

# PEER EDUCATOR'S HANDBOOK

*A practical guide to help us in  
everyday peer education !*

## CHAMP Project

Continuum of Prevention, Care and Treatment  
(CoPCT) of HIV/AIDS with Most-at-risk Populations



## **INTRODUCTION**

### **The CHAMP Project**

The project aims at reducing HIV/STI infections, morbidity, and mitigating the impact of HIV on the socio-economic development of Cameroon through improved technical capacity of government and civil society, and the implementation of prevention, care and treatment services for key populations in Cameroon.

CHAMP means **Continuum of Prevention Care and Treatment (CoPCT) HIV/AIDS with Most-at-risk Populations.**

### **What is the Peer Educator's Handbook of the CHAMP Project?**

It is a simple and practical tool which we can take anywhere and which we will use as basic reference for our field activities

### **What does it contain?**

#### **Each part is differentiated by a color edging**

- Orange ► Basic information on HIV
- Red ► Basic information on STIs
- Green ► Practical guide for our peer education
- purple ► FAQ : frequently asked questions/answers
- Blue ► Tips to conduct good educational talks
- Yellow ► Practical information

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MY NOTES



# **PART ONE :**



## PRATICAL INFORMATION ON HIV/AIDS

*Essentials on HIV/AIDS and STIs to be transmitted to our peers*







## 1. What is HIV/AIDS?

The Human Immunodeficiency Virus or HIV is a virus that attacks the immune system and weakens the body, making it vulnerable to infections and some types of cancer. Because this virus progressively destroys immune cells, it becomes easier for the person to get exposed to a large number of diseases; which are called opportunistic infections (OIs).

The most advanced stage of HIV infection is called Acquired Immune Deficiency Syndrome, or AIDS. This stage is characterized by the appearance of serious opportunistic infections that can be fatal.

### NOTE

*HIV is a virus that attacks the body's immune system, specifically the CD4 cells, which help the immune system fight off infections. Over time, HIV can destroy so many of these cells that the body cannot fight off the infections. These opportunistic infections or cancers take advantage of the weak immune system and signal that the person has AIDS, the last stage of HIV infection.*

### GOOD ADVICE

Avoid contracting HIV by always protecting yourself during sexual intercourse (vaginal, anal and oral) with a condom (male or female condom)

## 2. HIV/AIDS in Figures

- **39 million (in 2013):** the number of deaths from HIV/AIDS in the world.
- **35 million** people infected.
- **2.1 million:** the number of people newly infected in 2013.
- **4.3%:** the HIV prevalence rate in the general population in Cameroon.
- **37%:** the proportion of female sex workers infected with HIV in Cameroon (2009 study).
- **44.3 %:** the proportion of men who have sex with other men infected with HIV in Yaoundé, against 24.2% in Douala (2011 study).
- **165 000** persons on ART in 2016 on **700 000** persons declared positive in Cameroon.

### NOTE

*HIV/AIDS is a global epidemic that affects everyone and especially members of key populations like men who have sex with men (MSM) and female sex workers (FSW) who carry a disproportionate burden of HIV infection compared to the general population. Let's protect ourselves!*



### 3. Modes of Transmission of HIV/AIDS

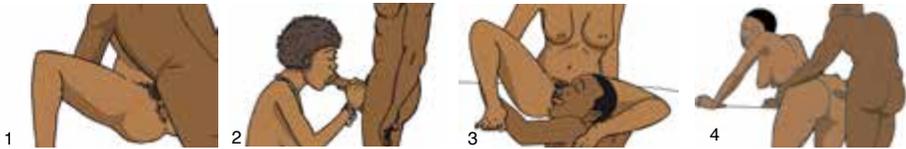
HIV/AIDS is transmitted in three ways: sexual intercourse, through blood and mother-to-child.

#### a. Sexually

HIV is transmitted through the exchange of semen or vaginal secretions during sex. Here are the different types of intercourse in which it is possible to contract the virus:

- Genito-genital sex (when the penis is in the vagina) (1)
- Genito-oral sex (2) such as a blowjob (3)
- Genito-anal sex (when the penis is in the anus) (4)

Even though anal sex is associated with a high risk of HIV infection all unprotected sex is dangerous. This is why it is important to use condoms and water-based lubricants to avoid exposure!



#### b. Through Blood

Here, the transmission of the virus is possible in two ways:

- During a blood transfusion if the blood has not been tested before being administered and is found to be contaminated. (1)
- By using sharp objects, such as needles or razor blades that have been contaminated with infected blood. (2)



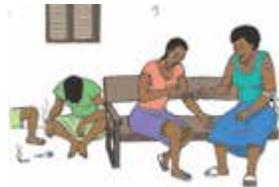
1

*Untested blood*



2

*Contaminated objects*



3

*Sharing contaminated syringes*



**c. Mother-to-child Transmission**

An infected mother can pass HIV to her child during pregnancy, during birth or during breastfeeding.



Pregnancy



Delivery



Breastfeeding

**d. Separating Truth from False**

There are many misconceptions about HIV transmission, but beware! This is often false information, and spreading these misconceptions can be dangerous.

|   |       |
|---|-------|
| I can contract HIV by sharing the same toilet with an infected person:                              | FALSE |
| I can contract HIV from a mosquito bite:  | FALSE |
| I can contract HIV during unprotected sex:  | TRUE  |
| I can contract HIV by shaking hands or kissing a person with HIV :                                  | FALSE |
| I can contract HIV by drinking from the same glass or eating from the same plate as an HIV+ person: | FALSE |

**Not at risk**



**NOTE**

HIV is not transmitted during simple social contact with an HIV positive person. I can talk, eat, play sports, sleep in the same bed and live in the same house as an HIV positive person.

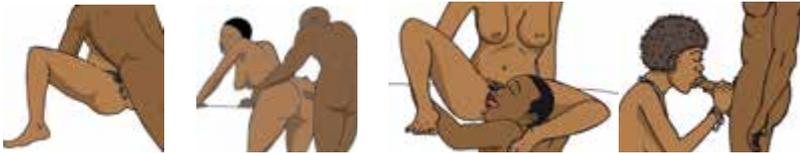


The only virus transmission modes include:

- Unprotected sex;
- Contact with contaminated blood from sharp objects (When I get hurt, sustain an injury with a needle or a razor blade already used by an infected person);
- Vertical transmission: the mother during pregnancy, childbirth or during breastfeeding can transmit the virus to her baby.

Risks

Sexually



Blood



Untested blood



Sharing blades



Mother-child



NOTE

One can contract HIV/AIDS in three ways: through unprotected sexual intercourse, through contact with contaminated blood, from an HIV+ mother not receiving treatment for herself and her child during pregnancy or childbirth and breastfeeding



#### 4. Stages of HIV Infection

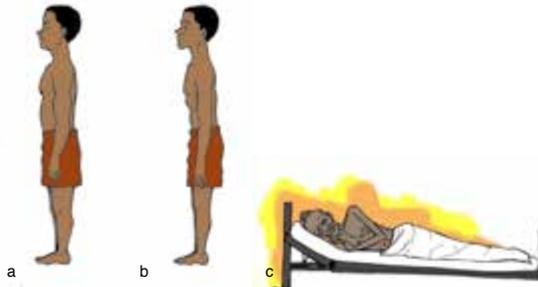
Because the virus gradually moves in the body, a person living with HIV can live for years without having any noticeable signs or symptoms, but this does not mean that the infection does not progress. The HIV virus goes through three main stages:

- **Stage 1: Primary infection**

The primary phase is also known as the “acute phase”. During this stage, there is a large amount of virus in the blood and the individual is very contagious, but the test of the newly infected individual remains negative. It takes three to six weeks (it can go up to three months) for the body to react by producing antibodies. A person in the acute phase is often unaware that they’re infected because they may not feel sick right away or at all.

- **Stage 2: Clinical Latency**

A person with HIV can live long without showing any particular signs of infection, which is why this period is also called the “asymptomatic” stage (without symptoms). An individual may not have any symptoms or get sick during this time. However, at the end of this phase, a person’s viral load starts to go up and the CD4 cell count begins to go down. As this happens, the person may begin to have symptoms as the virus levels increase in the body, and the person moves into Stage 3.



- **Stage 3: AIDS Phase**

With the weakening of the immune system, a set of infections called “opportunistic infections” begins to manifest: Tuberculosis, pneumonia, diarrhea, meningitis are disorders that can occur frequently. As your CD4 cell falls below 200 cells/mm<sup>3</sup> is when the diagnosis of AIDS is made.

#### NOTE

*Signs of HIV infection may be manifested in varying degrees in many people. Often, an individual living with HIV does not feel sick and may transmit the virus to others unknowingly.*

#### GOOD ADVICE

The only way to know for sure if you have HIV is to get tested. Knowing your status is essential for living a long life and preventing new infections .



## 5. HIV/AIDS Screening Test

The screening test is the only way to know if one is HIV positive or not..

**a. Why do a screening test?**

- If you want to know your HIV status (positive or negative)
- If you were involved in a risky behavior (condom break, unprotected sex)
- If you want to have a child or if you are pregnant
- If you want to be in a healthy sexual relationship

**b. Where to have yourself screened?**

- At the Drop-In-Center (DIC)
- At a mobile screening campaign
- In an approved health facility (UPEC, CTA)

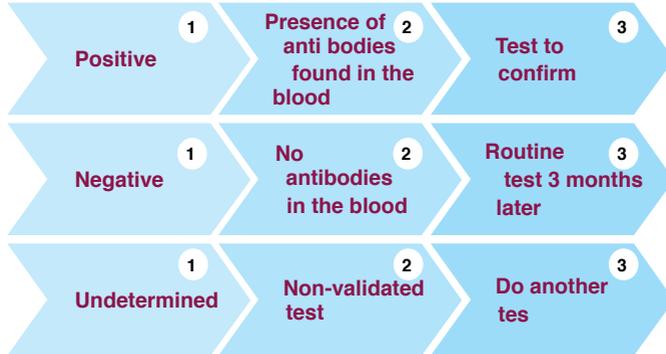
**c. How to be screened?**

- Just go to a health centre where a blood sample will be taken to detect the presence or absence of antibodies in the blood.



**b. Results of the Screening Test**

HIV screening test can display three types of results:



**NOTE**

*The screening test is anonymous and must be voluntary. Taking an HIV test preserves one’s health and that of their partner. It is completely free under the CHAMP program!*

**GOOD ADVICE**

Get a HIV test done every 6 months or as soon as you think you took a risk!



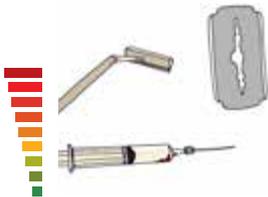
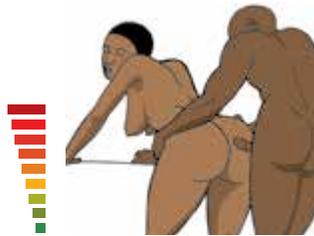
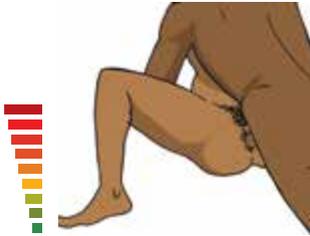
## 6. Risk Levels

Risky behavior is a set of physical actions we take that may expose us to HIV/AIDS and some situations are more dangerous than others.

### a. High risk:

I can be exposed to HIV/AIDS when::

- I have an anal sex without a condom;
- I have a sex without a condom;
- I have sex with several partners without the use of condoms;
- I have sex without a condom with someone who has a sexually transmitted infection (STI);
- I use Vaseline or oil to lubricate a condom;
- I have a transfusion of unscreened blood;
- I share syringes;
- I have sexual intercourse during menstruation

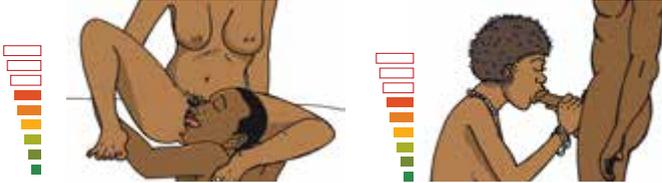




**b. Moderate risk:**

I am moderately exposed to HIV/AIDS when I practice :

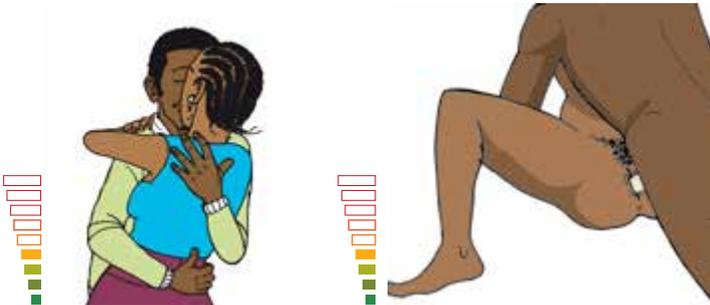
- Oral sex (penis in mouth) without condoms;
- Razor or toothbrush sharing;
- Contact with infected blood.



**c. Low risk**

I am slightly exposed to HIV/AIDS when I practice:

- Deep kissing (kissing with the tongue);
- Sex with a male or female condom.





## 7. Living with HIV/AIDS

There is no cure for HIV/AIDS. However, thanks to recent advances in medicine, HIV medication can control the HIV virus from replicating and enable people to live a long and healthy life.

### a. I am HIV positive.

#### I must accept my status.

- There is no cure, but it does not mean that I have no future!
- I can share my status with a trust-worthy person who will support me.

#### I must watch my health:

- I must regularly take my prescribed medicine and follow-up with the health centre;
- I have to avoid strenuous efforts that can wear me out and cause stress;
- I have to avoid taking drugs, tobacco or alcohol;
- I must live a healthy and balanced diet and practice good hygiene.

#### I have to protect the health of my loved ones:

- I must use condoms systematically during sex, ensuring that it does not tear;
- I must inform my regular partner of my status, and I encourage them to get screened;
- I will address any wounds or cuts;
- I will keep any sharp objects that have been in contact with my blood away from others;
- I will not give my blood for blood transfusions;
- I will not share my drugs (ARVs) with another person.

### NOTE

*I am HIV positive, I can live long and healthy! I remain confident, I protect myself and I take care of myself. I always use a condom and when possible a lubricant during vaginal, anal and oral intercourse with all partners. I am HIV positive and living positively.*

### GOOD ADVICE

Staying optimistic at all times helps me live better every day and is reflected on my health!



### b. I live with an HIV positive person

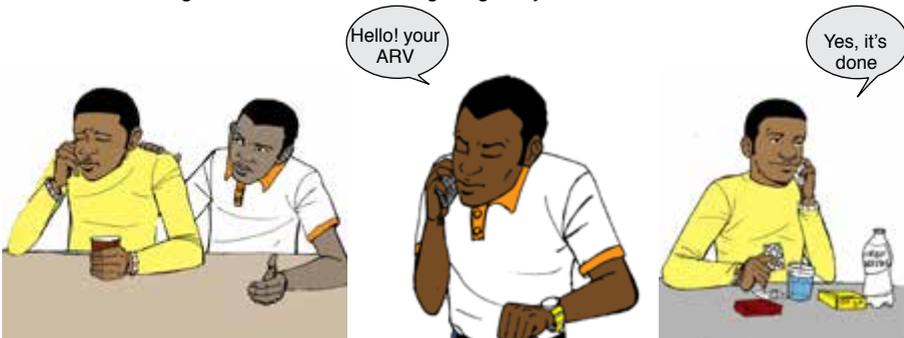
We must not reject a relative or acquaintance because he/she is HIV positive. They need moral support and, if possible, my advice.

#### I give them my attention and affection

- I accept their status and I help them accept theirs. If I inform myself correctly on HIV/AIDS, I can help them adapt to their new lifestyle.

#### I help them take care of their health:

- I encourage them to attend the Drop-In-Center (support group) for people living with HIV.
- I also accompany them as often as possible to the health center; I encourage them to go there.
- I encourage them to take their drugs regularly.



#### NOTE

*HIV-positive people need to feel the warmth and caring presence of their loved ones around them. They should not feel judged, condemned, neglected or isolated.*

#### Good Advice:

Love and friendship are strengthened when tested. Living with a person with HIV can be a very strong opportunity to strengthen your bonds of affection.







# **PART TWO :**



## **PRACTICAL INFORMATION ON STIs**

*Essentials on HIV/AIDS and STIs to be transmitted to our peers*







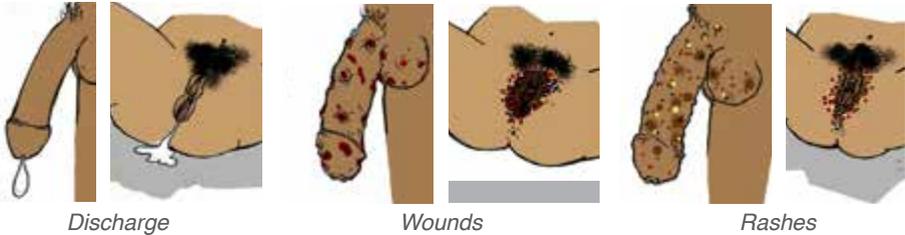
## 1. What is an STI?

### a. STIs in short

An STI is a sexually transmitted infection. It is possible to contract STIs during sexual intercourse without a condom. There are several types of STIs, including: gonorrhea, herpes, genital warts, Chlamydia, syphilis, etc.

There are 3 types of visible manifestations of STIs: discharges, wound, or rashes. However, the signs can sometimes be discrete (irritation, itching, pain).

Some of these infections can be treated easily, but if left untreated, they can cause severe complications. Any visible abnormality should lead to consulting a doctor immediately.



### b. Most-at-risk Persons

Although anyone can contract an STI, women and especially young women are most often the victims. People who practice in frequent unprotected sex are also at a higher risk of contracting an STI (female sex workers and men who have sex with other men)::

- Their reproductive organ is more fragile to infections;
- They do not always have the possibility of imposing the use of condom, which is a safe tool for protection.

#### NOTE

*STIs are particularly dangerous infections that anyone can contract. While some can be cured rather easily, lack of treatment can result in serious complications.*

#### GOOD ADVICE

Complete an STI screening regularly (even if you do not have any symptoms).



## **2. STIs Transmission Modes**

### **a. Sexually**

I can contract an STI when I have sex without a condom with an infected person; because the symptoms can be visible or invisible. If I protect myself, I am safe from future complications.



### **b. Mother-to-child**

It is possible that a mother with an STI can transmit the infection to her baby during pregnancy or delivery



*Pregnancy*

*Delivery*

### **NOTE**

*An STI is spread either through sex, during all unprotected intercourse or from mother-to-child during pregnancy or delivery. It is necessary to regularly get screened.*



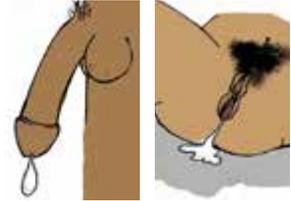
### 3. Types of STIs and their Symptoms

It is possible to have an STI and not know it. However, most symptoms of an STI can be grouped in three main categories:

#### a. Discharges

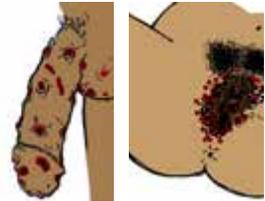
Some STIs are manifested by abnormal discharge from the sexual organ. This is the case of gonorrhoea (gono), trichomonos or chlamydia (clap). In women, this translates into abnormal discharge, pain in the lower abdomen, itching in the vagina and pain during sex.

In men, there is also discharge and the frequent urge to urinate is accompanied with a burning sensation, and itching.



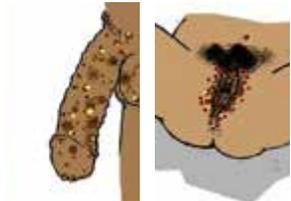
#### b. Wounds.

Herpes, chancroid and syphilis are infections that cause sores and the appearance of rashes on the sexual organs.



#### c. Rashes.

Some types of STIs such as genital warts, cause rashes, cockscomb, vegetation or fungi in the sexual organs or anus.



**NOTE:** STIs symptoms are of three types: discharges from the sexual organ, wounds or rashes.

*Caution: Warts are transmitted by protected or unprotected sex.*

#### **GOOD ADVICE:**

*You should always get tested for STIs, even if there are no symptoms or signs.*



## 4. STI Complications

Like all other infections, STIs should be treated properly and as soon as possible to prevent the situation from escalating. STI complications differ by gender.

### a. Complications in women

In women, poorly or untreated STIs can cause :

- Constant pain in the lower abdomen
- Repeated miscarriages
- Ectopic pregnancies
- Premature birth
- Cervical cancer
- Infertility
- Death



### b. Complications in men:

Regarding men, STIs can escalate and cause :

- Swelling and pain in the testicles
- The narrowing of the urinary tract, which causes difficulties with urination.
- Sterility
- Death



**NOTE:** An untreated or poorly treated STI can escalate and result in permanent pain, infertility, tumors and can even become fatal if left untreated for an extended period.

**GOOD ADVICE:** If I have an STI and that I was prescribed a treatment, I have to complete my treatment to avoid future complication.



## 5. Risk Factors

Because everyone can contract an STI, it is important to beware of behaviors that can constitute risks. I expose myself to STIs when I practice :

- An unprotected sexual intercourse with an infected person..



- Unprotected sex with multiple partners.
- Refusal or misuse of my condom: I must never use unsuitable lubricants, such as oil or Vaseline.
- Uncircumcision.

Also, it is my responsibility to inform my partners on the existence of STIs, to better avoid the spread.

**NOTE :** *Each unprotected sex with one or more partners strongly exposes me to an STI.*

**GOOD ADVICE :**

*Getting tested is a great way to be sure of our health. I have to encourage my partner or partners to get regular screening tests.*



## **6. What to do in case of an STI?**

If you find yourself suffering from an STI, there are two important steps to follow:

### **a. Get treated:**

- I contact a doctor as soon as possible and must think of treating myself.
- I must follow through with the treatment prescribed and refrain from sex during my treatment.
- I must complete a check-up test at the end of my treatment to make sure of my condition.
- I must practice a healthy personal hygiene.

### **b. I must protect my partner**

- I will inform him/her as soon as possible of my condition.
- I should encourage him/her to get tested and/or to seek treatment to prevent the infection from spreading.
- Abstinence during treatment or after surgery.
- Use male or female condoms to properly prevent further infection.

**NOTE:** *STIs can be cured easily if the prescribed treatment is followed regularly. I must strictly follow the doctor's recommendations and avoid unprotected intercourse during my treatment.*

**GOOD ADVICE:** *To stop any risk of contamination, I encourage my partner to get tested or to follow treatment in case of exposure.*

## **7. Link between STIs and HIV/AIDS**

STIs are a gateway to HIV/AIDS. If I contract an STI, the risk of contracting HIV during sex is higher. Therefore, it is important to ensure proper treatment for STIs and practice condom use.

**NOTE:** *STIs may be gateways to HIV/AIDS infection.*

**GOOD ADVICE:** *Avoid any risk of HIV/AIDS through proper treatment and constant use of condoms. Avoid self-medication or the use of traditional medicine. Keeping yourself free of other STIs decreases your risk of becoming infected with HIV.*







# **PART THREE :**



## FREQUENTLY ASKED QUESTIONS (FAQs)

*Essentials on HIV/AIDS and STIs to be transmitted to our peers*







HIV/AIDS and STIs in general can generate a host of questions among your peers. Because it is important to be prepared before each discussion with peers, here is an overview of the most frequently asked questions on the subject.

## 1. What if I am asked questions :

### a. On HIV/AIDS and ARV (antiretroviral drugs)

#### Q. Can a simple kiss transmit HIV?

A. No. HIV/AIDS has **three modes of transmission**: through sexual intercourse, through blood or from mother-to-child. You do not risk contracting or transmitting the virus by kissing someone.

#### Q. Can you recognize someone who has HIV by looking at him?

A. No, a person can live with HIV for years **without noticeable changes in their appearance** or their health; it is very risky to assume the HIV status of someone just by their physical appearance.

#### Q. How do you know you have HIV?

A. The only way to know if one is HIV positive or not is by taking a **screening test**. It is anonymous, confidential, and reliable and saves you from taking any risk.

#### Q. What are ARVs?

A. ARVs are combined treatment with **three drugs** (triple therapy, but as a single dose, a single pill) that should be taken **throughout a lifetime**. This treatment blocks the replication of the virus in the blood and improves immunity and overall health of a person living with HIV.

#### Q. Can I help my friend who is out of stock of ARVs?

A. No, **never give your ARVs to anyone else**, even if your friend is HIV positive. It can cause an intolerance reaction and even more severe problems in wanting to help your friend. It is best to accompany or refer this friend to DIC.

#### Q. Why is a test undetermined?

A. **Because the results are not valid. You must have another test.**

#### Q. I was told you can be tested positive, and after negative

A. Yes, some test results can show as **“false positives”** but also **“false negatives”**, which is why a new test for confirmation should be done in a Health Centre (CTA/UPEC).

**Q. At what time can the test be positive?**

**A.** When a person is first exposed to HIV, there is a period of **three to six weeks** (sometimes up to three months) before the body reacts to the virus by producing antibodies. It is after this period that the test results may show up as positive.

**Q. What is an undetermined result?**

**A.** This is a **non-valid result**, which does not show any reaction that can clearly indicate the presence or absence of antibodies in the blood. In the case of an undetermined result, a confirmatory test is necessary.

**b. On sex, condoms and lubricating gels.****Q. If I am penetrated a little, not deep, can I contract HIV?**

**A. Yes, as soon as there is contact between body fluids** (semen or vaginal secretions) from both partners, a high risk of infection is created.

**Q. If I have sex and I ejaculate outside, can I be infected?**

**A. Yes, absolutely!** The withdrawal method is not effective for preventing the spread of HIV/AIDS, STIs et les grossesses indésirées. Remember that HIV/AIDS and STIS are also found in pre-seminal fluid (pre-cum) .Wearing a condom allows me to have a full sexual intercourse without fear.

**Q. Can one contract HIV by giving a blowjob?**

**A. Yes,** fellation or blowjob in which the penis is not covered by a condom is a risk of infection.

**Q. What are the sexual practices that expose most people to HIV?**

**A.** When **genito-anal sex** (sodomy) and **genito-genital sex** (penis in vagina) take place without the use of a condom, it greatly exposes individuals to HIV. I have to avoid having unprotected sex with multiple partners without the use of a condom.

**Q. Do condoms not transmit AIDS?**

**A. No, this is false information,** which is very dangerous to spread around you! Condoms are highly effective against the most dangerous types of sexually transmitted infections and HIV/AIDS.

**Q. Is it possible to use the same condom multiple times?**

**A. No.** For hygiene measures, condoms are intended for single use only and should be discarded after intercourse and out of the reach of children.

**Q. Does the condom cause itching?**

**A. In some rare cases yes**, it is usually a latex allergy that can cause discomfort during sex. In this case, I just have to buy non-latex condoms.

**Q. Is the oil on the condom harmful to my health?**

**A. No**, it is a lubricant whose function is to facilitate penetration. Its presence does not constitute a risk but rather an advantage for me. Never use oil with a condom because it can cause the condom to break. Always use a water-based lubricant!

**Q. What if a condom breaks?**

**A. Stop intercourse**, but do not wash the concerned parts, and go to the nearest health center.

**Q. What are lubricants made of?**

**A. Although the composition may vary substantially with brands, the lubricants should always be water-based** and are designed not to cause allergies.

**c. On STIs****Q. What are the symptoms of the most common STIs?**

**A. The most recurrent STI symptoms are abnormal discharge** from the genital organs, **wounds rashes**, and discomfort, such as itching or irritation during urination. I have to seek medical attention as soon as possible if such signs are present.

**Q. If an STI is treated, can it come back?**

**A. If I continue exhibiting practices** that place me at a high risk for contracting an STI it can certainly return or even become more complicated.

**Q. Can an STI be cured only by improving hygiene conditions?**

**A. No.** If I contract an STI, I have to follow the treatment prescribed to me. Hygiene is only one factor that can help my treatment act faster.

**Q. Can one contract an STI in the toilet?**

**A. No.** An STI is transmitted either during unprotected sexual intercourse or in some cases, from mother-to-child. You cannot contract an STI from a toilet, whether a water system toilet (WC) or the African toilets (latrines). To contract an STI from another person, there must be mucous to mucous contact as there is during sex.

**Q. When I have an STI, does it mean that I have AIDS?**

**A. No**, but contracting an STI significantly increases the risk of contracting HIV/AIDS.



**Q. Are all STIs curable?**

**A. No**, some STIs like herpes or hepatitis B are incurable, but following a treatment can help to regulate the effects of the infection.

**d. On positive lifestyle**

**Q. I'm still thin even though I take my treatment. Why?**

**A. Weight gain during treatment with ARVs is not automatic**, but that does not necessarily mean that the treatment has no effect. Other factors like my nutritional diet and lifestyle can influence my weight.

**Q. Can I tell my status to my friend?**

**A. I can share my status to people around me who I trust** and who will support me without judging me. I should not share this information to someone who can use it against me and stigmatize or discriminate against me.

**Q. Can an HIV positive person have sex?**

**A. Yes**, with the use of condoms a person living with HIV/AIDS can maintain a normal and comfortable sex life.

**Q. Can I have a child even when I am HIV positive?**

**A. Yes, I can become pregnant and give birth successfully even** though I am HIV positive. I will need to strictly follow my prescribed medications so that my child is born HIV negative.

**Q. Can I get married even with my HIV positive status?**

**A. Yes, of course! If I follow my medication treatment plan**, I can maintain healthy relationships, get married and even start a family. HIV/AIDS does not condemn me in any way to live in solitude!



## 2. MSMs are wondering

### Q. Can I be open about my sexual orientation everywhere?

**A.** Homosexuality is a sexual orientation that remains condemned in Cameroon, so I always have to stay alert of my surrounding because there are consequences in sharing this information.

### Q. Is homosexuality contagious?

**A. No,** homosexuality is not a disease or an infection; it is a sentimental or sexual orientation for persons of the same sex.

### Q. Can one be exposed to HIV and STIs by using a dildo?

**A. Yes.** Sex toys such as dildos, which establish contact between body fluids such as semen can expose me to HIV/AIDS or STIs. However, to avoid the risk I can use them with condoms and not share my accessories with my partner..

### Q. What to do when you have an anal tear?

**A.** Tear or anal fissure can occur at penetration. **I should seek medical attention as soon as possible,** as it can also be a local inflammation caused by an infection.

### Q. Can I get HIV if I masturbate with my partner (tickle me)?

**A.** When masturbating alone, there is no risk, but if my semen comes in contact with an infected person, I can be exposed to HIV.

### Q. Between active and passive, which is the most vulnerable?

**A.** The passive partner because he receives the semen and he runs the risk of anal tearing.



### 3. FSWs are wondering

#### Q. Does penis size promote HIV infection?

**A. No**, the size or the shape of the penis are not factors of contamination.

#### Q. Does an orgy (group sex) with condom transmit HIV and STIs?

**A. Yes**, unless I change condoms when I exchange partners. I must always remember that in order for the condom to be effective, it is only intended for single use.

#### Q. What is cunnilingus, rimming and oral sex?

**A.** This is sex where I use my mouth to stimulate my partner. Cunnilingus is an oral sex act performed on a female's genitalia. A rim job is when I caress the anus. These are practices that expose me to STIs and HIV/AIDs; it is recommended to protect yourself with condoms.

#### Q. Does the number of partners disrupt my ARV treatment?

**A. No**, what can disrupt my treatment is non-adherence to my prescribed medication and recommendations. For example: if I discontinue my medication and fail to follow a healthy lifestyle such as refraining from using drug and alcohol.

#### Q. Can I use my finger for personal hygiene?

**A. No!** You are only supposed to wash the external genitalia, not the internal. Using your finger to clean your vagina can cause a tear or cut, which can increase the vulnerability of further infections .

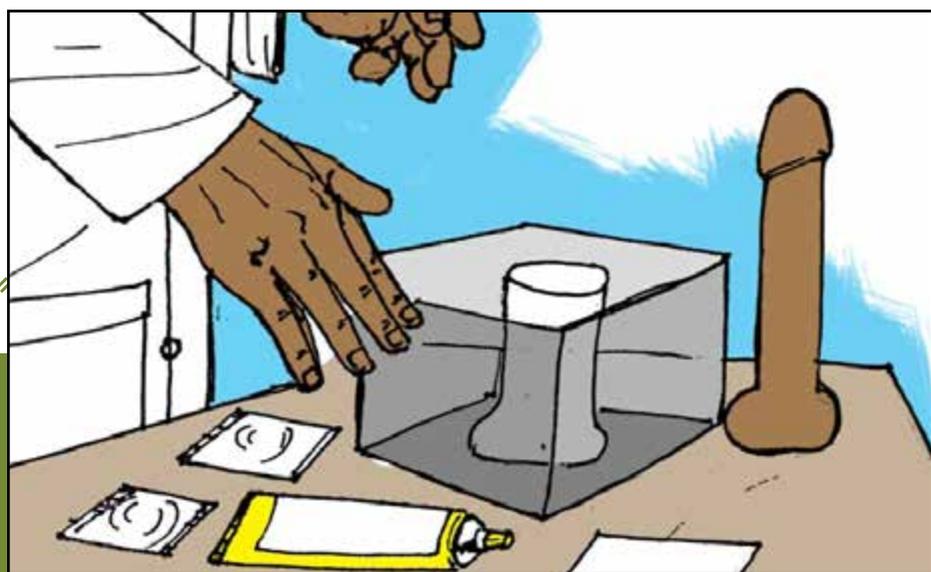




# **PART FOUR :**

## BEHAVIOUR CHANGE COMMUNICATION (BCC) AND COMMUNITY MOBILISATION

*Essentials on HIV/AIDS to be transmitted to our peers*

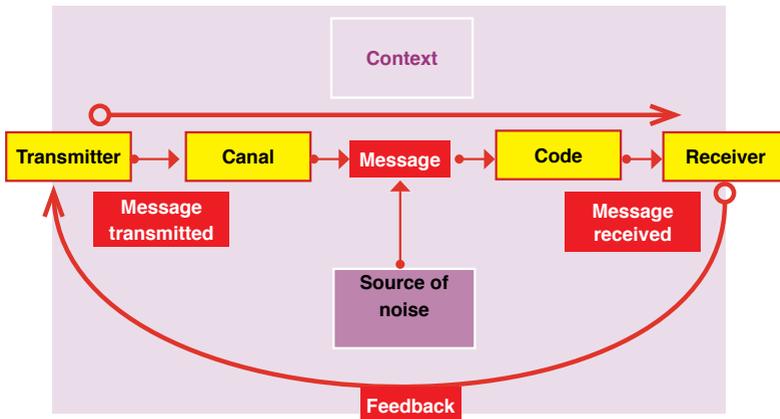




## 1. Communicate to Change Habits: Basic Notions.

As a peer educator, my mission is to inform and educate my peers on the dangers of HIV/AIDS so that they adopt responsible and safer sexual health behaviors. With my peers, I am more comfortable talking about sensitive subjects such as sexuality because I share the same environment and similar experiences. As host, my role is to help my peers consider alternatives to risky behavior.

### a. What is communication?



Communicating is exchanging a message with someone. Thus, Behavior Change Communication is the strategy I use to encourage my peers to change their actions if it is risky and help them maintain a healthy behavior lifestyle.

### b. Behavior Change Communication (BCC).

B: Behavior: All habits, practices and attitudes of a person

C: Change: Modification of a situation or a state to another

C: Communication: Discussing with someone

BCC is a communication strategy that enables the exchange of information and ideas with someone for them to adopt, maintain or improve current practice or new good health practices in the community.



## Some Definitions

### c. Peer Education

It is an approach to health promotion, in which community members promote behavior change for improved health outcomes among their peers. Peer Education is a form of teaching and sharing of health information, values and behavior to peers who share similar social circumstances and life experiences.

### d. Educative Talk

It is a communication technique in which a peer educator exchanges ideas and information with peers or a group of people on health issues affecting the group or community. It may take place at DIC or in the community.

### e. Counseling

It is a face-to-face communication method in which the counselor asks questions to help the client reflect on the decisions to take in order to solve a health problem in their life.

### f. Advocacy

It is when an individual or a group of people defend and support an idea or action to act in favor of a positive change.

### g. Community Visit

When a peer educator visits a community to meet with members and discuss with them about a specific health issue or to advise and assist in solving health problems in their community.

## 2. Various Communication Methods.

### Group Communication

This is to address a small group of peers (2-15 people), to discuss with them on a given topic. This method is adapted to:

- Providing relevant information to several people at the same time such as information on STIs, HIV, screening, follow-up of FSW and MSM at DIC, etc.;
- Demonstrating the correct way to wear condoms in front of a group of people.

### Interpersonal Communication

This is a discussion between a PE and another peer (FSW or MSM) to work collectively and decide how to adopt and maintain less risky behaviors.

This method is suitable to:

- Providing personalized information on sensitive issues;
- Encouraging a person to get tested when he/she doubts;
- Talking to people who do not want others to know their activities (discretion).



### 3. How to Conduct an Educational Talk?

An educational talk is a discussion I moderate with several people. I always remind myself that in an educational talk, all those present must exchange and especially retain important information about HIV/AIDS.

- **I prepare the talk.**

I note questions related to HIV/AIDS which need to be discussed. I always bear in mind that my goal is to encourage others to engage in risk-free behaviors and get tested.

- **I create an atmosphere of confidence.**

HIV/AIDS is a health problem that many face, so I have to make sure that people with whom I exchange information with are relaxed and ready to talk freely and securely.

- **I must be friendly and attentive.**

Because my goal is to educate my audience, I must encourage everyone to speak. I must have a welcoming attitude and should express myself in a friendly manner and actively listen to all participants.

- **I use good words.**

I choose to use simple and clear terms that everyone can understand and I always encourage my audience to express themselves as freely as possible.

- **I grant speaking time.**

Sometimes in a group, some people feel insecure frustrated and may refuse to talk. I must ensure that everyone has the chance to speak on the subject.

### 4. What not to do

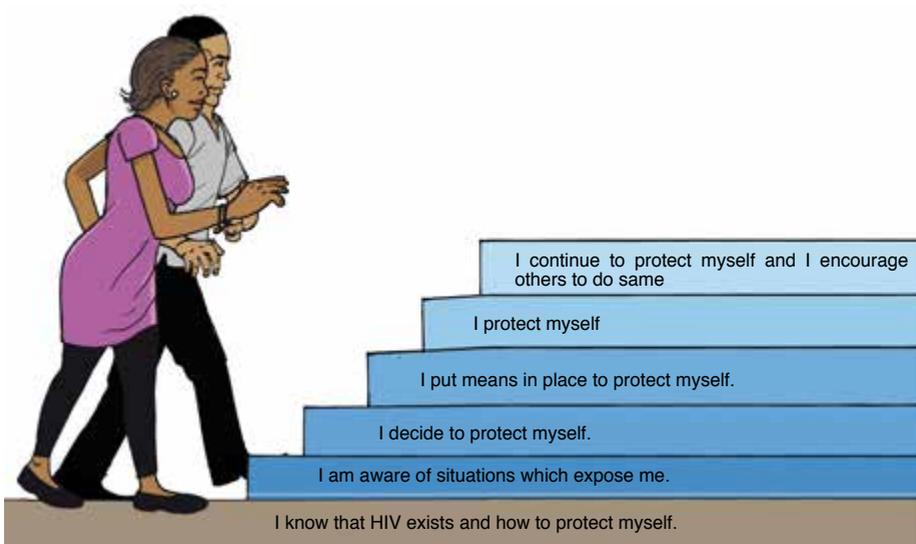
- Share incorrect information or information which the source is unknown to me.
- Express a negative or derogatory review of the practices that will be shared with me.
- Judge, criticize and stigmatize others.
- Interrupt someone or rush them when they speak.
- Using an insulting term or adopt a disrespectful attitude towards the other.



## For Good Communication

- Find the right time when peers are ready to listen;
- Find a suitable location;
- Speak clearly and slowly;
- Use words that are easily understood by peers;
- Speak the language understood by peers;
- Touch the sensitivity of your peers, being empathizing and caring;
- Respect your peers;
- Use appropriate communication tools to explain and/or demonstrate what you mean;
- Listen carefully to your peers and do not interrupt when they speak;
- Do not have negative judgments.

## 5. Stages to Change of Behavior







# **PART FIVE :**

## **SOME TIPS TO CONDUCT GOOD EDUCATIONAL TALKS**

*Essentials of HIV/AIDS to be transmitted to our peers*





## 1. Tasks of the peer educator.

- Identify my peers and hot spots;
- Raise awareness on HIV/AIDS and STIs;
- Promote and distribute prevention materials;
- Promote HIV and STI screening;
- Orient my peers to the Drop In Center;
- Build my capacity to master the discussion topics;
- Organize my work;
- Fill data collection tools.

Educating people and encouraging them to adopt non-risky behaviors requires that I should always be prepared. Here are some guidelines that can help me better organize a talk.

## 2. Before the talk.

I have to meet all the necessary conditions for the success of the talk I will have. This includes :

### a. My psychological preparation

Public speaking can be a difficult task. To avoid stress and discomfort, I can prepare myself in advance.

- **I can review the points to be addressed in the talk.**

Mastering my speech is a tip that can help me manage stress. This does not mean I have to memorize everything I will say, but rather to outline the key points. I can test my knowledge by asking myself questions or asking an acquaintance to question me on the subject.

- **I can control my breathing**

When I am anxious or nervous I may lose my flow of ideas and get lost in my words. It will help to talk slowly and take deep breaths.



### b. My material preparation

- **I list my working tools**

Before the talk, I will review all materials I may need: sheets of paper, notebooks, pens, notepads, etc. I should also double check that my prevention materials (condoms and lubricants) are fully stocked and with me. It is better to prepare everything in advance to avoid being embarrassed! Another handy trick is to prepare answers to complex questions that one might ask me.

- **I visit the location**

Ideally, my talk will take place in a ventilated area and away from hazards. If I already know the location, I can go there to simulate an interview situation with several people or simply have an idea of how my presentation will be arranged.

## 3. During the talk



Using animation techniques such as (I buy). Throughout the session I'm about to lead, I should constantly focus my attention and observation skills on three points.

### a. Time management:

- **Too much time should not be taken**

Ideally, my talk should be 15 minutes, because beyond that, I risk losing the attention of my audience and they may feel fatigued and uninterested.

- **Share the time allocated well**

To ensure that all issues will be addressed, I can provide myself with a stopwatch or keep an eye on my watch. Dividing up the sessions may also be useful to me. For example, after fifteen minutes I can address the issue of reproductive health, or give ten minutes to demonstrate on how to wear a condom, etc.



### b. Space management

I make sure that all those present are sitting in such a way that they cannot miss any of my speeches or discussions. Several options are available to me here:

- **Sitting in a circle:** : I am the center of the room and my targets form a circle around me. So I have to move around often to make sure I have the attention of people.
- **Sitting in a semicircular or in a “U” configuration:** I face my audience that forms a semicircle or a “U” in front of me. So, I have a permanent eye on everyone and can note details such as facial expressions, emotions, body language, etc.

### c. Management of people

- **How many people?**

To maximize the chances of a successful talk, I have to plan the number of people depending on time, space and materials I have at my disposal. A total of 20 people would be ideal.

- **Managing interactions.**

I must always be courteous and welcoming to my audience. I must avoid interrupting or rushing a speaker, because I am dealing with delicate topics that require courage. I should politely invite my audience to do the same to maintain a pleasant overall atmosphere.

## 4. After the talk

After completing the talk, I must not forget certain details before leaving!

- **Thanking my peers and doing a little assessment:**

*What have my peers learned?*

Because it is an exchange and that they agreed to give me their time, I must thank them for their patience, attention and contributions. I must remind them, before we separate, the importance of adopting behaviors that do not expose them. I can ask questions to my peers and hear their feedback on what they have learned from my talk.

- **I gather my materials**

Before leaving, I collect all the working tools I used, I check if the attendance sheets have been filled. I review my notes to ensure that my goals were met.



## 5. Managing Difficult Situations

Although I prepared well in advance, I may face complicated situations. Whatever happens, I have to keep calm and be composed.

### a. The talkative

When I face a group, I notice that a particular person talks all the time and distracts my audience. In such a situation, I should kindly but firmly ask them to settle down.

### b. The dominant

This is a person who usually speaks louder and much longer than the others. S/he initiates most of the discussions and may risk frustrating the others. If I notice a person in the group who fits this profile, I can gently ask him/her to more reserve and remind them that the purpose of the meeting is that everyone can share their experiences and ask questions.

### c. The reserved

Unlike the dominant, the reserved individual seems to stand apart from the rest of the group and says little or almost nothing. He/She may be a shy person or afraid of being judged on their practices. I must invite them to speak without fear or even talk to them in private if they request to do so.

### d. I cannot answer a question.

Someone during the talk asks me a question I'm struggling to provide a satisfactory response to. Do not panic, it can happen. In that case:

- I will take note of the question and advise the person that I will reach out to them once I receive the correct answer from a competent authority.
- I certainly must not give a wrong answer or an answer, which I am not sure of. My goal is to spread correct information, so I must represent myself as a truthful peer educator.





# **PART SIX :**

## **PRACTICAL INFORMATION**

*Essentials on HIV/AIDS and STIs to be transmitted to our peers*





## GLOSSARY

|                 |   |
|-----------------|---|
| <b>AIDS</b>     | Acquired Immune Deficiency Syndrome   |
| <b>ARV</b>      | Antiretroviral drugs  |
| <b>BCC</b>      | Behavior Change Communication   |
| <b>CBO</b>      | Community-Based Organization  |
| <b>CHAMP</b>    | Continuum of Prevention, Care and Treatment of HIV/AIDS with Most-at-risk Populations |
| <b>CTA</b>      | Outpatient Treatment Center   |
| <b>DIC</b>      | Drop-In Center (Centre of prevention/care/treatment) of the CHAMP Program             |
| <b>FOSA</b>     | Health Care Centre (Formation sanitaire)  |
| <b>FSW</b>      | Female sex worker   |
| <b>GBV</b>      | Gender-Based Violence   |
| <b>GD</b>       | Group discussions   |
| <b>HIV</b>      | Human Immunodeficiency Virus  |
| <b>CVS</b>      | Counseling and voluntary screening  |
| <b>HTC</b>      | HIV Testing and Counseling  |
| <b>IPC</b>      | Inter-personal Communication  |
| <b>KP</b>       | Key populations   |
| <b>MARP</b>     | Most-at-Risk Population   |
| <b>MINSANTE</b> | Ministry of Public Health   |
| <b>MSM</b>      | Men having sex with other men   |
| <b>NACC</b>     | National AIDS Control Committee   |
| <b>OI</b>       | Opportunistic Infection   |
| <b>PE</b>       | Peer Educator   |
| <b>PLWHA</b>    | People living with HIV/AIDS   |
| <b>PMTCT</b>    | Prevention of Mother-to-Child Transmission  |
| <b>STI</b>      | Sexually Transmitted Infection  |
| <b>TB</b>       | Tuberculosis  |
| <b>UPEC</b>     | Care Unit (Unité de prise en charge)  |



## **IMPORTANT CONTACTS**

### **CHAMP PROJECT OFFICE**

CARE International in Cameroun  
Sic Hippodrome, Villa La Rose (Ground floor),  
Street # 1079  
P.O. Box 15126, Yaoundé – Cameroun  
Tel: + (237) 222 22 38 01 / 222 22 38 02  
Email: contact1.carecameroun@gmail.com

### **MOTO ACTION**

Street # 1506 Omnisport, Yaoundé - Cameroun  
Tel: + (237) 222 10 36 09  
Email: info@motoaction.org

## **STI CLINICS/CENTRES**

### **CAMEROON NATIONAL ASSOCIATION FOR FAMILY WELFARE (CAMNAFAW) YAOUNDÉ CENTRE BRANCH**

Opposite Sapeurs-Pompiers Mimboman  
P.O. Box 11994 Yaoundé-Cameroun  
Tel/Fax: + (237) 242 20 36 99  
Mobile: 677 57 56 67  
Email: camnafawcentre@yahoo.fr

### **CAMNAFAW BAMENDA NORTH-WEST BRANCH**

P.O. Box 525 Bamenda  
Tel: 674 74 63 53  
Email: camnafawbamenda@yahoo.com

### **SWAA LITORAL**

Rue Foch Akwa (Angle Emilie Saker)  
P.O. Box 3045 /18 486, Douala  
Tel:+ (237) 33 42 32 46 / 99 97 87 57

### **ALTERNATIVES CAMEROUN**

P.O. Box 12767, Douala -Cameroun  
Tel: + (237) 243 11 78 69  
Email: alternatives.cameroun@gmail.com  
Facebook: alternatives cameroun  
Site Web: www.alternativescameroun.com

## **DROP-IN CENTERS (DIC)**

### **HORIZONS FEMMES**

Head Office: Melen, P.O. Box: 8480 Yaoundé -  
Cameroun  
Mini-Ferme, 2nd floor MTN Building  
Tel: + (237) 222 31 43 02 / 699 67 09 54  
**HORIZONS FEMMES LITORAL**  
Antenne Littoral : Carrefour Elf, Axe-lourd (Village)  
Tel: + (237) 243 68 59 93  
E-mail: horizons\_femmes@yahoo.fr  
Website: www.horizonsfemmes.org

### **HUMANITY FIRST CAMEROON**

P.O. Box: 25637 Yaoundé, HC-Cameroun  
Tel: + (237) 695 10 31 07 / 676 45 04 61  
E-mail: humanityfirstcam@yahoo.fr

### **ASSOCIATION D'ASSISTANCE AU DEVELOPPEMENT (ASAD)**

Nkolbikon neighbourhood, Codas Caritas  
entrance,  
P.O. Box 700, Bertoua – Cameroun  
Tel: + (237) 222 241 518/699 873 037  
Email: asadbertoua@yahoo.fr

### **ALTERNATIVES CAMEROUN**

P.O. Box 12767, Douala - Cameroun  
Tel: +237 243 11 78 69  
Email: alternatives.cameroun@gmail.com  
Facebook: alternatives cameroun  
Website: www.alternativescameroun.com

### **ESPACE SANTE PREVENTION POUR TOUSE DE KRIBI (ESPK)**

Nkolbiteng, opposite Magasin Fokou  
Behind CDE - Kribi  
Email: espk@motoaction.org  
Tel: + (237) 690 112 473 / 690 111 123 /  
690 111 131 / 601 113 850

### **CAMEROON MEDICAL WOMEN ASSOCIATION (CMWA)**

P.O. Box 548, Bamenda - Cameroun  
Tel: + (237) 677 864 198 or 679 811 859  
Email: cammedwomass@yahoo.com





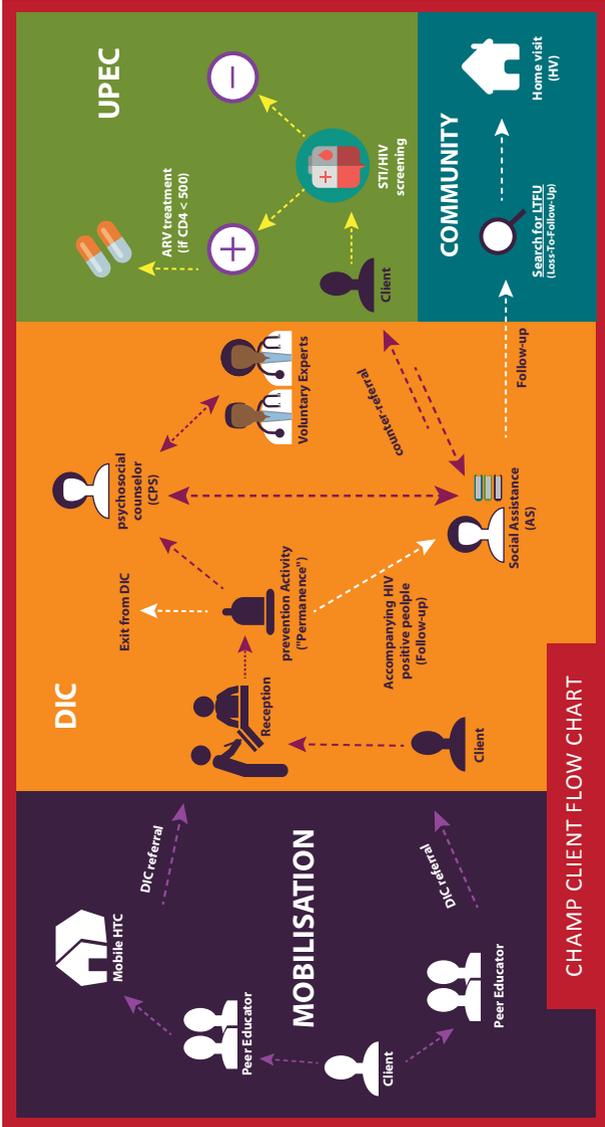


**CHAMP CLIENT FLOW CHART FOR DICS**



**CHAMP**

Continuum of Prevention, Care and Treatment (CoPCT) of HIV/AIDS with Most-at-risk Populations in Cameroon

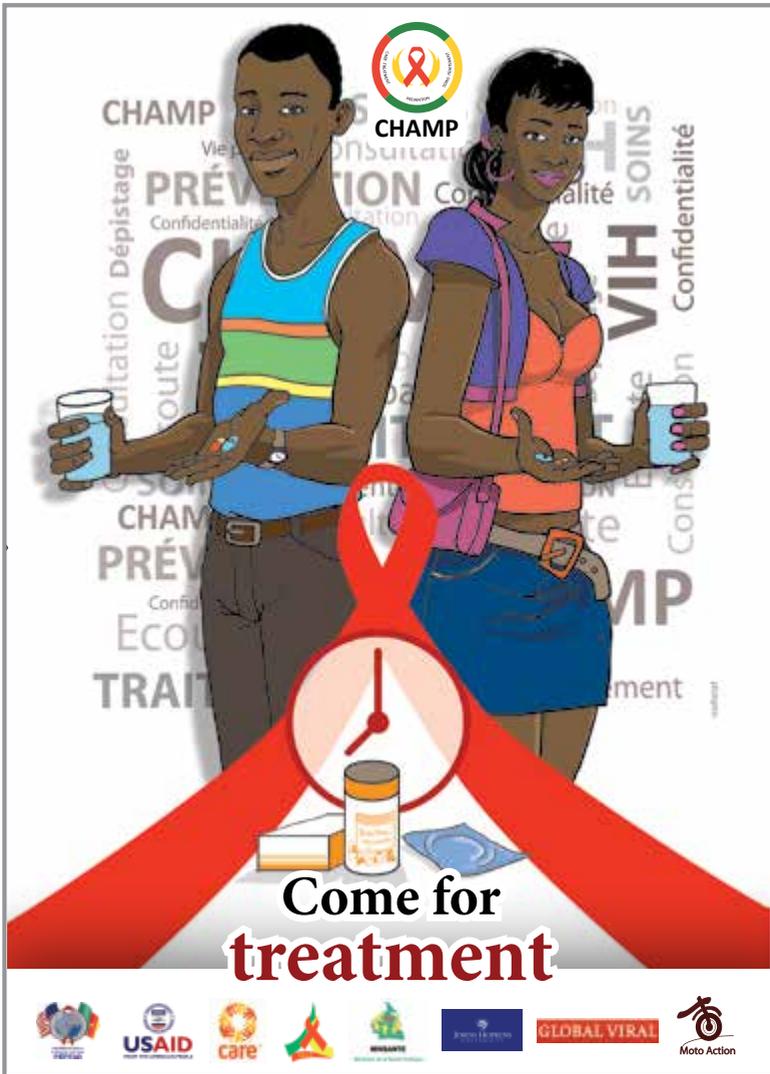


**CHAMP CLIENT FLOW CHART**





### CHAMP INSTITUTIONAL POSTER



### CHAMP PROJECT PARTNERS

The CHAMP project is financed by PEPFAR (USA President’s Emergency Plan for AIDS Relief) through USAID and implemented by a consortium of 4 partner organisations: CARE International in Cameroon, Johns Hopkins University, Global Viral and Moto Action, in collaboration with the National AIDS Control Committee (NACC) and under the supervision of Ministry of Public Health (MOH).









## The CHAMP Project

It aims at reducing HIV/STI infections, morbidity, and mitigating the impact of HIV on the socio-economic development of Cameroon through improved technical capacity of the Government and Civil Society, and the implementation of prevention, care and treatment services for key populations in Cameroon.

CHAMP means Continuum of Prevention Care and Treatment (CoPCT) HIV/AIDS with Most-at-risk Populations.

Coordination: CARE INTERNATIONAL in CAMEROUN

Design: MOTO ACTION

Illustrations & ArtWork : NouterArt

Editor: Murielle WONJA

