

Hope and Healing

A Facilitator's Manual for
CRS Employees and Partners
On HIV and AIDS



Catholic Relief Services

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CATHOLIC RELIEF SERVICES
Hope and Healing

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HIV and AIDS*



“The Human Immuno-deficiency Virus continues to spread throughout the world. As a contribution to the response to this complex disease and its devastating consequences, we wish to help turn ignorance into understanding and understanding into action. As members of the Church and society, we must reach out with compassion to those exposed to or experiencing this disease and must stand in solidarity with them and their families.”

Excerpted from CRS AIDS Policy “Called to Compassion and Responsibility: A Response to the HIV/AIDS Crisis”, National Conference of Catholic Bishops, November 1989.

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Some of the training sessions included in the manual are adapted from:

- *Stepping Stones: A Training Package on HIV/AIDS*, by A. Welbourne and G & A. Williams, ACTIONAID
- *Caritas Training Manual on the Pandemic of HIV-AIDS* by Sister Maura O'Donohue and Reverend Robert J. Vitillo
- *Splash! Life Planning Skills: A Curriculum for Young People in Africa* and *Participatory Peer Education for HIV and AIDS Prevention: A Manual for Trainers of Peer Educators*; all produced by PATH Kenya
- *Facing the Challenges of HIV/AIDS/STDs: A Gender Based Response*, by SafAIDS, Royal Tropical Institute and World Health Organisation

We would also like to acknowledge YOU, the users. Please share your experiences in using this manual with CRS/PQSD in Baltimore. We are interested in learning what worked well and your suggestions for improving this manual. Please send comments and suggestions to hivunit@crs.org.

Karen B. Allen, consultant, produced this manual, using fonts and graphics from Microsoft Word 97 and Microsoft Office 2000 Professional.

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Introduction

“Hope and Healing” contains a sequence of learning activities that a skilled facilitator can use with CRS employees and partners in a workshop setting. The aim is to help workshop participants to explore their own personal attitudes, beliefs and values around HIV and AIDS. The manual is designed for use in Sub-Saharan Africa, but can be adapted for CRS staff and partners in other regions. Eight themes are included in the manual and each theme has two to ten associated learning tasks. This manual incorporates effective, participatory adult learning principles and practices. These include dialogue, problem-posing, respect and creation of a safe learning environment.

1. Why?

The manual meets a need in CRS and partner organizations for training materials that reflect the agency’s policies and values. The manual’s focus on values of care and compassion flows from a respect for the dignity of each individual. One of CRS’ goals in HIV and AIDS programming is to build communities that enable people to recognize and respect their own human dignity and that of others. The CRS workplace should be one of those communities. This explains why CRS’ human resources policy for HIV and AIDS requires that country programs provide information and training to staff on AIDS.

CRS views its employees as a key resource, because the agency achieves what it does through the valued commitment and competency of its staff. National staff play irreplaceable and important roles as teachers and models, both in CRS projects and in their own families and communities. It is envisioned that all CRS employees will participate in workshops based on this manual; however, this orientation will be especially valuable for CRS program staff working directly on AIDS projects. Examining their own personal knowledge, attitudes and beliefs will make them better prepared to ask project participants to do the same.

Meeting CRS' human resources policy on HIV and AIDS training for employees is challenging, because AIDS prevention and care programs are often hindered by stigma, silence and discrimination. Sensitizing CRS employees and partners around HIV and AIDS helps build motivation and empowers staff to undertake appropriate workplace actions that reflect values promoted by CRS in its community AIDS projects.

Discussing HIV and AIDS is often uncomfortable as it involves sexuality, morality, and the gap between social norms and actual behavior. Awareness about AIDS is now nearly universal in most countries, but knowledge may be incomplete. Rumors, myths and opinions may not be distinguished from facts. Critical analysis of social and cultural factors contributing to the risks of infection may be lacking or incomplete. The learning activities in this manual represent one step in opening up a dialogue to address these problems.

2. Who?

Facilitators

A team of at least two facilitators will read the manual, plan the training and deliver each learning task. A team is advantageous because both men and women's viewpoints can be represented and one facilitator can observe the group dynamics while the other delivers the session. The facilitators should have:

- Experience in participatory adult learning
- Understanding of the cultural and social issues affecting AIDS prevention
- Trust and respect of the participants
- Non-judgmental attitudes
- The ability to respect confidentiality of the workshop discussions
- Strong skills to design training sessions where everyone has the time, space and confidence to voice their views and beliefs in a secure atmosphere
- Fluency in the appropriate language of the workshop participants
- Some background on the topics of HIV transmission, prevention and care
- Familiarity with the CRS Policy on AIDS.

Resource people

It is important to have someone with thorough knowledge of HIV and AIDS throughout the training, to answer questions that may arise. This may be one of the facilitators, one of the participants, or an invited guest. For some sessions, outside guest speakers need to be invited (a representative of the local society of people with HIV or AIDS; religious leaders; and others). Theme 3 requires the presence of a person with technical knowledge to answer questions about HIV and AIDS, and to contribute up-to-date, locally relevant information.

CRS Country Representatives and partner managers

Decision-makers should attend the training along with staff that they supervise. At the least, they should be involved in the planning of the workshop to ensure that future actions support the workshop's outcomes.

Participants

A pre-training needs and resources assessment should identify selected CRS staff and partners for whom the training is relevant. The training described in this manual can be undertaken in country offices that have not yet begun AIDS programming or in country offices that are highly experienced. This is because the sessions promote reflection on people's current experiences and the format allows facilitators to disregard learning tasks that are not relevant for a particular group of participants.

This workshop should include 15 – 25 participants. This number is appropriate for maximum participation. A mix of different people often gives interesting differences in perspective. However, facilitators should ensure that small group work and other mechanisms promote participation from all individuals.

3. What for?

Strategic objective¹:

Create a stronger culture of care and compassion for those affected by HIV and AIDS.

Training objectives²:

By the end of the training, participants will have:

- Distinguished between exposure to HIV, HIV infection and AIDS
- Reviewed facts on HIV transmission relevant to their situation
- Critically analyzed their own attitudes and beliefs on HIV and AIDS in the light of agency values
- Distinguished how men, women, youth and children are affected by AIDS
- Analyzed cultural and social issues that increase vulnerability to HIV infection
- Studied the physical, emotional, social and spiritual needs of people living with HIV and their families
- Reviewed CRS principles and policies on HIV and AIDS
- Interacted with people infected and affected by AIDS.

¹ The training workshop, along with other actions, contributes towards the achievement of the strategic objective.

² Trainers and participants are accountable for the achievement of these training objectives.

4. What?

The manual includes eight themes on HIV and AIDS; each theme has between two and ten learning tasks. Learning tasks can be modified or skipped in order to meet the specific needs and resources of the participants. The themes “Exploring Our Attitudes Towards HIV and AIDS”, “AIDS and Men, Women, Youth and Children”, and “Social and Cultural and Social Issues Affecting the Prevention of HIV and AIDS”, all emphasize raising awareness (sensitization) of overt or hidden beliefs and values. These three themes also promote critical awareness of structural or root causes of HIV and AIDS. “Facts, Opinions and Rumors about HIV and AIDS” focuses on increasing knowledge. “Support of People Living with HIV and AIDS” raises awareness on four major needs of people with HIV or AIDS, emphasizing spiritual support. “CRS Policy and Principles” increases knowledge of HIV and AIDS issues relevant to the workplace. The first and last themes, “Setting the Workshop Climate” and “Closure” promote a favorable workshop environment, where sensitive issues can be safely discussed.

5. When?

The duration of most learning tasks is from 30 to 60 minutes. Sequencing can be modified, but the proposed sequence carefully moves participants through a reflection process.

The manual is designed for a workshop lasting four days. However, trainers may wish to consider other schedules that best fit participants’ needs. For example, trainers may deliver one theme at a time over a more extended period. This allows formal sessions to be combined with discussions at workplaces and within families.

6. Where?

A comfortable room should be set up with separated groups of tables and chairs for discussion groups. The budget will determine whether outside facilities can be used, and these are usually advantageous as people are away from phones and interruptions. No matter where the training takes place, facilitators should ensure that a quiet atmosphere prevails wherein people’s discussions can be kept confidential.

7. How?

A successful workshop requires facilitators to undertake four activities well in advance. These are: reading the manual; conducting a learning needs and resources assessment with decision-makers and participants; adapting the training design; and then carefully planning all aspects of training using the “Seven Steps of Planning.”

Reading the manual

Facilitators should read the manual from cover to cover. This is NOT because they are to deliver learning tasks exactly as written! Rather, a thorough reading enables facilitators to compare the manual's content and learning tasks to what is needed by the workshop participants – uncovered through the learning needs and resources assessment described in the next paragraph.

Conducting a Learning Needs and Resources Assessment

Planning a workshop should always begin with a learning needs and resources assessment that asks: Who needs what and according to whom? This assessment helps facilitators to discover what participants really need to learn, what they already know, and how the training design can most usefully fit their situation. This also honors the adult learning principles of respect and dialogue, because participants' ideas and issues are taken into consideration.

Typically, learning needs and resources assessments involve three areas of inquiry: asking (questionnaires); observing (how people interact, how they react to AIDS issues); and studying (gathering and reading pertinent reports or other written materials). A sample learning needs and resources assessment for this manual is included on pages 9-12.

Adapting the training design

Using the information gathered from the needs and resources assessment, facilitators adapt the suggested training design in this manual to meet the immediate and relevant needs and capitalize on the resources of training participants. For example, if the learning needs and resources assessment shows a very high knowledge level of HIV and AIDS topics, the facilitators may decide to eliminate Theme 3 of this manual. Facilitators may have gathered during the assessment powerful and personal stories of discrimination of people with AIDS and of positive responses that exemplify acceptance and care, and can substitute these stories for the examples included in the manual's learning tasks. Using information gathered from studying local policies, practices and issues, facilitators should adapt and enrich learning tasks with this country-specific information. For example access to, cost and type of Voluntary Counseling and Testing differs from country to country and even within countries.

Facilitators are encouraged to deliver the training in the most commonly used language of the participants. This requires additional work to translate workshop materials beforehand.

The 'Seven Steps of Planning'

Successful training workshops require much planning. A rule of thumb is that one day of training requires two to three days of planning. The Seven Steps of Planning

involve answering a series of questions under seven headings: Who, Why, What for, What, Where, When and How. Answering these questions will ensure that all details are covered. (This Introduction section of the manual was organized using the Seven Steps of Planning!) Page 13 is an example of the Seven Steps of Planning used for a CRS workshop in Kenya.

Preparing training materials and equipment

Materials and equipment required for the learning tasks in this manual include:

- Flip chart pads
- Strips of flip chart paper cut in width of about 15 cm. (2 inches)
- Flip chart stand
- Black or blue markers
- Masking tape or “blue-tack” to temporarily post paper on walls
- Large index cards or large yellow “post-it notes”
- Colored paper (two colors)
- Overhead projector
- Transparencies
- Pens for writing on transparencies
- Attractive ring binders for each participant containing the workshop’s objectives, schedule, learning tasks and a complete set of handouts
- Instructions for each learning task may also be written in large letters on flip charts or produced on transparencies.

Suggested detailed schedule

The following is a suggested schedule for a workshop lasting four consecutive days.

Sample Schedule for a Four-day Workshop

	DAY ONE - Morning
8:30 -11:00	Theme 1: Setting the Workshop Climate Learning Tasks: Welcoming Remarks Participant Introductions Overview of the Workshop Objectives, Schedule and Housekeeping Personal Expectations and Hopes Tea Break Setting Group Norms
11:00 - 12:30	Theme 2: Exploring our Attitudes Towards HIV and AIDS Learning Tasks: Values and Beliefs about HIV and AIDS Who is Labeling Whom?
	DAY ONE - Afternoon
1:30 - 2:30	Meeting People Living with HIV and AIDS
2:30 - 5:00	Theme 3: Facts, Opinions and Rumors about HIV and AIDS Learning Tasks: Facts, Opinions and Rumors The Effects of HIV on the Body Tea Break History of HIV and AIDS Stages of HIV and AIDS
8:30 – 12:30	DAY TWO - Morning
	Transmission of HIV Mother to Child Transmission of HIV Voluntary Counseling and Testing Tea Break Problem Solving for HIV and AIDS Situation Analysis Current Issues
	DAY TWO – Afternoon
1:30 – 5:00	Theme 4: AIDS and Men, Women, Youth and Children Learning Tasks: Fixed Positions Analyzing AIDS Posters Young Women and HIV Infection Children Affected by AIDS

Sample Schedule for a Four-day Workshop (continued)

DAY THREE – Morning

	Theme 5: Cultural and Social Issues Affecting the Prevention of HIV and AIDS
	Learning Tasks:
8:30 - 11:00	Rehema’s Story
	AIDS and Alcohol
	Norms Regarding Sexual Behavior
	Tea Break
11:00 - 12:30	Prevention of Sexual Transmission of HIV
	Family Dialogue

DAY THREE - Afternoon

	Theme 6: Support of People Living with HIV and AIDS
	Learning Tasks:
1:30 - 5:00	What Would I Need?
	Dimensions of Need of a Person with HIV or AIDS
	Tea Break
	Spiritual Guidance

DAY FOUR - Morning

	Theme 7: CRS Policy and Principles
	Learning Tasks:
8:30 - 12:30	CRS Policy and Principles on AIDS
	CRS human resource Policy on HIV and AIDS in the Workplace
	Tea Break
	Theme 8: Closure
	Learning Tasks:
	Our Special Request
	Looking Forward
	Final Evaluation of Workshop

DAY FOUR – Afternoon

1:30 - 5:00	Meeting Children Infected and Affected by AIDS (Field Trip)
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8. Learning Needs and Resources Assessment

Observing

1. How do participants informally talk about HIV and AIDS in the office or field? What do they say?
2. How do participants' actual behavior and reactions compare to what they profess to believe about HIV and AIDS?
3. What informal networks do people rely on for information about AIDS? How accurate are these networks?
4. How do remarks, behaviors and actions of participants compare with society-wide patterns?

Studying

1. Gather and read studies by CRS and other agencies on country-specific knowledge, attitudes and beliefs about HIV and AIDS. Understand differences within the country, for instance between cultural, religious or educational attainment groups. Understand the impact of gender.
2. Read about the demographic profile of HIV and AIDS – among whom and where is it most common? Why?
3. Analyze trends in newspaper reporting on HIV and AIDS.
4. Gather and read government publications and studies. In studying these documents, record information on:
 - The public statements, attitudes and actions of governmental, religious and civic leaders on HIV/AIDS and its impact
 - The prevalent non-scientific explanations of HIV and AIDS
 - The extent of fear, stigma, silence, denial and discrimination around HIV and AIDS
 - The extent of the societal response to the epidemic, examples of care and action by communities and groups
 - The ability and willingness of people to seek treatment and care for HIV and AIDS.

Asking

1. Draw up short questionnaires for potential participants. Ask them what areas they would like to learn more about; who they think is vulnerable to HIV and AIDS and why; what people say about HIV and AIDS in their community; what individuals and groups are doing about AIDS in their communities, and questions which assess current levels of knowledge. A sample questionnaire is included on the next page.
2. Conduct some personal interviews to elicit stories, examples and issues of concern, which can be used in problem posing and in learning tasks.

Facilitator
note:
Questionnaires
or interviews
should NOT
include
sensitive
personal
questions such
as marital
status or
sexual
behavior



SAMPLE QUESTIONNAIRE

CRS staff questionnaire
for a Learning Needs and Resources Assessment

CRS/(country program) is planning a workshop for all staff on HIV and AIDS. The information from this questionnaire will help us develop a workshop that best fits your needs. Thank you for filling this out.

Name:

Department/job title:

Educational level:

Preferred language of instruction:

Previous training on HIV and AIDS (include dates, where trained, what studied):

Listed below are possible topics for this workshop. Check the four topics you are MOST interested in and write specific questions you would like answered about these topics.

✓ if interested	Name of Topic	Specific Question(s) You Would Like Answered
	The effects of HIV on the body	
	History of HIV and AIDS (where did the virus start?)	
	Stages of HIV and AIDS	
	Transmission of HIV	
	Prevention of sexual transmission of HIV	
	Voluntary counseling and testing for HIV	
	Mother to child transmission of HIV	
	Situation analysis of HIV (biological, cultural and social issues in this country)	
	Steps for people with HIV to live positively	
	CRS Policy on AIDS	



SAMPLE QUESTIONNAIRE (continued)

CRS staff questionnaire
for a Learning Needs and Resources Assessment

List any other topics and questions on HIV and AIDS that you would like included in the workshop.

Please describe the problems people living with HIV and AIDS encounter in your workplace or community, and how they cope.

If a family member, friend or colleague discovered he or she was HIV positive, what would you advise them to do, and why?

If a family member, friend or colleague discovered he or she was HIV positive, what could you do for them?

What are your suggestions to make this workshop useful for you?

9. Sample Seven Steps of Planning

This sample uses a CRS/Kenya Project Officer Training workshop for illustrative purposes. While this sample reflects a probable, realistic situation, it is entirely fictitious.

Why?

What is the problem situation that calls for this training? Who needs what and according to whom? What did the pre-training learning needs and resources assessment reveal?

Many Kenyans are infected with HIV. One of every eight adults aged 15-49 is infected. In urban areas, one out of every six adults is infected. Most of these people do not know they are infected. 90% of infections are transmitted through heterosexual contact. Mother to child transmission and contact with blood account for the other 10% of transmission (The Kenya National HIV/AIDS Strategic Plan 2000-2005, NACC 2000).

Qualitative studies undertaken in Kenya with a cross-section of people show that understanding of HIV and AIDS is riddled with misconceptions; that vulnerable and infected populations are perceived as threats; beliefs are based on authoritative messages from community leaders which may not be factual; and that there is a pronounced moralistic bias against infected populations (Gopinath, 2000).

Attitudes of denial, fear, stigma and silence have been observed among some CRS staff regarding education on HIV and AIDS. A workplace AIDS seminar by a local insurance company was poorly attended. Some staff requested individual counseling on AIDS issues. The Learning Needs Assessment questionnaire revealed requests on “neutral” topics such as vaccine development, origins of AIDS and drug regimens, making no mention of potentially complex issues of prevention of sexual transmission or other. This contrasts with observations that some staff members are personally affected by HIV and are caring for AIDS orphans.

Who?

Who will the participants be? How many should be invited? Who will the facilitators be? Who will be guest speakers? Who will take care of logistics and “housekeeping”, i.e. rooms, food and refreshments, resources and materials, *per diems*, lodging?

20 CRS/Kenya project officers will participate, of which 9 are women and 11 are men. These staff members are all based in Nairobi.

Debbie Macharia and David Mwangi, consultants, will adapt the training and facilitate.

Dr. Patrick Okaya, National AIDS Control Programme, will attend all sessions under the Theme “Facts, Opinions and Rumors on HIV and AIDS.”

Guest speakers for the Spiritual Guidance session include Father Fernando DeSouza and Imam Abdullah Mohamed.

Susan Kamene, a 20 year old mother of two, and Peter Onyango, a 45 year old man, will be the guest speakers for the session “Meeting People with HIV or AIDS.” Both are members of a local support organization.

Mary Smith, CRS personnel officer, will take charge of logistics.

When?

How many days are necessary for the training? What time of the year is best? What will the daily schedule of work be? Will themes be delivered in one workshop or over a period of days or months?

The training will take place from May 7-8 and May 14-15 for a total of four days. Hours are 8:30 – 5:00 daily with a morning and afternoon tea break. Lunch will be served from 12:30 – 1:30.

Where?

What is the most appropriate venue for this training considering the budget? What type of meeting room is necessary? Are there facilities for tea breaks and meals? Do participants need lodging?

Training will take place at the Loreto Sisters Convent meeting hall (on James Gichuru Road). Tea and lunch will be served on site. Participants will be driven to and from the training site from the CRS Kenya office.

What for?

What are the objectives of this workshop?

Objectives are the same as those in the manual.

What?

What exactly are the skills, knowledge and attitudes that participants need to acquire or change during the course of this workshop?

The focus on this workshop will be on attitudes and knowledge as per the description contained in the manual.

How?

What will be the exact schedule of the workshop? How will the manual's learning tasks be modified? What are the materials required for each learning task? What equipment is needed?

The workshop will follow the sample workshop schedule in this manual. A visit to the Kangemi community outreach and care project in Nairobi will be made on the afternoon of May 8th. Protocols for Kenyan standards for VCT have been obtained and will be used during the learning task Voluntary Counseling and Testing. A list of care and support service organizations will be obtained for the Dimensions of need for a person with HIV or AIDS learning task.

Materials needed are those listed in the manual.

Themes and Learning Tasks

Theme 1: Setting the Workshop Climate

The following learning tasks are very important in setting the tone for the entire workshop. These tasks help participants get involved almost immediately. Daily reflections can be offered by participants to open each day with a prayer, hymn or inspiring thought.

Welcoming Remarks present the name and purpose of the workshop and introduces the facilitators. The speaker may wish to briefly describe how and why this workshop came about and welcome any guests. Remember the word BRIEF! The power of a truly participatory workshop is diminished by anything more than a five-minute welcome.

Participant Introductions allow people to interact on a theme that is relevant to the workshop. Participants feel included when they hear their names mentioned and when they successfully complete a group task. The laughter that comes in this task sets an open and comfortable tone for the workshop.

An Overview of the Workshop Objectives, Schedule and Housekeeping helps to create safety. Participants have a clear idea of what they are to do, when and WHY they are doing these things! Any burning questions regarding room, board or *per diems* will be answered allowing participants to get rid of distractions and move on to learning.

Personal Expectations and Hopes allows participants to give some input into the training design. Their expectations should inform the program but do not form the program. Personal expectations are negotiated between the facilitators and participants. During this session, information from the Learning Needs and Resources Assessment can be formally shared and discussed.

Setting Group Norms is a way of preventing group tensions and conflicts during the workshop, because everyone agrees to ways of behaving before starting. When group conflicts emerge during the workshop, it is too late to agree upon norms.

Learning Task for Theme 1: Welcoming remarks

When?
5 minutes (no longer!)



What?
Display a flip chart or blackboard with the name of the workshop written on it and words that mean welcome in appropriate languages. Participants see it as they enter the room.

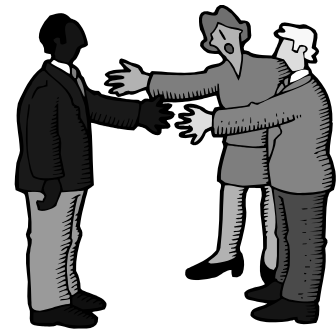
How?
This task is implemented through:

1. An opening reflection offered on the first day by the workshop organizer. For the following days, a facilitator should invite individual or small groups of participants to offer a prayer, hymn or reflection (representing various faith traditions) to open the day.
2. A short speech by the workshop organizer that states the name of the workshop and introduces the workshop's facilitators.
3. Welcome of any guests attending the opening or the entire workshop.
4. A brief sentence or two about how and why this workshop was organized.

Learning task for Theme 1: Participant introductions

When?
45 minutes

What?
Objects, in or just outside of the room. If no objects are “naturally” available, you may choose to bring a basket of everyday objects into the room and display them on a table for participants to choose from.



How?

1. Ask participants to form teams of two, finding a partner whom they don't know at all or don't know well.
2. Each team member should briefly introduce themselves to their new partner, stating their name, where they come from, and what they do. If participants already know each other well, ask team members to discover a new and surprising piece of information about their partners that others may not know.
3. Teams should then find an object, either inside or outside of the room, that they feel symbolizes an important HIV or AIDS-related issue that they have encountered.
4. Ask each team in turn to introduce each other (or present the surprising piece of information about their partner) and then present their symbol of an AIDS issue, explaining what the symbol means and why they chose it.

Learning task for Theme 1: Overview of workshop objectives, schedule and housekeeping (logistics)



When?

25 minutes

What?

Handout in participant binders with the workshop's objectives

Handout in participant binders with the workshop's schedule

A flip chart with "HOUSEKEEPING" written across the top, and bulleted housekeeping issues as per step 8 below

How?

1. Refer participants to the handout in their binder with the workshop objectives.
2. Explain that the objectives are what the workshop organizers hope to achieve by the end of the workshop. Explain that the final evaluation of the workshop will allow them to judge whether we have actually achieved these objectives.
3. Ask a participant to read the objectives aloud.
4. Ask, "What are your questions about these objectives?"
5. Refer participants to the handout in their binder with the workshop schedule.
6. Read through the schedule for Day One. Then, highlight the main themes included in the schedule for the rest of the workshop.
7. Ask, "What are your questions on the schedule for today or the rest of the workshop?"

8. Show the flip chart with “HOUSEKEEPING” and the bulleted points. These may include:
 - Instructions about transport
 - Instructions about meals
 - Volunteer committees for room set-up, feedback to the facilitators.
 - Etc.
9. Invite the person in charge of housekeeping and logistics to discuss these points.
10. Ask participants for any questions or additional housekeeping topics that need clarification.

Learning task for Theme 1:
Personal expectations and hopes

When?

45 minutes

What?

Strips of flip chart paper (about 15 cm or 2 inches wide), put on tables.

2 marker pens per table

Tape (preferably pre-cut and ready to grab)

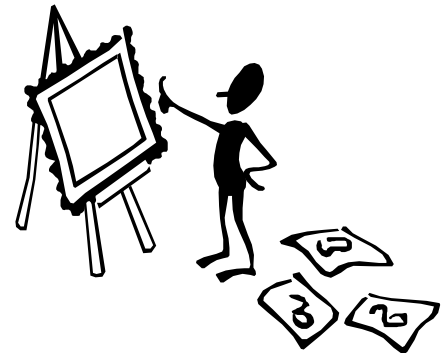
A strip of flip chart paper with “Personal Expectations and Hopes” written in large letters and taped on the top part of a wall in the workshop room.

How?

1. Share an appropriate version of the following explanation:

“Expectations describe what we hope to do or accomplish during this workshop. The workshop objectives and schedule that we just discussed were shaped by the learning needs and resources assessment where some of your expectations and hopes for the workshop were first shared. We would like to give you some more time now to share more of your personal expectations and hopes for this workshop.”

2. Ask table group members to share their own personal ideas of what they hope and expect to do during the workshop.
3. Tell the table groups to write down these hopes and expectations in clear, large letters on the strips of flip chart paper using the markers; one idea per strip.



4. Ask them to tape these strips of paper on the wall under the sign, “Personal Expectations and Hopes”, grouping their papers with any others that have the same or similar ideas.
5. When all groups are finished, ask participants to gather together facing the wall where the strips of paper are displayed.
6. Ask a volunteer from each table group to share their posted ideas.
7. Co-facilitators then explain which expectations will be met during the workshop and briefly, how and when they will be met.
8. For example, facilitators may say, “Many of you are hoping to learn more about care and support services for people with HIV or AIDS. We will focus on that during the Wednesday afternoon session where you’ll have a chance to discuss people’s needs and learn where high quality care and support services are available.”
9. Explain which expectations unfortunately cannot be met during the workshop. Explain why the expectation cannot be met and when or where the participant might hope to do this.
10. For example, “One of you is interested in revising the CRS personnel manual to have a section on AIDS and the workplace. This is an important idea, but we cannot address this appropriately and adequately during this workshop. We will communicate this idea to the Country Representative for consideration.”

Learning task for Theme 1: Setting group norms (or “ground rules”)

When?

15 minutes

What?

Flip chart with the word “Group Norms” written across the top

Marker pens

How?

1. Explain that the word “norms” means how the workshop members will work together this week to achieve the workshop objectives and expectations in an efficient and effective way. Another word for norms is ground rules.
2. Ask participants to think individually about what norms they would like to propose.

3. Tell participants that we will brainstorm a list of norms. Explain that the rule for brainstorming is that all ideas, even “outlandish” ones, are recorded. There is no discussion of ideas during the brainstorming. Once everyone’s ideas are finished, the list will then be reviewed and any questions answered.
4. Record all of the participants’ ideas. Be sure to include important ideas of your own, such as “start and end sessions on time”.
5. Once all ideas are recorded, review each proposed norm, asking for any necessary clarifications or questions.
6. Ask participants to approve of the “revised” list by standing up and clapping their hands.
7. Post the list on a wall where it can be clearly seen throughout the workshop.

Theme 2: Exploring Our Attitudes Towards HIV and AIDS

The next learning tasks focus on exploring attitudes, beliefs and values that participants hold in the face of HIV and AIDS. Denial of the epidemic means many individuals refuse to acknowledge that they are threatened by a previously unknown virus, which requires them to talk about and change intimate behavior, possibly for the rest of their lives. Some communities and nations also refuse to acknowledge the HIV and AIDS threat, and hesitate to address its causes and consequences, because this requires facing many controversial subjects such as sexual norms, women’s status, commercial sex work, families separated by migration or work, inequities in health care, etc.

Many people in Africa and elsewhere in the world hold strongly entrenched moral and judgmental positions towards HIV infected people, labeling them as guilty, bad and sinners. Medical workers, acquaintances, and even family and friends often shun people with AIDS. This has many effects. Individuals fear getting tested for HIV. People who know their status hide it. This robs them of getting care from health workers, and support from families and communities. It also means that onward transmission of HIV to sexual partners may not be stopped. Hence, stigma, silence and denial fuel the AIDS epidemic. At the same time, individuals and communities are increasingly demonstrating care for and action on behalf of individuals and families affected by AIDS.

The purpose of exploring Values and Beliefs about HIV and AIDS is not to persuade people to believe one thing or another. Rather, this learning task helps participants

start reflecting on their own beliefs and values around AIDS. Debate and discussion among participants encourages them to analyze the possible reasons and practical implications of these beliefs and values.

Who Is Labeling Whom? increases awareness among participants of differences and the potential harm of labeling someone. It helps people experience – to a small degree – the misery that people with HIV feel when faced with the prejudices of others. People who are HIV positive do not suddenly become inhuman or evil, yet people’s attitudes towards them can dramatically change once their status is known. This exercise helps participants to reflect on the question, “Is this just?”

Meeting People Living with HIV or AIDS allows participants to hear the personal first-hand story of a person who has courageously gone public about his or her status. This is one of the most effective ways of encouraging participants to empathize with affected people. They become more aware of the personal impact of the disease and more able to gauge the likely effects of their own attitudes upon people with HIV or AIDS. Information and feelings from this session will be useful to draw from in subsequent learning tasks.

Learning task for Theme 2: Values and beliefs about HIV and AIDS

When?

45 minutes

What?

Four signs posted around the room marked, “Agree”; “Strongly Agree”; “Disagree” and “Strongly Disagree”. Ensure there is plenty of space between the four cards.



How?

1. Tell participants that HIV and AIDS are difficult subjects for people to openly talk about. State that this session will begin to help us explore and compare some of our own values and beliefs about HIV and AIDS.
2. Show the participants the signs around the room (“Agree”, “Strongly Agree”, “Disagree” and “Strongly Disagree”).
3. Tell them that you are going to read one statement at a time. Each individual should decide whether they strongly agree, agree, disagree or strongly disagree with this statement. They should then move under the sign that corresponds with their decision.

4. Read the following statements, one at a time. Depending on the group's discussion, you may choose to eliminate some statements due to time constraints.
 - People with AIDS are to blame for bringing this disease on themselves.
 - Health care workers should be able to refuse to care for a person with AIDS.
 - The AIDS epidemic could be stopped if laws against prostitution and homosexual behavior were made stronger.
 - (Insert name of foreign or ethnic group typically blamed in this country) is responsible for spreading HIV.
 - People with HIV or AIDS should have the same rights as all other persons.
 - HIV is a just punishment for immoral behavior.
 - People with HIV or AIDS should not have sex.
 - People with HIV and AIDS should be isolated.
 - Only promiscuous people get AIDS.
 - Education about HIV and AIDS will stop the epidemic.
5. Ask a few individual volunteers under each sign to share the reasons why they choose that particular sign.
6. Close the session with these or other open questions:
 - How was this exercise easy or difficult for you?
 - What surprised you in doing this exercise?

Facilitator Note: This exercise often brings about lively discussion. However, some people choose to make it into a "debate" trying to convince others to "come and join them" depending on their explanations. You may choose to use the following open questions if this situation emerges:

"Some of you seem convinced that there is a "right" answer here. What do some of the rest of you think?"

"Let's look at how the group divided on this question – many men are here, and many women are here. What does this make you think about?"

Learning task for Theme 2: Who is labeling whom?

When?

30 minutes

What?

Index cards, one for each person in the workshop, including facilitators. Label half of the cards with one different personal quality considered as good, such as cheerful, kind, generous, etc. Label the other half of the cards with one different personal quality considered as bad, such as liar, thief, adulterer, selfish, etc.

Prepared tape (to stick cards on participants' foreheads).

How?

1. Ask participants to stand up and move around the room, warmly greeting as many people as possible, as they normally would.
2. Stop the group, after a few minutes.
3. Now show the group that you have cards with certain qualities written on them. Share a few examples of “good” and “bad” qualities.
4. Mix the cards up.
5. Now, take one card from the pile, and stick it with tape to the forehead of each individual, WITHOUT letting him or her see what is written on it. Tell everyone not to tell one another what is written on the card on their forehead. Continue until everyone has a card on his or her forehead.
6. Now, ask people to move around the room and greet people again. This time, however, the style of their greetings should depend on their reaction to the word stuck on the forehead of the person they are greeting. For example, if they are greeting someone with the “liar” label, they should show how they feel about liars. If they are greeting someone with the “generous” label, they should show how they feel about generous people.
7. After a period of time, ask people to sit down again, leaving their labels on.
8. Ask the large group the following questions:
 - How did you feel during the first greeting?
 - How did you feel during the second greeting?
 - Did others treat you differently? How?
 - How did that make you feel?
 - What do our religious beliefs and guidance suggest in terms of treating and labeling others?
 - How do you see this exercise in relation to HIV and AIDS in your community?

9. Close the session with this quotation:

“If we allow ourselves to judge people living with HIV/AIDS as ‘guilty’ (drug users, prostitutes) or ‘innocent’ (infants or small children, those infected through transfusion with HIV-infected blood), we run the risk of turning our backs on the compassion and inclusiveness of Jesus, which is illustrated over and over again in the Gospel. What we need to do, on the contrary, is to lay aside questions of guilt or innocence and welcome each person as Jesus would.”

Many Threads, One Weave: A Resource Program to Assist Parish Communities in Responding to the HIV/AIDS Pandemic, NCAN and NACPA, pg. A19, (CRS Reference Library AIDS #0521).

Learning task for Theme 2: Meeting
people living with HIV or AIDS

When?

1 hour

What?

For this learning task, persons with HIV or AIDS (for instance, a man and a woman, possibly of different ages, representing different experiences) are invited to speak to the group. There are often networks and support groups of people living with HIV or AIDS that you may contact to request a speaker. Members of these organizations are willing and have experience in telling their stories to a group of strangers.



The facilitator should ensure that the guest speaker(s) knows the profile of the participants and is aware of the workshop’s overall goal and objectives.

How?

1. Introduce the guest speaker(s).
2. The guest speaker shares his or her personal story with the group (for no longer than 20 minutes).
3. Participants are invited to ask questions.
4. Thank the guests for contributing to the workshop. Invite a participant to offer a prayer for those living with HIV and those who have died from AIDS, as a way of saying goodbye to the guests.

5. Once the speaker has left, you may want to ask these questions to the entire workshop group:
- What was your general reaction towards the speaker?
 - What surprised you about her or his story?
 - What is the most important thing you learned from the speaker?

Facilitator note: You may want to ask these questions yourself, if participants do not ask them:

- How did you react when you learned you were HIV positive?
- How do you relate to people now that you have HIV?
- How do people react when they find out your HIV status?
- What gives you happiness in life?
- What steps do you take to stay healthy?
- What advice do you have for us?

Theme 3: Facts, Opinions and Rumors about HIV and AIDS

This part of the manual focuses on increasing knowledge on selected topics of HIV and AIDS. For this reason, many of the learning tasks begin with “mini-lectures” followed by discussion questions. Some of the learning tasks include an examination of attitudes towards ourselves and others, for example, attitudes we might have when personally caring for a family member or neighbor with AIDS. Distribute handouts containing all the important information so that participants do not spend time taking notes.

It is very important that the facilitator judiciously selects, eliminates and adapts these learning tasks in response to participants’ existing knowledge and needs, as revealed by the pre-training learning needs and resources assessment. For example, with highly literate groups, the facilitator may wish to modify learning tasks to include additional, relevant reading from recent AIDS conferences or UNAIDS updates. For this theme, it is important to have a resource person present to answer technical questions on HIV and AIDS, and to provide country-specific, up-to-date information on policies and practices.

Facts, Opinions and Rumors is a learning task that allows participants to share what is commonly understood about HIV and AIDS in their own situations or communities.

This information will be critically analyzed during subsequent learning tasks in this theme, when participants compare scientific information to what is commonly believed and communicated about HIV and AIDS.

The Effects of HIV on the Body is a learning task for participants who wish to know how the virus works in the body to eventually cause AIDS and death.

History of HIV and AIDS gives information on varying theories of how the epidemic started and how this may illuminate societal prejudices or stigma.

Stages of HIV and AIDS helps participants distinguish between exposure to the virus, HIV infection and AIDS. It increases understanding of how apparently healthy people can have the HIV virus.

Transmission of HIV includes a discussion of the main means of transmission of the virus in the Africa context. This task also reviews how HIV is NOT transmitted.

Mother to Child Transmission (MTCT) of HIV includes the most recent facts on this means of transmission and the implications for infant feeding in African contexts. Specific national practices and issues are discussed.

Voluntary Counseling and Testing explores feelings and apprehensions about testing, increases understanding about testing (including the ‘window period’), and increases awareness of the elements of high-quality counseling and testing. Participants are referred to a handout with information on VCT centers.

Problem Solving for HIV and AIDS is an active exercise that allows facilitators to check for understanding of new knowledge by participants.

Situation Analysis of HIV and AIDS helps participants to explore the biological, social and cultural issues around HIV transmission in their particular country and situation. Highly literate participants can compare the CRS conceptual framework to the situation in their own country.

Current Issues is a learning task where additional topics requested by learners can be addressed. Issues may include vaccine development, access to retroviral drugs or other.

Learning Task for Theme 3: Facts, opinions and rumors

When?

20 minutes

What?

A flip chart with information as per step 4 below

Flip charts (3-4 per table)

Marker pens (2 per table)

Tape



How?

1. Ask table groups to discuss the following questions: “What kinds of statements have you heard about HIV and AIDS in your community?” “What do people say about catching AIDS, about curing AIDS, about avoiding AIDS or anything else?”
2. Ask them to list these statements in large, readable print on flip charts and then tape them on a wall in the workshop room.
3. When participants finish, ask them to walk around and read the charts.
4. Explain that the next series of learning tasks in this new theme has to do with facts about HIV and AIDS. Use the flip chart to share the following definitions:
 - A fact is a commonly agreed upon truthful statement. Facts are proven through scientific research. (While this definition might seem simplistic, ask participants if it reflects their understanding of the term “fact”).
 - An opinion is a person’s or a group’s view on a topic.
 - A rumor is a supposed fact. However, rumors are unproven and usually come from unknown sources.
5. Tell participants that you will now read out some statements and they should decide whether the statement is a fact, an opinion, or a rumor.
6. Read the following statements, one at a time, allowing participants to shout out their answer. Let the participants correct each other if there are differences in their answers.
 - (Facilitator name) is a man (or woman) (FACT)
 - (Facilitator name) is good-looking (OPINION)
 - (Facilitator name) used to be a radio or TV personality (RUMOR)
7. Close the learning task by telling participants that everyone will try to distinguish between facts, opinions and rumors on HIV and AIDS throughout this part of the

workshop. We will pay close attention to issues such as how we evaluate whether information is fact, opinion or rumor, depending upon the source (e.g. a trusted person or an influential person versus a stranger or common person).

The flip chart lists will be analyzed throughout the workshop to compare what people say about HIV and AIDS, with facts about HIV and AIDS.

Learning task for Theme 3: The effects of HIV on the body

When?

30 minutes

What?

Flip charts or overheads with bulleted information as per steps 4, 7 and 8 below.

Handouts with this information

How?

1. Introduce the learning task by stating that many people are curious about how the HIV virus works in the human body. Give examples from the pre-workshop Learning Needs Assessment (e.g. “Many people in this workshop stated that they are interested in learning...”)
2. Ask the group: “When was the last time you fell ill, perhaps very ill, and recovered though you took no medicines?” “Please tell us what happened.”
3. Invite some volunteers to share their answers.
4. Link their answers to the information summarized on sample overhead 1.



5. Tell participants that you will now discuss how the immune system works. Ask them the following:

We just discussed how the immune system protects your body from diseases.

- How do other types of protection systems work?
- How might your home be protected by a security system?
- How might your country be protected by the armed forces?

6. Link their answers to the following information:

- In the process of disease, germs (bacteria, parasites or viruses) invade the body (like enemy soldiers invade a country or thieves invade a house).
- The body's immune system is made up of white blood cells (made in bone marrow and circulating around in the blood stream). White blood cells have different jobs (like soldiers who defend a country, movement detectors, watchdogs, alarms and watchmen who might make up a security system).

7. Tell participants that you'll now study different kinds of white blood cells and their specific "jobs". Share the relevant information contained on the flip charts, overhead 2 and/or handouts.

8. Tell participants that you'll now study how HIV attacks the immune system. Share the relevant information contained on the flip charts, overhead 3 and/or handouts.

9. End the session by asking participants for their questions on anything they have discussed in this task. Invite the resource person to answer questions.

Facilitator note: This discussion should raise the notion that enemies or thieves are first detected; that an alarm goes off to alert others; and that enemies are then chased away, fought off or killed.

Facilitator note: If appropriate, consult resources and use pictures to convey the information in overhead/ handouts 2 and 3.



SAMPLE OVERHEAD OR HANDOUT

Overhead #1 for "The Effects of HIV on the Body"

THE BODY'S IMMUNE SYSTEM

The body has a defense system called the **immune system**. Every human is born with an immune system. Unless it is damaged in some way, the human immune system is superb, natural protection against a variety of diseases.

HIV, AIDS AND THE IMMUNE SYSTEM

AIDS is an abbreviation for **Acquired Immune Deficiency Syndrome**. AIDS is caused by a virus named HIV, an abbreviation (acronym) for **Human Immuno-deficiency Virus**. As the name suggests, the virus attacks the immune system in the body. The virus prevents the immune system from doing its job to protect the body from fighting off normal diseases, infections and sickness.



SAMPLE OVERHEAD OR HANDOUT

Overhead #2 for "The Effects of HIV on the Body"

THE IMMUNE SYSTEM'S ELEMENTS AND JOBS

The body's immune system is made up of white blood cells (made in bone marrow and circulating around in the blood stream). White blood cells have different jobs (like soldiers who defend a country or movement detectors, watchdogs, alarms and watchmen who might make up a security system).

TYPES OF WHITE BLOOD CELLS AND THEIR JOBS

T-Helper Cells (sometimes called T-4 Cells or T-4 Lymphocytes) detect the germ (enemy) much like a sentry or movement detector and release a warning chemical to alert the body (like an alarm).

B Cells are triggered by this alarm to make antibodies. Antibodies are special chemicals that recognize the specific invader or disease. Specific antibodies fight specific disease germs. Thus B Cells manufacture HIV antibodies to fight HIV.



SAMPLE OVERHEAD OR HANDOUT

Overhead #3 for "The Effects of HIV on the Body"

HOW HIV ATTACKS THE IMMUNE SYSTEM

Once in the blood, HIV seeks out Helper T4 Cells. HIV attaches itself to a receptor on the surface of the Helper T4 Cells, punctures their surface and enters. During this time, the immune system makes HIV antibodies to destroy those HIV, which haven't disappeared into the Helper T4 Cells.

Once inside the Helper T4 cells, HIV sheds its outer shell. The core material inside HIV is a chemical strand called RNA. RNA is like an instruction manual – it has instructions for making more HIV. The RNA is then translated into DNA (the core material of Helper T4 Cells) and fuses into the chromosomes of the Helper T4 Cell. HIV remains here. When the body finds it necessary to fight off some other infection or disease, the Helper T4 Cell is activated and uses the HIV's RNA instruction manual to make millions of HIV. The Helper T4 Cells burst, releasing HIV into the blood to invade and sabotage other Helper T4 Cells.

Helper T4 Cells become so busy making HIV that they no longer alert the body to invading germs of other diseases. The damaged immune system is no longer doing its job to protect the body and a person becomes unable to fight other diseases.

Learning task for Theme 3: History of HIV and AIDS

When?

30 minutes

What?

Handout

How?

1. Read together the handout on “The History of HIV and AIDS”.
2. Ask for any questions of clarification on this handout.
3. Use these questions to lead a large group discussion:
 - What other ideas have you heard people express about the history of AIDS – where it started, who started it?
 - Do you agree or disagree with the statement from the Stepping Stones Manual? Why?
 - Why do you think people tend to blame some group for the start or spread of AIDS?
 - What are the consequences of this?
4. Close by thanking the participants for the ideas that emerged during the discussion.

 SAMPLE HANDOUT

Handout for History of HIV and AIDS

In June 1981, unusual infections and cancers initially observed among homosexual men living in three major US cities led to the recognition of a new disease later to be known as AIDS. In 1983, HIV was discovered to be the causative agent of AIDS.

After years of speculation, the source and timing of the introduction of HIV into the human community appear now to be fairly clearly established. There are actually two HIV virus families and two HIV epidemics, caused by HIV-1 and HIV-2. HIV-2 infection accounts for a smaller and smaller proportion of the global AIDS epidemic. HIV-1 is the dominant strain and accounts for up to 99% of the global AIDS epidemic. It is most closely related genetically to a simian immunodeficiency virus (SIV) strain endemic in a subspecies of chimpanzees (SIVcpz). These chimpanzees are native to western equatorial Africa. SIVcpz has been present in this chimpanzee species for hundreds of thousands of years, but with humans moving into previously uninhabited territories, and with increasing capture and butchering of chimpanzees, contact between humans and chimps led to transmissions of SIVcpz into the human community as HIV-1.

Since 1981, the HIV epidemic has changed remarkably. In the early years, AIDS in the U.S. was perceived as affecting gay white males, but the epidemic has continued to move towards members of minority communities and women. AIDS is the leading cause of death among African-American men aged 25-44 and the second leading cause for African-American women in the same age group. Worldwide, the epidemic initially spread in east and central Africa and has more recently rapidly moved across southern Africa. Currently, the epidemic is ready to spread rapidly in Asia (especially India and China) as well as in countries of the former Soviet Union (especially Russia and the Ukraine) (Keenan, 2000).

The above are facts. However, the history of AIDS is plagued by myths and rumors. In the book HIV and AIDS: The Global Inter-Connection (Reid, 1995) Yoruba women state that Nigerians believe that Americans brought AIDS. Some people refer to AIDS as “American Idea of Discouraging Sex”. In the early 1980s, many Americans (including scientists) categorized people from Haiti as a high-risk group for HIV and they blamed the disease’s arrival in the U.S. on Haitians (Farmer 1994).

The Stepping Stones training manual from Uganda states: “How useful is it to know where HIV came from? It might only lead to blame and prejudice. We always like to blame some other group. Does it make any difference where other diseases, such as polio or tuberculosis came from?”

Learning task for Theme 3: Stages of HIV and AIDS

When?

30 minutes

What?

A flip chart “HIV and AIDS” as per step 1 in “How?”

An overhead or handout and a flip chart with the information shown on the sample on page 39

Technical resource person to help answer questions

How?

1. If necessary, review with participants what HIV and AIDS stands for using the following explanation on a flip chart or overhead.

H – Human (only people get it)

I – Immuno-deficiency (it affects the body’s defenses against disease)

V – Virus (a tiny organism that cannot be cured by medicine, such as antibiotics)

A – Acquired (you get the disease from someone else)

I – Immune (body’s defenses against disease)

D – Deficiency (deficient is the idea of lowering, lessening, not having enough defenses against disease)

S – Syndrome (a group of signs and symptoms define the disease, not just one sign)

2. Tell participants that many people confuse HIV and AIDS. The two are linked but do not mean the same thing. The HIV virus causes AIDS.
3. Show the flip chart with a drawing similar to the handout on the sample below “Evolution of HIV in the Body”. Explain the following and point to the images that correspond (Not Infected, Infected and Infectious, AIDS):

HIV is a virus transmitted to people in different ways. In most African countries, the most common way is through sexual intercourse. First a person is **EXPOSED** to HIV through unprotected sex with a person who is HIV-infected. S/he **may or may not** become **INFECTED** with HIV. A person does not develop AIDS as soon as he or she becomes

infected with HIV (HIV positive test). The interval, or period of time between someone being **INFECTED** with HIV to the onset of AIDS is between 3 to 10 years.

Once infected, the person remains infectious to others through contact with his or her blood, sexual fluids and (in the case of mother to child transmission, breastmilk). The person, however, may not have any symptoms, and may not be aware that he or she is infected. This contributes to the spread of HIV, since the person can transmit the infection to others without realizing it. **Nobody can tell that a person is infected just by their appearance since most people with the HIV virus look healthy.**

HIV can only be detected by a blood test, which shows that HIV antibodies are present. A “sero-positive” result means the person has HIV antibodies. A “sero-negative” result means that HIV antibodies have not been detected in their blood. **However, people can be infected with HIV and yet produce a sero-negative result.** How can this be? These people are in something called a “window period”. The “window period” is the time between infection of HIV and the development of enough antibodies to be detected by the HIV-antibody test. During the window period, the person infected with HIV can still transmit HIV to others. The blood test to detect HIV must be done 3 months after a person is **EXPOSED** in order to show valid results.

Even though a person may look and feel well after being infected with HIV, the virus is working to destroy his or her immune system, the body’s defense against disease. Finally, the person’s immune system is unable to fight off infections and cancers that rarely occur in people with a normal immune system.

We now say that the person has **AIDS**, the final result of HIV infection. This description may help people to understand: HIV invades the body like termites invading a house. To begin with, there is no apparent damage. But slowly the termites eat up the poles and thatch that hold the house together. One day a strong wind comes along and knocks the house down. What caused the house to collapse: the wind or the termites?

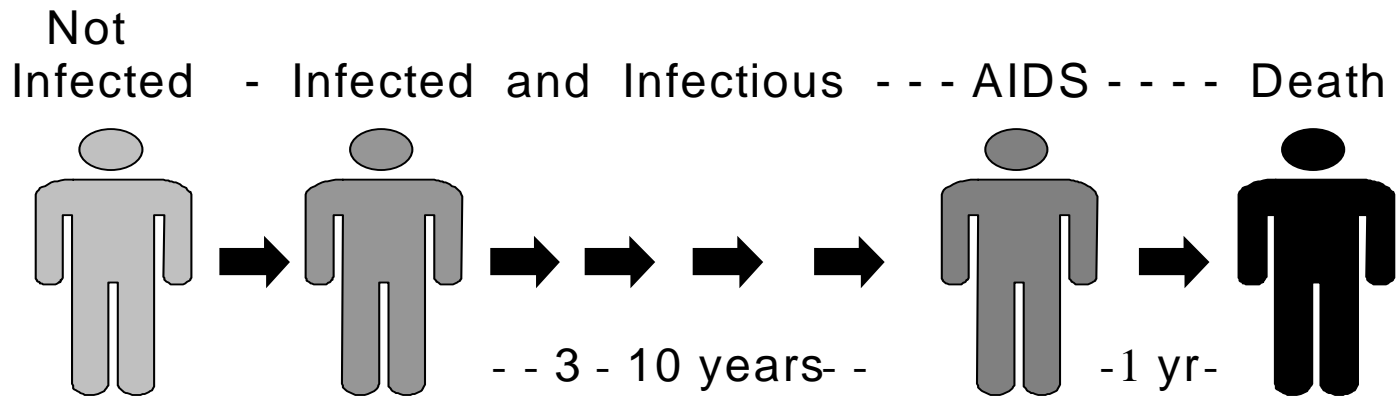
HIV has no preventive vaccine as yet, and no cure from either Western or traditional medicine. While some drugs help a person with AIDS to live longer, these drugs do not eliminate the virus. However, care and support of people with HIV can improve their quality of life and help them to live positively.

2. Ask participants what questions they may have regarding the stages of HIV infection.
3. Ask some or all of the following questions to end the learning task:
 - How might people's actions and decisions be affected by this information on the stages of exposure, infection and AIDS?
 - What might be the consequences if someone is confused about the stages of HIV and AIDS?
 - Does anyone know of someone who misunderstood these stages (for example, someone who thought that he or she was going to die of AIDS immediately after learning they were sero-positive)? What happened?
4. If appropriate, ask participants to review the flip charts from Learning Task: Facts, Rumors and Opinions and compare what they have learned so far about HIV and AIDS to the information they have heard about HIV and AIDS.



SAMPLE OVERHEAD OR HANDOUT FOR STAGES OF HIV AND AIDS

Evolution of HIV in the body (adults)



Learning task for Theme 3: Transmission of HIV

When?

30 minutes

What?

Handouts with the information as per steps 2-3 below

Flip chart entitled “How HIV is NOT Transmitted”, as per step 4 below

How?

1. Refer participants to handouts 1 and 2.
2. Ask a participant to read Handout 1 on “Most prevalent means of HIV transmission in Sub-Saharan Africa”.
3. Summarize again the three main (prevalent) ways of spreading or transmitting HIV from one person to another. Ask if there are any questions.
4. Ask a participant to read Handout 2 on “The efficiency of HIV transmission”. Tell participants that this is another perspective: the efficiency of HIV transmission. Ask if there are any questions.
5. Tell participants that we have described how HIV is transmitted. Ask them now to brainstorm a list of ways that HIV is not transmitted. List their answers on a flip chart entitled “How HIV is NOT Transmitted.”
6. When they finish brainstorming, add any ways that were not named by participants. These may include talking, sneezing, coughing, insect bites, playing together, cooking, through food or water, shaking hands, sharing meals or plates and utensils, sharing toilet facilities, sharing clothes, sitting or lying next to a person.
7. End the learning task by asking participants to compare what they have learned about HIV transmission with their charts from Facts, Opinions and Rumors.



SAMPLE HANDOUT

Handout #1 for Transmission of HIV

Most prevalent means of HIV transmission in Sub-Saharan Africa

The first most frequent or prevalent way, is through **sexual intercourse (either vaginal or anal) with an infected person**. Note that scientific evidence has demonstrated that the consistent and correct use of good quality condoms can significantly reduce the risk of the sexual transmission of HIV. It is important to note that there is no 100% guarantee of safe sex. For this reason, together with serious moral and ethical considerations, the Roman Catholic Church and many other churches and groups emphasize other means of prevention rather than the condom. These are abstinence before marriage and limiting sexual relationships to a life-long commitment with one, faithful partner within marriage. (*Caritas Training Manual on the Pandemic of HIV-AIDS*)

The second most common way is through **mother-to-child transmission**: either during pregnancy, at delivery, or through breastfeeding.

The third most common way is through **contact with infected blood, including transfusion**. In some African countries, nearly 100% of the blood is screened for HIV before transfusion. As a result, this mode of transmission may not be very important.

Other ways to transmit HIV is through the **reuse of needles and other sharp instruments** such as those used for circumcision, scarification, shaving, etc. This is because a small amount of infected blood will be trapped in the needle or blade and passed from one person to another. In Sub-Saharan Africa, these are uncommon means of HIV transmission.



SAMPLE HANDOUT

Handout #2 for Transmission of HIV

The efficiency of HIV transmission

While sexual intercourse is the most common way of transmitting HIV, every sexual contact will not necessarily involve HIV transmission. The chances vary between 1 in 1000 and 1 in 100 for any one sexual exposure with an infected person.

- Sexual transmission from man to woman is more efficient (is more likely/occurs more frequently) than from woman to man and may be 6 – 10 times greater.
- If either partner has another sexually transmitted infection, especially those causing genital ulcers, or has a large number of sexual partners, their risk of HIV infection is dramatically increased.

Mother-to-child transmission is the second most common means of transmission, but occurs in about one-third of cases. This means that about 30 to 40% of babies born to infected mothers will be infected themselves.

There is at least a 90% chance of HIV transmission through a single blood transfusion with HIV-infected blood.

Learning task for Theme 3: Mother to Child Transmission (MTCT) of HIV

When?

30 minutes

What?

Handouts and flip charts as per step 2 below

How?

1. Explain to participants that Mother-to-Child Transmission (MTCT) is a complex issue. There are controversies among experts over the question of breastfeeding and HIV transmission. Tell them that we will share some of what is known about Mother-to-Child Transmission through a series of “questions/answers”.
2. Present flip charts and handouts with the information shown on the two sample handouts (next pages). Ask participants to read the information, either individually or together as a group.
3. Ask what additional questions or comments participants have on mother-to-child transmission.
4. Check the Facts, Opinions and Rumors flip charts to compare the information in this learning task to the lists.





SAMPLE HANDOUT

Handout #1 for Mother to Child Transmission (MTCT)

How does mother to child transmission (MTCT) of HIV occur?

About 20% of infants of HIV-infected mothers are infected before or during delivery. HIV can also be transmitted through breastfeeding. If all HIV-infected mothers breastfed, an additional 14% of their infants would be infected through breastfeeding. This means that about two-thirds of children of HIV-infected women will NOT become infected. Without anti-retroviral medication to slow down the destruction of the immune system by HIV, infants infected through MTCT rarely live beyond four years.

Why is there controversy around breastfeeding and HIV?

Not so long ago, advice on infant feeding was easy: “Breastfed is best fed.” With the appearance of HIV and knowledge of transmission through breastfeeding, health care providers and policy makers are struggling to develop appropriate and feasible infant feeding guidelines.

It might seem logical to advise a mother with HIV not to breastfeed. If a mother knows (1) she is infected, (2) has affordable breast milk substitutes that can be fed safely, (3) and adequate health care is available and affordable, then the infant’s chances of survival are greater if fed artificially. Two other alternatives are boiling of expressed breast milk and wet nursing, if a suitable, uninfected lactating woman is available.

Unfortunately, the reality is that most women are unaware of their HIV status and alternatives to breastfeeding are often neither affordable nor safe. In many developing countries with high infectious disease rates, with poor hygiene and sanitation and where access to health care is limited, artificial feeding roughly triples the risk of infant death. In these conditions, breastfeeding may be the safest feeding option even when the mother is HIV-positive.

Some countries such as Botswana and South Africa provide free formula as part of their MTCT prevention programs. However, many experts caution that substituting formula for exclusive breastfeeding does not necessarily reduce HIV transmission. For example, one study in South Africa showed that exclusive breastfeeding (no other foods or drinks given to the baby, not even water) did not lead to higher HIV transmission than artificial feeding. Mixed feeding (breast milk supplemented by other fluids) did lead to higher HIV transmission. It is argued that exclusive breastfeeding is rare (many women offer supplements). However, exclusive artificial, or formula feeding among poor women in Africa is even more rare.



SAMPLE HANDOUT

Handout #2 for Mother to Child Transmission

Can anti-retroviral drugs help reduce mother to child transmission of HIV?

Anti-retroviral drugs, such as AZT or Nevirapine, are somewhat effective in reducing the risk of mother-to-child transmission. In Thailand, a course of AZT taken from the 36th week of pregnancy and during delivery reduced transmission by half. Combinations of anti-retroviral drugs are even more effective. Another issue is that some HIV positive mothers are reluctant to be tested, to accept medication and perhaps to give formula because they fear the repercussions of stigma and discrimination should their status become known.

How is it that babies who test positive for HIV at birth can then test negative some time afterward?

Remember that between 60 and 70% of babies born to HIV-infected mothers will NOT become infected themselves. Yet, some of these babies under 12 to 15 months of age show positive results on the ELISA and western blot HIV tests. Why? These tests cannot tell the difference between the mothers' HIV antibodies that are present in the baby's blood and the baby's own HIV antibodies. When the baby is older than 12 to 15 months of age, any HIV antibodies detected in baby's blood are the baby's own and no longer the mother's.

Learning Task for Theme 3: Voluntary counseling and testing (VCT)

When?

60 minutes

What?

A role-play developed from information gathered during the Learning Needs and Resources Assessment that portrays prevailing attitudes towards voluntary counseling and testing. The role-play below is an example from Kenya, and should be modified to best fit the actual context.

Before the session, ask two talented participants to play the parts in the role-play. They should rehearse it a few times beforehand.

How?

1. State that this session focuses on our feelings about HIV voluntary counseling and testing, and information on the quality of voluntary counseling and testing.
2. Ask participants to watch a role play exercise:

Fatuma and Jesca are close friends. They chat together while on their tea break. Fatuma confides that she is worried that her husband is sleeping with another woman. She is very afraid he is going to get AIDS and give it to her. In fact, she wonders whether she could already be infected. Jesca asks whether Fatuma has thought of getting tested. Fatuma replies, “What for? It’s a death sentence if you find out you have it.”

3. In the large group, ask the participants the following questions, giving ample time for each one.
 - What do you see happening here?
 - Why does this happen?
 - What problems does it cause?
 - Why might someone want to get tested for HIV?
 - How is this situation similar or different from what happens in your community?
 - What can be done about this?
4. Refer participants to the handout and give a mini-lecture on voluntary counseling and testing.
5. Ask participants for their questions on voluntary counseling and testing.

6. End the learning task with a discussion using these open questions:
- What differences between the standards and actual practice in voluntary counseling and testing do you know about?
 - How does this affect people's attitudes and behavior on testing?
 - What are common reasons for not wanting to be tested?
 - What stories would you like to share about someone's experience with voluntary counseling and testing and his or her decisions or actions after the test?

Facilitator's Note:
Refer people to the
handout in their
training notebooks
with a list of good
quality VCT sites
located in the
relevant area.





SAMPLE HANDOUT

Handout #1 for Voluntary Counseling and Testing

Voluntary Counseling and Testing

V = Voluntary. This means that no person can be tested without his or her informed consent.

C = Counseling. Before getting the test, the client and health worker have a discussion about the HIV test and the possible implications of knowing one's HIV serostatus. This way a person's consent is "informed" - he or she has the information needed to consent or refuse the test. After getting the test, the client and health worker have another discussion during which the test result is explained and information, support, referral and encouragement given to reduce any risk behaviors.

T = Testing. The test used in your country is (*fill in Rapid, ELISA and/or other test*). A small amount of blood from a client is tested for HIV antibodies. If a blood sample tests positive (that is the person does have HIV antibodies), a second test is done just to be sure. (*Facilitator note: insert appropriate test protocols used in your country*).

Why are people told to re-test when they have negative HIV antibody results?

When a person gets an HIV test with negative results, he or she is usually counseled to re-test if the test was performed less than six months after exposure to possible infection. Why? This is because for a period of 3 to 6 months after a person has been exposed to possible infection, the person may have test results that are negative or uncertain. The person may be infected, but his or her antibodies cannot yet be detected by the HIV antibody test.



SAMPLE HANDOUT

Handout #2 for Voluntary Counseling and Testing (VCT)

What are the rights of someone who gets tested for HIV ?

- No person may be tested without his or her consent.
- Test results are confidential.
- Pre and post-test counseling must be given.

Informed consent means that through pre-test counseling, a person has been made aware, in language he or she can understand, of the possible consequences of the test. The person agrees to the test without coercion and the person feels equally free to refuse to give consent.

Confidential testing means that only the client and the health worker involved know that a test was performed and have access to the results. The information is not to be given under any circumstances to other health care providers, employers, insurers, schools or anyone else without the person's very clear permission.

Pre-test counseling is a dialogue between the client and a health worker aimed at explaining the HIV test and the possible implications of knowing one's HIV serostatus. It is intended to lead to an informed decision to take or not take the test. It is also intended to provide accurate information about HIV and AIDS.

Post-test counseling is a dialogue between a client and a counselor aimed at explaining the HIV test result, providing appropriate information, encouraging risk reduction behaviors, and referral for support. Post-test counseling encourages and assists those who test negative to maintain their negative status. Referrals may include referral for medical or clinical care, referral for pastoral and spiritual counseling, referral to a local support group, etc.

Learning task for Theme 3: Problem solving for HIV and AIDS

When?

45 minutes

What?

Prepared Problem Cards (index cards with one problem per card) for half of the participants. Examples are included on the following page.

How?

1. Divide the large group into two equal groups. One group should form a circle in the middle of the room, with everyone facing outwards. The second group should form a larger circle around them, facing inwards, so that each person is opposite a partner.
2. Tell those on the outer circle that they are clients, seeking information about a problem. Tell those on the inside circle that they are to act as AIDS educators, answering their colleague's questions on HIV and AIDS.
3. Distribute one card to each person on the outer circle. Tell them to pretend that this is the problem they have. They are to tell their AIDS educator about this problem. (For low-literate participants, read what is on the card to them).
4. Tell each AIDS educator that they will have 2-3 minutes to answer the question and that they should give the best advice they can.
5. Now, ask each client to tell the AIDS educator on the inner circle his or her problem and ask for advice.
6. Allow 2-3 minutes for discussion. After 3 minutes, stop the discussion and ask the clients to move one person to the left, so that they are facing a new AIDS educator.
7. Ask the clients to again communicate their "problem card" situation to the new AIDS educator. Stop them after 3 minutes and ask the clients to again move one person to the left. Do this one more time.
8. Now, ask each client to share their question and to tell what «advice» they received from the various AIDS educators they consulted. Help the large group to affirm correct information and to correct any wrong information that might have been communicated.

Problem Cards for Problem Solving on HIV and AIDS

I leave my child with a neighbor while I am at work. I have just been told that a child at the neighbor's house is HIV positive. I am scared that my child will get infected. What should I do?

My sister is HIV positive. Is she dying of AIDS?

I had gonorrhea (a sexually transmitted infection) recently. A friend has told me that if I have had this, I am more likely to get the HIV virus. I do not really understand this.

I want to know the ways in which a mother can pass on HIV to her child.

I have been having diarrhea badly this month. Do I have AIDS?

My cousin is ill with AIDS. When I visited him, he asked me to bring my children to visit next time. I am afraid it may not be safe for the children to have contact with him.

I was told that someone I know is HIV positive. But he doesn't look sick at all! Could this not be true?

I had unprotected sex with someone last month. Do I have HIV?

I want to get tested for HIV. But I'm scared that everyone will find out my status.

I fear for my brother who is "moving with" many women. What should I tell him about HIV?

Learning task for Theme 3: Situation analysis of HIV and AIDS

When?

60 minutes

What?

Conceptual Framework Handout (next page)

Ministry of Health's situation analysis of HIV and AIDS for the countries of workshop participants

How?

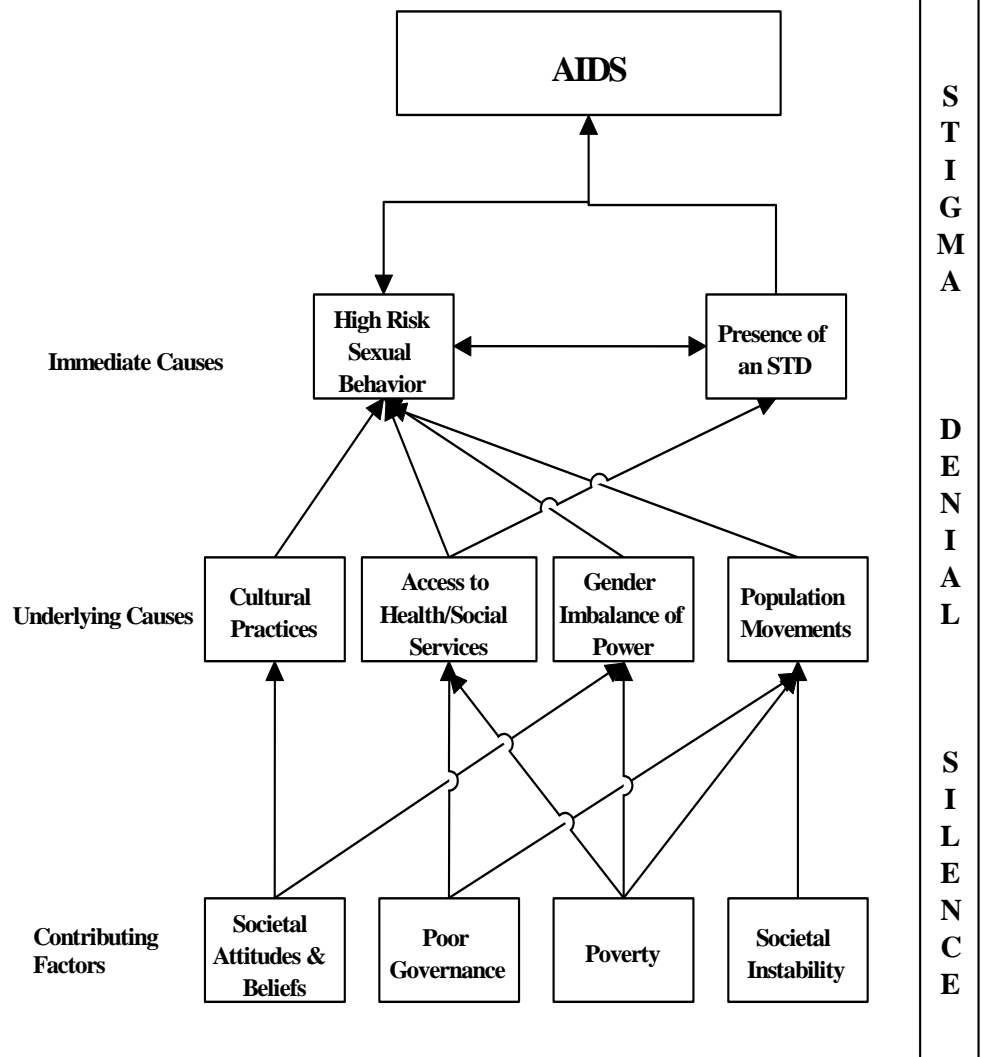
1. Refer participants to the conceptual framework handout on the next page. Explain that this was developed by a large group of CRS program managers and staff at a strategic planning workshop on AIDS in Africa. Explain that this conceptual framework attempts to define major immediate, underlying causes and other contributing factors that contribute to the AIDS pandemic in Africa.
2. Review the conceptual framework. Ask participants to give examples for the immediate, underlying causes, as shown in the boxes. For example, for high-risk sexual behavior, participants might mention "Large proportions of adults with multiple partners", "Age mixing between older men and younger women or girls", etc.
3. Give participants 15-30 minutes to review a situation analysis of HIV and AIDS for their country (for example, by the Ministry of Health, UNAIDS or other institution).
4. When they finish, ask each table group to discuss how the conceptual framework fits the actual situation as described in the report reviewed in step 3:
 - What causes are the same?
 - What causes seem to be different?
 - What country-specific examples are given that might fit into the different boxes on the conceptual framework?
5. Ask each table group to share their answers with the large group.
6. End with the following open question: "What have you learned from reviewing the conceptual framework and the situation analysis or report?"

Facilitator Note: This session may be most useful for program manager level staff. It can be optional or omitted for other staff members at your discretion.



SAMPLE HANDOUT

Conceptual Framework for HIV Infection Through Sexual Transmission Leading to AIDS



Interim standards and approach for Catholic Relief Services HIV/AIDS programming in Africa. Baltimore: Catholic Relief Services, 2001. (CRS Reference Library AIDS #0516).

Learning task for Theme 3: Current issues

When?

30 to 60 minutes

What?

Topics not included in this manual, that participants are interested in, and that were generated from the learning needs and resources assessment and/or the expectations exercise. These may include such topics as updates on current vaccine trials; evolving actions to make pharmaceutical drugs more available, etc.

Speaker capable of giving accurate, up-to-date information on topics of choice.

How?

1. Introduce the topic and speaker.
2. The speaker presents current and accurate information on the selected topics. This presentation should be about 20 minutes long (maximum). The speaker should use visual aids such as overheads or handouts.
3. Ask the participants for any questions.
4. Thank the speaker for participating in this session.

Facilitator's Note:

This session is optional, depending on what additional topics participants are interested in and the available time and resources.



Theme 4: AIDS and Men, Women, Youth and Children

This theme looks at the different ways that men, women and children are affected as well as the responsibilities that these various groups hold in the face of AIDS.

Fixed Positions encourages participants to realize that our own perspectives on things are based on who we are and our own experiences. This encourages people to be less judgmental about the actions of others.

Analyzing AIDS Posters explores stereotypes we might hold about who is typically “blamed” for HIV.

Young Women and HIV Infection introduces participants to one important trend in most of Africa that plays a role in kick-starting a sexually-transmitted HIV epidemic or driving it to higher levels.

Children Affected by AIDS puts a human face and personal story on the astronomical numbers of children orphaned by AIDS in Africa. (Nearly 90% of the 13.2 million AIDS orphans in the world in 2000 live in Sub Saharan Africa.). It also allows participants, who may be caring for orphaned children, to share their stories.

Meeting Children Infected and Affected by AIDS has the same purpose as the preceding learning task. In addition, this field trip allows participants to hold and play with AIDS orphans. Some of these orphans may be infected with HIV.

Learning task for Theme 4:

Fixed positions

When?

15 minutes

What?

Space for participants to stand in a big circle

How?

1. Form a circle with all participants and ask for a volunteer to stand in the middle. Tell the volunteer to stand still facing the same direction throughout this exercise.



2. Explain that you're going to ask some questions and that you would like people to answer according to what they can actually physically see from their own position; not what they think they can see!
3. Ask one participant facing the volunteer who is in the middle of the circle: "How many eyes does the volunteer have?"
4. Ask this same question to someone standing to the side of the volunteer and then to someone standing in back of the volunteer.
5. Ask the large group why each of the three answers was different.
6. Ask the group to think about how a person's particular viewpoint or perspective shapes how that person "sees" or views a situation. Ask participants to share some personal examples of how different "perspectives" influenced how a situation was viewed.
7. Now ask another volunteer to stand in the middle of the circle. He or she represents a person infected with HIV. Choose four participants standing in the circle to be the following people:
 - Person #1 is a casual acquaintance
 - Person #2 is a spouse
 - Person #3 is another person with HIV
 - Person #4 is the mother of the person with HIV
8. Ask each person (#1 through 4) to quickly say what he or she thinks about the person in the middle who has HIV. Ask the large group, "Which viewpoint is right?"
9. Thank the participants for doing this quick role-play exercise.
10. Explain that the next set of learning tasks will illuminate different "perspectives" of the people (men, women and children) in regards to HIV and AIDS.

Learning task for Theme 4: Analyzing AIDS posters

When?

45 minutes

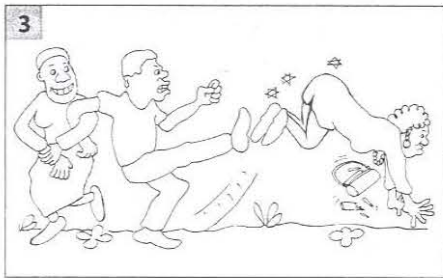
What?

Flip charts with definitions of “gender” and “stereotypes”, as per step 1 below
Handout of poster or brochure images

How?

1. Explain concepts of gender and stereotypes using flip charts.
 - **GENDER BASED CONCEPTS:** Widely shared ideas and expectations or norms about women and men. Beliefs about how women and men should look, dress and behave. These ideas and beliefs determine men’s and women’s status, economic and political power and societal roles.
 - **STEREOTYPE:** An idea not necessarily based on facts. It reflects subjective opinions about things and people. A stereotype often generalizes and associates bad characteristics with a category of people.
2. Distribute the handout to participants. Assign one image (poster, brochure, etc.) to each table group.
3. Ask the table group to discuss the assigned questions with regard to their image.
4. When they are finished, ask each table group to share some of the answers to their assigned questions.
5. End the learning task by inviting any of the participants to describe a local AIDS poster that most people have seen. Discuss how that poster is or is not appropriate.

EXAMPLES



1. A BROCHURE COVER
 - What is the main message here?
 - What does it say about people with AIDS?
 - Did those who made this brochure realize people living with AIDS will also see it?
 - Does this message encourage solidarity?
2. POSTER
 - What is the message?
 - What does this say about expectations concerning male behaviour?
3. PAGE FROM A COLOURING BOOK
 - What is the main message here?
 - Who is held responsible for infidelity?
 - What does this say concerning violence against women?
 - What does this say about "good" and "bad" women?
 - What does this say about women accepting male violence?
4. POSTER
 - What is the main message here?
 - What behaviour is being promoted?
 - Who is held responsible for HIV transmission?
5. BROCHURE ILLUSTRATION
 - What idea is presented here?
 - Does this present a realistic picture of family life?
 - What prevents men from sharing in household tasks and care activities?
 - How can men be encouraged to act like the man in the picture?

NOTE: The materials used to demonstrate this exercise are not intended to indicate disapproval of the work done by the organizations that produced them.

Learning task for Theme 4: Young women and HIV infection

When?

45 minutes

What?

Picture code from following page 63 enlarged or distributed as handout
Flip chart or overhead with information as per step 2 below

How?

1. Show picture code to participants. Ask the following questions:
 - What do you see happening here?
 - Why does this happen?
 - What problems does it cause?
 - How does this happen in your own community or situation?
2. Share the information on page -- as a flip chart or overhead.
3. Ask participants the following open questions:
 - What strikes you about this information on young women and HIV transmission?
 - How does this relate to the situation in this country?
 - An AIDS conference in 2000 was called “Men Make A Difference”. What do you think men can do in this community/country to curb HIV transmission?
 - What can CRS and you as individuals do to make a difference?

Picture Code for learning task on young women and HIV infection





SAMPLE OVERHEAD OR FLIP CHART

Overhead or Flip Chart for Young Women
and HIV Infection

Young Women and HIV Infection

A speech made at the 2000 World AIDS Day conference stated the following:

“A terrifying pattern is emerging in countries worst affected by the HIV/AIDS epidemic. Young women aged 15 to 24 are now often more than twice as likely to be living with HIV as young men in the same age group. In South Africa and Zimbabwe, for example, 1 in 4 young women are living with HIV/AIDS as compared to 1 in 10 young men.”

Age mixing, typically between older men and young women or girls, was identified as one social factor which fuels the AIDS epidemic to a higher level by UNAIDS in its December 2000 update report. The report also stated that male behavior contributes to HIV infections in women, who often have less power to determine where, when and how sex takes place.

Learning task for Theme 4: Children affected by AIDS

When?

1 hour

What?

Prepare a handout with a country-specific summary of the situation of children orphaned because of AIDS. Include facts on the current and projected numbers of orphans and other data.



Prepare handouts with photos and short biographies or life histories of children orphaned due to AIDS. You should have one photo with biography per table group.

Photocopies of three page handout (contained in this manual) on “Understanding and Helping Children Affected by HIV or AIDS.”

How?

1. Share the following information with participants:

UNAIDS defines an orphan as a child up to age 15 who has lost one or both parents due to AIDS. Nearly 90% of the 13.2 million AIDS orphans in the world live in Sub-Saharan Africa. While before it was rare to find orphans who had no one to care for them, traditional care systems are overwhelmed in many places today by the numbers of orphans needing care. A further difficulty affecting these orphans is the stigma attached to AIDS. Many children join the ranks of street children, and may easily be raped or forced into prostitution.

2. Ask participants to study the handout on the situation of AIDS orphans in their country. Ask a participant to read the handout aloud. Ask what questions participants have on this information.
3. Tell participants that they will now share personal stories that illuminate the overwhelming numbers.
4. Give each table group the photo and short biography of an AIDS orphan. Ask the group to read about their assigned child and discuss anything that strikes them about this child.
5. Invite each group to introduce the story of their child to the large group.

6. Invite anyone to share a story of a child they know who has been orphaned by AIDS. They may describe what problems this child encounters; how their needs have been met (or not met); or any other information.
7. Ask participants the following questions to close this session:
 - What do you feel orphans might experience when AIDS affects them or their families?
 - What might you, as an individual, do for orphans?
8. Distribute the three page handout that follows in this manual. Tell participants that this handout gives them some helpful information for anyone interacting with children who have lost a loved one.

Facilitator's Note:
If participants are hesitant to share personal stories, do not force them.



SAMPLE THREE PAGE HANDOUT FOLLOWS

Handout #1 for Children Affected by AIDS

Understanding and Helping Children Affected by an AIDS Death

Counselors who help children to face the death of loved ones often suggest the following to best respond to children's needs:

- Create a nurturing environment
- Listen actively -- help the child to tell his or her story
- Mirror their feelings by restating them in your own words
- Develop an attitude of unconditional positive regard
- Acknowledge and validate feelings and give words to express sorrow
- Address their fears and reassure them that they are not to blame
- Provide opportunities to say goodbye through ceremonies, memory books or other
- Repair self esteem by building resilience and confidence
- Help them plan for adjustment into their new life

In facing death, children often have these reactions. Knowledge of these reactions can help caretakers better cope:

- Self blame: children may believe that it was something that they did or did not do that caused the loss
- Seek approval: by being overly conscientious and compliant and stopping themselves from being spontaneous children
- Feel a sense of betrayal: that they have been personally let down and that the world now owes them things
- Act out: be naughty to make sure they get attention
- Cut off their feelings by blocking out feelings and hurts
- Develop tummy aches, headaches, sore limbs etc.
- Re-enact the difficult circumstances by playing funeral
- Become aggressive and destructive
- Become clingy and dependent, fearful of being left alone
- Become afraid of the dark or of the future, etc.
- Regress to behave as if they are younger than they actually are (bed wetting, etc.)
- Feel stigmatized
- Cannot concentrate on their school work and daydream excessively.

Handout #2 for Children Affected by AIDS

Understanding and Helping Children Affected by an AIDS Death (continued)

When a family member dies, children's grief is different from that of an adult. Also, their behavior is different depending on their age and developmental stage.

0-2 years old (infants and toddlers)

At this stage, children cannot understand death. The children miss their primary caregiver's physical contact, security and comfort. The child's distress may show by changes in sleeping and eating patterns, crying and irritability. Toddlers may display anger and tantrums or regress to baby behaviors.

To help, caretakers should keep infants' and toddlers' routine and environment as similar and as consistent as possible. The primary caregivers should be replaced with as few consistent adults as possible.

3-6 years of age

Preschool children are not able to understand that death is permanent and will keep asking when the dead person will return or "wake up". They may think that he or she caused the death by magic.

To help them, explain what death means i.e. Mama or Father is dead. She cannot come back. Be patient and answer questions as they arise. These children should be reassured that surviving caregivers are not going to die.

6-9 years of age

Children now begin to understand death as permanent and are more interested in how death affects their lives or what happens to the body. Grief may manifest itself in school problems. They may act out or withdraw.

To help them, give a straightforward explanation of death and the cause of death and allow the children to ask questions. Help them verbalize thoughts and fears and reassure them that death was not their fault. Familiar routines are comforting and their self-confidence should be bolstered at every opportunity.

Handout #3 for Children Affected by AIDS

Understanding and Helping Children Affected by and AIDS Death (continued)

9-12 years of age

Children of this age understand that death can happen to anyone and that it is permanent. They may feel death is sudden and unpredictable and fear a painful death.

To help them, set aside time to talk to the children. Simple and direct explanations of death are needed. They may rely on friends for support.

Adolescence

Adolescents have a full understanding of death, but it is a remote experience. They are concerned with finding their self-identity. They tend to be egocentric and may focus on the meaning of the death for their lives, feeling self-pity. They may experience a conflict of need for independence and for support and may idealize the deceased.

Help them by allowing them to get support from their peer group. Watch out for any risk-taking behaviors (drugs, alcohol or other). While respecting their views, be aware that they may need extra support.

This material was shared by Liz Towell, Director of Sinosizo, which means « We Help » in the Zulu language. Sinosizo's home-based care programme started in the early 1990s under the auspices of the Catholic Archdiocese of Durban, South Africa with the objective to empower communities to care for their own people with AIDS.

Learning task for Theme 4: Meeting children infected and affected by AIDS

When?

2 – 4 hours, depending on the location for the field trip

What?

Logistics necessary for a field trip (organized ahead of time with the appropriate agency, transport for participants, etc.)



Three page handout from previous session on “Understanding and Helping Children Affected by an AIDS Death”

How?

1. Organize a field trip to a CRS or other agency-supported AIDS project involving care of children affected and/or infected by AIDS (for example, a community based support program, an outreach care program, or an orphanage.) In doing so, ensure that the visit does not dramatically disturb the people who will be met.
2. Suggest that participants may want to read or re-read the three page handout from the previous session.
3. During the field trip, participants should have a chance to physically interact with clients/children. For example, the participants can hold, feed and play with the children as they learn about the program.
4. On return to the workshop, ask a few or all of the following questions to close the field trip:
 - What did you find most interesting about this project?
 - What struck you about the children you saw and played with?
 - What did you learn about how AIDS affects children?

Theme 5: Cultural and Social Issues Affecting the Prevention of HIV and AIDS

Rehema's Story helps participants identify some cultural issues that contribute to the HIV epidemic. Another story can be substituted that describes the most important, relevant cultural issues related to HIV in the actual situation of participants. This story comes from Kenya and highlights the issue of widows' status. Other issues that facilitators and participants may wish to consider include wife inheritance, wife sharing, early age at marriage or other.

AIDS and Alcohol is a picture code that allows participants to discuss the issue of alcohol abuse and HIV. Alcohol abuse can increase the likelihood of having multiple partners, increase the risk of sexual violence and can place financial strain on families, contributing to household poverty. In some contexts, other substance abuse may occur, causing the same sorts of problems.

Norms Regarding Sexual Behavior allows participants to safely begin discussing the issue of sexual behavior and HIV. It leads to the next learning task Prevention of Sexual Transmission of HIV where Catholic beliefs and values are shared and discussed by participants.

Family Dialogue addresses communication between parents and children and adolescents, on issues of HIV prevention in the light of existing or changing cultural traditions.

Learning task for Theme 5: Rehema's story

When?

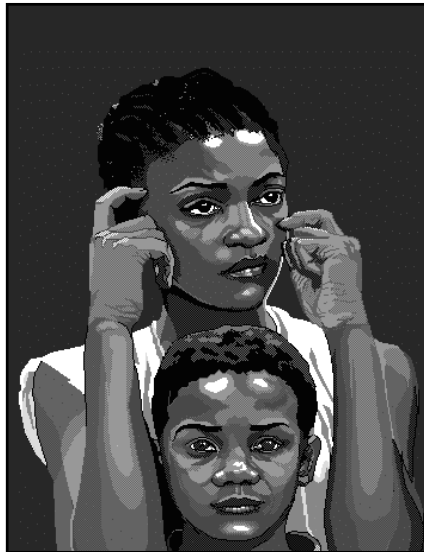
45 minutes

What?

Dramatic reading of Rehema's story done by a talented participant

How?

1. Ask participants to listen to the following story. If you have strong actresses in your group, you may ask one to tell the story as a dramatic narrative, as Rehema might explain it herself.



Rehema was once married to a rich farmer. They had several children. Her husband died, and the relatives came and took away all their possessions, land and the house that Rehema's husband owned. Rehema felt helpless and went away with her children. She settled in the nearest town and sells potatoes in the market. In order to pay her children's school fees, she supplements her income by giving sexual favors to men for money.

2. Ask participants to answer the following questions:
 - Why is Rehema in this situation?
 - What choices does Rehema have?
 - What problems might Rehema's situation cause?
3. Tell participants that the learning tasks in this new theme will be an opportunity to continue discussing the practices and rules of behavior that affect AIDS.

Learning task for Theme 5: AIDS and alcohol

When?

45 minutes

What?

Picture code that depicts a man sitting at a bar drinking.



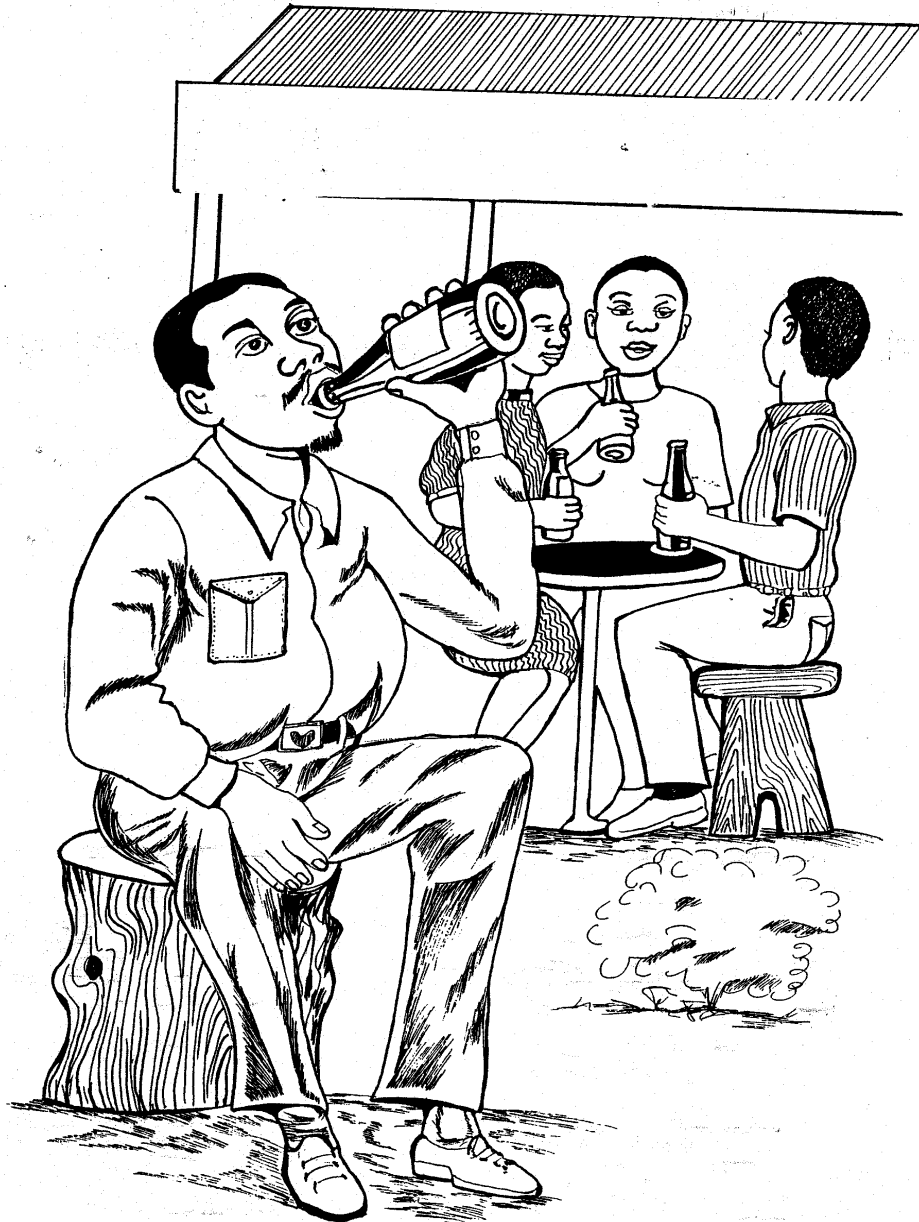
How?

1. Show the picture code to the group.
2. Ask the large group the following questions:
 - What do you see happening in this picture?
 - Why is this man in this situation? What do you think he is feeling?
 - What might be some of the problems that this situation causes?
 - How is this situation related to HIV infection?
 - How does this happen in your community?
 - What can be done to change this situation?

Facilitator's note: Help the group if necessary to think about things such as decisions on sex, money spent on beer, etc. You may choose to have volunteers act out a role-play for substance abuse and how it increases risk behavior for HIV infection.

3. Close by summarizing important or interesting points made by the group. Summarize any differences in opinion among participants.

Picture code for learning task on AIDS and alcohol



Learning task for Theme 5: Norms regarding sexual behavior

When?

10 minutes to explain and set the task

40 minutes for table group work as per step 3

10 minutes for closure as per step 4



What?

A handout with the questions written as per step 3 below

How?

1. Explain to participants that because HIV is mainly transmitted through sexual means, it is important to begin more openly discussing sexual activities in our societies: something most people find quite difficult! Reassure them that discussions here will be easier in small groups and no one should feel under pressure to reveal personal information.
2. Explain that in most societies there are attitudes, beliefs and practices (or norms) governing behavior, including sexual behavior. Some examples follow:
 - Sex without intercourse is not “real sex”
 - Men prove their masculinity through their number of sexual partners
 - Women should be virgins when they marry
 - Women are obliged to fill men’s sexual needs, especially if they are married. Men will not marry or support a woman if she refuses.
3. Ask each table group to discuss the following questions. Groups should not get “stuck” on one question but discuss as many as possible.
 - What are the cultural, religious or social norms or “rules of behavior” that influence sexual behavior in our situation? Do you think they are helpful or harmful? Why?
 - In what ways do these norms help to prevent the spread of HIV?
 - Are there ways in which these norms encourage the spread of HIV?
 - By whom and in what ways are these norms not always followed?
 - Why do you think that people sometimes fail to follow certain norms of behavior?
 - Are there differences in what is socially acceptable for men and for women in terms of sexual behavior?
 - In what ways do you think that sexual behavior has changed since the start of the AIDS pandemic?
4. End the learning task by inviting each group to share at least one idea, reaction, or debate that took place in their group discussion.

Learning task for Theme 5: Prevention of sexual transmission of HIV

When?

45 minutes

What?

Flip charts or overheads and handouts with information used in step 3 below

How?

1. Begin by citing some of the discussion points from the last learning task (Norms Regarding Sexual Behavior) that illustrated some of the complex issues around sexuality and AIDS. (These may include social norms that contribute to HIV infection or differences between what social norms say people SHOULD do compared to what they REALLY do in practice).
2. Tell participants the following:

We are now going to consult the Catholic Church's teaching as well as other faith's teachings regarding prevention of sexual transmission of HIV, compared to what you hear or see in other messages.

Since we live in a pluralistic society, we may encounter positions and solutions to HIV prevention that differ from those of the Catholic Church and CRS respectfully recognizes that its staff reflect diverse beliefs while sharing a common mission. CRS as an agency of the Catholic Church follows its teachings and the HIV/AIDS policy of the U.S. Catholic Bishops. This is outlined in a pastoral statement entitled "Called to Compassion and Responsibility: A Response to the HIV/AIDS Crisis." CRS staff ensures that all programs reflect this policy.

This particular exercise promotes reflection on the values behind AIDS prevention messages and critical analysis of solutions.

3. Refer participants to the two handouts on the next pages and ask a participant to read them aloud.
4. Ask for any questions of clarification on these handouts.
5. Ask participants to now consider other messages about prevention of sexual transmission of AIDS. Some participants may share what is visible in their community (such as advertisements for condoms in print media, billboards, radio or television). Examples of messages include the "Let's Talk" advertisements for

condoms in Kenya, and the prevention message “ABC”, for abstain, be faithful and, if can’t do a or b, use condoms. Record participants’ responses on a flip chart.

6. Ask for any questions of clarification on these messages or information about prevention of sexual transmission.
7. Ask table groups to discuss the following questions:
 - What are the similarities or differences between the Catholic Church and various other groups on the prevention of sexual transmission of HIV? You might begin by considering:
 - a. The values behind the various responses
 - b. How these responses relate to the discussion on norms regarding sexual behavior
 - c. How various groups (social, ethnic, religious) might look at these responses differently and why
 - d. How individuals (married or unmarried men and women) might view these responses and why.
 - What makes you comfortable or uncomfortable about what any of these groups advocate?
8. Close the learning task by inviting each table group to share one important idea or issue that their group discussed.

Note to facilitator:
Difficult issues will certainly surface. It is important to have a resource person present.



SAMPLE HANDOUT

Handout #1 for Prevention of Sexual Transmission of HIV

The Caritas Training Manual on the Pandemic of HIV-AIDS states the following about sexual behavior and AIDS:

“HIV infection can be prevented by making sensible and responsible sexual decisions, including:

Delay of sexual intercourse until marriage;

Mutual fidelity between partners in a permanent, stable relationship;

Honesty, open dialogue and responsible behavior.”

This manual notes that the Catholic Church and many other churches, individuals and groups emphasize abstinence from sexual activity before marriage and limiting sexual relationships to a life-long commitment with one, faithful partner within marriage.

Beyond these fundamental moral and ethical considerations, the manual further notes that the consistent and correct use of good quality condoms is no 100% guarantee of « safe » sex. Scientific evidence has demonstrated that even if these conditions are met, the risk of transmission can be significantly reduced but not eliminated.



SAMPLE HANDOUT

Handout #2 for Prevention of Sexual Transmission of HIV

CRS Policy comes from the U.S. National Conference of Catholic Bishops 1989 document named “Called to Compassion and Responsibility: A Response to the HIV/AIDS Crisis.” The document says this about sexuality and AIDS:

“The expression of human sexuality should resemble God’s love in being loving, faithful and committed. Human sexuality in marriage is intrinsically oriented to permanent commitment, love and openness to new life. The spread of AIDS will not be halted unless people live in accord with authentic human values pertaining to person-hood and sexuality. Education in human sexuality that tells young people in effect that abstinence and « safe sex » are equally acceptable options sends a contradictory, confusing message. Nor should education in sexuality be reduced to mere biological facts and process unrelated to their ethical significance. The « safe sex » approach to preventing HIV/AIDS though frequently advocated, compromises human sexuality and can lead to promiscuous sexual behavior. We regard this as one of those « quick fixes », which [...] foster a false sense of security and actually lead to a greater spread of the disease. Sexual intercourse is appropriate and morally good only when, in the context of heterosexual marriage, it is a celebration of faithful love and is open to new life. It is not condom use that is the solution to this health problem but appropriate attitudes and corresponding behavior regarding human sexuality, integrity and dignity.”

Learning task for Theme 5: Family dialogue

When?

30 minutes

How?

1. Begin by telling participants this story:

Margaret Mwangola, founder of the Kenya Water for Health Organization, spoke about issues of children and HIV prevention in this way:



“According to our traditions, mothers do not discuss issues related to sexuality with their daughters. Rather, the fathers’ or mothers’ sisters (the girls’ aunts) discussed sexual issues with their nieces. But in modern Kenya, I can do it. My sisters will not come to Nairobi to talk to my children. So we parents of today are left with no option but to be friendly with our children, to discuss their personal secrets with them, and to try to help them. If my children go out and become infected with HIV who is the loser? Is it not I? So I have said to hell with the traditions. I must tell my children.”

2. Ask table groups to discuss the following questions. Assign one question per group.
 - What is your reaction to this statement?
 - How are values about behavior communicated to children and teenagers in your community? How effective do you think this is?
 - What are the controversies over sex or life education in schools in your community? How do you see this?
 - What do you think parents should stop doing, start doing, or continue doing in terms of talking about topics such as sexuality, drugs or other issues affecting vulnerability to HIV?
3. Ask each table group to share their question and some of their ideas in the large group.

Theme 6: Support of People Living with HIV and AIDS

What Would I Need? increases participants' understanding of psychosocial consequences of HIV infection and how these can be influenced by social attitudes.

Dimensions of Need of a Person with HIV or AIDS continues this thinking process. A chart showing different areas of need is critically reviewed by participants and compared with their answers from the first learning task in this theme.

Spiritual Guidance allows participants to learn more about one of the important areas of need for people with HIV or AIDS. Guest speakers from a Catholic and other major religious group share how they provide care, support and compassion.

Learning task for Theme 6: What would I need?

When?

45 minutes

What?

Flip chart with instructions in step 2 below

How?

1. Ask participants to imagine themselves in the position of someone who has just found out that he or she is HIV positive.
2. Show a flip chart with the following instructions:
Individually, think about what you would need in terms of support:
 - a. Within the first 24 hours following the diagnosis
 - b. Within the first two weeks following the diagnosis
 - c. Within the first year following the diagnosis
 - d. Within 5-10 years following the diagnosis.
3. Discuss your answers with table group members. Make a short list summarizing your group's answers for 2a, b, c and d.
4. Share the group's responses through "round-robin sharing." (One table group answers question 2a and the other table groups are asked only to add what ideas they came up with that were different. Continue in the same manner for question 2b, 2c and 2d). Record answers on a flip chart. Participants will compare these to a handout in the next learning task.

5. End by asking these questions:

- How do you see support needs changing over time?
- Would anyone like to share stories of support for people living with or affected by HIV and AIDS?

Learning task for Theme 6: Dimensions of need for a person with HIV or AIDS

When ?

30 minutes

What?

Handout as per following page

Flip chart with discussion questions as per step 3 below

Handout as per step 5

How?

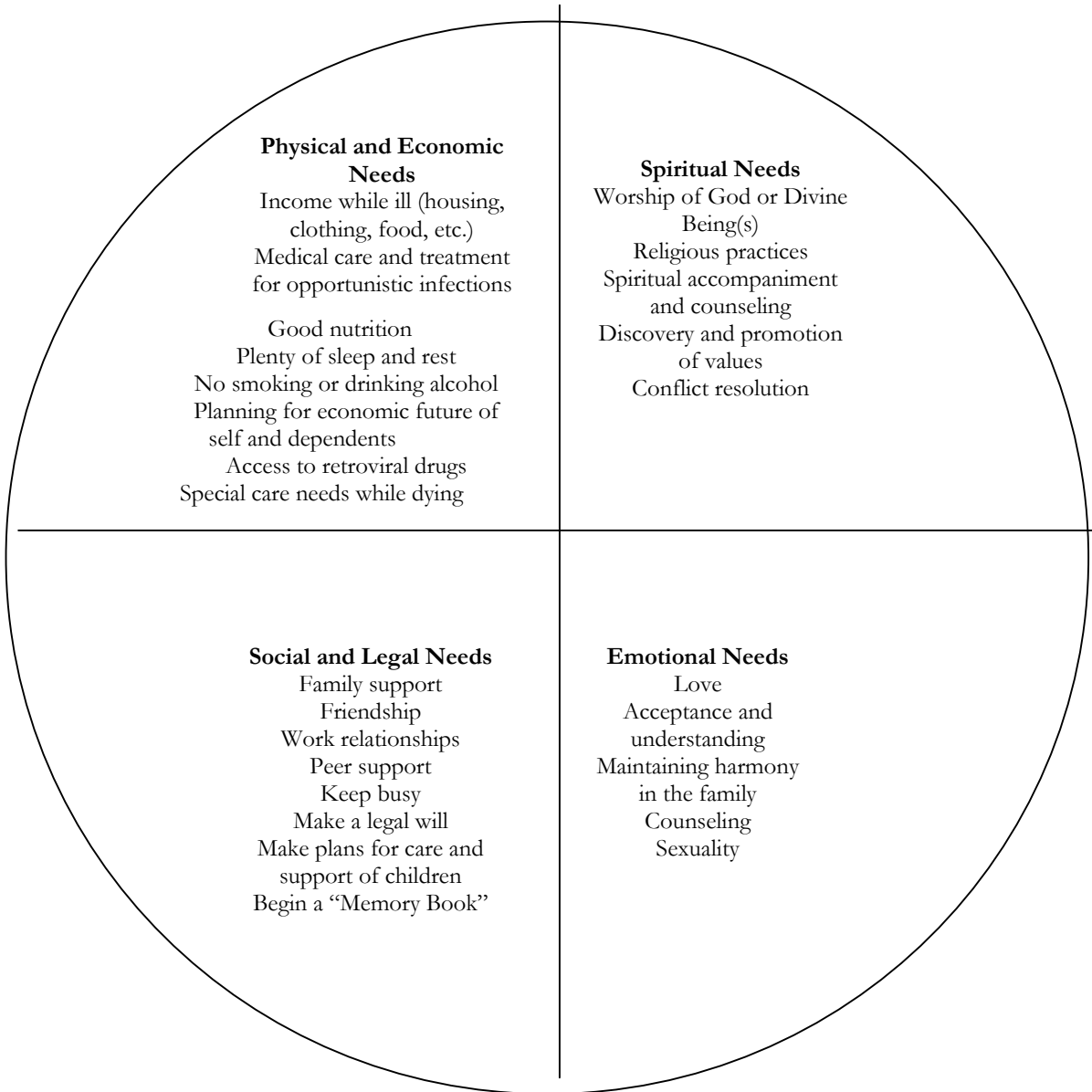
1. Show participants the handout with the chart on different areas of needs of people with HIV or AIDS.
2. Read through the chart with them or ask them to examine the chart silently for a few minutes.
3. Ask table groups to discuss the following questions:
 - How does this chart compare to the answers you gave in the last learning task? What is the same? What is different?
 - How are these needs linked – how do they reinforce each other?
 - What is missing? What might you add?
 - What services/people/resources would best fulfill the different dimensions of need in your situation?
4. Ask table groups to share their answers with the large group using round robin sharing.
5. End the session by referring participants to a handout listing relevant care and support services available. Discuss any opportunities for volunteer work that these services might need.

Facilitator note: An example of reinforcing, linked needs is that a positive attitude can prolong life and stimulate the immune system.



Sample Handout

Dimensions of Need of a Person with HIV or AIDS



Learning task for Theme 6: Spiritual guidance

When?

1.5 hours

What?

Handout on “Catholic Health Care”

Invitations to a Catholic leader and a leader from another major religious group to speak -- Reflect on relevant criteria to select speakers (e.g. reputation for compassion, knowledge of AIDS, experience working with persons living with HIV and AIDS, etc.)

Ensure that the speakers have clear guidelines on the topic and a time frame

How?

1. Introduce the session by asking a participant to read aloud the handout on “Catholic Health Care”.
2. Introduce the guest speakers. Tell participants that these speakers will share information about their religion’s faith-based responses to AIDS.
3. Invite participants to ask questions.
4. End by asking one participant to read aloud this statement, which comes from the 1990 Southern African Conference of Catholic Bishops:

“Our moral awareness and attitudes have to grow and develop. We go through stages towards a greater moral maturity. Perhaps the AIDS crisis is God’s way of challenging us to care for one another, to support the dying, and to appreciate the gift of life. AIDS need not be merely a crisis, it could also be a God-given opportunity for moral and spiritual growth, a time to review our assumptions about sin and morality. The modern epidemic of AIDS calls for a pastoral response.”

5. Thank the guests for their presentations. Invite the spiritual leaders to end the session with an appropriate prayer or meditation.

Facilitator’s note: You may wish to schedule this session so that individual participants who wish to do so may meet privately, for their own needs, with the invited leaders.



Sample Handout

Handout on Catholic Health Care

Many people with HIV or AIDS get great strength from spiritual beliefs, counseling and care. They realize that in their struggle, they are not alone. For example, while Catholic health care shares a number of aims with general health care, more is required from health care which is genuinely Catholic. In *The Rationale of Catholic Health Care*, Bishops in the USA wrote:

“As Catholics we journey in faith and love with the living, and we keep watch with the dying. Moreover, we offer hope based on our conviction that all life exists under the ordinance of God, who is a trustworthy creator and a faithful savior. Contained within this hope is our certainty that suffering need not be absurd and that death need not be tragic [...] While we make no claim that such aims are exclusively Catholic, we insist that Catholic health care must embrace these components.”

All religions have special prayers or ceremonies for people who are sick. Spiritual care is perhaps the most unique service that churches and religious organizations can offer to those affected by AIDS. In addition, AIDS raises many complex moral and ethical issues in society. Churches and religious communities include people with special training in theology and ethics. They can help clarify these complex issues.

Theme 7: CRS Policy and Principles

CRS Policy and Principles on AIDS increases participant knowledge of the policy document that informs all of CRS' work in AIDS. This document is "Called to Compassion and Responsibility: A Response to the HIV/AIDS Crisis". Two alternative learning tasks are offered. Highly literate employees review a summary document and discuss questions. An alternative learning task involves discussion of one key principle, compassion, through a review of the Bible's Good Samaritan story.

CRS Human Resource Policy on HIV and AIDS in the Workplace gives participants an opportunity to read, review and ask questions about CRS' Human Resources policy on HIV and AIDS. It is important to include key decision-makers (administrators, country representatives, or other) in this session to answer questions that may arise.

Learning task for Theme 7: CRS policy and principles on AIDS (Option 1)

When?

45 minutes

What?

Handout Excerpts from "Called to Compassion and Responsibility: A Response to the HIV/AIDS Crisis"



How?

1. Explain to participants that the CRS policy on AIDS is explained in a document entitled "Called to Compassion and Responsibility: A Response to the HIV/AIDS Crisis", by the U.S. National Conference of Catholic Bishops, November 1989.
2. Refer participants to the handout as well as to the paper with selected excerpts from this document.
3. Ask participants to read this handout silently and consider the following questions: "Which of these policy statements is most important to you personally?" "Why?"
4. When participants finish, ask a few volunteers to share their answers. Encourage discussion among participants on their choices.
5. Close this task by asking participants for any additional questions on this document.



Sample Handout

Handout for learning task on CRS Policy and Principles on AIDS, (Option 1)

The CRS AIDS Policy statement “Called to Compassion and Responsibility: A Response to the HIV/AIDS Crisis” lists five **Calls to Action**:



CALL TO COMPASSION

CALL TO INTEGRITY

CALL TO RESPONSIBILITY

CALL TO SOCIAL JUSTICE

CALL TO PRAYER AND CONVERSION

The Policy statement reaffirms points made in “The Many Faces of AIDS”:
National Conference of Catholic Bishops, United States Catholic Church. 1987.

- AIDS is an illness to which all must respond in a manner consistent with the best medical and scientific information available.
- As members of the Church and society, we must reach out with compassion to those exposed to or experiencing this disease and must stand in solidarity with them and their families.
- We must offer a clear presentation of Catholic moral teaching concerning human intimacy and sexuality.
- Discrimination and violence against persons with AIDS and with HIV infection are unjust and immoral.
- Social realities like poverty and oppression and psychological factors like loneliness and alienation can strongly influence people’s decisions to behave in ways that expose them to the AIDS virus.
- The expression of human sexuality should resemble God’s love in being loving, faithful and committed.
- The spread of AIDS will not be halted unless people live in accord with authentic human values pertaining to personhood and sexuality.
- Educational programs about the medical aspects of the disease and legitimate ways of preventing it are also needed.

Called to Compassion and Responsibility

A Response to the HIV/AIDS Crisis

National Conference of Catholic Bishops

November 1989

EXCERPTS

I. Introduction

1. *The Many Faces of AIDS*

The Many Faces of AIDS made several important points, which we now reaffirm:

1. AIDS is an illness to which all must respond in a manner consistent with the best medical and scientific information available.
2. As members of the Church and society, we must reach out with compassion to those exposed to or experiencing this disease and must stand in solidarity with them and their families.
3. As bishops, we must offer a clear presentation of Catholic moral teaching concerning human intimacy and sexuality.
4. Discrimination and violence against persons with AIDS and with HIV infection are unjust and immoral.
5. Social realities like poverty and oppression and psychological factors like loneliness and alienation can strongly influence people's decisions to behave in ways which expose them to the AIDS virus.
6. Along with other groups in society, the Church must work to eliminate the harsh realities of poverty and despair.
7. The expression of human sexuality should resemble God's love in being loving, faithful, and committed. Human sexuality in marriage is intrinsically oriented to permanent commitment, love, and openness to new life.
8. The spread of AIDS will not be halted unless people live in accord with authentic human values pertaining to person-hood and sexuality.
9. Since AIDS can be transmitted through intravenous drug use, there is need for drug treatment programs, a halt to traffic in illicit drugs, and efforts to eliminate the causes of addiction.
10. Considering the widespread ignorance and misunderstanding about HIV infection and its modes of transmission, educational programs about the medical aspects of the disease and legitimate ways of preventing it are also needed.

2. *The Obstacles Remaining*

Numerous obstacles to address the AIDS problem still remain:

- Self-abusive behavior through drug abuse and sexual promiscuity continues in this country.
- Lack of education
- Technology often outpaces ethical reflection; the study of ethics is widely neglected in school curricula.
- People infected with HIV or at risk of infection may not be aware of their situation; others shirk their basic moral obligation to refrain from behavior that can do grave harm to others.
- Persons infected with HIV still too often suffer discrimination, disrespect, violence, and inhumane treatment.

3. Three Problems and the Need for Education

First, there is the public health problem. As applied to HIV/AIDS, the term *epidemic* is sometimes misunderstood. Typically during an epidemic, new cases of a disease increase dramatically in a short period of time, peak, then decline; there may be cycles of rise and decline. AIDS cases lag behind the spread of HIV infection ... Thus, current counts of new AIDS cases do not tell us how widely HIV is spreading.

The second problem concerns discrimination arising from ignorance and fear.

The third problem is the refusal to discuss publicly the direct link between sexual activity and intravenous drug use on the one hand and HIV/AIDS on the other.

The spread of HIV can be controlled by lasting changes in the way people act. We repeat: people need education and motivation, so that they will choose wisely and well. Providing information that is both accurate and appropriate is a logical and necessary starting point.

II. A Call to Compassion

Compassion and Human Dignity

Compassion is much more than sympathy. It involves an experience of intimacy by which one participates in another's life. The Latin word *miser cordia* expresses the basic idea: The compassionate person has a heart for those in misery. This is not simply the desire to be kind. The truly compassionate individual works at his or her own cost for the others' real good, helping to rescue them from danger as well as alleviate their suffering.

The [gospel] story of the Good Samaritan presents the call to compassion in concrete terms (Luke 10:30-37).

III. A Call to Integrity

All human beings are created in God's image and are called to the same end, namely, eternal life in communion with God and one another.

Fundamentally, we are called to realize the basic goodness of our person-hood as God has created it. This is not a prerogative or an obligation only for Christians. Everyone, whether believer or non-believer, is obliged to honor the integrity of the human person by respecting himself or herself along with all other persons.

All this requires that we understand ourselves, and live, not just naturalistically, as it were - as bundles of bodily drives and instincts - but in a manner that respects the integrity of our person-hood, including its spiritual dimension. Through the grace of the Spirit, that can be done.

Youth and HIV

It is critically important that the moral and religious values we have sketched in speaking of integrity and sexuality be properly taught to the young ...

Education in human sexuality that tells young people in effect that abstinence and "safe sex" are equally acceptable options sends a contradictory, confusing message. Nor should education in sexuality be reduced to mere biological facts and processes unrelated to their ethical significance.

We repeat: Young people need to know the human and religious meanings of personal integrity and chastity.

Casual and permissive sex does not prepare people for faithfulness in marriage or help them appreciate the sanctity and dignity of the human person.

IV. A Call to Responsibility

1. AIDS and Homosexuality

The Church holds that all people, regardless of their sexual orientation, are created in God's image and possess a human dignity which must be respected and protected. While homosexual inclination in itself is not a sin, neither is homosexual activity a morally acceptable option. The Christian community should provide them [homosexual persons] with a special degree of pastoral understanding and care.

2. AIDS and Substance Abuse

Those at risk because of their use of alcohol and drugs are called to change their behavior. They merit our special attention and need to be embraced in light of their double burden of illness and addiction.

Education and treatment aimed at changing behavior are the best way to control the spread of HIV among intravenous drug users and prevent passage of the virus to their sexual partners and to children in the womb. Although some argue that distribution of sterile needles should be promoted, we question this approach for both moral and practical reasons.

3. AIDS and the Use of Prophylactics

The "safe sex" approach to preventing HIV/AIDS, though frequently advocated, compromises human sexuality and can lead to promiscuous sexual behavior. We regard this as one of those "quick fixes," which the *Report of the Presidential Commission* says foster "a false sense of security and actually lead to a greater spread of the disease."

Sexual intercourse is appropriate and morally good only when, in the context of heterosexual marriage, it is a celebration of faithful love and is open to new life. The use of prophylactics to prevent the spread of HIV is technically unreliable. Moreover, advocating this approach means, in effect, promoting behavior that is morally unacceptable. Campaigns advocating "safe/safer" sex rest on false assumptions about sexuality and intercourse. Plainly they do nothing to correct the mistaken notion that nonmarital sexual intercourse has the same value and validity as sexual intercourse within marriage."

We fault these programs for another reason as well. Recognizing that casual sex is a threat to health, they consistently advise the use of condoms in order to reduce the danger. This is poor and inadequate advice, given the failure rate of prophylactics and the high risk that an infected person who relies on them will eventually transmit the infection in this way. It is not condom use that is the solution to this health problem but appropriate attitudes and corresponding behavior regarding human sexuality, integrity, and dignity.

By contrast, there is an urgent need for education campaigns in the media, in schools, and in the home that foster a view of human sexuality that is sound from every point of view.

V. A Call to Social Justice

1. Continued Research and Care

We urge continued scientific and medical research aimed at finding a cure for HIV as well as treating persons with AIDS.

Social justice also requires that public and private agencies seek creative ways to meet the health and human service needs of those who are HIV positive.

The health and human services described should be available to all those who suffer from the disease including those without the resources to pay.

2. Routine Voluntary Testing and Educational Programs

Broadly based routine voluntary testing and educational programs are needed as a matter of public policy. These voluntary programs should always guarantee anonymity and should be preceded and followed by necessary counseling for individuals diagnosed as HIV-positive or negative.

3. Immigrants and Refugees

There are special problems associated with HIV testing for immigrants and refugees: for example, false positive test results from other countries may have the effect of excluding people from the U.S. In addition, permanent resident aliens may be unjustly deported before their circumstances can be adequately examined. A more flexible and humane government policy seems necessary.

4. The Person with HIV/AIDS as a Handicapped or Disabled Person

A growing body of legislation considers the individual with HIV a handicapped or disabled person. Discrimination against those suffering from HIV or AIDS is a deprivation of their civil liberties. The Church must be an advocate in this area, while also promulgating its own nondiscrimination policies in employment, housing, delivery of medical and dental care, access to public accommodations, schools, nursing homes, and emergency services.

5. Those Who Care for Persons with HIV

The provision of HIV/AIDS services involves some unusual problems. One of these is stress on staff.

In providing services, it is important to take into account how long a particular individual can remain on the front line, as it were, and to provide support systems that help these dedicated people deal with their own grief and anger. We also urge all health facilities to develop practical guidelines to protect physicians, nurses, paramedics, and all other health-care workers against contracting HIV and to provide adequate training and supplies for infection control.

Similar guidelines should be developed for the protection of law enforcement and corrections personnel and others in public service who may be at risk.

Dioceses should also develop guidelines not only for preventing infection but also for respite and counseling for health-care professionals, volunteers, and pastoral workers, and for family and loved ones who care for HIV-infected persons.

6. Families of Persons with AIDS

Catholic communities, especially parishes, should reach out to these families with understanding and practical help - for example, by providing respite-time from caring for their sick members. Acceptance and emotional and spiritual support are crucial needs.

VI. A Call to Prayer and Conversion

1. Discover Christ in Those Who Suffer

Our response to persons with AIDS must be such that we discover Christ in them and they in turn are able to encounter Christ in us. Although this response undoubtedly arises in the context of religious faith, even those without faith can and must look beyond suffering to see the human dignity and goodness of those who suffer.

2. Suffering and Death

Pope John Paul urges those who suffer never to lose heart. Christ.

Finally, suffering and death lead to the resurrection. Death is not the end. Christ gathers up suffering, sin, and death into his triumph. His resurrection means we also have a future which God is preparing for us in the midst of suffering and death,

3. Christian Hope and Joy

Hope is an essential component of the Christian response to suffering and death. Persons with AIDS and their families and loved ones need prayer and spiritual support to sustain them in hope.

4. Ministry to Persons with HIV/AIDS

The Church offers all its members the rich treasury of grace through its sacramental life.

We encourage all those who minister in the Church to bring the full sacramental life of Christ to those who most need to be touched by his healing hand.

We urge daily prayer for those suffering from HIV and AIDS. We also encourage dioceses to provide qualified priests, deacons, religious, and lay people who will communicate the necessary information about HIV/AIDS. Every diocese should have a list of resource persons and support systems for persons with HIV/AIDS and their families. Where appropriate, a diocese should also have a person responsible for coordinating its ministry in this area. Dioceses should likewise develop training programs for those who minister to people affected by HIV and AIDS.

EXCERPTS:

Called to Compassion & Responsibility: A Response to the HIV/AIDS Crisis

National Conference of Catholic Bishops,

November 1989

United States Catholic Conference - Publication No.327-2

ccr_POL.rtf

Learning task for Theme 7: CRS policy and principles on AIDS (Option 2)

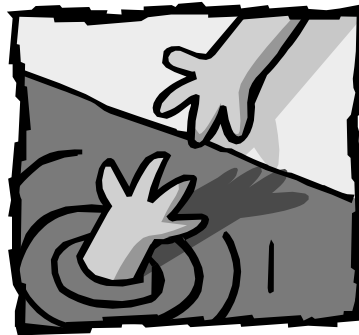
When?

45 minutes

What?

Questions written on a flip chart as per step 4 below

How?



1. Tell participants that CRS' AIDS Policy is based on the document "Called to Compassion and Responsibility: A Response to the HIV/AIDS Crisis", by the U.S. National Conference of Catholic Bishops, November 1989. This policy states that: "As members of the Church and society, we must reach out with compassion to those exposed to or experiencing this disease and must stand in solidarity with them and their families."
2. Now, ask participants to listen to this excerpt from the Bible on the Good Samaritan (Luke 10: 30-37). Ask a participant to read the story.

A lawyer questioned Jesus on what he must do to inherit eternal life. Jesus reminded him that he must "Love the Lord your God with all your heart [...] and your neighbor as yourself." The lawyer then asked, "Who is my neighbor?" Jesus replied with this story:

A man was on his way from Jerusalem down to Jericho when he fell in with robbers, who stripped him, beat him and went off leaving him half dead. It so happened that a priest was going down by the same road; but when he saw him, he went past on the other side. So too a Levite came to the place, and when he saw him went past on the other side. But a Samaritan who was making the journey came upon him, and when he saw him was moved to pity. He went up and bandaged his wounds, bathing them with oil and wine. Then he lifted him on to his own beast, brought him to an inn, and looked after him there. Next day he produced two silver pieces and gave them to the innkeeper, and said, "Look after him; and if you spend any more, I will repay you on my way back."

Jesus asked, "Which of these three do you think was neighbor to the man who fell into the hands of the robbers?" The lawyer answered, "The one who showed him kindness." Jesus said, "Go and do as he did."

3. Ask table groups to discuss the following questions:
 - How was compassion illustrated in this story? What were the Samaritan's attitudes, judgments and actions?
 - In what ways do people in our own society act as the various characters in this Bible story in regards to people with HIV and AIDS?
 - What are their attitudes, judgments and actions?
 - How is compassion shown or not shown?
 - What are the consequences?
 - What are the challenges of being a Good Samaritan to people with AIDS?
3. Ask table groups to share their answers to the questions using round robin sharing.
4. Close by thanking participants for their work. Invite participants to silently reflect and offer a prayer if they wish.

Learning task for Theme 7: CRS human resource policy on HIV and AIDS in the workplace

When?

1 hour

What?

HIV/AIDS in the workplace document (see next page)

Appropriate administrator or country representative is invited

How?

1. Tell participants that this session is for them to thoroughly understand the HIV/AIDS policy document of CRS as this includes specific descriptions of their rights and responsibilities as CRS employees.
2. You may also choose to have a participant read each section, going section by section through the policy. After each reading, ask participants for questions of clarification.
3. Invite the appropriate administrators or country representatives to answer questions that participants raise.

Facilitator note: Highly literate participants can be given 10 minutes to review the document. Ask them to note questions or comments as they review it.



Sample Handout

HIV/AIDS IN THE WORKPLACE

HR Policy

Document #: POL-HRD-GEN-0010

Version #: 1

Document Owner: Human Resources

Date of Last Update: 06/08/2001

General Description

Purpose: The Agency is committed to maintaining a work environment that reflects Catholic Social Teaching and the foundational belief in the inherent worth and dignity of each person and is, therefore, responsive to the workplace issues created by AIDS and HIV.

Description: This policy responds to the unique concerns caused by the HIV and AIDS pandemic and the implications for the workplace. It outlines the rights of staff to information about AIDS, health care, and non-discrimination in the workplace, and outlines the responsibilities of staff to learn about AIDS, to support one another, and to act in a non discriminatory manner.

CRS' AIDS policy,"Called to Compassion and Responsibility: A Response to the HIV/AIDS Crisis by the U.S. Conference of Catholic Bishops", Nov. 1989, states that "as members of the Church and society, we must reach out with compassion to those exposed to or experiencing this disease and must stand in solidarity with them and their families."

CRS's policy toward its employees reflects the compassion and responsibility explicitly called for and extended to beneficiaries in each and every one of the Agency's AIDS programs worldwide. CRS strives to create a workplace that is as sensitive and responsive to the needs of its employees as it is the communities it serves.

In accordance with the principles of Catholic Social Teaching and our policy on Equal Employment Opportunity (See: "POL-HRD-EMP-0019") CRS treats AIDS and HIV infection the same as any other medical condition. The following guidelines are intended to assist managers and supervisors in maintaining a work environment that is responsive to the issues created by AIDS and HIV infection and the concerns of employees who may request management assistance.

The Agency does not discriminate against any qualified individual with a disability, including HIV and AIDS, with regard to job applications, hiring, advancement, termination, compensation, or training, except where this runs contrary to local law (e.g. some countries refuse visas to individuals who are HIV infected).

CRS will treat HIV infection and AIDS the same as other medical conditions in terms of all of our employee policies and benefits, including health and life insurance, disability benefits and leaves of

absence. Employees living with or affected by HIV infection and AIDS will be treated with compassion and understanding, as would employees with other serious health conditions. If the insurance provided by CRS fails to provide the same coverage for AIDS related illnesses, including the provision of medicine, as it does for other illness, the country program should contact Human Resources for guidance.

"Every precaution should be taken to protect the confidentiality of records, files and other information about the HIV status of employees." *The Many Faces of AIDS: A Gospel Response*, U.S. Catholic Bishops' Administrative Board, 1987. An employee's health condition is private and confidential. An employee with AIDS or HIV infection is under no obligation to disclose his or her condition to a manager or any other employee of the Agency unless medical certification is required for use of a benefit or to support a request for reasonable accommodation. Managers and supervisors are expected to take all reasonable precautions to protect the confidentiality of information regarding any employee's health condition, including an employee with AIDS or HIV infection. Any employee who acquires such information, even if obtained personally from the individual, must respect the confidentiality of the medical information. Failure to do so will result in disciplinary action.

CRS recognizes that a supportive and caring response from managers and co-workers is an important factor in maintaining the quality of life for an employee with AIDS or HIV infection. Managers and supervisors should be sensitive to the special needs of employees and assist them by demonstrating personal support, referring them to counseling services and arranging for a review of benefits as necessary.

Current medical and scientific evidence indicates that AIDS does not present a risk to the health or safety of co-workers in the workplace. The Agency recognizes that AIDS is a life-threatening illness that is not transmitted through casual personal contact under normal working conditions.

Co-workers will be expected to continue working relationships with any employee who has AIDS or HIV infection. Managers and supervisors are encouraged to contact the Human Resources Department or their Country Representative for assistance in providing employees with general information and information about AIDS and HIV infection.

An employee with AIDS or HIV infection is expected to meet the same performance requirements applicable to other employees, with reasonable accommodation if necessary.

All offices will periodically provide training on AIDS to their staff, including education on transmission, sensitivity training, and other workplace issues. The training should be tailored to the local environment.

CRS is following the progress of medical research on AIDS and HIV infection. If any significant developments occur, these guidelines will be modified accordingly.

Scope: This policy applies to all Domestic (US-Based), International and National employees.

Theme 8: Closure

Closure exercises help participants reflect on where they have been and where they will go from here. These exercises help make a graceful ending for the workshop.

Our Special Request allows participants to share ideas within a peer group (older women, younger women, older men, younger men or other relevant groupings) about what they feel are important issues around HIV and AIDS. Doing this simple exercise helps participants to synthesize what meaning or lessons they've drawn from this workshop.

Looking Forward gives space and time for participants to think about what should or what might happen next. Participants have the choice of making detailed action plans or simply suggesting broad directions that CRS country programs might explore. Listing a new set of questions about HIV and AIDS at this juncture is something of an evaluation exercise. The quality of these questions allows facilitators to judge, in part, how successful they have been in encouraging critical reflection among participants.

Learning task for Theme 8: Our special request

When?

30 minutes

What?

Group participants in peer groups (for example, each group contains people of the same sex and roughly the same age group). Each peer group sits at a separate table.

How?

1. Ask each participant to think of one special request concerning his or her own life and HIV, which he or she would like to ask his or her colleagues in the CRS country program office to accept.
2. Ask participants to share and discuss their responses with their peer group.
3. Ask each table group to come to agreement on one special request that they all agree upon is the most important.
4. Ask each small group to share their responses with the large group.
5. Thank them for their answers.

Learning task for Theme 8: Looking forward

When?

30 minutes

What?

Blank flip charts on tables

Marker pens

Flip chart with questions as per step 3 below



How?

1. With the large group, take a few minutes to review the objectives and participant expectations for this workshop. Tell participants they will be evaluating how well those objectives and expectations were achieved in this workshop.
2. Tell participants that they will now spend a few minutes discussing ideas for future actions around HIV and AIDS.
3. Ask table groups to discuss the following questions and write their answers on flip charts in large, clear print.
 - Now that you have learned and discussed more about HIV and AIDS over the past few days, what questions remain that you would like answered?
 - What are your interests at this point for future discussions, activities or actions on HIV and AIDS?
4. Ask groups to display their charts and share their questions and interests. Invite comments by other members of the group for each presentation.
5. Ask for any final comments by workshop participants.
6. Ask the participants to fill out and hand in the final evaluation for the workshop.
7. Thank the participants, guests and speakers, and those responsible for “housekeeping” and logistics, for a successful workshop.

Facilitator note: You may give them a few examples to get them thinking, such as peer support groups, having a working group on HIV/AIDS and the workplace or other.



Sample final evaluation

FINAL EVALUATION FOR WORKSHOP
ON HOPE AND HEALING

1. What sessions did you like best? Explain why you liked them best.
2. What sessions did you like least? Explain why you did not like these sessions.
3. What do you feel is the most important thing you learned about HIV and AIDS in this workshop?
4. Name at least one thing that would improve this workshop if it were done again with other participants.



Sample final evaluation (continued)

FINAL EVALUATION FOR WORKSHOP
ON HOPE AND HEALING

5. How do you rate the facilitators' skills? Circle one:

VERY GOOD AVERAGE FAIR POOR
GOOD

COMMENTS:

6. How do you rate the workshop venue and facilities? Circle one:

VERY GOOD AVERAGE FAIR POOR
GOOD

COMMENTS:

7. How do you rate the guest speakers and resource people (people who were available to answer technical or scientific questions) Circle one:

VERY GOOD AVERAGE FAIR POOR
GOOD

COMMENTS:

References and Resources

The documents provide background reading and reference for each theme in the Manual. The corresponding theme numbers have been identified.

Note that documents containing a CRS Reference Library number can be obtained by citing the reference and contacting Sister Ann Duggan at: aduggan@catholicrelief.org

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