



**HEALTH  
SYSTEMS  
TRUST**

## **Better Off Knowing**

*Lay Counsellor's  
Refresher Guide*

2016

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## Introduction

### Objectives of this guide

After this training, participants will:

1. be aware of the latest World Health Organization (WHO) guidelines;
2. understand 'Universal Test and Treat';
3. be able to encourage people in their community to get tested and to support them in this decision;
4. understand what PrEP is and who can use it;
5. know about Central Chronic Medicines Dispensing and Distribution (PhilaCollect);
6. be able to practise active listening and understand why it's important;
7. understand stigma and discrimination; and
8. understand the important role lay counsellors play in the community.

### What is the 'Better Off Knowing' campaign?

The *Better Off Knowing* campaign encourages South Africans to **get tested** for the Human Immunodeficiency Virus (HIV) and tuberculosis (TB) so that they **know their status, get treatment, stay healthy and live longer**. The campaign started in 2016 and is being run in four provinces – KwaZulu-Natal, Free State, Eastern Cape and Limpopo. It forms part of the Joint United Nations Programme on HIV/AIDS (UNAIDS) 90-90-90 strategy to fight HIV and achieve an AIDS-free generation by 2030.

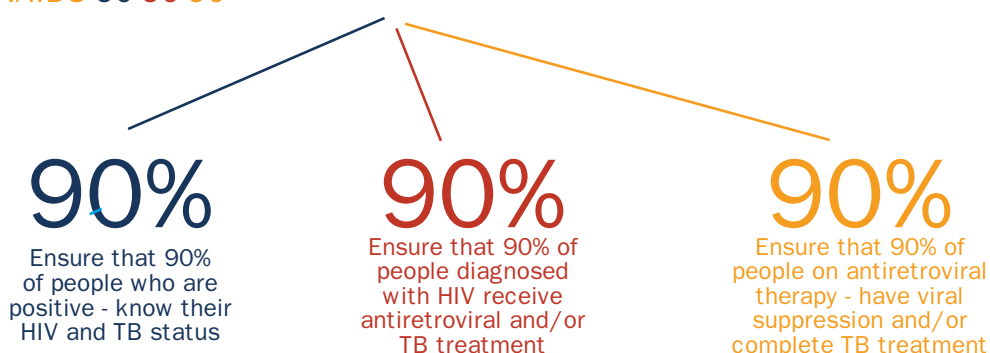
### Overview of 90-90-90

The 90-90-90 strategy is an ambitious plan by UNAIDS to help end the AIDS epidemic and to bring HIV treatment to all who need it.

The aim of 90-90-90 is that by 2020, 90% of people who are HIV-infected will be diagnosed, 90% of people who are diagnosed will be on antiretroviral treatment (ART), and 90% of those who receive antiretrovirals will be virally suppressed.

**Viral suppression is when a person's viral load – or the amount of virus in an HIV-positive person's blood – is reduced to an undetectable level.**

### UNAIDS 90-90-90



The strategy attempts to bring the HIV epidemic to an end and is based on the principle of universal testing and treating.

### What is Universal Test and Treat (UTT)?

Over the years, research has shown that the sooner someone is diagnosed with HIV, and the sooner they start antiretroviral therapy (ART), the better their health outcomes. This is because they become virally suppressed.

The latest WHO guidelines recommend that:

- people who are diagnosed as HIV-positive should be initiated onto treatment immediately, regardless of their CD4 count (in other words, tested and treated); and
- populations at high risk of HIV infection should be provided with daily pre-exposure prophylaxis (PrEP) as part of a combined HIV prevention strategy.

***ART should be started as soon as the patient is ready and within two weeks of the CD4 count being done.***

***South Africa is one of the first African countries to implement the Universal Test and Treat model.***

### **The South African landscape**

According to recent WHO figures, about half of all people living with HIV across the world do not know their status. These people will continue to have relationships and run the risk of infecting others. The spread of HIV cannot be stopped until people know their status, are empowered and willing to change their behaviour, and have access to care and treatment. The South African HIV programme was launched in 2009 and, by 2015, there were nearly 3.4 million people on antiretroviral treatment (ART), creating the largest ART programme in the world.<sup>1</sup> Despite this progress in initiating and treating HIV-positive people, there are still more than 3 million people who need treatment.<sup>2</sup>

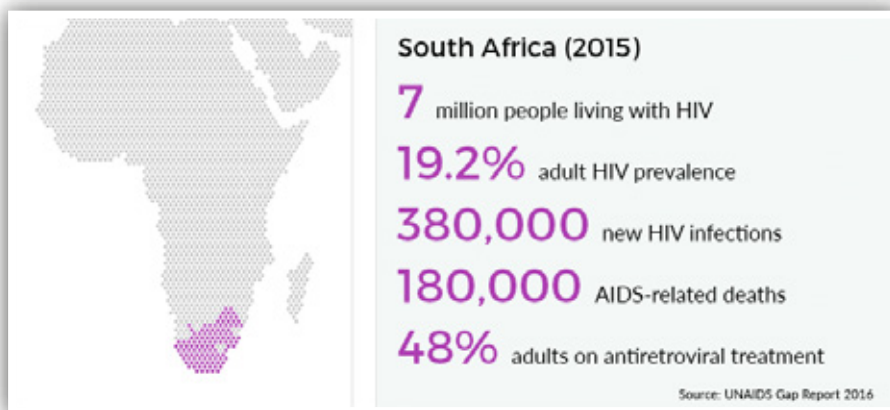
South Africa has the largest HIV epidemic in the world, with 7 million people (aged 15 to 49 years) living with HIV.

This is around 19.2% of the total population, or nearly one in 10 South Africans.

One in every five South African women of reproductive age is HIV-positive.

3.38 million people are on treatment in South Africa.

Source: UNAIDS



### **Working with key populations**

One of the most effective ways to control the HIV epidemic in South Africa is by implementing interventions specifically aimed at people who are at greater risk of contracting HIV. These key populations have been identified as a priority in the *National Strategic Plan for HIV, TB and STIs 2012 2016*.

### **What are key populations?**

Key populations are groups of people who, because of specific higher-risk behaviours, are at increased risk of contracting HIV. These are:

- men who have sex with men (MSM);
- sex workers (female, male and transgender);

- people who inject drugs (PWID);
- people in prisons and other closed settings; and
- transgender people.

In South Africa, adolescent girls and young women between the ages of 15 and 24 are at greatest risk. They currently have the highest HIV prevalence rate of all age groups and genders.

### **Where does PrEP fit in?**

Pre-exposure prophylaxis (PrEP) is a fixed-dose combination of tenofovir (TDF) and emtricitabine (FTC), sold under the name Truvada. It is for people at very high risk for HIV and is taken daily to prevent HIV infection prior to exposure to the virus. If taken properly, daily PrEP use can lower the risk of contracting HIV through sex by more than 90%. PrEP should be provided as part of a combination of HIV prevention services and methods, and is not a stand-alone intervention. PrEP does not protect people from other STIs or pregnancy, and does not guarantee that one will not get HIV (although the risk is lower). Condom use, together with PrEP, should always be encouraged.

The Medicines Control Council approved the use of PrEP in 2015, making South Africa the second country in the world to implement this new and highly effective HIV prevention strategy.

***PrEP should not be confused with post-exposure prophylaxis (PEP) which is taken after HIV exposure.***

### **Who can take PrEP?**

PrEP can be taken by HIV-negative and sexually active men who have sex with men, heterosexual men and women, sero-discordant couples, and people who inject drugs.

#### **PrEP is right for someone who is HIV-negative if they:**

- have multiple sexual partners;
- do not use condoms, or use them inconsistently, or cannot negotiate condom use with their partner(s);
- have an HIV-positive sexual partner;
- engage in sex work;
- use substances during or around sex or have used PEP often; and/or
- have had sexually transmitted infections other than HIV.

#### **PrEP isn't suitable for people who:**

- don't know their HIV status or are not willing to have a regular HIV test;
- are HIV-positive;
- don't think they can keep up with taking it every day;
- plan to take it for a short period, such as over one weekend of partying (noting that PrEP has to be taken for at least a week by men and for up to four weeks by women to provide adequate protection);
- have kidney disease or reduced kidney health.

In June 2016, the roll-out of PrEP for sex workers was launched in 10 sex worker programmes. South Africa is also considering whether to expand the offer of PrEP to prevent HIV in vulnerable young women.

### **What is Central Chronic Medicines Dispensing and Distribution (PhilaCollect)?**

To help people get their medication more easily, the Department of Health has introduced Central Chronic Medicines Dispensing and Distribution (CCMDD) (PhilaCollect) points. Eligible patients can now collect their ARVs, diabetes or hypertension medication from convenient pick-up points in their communities.

One of the challenges facing people on ARVs is that it can be difficult to collect their medication. Queues at the clinic are often very long.

It has been found that by reducing the need for patients to attend clinics, more people are retained in care and adhere to treatment.

### **Who qualifies?**

Patients are eligible if they:

- are older than 18;
- have been on the same treatment regime for 12 months;
- have two normal lab results, i.e. two consecutive viral load results in which HIV is undetectable, two consecutive normal fasting plasma glucose (FPG) levels for diabetes, or two consecutive normal BP readings for hypertension;
- have confirmation from their doctor or nurse that they are eligible; and/or
- do not have TB or any other condition that requires regular check-ups.

Let your community know about this exciting new programme. Nurses at your primary health care (PHC) clinic will know where the closest pick-up point (PuP) is and can help them register for the programme.

### **What is my role as a lay counsellor?**

As a lay counsellor, you have an important role to play in your community, helping to fight HIV/AIDS and promoting healthy living. This training will keep you up to date with the latest information about HIV/AIDS and TB, and will support you in building your knowledge and skills about HIV/AIDS. It will also ensure that you are better equipped to promote the *Better Off Knowing* campaign. The campaign is all about changing the behaviour of community members towards improving their health and wellbeing, and is designed to motivate community members to know their status.

Part of the 90-90-90 strategy involves taking HIV testing out of clinics and into the community. This means that we need new and creative ways to encourage people to be tested for HIV, and to make it easy for people to have an HIV test and get their medication – no matter where they live.

This is where you come in. To encourage people to get tested, you need to know where to refer them once they agree to go for an HIV test. Find out what options there are in your community. Visit your local clinic to find out about the services it offers and when it is open, so that you can tell your clients.

As a leader in your community, you are in a position to make a difference. You have a critical role to play in helping the community to lead a healthier lifestyle, encouraging them to get tested and to know their status. After all, you're better off knowing.

### **What tools do I have?**

#### **Flyers**

A colourful flyer will help you to explain what *Better Off Knowing* is all about. We'll give you a supply of these flyers to share with members of your community.

#### **Pillboxes**

You'll receive a supply of pillboxes that you can give to clients to help them remember to take their ARVs each day.

#### **Your knowledge of the community**

You are part of the community. You know the people, their history and their culture. This

knowledge means that you are in a strong position to encourage people to change their behaviour. They know you and trust you. All you need is the right opportunity to speak to them about healthy life choices.

### **Staying motivated and caring for yourself**

As a lay counsellor, you spend a great deal of time caring for others, teaching and sharing information. It's a challenging job and can be stressful. You regularly deal with loss and offer support to people in extremely distressing circumstances, and sometimes you have to accept behaviour you may personally dislike. You may also feel frustrated when you don't have adequate resources or an ideal work environment.

So it's important to take care of yourself as well as the people in your community.

### **Group exercise: Challenges healthcare workers face as caregivers in the context of HIV**

In small groups, discuss the challenges you face working in the context of HIV. Think about burnout, difficult clients, lack of resources, and the lack of support or appreciation for your work you may have experienced. Then look at ways you can take care of and support yourself and each other, perhaps through regular 'debriefing' or feedback sessions with supervisors. Remember: 'a problem shared is a problem halved'.

## **HIV and TB – a summary**

### **HIV**

The Human Immunodeficiency Virus (HIV) is a virus that attacks the body's CD4 cells ('soldier cells'). This weakens the immune system - the body's natural defence against illness. If left untreated, HIV progresses to Acquired Immune Deficiency Syndrome (AIDS) and, because of a weak immune system, HIV-infected people become vulnerable to other infections like pneumonia and TB. This may eventually lead to death.

**A CD4 cell is a white blood cell that helps your body to fight infection, sometimes called a 'soldier cell'.**

### **How HIV is transmitted**

HIV is found in sperm, blood, vaginal and anal fluids, and breast milk. It is transmitted:

1. through **unprotected sex** with an HIV-positive person - this is the most common way to get HIV, so always use a condom;
2. from an **HIV-positive mother to the baby**; infection can happen during pregnancy, childbirth or even through breast milk;
3. through **contact with HIV-positive blood**;
4. through blood transfusions or **sharing needles, blades or syringes**.
5. HIV is **not transmitted** through sweat, urine or saliva, by sharing plates, cutlery or toilets, or by hugging, touching or shaking hands. It also is not spread by mosquitos.

<b>Cannot transmit HIV</b>
Urine
Sweat
Tears
Saliva
Faeces

<b>Can transmit HIV</b>
Blood
Semen
Vaginal Secretions
Pre-cum
Breast Milk

Remember that during the first three months of infection, an HIV test may not detect the virus in the body. This is called the 'window period'. That's why testing every six months is important.

Having an HIV test is simple and knowing one's status (and a partner's) is the best way for people to protect themselves. It's a good idea for couples wanting to have children to get tested, as children born to mothers who are HIV-positive are at high risk of contracting HIV from their mothers. This can be prevented by taking antiretroviral medication (known as 'PMTCT' or prevention of mother-to-child transmission), but pregnant women have to know their HIV status first.

ARVs keep HIV under control by stopping the virus from multiplying and growing in the body. So, with early testing and treatment, many people with HIV live long and healthy lives.

### **Tuberculosis**

HIV and AIDS and TB are closely connected and are often referred to as co-infections or dual epidemics which drive and reinforce one another. TB is the most common cause of death in people with HIV worldwide.

Historically, TB has been one of South Africa's largest health problems, especially in the mines and in poor communities. The situation has been intensified by the HIV epidemic.

### **How is TB transmitted?**

TB germs are spread through the air. People who have TB carry the TB germs in their lungs or their throat, and can spread the TB germs to other people. TB spreads through droplets produced when an infected person coughs or sneezes. If another person inhales droplets containing the TB germs, they can become infected with TB.

Anyone can get TB. However, not everyone who is infected with TB will become sick. If someone is healthy and strong, their body's immune system can fight the germs.

The main symptoms of pulmonary tuberculosis are:

- a persistent cough that lasts for two weeks or more, or any duration if HIV-positive;
- fever for more than two weeks;
- drenching night sweats;
- unexplained weight loss (more than 1.5 kg in a month).

Patients should get tested immediately if they have any one or a combination of these symptoms.

**TB can be cured.** TB treatment lasts for six months and patients must take their medication every day. If TB patients do not take their medicine as prescribed, the TB bacteria can become resistant to the drug. This means that the drug is no longer effective. Sometimes the TB bacteria become resistant to more than one drug. This is known as multi-drug-resistant TB, or MDR-TB. MDR-TB means that the patient becomes resistant to the two most important TB drugs and has to be treated with other drugs. These drugs are not as effective as the first-line drugs, are more expensive, and can have serious side effects. It's important that patients keep taking medication even when they are feeling better. They should only stop taking their medicine when the doctor or nurse gives them a clean bill of health.

***South Africa has the third-highest burden of sensitive TB and the fifth-highest burden of MDR-TB in the world.***

### **Stigma and discrimination**

#### **Exercise: Labels Interactive Game**

The purpose of the exercise is to help you recognise the role of stereotypes in stigma.



You will each have a label placed on your back, with words like 'weak', 'strong', 'sick', 'successful', etc.

During this exercise, you should behave towards each other as society might treat a person with that label. Mingle and chat with each other, reacting to others according to the label they are wearing, but without telling them what the label is.

Once you are seated, think about the following questions:

- Can you guess what your label is?
- How did it feel to be treated in a stereotyped way?
- What was the experience like for you?
- Were you puzzled or surprised by how you were treated?
- Do you think another label would have been easier to handle?

When you have finished the discussion, take the labels off your backs and look at them.

Labels are often self-fulfilling. When people are treated in a particular way, they often begin to act in accordance with that way; for example, someone perceived as disabled may be stared at by others or avoided. They may begin to feel uncomfortable about themselves and internalise the message that they are different, and may start avoiding social gatherings. No label is easy to deal with and all labels have a consequence. Sometimes, a 'positive' label has as much destructive power as a 'negative' label.

### ***What are stigma and discrimination?***

**Stigma** refers to negative and often **unfair beliefs** about groups of people or a specific person. Stigma is a feeling or attitude. Self-stigma happens when people who are stigmatised by those around them start to accept those negative beliefs about themselves.

**Discrimination** is when an individual or group of people is **treated unfairly** or differently because of a specific characteristic they have. Discrimination is an action and includes the denial of basic human rights such as health care, employment, legal services and social welfare benefits.

#### **Examples of discrimination:**

- A healthcare worker denies services to a person who is HIV-infected
- A family or village community rejects the wife and children of a man who recently died from AIDS
- A nurse loses her job when the medical director finds out that she is living with HIV
- A community rejects a woman who decides not to breastfeed because they assume she is HIV-positive.

Another important concept is **stereotypes**. A stereotype is a fixed and oversimplified image or idea of a type of person. It can lead to people being prejudged on the basis of an untrue or unfair belief (stigma). Stereotyping is one way in which people are categorised, regardless of whether or not this is based on fact. We then treat those people differently (discrimination).

***Stereotyping is the link between stigma and discrimination.***

### ***The effects of stigma on the community***

Stigma is harmful in the fight against HIV and AIDS, from prevention and testing to treatment and support. For example, people who are worried about discrimination and stigmatisation are less likely to get tested, while people who have been diagnosed may be afraid to seek care.

### **HIV and AIDS stigma fuels new HIV infections:**

- Stigma may stop people from getting tested.
- Stigma may make people less likely to acknowledge their risk of infection.
- Stigma may discourage people who are HIV-positive from discussing their status with their sexual partners.
- Stigma may stop people from adopting practices to reduce risk that could label them as HIV-infected, such as using condoms.
- Stigma can lead to social isolation.
- Stigma may limit access to treatment, increasing the risk of transmission to partners or children.

### **Exercise**

Imagine that you visit the clinic about a minor ailment. The nurse says, “You need to be tested for HIV because everyone should know their status.” In the following table, mark an X next to the emotions or reaction you might have when going for the test.

### **HIV testing**

Excitement		Feeling confident: “I’m married. I can’t be HIV-positive.”	
Fear		Anxiety	
A need to explain to the lab why you are testing (for example, insurance, pregnancy, not knowing your status)		Questioning your past behaviour: “I had that one-night-stand three years ago...”	
Shame		Guilt	
Relief		Numbness	
Certain of the outcome		Embarrassment	
Questioning your past		Denial	
Anger		Urgency	
“I am not at risk”		Empowered	
Questioning yourself: “Did I expose myself somehow that I don’t know about?”		“I don’t know what I am going to do if it is HIV-positive.”	
“I’m not sick, so why be tested?”		Acceptance	
Questioning your behaviour: “Who have I slept with?”		Panic	
Self-doubt		What if...?	
“I haven’t had unprotected sex.”		“I don’t really need to be tested.”	
Questioning your current relationship: “Maybe my partner has been unfaithful...”		“I don’t need to be tested. I come from a good family.”	
Other:			
Other:			
Other:			

Now consider how stereotypes, stigma and discrimination may trigger these emotions and reactions.

### **What is active listening?**

Active listening is an essential part of effective communication. It is about concentrating and really listening to what someone is saying. Often people are busy thinking about what

they want to say next and don't pay attention to what the other person is saying. Active listening is about building rapport, understanding and trust. Luckily, active listening is a skill that can be learnt and developed.

**Active listening involves:**

- listening closely without interrupting and reacting only when the other person has finished speaking;
- listening to and understanding verbal messages;
- taking note of non-verbal behaviour – body language, posture, facial expression, tone of voice;
- showing empathy - understanding the other person and how they feel, even if you don't agree with them;
- trying to understand the client's social and cultural background;
- showing that you understand by nodding, smiling, using phrases such as "I see", "Mmm hmm", "Ho-o" and "I understand" to show that you are actively listening and interested in what is being said, as this encourages the person to relax and keep talking;
- reflecting back what you have heard, which helps to clarify what the client said and shows that you understand; for example:
  - It sounds like...
  - I get the feeling that...
  - What I'm hearing is...
- staying neutral and non-judgmental;
- summarising what the client said in your own words, giving the client a chance to correct any facts or impressions;
- labelling emotions, saying things like "I get the feeling that you're scared... frustrated... angry..." which can help the client to understand their situation or feelings more objectively;
- probing by asking open-ended questions to draw the person out, such as: "What do you think would happen if you...?"
- being patient and giving the client time to talk about their thoughts and feelings – don't interrupt or jump in with questions or comments too quickly.

**Signs of active listening**

Here are some non-verbal behaviours that can make a client feel either at ease or uncomfortable.

Non-verbal communication	Don't...	Do...
Posture	Stand with your head and eyes higher than the client's. Cross your arms.	Sit so that your head and eyes are level with the client's. Keep an open posture.
Eye contact	Look away, or spend too long looking at your notes.	Look at the client and pay attention while they speak.
Physical barriers	Sit behind a table, writing notes as you talk.	Sit next to the client, avoiding note-taking during the session. Only jot down brief key words during the session and do your full note-taking afterwards.
Taking time	Be in a hurry, greet the client quickly, look at your watch, fidget, doodle, pick your fingernails.	Make the client feel that you have time for them, greet them warmly, wait for them to talk when they are ready.
Touch	Touch the client in an inappropriate or threatening way.	Touch the client in an appropriate way that is comfortable for them, e.g. take a woman's hand if she is crying, or pat her on the shoulder.

### **Barriers to effective communication**

- Asking why – this can make the client defensive.
- Telling people what to do. “I think you should...” You really shouldn’t...” It’s not about what *you* think or believe.
- Being patronising – “Shame, I know how you feel. You know I also...”
- Interrupting – this shows you aren’t interested in what the client is saying.

### **Active listening exercise**

Break up into two groups. Two volunteers in each group should demonstrate active listening by acting out the following scenario:

*Nthabiseng comes to see her lay counsellor. She is five months pregnant and has just found out that she is HIV-positive. Her husband is a prominent businessman and she wonders if he is also infected and, if so, how he became infected. Nthabiseng has been faithful.*

### **Clarifying values**

Values are our judgements and beliefs about what is important in life. They can be grouped into different categories, such as personal values, cultural values, moral values or social values. Every culture or society has its own set of values and beliefs, which can sometimes be the complete opposite to those of another culture. For example, in white South African culture, it is common for men to hold a door open for women. In traditional black culture, the men go first.

Our values influence our thoughts, feelings, choices, decisions and actions. It is therefore very important for you as a lay counsellor to know and understand your own values. You also need to be aware that your values may not be the same as others, so be sensitive to different cultures and traditions.

**Personal values** often develop early in life and are influenced by things like your family, religion, education, culture, generation and the community you live in.

Some examples of personal values:

- Love
- Care for others
- Respect
- Equality
- Integrity
- Accountability
- Perseverance
- Commitment
- Privacy
- Reliability
- Honesty
- Self-discipline
- Non-discrimination
- Trustworthiness
- Responsibility
- Consistency
- Compassion
- Self-discipline
- Self-respect
- Loyalty
- Tolerance
- Patience
- Honesty
- Kindness
- Forgiveness

### Values clarification exercise

How do you feel about the following statements? Do you agree or strongly disagree?

#### STATEMENTS ON VALUES

- Having a child before marriage is acceptable.
- You don't need to finish school to get a decent job and earn a good salary.
- Men should pay the bill at a restaurant.
- Having a job you enjoy is more important than earning a lot of money.
- When a man and woman have sex, it is the woman's responsibility to ensure that she doesn't become pregnant.
- It is not OK for a boy or a man to cry.
- It is a woman's duty to stand by her husband, even if he abuses her.
- It's OK to have sex while you are still attending school if you love the person.
- Waiting to have sex until you are an adult is a good idea.
- Women should be allowed to inherit property.
- People who place themselves at risk are stupid.
- Women should understand that a man's needs are different, and he is entitled to have many sexual partners at the same time, even if he is married.
- Men and women should have equal rights.
- A girl who dresses in mini-skirts and sexy clothing is asking to be raped.
- A man who fathers a child but does not take responsibility should be punished.
- It is important to follow traditions no matter what, without questioning them.
- Men who have sex with men are bad.
- A 15-year-old girl who wants contraceptives should be able to get them.
- It is OK for a boy to have pre-marital sex, but not a girl.
- Having sex with an older man or woman for money or gifts is OK.

This exercise will have given you some insight into your own values and beliefs. Once you have completed the exercise, have a group discussion about how you would handle talking about sensitive topics or subjects that are not in line with your own values or that make you uncomfortable. Think about your own reaction when a sex worker is your patient, or when someone who is in an abusive relationship contacts you. Think about your beliefs around men who have sex with men, sex work, or young girls having sex.

As counsellors, we need to be aware of our personal values and realise that they may differ significantly from the people we are trying to help. Make sure to remain neutral and non-judgmental.

#### In conclusion

You, the lay counsellor, play a critical role in your community, helping to empower people by giving them the information they need to make informed choices and decisions. We hope this training guide will support you in your role. Without you, the *Better Off Knowing* campaign would not have the positive impact of contributing to an AIDS-free world.

## Important contact numbers

Topic/theme	Organisation	Web	Telephone
HIV/AIDS counseling and testing	AIDS Helpline National Department of Health (NDoH) Department of Health (DoH) clinics South African National AIDS Council (SANAC)	<a href="http://www.health.gov.za">www.health.gov.za</a> <a href="http://www.healthsites.org.za">www.healthsites.org.za</a> <a href="http://www.sanac.org.za">www.sanac.org.za</a>	0800 012 322 Toll free
Chronic conditions (diabetes, hypertension, cholesterol)	Department of Health clinics	<a href="http://www.healthsites.org.za">www.healthsites.org.za</a>	
Child abuse	Childline Teddy Bear Clinic	<a href="http://www.childlinesa.org.za">www.childlinesa.org.za</a> <a href="http://www.ttbc.org.za">www.ttbc.org.za</a>	0800 055 555 Toll free 011 484 4554
Food schemes	Gift of the Givers		0800 786 786 Toll free
Gender/ domestic violence / rape	Gender-based Violence line Sonke Gender Justice	<a href="http://www.genderjustice.org.za">www.genderjustice.org.za</a>	0800 150 150 Toll free 011 339 3589
Lesbian, gay, bisexual, trans, and/or intersex (LGBTI)	OUT	<a href="http://www.out.org.za">www.out.org.za</a>	012 430 3272
Medical male circumcision	Department of Health clinics New Start Brothers for life	<a href="http://www.healthsites.org.za">www.healthsites.org.za</a> <a href="http://www.newstart.co.za">www.newstart.co.za</a> <a href="http://www.brothersforlife.org">www.brothersforlife.org</a>	011 484 5320 *120*662#
Mental illness / Substance abuse	South African Depression and Anxiety Group (SADAG)	<a href="http://www.sadag.org">www.sadag.org</a>	Toll free 0800 708 090, or 011 234 4837
Rape	Tears Foundation	<a href="http://www.tears.co.za">www.tears.co.za</a>	Help Line *134*7355#
Relationship advice	LoveLife	<a href="http://www.lovelife.org.za">www.lovelife.org.za</a>	Toll free 0800 121 900

Sexual and reproductive (family planning / contraception / sexually transmitted illnesses (STIs) / HIV / pregnancy care / male and female condoms)	Department of Health clinics Marie Stopes	<a href="http://www.healthsites.org.za">www.healthsites.org.za</a> <a href="http://www.mariestopes.org.za">www.mariestopes.org.za</a>	Toll free 0800 11 77 85
Social welfare	SASSA Toll free	<a href="mailto:GrantEnquiries@sassa.gov.za">GrantEnquiries@sassa.gov.za</a>	Toll free 0800 60 10 11
Substance abuse	Tough Love	<a href="http://www.toughlove.org.za/">www.toughlove.org.za/</a>	0861 868 445
Suicide	Lifeline	<a href="http://www.lifelinesa.co.za">www.lifelinesa.co.za</a>	0861 322 322

1 *TIER.Net, March 2013*

2 *Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. World Health Organization, September 2015.*

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BUT DO YOU KNOW YOU MUST QUIT ALCOHOL?

1 LITRE

Get tested GET TREATED Live longer

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BUT DO YOU KNOW YOU MUST COMPLETE THE COURSE?

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YOU KNOW DIABETES IS A CHRONIC CONDITION

BUT DO YOU KNOW HIV IS ONE TOO?

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YOU KNOW LIVING WITH HIV REQUIRES HEALTHY EATING

BUT DO YOU KNOW YOU MUST QUIT SMOKING?

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