



PEACE CORPS

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# **HIV/AIDS:**

INTEGRATING PREVENTION  
AND CARE INTO YOUR SECTOR

IDEA BOOK  
Mo081

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Abridged Dewey Decimal Classification (DDC) Number: 616.97

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# **HIV/AIDS: INTEGRATING PREVENTION AND CARE INTO YOUR SECTOR**

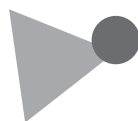


**Peace Corps**

**July 2000**

**Information Collection and Exchange  
Publication No. MO081**

Reprinted \_\_\_\_\_



# The Idea Book Series

This Idea Book is one of a series of booklets produced to share specific activities you may be interested in replicating. You are encouraged to submit your successful activities to this series. Other titles in the series are listed below, and new ones are being produced continuously. All of these ideas come from the work of Volunteers. Most of them were submitted just as they are printed—there is no additional information. Others were parts of larger reports. Where there are additional reference materials for an idea, notations tell you how to obtain them. There is also a reference section at the end of the booklet. Please contact the appropriate person/group to follow up on the ideas.

You will find a form on the final page of this booklet with instructions.

## **Titles in the Idea Book Series:**



Beyond the Classroom: Empowering Girls (ICE No. M0080)

DPM: Integrating Disaster Preparedness and Mitigation  
in Your Work (ICE No. M0084)

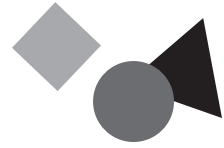
In the Classroom: Empowering Girls (ICE No. M0083)

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PACA: Using Participatory Analysis for  
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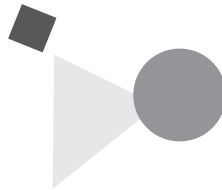
Small Assistance Program: Supporting Sustainable  
Community Development (ICE No. M0082)





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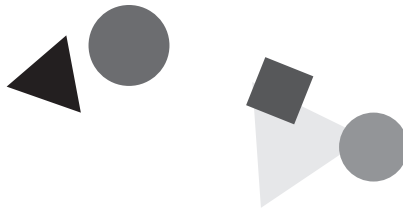
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## Acknowledgments

Numerous field and headquarters staff worked to complete the publication of ***HIV/AIDS: Integrating Prevention and Care into Your Sector***. The Peace Corps appreciates the contributions of articles, ideas and photographs by Volunteers, counterparts and staff throughout the world; and the efforts of all those who participated in this process.



# Introduction

Currently, well over 33 million people are infected with HIV worldwide. It is very difficult for any Peace Corps Volunteer (PCV), regardless of your project area, to ignore the impact that this epidemic has on your work and your personal life. This is especially true if you are working in sub-Saharan Africa where approximately 70 percent of the people that are infected with HIV currently live. Because of this reality, the Peace Corps has adopted the policy that all Volunteers entering service in Africa are trained in HIV / AIDS prevention and care.

This Idea Book offers some practical strategies for assessing and responding to the effects of HIV on each of Peace Corps' project areas, including: Agriculture and Environment, Small Enterprise Development, Health, Youth, and Education. The book also offers examples of creative and effective strategies used by Volunteers to integrate the issue of HIV into their activities through collaboration with other sectors or by designing activities targeting those most affected by AIDS.



One of the lessons learned from HIV programming over the years is that this disease is not only a health problem, but a development problem. Merely teaching populations the basics of HIV transmission and the A,B,Cs of prevention (Abstinence, Be Faithful, and use Condoms) is not enough to change behaviors. Behaviors are influenced deeply by environmental conditions and social norms. Without adequate income, people engage in behaviors that put them at risk for disease. Without adequate food, diseases progress more rapidly. Without education, social support, and protection of human rights, people become increasingly isolated and vulnerable to disease and discrimination.

Work in every project area can impact the AIDS epidemic. For example, work on inheritance rights for women, education of girls, and income-generating activities for orphaned youth are HIV prevention and care activities, whether the word "AIDS" is mentioned or not. HIV / AIDS cannot be dealt with effectively in isolation, but must be approached through an integrated cross-sectoral strategy that is sensitive to community norms and values. No matter what sector of the Peace Corps Volunteer effort you represent, you can make a difference in addressing this pandemic.

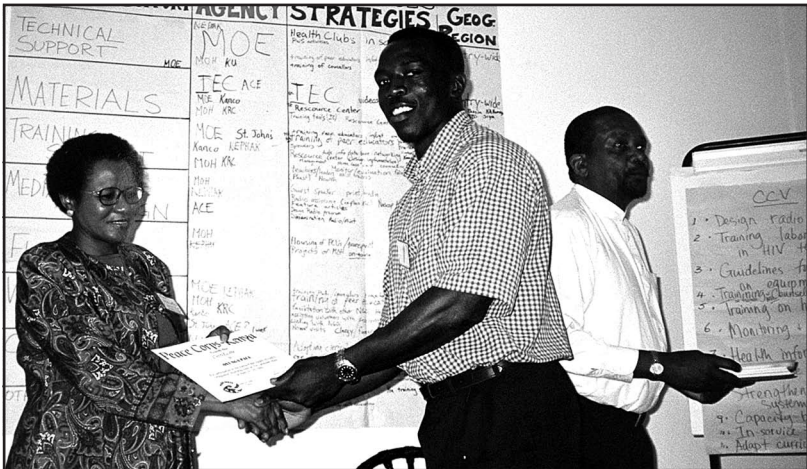
As you read this Idea Book, look for ideas that you can apply in your own community and in your project. The choice of which ideas are most appropriate will depend on the needs and priorities of your community identified by a thorough participatory appraisal at the beginning of your service.

The important message to take from this Idea Book is that your work can make a contribution to the prevention of HIV and to the care of people affected by HIV while meeting your primary goals in agriculture, business development, education or any other sector. This can be accomplished by factoring the needs of your community's HIV-affected population into the appraisal process. You will see questions in each section, entitled "Questions to Explore," that are designed to help you assess and respond to these considerations.



# HIV/AIDS Project Design in Your Community

HIV/AIDS can be a very sensitive issue in many communities, and there are often complex reasons for the way it is perceived by community members. Because this is so often the case, the following guidelines for activity planning in your community assume that there will be some difficulties involved. In other communities, however, HIV and sexuality issues may not be so sensitive, but it will still be necessary for you to be aware of community practices and beliefs and to encourage community members to lead prevention and care planning efforts. It is important to remember that prevention and care interventions should facilitate a feeling of personal and community responsibility. Additionally, interventions should encourage the community to recognize that they have the tools to prevent HIV transmission and the ability to create positive environments for those already infected and affected by the virus.



Kenya Peace Corps Director, Winnie Emoungu, gives certificate of appreciation to Allan Ragi, Director of the Kenya AIDS NGO Consortium (KANCO) at an HIV / Water Sanitation Workshop.

## Elements of the Planning Process

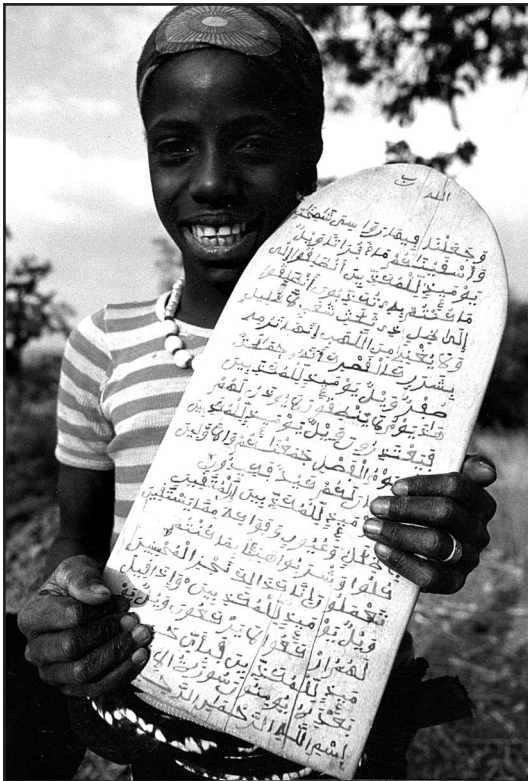


You can use the following points as a checklist of things to keep in mind as you plan your intervention strategies and messages.

- ❑ **Work with community members** from concept development and planning through carrying out the activity. The community with which you are working will know the best ways of stating a message, where and when the message should be stated, what motivates people, and what is important to people.
  
- ❑ **Use the local culture and health beliefs in the message.** In order to have a truly participatory process, people must use their own beliefs and knowledge in any development activity. Using a participatory process helps to ensure that the results or message of the activity will be accepted and internalized by community members. Interventions need to make cultural, social, and economic sense to the educators as well as the intended audience if the activities are to progress after you leave.
  
- ❑ **Utilize interpersonal communication.** Projects that utilize mass media should also utilize interpersonal communication to reinforce mass-media messages. The person-to-person exchange of information can make a great deal of difference in whether people remember and take to heart the messages you are trying to communicate.
  
- ❑ **Utilize communication strategies that are culturally familiar.** There are often people in the community who are recognized for their prowess with language. They are well respected and are experts at the subtleties and intricacies of the host-language. Oral communication and storytelling may be more familiar and more culturally appropriate than reading brochures.



- ❑ **Utilize positive motivational messages.** Depicting individuals who have been ravaged by AIDS does not work as a prevention motivation. There is a need to normalize the disease and make it relevant to everyday life. Fear-based messages work more to demonize those infected, and less to change daily behaviors.
- ❑ **Accept the fact that these things can move *slowly*,** and may often seem stuck. But, also realize that there may often be undercurrents and concerned murmurs below the surface, and that people in the community may be talking about the issues, even though you may not be aware of it.



In Guinea, one aspect in the planning process was making sure to integrate cultural and religious values.

## Pre-Activity Learning and Groundwork

This is an intense learning period for you, the PCV. In order to understand how HIV/AIDS is affecting the community and to establish a direction for intervention activities, you must clarify your understanding of the cultural and social dynamics of the community and the local practices and beliefs that can either guard against or promote HIV transmission. This is also a time when you will begin to establish relationships and build trust with the people who will be involved in planning and carrying out HIV interventions.

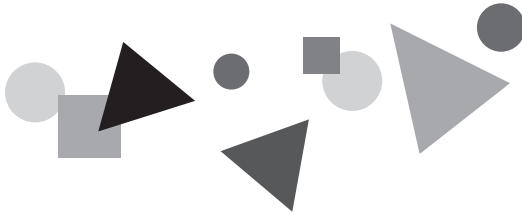
- ▶ The “Questions to Explore” in the sector-specific portions of this book address area-specific learning and assessment.
- ▶ You will need local support for HIV/AIDS interventions. Establish relationships with local decision-makers, religious leaders, traditional healers, midwives, and respected individuals in the community. Engage them in dialogue on the issues that are important to them, and learn about their perceptions and beliefs on a range of subjects. Do more listening than speaking and accept beliefs and perceptions with respect.
- ▶ Expect and accept initial resistance by community leaders and allow them to learn and engage in conversation with you on their own terms. You as the PCV should avoid



Establish relationships with local decision-makers, religious leaders, traditional healers, midwives, and respected individuals in the community.

confrontation with leaders, decision-makers, and respected individuals. However, you can support those community members who, in their efforts to affect change, may be willing to rock the boat a little.

- ▶ Identify already existing groups and institutions in the community and learn about the work they do and how they are perceived by other members of the community.
- ▶ Find out how people learn and to whom they listen. How do messages get transmitted? Is it an oral culture? Who are the well-respected orators? How do music, dancing, and poetry play a part in conveying messages? Do people listen to the radio? How are health messages conveyed? Who conveys them?
- ▶ Identify existing perceptions of HIV/AIDS. How do people currently talk about HIV/AIDS? How do people talk about sexual issues? Do people feel comfortable talking about sexual issues in a direct fashion or do people use allusions or allegory? How susceptible do people believe themselves to be to AIDS? What are the beliefs about who gets AIDS?



**At the annual National Women's Work Fair in Niger, a woman nurse spoke to over 60 women about AIDS and STD prevention. This topic is closely linked to religious issues, so this session was followed up by a woman talking about women's rights under Islam.**

## Establishing the Direction/Content of Your HIV/AIDS Activity



One of the most important things to remember when thinking about the course of an activity is to ***match interventions with current health practices***. Development in a community builds on what exists. Therefore, any behavior-oriented message must build upon the accepted cultural health practices and beliefs of that community.

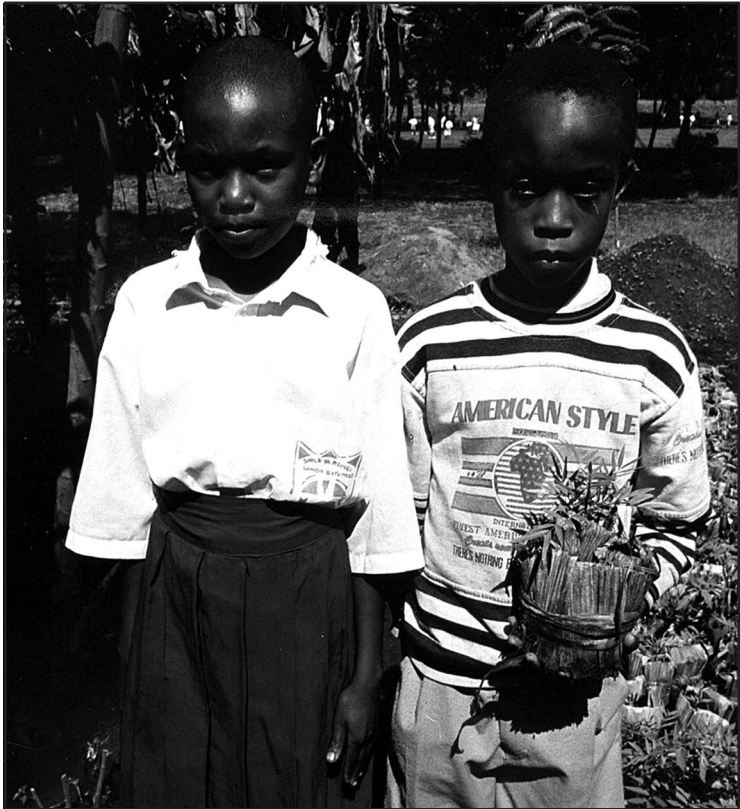
- ▶ **Define the focus of the activity.** Of the behaviors that seem to increase the risk of HIV transmission, which are associated with culture? Which behaviors are likely to change? Which are less likely to change? What might be some difficulties in proposing behavior change? Would people consider substituting a high-risk cultural practice with a low-risk cultural practice? What information do people need to change behavior and from whom do they need to hear it? What political or economic circumstances need to be addressed that will facilitate the ability to change behavior? What support can the community provide to those infected or directly affected by HIV and how will support differ based on age, sex, or ethnicity? Talk about these things with people with whom you have established a relationship.
- ▶ **Involve leaders, respected individuals, and decision-makers as an advisory group** and/or in the activity planning process. It is absolutely vital that these respected community members and institutions be involved, and that you build trust with them. Once they jump on the bandwagon, other members of the community are more likely to respond and accept the message and/or participate in the intervention activity.
- ▶ **Identify the positive health beliefs that already exist** and which can be built upon or emphasized to reduce HIV transmission. Identify, in conjunction with community members, the practices that are dangerous and engage in dialogue to seek alternatives.

- ▶ **Identify the method of intervention and use the language of the listener.** This includes not only the WORDS of the listener, but also the WAY in which things are said. Respect the “how” of communication in addition to thinking about the “what” (content) of the message. People will be more willing and interested to learn something if it positively refers to the local culture and uses culturally appropriate methods to transmit the message.
  
- ▶ In conjunction with your advisory group and other involved community members **establish the message(s), the activity, the vulnerable population, and the population that influences the vulnerable population.** Avoid targeting any one group as the culprit. Messages should use positive cultural health beliefs, send positive messages, and capitalize on the inherent strengths of the community.
  
- ▶ **Use Participatory Analysis for Community Action (PACA) to plan your activity.** The Peace Corps has created a series of tools that can help you and your community to define your course of action. Participatory Analysis for Community Action (PACA) was developed to provide a set of gender-sensitive tools to facilitate the implementation of an approach where projects and programs are shaped in a participatory process, with voices of all the stakeholders defining their own development. The following are descriptions of two PACA tools.
  - ***Needs Assessment and Priority Ranking*** – This tool provides the means to identify principal constraints and to elicit opportunities for project intervention based on community preferences. It can serve as an initial community planning tool as well as a monitoring and evaluation tool.





- **Daily Activities** – At one level, this technique is meant to identify the routine daily labor demands of men and women, as well as girls and boys. This information provides valuable insights into both the labor constraints of each group as well as the areas where labor-saving technologies might be readily adapted. At another level, this technique demonstrates the gender-based perceptions of the workload of each group. In this sense, the technique helps to raise awareness with regard to the contribution that different groups make to overall household welfare. Finally, the information developed can serve as baseline data to return to as a way to monitor the impact of project activities on people's time allocations.

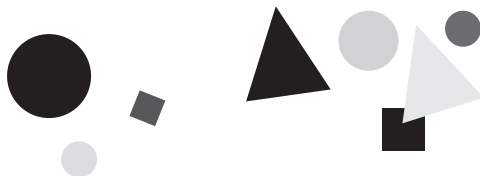


Participants of the Primary School Tree Nursery in Tanzania.



► **Plan activities based on the continuum of HIV infection in your community:**

- ***Phase 1 – Low HIV prevalence and lack of awareness about the epidemic:*** Get the message out about HIV transmission and prevention to as many people as possible through media and community awareness events like drama competitions. Give clear messages as to how people can protect themselves, their families, and their communities from HIV. Identify and work with community leaders to help disseminate the message.
- ***Phase 2 – Increased HIV prevalence:*** Identify the most vulnerable populations and those who influence them. Conduct small group interventions like peer education to increase life skills and increase attitudes of self-esteem and self-sufficiency. Incorporate effective behavioral change theory into your interventions. Give messages that reduce discrimination and stigmatization of people living with HIV/ AIDS.
- ***Phase 3 – Increasing HIV prevalence (over 10 percent):*** continue prevention activities that encourage HIV testing and early treatment of STDs and opportunistic infections. Involve people living with HIV in support groups, program planning, and HIV educational presentations.
- ***Phase 4 – High HIV prevalence (25 percent) and increased mortality due to AIDS:*** Design programs to reduce stress on extended families, train family members in home-based care, work with AIDS orphans and vulnerable children, provide income-generating activities and sustainable food sources as well as inheritance rights for AIDS widows.





## Potential Obstacles and Strategies for Dealing with Them

There are many obstacles that can inhibit any community intervention activity. HIV / AIDS has historically been an issue that has encountered resistance at international, national, and local levels. Often, people are reluctant to engage in discussion of these issues for a variety of political or cultural reasons, and may be unwilling to accept the existence of the virus. In some areas, the anger and denial that accompany HIV / AIDS prevention efforts may be the result of a backlash caused by inappropriate and culturally insensitive approaches in past interventions.

On the other hand, your position as a Peace Corps Volunteer allows you the unique ability and required time to engage in intervention strategies that are culturally appropriate and responsive. Additionally, Volunteers work in a variety of sectors, which allows them to appreciate the complexities of their host communities and to forge relationships with a wide range of community members in ways that are distinct from other development organizations. Volunteers themselves are creative, energetic, curious, and sensitive, which further increases their capacity to work in host communities.

However, although Volunteers have these advantages, many of you will nonetheless encounter obstacles. Obviously, there are as many ways to overcome obstacles as there are Volunteers and communities. Following are some of the most common obstacles and possible strategies for dealing with them. It is important for you to remember, however, to be patient with yourself and to involve community members in overcoming any adversity that you face.

<h1>YOU</h1>	
<b>Obstacle</b>	<b>Strategy</b>
Fear of infection	Educate yourself, practice abstinence or safe sex, and use universal precautions by avoiding direct contact with blood.
Fear of losing focus in your non-health related project or fear that your whole project needs to be about HIV/AIDS	You do not need to address HIV directly to work on HIV prevention or care. If you are aware of how HIV affects your community you may address these issues through the impact that your specific sector has on the problem. Simply include those affected by the epidemic in your audience and be alert to their needs and issues.
Fear of broaching the subject in your community because it seems culturally inappropriate	One reason for encouraging Volunteers in all sectors to work on HIV is that it may be culturally inappropriate to confront HIV/AIDS head-on. You can positively impact the HIV situation even if you don't explicitly mention HIV in your activities. Additionally, once you establish friends and a base of trust in your community, it will probably be easier to broach the subject.
Cultural dissonance between you and the community	Although you may use decision-making skills to help yourself and others assess the possible consequences of given actions, avoid moralizing on behaviors that you perceive as dangerous, ineffective, and/or superstitious. Be aware of your own cultural biases and discuss them with other PCVs.
Belief that the community refuses to adjust to current circumstances and belief that change cannot happen	Recognize that communities are dynamic entities, and that although proposals to change can cause initial resistance and fear, most societies have culturally specific mechanisms for adjusting to social or environmental circumstances. Over time, both you and those around you will experience change.
Frustration, sadness, feelings of being overwhelmed, apathy	Re-evaluate your work and recognize your accomplishments. Learn something new and interesting about your community, make yourself attend community events, write, visit other Volunteers.

<b>LOCAL</b>	
<b>Obstacle</b>	<b>Strategy</b>
Blame and discrimination against people with HIV	Most countries now have non-governmental organizations (NGOs) working in human rights issues and associations of people living with HIV/AIDS. Search out these resources and use them in your project.
Poverty and need for basic essentials for survival may be seen as more important to the community than either your sector issue or HIV/AIDS	Recognize this as a valid perception. Help the community to find resources to meet these basic needs or partially meet these needs with your project. For example, serve food at meetings or train your audience in income-generating skills related to your sector.
Misinformation and myths about HIV/AIDS	Good materials that clarify information about HIV exist in the <i>Life Skills Manual</i> and other resources listed at the end of this book. Your local Information Resource Center (IRC) at post may have additional materials or your APCD may help you find a host-country expert to address these issues.



The Ghana Youth Club grew certified organic hot peppers.

# HIV and the Environment

Agriculture / Agroforestry, Environmental Education, and Natural Resource Management have been combined into one section because many Volunteers who work in these areas are concerned with the sustainability of the environment as it relates to human activity. Additionally, many of the economies and societies in which Volunteers work are to some degree subsistence, which means that livelihood security, often agricultural in nature, relies on the natural resource base. The common denominator in many of these projects is related to finding solutions that ensure livelihood security, while also enhancing and protecting the surrounding natural resource base.


**A Volunteer in Malawi conducted research into the indigenous food plants that are presently used by communities, as well as those that were used in the past, but have now been displaced as a result of current environmental and agricultural practices. The Volunteer identified six hundred edible plants that could be incorporated into the Malawian diet, and which can supplement current diets and add nutritive value to food that is normally derived from agricultural systems. Proper nutrition, in turn, can help to boost and to support the immune systems of those infected by HIV. Because these plants are indigenous, they are well adapted to the local environment and require less maintenance (and less energy expenditure) than agricultural systems. Volunteers conducted trainings with counterparts, extension workers, and representatives from village outreach programs and encouraged them to implement nutrition education based on indigenous plants in their respective communities.**

HIV/AIDS impacts these sectors in a variety of ways and Volunteers can contribute to prevention and mitigation of HIV/AIDS through various activities. Natural Resource Management Volunteers, for example, can ease the burden of those living with AIDS by building mudstoves, which are more energy efficient, and help to reduce the workload of those who may be weakened by the disease. Volunteers can work with people to find ways to enhance daily nutrition, identify local “green” medicines and healthy indigenous plants, and/or investigate the viability of ecological approaches to improved production, all of which can mitigate the impact of AIDS and improve livelihood security. In Tanzania, for example, AIDS groups are investigating the effects of local roots that seem to help alleviate symptoms of diarrhea, fever, and herpes zoster.

## Ways in Which HIV/AIDS Impacts the Environment Sector



- ▶ The work of Volunteers in some regions has been affected because many of the populations who are targeted for agricultural intervention are increasingly becoming sick and dying. The primary impact of AIDS in farming communities is loss of labor.
- ▶ Extension programs may be negatively affected because extensionists may be sick, or otherwise occupied caring for family or attending funerals and/or because the populations with whom they work are sick or attending burials.
- ▶ The United Nations Population Information Network reports the following effects of labor shortages in farming communities:
  - Reduction in the acreage of land under cultivation.
  - Delay in farming operations, such as tillage, planting, and weeding.

- Reduction in the ability to control crop pests.
  - Decline in crop yields.
  - Loss of soil fertility.
  - Shift from labor intensive crops to less labor intensive crops, which is necessitated by a reduced labor force.
  - Shift from cash oriented production to subsistence production. Cash crops often demand higher inputs, which, in some communities, are becoming increasingly difficult to supply as a result of dwindling monetary and labor resources.
- 
- A medicinal kitchen garden in Tanzania.
- Reduction in the range of crops per household.
  - Decline in livestock production, which may result from inability to care for livestock or a situation in which the household is forced to sell remaining livestock in order to pay for medicines for sick family members.
  - Decreased food security.
  - Knowledge drain. Orphans may be left to farm who don't yet possess the knowledge of their elders.
  - As the younger segments of society continue to weaken and die as a result of AIDS, the burden of responsibility for caring for households and agricultural fields will increasingly be borne by the elderly, who may be less able to meet the rigorous labor demands that farming entails.



### Questions to Explore

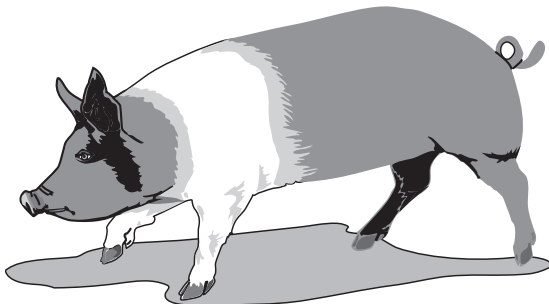


A high HIV / AIDS prevalence manifests itself in various ways that may not be easily discernable by a newly posted Volunteer. For example, farmers and their families may often find it necessary to adjust their agronomic practices or plant crops that are less labor-intensive as a result of a dwindling labor source. In some communities, coffin-making shops have become more common, while other businesses have suffered or collapsed. Because you, as a newly posted Volunteer, are new to the area, you may not be familiar with how HIV is impacting the community. The following questions provide some topics for your consideration and /or discussion with community members and fellow Volunteers. It is important to consider the cultural implications of asking a question directly, and to always respect the answers received. Additionally, and importantly, a change or death in the community is not always related to AIDS. These questions provide direction for inquiry in the community, but they **do not** assume that you will find AIDS-related answers.

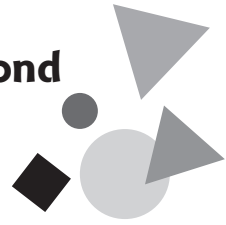
- ▶ What are people growing? Has that changed recently? If so, why? What would people prefer to grow?
- ▶ What plants do people use to supplement their diet? Are those plants available within a relatively short walking distance?
- ▶ Are people currently able to meet their necessary labor requirements? (**NOTE:** *Often, in subsistence communities, including those not affected by HIV/AIDS, people have difficulty in meeting labor requirements. This may be the result of decreasing soil fertility, which necessitates farming more land to achieve the same yields.*) How recently have labor requirements changed and what brought about the change?
- ▶ What evidence do you see of resource degradation? Discuss with community members when this began to happen and why.



- ▶ Have gender roles, as they apply to the production system, changed recently? For example, do you see women taking care of things that were generally the responsibility of men? Are girls taking on more responsibility?
- ▶ Are boys or girls increasingly being taken out of school to help with family farms or the family livelihood?
- ▶ Do you see any children who are the primary caretakers of the production system? What are some of their difficulties? How has their responsibility changed in the production system recently?
- ▶ Have you met anyone that has taken their land out of production or sold land? Why? What have the consequences been?
- ▶ Do you know anyone who has had to sell a large portion of their livestock lately? Why?
- ▶ Has anyone had any livestock stolen recently? How did it happen?
- ▶ Has anyone been unable to plant or harvest a crop in the last year or two? Why?
- ▶ Have you seen any crops that have been broadcast sown, which are normally planted in rows? (If farmers are strapped for time and /or energy, they may broadcast, rather than plant in rows, which is more time and energy consuming.)



# Environment Volunteers Respond in Different Ways



## Permaculture and HIV/AIDS in Malawi

Two Volunteers, one an HIV / AIDS Educator and the other a Nutritionist, have developed a unique cross-sector and collaborative approach to their projects. They teamed up with the various extension workers that serve the local geographical area. Six sectors are currently represented: Health, Nutrition, Agriculture, Environment, Forestry, and Agro-Forestry. As a result, this group approaches their development work as a team.

These Volunteers have also incorporated a philosophy known as permaculture (**permanent agriculture**) into their project. Permaculture is an agricultural-based school of thought, rooted in the fact that no single problem or solution stands on its own. An immune-related disease like AIDS is linked to better nutrition. Better nutrition is linked to higher soil fertility and proper environmental practices. The ability to make educated, healthy decisions is directly related to all of these sectors.

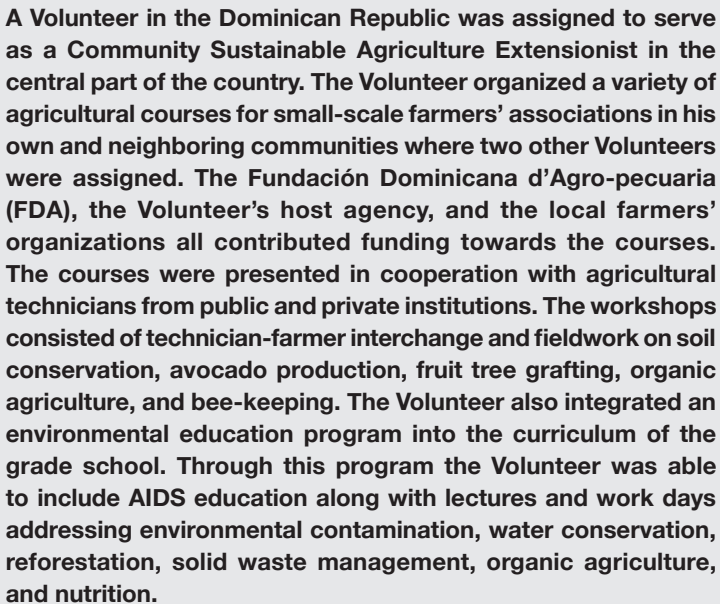
In recognition of this balance, permaculture is comprised of four basic principles:

1. Working with nature rather than against it.
2. Thoughtful observation rather than thoughtless labor.
3. Each element of the system should perform many functions, rather than one.



### 4. Everything is connected to everything else.

Since the beginning of this “team” approach, over three thousand trees have been planted. Health education has been given in the areas of HIV/ AIDS, diarrhea prevention, and nutrition. Composting, mulching, and alternatives to synthetic fertilizers have been introduced, and community members and Volunteers are exploring the possibility of seed exchanges for indigenous plants, and alternative fuel sources. All solutions come from the community, which helps to provide the self-confidence and ownership that it will take to address future problems in a sustainable way.



A Volunteer in the Dominican Republic was assigned to serve as a Community Sustainable Agriculture Extensionist in the central part of the country. The Volunteer organized a variety of agricultural courses for small-scale farmers' associations in his own and neighboring communities where two other Volunteers were assigned. The Fundación Dominicana d'Agro-pecuaria (FDA), the Volunteer's host agency, and the local farmers' organizations all contributed funding towards the courses. The courses were presented in cooperation with agricultural technicians from public and private institutions. The workshops consisted of technician-farmer interchange and fieldwork on soil conservation, avocado production, fruit tree grafting, organic agriculture, and bee-keeping. The Volunteer also integrated an environmental education program into the curriculum of the grade school. Through this program the Volunteer was able to include AIDS education along with lectures and work days addressing environmental contamination, water conservation, reforestation, solid waste management, organic agriculture, and nutrition.

## Cross-collaboration in Madagascar

Several PCVs organized a camp for older school children. The project focused on major health issues such as hygiene, sexually-transmitted disease (STD) prevention, and AIDS awareness. Five PCVs from the Health, Education, and Environment sectors contributed to the design and implementation phases of the camp. Health PCVs developed age appropriate and culturally sensitive sessions for the group. Education PCVs worked on the methodology, and Environment PCVs facilitated the Environmental Education sessions. The participants had hands-on experience working on community-based activities. Parents and nurses contributed by offering food and accommodations, while validating health messages delivered by the facilitators.



# HIV and Small Enterprise Development

1

**Over 33 million people are HIV-positive; that is one out of every 100 people worldwide between 15 and 44 years old.**

2

**In households in Thailand and Côte d'Ivoire where a family member is HIV-infected, household income declines by 40-60 percent. The Thai epidemic is projected to cost Japan 1.2 percent of its gross national product (GNP) by the year 2000 as a result of losses in trade and potential markets.**

3

**Uganda Railways has lost about 5,600 employees to AIDS and has a labor turnover rate of 15 percent annually. The medical and funeral expenses of another Ugandan company doubled in one year.**

The above points illustrate some of the many ways in which HIV is impacting world economies and businesses. These figures come from the United Nations Programme on HIV / AIDS (UNAIDS) report entitled "Putting HIV / AIDS on the Business Agenda: UNAIDS Point of View," published in November 1998.

As a Peace Corps Volunteer perhaps you cannot quantify the degree of impact that HIV is having on your community, but you can see it affecting the lives of people around you in a variety of ways.

- ▶ Families have fewer productive workers involved in income generation.
- ▶ Workforce productivity is reduced due to illness, attendance at funerals, and time spent caring for ailing relatives.

- ▶ Women and children, especially girls, are increasingly bearing the burden of caring for the ill and providing food and income for the family. Often these competing responsibilities result in women turning to less nutritious subsistence crop production or exchanging sex for resources, thereby increasing their own health risk and risking the spread of disease.
- ▶ Children are often taken out of school to work. Girls are also at risk of becoming involved in commercial sex work to provide income for the family.
- ▶ Communities are forced to shift funds from enterprise development to the social service sector in order to support orphans, hospitals, and other needs.
- ▶ People with scarce skills are lost, and businesses experience increased costs to replace and train new employees. Productivity is also lost as it may take years for the new employee to reach the same level of proficiency on the job as their predecessor.
- ▶ People lose their jobs when others find out that they are infected with HIV as a result of the stigma attached to the disease and discriminatory practices in communities.



Women and children, especially girls, increasingly bear the burden of caring for the sick and providing food and income for the family.

## Questions to Explore




A high HIV / AIDS prevalence manifests itself in various ways that may not be easily discernable by a newly posted Volunteer. Because you, as a newly posted Volunteer, are new to the area, you may not be familiar with how HIV is impacting the community. The following questions provide some topics for your consideration and/or discussion with community members and other Volunteers. It is important to consider the cultural implications of asking a question directly, and to always respect the answers received. Additionally, and importantly, a change or death in the community is not always related to AIDS. These questions provide direction for inquiry in the community, but they **do not** assume that you will find AIDS-related answers.

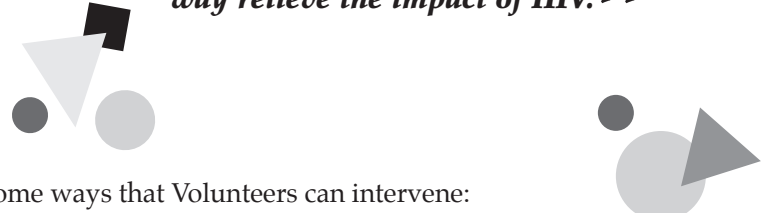
- ▶ What businesses exist? Who is responsible for caring for them? Have business roles changed recently, e.g., are women increasingly becoming responsible for duties that are traditionally the responsibility of men?
- ▶ What new businesses have sprung up recently? Who are the customers? How is business for the new proprietors? What were those business people doing previously? What caused them to change professions?
- ▶ Have any businesses failed recently? What happened?
- ▶ Have any items become unavailable recently? What caused the shortage or absence?



## Small Business Development Volunteers Respond in Different Ways



***“I knew about the AIDS epidemic but I didn’t know how it would affect my Peace Corps experience. The impact on families in my town is overwhelming at times. I’ve really struggled with assessing the community’s needs in order to jointly identify a business development effort that will work and in some way relieve the impact of HIV.”***



Some ways that Volunteers can intervene:

- ▶ Teach numeracy and basic accounting. These lessons may be particularly relevant for women and children who are suddenly responsible for the household income as a result of a death in the family.
- ▶ Provide specific business education to young men and women who may need to inherit a family business following the death of parents. This intervention helps to reduce the knowledge drain caused by the epidemic.
- ▶ Partner with Health Volunteers in projects that use social marketing of prevention and care strategies. SED Volunteers can find creative ways to do marketing while Health Volunteers can provide technical information and a reality check.



- ▶ Work with local organizations on fundraising drives, where money can be raised for community or HIV-related resources. These can be particularly effective if the Volunteer collaborates with business people, municipal leaders, non-governmental organizations, and others to undertake or promote the fundraising effort. Donations may be used, for example, to create scholarships for children orphaned by AIDS.
- ▶ Work with associations of people living with HIV to establish a small business “incubator” that includes families affected by HIV. Incubators are groups of independent workers who share some of the same resources. For example, a kitchen incubator allows the sharing of some of the more expensive tools (ovens, big pots, and so on), but each individual is responsible for their own small business and makes their own profits. Once successful, members leave the incubator and make room for a new small business (hence the term incubator). They also offer business classes or other kinds of workshops. Incubator programs are different from cooperatives (co-ops) in that a co-op group shares the business, the work, and the profits.



Volunteers can provide specific business education to both men and women.

- ▶ Promote community-based micro-finance institutions (MFIs) that provide micro-credit services benefiting poor households, especially those headed by widows who are engaged in low-risk, low-return income-generating activities. Micro-credit can help a household strengthen its earning potential so members don't have to liquidate assets by selling cattle, tools, equipment, or jewelry.
- ▶ Organize groups to protect the inheritance rights of women who are AIDS widows and assist them in creating or joining savings associations or in starting small business projects through peer-support groups.
- ▶ Organize out-of-school and orphaned adolescents in micro-enterprise ventures that use the "trickle up program," which teaches youth to create a work-plan based on a \$50 start-up grant that is matched again if the work-plan is implemented.
- ▶ Support and strengthen existing community safety nets by working through religious and social groups and among the people in the community who are not in dire need. Those people can donate wages from paid labor to those in need; they can be solicited for direct contributions; they can take part in raffles, sponsored walks, and other fundraising activities. Through these efforts, and other types of activities, a safety net can be operated as a community-based organization, engaging in activities to provide relief to households affected by HIV/AIDS. This ensures the economic survival of households that have become destitute. Relief such as childcare, home visits, material relief, assistance with labor, and moral support can be provided by the community-based organization. Volunteers may need to enlist resources both internal and external to the community in the form of funding or services.
- ▶ PCVs can discuss the often overlooked economic effects of HIV/AIDS with community leaders and others in the community, which may facilitate a better understanding of the link between the strength of the local economy as it relates to HIV/AIDS, and, subsequently, the need for action.

## The Biliwiri Community Center Rehabilitation Project of Malawi



The community's goal in this project was that of mobilization for rural development and health improvement. The objectives of the Biliwiri Community Resource Center were the following:

1

To develop food security in the area through agriculture and nutrition workshops for community members. The establishment and maintenance of a community garden now used as a model for community members and cooking demonstrations.

2

To provide an HIV / AIDS and Child Survival Resource Library that includes related workbooks, newsletters, posters, magazines, and books. Other interesting reading material, of varying literacy levels, will also be available.

3

To further develop community-based women's groups for three identified Income Generating Activities (IGAs) and small business development programs.



A community's goal could be the establishment and maintenance of a community garden.

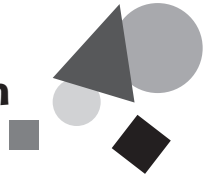
Through mobilization and training of community members by Malawian counterparts, this project has helped people in the Biliwiri community equip themselves with lifelong skills and health knowledge. A core committee, which included village headmen, rehabilitated the building, now known as The Center, which is used as the focal point for Biliwiri programs. Women community leaders were trained as trainers in business and health with the help of nearby health center staff and the Magomero Training Center for Rural Development in Malawi. The project is run wholly by Biliwiri community members, with village leaders and Health Center staff overseeing the daily operation of the resource center. It is through this process that communities are further able to appreciate their culture and see their place in national development.

Communication was key in making the project a success, and this involved meeting several days a week with community members, leaders, and professional staff. Many ideas were generated through one-on-one conversations, and then further presented in large group meetings. Later in the project, radio announcements were made on the opening of the resource center, and newsletters were distributed.



The establishment of a Biliwiri Women's group to focus on skill development was an integral component of the project. The women's group was in the forefront of the building rehabilitation, supervision, and current administration of the Resource Center. The women used modes of communication familiar to them to further train and oversee women from previously established groups in Biliwiri. HIV/AIDS information was provided through discussions at the health center, informational materials, and drama. Most effective were the drama group presentations from the District AIDS Coordinating Committee of the area hospital. These presentations were fact-based, while still being motivational and persuasive.

## Côte D'Ivoire Income Generation and Health Education Project



A Volunteer in the western region of Daloa has worked with a local women's cooperative to create a project that combined income generation and HIV/AIDS prevention. To raise money for an agricultural venture, the Volunteer and women's cooperative decided to put on a health theater fundraiser. Together, the Volunteer and co-op established guidelines for culturally appropriate HIV/AIDS prevention messages, and created comedic and educational theatrical performances to convey the messages to the community. The cooperative divided themselves into groups of ten and each group presented the skits over the course of two days. The group collected money (about 16 cents) from each person who wanted to see the skits. Each person who paid the admission price received a condom as a receipt. With the money from the fundraiser the co-op plans to buy seeds to start a vegetable garden and then sell the vegetables in the village and neighboring villages' markets.





# HIV and the Health Sector

HIV/AIDS has traditionally been the domain of Health Volunteers. As a result, this sector has created more of a history with HIV intervention strategies than have other sectors. The experience of Health Volunteers makes them valuable resources to Volunteers in other sectors.

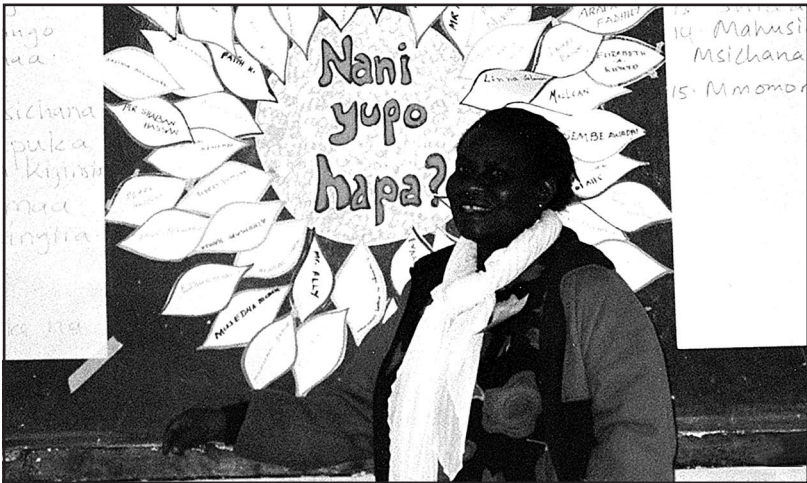
The growing recognition that HIV/AIDS is a social and economic issue, in addition to a health issue, has increased the dimensions that Health Volunteers must consider when working with communities to design HIV/AIDS intervention strategies. The health of a community is often related to factors beyond the scope of what would normally be considered a “health issue”. For example, poverty or degraded farmland may contribute to poor health in a community. To respond to that reality, Health Volunteers can benefit from collaborating with Volunteers in other sectors and/or integrating those related issues into their activities.

**Anthropological research in Rwanda indicates that one aspect of social morality among Rwandans is that people exchange “gifts of self,” which refers to semen and other sexual fluids that are exchanged during sex. Blockage of the exchange of these fluids (through the use of condoms, for example) may raise fears among Rwandans that fertility may be negatively affected.<sup>1</sup>**

There are several other issues that affect how HIV / AIDS intervention strategies are evolving, and of which the Volunteer must be aware:

1

**Clinical vs. Cultural approach to HIV/AIDS.** HIV / AIDS activities have typically consisted of education and prevention, and have usually utilized a clinical approach to HIV / AIDS. Studies indicate that as a result of these types of activities, there is currently a widespread awareness of the existence of the virus. However, the rate of the virus' transmission continues to escalate, which indicates that HIV educators must explore and implement intervention strategies that go beyond the clinical aspects of the disease. While clinical approaches to the disease may resonate with Volunteers who have been influenced by Western approaches to health, they do not necessarily resonate with local communities, where health practices and behaviors may be strongly linked to and based in culture. Often, local health beliefs are complex and spiritual in nature, and not easily understood by outsiders. Therefore, community health programs that involve local medical practitioners, traditional healers, and community members are more likely to utilize intervention strategies that are locally appropriate.



A presentation about women living with HIV at a girls' conference in Tanzania.



2

**Linking HIV Prevention with Care.** Due to the escalating numbers of people infected with HIV, especially in sub-Saharan Africa, Volunteers are becoming increasingly involved in the “care” aspects of HIV/AIDS. Care for those with AIDS is more than just mitigating the impacts of the disease on the infected individual, although that is one crucial element of care. Supporting those individuals infected with the virus and advocating for their acceptance by the community enables people living with HIV to play a crucial role in prevention efforts. Acceptance on the part of the community members of those infected with HIV decreases the fear that is often associated with AIDS, and allows people living with HIV to participate in care and prevention strategies. This, in turn, mitigates the economic strain often felt by individuals and institutions in areas where there is a high HIV infection rate.

3

**Need to Link HIV Prevention with other Sexually Transmitted Diseases (STDs).** Interventions that target HIV must at the same time target STDs since their presence increases the probability of HIV transmission. A number of studies have indicated at least a twofold- to ninefold-increased risk of HIV transmission among persons who have other STDs. Thus, where feasible, early detection and treatment of STDs should be a critical component of national and local strategies to prevent HIV infection.

4

**Water Sanitation.** The work of Water/Sanitation Volunteers is related because individuals who are afflicted by waterborne illnesses very likely have compromised immune systems, which may cause them to succumb more quickly to the HIV virus and develop an AIDS-related illness. Alternately, the immune systems of those who are infected by HIV will be less likely to fend off or rebound from waterborne illnesses. Peace Corps/Kenya, for example, has begun a program to integrate HIV into its water sanitation project by educating youth about waterborne diseases, as well as HIV.





## Questions to Explore



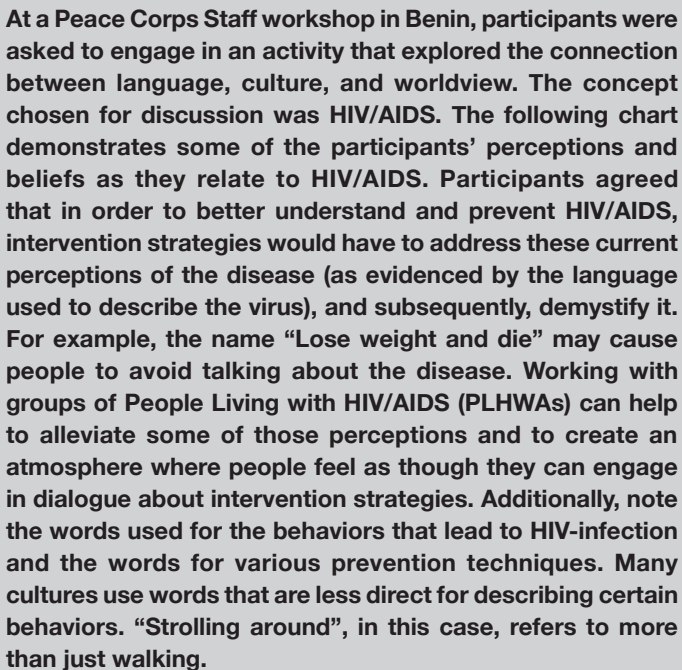
A high HIV/AIDS prevalence manifests itself in various ways that may not be easily discernable by a newly posted Volunteer. Because you, as a newly posted Volunteer, are new to the area, you may not be familiar with how HIV is impacting the community. The following questions provide some topics for your consideration and/or discussion with community members and fellow Volunteers. It is important to consider the cultural implications of asking a question directly, and to always respect the answers received. Additionally, and importantly, a change or death in the community is not always related to AIDS. These questions provide direction for inquiry in the community, but they **do not** assume that you will find AIDS-related answers.

A UNAIDS/Penn State report estimated that 80 percent of the world's rural population depends on traditional medicine and its practitioners.<sup>2</sup> Unfortunately, these well-respected and knowledgeable individuals have not often been included in HIV/AIDS intervention efforts. Because of their important positions in rural health care systems, however, it behooves Volunteers to know, respect, and involve traditional healers in HIV/AIDS prevention interventions. It is important, though, to be wary of charlatans and cure-all remedies.


- ▶ Who are the primary health care providers? Do people prefer to seek health care from healers or formally educated nurses and doctors? How do local, traditional healers' concepts of wellness and sickness compare to those of other health care providers? Have all providers been busier than normal lately? If they have an increase in service delivery, to what do they attribute it?

- ▶ What do families spend on health care in one month? Has it always been that way? Have they had an increase/decrease in health care spending recently?
- ▶ Where do people get medicines? Where do people get condoms? Have you observed the use or sale of illegal drugs?
- ▶ Where do people go to get treated for STDs? To get tested for HIV? Is counseling available at these sites? Do people believe that there is an advantage or disadvantage to knowing if they are infected with HIV? Do they believe that any treatment or support is available to them if they were to test positive for HIV?
- ▶ Are many people sick in the town/village? Are they cared for at home or in the hospital? Do you know what they are sick with? What symptoms do they have? What is the age and sex of the people who are sick?
- ▶ Have many people died in the town recently? Have you seen funerals? Who is attending the funerals? Do those speaking at funerals talk about what people have died of?
- ▶ Have you heard anyone mention AIDS? Where? What words are used to describe people who may be infected with HIV? How do they describe the physical condition? What body language or tones of voice do people use when talking about/listening to something that may be AIDS-related?
- ▶ Are there any media messages about AIDS, i.e., posters, radio, t-shirts? What are the messages? Are they fearful or hopeful? Are any particular groups of people depicted as being sick with AIDS? How do people respond to the messages?
- ▶ How do community members believe diseases are transmitted in general? How do people believe HIV is transmitted?

- ▶ Ask about the function of blood and other body fluids. Do body fluids play any role in wellbeing and/or health? Are they endowed with any spiritual significance?
- ▶ Are people aware of the four main body fluids which can transmit HIV from an infected person (blood, semen, vaginal secretions, and breast-milk)? Are there any practices or cultural rituals in the community in which people share blood? Is there a high rate of infant mortality in your community which can be reduced by breast-feeding? What are the local practices related to sexual activity during breast-feeding? Do women in your community have access to safe substitutes for breast-milk?

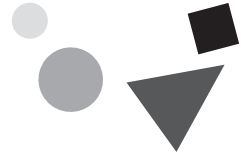


**At a Peace Corps Staff workshop in Benin, participants were asked to engage in an activity that explored the connection between language, culture, and worldview. The concept chosen for discussion was HIV/AIDS. The following chart demonstrates some of the participants' perceptions and beliefs as they relate to HIV/AIDS. Participants agreed that in order to better understand and prevent HIV/AIDS, intervention strategies would have to address these current perceptions of the disease (as evidenced by the language used to describe the virus), and subsequently, demystify it. For example, the name "Lose weight and die" may cause people to avoid talking about the disease. Working with groups of People Living with HIV/AIDS (PLHWAs) can help to alleviate some of those perceptions and to create an atmosphere where people feel as though they can engage in dialogue about intervention strategies. Additionally, note the words used for the behaviors that lead to HIV-infection and the words for various prevention techniques. Many cultures use words that are less direct for describing certain behaviors. "Strolling around", in this case, refers to more than just walking.**

	<p><b>Disease</b></p> <p>Words used to name AIDS – how is it described?</p> <ul style="list-style-type: none"> <li>• Bad sickness</li> <li>• Lose weight and die</li> <li>• Sickness of the world</li> </ul>	<p><b>Agents</b></p> <p>People blamed for transmission</p> <ul style="list-style-type: none"> <li>• Changers of money</li> <li>• People with bad behavior</li> <li>• Prostitutes</li> <li>• Individuals with promiscuous behavior</li> <li>• Homeless</li> <li>• Bandits</li> <li>• Tester (a man who likes to “test” women)</li> </ul>	<p><b>Behavior</b></p> <p>Leading to the disease</p> <ul style="list-style-type: none"> <li>• Smoking grass</li> <li>• Drinking local whiskey</li> <li>• Love makers</li> <li>• Strolling around</li> <li>• Surgery</li> <li>• Blood testing</li> </ul>	<p><b>Prevention</b></p> <p>Words used to describe all preventative techniques</p> <ul style="list-style-type: none"> <li>• Syndrome to discourage lovers (AIDS)</li> <li>• Boots, socks, raincoat, small plastic</li> <li>• Sitting still</li> <li>• Watching after self</li> </ul>
<p><b>Connotations</b></p> <p>Social and behavioral implications</p>	<ul style="list-style-type: none"> <li>• Despair</li> <li>• Avoid talking</li> <li>• Shame</li> <li>• Hope breaking</li> <li>• Fear</li> <li>• Being moneyless</li> </ul>	<ul style="list-style-type: none"> <li>• Only bad people get the disease. They deserve punishment</li> </ul>	<ul style="list-style-type: none"> <li>• Risky Behavior</li> </ul>	<ul style="list-style-type: none"> <li>• Running from the truth</li> <li>• Shame</li> <li>• Religious taboo</li> </ul>
<p><b>Work Implications</b></p> <p>For PCVs</p>	<ul style="list-style-type: none"> <li>• Getting people to accept</li> <li>• Demystify</li> <li>• Use appropriate words</li> <li>• Work with PLWAs</li> </ul>	<ul style="list-style-type: none"> <li>• Getting people to recognize other agents</li> <li>• Anyone can get AIDS</li> <li>• Condoms are not enough</li> </ul>	<ul style="list-style-type: none"> <li>• Use statistics and social-marketing</li> <li>• Use <b>Life Skills Manual</b></li> <li>• Create action plans and community experiences</li> </ul>	<ul style="list-style-type: none"> <li>• PCVs use medical person, influential people</li> </ul>

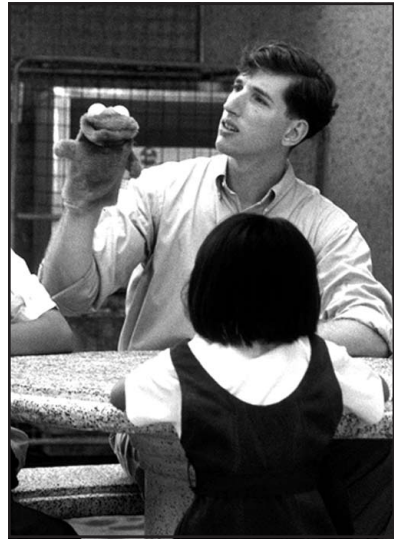
# Health Volunteers Respond in Different Ways

## Side by Side in Moldova



“ALATURI” (Side by Side) was a two pronged project planned to reach the maximum number of young people with information about the epidemic of AIDS and drug abuse as they effect young people. The group responsible for creating and achieving funding for the activity in conjunction with Volunteers, was *Tineri Pentru Dreptul La Viata* (TDV) (Youth for the Right to Live). Messages were positive and were transmitted by peer educators.

Part I was a weekly series of 30 minute radio interview broadcasts in 1999 that reached an estimated 700,000 young people who listen to the popular *Antena CÍ* radio station in Chisinau, the capitol of the Republic of Moldova. The interviews were organized and conducted by members of the TDV. Experts in the fields of AIDS, drug prevention, and other health-related areas donated their time, and Radio Antena C donated the airtime.



Seminars were conducted to educate youth on concerns of the AIDS and drug epidemic.

Part II was a series of 16 seminars conducted in rural areas that are not in the range of Radio Antena C. The seminars were organized and conducted by TDV and utilized peer education to facilitate self-esteem building and cultivate the skills needed to avoid peer pressure, as well as to educate youth on the sexual and drug concerns that are part of the AIDS and drug epidemic. The seminars were very well received

and today serve as a base for several projects that have followed. The seminars were particularly effective because of the caring and sensitive nature of the TDV volunteers who are now training other young people to be peer educators in many outlying areas of the Republic.

### **Jamaica Project Addresses Men's Issues**



In recent years, health and development experts, academics, and professionals have come to realize a trend in Jamaica and the Greater Caribbean, which has been coined "Male Marginalization." Male Marginalization refers to the isolation and exclusion of men from society and development initiatives. Studies show that illiteracy and unemployment rates for men almost double those of women in the Caribbean. Frustrated by their present position, many young males turn to drugs, crime, violence, and other behaviors that pose risks to general health and wellbeing, such as unprotected sex with multiple partners.

In an effort to address this issue, Volunteers and local health officials collaborated to create the Men's Health Clinic. During the planning stages of the Men's Health Clinic, men were interviewed to determine what services they would most like to have. Men responded that they were most in need of STD/HIV testing, general medical checkups, family and personal counseling, and health education. Their responses provided the overall framework for the Men's Health Clinic.

The purpose of the Men's Health Clinic is fourfold:

- 1** To provide multiple services encompassing the overall (beyond the physical) health of young men;
- 2** To raise awareness of men's health issues such as STDs/ AIDS and testicular and prostate cancers;

3

To mainstream men into development initiatives by increasing access to opportunities, building self-esteem and creating a “male-friendly” environment;

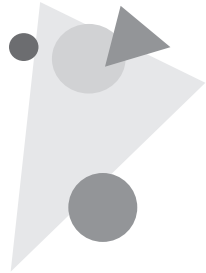
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To combat the general trend of male marginalization.

The Men’s Health Clinic is held on a regular monthly basis and gives young men a chance to discuss issues of concern in a comfortable environment. It provides a forum to transfer information regarding high-risk behavior and prevention methods as they relate to HIV / AIDS and STDs. Men walk away from the clinic with a better understanding of their health and how it impacts the lives of others. Additionally, men generally realize an increased self-esteem, and a desire to pass on the knowledge they have gained.

Designed to offer a holistic approach to encourage healthy lifestyle choices among young men, the Men’s Health Clinic offers the following services one day per month:

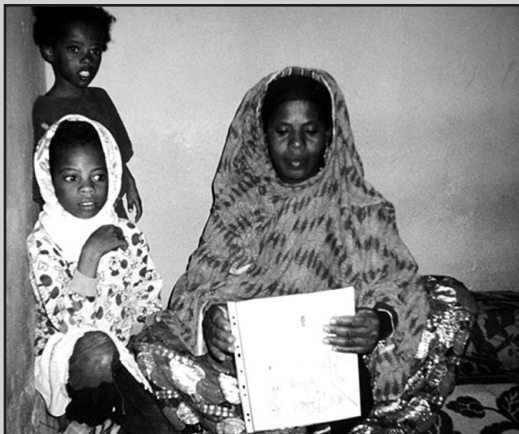
- ▶ Full medical examination by a doctor or nurse
- ▶ HIV / AIDS blood test
- ▶ STD testing and exam
- ▶ HIV / AIDS / STD education session
- ▶ Condom demonstration and distribution
- ▶ Prostate and testicular cancer education session
- ▶ Private counseling
- ▶ Job and skills training referrals to local schools, literacy programs, and technical institutions



Such broad-based services offer an opportunity for young men to raise their awareness and encourage healthy living on all levels.

**In Uganda, the Islamic Medical Association of Uganda (IMAU) has worked with members of the Muslim community to provide outreach and home visits to over 100,000 families. Since 1992 the IMAU volunteers and members have offered accurate information on HIV/AIDS and motivation for behavior change to Uganda's Muslim community. Follow-up evaluations demonstrate that through outreach efforts, community members showed significant increases in correct knowledge of HIV transmission and prevention, increased condom use, and increased knowledge of risk associated with the Muslim practices of ablution of the dead and circumcision (when unsterile instruments are used). The Association of over 300 Islamic medical practitioners is well respected by the Muslim community and its members are able to quote verses from the Qur'an to make scientific explanations of HIV relevant to the Muslim community.**

**From *AIDS Education through Imams: A spiritually motivated community effort in Uganda*, UNAIDS Case Study, October 1998, Best Practice Collection.**



Working to reach the Muslim community with accurate HIV / AIDS information.



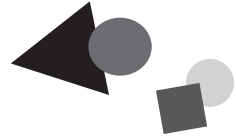
# HIV and Youth

Volunteers who work with youth often find participants who are eager to learn and to contribute their passion, energy, and creativity. Many Volunteers find that working with youth is inspirational, as well as productive. Although Volunteers seem to gravitate towards working with youth, few have had extensive experience in working with young people. Below are some general principles that have been identified as important to working with youth.

- ▶ Build on the assets of youth
- ▶ Avoid focusing exclusively on problems
- ▶ Offer a safe place and unconditional love
- ▶ Create opportunities for youth to contribute to their peers and community
- ▶ Encourage young people to take responsibility
- ▶ Strengthen feelings of belonging and service to the community
- ▶ Use their personal experiences as a tool for teaching

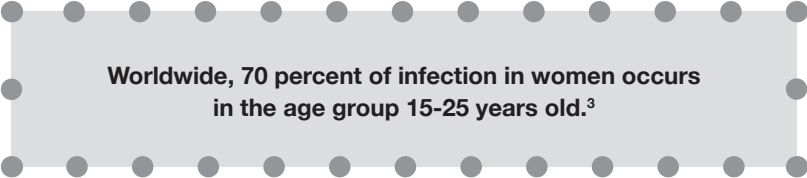
Girls tend to suffer the most when family members are ill because they are the first to be taken out of school to care for younger siblings and the sick, tend the family farm, and assume household tasks. They are often subject to the desires of older men, as well, and are in a poor position to negotiate or refuse sexual advances by these men. In Zimbabwe, for example, adolescent girls are five times as likely to be infected with HIV than adolescent boys. Interventions that target girls in an attempt to empower them to make informed decisions must also target men and boys, in an attempt to reduce the behavior that puts girls and women at risk.

- ▶ Start small and work up to larger expectations
- ▶ Build competencies and develop self-esteem
- ▶ Teach self-direction
- ▶ Involve committed parents and other adults to work with youth
- ▶ Link youth efforts with larger community development and change efforts



Youth are often unable or unwilling to speak to their parents about the risk factors associated with sexual behavior. As a result, they may acquire information from their peers, which may be inaccurate. Out-of-school youth and orphans are at particular risk as a result of their relative social status, lack of power, and lack of access to information or social services.

The ability to change behavior is a function of more than just having the required information. The ability to choose is also a function of power. Often, in a given society women and youth have less power than men, and as a result, are subject to the decisions and desires of men. Activities which seek to build capacity in youth, in addition to being informative, are more likely to be successful than those activities that are designed only to impart information. It is important to note here, however, that all segments of society must be involved in the efforts to empower other segments of society. There must be support from the male population, for example, in supporting the empowerment of young women to thwart the advances of men, who may be seeking sex in exchange for money, food, clothes, or school supplies.



**Worldwide, 70 percent of infection in women occurs in the age group 15-25 years old.<sup>3</sup>**



Messages should be varied, creative, and responsive to age, sex, and cultural circumstances.

### Important elements of youth activities:

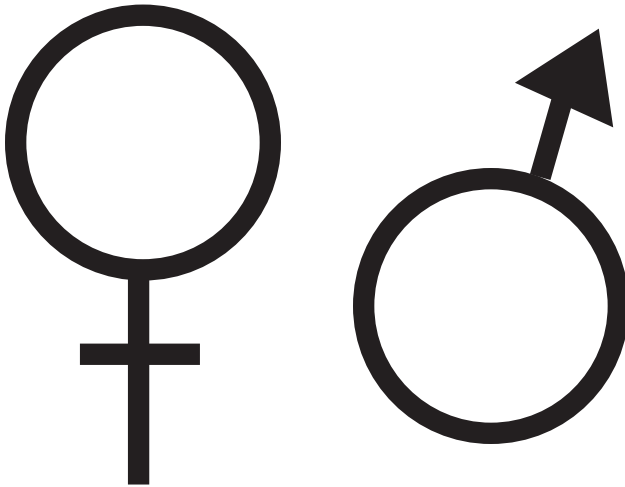
- ▶ Messages should be varied, creative, and responsive to age, sex, and cultural circumstances.
- ▶ The youth themselves should be involved in planning, designing, and evaluating the activity.
- ▶ Messages should come from respected and reliable sources, such as knowledgeable peers or well-respected adults.
- ▶ Messages and prevention education should happen in a supportive, positive environment.
- ▶ Disperse messages through already existing institutions, groups, events, and regular activities.
- ▶ It is imperative that HIV-prevention strategies reach youth before they become sexually active.

# Questions to Explore



A high HIV / AIDS prevalence manifests itself in various ways that may not be easily discernable by a newly posted Volunteer. Because you, as a newly posted Volunteer, are new to the area, you may not be familiar with how HIV is impacting the community. The following questions provide some topics for your consideration and/or discussion with community members and fellow Volunteers. It is important to consider the cultural implications of asking a question directly, and to always respect the answers received. Additionally, and importantly, a change or death in the community is not always related to AIDS. These questions provide direction for inquiry in the community, but they **do not** assume that you will find AIDS-related answers.

- ▶ Who in the community is generally responsible for speaking to young men and women about sexuality issues? How do people generally learn about sex?
- ▶ What do parents want their boys/girls to know about sex? When do parents expect that their boys/girls will become sexually active? When do boys/girls say they become sexually active? Do parents know how HIV/AIDS is transmitted? How do parents want this information to reach their children? At what ages?
- ▶ Are there any cultural ceremonies that indicate that a boy or girl has entered into adulthood? At what age does this occur for women? For men? Do men and women marry or become sexually active immediately after their respective initiation ceremonies?
- ▶ At what age do girls/boys become sexually active? How is first sex or early sex negotiated? At what age do women/men marry? What is the number of years between entering into sexual activity and marriage? How might that affect HIV/AIDS? Are adolescent married girls more or less at risk for HIV than unmarried girls?



- ▶ What is the community's attitude toward differences in sexual orientation? Are there any resources available in the community for young people who are questioning their sexuality?
- ▶ What are the perceptions by youth about HIV/AIDS? Are there identifiable information leaders among the youth? Are there any beliefs which contribute to behaviors that are conducive to the spread of HIV?
- ▶ Are there people in the community who are responsible for teaching womanhood or manhood to youth? Who are they, and at what age does instruction generally begin? What are the views about condom use? What skills are taught to girls to negotiate for their needs and protection from possible infection? How do the responsibilities of youth differ from those of adults? What outward cultural indicators (behaviors, beliefs) are there which signify adulthood? What do youth believe signifies the cross into adulthood? Discuss with both youth and adults what the differences are of being an adult and being a youth in the local culture?

- ▶ Discuss with young women with whom you have established a relationship if they know of situations in which older men have approached young women outside of marriage for sex in exchange for goods or services. How common is this? What are the successful communication and other strategies girls use to avoid sex?
- ▶ Discuss with young men and young women (in separate groups) how old youth are when they engage in their first sexual experiences. Are there different answers among the sexes? What are cultural factors that might encourage/discourage experimenting with sex at an early age? What are some suggestions by youth and other community members to encourage young people to wait until they are older?
- ▶ Try to get a sense of the number of out-of-school children in your community. How might their needs and situations differ from their in-school counterparts? Where and how can they be reached with information and skill building? What situations might put them at risk? What resources are available to them?
- ▶ Try to get a sense of the number of orphans or those living with chronically ill parents in your community. How might their needs and situations differ from youths who still have parents or extended family? Which adults are assisting them? How might they be supported?



Discuss with young men and young women (in separate groups) how old youth are when they engage in their first sexual experiences.

## Volunteers Respond in Different Ways

### Peer Education in Honduras

San Marcos de Colón is a town of approximately 10,000 people in the south of Honduras. Due to its size, accessibility, and location, there is a lot of traffic through the town, which increases the risk for the presence and transmission of the HIV virus. There is a very high incidence of STDs among teens, and sexual experiences usually begin at 12-13 years. This behavior for boys is usually encouraged by adult males in the community, and most teenage boys report that their first sexual experience was with a prostitute. Other factors that contribute to the rate of STDs and HIV infection in this community are lack of sexual education, shame associated with talking about sex, false beliefs about transmission of STDs, lack of self-esteem, and lack of empowerment of girls and women.

A Volunteer worked with a group of teens from the high school for six months. They began with a five day HIV / AIDS / life skills workshop on self-esteem, responsibility, values, communication skills, sexuality, STDs / AIDS, and teen pregnancy. Since this initial workshop, the teens have also received classes on drug and alcohol abuse, depression/suicide, and sexual harassment and assault. In turn, these teens have given talks to younger (11-16) students in San Marcos and surrounding rural areas. Working in the schools outside of town was the teens' idea, as they have observed that the majority of the youth living



In Honduras workshops were given with a group of teens from the high school for six months.

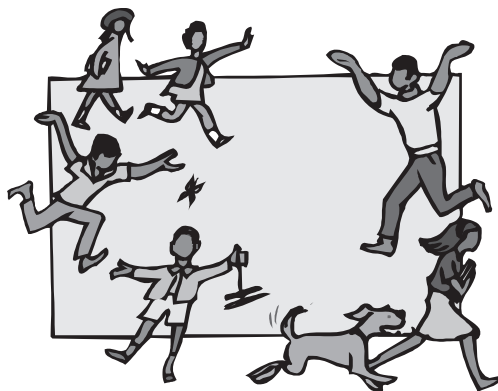
outside of town only study up to the sixth grade, and often lack the self-esteem that the high school students have due to their higher level of education. Students repeated the initial five-day workshop in the nearby town of Duyure. The youth of Duyure were so motivated by seeing their peers leading the entire workshop, they are now visiting schools in their nearby communities and multiplying the effect.

### Club Cool in Haiti



The goal of this project is to improve the reproductive health of youth by empowering youth through the establishment of “Club Cools.” The organizational structure of these groups is modeled after the scout group concept in the United States, where each group / chapter is self-governed—within the guidelines of the standard constitution—and self-sufficient. The members of these groups become peer educators on HIV / AIDS. They are trained in HIV / AIDS, condom negotiations, etc., as well as organizational and small business skills.

Since there is a lack of organized youth activities in the communities, each club organizes entertaining social activities for the youth in their community to (1) provide a healthy distraction from having sex, and (2) make the people aware of the risks associated with sex. Members of these clubs are using their creativity to design and implement these activities. Additionally, many have also engaged in small business ventures to finance their groups. The role of the PCV is to assist the group in its management through capacity building and strengthening the entrepreneurial skills of the Club.





## Youth Conservation Corps

Volunteers seeking to provide orphans or youth living with an infected parent with opportunities to generate income and further their education may wish to consider forming a youth conservation corps. In a youth corps young people work in crews, under the supervision of a trained caring adult, to accomplish community service projects. These can range from development of parks, trails, community gardens, and farmer's markets, to community forestry, stream restoration, and human service for populations in need. Participants, known as corps-members, receive a modest wage or financial allowance for the time they serve. Equally important, corps build a mutually supportive social environment among corps-members and seeks to maximize work-based learning. Corps also often provide supplemental academic and life skills classes, so that participants depart the program more likely to succeed in future economic and family life. Importantly, corps also stress and support healthy lifestyles and behaviors.

For more information on Youth Conservation Corps, contact your APCD and/or ask your Information Resource Center for a copy of:

M0057 Youth Development and the Environment  
(Peace Corps ICE) 1998. 32 pp.

Digital only.





# HIV and Education

Volunteers in the Education sector have ample opportunity to work with young people and community members on issues of HIV/AIDS prevention and care. Among the sectors in Peace Corps, Volunteer teachers are more likely to work with established institutions in a community in an atmosphere that is designated for learning. They are also at an advantage because they come into contact with a large number of people on a daily basis, and have the opportunity to interact with students in after-school activities and student organizations.

## Issues Affecting the Education Sector

- ▶ Girls are disproportionately affected by HIV/AIDS because they are the first to be removed from school to help around the house if family members fall ill, although some incidences have been reported where boys are the first to be removed because they can work outside the home to bring income to the family. It is important to note here that the education of girls has social, economic and environmental benefits. In addition to increasing economic, productivity and lowering maternal and infant mortality, the education of girls also contributes significantly to improving the awareness of HIV/AIDS prevention.
- ▶ Generally, mortality among the adult population increases the need for child labor, which necessitates the removal of students from school.
- ▶ Students and teachers may miss large portions of the school year as they are compelled to remain at home to care for sick family members or attend funerals.

- ▶ The number of orphans is increasing, which leaves children without the resources and support to attend school.
- ▶ Girls and young women are often compelled to provide sex to “sugar daddies” in exchange for school fees and/or materials.
- ▶ High infection rates of HIV can strain national, local, and household budgets, which in turn can reduce the amount of economic support available to schools and students.
- ▶ HIV/AIDS can threaten the supply of educators. For example, in Zambia, the mortality rate among teachers was 70 percent higher than in the general population.
- ▶ There is currently the threat of “brain-drain” among various countries’ educated population as a result of the high incidence of AIDS-related mortality.
- ▶ Often in developing countries, students of all ages will be enrolled at all levels, which means that students who have reached sexual maturity will be present even in primary and secondary levels. This increases the likelihood of sex between students and sex between students and administrators or teachers.

**A Volunteer in Kenya developed a lesson plan on AIDS for deaf children in his school, and then traveled to the classrooms of other Volunteers to share the lesson plan. The same Volunteer has scripted a play on HIV/AIDS to be acted by his students in the National Drama Festival competitions.**



### General Recommendations



- ▶ Utilize Community Content Based Instruction (CCBI). Refer to the probability exercise in this chapter.
- ▶ Involve community members, teachers, and administrators in HIV prevention and care interventions.
- ▶ Avoid fear-based approaches to AIDS education.
- ▶ Use life skills based instruction. refer to the *Life Skills Manual* in the Additional Resources section for more information.
- ▶ Utilize modes of communication that are culturally familiar and which reinforce existing positive health beliefs and practices.

### Questions to Explore



A high HIV / AIDS prevalence manifests itself in various ways that may not be easily discernable by a newly posted Volunteer. Because you, as a newly posted Volunteer, are new to the area, you may not be familiar with how HIV is impacting the community. The following questions provide some topics for your consideration and/or discussion with community members and fellow Volunteers. It is important to consider the cultural implications of asking a question directly, and to always respect the answers received. Additionally, and importantly, a change or death in the community is not always related to AIDS. These questions provide direction for inquiry in the community, but they **do not** assume that you will find AIDS-related answers.

- ▶ Does the community support the health curriculum at school? How do issues of health education differ in the schools compared to in the community? How can health education utilize community beliefs and practices?

- ▶ Has there been a change in the rates of school attendance or enrollment? Have any girls left school due to pregnancy? Was any follow up support offered to these girls? Did anyone talk to the boys who shared in the responsibility for the girls' pregnancy? If students are leaving school, do you know what they are doing instead?
- ▶ Are you familiar with the after-school activities of your students? What healthy and unhealthy activities engage their time?
- ▶ Who provides information to young people about sexual matters? What roles do parents, religious leaders, teachers, and peers play?
- ▶ What gender-based expectations affect your student's attitudes, practices, and access to information about sex?
- ▶ Is there same-sex activity occurring in boarding schools? And is anyone educating students about risks associated with these activities?
- ▶ What responsibilities do your students bear for household income generation or providing food? Do they have responsibilities to care for sick relatives? How are those responsibilities affecting them?
- ▶ How are students taught the life skills and business management skills that would enable them to carry on if one or both parents died?

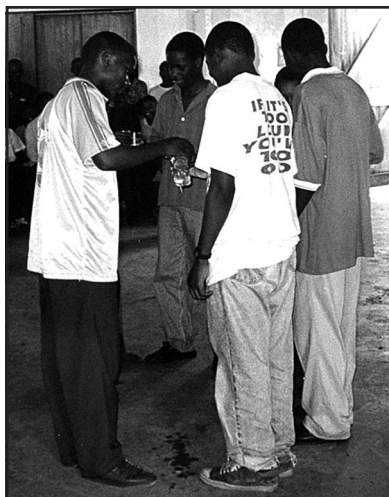


## Volunteers Respond in Different Ways

### Tanzania Health Initiative

With the support of the Ministry of Education, Peace Corps/Tanzania is developing a school health education project. Building upon the firm foundation of collaboration over many years and the current posting of more than 60 Peace Corps math and science teaching Volunteers to 45 secondary schools throughout Tanzania, Peace Corps/Tanzania hopes to contribute to the health and well-being of Tanzania's youth through cooperation with and support of existing institutions and initiatives.

This project is evolving and will use four extending (third year) Volunteers to help orient incoming biology teachers in strategies for HIV prevention directed at both in- and out-of-school youth. This health education initiative is envisaged to work as follows with revisions made based upon implementation experiences and feedback from stakeholders.



A Volunteer teaches the principles of HIV transmission at Msunibe Boys' School in Tanzania.

For the past five years, Peace Corps/Cameroon has trained students and teachers alike through the use of a Peace Corps manual, Teach English/ Prevent AIDS (TEPA). Students use interactive activities, drama, and rap to learn about AIDS and the English language simultaneously.

- ▶ Each Volunteer will be assigned to an “anchor” secondary school which will provide housing for the Volunteer and where the Volunteer will teach 8–12 periods per week. The remainder of the time will be spent organizing and conducting health education activities and projects. It is estimated that one-half of the remaining time will be spent directly benefiting the students and staff of the host “anchor” school. The rest of the time will be devoted to other nearby secondary and /or primary schools and /or other organizations serving out-of school youth in their communities.
- ▶ School authorities, students, out-of-school youth, and the Volunteers will jointly determine the health areas of greatest concern which will focus the work of the Volunteer. This can include, but is not limited to the following areas: nutrition, HIV / AIDS prevention, sanitation, reproductive health, first aid, life skills (i.e., good decision-making), family life education.
- ▶ School authorities, students, out-of-school youth, and the Volunteers will jointly determine the types of interventions and education to focus upon. This can include, but is not limited to the following activities: peer education, teacher training, curriculum or materials development, health exhibits, health newsletters, health clubs, girls’ empowerment workshops, health seminars, implementing approved family life education curriculum.
- ▶ Volunteers will work with a counterpart in their anchor school, preferably a teacher interested in student health issues (for the implementation activities taking place at the anchor school). Volunteers will identify and develop a counterpart with whom to work in other schools or in the community.

Among other important, quantifiable outcomes, it is hoped that the project will result in demonstrable positive changes in health knowledge, attitudes, and behavior among adolescents served, particularly in the areas of reproductive health and HIV / AIDS prevention.



Following is an example of an exercise used in Peace Corps/Tanzania's CCBI Curriculum.

### Exercise

**Title:**

**HIV Transmission**

**Subject & Curriculum Topic:**

Exponential Growth, Graphing exponential equations.

**Lesson Objective:**

Through a simulation, students will be given the opportunity to experience the rapid growth of HIV+ people and translate this into mathematical terms, focusing on **exponential functions**.

**Motivation:**

This activity is designed for a class of 50 students. Pass out 50 cards, three cards with the letter A on them and 47 other cards with various letters, including three with Fs on them. Students receive one card each. The teacher needs to know which student is holding the A cards. Students exchange their card with one other person and then take their card back. Repeat the exchange with different partners. Do the exchange two or three times. Students need to remember with whom they have exchanged cards.

The teacher now asks the three students known to have A cards to stand up. Next, anyone who did the first exchange with one of these three must stand; then anyone who exchanged with any of the six now standing must stand, etc. (for the total number of exchanges).

Sensitively announce that this simulation represents the rapid transmission of the HIV virus and that those standing are representative of those persons infected in the population of 50 people.



**Exercise**

**Information:**

x = the number of encounters

y = number of people infected

a) Complete a table

x	y
0	3
1	6
2	12
3	24

b) graph  $y = f(x)$

c) Explain  $y = (3) 2^x$

3 = the number originally infected

2 = the number involved in the exchange

**Activity 2:**

Collect the cards. Substitute two “condom” cards and two “STOP” cards for four of the cards. Do not remove the F cards. Repeat the process of exchanges. Ask students holding the F cards to stand up. Students who exchanged with any of these must stand. However, if they are holding a condom or stop card, they may sit down as they are not infected.

**Information:**

Generate a chart, graph and compare the rates of growth.

**Practice:**

What would happen if five people were originally infected? Have students generate a table, graph, and form the equation.

**Discussion:**

- Why use condoms?
- What happens to the infection rate after further exchanges?
- How many exchanges would it take before 40 people are infected? Tie this problem into logarithms.
- Extend the question to include the number of students in the school...in the town.
- Review percentages, percentage decrease after condom use, etc.

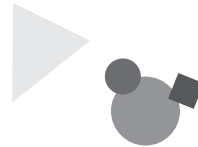
**Exercise****Extension:**

This example can also be used to review geometric progressions: common ratio, first term, and nth term.

$$\text{nth term} = ar^{n-1}$$

In a class of 100 students, only one person is HIV+. Everyone in the class is sexually active and has unprotected sex with two new people each month.

- a) What percentage of the class is HIV+ at first?
- b) After the first month, what percentage is HIV+?
- c) What percentage will be HIV+ after six months?
- d) How many months will it take until everyone is HIV+?
- e) If each person had sex with four new people, how soon would everyone be infected?

**Educational Games in Togo**

Volunteers in Togo use games to introduce children to the various projects in Peace Corps/Togo. Games can be used in the classroom, as well, and can use HIV/AIDS as the subject matter. For example, English teachers can use HIV/AIDS as a theme for their lesson and incorporate grammar structures and vocabulary from the national required curriculum. Volunteers should also refer to CCBI materials.



## Additional Resources on HIV/AIDS

Some of the following documents and publications are available from ICE. Contact your Information Resource Center for more information and/or to order the publications published by Peace Corps ICE. To order publications from ICE, include the ICE catalog number and title. Orders will arrive at the Peace Corps office in country, usually six to eight weeks from the time ICE receives the order.

**Manuel de Formation des Pair-Educateurs en MST/SIDA: Un Guide Complet pour les Formateurs des Pair-Educateurs portant sur la Prevention des MST dont le VIH/SIDA.** (AIDSTECH/Family Health International) 1992. 141 pp.

A session-by-session guide, written in French, for facilitators to use in training educators about AIDS and other sexually transmitted diseases (STDs). Provides current information on STD / AIDS, as well as sessions on counseling skills, effective communication and caring for a person with AIDS. Suggests activities designed to help peer educators retain the facts as well as learn to teach their peers.

**Stepping Stones: A Training Package on HIV/AIDS, Communication and Relationship Skills.** Alice Welbourn. (Strategies for Hope) 1995. 230pp.

Designed to help trainers and community members organize workshops to enable men and women of all ages to explore their social, sexual, and psychological needs, to analyze the communication blocks they face, and to practice different ways of addressing their relationships.

Designed mainly for use in sub-Saharan Africa, although it may be adapted for other contexts. A workshop video is also available upon request .

**Counselling Skills Training in Adolescent Sexuality and Reproductive Health: A Facilitator's Guide.**

(WHO) 1993. 179 pp.

A guidebook designed to help facilitators run a five-day workshop for training counselors in adolescent sexuality and reproductive health. First describes preparatory activities and the necessary facilities, and then provides a model daily program, in which each day is divided into sections on sexuality and reproductive health, the psychodynamics of counseling and communication skills for counseling.

**MO050 Teach English, Prevent AIDS: A Teacher's Manual.**

(Peace Corps ICE) 1995. 113 pp. Digital only.

A manual for teachers of English as a foreign language, developed by Peace Corps Volunteers, their counterparts, and education and health officials in Cameroon, to incorporate AIDS education into the curriculum. Presents a content-based approach to language teaching within a cultural context appropriate to secondary school students in Africa.

**MO053 PACA: Participatory Analysis for Community Action.**

(Peace Corps ICE) 1996. 350 pp.

Provides different methods of how to interact with a group. The framework is based primarily on the work of RPCVs. The manual is useful for all age groups. Topics include which subjects are easier are easier to talk about and understanding family life.

**MO061 Life Skills Manual.** (Peace Corps ICE) 2000. 440 pp.

This newly revised version of The Life Skills Manual produced by Peace Corps Malawi contains practical skills-building exercises for use with youth and community groups that is especially sensitive to cultural issues facing Africans confronted by the HIV epidemic. By the summer of 2000 it will be distributed to all Peace Corps posts. In addition to providing lessons on how to build self-esteem, improve communication, decision-making and goal-setting skills, it contains 10 updated sessions plans on HIV as well as a new section on evaluation.

**RO078 AIDS Education for Health Workers. AMREF/Tanzania.** (Peace Corps ICE) 1992. 211 pp.

Presents four training modules to help health workers learn the facts about AIDS and integrate AIDS education into their on-going health care programs and services. Designed to make health workers aware of their own feelings about AIDS and the extent of the disease in their own communities; also, how to counsel about HIV/AIDS, and how to control the infection in their own health units.

**RO082 AIDS Resource Manual: A Guide for Teaching About AIDS in Thailand.** (Peace Corps Thailand, Peace Corps ICE) 1993. 83 pp.

A resource manual that provides basic information about AIDS transmission and prevention, plus suggestions for games and activities that PCVs have used for AIDS education. ERIC: ED366556 NTIS: PB94 125093 NTIS Price Code: A05/A01.

**R0086 Alternative Techniques for Teaching about HIV/AIDS in the Classroom.** Peace Corps Thailand/STD and AIDS Center, Korat Thailand. (Peace Corps ICE) 1994, rev. 1996. 205 pp.

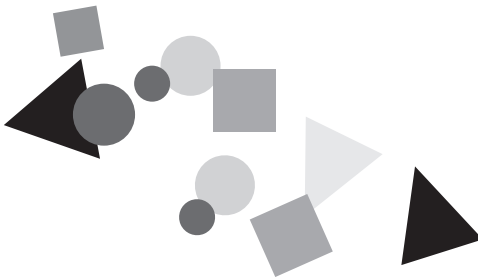
A collection of interactive games and activities created to supplement existing curricula on AIDS. Complements R0082. Also includes some basic information about the disease and guidelines for teachers to use at different grade levels. Activity sheets can be reproduced.

## Web-sites and Internet Access on HIV/AIDS

In addition to all the resources on HIV/AIDS available through ICE, there are many web-sites that can provide you with global and updated information on HIV. Some of them offer free materials in a variety of languages. Below are some of the most important web-sites for HIV/AIDS.

- ▶ **<http://www.unaids.org>, UNAIDS**, located in Geneva, publishes many insightful manuals on HIV/AIDS. Some of the most interesting ones are Summary Booklet of Best Practices, Peer Education and HIV/AIDS: Concepts, Uses and Challenges, Guide to the Strategic Planning Process for a National Response to HIV/AIDS, Prevention of HIV Transmission from Mother to Child, A Review of Household and Community Responses of the HIV/AIDS epidemic in the rural areas of Sub-Saharan Africa and AIDS Education Through Imams. This is just a small sample of the publications available to anyone working in HIV/AIDS free of charge from UNAIDS. Many of these materials are available in multiple languages, including Russian.
- ▶ **<http://www.comminit.com>, Communication Initiative**, lists international HIV interventions that use behavioral change strategies. Allows a custom search for a range of development issues and communication interventions.
- ▶ **<http://www.hivnet.ch/fdp>, Fondation Du Present**, uses information technology to facilitate capacity building in marginalized societies. Facilitates collective consensus-building on HIV/AIDS. Assists in making the work and policies of organizations, governments, and international institutions more transparent and accountable.
- ▶ **<http://www.iavi.org>, International AIDS Vaccine Initiative**, mission is to ensure the development of safe, effective, accessible, preventative HIV vaccines for use throughout the world.

- ▶ **<http://www.aidsmap.com>**, a clearinghouse for information on HIV / AIDS, including a treatment database, technical information and news updates.
- ▶ **<http://www.aegis.com>**, **AEGIS**, provides most recent news on HIV / AIDS issues, updated hourly, provides links to a wide range of HIV / AIDS-related issues and information.







# Endnotes

1. Scott, S. J. and Mercer, M. A. (1994). Understanding cultural obstacles to HIV/ AIDS prevention in Africa. *AIDS Education and Prevention*, 6(1) 81-89.
2. Joint United Nations Programme on HIV/ AIDS and Penn State University. (1999). *Communications Framework for HIV/AIDS: A New Direction*.
3. National Research Council. (1996). *Preventing and Mitigating AIDS in Sub-Saharan Africa*. Washington, DC: National Academy Press.

