, practice by following the instructions in the pack).</td>
<td>The condom has been unrolled before it is put on;</td>
</tr>
<tr>
<td>To enhance sexual enjoyment, put a small amount of water-based lubricant inside the reservoir (tip) of the condom.</td>
<td>The condom has been put on top of another condom;</td>
</tr>
<tr>
<td>Use lots of water-based lubricant outside and all over the condom after you put it on.</td>
<td>The condom has been exposed to heat or direct light;</td>
</tr>
<tr>
<td></td>
<td>The condom does not have any water-based lubricant on it; and if</td>
</tr>
<tr>
<td></td>
<td>You use saliva as a water-based lubricant or some oil-based substances as lubricant.</td>
</tr>
</tbody>
</table>
Annexure 5: Psycho-social Care

Some psycho-social issues that a person may face when learning about their HIV status

- Guilt or anger or denial about infection.
- Depression.
- Fear of death.
- Conflicts with sexual/romantic/marital partner/guru/nayak.
- Stigma and discrimination by other people and its consequences (losing job, loss of sex-work).
- Losing the will/purpose to live.

Psycho-social support is given

- To help accept living life as a PLHIV.
- To help in coping with a positive test result.
- To cope with feelings of grief, anger and all the other emotions stated above.
- To enable behaviour change, building self-esteem, assertiveness, and self-confidence.
- To identify social support groups and/or networks who can support PLHIV, especially PLHIV from MTH communities.
- To explore beliefs, attitudes, and values related to sexual practices, gender, safer sex, and reducing or avoiding high-risk behaviours.

Supportive activities that could be provided

- Providing effective psychological support and counselling to PLHIV, partners and their families.
- Starting support groups and supporting their activities, establishment and activities of PLHIV self-help groups (SHGs).
- Facilitating groups which provide religious, spiritual and emotional support.
- Establishing referral links with other agencies offering specialized psychological care.
- Raising awareness among hijra gharanas, families and other MTH communities to reduce stigma and discrimination.
- Informing PLHIV and their families on the importance of understanding welfare schemes, inheritance issues and financial planning.
Annexure 6: Nutrition, Exercise and HIV

Relationship between malnutrition and HIV disease progression

- Opportunistic infections (OIs) cause reduced nutritional intake (e.g., painful oral ulcer) or cause nutritional wastage (diarrhoea), which in turn contributes to nutritional deficiency.
- An HIV-weakened immune system can contribute to malnourishment which in turn contributes to faster progression of HIV disease.
- Improving nutritional status can help strengthen the immune system, thus reducing susceptibility to infections, preventing weight-loss, and delaying progression of HIV disease.

The Food Pyramid

- Different kinds of foods should be consumed daily in right quantity and proportion (balanced diet).
- Quantity of food recommended differs according to the width of the bands (in the pyramid). Food triangle or pyramid is a nutrition guide which is divided into sections to show the recommended intake for each food group. It has basic foods at the base, including milk, rice wheat and potatoes; a large section of supplemental vegetables and fruit; and an apex of supplemental meat, fish and eggs.

Nutritional interventions for PLHIV

The purpose of nutritional interventions should be to:

- Help transform the vicious cycle of HIV and malnutrition into a positive relation between improved nutritional status and stronger immune response;
- Maintain adequate intake of balanced diet;
- Prevent weight-loss and preserve muscle mass;
- Integrate nutritional intervention with HIV care;
- Improve/develop better eating habits;
- Manage symptoms, such as sore mouth and diarrhea, that affect food intake; and
- Improve quality of life.

Combination of foods that are good for the body, protect us as well as give us our daily energy requirements.

<table>
<thead>
<tr>
<th>Food groups</th>
<th>Type of foods</th>
<th>Servings</th>
</tr>
</thead>
</table>
| **Foods to build your body** | • Fish and other sea foods  
• Egg  
• Nuts and seeds  
• Dry beans and peas  
• Milk and cheese | Eat 2 or 3 servings of different foods from this list every day. Example: you could have an egg at breakfast, a milk drink at lunch and fish at dinner |
| **Body-building foods give you proteins and minerals** | | |
The importance of hydration

- It is important to cut down on tea and coffee, and also avoid taking alcoholic beverages.
- Water is very important to our health and the body needs water to grow and to keep healthy. Most drinks are made of water.
- Have nine cups of liquids every day. These could include water, green coconut water, fruit and vegetable juices and milk.
- Water must be clean. If there is no clean water available then boil the water for five minutes or else you can ask for boiled water from the restaurants you eat.
- Sometimes too many drinks during meals can dampen the appetite, so have lots of drinks between meals.
- Avoid fruit juices that contain little fruit and more sugar. It is better to eat the whole fruit, which gives good dietary fiber.

The importance of exercise

- It is important to fight against inertia and laziness and walk every day.
- Exercise helps tone muscles, keeps the limbs supple and preserves muscle mass.
- Regular exercise such as walking can make a person feel energized and can also help keep infections away.
- It is important that the degree of physical exertion depend on the general health of the individual and advice should be taken from a care provider on this.
- It is important to avoid gaining weight (through exercise) as some ART medicines also cause fat mal-distribution affecting certain areas of the body. For example, sunken cheeks but humps on the back of neck or fat around the waist.

Management of diarrhoea and vomiting

- Bland food is good as it is easy to digest; take food without too much oil.
- Replace water loss through oral rehydration solutions that are readily available.
- Avoid milk during prolonged periods of loose motions as PLHIV may have poor tolerance to milk and milk products.
- Add vitamins and minerals to the diet.
- Contact doctor if the diarrhoea gets prolonged.
Annexure 7: Palliative Care

- Palliative care improves the quality of life of PLHIV and also that of their families.
- Palliative care is achieved through early identification, assessment of symptoms and treatment of pain.
- Palliative care addresses problems that are physical, psycho-social and spiritual in nature.
- Terminal care is also one of the components of palliative care.
- Palliative care should start right from the time of diagnosis of HIV infection.
- The scope of palliative care should extend beyond care of PLHIV to include friends, partners, community members, and families.

Components of palliative care

- Pain management
- Symptom control
- Nutritional support
- Psycho-social support
- Spiritual support
- End-of-life care (terminal care) and bereavement counselling

Palliative care applies at different stages of HIV

- Pre-ART where it involves addressing the emotional distress and symptoms of HIV illness and opportunistic infections (OIs).
- ART stage where it can come in the form of physical and psychological support at the time of starting ART and also for managing the symptoms of HIV-related illness, OIs and adverse effects of medicines.
- Palliative care can be given both during hospital stays and home-based care.
Annexure 8: PowerPoint Presentation – Positive Living

Training on Positive Living

Positive Living
Basics of HIV/AIDS
Basics of HIV: Learning Objectives

- Origin of HIV/AIDS.
- What is HIV? What is AIDS?
- Can AIDS be cured?
- How is HIV spread?
- How do we prevent HIV transmission?
- How do we diagnose HIV infection?
- How does the HIV infection progress?
- How do we monitor HIV progression?
- How do we treat HIV infection?

What is HIV?

- HIV stands for Human Immunodeficiency Virus.
- HIV is found in blood, semen, vaginal fluids and mother’s milk.
- HIV infection prevents the body's immune system from working properly.
- HIV infection is chronic, progressive and leads to AIDS.
- HIV infection can’t be cured but can be treated.
- People who have been infected with HIV are called HIV-positive people or people living with HIV (PLHIV).

How does HIV Spread?

Genital Fluids (Semen and Vaginal Fluids)
- Exchange of genital fluids through sexual intercourse. The most common way a person is infected with HIV is by having sex with an HIV-infected person without using a condom.

Mother to Child
- From an HIV-infected mother to her baby during pregnancy (or) during delivery of the baby (or) during breast feeding.

Blood and Blood Products
- You can also get HIV by coming into contact with the blood of an infected person — through blood transfusion or injection of needles used by someone who has HIV.
How is HIV Not Transmitted?

- Sharing **food** or eating together with an HIV-infected person.
- Coughing or sneezing — HIV won’t spread through **air or mucous**.
- Shaking hands with an HIV-infected person — **sweat** does not transmit HIV.
- Sharing of clothes or utensils — **saliva** does not transmit HIV.
- Cleaning **body fluids** — vomit, motions, urine — does not transmit HIV.

Universal Precautions: Facts and Misrepresentations

- Can a person get HIV if she/he gets the blood of the infected person on their skin? [No — if there are no cuts/abrasions on the skin] — **Wear protective gloves**.
- Handling **blood spills** — Can a person get HIV by cleaning the blood on the floor or on the clothes of someone who has HIV? [No — if direct contact with fresh blood is avoided] — **Wear protective gloves**.
- Handling **blood spills** — Use household bleaching solution to clean spills.
- To clean **body fluids** — Urine, motion — use mask and gloves to protect against other water germs — like cholera, E.coli, typhoid.

How Do We Prevent HIV?

- Abstinence.
- Behavioural change.
- Condoms — used correctly and consistently.
- Treatment of HIV infection — equals prevention:
  - Prevention of mother-to-child transmission.
  - In sero-discordant couples [HIV positive with negative partners].
- Special situations:
  - Post exposure prophylaxis — occupational.
  - Pre exposure prophylaxis — vaginal microbicides, tenofovir.
- HIV vaccines — not yet available.
How Can a Person Find Out Whether She/He is HIV Positive or Not?

How do we diagnose an HIV infection?

- Screening tests:
  - Blood — ELISA for HIV.
  - Blood — rapid tests (spot and dot tests).
- Confirmatory tests:
  - Western blot.
  - HIV DNA/RNA Polymerase Chain Reaction (PCR) tests
- Testing for HIV infection is done at Integrated Counselling and Testing Centers (ICTCs) at government hospitals, or in private diagnostic centers.
- Pre- and post-test counseling — Window period.

How Does the HIV Infection Progress?

- If PLHIV is not treated, HIV weakens their immune system gradually, leaving the body vulnerable to serious infections. These are called opportunistic infections (OIs) because they take hold using the opportunity provided by the body’s weakened immunity.
- If PLHIV develop certain OIs, they are diagnosed to have reached the AIDS stage or the advanced stage of HIV infection.
- AIDS is not a disease, but a syndrome — Acquired Immune Deficiency Syndrome — a collection of different signs and symptoms, all caused by the same virus, HIV.

Stages of HIV Infection

Stage 1: (Primary HIV infection)
First you get infected with HIV. At this stage you might or might not experience any symptoms. Common symptoms include fever lasting more than a few days, aching limbs, a scratchy red rash, headache, diarrhea and mouth ulcers.

Stage 2: (Asymptomatic period)
At this point, you have HIV, but you still feel healthy because your CD4 count and immune system is strong. You may not even know you have HIV unless you are tested. For this reason, this period is called asymptomatic HIV infection and it can last for several years.

Stage 3: (Symptomatic period)
The longer you live with HIV without treatment, the greater your risk of developing symptoms. HIV weakens your immune system leaving several infections to attack your weakened immunity.

Stage 4: (AIDS)
If you have certain serious infections which have been confirmed by tests, then you will be diagnosed as having AIDS.
Tests for Monitoring HIV Disease Progression

- There are two key tests — **CD4 and viral load test** — that doctors use to assess how HIV is affecting your body.
- The CD4 cell count is a guide to show how strong your immune system is.
- The viral-load test measures the amount of HIV in your blood.
- Regular monitoring of CD4 cell count and HIV viral load can provide a good indication of the effects of HIV on your body.

How is an HIV Infection Treated?

- Anti-retrovirals (ARVs) are a group of drugs used to treat HIV/AIDS. The aim of HIV treatment is to maintain an undetectable viral load.
- As your HIV viral load goes down, your CD4 count — a key marker of the strength of your immune system — increases. There is also a good chance you will notice an improvement in your health at the same time, if you have been ill due to HIV.
- Once a PLHIV starts antiretroviral treatment (ART), she/he should continue the treatment for the rest of her/his life.
- Doctors will suggest when to start treatment. When your CD4 cells become very low in count (<350), doctors will advise when to start ART. This is current Indian standard, every country can have different standards. (WHO 2019)

Positive Living

What are Sexually Transmitted Infections?
What are Sexually Transmitted Infections?

- Sexually transmitted infections (STIs) are infections that can be transmitted through sexual contact.
- Depending on what kind of sex you have, STIs can affect the genitals, anus, mouth and throat.
- STIs among PLHIV increase the HIV transmission potential to the sexual partners.
- Untreated STIs can lead to health problems like infertility and anal cancer.
- STIs are preventable.
- Early identification of STIs is important.
- Many STIs are treatable.

STI Symptoms or Syndromes

1. Ulcer:
   - Diseases: Syphilis, chancroid, herpes
2. Discharge (urethral, vaginal or anal)
   - Diseases: Chalmydiais and gonorrhea
3. Inguinal swelling:
   - Diseases: Bubo, chancroid
4. Growth:
   - Anogenital warts, molluscum
5. Others: Pubic lice

Diagnosis and Treatment

- Diagnostic tests for STIs: Blood, simple microbiology tests and clinical examination.
- Almost all bacterial STIs can be treated with drugs or injections.
- Viral STIs are usually not curable. Example: Warts or herpes may recur – even after treatment.
**Positive Living**

**Opportunistic Infections**

**What is Opportunistic Infections (OIs)?**

- An infection or illness that utilises the opportunity to cause an illness in people living with HIV (PLHIV).
- OIs are more common in PLHIV who have a lower CD4 count.
- Caused by wide variety of germs — bacteria, virus, fungi and protozoa.
- Spread by food, air (person-to-person) and waterborne pathogens and contact with animal faeces.

**About Opportunistic Infections**

- The concept of Opportunistic Infections (OIs).
- Healthy lifestyle and good hygiene can contribute to prevention of OIs.
- OIs can be transmitted through food, air or water between/amongst PLHIV. Example: TB, PCP (pneumonia).
- Recognising signs and symptoms of common OIs.
- Importance of early diagnosis, referral and treatment.
- OIs can effect multiple organ systems and can be recurrent and persistent.
- Long-term morbidity and complications.
- Why it is important to manage co-morbid medical conditions?
Common HIV-related OIs

<table>
<thead>
<tr>
<th>Disease</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumonia</td>
<td>Fever, fatigue, weight loss, cough, difficulty breathing, night sweats.</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>Diarrhea, abdominal cramping, nausea, vomiting, fatigue, gas, weight loss, loss of appetite, constipation, dehydration</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>Cough, coughing up blood, weight loss, night sweats, fatigue, fever, swollen glands. May spread to central nervous system, gastrointestinal tract, or skeleton</td>
</tr>
<tr>
<td>Meningitis (Brain fever)</td>
<td>Headaches, stiffness in the neck, malaise, fever, nausea, fatigue, loss of appetite, altered mental status</td>
</tr>
<tr>
<td>Oral yeast infections</td>
<td>White patches on the gums, tongue, or lining of the mouth; loss of appetite</td>
</tr>
<tr>
<td>Herpes simplex virus</td>
<td>Painful blisters, ulcers, and/or itching on the lips, anus, or genitals</td>
</tr>
</tbody>
</table>

International Recommendations for OIs Prophylaxis (Start and Adhere)

- INH
  - INH preventive therapy is given to PLHIV who don’t have active TB
  - In patients with active TB, INH preventive therapy is offered to household contacts, like children below 5 years of age.
- Cotrimoxazole
  - Prevents PCP, toxoplasmosis and some types of diarrhoea.
- Fluconazole
  - Prevents cryptococcal meningitis, problems of drug resistance.

Positive Living

Anti-retroviral Therapy
What is ART?

- ART means anti-retroviral treatment/therapy.
- ART is a combination of anti-HIV drugs that can reduce the amount of HIV in the blood.
- Reducing the amount of HIV, or HIV viral load, in an infected person's body has been shown to reduce the risk of their becoming ill or dying because of HIV.
- As your HIV viral load goes down, your immune system will start to recover.
- ART once started should continue for life.

When to Start ART?

- If you have an AIDS-defining illness; or
- if your CD4 cell count is less than 350 your doctor might advise you to start the treatment.
- Pregnant mothers with low CD4 cell counts (≤ 350).

Before Starting Treatment

You need to discuss the following in detail with your doctor:
- Name of the drugs prescribed to you. It is always useful to get familiar with the drug names.
- How and when do I need to take the medicine? Most HIV treatment is taken twice a day.
- Side-effects: Most drugs will have side-effects, especially in the first few weeks after the initiation of the treatment. It is often possible to relieve side-effects by taking other medication that will not interfere with your HIV therapy.
ART Side-effects

- Your doctor will prescribe drugs to relieve side-effects. Each drug is associated with different side-effects, but the most common early side-effects tend to be:
  - Nausea;
  - Headaches;
  - Rashes;
  - Vomiting;
  - Diarrhoea; and
  - Fatigue.

Changing Treatment Due to Side-Effects

- Side-effects are the main reason why people change drugs in their first anti-HIV combination.
- Although you may have a good viral-load response after starting ART, you may find the side effects of some drugs hard to live with.
- Changing treatment is an option if side-effects cannot be controlled.
- The main problem with changing treatment is that the new combination may not be able to control HIV as well as the old one. It is also possible that the new drugs will bring their own unwanted effects.

Drug Interactions

- PLHIV on ART need to tell their doctors whether they are also taking medicines for other illnesses or conditions.
- Potential drug interactions are possible between anti-HIV drugs and other drugs you take.
- Hormonal contraceptives (decrease in ART blood levels): change contraceptive method.
- Antiepileptics (decrease in ART blood levels): change antiepileptic or switch to Efavirenz.
- Pregnancy: stop Efavirenz.
- TB (Rifampicin): switch from Nevrapine to Efavirenz or change from Rifampicin to Rifabutin.
- Hepatitis B & C co-infection: Tenofovir preferred.
Treatment Adherence

Taking your HIV medication regularly as prescribed by your doctor is one of the most important things you can do to make sure your HIV treatment works properly:

- Taking regularly (without fail) all the drugs prescribed by your doctor.
- Taking the right number of pills.
- Taking your drugs in the correct number of times each day.
- Taking your drugs at the right time (taking your medicines too late, or too early can be as bad as missing doses completely).
- Taking your drugs with or without food according to instructions.

Importance of Taking ARVs Regularly

- It is important to take your drugs regularly or else HIV can easily become resistant to the drugs you take.
- Not taking your HIV medications regularly will make the drug not work effectively, leading to an increase in your viral load, a fall in your CD4 cell count and a greater risk of becoming ill and even dying because of HIV.

Some Tips to Enable You to Take Your Treatment Regularly

- **Side-effects**: this is one of the main reason for people missing their doses. If you are experiencing any kind of side-effects, discuss it with your doctor. Your doctor will suggest a treatment option or ways to cope up with side-effects.

- **Pill burden**: taking lot of medications is another reason for people missing or skipping doses. If you find taking lots of pills a problem, then talk to your doctor about taking a combination with as few pills as possible.

- **Depression**: emotional and mental health problems have been linked with low levels of adherence. If you are depressed or could not cope with starting the treatments, it is always good to discuss your problems with your doctor or counselor and get their support to overcome the problems.
Role of ORWs/Counsellors to Help PLHIV in ART Adherence

- Does the client want ART and understand what ART is for?
- Has the client disclosed his or her HIV status? If not, encourage him or her to do so. Disclosure to at least one person who can be the treatment supporter is important. Overall, supporting disclosure is important.
- Is the patient an active alcohol and/or drug user or has she/he undergone treatment for drug dependence or alcohol dependence? People who abstain from alcohol and drugs are more often stable and willing to adhere to ART.
- Other things to be discussed:
  - Where will you keep your ARVs?
  - What will you store your ARVs in?
  - How will you carry your ARVs if you go out?
  - Who will you tell about your ARVs?
  - Where will you be when you take them? (Home, work, neighborhood?)
  - What time will you take them? (What time do you wake up? Bedtime?)

STIs Among MTH Living with HIV

- Presence of STIs (ulcers or discharge) in PLHIV can increase the chances of transmission of HIV to others.
- STIs in PLHIV can accelerate progression towards AIDS.
- Depending on the stage of HIV infection, the treatment of STIs:
  - May be same or different in an HIV-negative and HIV-positive person;
  - Take longer duration to heal with prolonged treatment with drugs; and
  - Be severe.
- Safer sex practiced by PLHIV can prevent transmission of HIV and/or STIs from them to others and also prevent them getting new STIs from others.
- PLHIV need to be educated about STIs and the need to undergo screening/treatment of STIs and practice safer sex.

References


Notes
Notes
Pehchan Training Curriculum
MSM, Trangender and Hijra
Community Systems Strengthening

CG Curriculum Guide

module A
A1 Organisational Development
A2 Leadership and Governance
A3 Resource Mobilisation and Financial Management

module B
B Basics of HIV Prevention and Outreach Planning (Pre-TI)

module C
C1 Identity, Gender and Sexuality
C2 Family Support
C3 Mental Health
C4 MSM with Female Partners
C5 Transgender and Hijra Communities

module D
D1 Human and Legal Rights
D2 Trauma and Violence
D3 Positive Living
D4 Community Friendly Services
D5 Community Preparedness for Sustainability
D6 Life Skills Education