RED RIBBON CLUB

TANSACS

KNOW YOUR RRC

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PREFACE

This manual has been written very nicely in order to meet the needs of the Part-V Red Ribbon Club (RRC) students of our VHNSN College (Autonomous), Virudhunagar. The notes have been referenced from the contents of the Diary of Tamilnadu State AIDS Control Society, Chennai-8, Red Ribbon Club, Madurai Kamaraj University; 'Celebrating Life', Students′ Handbook, published by Tamilnadu State AIDS Control Society (TANSACS) and www. tansacs.in. It comprises many units and the contents of each unit precisely presented. It is prepared in such a systematic manner that I kept my predetermined mind in which the students should not feel even the slightest difficulty while reading and understanding the concepts. It is explained in a very simple language and pointwise so that the students can easily understand the subject. At the end of the manual, the possible questions to be usually asked in the examination are given. The presentation of this manual is easily understandable. Hence, the student community makes use of this and best wishes to benefit more.

N.Raman

PART-V

Credit: 1

Scheme of Evaluation

Total marks: 100

Only Internal Assessment and No External Assessment.

Internal Test: 10 marks (Minimum: 3 marks)

Assignment: 5 marks

Practical: 10 marks

Attendance: 75 marks (Minimum: 22 Marks)

Minimum Pass: 40 marks

Practicals:

Field work/Visit to Community Care Centre/ART/ICTC/Blood Bank / Participation in Conference / Seminars/Blood Donation/Peer Educators

Question Paper Setting and Paper Valuation: Internal Only

I Year	II Year	III Year (Cumulative of I year & II year)
Maximum Marks: 100 **Minimum Pass Mark: 40**	**Maximum Marks: 100** **Minimum Pass Mark: 40**	**Maximum marks: 100** **Minimum Pass Mark: 40**

Mark Distribution for each year:

Category	Maximum Mark	Minimum Pass Mark
Test	10	3 (3%)
Assignment	5	-
Practical	10	-
Attendance	75	50 % Attendance should acquire
Total	100	40 (40 %)

Syllabus

Part-V- RED RIBBON CLUB

Hours per week: - **Subject Code: U1RR1** **Credit: 1**

Paper –I: Introduction of RRC, HIV/AIDS and File Documentation

CO1: To understand the basic concept of Red Ribbon Club
CO2: To know the Organogram of Red Ribbon Club
CO3: To have the knowledge on the role and responsibilities of the office-bearers
CO4: To acquire the skill of Preparation and Maintenance of Records.
CO5: To get basic history of HIV Virus and its misconceptions.

PO1: Getting the basic knowledge of Red Ribbon Club
PO2: Understanding the organization of Red Ribbon Club
PO3: A thorough knowledge on the role and responsibilities of the office-bearers
PO4: Gaining knowledge on creating and maintaining Documents and Records
PO5: Acquiring a basic knowledge on the history of HIV virus and its misconceptions

Unit-I: RRC-Introduction

RRC – Introduction: definition, Objectives, Strategies – Guidelines for membership and activity.

Unit-II: Organogram

Organogram- Tamil Nadu AIDS Control Society (TANSACS) - main components, strategies and intervention-components of RRC- Advisory Committee.

Unit –III: Role and Responsibilities

Role and responsibilities- Principal/RRC Chairman – RRC programme Officer- Peer educator.

Unit-IV: Documentation

Documentation - Guidelines for Documentation- Records- Preparation and Maintenance of Records.

Unit-V: HIV Virus Basic information

History of HIV virus-Discovery, origin-structure- causes and symptoms-diagnosis-treatment – Myth and misconception of HIV virus.

Paper-II: Creation of Awareness and Peer Education

CO1: To celebrate life and creating awareness on AIDS by inviting Resource persons
CO2: To acquire the basic ideas on HIV/AIDS Clinical Identification
CO3: To develop the Life Skills among the students .
CO4: To create awareness on AIDS/HIV by adopting different ways
CO5: To get an idea on Peer education

PO1: Creating awareness on Sex, Sexuality and HIV & AIDS among the student volunteers through Resource persons to become Peer educators.
PO2: Having a thorough knowledge on HIV/AIDS Clinical Identification
PO3: Motivating the students and build their capacity by developing their skills on leadership, negotiation and team building Getting self confidence to lead a healthy life
PO4: By visiting the ICTC centre, Blood bank, ART center, Community Care Center the students are enriching their knowledge on this subject and respecting people living with HIV/AIDS (PLHIV) and thereby stigma and discrimination against them are reduced to treat them equally.
PO5 : Gaining knowledge on Peer education and its importance alongwith the role of peer educators

Unit-I: Celebrating Life

Celebrating Life Session- The content of the 6 hours celebrating module- Resource person Interactive session.

Unit-II: HIV/AIDS Clinical Identification

AIDS symbol-Clinical latency- Acquired immunodeficiency syndrome- Transmission of HIV-Prevention -sexual contact, Antiviral therapy, Testing the blood-ELISA, Western Blot and PCR tests-

Unit-III: Life Skills

Life Skills-Definition- Life Skills-Definition - Empathy, problem solving, Interpersonal relationship- Effective Communication- critical thinking-creative thinking-Management of Stress, Self-awareness- Decision making –Management of emotions.

Unit-IV: Exposure Visit & Creation of Awareness

Exposure Visit- Visit to ICTC- Blood bank –ART center- Community Care center- Network for people living with HIV. Stigma and Culture-Awareness creation for better prevention- Debates-Seminars-Exhibitions-Rallies-Road shows.

Unit- V: Peer Education

Peer education- Criteria for selecting the Peer educators- Method of Peer education- Outcome of the Training.

References:

1. The Diary of Tamilnadu State AIDS Control Society, Chennai-8
   Red Ribbon Club, Madurai Kamaraj University
2. Clebrating Life , Students handbook, published by Tamilnadu State AIDS Control Society, Chennai-8.
3. https://en.wikipedia.org › wiki › HIV
4. www. tansacs.in

Model Questions

RED RIBBON CLUB

V.H.N.Senthikumara Nadar College (Autonomous), Virudhunagar

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FIRST YEAR

Semester: II — Duration: 2 hours

Subject: **Part-V** (**Red Ribbon Club**) — Max.Marks: 50

Sub. Code: ---------

Section-A (4 x 5= 20 marks)

I. Answer any ***FOUR*** questions. Answer should not exceed 2 pages.

1. What is RRC? Write down its objectives.
2. What is the importance of Advisory Committee? Mention the members of Advisory Committee.
3. Discuss briefly the role of Peer Educators.
4. What is meant by maintenance of documents? Discuss in details.
5. Write down any five myth and misconceptions of HIV virus.

Section-B (3 x 10 = 30 marks)

II. Answer any ***THREE*** questions. Answer should not exceed 4 pages

6. Describe briefly the guidelines for membership and activity in RRC programme.
7. What are the main components of RRC? Explain them in details.
8. Name the RRC Chairman and RRC Programme Coordinator of our College. Discuss briefly their roles.
9. Explain briefly the preparation and maintenance of documentation and records.
10. Explain briefly the discovery, origin and structure of HIV virus.

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V.H.N.Senthikumara Nadar College (Autonomous), Virudhunagar

RED RIBBON CLUB

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SECOND YEAR

Semester : IV — Duration: 2 hours
Subject: **Part-V** (**Red Ribbon Club**) — Max.Marks: 50
Sub. Code: **U1RR1**

Section-A (4 x 5= 20 marks)

I) Answer any ***FOUR*** questions. Answer should not exceed 2 pages.

1. Write down the importance of Celebrating Life.
2. Write a short note on antiviral therapy
3. Distinguish between critical thinking and emotional thinking.
4. Give the expanded forms of ICTC and ART centres. Explain their roles
5. Discuss the various criteria for selecting the Peer Educators.

Section-B (3 x 10 = 30 marks)

II) Answer any ***THREE*** questions. Answer should not exceed 4 pages.

6. Discuss briefly the role of resource persons and the importance of interactive session.
7. What are ELISA, Western Blot and PCR tests? Explain them.
8. What is meant by life skills? Explain the 10 Life Skills of RRC in details.
9. Explain briefly the preparation and maintenance of documentation and records.
10. Explain the method of Peer Education and outcome of the training.

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RED RIBBON CLUB

What is RRC?

Red Ribbon Club is shortly known as RRC. It is a voluntary on campus intervention. It is implemented in the higher educational institutions, aiming at heightening their risk perception and preventing HIV as well as promoting blood donation among youth between the age of 17-25 years with Department of Higher education, technical support from the Centre for Disease Control (CDC), Atlanta, USA and Tamilnadu State Aids Control Society (TANSACS).

Objectives of RRC

a) To reduce new HIV infection among the youth by raising their risk perception through awareness on sex, sexuality and HIV & AIDS

b) To induce among the youth the spirit to help and support people living with HIV/AIDS (PLHIV), thereby reducing stigma and discrimination against PLHIVs.

c) To motivate youth and build their capacity as peer educators and change agents by developing their skills on leadership, negotiation and team building.

d) To promote voluntary non-remunerated blood donation among youth.

Strategies

RRC Program with the objective of bringing about change in young minds employs various strategies like:

- Importing 6 hour sessions on the curriculum 'Celebrating Life'
- Peer education and Leadership training
- Competitions (Debates, Quiz, Drawing, Painting)
- Interactions with positive people and counselors of ICTC/ART/Blood Bank
- Interactions with Transgender, Dietician and Gynecologist
- Peer Leaders conventions
- Awareness campaigns (Rallies, Out reach activities)

Guidelines for Membership & Activity

- Membership form should be filled in by all the RRC volunteers
- Each RRC should have minimum 100 volunteers. Maximum enrollment beyond 100 volunteers is encouraged
- RRC volunteer should represent all departments
- RRC activities should be done as per the guidelines- Clarification should be done in consultation with the RRC District Manager/ Regional Manager/ University Co-ordinator/ State Liaison Officer-NSS/ Consultant Youth Affairs TANSACS
- RRC University Co-ordinator/ RRC District Manager/ Regional Manager will ensure the expenditure of budget as per the guidelines.
- ALL RRCs should have established their Peer Education Team

HIV/AIDS

AIDS symbol: The red ribbon is a symbol for solidarity with HIV-positive people and those living with AIDS. It is red in colour. The symbol is given below:

HIV/AIDS

HIV stands for the human immunodeficiency virus. It is one of a group of viruses known as retroviruses. After getting into the body, the virus kills or damages cells of the body's immune system. The body tries to keep up by making new cells or trying to contain the virus, but eventually the HIV wins out and progressively destroys the body's ability to fight infections and certain cancers.

The virus structure has been studied extensively and this ongoing research has helped scientists develop new treatments for HIV/AIDS. Although all HIV viruses are similar, small variations or mutations in the genetic material of the virus create drug-resistant viruses. Larger variations in the viral genes are found in different viral subtypes. Currently, HIV-1 is the predominant subtype that causes HIV/AIDS. AIDS stands for the acquired immunodeficiency syndrome. HIV causes AIDS and occurs when the virus has destroyed so much of the body's defenses that immune-cell counts fall to critical levels or certain life-threatening infections or cancers develop.

Human immunodeficiency virus infection and acquired immune deficiency syndrome (HIV/AIDS) is a spectrum of conditions caused by infection with the human immunodeficiency virus (HIV). AIDS was first clinically observed in 1981 in the United States.

There are three main stages of HIV infection: acute infection, clinical latency and AIDS. The initial period following the contraction of HIV is called acute HIV, primary HIV or acute retroviral syndrome. Many individuals develop an influenza-like illness or a mononucleosis-like illness 2–4 weeks post exposure while others have no significant symptoms. Symptoms occur in 40–90% of cases and most commonly include fever, large tender lymph nodes, throat inflammation, a rash, headache, and/or sores of the mouth and genitals. The rash, which occurs

in 20–50% of cases, presents itself on the trunk and is maculopapular, classically. Some people also develop opportunistic infections at this stage. Gastrointestinal symptoms such as nausea, vomiting or diarrhea may occur, as may neurological symptoms of peripheral neuropathy or Guillain-Barre syndrome. The duration of the symptoms varies, but is usually one or two weeks. Due to their nonspecific character, these symptoms are not often recognized as signs of HIV infection. Even cases that do get seen by a family doctor or a hospital are often misdiagnosed as one of the many common infectious diseases with overlapping symptoms. Thus, it is recommended that HIV be considered in people presenting an unexplained fever who may have risk factors for the infection.

Clinical latency

The initial symptoms are followed by a stage called clinical latency, asymptomatic HIV, or chronic HIV. Without treatment, this second stage of the natural history of HIV infection can last from about three years to over 20 years (on average, about eight years). While typically there are few or no symptoms at first, near the end of this stage many people experience fever, weight loss, gastrointestinal problems and muscle pains. Between 50 and 70% of people also develop persistent generalized lymphadenopathy, characterized by unexplained, non-painful enlargement of more than one group of lymph nodes (other than in the groin) for over three to six months.

Although most HIV-1 infected individuals have a detectable viral load and in the absence of treatment will eventually progress to AIDS, a small proportion (about 5%) retain high levels of CD4+ T cells (T helper cells) without antiretroviral therapy for more than 5 years. These individuals are classified as HIV controllers or long-term nonprogressors (LTNP). Another group is those who also maintain a low or undetectable viral load without anti-retroviral treatment who are known as "elite controllers" or "elite suppressors". They represent approximately 1 in 300 infected persons.

Acquired immunodeficiency syndrome

Acquired immunodeficiency syndrome (AIDS) is defined in terms of either a CD4+ T cell count below 200 cells per μL or the occurrence of specific diseases in association with an HIV infection. In the absence of specific treatment, around half of people infected with HIV develop AIDS within ten years. The most common initial conditions that alert to the presence of

AIDS are pneumocystis pneumonia (40%), cachexia in the form of HIV wasting syndrome (20%) and esophageal candidiasis. Other common signs include recurring respiratory tract infections.

Opportunistic infections may be caused by bacteria, viruses, fungi and parasites that are normally controlled by the immune system. Which infections occur partly depends on what organisms are common in the person's environment. These infections may affect nearly every organ system.

Additionally, people with AIDS frequently have systemic symptoms such as prolonged fevers, sweats (particularly at night), swollen lymph nodes, chills, weakness, and unintended weight loss. Diarrhea is another common symptom present in about 90% of people with AIDS. They can also be affected by diverse psychiatric and neurological symptoms independent of opportunistic infections and cancers.

Transmission of HIV

HIV is transmitted by three main routes: sexual contact, exposure to infected body fluids or tissues, and from mother to child during pregnancy, delivery, or breastfeeding (known as vertical transmission). There is no risk of acquiring HIV if exposed to feces, nasal secretions, saliva, sputum, sweat, tears, urine, or vomit unless these are contaminated with blood. It is possible to be co-infected by more than one strain of HIV—a condition known as HIV superinfection.

The most frequent mode of transmission of HIV is through sexual contact with an infected person. With regard to unprotected heterosexual contacts, estimates of the risk of HIV transmission per sexual act appear to be four to ten times higher in low-income countries than in high-income countries.

The second most frequent mode of HIV transmission is *via* blood and blood products. Blood-borne transmission can be through needle-sharing during intravenous drug use, needle stick injury, transfusion of contaminated blood or blood product, or medical injections with unsterilized equipment. People giving or receiving tattoos, piercings, and scarification are theoretically at risk of infection but no confirmed cases have been documented. It is not possible for mosquitoes or other insects to transmit HIV.

HIV can be transmitted from mother to child during pregnancy, during delivery, or through breast milk.

Prevention

i) *Sexual contact*

Consistent condom use reduces the risk of HIV transmission by approximately 80% over the long term.

ii) *Antiviral therapy*

There is currently no cure or effective HIV vaccine. Treatment consists of highly active antiretroviral therapy (HAART) which slows progression of the disease. Current HAART options are combinations (or "cocktails") consisting of at least three medications belonging to at least two types, or "classes," of antiretroviral agents. Initially treatment is typically a non-nucleoside reverse transcriptase inhibitor (NNRTI) plus two nucleoside analogue reverse transcriptase inhibitors (NRTIs). Typical NRTIs include: zidovudine (AZT) or tenofovir (TDF) and lamivudine (3TC) or emtricitabine (FTC). Combinations of agents which include a protease inhibitor (PI) are used if the above regimen loses effectiveness.

iii) *Testing the Blood*

Blood should be tested for HIV virus before testing. Nowadays the following tests are done.

1. ELISA

It is the abbreviated form of **Enzyme-linked immunosorbent assay.** It is a test that detects and measures antibodies in our blood. This test can be used to determine if we have antibodies that are related to certain infectious conditions. Antibodies are proteins that the body produces in response to harmful substances (antigens).

2. Western blot

A positive result on the ELISA screening test does not mean that the person has HIV infection. Certain conditions may lead to a false positive result, such as Lyme disease, syphilis, and lupus. A positive ELISA test is always followed by a Western blot test. A positive Western blot confirms an HIV infection. A negative Western blot test means the ELISA test was a false positive test. The Western blot test can also be unclear, in which case more testing is done.

Negative tests do not rule out HIV infection. There is a period of time, called the window period, between HIV infection and the appearance of anti-HIV antibodies. During this period, antibodies usually cannot be measured. The window period is time between potential exposure to

HIV infection and the point when the test will give an accurate result. During the window period a person can be infected with HIV and infectious but have a negative HIV test. The window period for a 4th generation antigen/antibody test is four weeks. At this time this test will detect 95% of infections. After a three month window period after exposure, the confirmatory test will detect more than 99.97% of infections. If a person might have acute or primary HIV infection and is in the window period, a negative HIV ELISA and Western blot will not rule out HIV infection. More tests for HIV are needed.

3. PCR (Polymerase Chain Reaction) test

It is a technique that is used to amplify trace amounts of DNA (and in some instances, RNA) located in or on almost any liquid or surface where DNA strands may be deposited. The key to understanding PCR is to know that every human, animal, plant, parasite, bacterium, or virus contains genetic material such as DNA (or RNA) sequences (nucleotide sequences or pieces of DNA or RNA) that are unique to their species, and to the individual member of that species. Consequently, if a sample contains segments of DNA or RNA, PCR is a method used to amplify (make many more identical copies) of these unique sequences so they can then be used to determine with a very high probability the identity of the source (a specific person, animal, or pathogenic organism) of the trace DNA or RNA found in or on almost any sample of material. PCR amplification is only part of the identifying test, however. Once the amplification is done, the amplified segments need to be compared to other nucleotide segments from a known source (for example, a specific person, animal, or pathogenic organism). This comparison of unique segments is often done by placing PCR-generated nucleotide sequences next to known nucleotide sequences from humans, pathogens, or other sources in a separating gel.

Stigma and culture

AIDS stigma exists around the world in a variety of ways, including ostracism, rejection, discrimination and avoidance of HIV infected people; compulsory HIV testing without prior consent or protection of confidentiality; violence against HIV infected individuals or people who are perceived to be infected with HIV; and the quarantine of HIV infected individuals. Stigma-related violence or the fear of violence prevents many people from seeking HIV testing, returning for their results, or securing treatment, possibly turning what could be a manageable chronic illness into a death sentence and perpetuating the spread of HIV.

Misconceptions

There are many misconceptions about HIV and AIDS. Three of the most common are that AIDS can spread through casual contact, that sexual intercourse with a virgin will cure AIDS and that HIV can infect only gay men and drug users. In 2014, some among the British public wrongly thought one could get HIV from kissing (16%), sharing a glass (5%), spitting (16%), a public toilet seat (4%), and coughing or sneezing (5%). Other misconceptions are that any act of anal intercourse between two uninfected gay men can lead to HIV infection, and that open discussion of HIV and homosexuality in schools will lead to increased rates of AIDS.

Awareness creation for better prevention

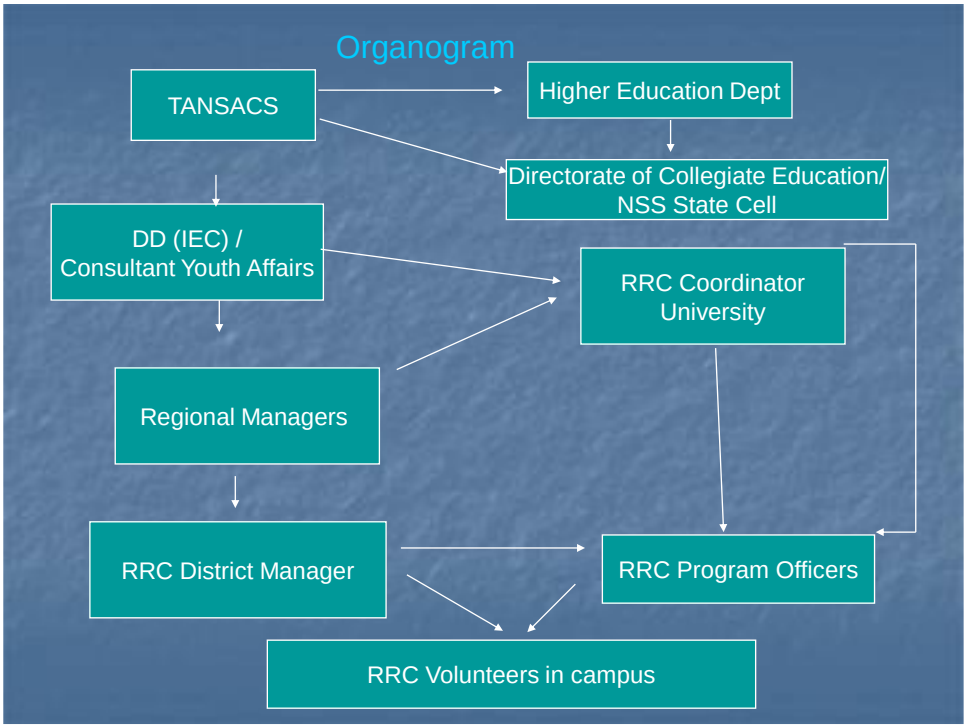
Awareness is created by conducting various programmes like Debates, Seminars, Exhibitions, Rallies, Road shows etc. One should visit Community care centers and one must care and support people living with HIV/AIDS.

ORGANOGRAM

Secretary, Health and family Department/ President, TANSACS

→ Project Director, Member Secretary, TANSACS

→ Programme Officers→RRC



TAMILNADU STATE AIDS CONTROL SOCIETY (TANSACS)

It is formed under the guidance of Government of Tamilnadu to spread the awareness about the dreaded disease AIDS and to take care of the affected persons without getting discriminated or being ill-treated by the society in general. Its aim is to popularize the prevention of the disease, promotion of healthy living to curtail false notions about the disease at large.

The main components, strategies and intervention under the AIDS Control programme are:

- Blood Safety and Training
- Targeted Intervention
- Control of Sexually Transmitted Diseases (STD)
- Information, Education and Communication
- Care and Support for AIDS patients
- Training
- Sentinel Surveillance
- Programme Management
- Advocacy and Social Mobilization

Components of RRC

RRC Advisory Committee

The Advisory Committee has the following structure:

- Chief Patron- Principal of the College
- Patron- Vice-Principal
- Convener –RRC Program Officer at College level
- Co-conveners- 2 Students at senior level (RRC students from both sexes)
- Members- 2 students as RRC executive members (RRC students from both sexes)
- RRC Advisory Committee should meet at least twice in a year to plan and schedule the activities and to review the activities carried out. The issues related to functioning of RRC programme can be discussed during the meeting. The minutes of the meeting should be documented in the Advisory Committee register and signed by the committee members.

ROLE AND RESPONSIBILITIES

1. Principal

- To ensure the better functioning the RRC activity in the respective college
- The monitoring authority of the RRC activity at the college level
- Responsible for sending Utilization certificates to TANSACS
- Should organize Planning and Review meetings for Program officer
- Can organize special innovate program at college level in coordination with RRC PO like Blood Donors day, National Blood Donation day, World AIDS day, International Youth day and Women′s day

2. RRC Programme Officer

- To organize RRC program in respective college
- Should organize special program in the college coordinate with RRC District Manager like Blood Donors day, National Blood donation Day, World AIDS day, International Youth day and Women's day
- Should submit program completion report to TANSACs twice in a year, copy send to RRC DM
- Must attend the RRC Planning and Review meeting organized by affiliated University
- Expected to handle RRC C-life to the students with guidelines with RRC DM
- Should submit Utilization certificates to TANSACS, a copy send to RRC DM
- Should conduct blood donation camp twice in a year
- Expected to accompany or motivate students to visit service centers like ART, ICTC, STI Clinic, CCC, Positive network *etc*.
- Expected to conduct college level competitions based on the HIV
- Expected to conduct Advisory Meeting in the college twice in a year

The following Registers are expected to maintain at the college by the RRC Programme Officers

i) RRC Volunteers enrollment Register

ii) Activity Register

iii) Peer educator list and activities done by PEs

iv) Voluntary blood donor′s directory and camp details

v) Other documentation: Program Report, Participants list, Photos, News paper cutting, Students feedback, IEC Materials, Resource Directory related to District resource persons and details of ART, ICTC, CCC and NGOs.

3. RRC Peer Educators

- Expected to conduct peer meeting in the college once in a month
- Expected to conduct peer education campaign in the college once in a year to reach at least 100 students
- Must handle c-life session to the students in the college to cover minimum of 100 students.
- Expected to maintain the following registers

  i) RRC volunteers enrollment register

  ii) Peer Educator enrolment and activity register

  iii) Other documentation: Participants list, Students feedback, Blood donors list, IECs & Resource directory related to district resource person and details of ART, ICTC, CCC and organization

PEER EDUCATION

In order to reach more number of students in the campus, the concept of peer education was introduced by RRC programme in 2005. The peer educators are selected form the active participants of the celebrating life sessions. RRC District Managers were oriented the concepts of peer education, roles & responsibilities, skills required for a peer educator during the technical training.

Criteria of selecting Peer Educators

- Should have completed the celebrating life module
- Must be active in reaching the fellow peers
- Should be willing to work with the RRC team in the college
- Should have some basic communication and leadership qualities
- Should not expect any monetary benefit from the programme

Method of Peer Education

- The Peer educators are identified during the C-life session
- The selected students will be oriented about peer education as per the training module of about 2 hours by the RRC District Managers
- The training includes the meaning of peer education, objectives of peer education, skills and qualities required for peer education, principles of peer education, roles and responsibilities of the peer educators, do′s and don′ts in peer education, records to be maintained
- The peer education guide will be given to the students who completed peer education training

Outcome of the Training

- The peer educators (PEs) are expected to share information with fellow peers on adolescence problems, changes in the body and to manage them
- The PEs are the point person in the campus to organize on campus activities related to RRC
- The PEs are expected to maintain minimum records of the particulars like name of students, the issue resolved and referral by them

- The PEs are expected to organize blood donation camps and motivate other students to donate blood with the guidance of RRC program officers
- The PEs are also expected to support the RRC programme officers in enrolling students as RRC volunteers, orientations to the fresher′s and documenting the activities
- The PEs are expected to organize outreach activities and observe World AIDS day, Exhibition and other campaigns

Institution Level RRC Activities

- **Celebrating life session**

  Imparting 2 h sessions (Basic's of Life Skills and HIV/AIDS)

  Imparting 6 h module to the Students

- **Interaction sessions with**

  Positive Speaker, Transgender & IDU's

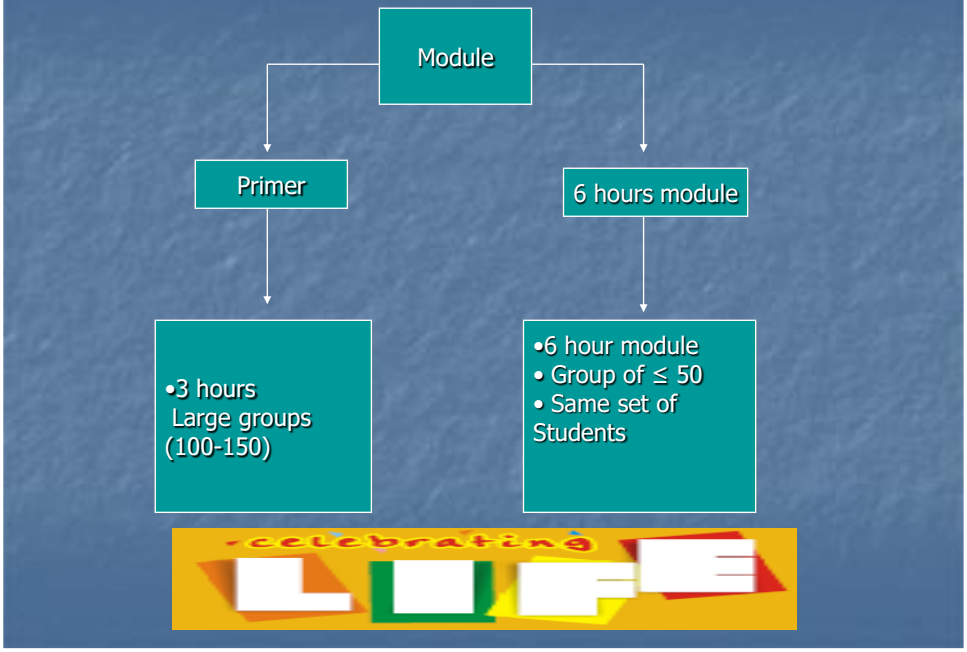
  ICTC & ART Counselors

- **Voluntary Blood donation camp**
- **Exposure visits** to ICTC, ART,CCC & Home for CLHIV's.
- **Peer Education activity & Out Reach**

  Competitions , WAD , VBD , IYD , IWD

  Rallies , Community sensitisation

CELEBRATING LIFE – A MODULE IN RRC



1. Celebrating Life Module

The 'Celebrating Life'(C-Life) education program is designed for use with young persons between the ages 15-25 years in educational institutions. The major areas covered in this module include basic issues that will help to understand the changes during adolescent growth and development, enable young persons to recognize and analyze their level of risk and vulnerabilities to HIV/AIDS and other related problems as well as to assist the students acquire essential life skills that will facilitate appropriate and safe decisions in their lives ahead. This curriculum is more than teaching young people about anatomy and physiology of reproduction. It covers development, interpersonal relationships, body image, life skills and gender roles. It has got two level of training which is 3 hour program called primer program (to address large number of students) and 6 hour programme called Celebrating life (those who completed 3 hour module and interested to continue) with the 6 hour programme and covered small groups at the maximum of 100 students. The students will be registered their name and other details before starting the module.

The Content of the 6 h Celebrating Module

- Growth and Development
- Basics of STI/HIV/AIDS
- Socio-cultural influences – Culture, Gender & Media
- Self Esteem- valuing self
- Setting boundaries to prevent HIV
- How to say 'No' assertively not aggressively
- Life skills recommended by WHO to prevent HIV
- Stigma & Discrimination towards HIV/AIDS and caring every one
- Our rights & responsibilities – Healthy relationship & behaviour
- How to lead a healthy family life – Future Plan

2. Resource person Interactive Sessions

The session is to reduce the stigma and discrimination among the students through interaction with HIV & Transgender and also the services available for testing of HIV and other counseling services. The counselors are invited from the nearby ICTC/ART/Blood bank centres.

Exposure Visit

1. Visit to ICTC (Integrated Counseling and testing Centre):

At the end of the ICTC counselor interaction, a date will be fixed to visit to ICTC centre (maximum of 50 students can visit the centre). The students will be taken to the nearby blood bank or ART (Antiretroviral Therapy) centre or CCC (Community Care Centre) for exposure about the centre and its functioning.

2. Blood bank

The purpose to visit Blood bank is to know the collection and storing blood, issuing of blood to the needy patients, maintenance of records related to voluntary blood donors and the functions of blood. It is a chance for them to motivate and donate blood.

Important information about blood donation

Blood donors: 18-60 years for donors. Minimum weight: 45 kg. Hemoglobin content: above 12.5; Blood pressure Normal (100-140 / 60-90). You can donate blood within 20 min. After donating blood, you can do your normal work. Donate blood after every three months (120 days – life time for RBC), Normal storage is 35 days. If we remove RBC, then it can be stored for 14 years under -70°C. WBC is only for 7 days. One unit of blood = 350 mL (364 g). Our body contains approximately 5 litre of blood. The blood donated (350 ml) will be compensated by our body within 34 hours.

Not advised to donate blood

If a person affected by typhoid, donate blood after 1 week. For Drunkard: after 24 hours.

Avoid Blood donation during pregnancy, during mother milk feeding, during menstrual period,

Major operation before 6 months, Malaria- after three months recovery, Jaundice – after six months recovery

HIV/STI affected persons are advised not to donate their blood during their life.

Steroid intake person- No blood donation.

3. ART Center

Visit ART centre to know the meaning of ART and its benefits to the person with HIV. The ART medical Officer will explain in detail the starting ART for the person with HIV, CD4+ cell count, administering ART treatment, follow up *etc*.

4. Community Care Centre (CCC)

While visiting the CCC, the students have a chance of interacting with PLHIVs (People living with HIV) who admitted in the centre. The students can understand the type of care given to PLHIVs. It makes them to create social responsibility towards persons with HIV.

5. Network for people living with HIV

Visit this centre to know the function of the network to support their community. It is a community based organization supported by the organizations like TANSACS to serve the people with many activities.

DOCUMENTATION

Guidelines for Documentation

- Each RRC should maintain a register with the following documents:
  A list of RRC Members with Name, Address, Blood group, Department etc.
  Minutes of the Advisory Committee meeting
  Events documentation with date, venue, No. of participants, resource persons, photographs, press clippings etc.
- Each RRC should maintain separate file for accounts, in which maintenances of bills, vouchers and statements and expenditures are mandatory.
- RRC programme officer, Principal, RRC Advisory committee members, RRC District Nodal Officer, RRC University Co-coordinator and RRC Manager should ensure the maintenance of RRC documents.

MODEL COPY OF THE RECORDS

Name:

Month:

S.No.	**Date**	**Sex and Age of the Receiver**	**Spot**	**Message delivered**	**Remarks**
1	12.2.2021	Male , 19	Hostel	STI	Wanted to know more. Myths have strongly fixed in the attitude.
2**.**	15.2.2021	Female, 20	Canteen	Anemia	Wanted to share with others.

College record

Month:

S.No.	Name of the Peer Educator	Types of Messages delivered	Spots	Reached		Feedback	Other remarks
				Boys	Girls		
1.	N.Kannan	Wet dreams, STI	Hostel	5	Nil	i) Three wanted to know more ii)Two are referred to ICTC	
2.							

LIFE SKILLS

Life skills are abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life.

1. **E**mpathy

The process of understanding and caring about the needs, desires and feelings of other people.

2. **P**roblem Solving

The ability to develop solutions for internal or interpersonal problems and conflicts.

3. **I**nterpersonal relationship

Relationship with parents, friends and peers, future partners and all other people that a young person comes in contact with as he or she develops into an adult.

4. Effective **C**ommunication

The ability to express ourselves, both verbally and non-verbally in ways that are appropriate to our cultures and situations.

5. **C**ritical thinking

The ability to study one′s surroundings and experiences objectively.

6. **C**reative thinking

The ability to see beyond the actual and direct experiences.

7. **M**anagement of Stress

The ability to shorten the length of time that one experiences stress and negative emotions and minimize their adverse effects.

8. Self-**A**wareness

The knowledge and understanding of oneself.

9. **D**ecision Making

The ability to effectively use creative and critical thinking

10. **E**motions Management

Ability of the individual to rise above the confusion brought about by emotions and feelings.

The above are shortly called as '**EPIC3MADE**'

Feedback Questions

1. AIDS is the abbreviation of
   a) Acquired Immuno Deficiency System
   b) Acquired Immuno Decline System
   c) Acquired Immuno Deficiency Syndrome
   d) Acquired Immuno Default Syndrome

2. HIV stands for
   a) Human Immuno Virus
   b) Health Immuno Virus
   c) Human Immuno deficiency Virus
   d) Human Immuno Viral

3. NACO stands for
   a) National AIDS Control Organization
   b) National Adults Control Organization
   c) National AIDS Committee Organization
   d) National Adults Committee Organization

4. Expanded form of TANSACS is
   a) Tamil Nadu State AIDS Control Society
   b) Tamil Nadu State Animal Control Society
   c) Tamil Nadu State AIDS Community Society
   d)Tamil Nadu State AIDS Community System

5. What is the minimum period for blood donation?
   a) 2 months b) 3 months c) 4 months d) 5 months

6. How much amount of blood is taken during blood donation?
   a.)250 ml b) 400 ml c) 350 ml d) 500 ml

7. Blood donors should have minimum hemoglobin content of
   a) 20 g b) 12.5 g c) 11 g d) 15 g

8. The amount of blood present in our body is approximately
   a) 5 liter b) 10 liter c) 45 ml d) 800 ml

9. STI stands for
   a) Sexually Transmitted Infection
   b) Sexually Transaction of Interaction
   c) Sexually Transmitted Intermediate
   d) Standard Transmitted Infection

10. WHO stands for?
    a) World Human Organization b) World Human Origin
    c) World Health Organization d) World Health Ornament

11. Which of the following is true?
    a) Presently there is no cure for HIV/AIDS
    b) Medicines are available to control HIV/AIDS
    c) HIV is not transmitted through sharing cloths
    d) All the above

12. The free service phone number to be contacted for HIV /AIDS is
    a) 100 b) 108
    c) 1800 419 1800 d) +91

13. Expanded form of ART
    a) Adino Retroviral Therapy b) Anti Retroviral Therapy
    c) Anti Retroviral Training d) Adino Retroviral Training

14. The minimum age of a blood donor is
    a) 15 b) 18 c) 24 d) 25

15. The maximum age of a blood donor is
    a) 50 b) 55 c) 56 d) 60

16. The minimum weight requirement for a blood donor is
    a) above 45 kg b) above 60 kg c) above 20 kg d) above 70 kg

17. Who are restricted to donate blood?
    a) HIV affected persons b) STIs affected persons
    c) Diabetic patients d) All the above

18. TB is caused by
    a) Bacteria b) Virus c) Fungus d) None of the above

19. ICTC stands for
    a) Integrated Counseling and Testing Centre
    b) Integrated Counseling and Training Centre
    c) Indian Counseling and Training Centre
    d) Indian Counseling and Training Committee

20. Who is the Chairman of RRC of our college?
    a) Dr.P.Sundara Pandian, Our Principal b) Dr.N.Raman
    c) Prof. N.Nallakaman, MKU d) Sri.Muthiah

21. HIV cannot spread by
    a) blood b) semen c) vaginal fluid d) mosquito biting

22. HIV can be spread by
a) blood b) semen c) vaginal fluid d) all of the above.

23. World AIDS Day is
a) March 8th b) February 28th c) December 1st d) January 26th

24. Using public toilets, a person
a) cannot get STIs b) can get STIs c) cannot predict d) none of the above

25. In the acronym of Life Skills, **E**PIC3MADE, **E** refers to
a) Empathy b) Education
c) Energy d) Entertainment

SELF-EVALUATION

Do you know the answers for the following?

1. What is RRC?
2. What is the expanded form of HIV?
3. What is meant by AIDS?
4. What is STI?
5. What is meant by CCC?
6. What are Peer educators?
7. What is TANSACS?
8. What is the important role of TANSACS?
9. What is meant by window period?
10. What is ELISA?
11. What is Western Blot?
12 . What is PCR test?
13.Name the patients who should not donate blood.
14. What is meant ICTC?
15. What is the role of ICTC?
16. What is meant ART?
17. What is the role of ART?
18. What is the expanded form of PLHIVs?
19. Who is the chairman of RRC in a college?
20. How does HIV spread out?

Try to answer the following questions

1. Explain briefly the objectives and strategies of RRC.
2. What are the guidelines and activity of RRC?
3. Discuss the guidelines for documentation.
4. Discuss briefly the responsibility of the Principal of a college in RRC.
5. Explain briefly the responsibility of the RRC Programme Officer of a college in RRC.
6. What is Peer education? Discuss briefly the criteria of selecting peer educators.
7. Explain briefly the responsibility of the RRC Peer educator in a college.
8. What is HIV? How is transmitted? What are the ways to prevent it?
9. Write a note on Stigma and culture.
10. How is AIDS spread out? Mention few misconceptions on HIV/AIDS.
11. Expalin the main components, strategies and intervention under the AIDS control programme.
12. What are the Institutional level RRC activities? Explain.
13. Explain briefly the role of TANSACS.
14. Sketch and explain the Organogram of RRC.
15. What are the 10 life skills of RRC? Explain.
16. Write a note on celebrating life module.
17. Discuss briefly the role of ART and ICTC centres.
18. What are ‘Three Cs’ of Life Skill? Explain.
19. What is meant by Advisory committee? Who are the members of the advisory committee?
20. Name any three tests to detect HIV/AIDS and explain them briefly.