

Description of method of project:

The Positive Sisters

Report

ResultsinHealth

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*working for health  
and development*

This document describes the methodology of the Postive Sisters (PS) project of Stichting Shiva.

### 1.1. Goals & Target group

The PS project is a national project of Shiva. Within the project HIV-positive African and Caribbean women are trained (training '*We are Family!*') so that they can work as volunteers – 'Positive Sister'. Positive Sisters support other, more vulnerable migrant women who live with HIV and help them overcome their social isolation by acting as role models and empowering them. The project works on the assumption that improving the future prospects of these women will lead to therapy compliance. The project communicates these goals as follows:

- I'm going to live! – I will not die, I can get very old with HIV.
- I take my medicines' – medicines are an ally for my life, not a problem
- I continue with my life, HIV is not a disaster' – I dare to enter into a relationship, an education, a pregnancy; tell my partner about my HIV, disclose my status, etc.

The PS project focuses on women from Sub-Saharan Africa and the Caribbean with HIV who currently live in the Netherlands. Women in asylum seekers' centres and other temporary shelters can also participate in the project. The project deliberately focuses solely on women, based on the idea that many women from the target group are vulnerable in terms of their relationship with men, which can stand in the way of building up an essential bond of trust within the group and within links.

The project focuses on a diverse group where it comes to guiding women:

- Women who have just been diagnosed, and have not yet become isolated; The PS project aims to make newly diagnosed women powerful and self-confident immediately – before they collapse. The project aims to prevent or quickly break through social isolation and complex problems and to improve therapy compliance among the target group.
- Women who have been diagnosed earlier, need a less intensive pathway, but need some support and good information about living with HIV/AIDS;
- Women who were previously diagnosed and now would like to talk to someone because after years of HIV infection therapy compliance and/or quality of life is poor.



<p style="text-align: center;"><b>Project coordinator</b></p> <p>Role</p> <ul style="list-style-type: none"> <li>• Promotion project among HIV consultants</li> <li>• Contact with HIV consultants</li> <li>• Recruitment of volunteers</li> <li>• Selection of volunteers</li> <li>• Main Trainer</li> <li>• Coupling – selection of volunteer / matching</li> <li>• Counselling volunteers</li> <li>• Organisation and management of return meetings</li> <li>• Project monitoring and evaluation</li> <li>• Supervision and supervision of the junior coordinator</li> </ul>	<p style="text-align: center;"><b>Junior Coordinator</b></p> <p>Role</p> <ul style="list-style-type: none"> <li>• Assistance in training new volunteers</li> <li>• Coupling – selection of volunteer / matching</li> <li>• Counselling volunteers</li> </ul>
	<p style="text-align: center;"><b>HIV consultant</b></p> <p>Role</p> <ul style="list-style-type: none"> <li>• Finding and referring clients</li> <li>• Recruitment of volunteers</li> <li>• Introductory talks</li> <li>• Contact person for client during the journey</li> <li>• Contact person about client situation for project coordinator during the process</li> </ul>

## 1.2. Project Organization

### ShivA Foundation

The project coordinator of the PS project is a spiritual counsellor with special attention and skills with respect to cultural sensitivity and spiritual/religious issues. She is also the director of the ShivA Foundation and is therefore also in charge of the foundation's fundraising and administrative tasks. ShivA has an office in the centre of Amsterdam. There is room here to receive women and to have confidential (telephone) conversations. The project coordinator is available 3 days a week (Tuesday, Wednesday, Thursday) by phone and email, the junior coordinator is available every day, also by phone and email, but also through WhatsApp. She works from home and comes to the ShivA office 1 day a month to discuss the upcoming links and ongoing support projects.

### Time investments

In order for one coupling to function properly, an average of eight professional hours are required to prepare, close and complete the coupling. During the duration of the coupling, 3 hours of guidance time per coupling per month will be required. The Positive Sister invests between 30 and 60 hours per woman she accompanies as a volunteer, unpaid. The junior coordinator now supervises 12 'sister couples' and spends a total of about 1 day a week on them: calling the volunteer sometimes happens in the evening or via WhatsApp. It is therefore very flexible.

The HIV counsellor books the time spent on the project away as patient contact or nursing consultation, so that it is covered by the hospital's finances. As a result, the time cannot be claimed from health insurers.

### Promotion of the project

The PS project is promoted to HIV consultants with the help of information material. An extensive version of the information material is available, as well as a version with abridged information (see Annex 1). HIV counsellors sometimes discuss the option of the project at meetings for HIV counsellors, but more promotion of the project is not done from the HIV counsellors to other HIV counsellors who may still be unfamiliar with the project.

### **Fees**

Volunteers are reimbursed for the travel and telephone costs they incur in connection with the project. After each meeting (training, group meeting, etc.) the volunteers/participants will receive their travel expenses in cash. This will be prepared in advance of the training (envelope with the right amount per volunteer/participant). Furthermore, the volunteers receive a volunteer fee of € 10 per month.

### **Voluntary contract**

The volunteer may remain as a volunteer for as long as she wishes. However, she signs a contract (see Annex 2) stating that she will supervise at least 3 years or 10 clients for the PS project.

Volunteers are encouraged to take up paid employment, but only to take up other voluntary work if they can do so in addition to the PS project commitments.

## **1.3. Finding and Referring Clients**

Clients are referred to the PS project by HIV consultants in various hospitals in the Netherlands. The HIV counsellor reports the patient to the PS project by means of an e-mail contact or a telephone call with the project coordinator. In this contact the HIV counsellor indicates what the support question is and the profile of the client is discussed (personal details, cultural background, social situation, character and what kind of volunteer would be a good fit for this woman – see also Annex 3). HIV counsellors refer women when it is clear that the patient needs contact with someone who also lives with HIV in the Netherlands and who can help her on her way to live with HIV in a positive way and to faithfully take her HIV medication. Many women refuse to contact a volunteer in the first place because they are afraid that their HIV status in the migrant community could become known through the actions of the volunteer, or because they do not understand the usefulness of a volunteer. Getting the patient to participate in the project is regularly seen as a challenge. However, HIV counsellors never put pressure on patients. The focus is on recognising the fact that the patient cannot and does not have to do this alone, and that help is available when she is ready. By explaining in detail what kind of project it is, showing the privacy statement and discussing what a volunteer could mean for the patient, HIV consultants try to convince patients to participate in the project. There is also material available that they can use to give patients a better idea of what kind of person the volunteer is (for example, a video by STI AIDS Netherlands about 'Living well with HIV'<sup>1</sup>, in which African HIV-positive women (including volunteers in the PS project) tell about how they have come to terms with living with HIV). The HIV counsellor often asks the client what kind of volunteer they would like to see; what kind of characteristics they should have.

During the coupling, the client will be supervised by the HIV counsellor. The latter asks the client immediately after the introductory meeting if she has confidence in this volunteer and wants to be

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<sup>1</sup> <http://www.soaids.nl/nl/informatie-voor/diversiteit/goed-leven-met-hiv>

connected to her. In addition, the HIV counsellor calls the client a few weeks after the coupling to ask how things are going or asks about this at the next consultation. For questions or problems, the client can also contact the HIV counsellor. There is therefore no contact between the client and ShivA's project coordinator or junior project coordinator during the client's participation in the PS project.

#### 1.4. Recruitment Of Volunteers

Recruitment of volunteers takes place in different ways. First of all, potential volunteers arrive via the project coordinator's network. She has built up, and maintains, this network through her work as ShivA's director and spiritual counselor. From ShivA, for example, group meetings are organised for HIV-positive migrant women under the name 'I love my life!' These meetings take place in different regions in the Netherlands and are a good opportunity to recruit potential volunteers.

In addition, potential volunteers are directly referred to the project by the HIV counsellors involved in the project. These are, for example, women who indicate to HIV counsellors that they would like to mean something for another person. The HIV counsellor also sometimes tries to persuade women to be trained as volunteers because he thinks that this voluntary work suits them and can help them further on a personal level. Based on the history of women and their knowledge of how they have processed their diagnosis and developed since then, the HIV counsellor is well placed to assess whether someone is suitable to volunteer.

Besides the recruitment of potential volunteers through the network of the project coordinator and the HIV consultants, there are also women who were previously accompanied by a volunteer and (by the volunteer) are recommended as suitable candidates, or sign up to be able to mean something to another. Women are invited by post (see Annex 4 for the invitation letter) and approached by telephone to participate in the training.

##### Profile of suitable volunteers

Suitable volunteers are women who have given HIV a place in their lives and sometimes already have contact with other HIV-positive women. It is important that potential volunteers are strong enough to be able to deal with possible problems in the support relationship (clients with complex problems are not excluded from the project). Their therapy compliance is also of great importance; something that is directly linked to how the women deal with their illness. A social and reliable character (someone who keeps her appointments, responds to mail/telephone contact, she enjoys and is motivated to support someone else; even if there is no payment in return) and a certain financial stability. In addition, consideration is given to whether a patient can quickly absorb new information – with a view to the training required to get someone started as a volunteer in the PS project.

#### 1.5. Selection Of Volunteers

After a potential volunteer has been approached to participate in the PS project, the project coordinator conducts a telephone selection interview (or several interviews) with her for a total of 1-3 hours. They discuss the project, the fact that it is about volunteering and the project coordinator explains the situation of the women who need to be supported. She asks the woman to tell her about what it was like when she was told that she was HIV positive, and she pays attention to how she reflects on this. There is also talk of the development of the women and their use of medicines. The potential volunteers are also asked how someone ended up in the Netherlands, in order to get a picture of the stability of her situation. Often the project coordinator also has contact with the HIV counsellor in question to ask for her / his opinion on the possible participation of the woman in the



project. On the basis of these interviews, it is determined whether the woman will be selected to participate in the Positive Sister training.

#### **Orientation day**

After the selection interview, potential volunteers are invited for an orientation day at ShivA (see Annex 5 for a description of the day programme). The purpose of the orientation day is to provide more information about the project and to give potential volunteers the

opportunity to explore whether they really want to volunteer. The potential volunteers receive information, do some training exercises and can get to know women volunteers who are already participating in the project. This day is organized to prevent a high drop-out from the training and also to avoid that women have to be disappointed if it turns out that being a volunteer does not suit them anyway. During the orientation day there are two volunteers present who have been involved in the project for some time. These women have been instructed by the project coordinator to think along with them in the selection of potential volunteers who will be chosen to participate in the training. The potential volunteers are observed with regard to, for example, their behaviour in the group, whether they come on time and can follow instructions. After the orientation day, the project coordinator consults with the two existing volunteers about the aspirant volunteers that she is not sure about.

At the end of the orientation day the women fill in a checklist about their personal situation and selection criteria for working as volunteers (see Annex 6). Practice teaches us that women fill in this checklist truthfully. The completed checklist will be taken along by the project coordinator and discussed with the participants by telephone after the orientation day. During this discussion, a decision is taken (jointly) about their participation in the training as volunteers. It is not necessary to participate in the orientation day; women who are not able to participate can also join the first training day after telephone selection by the project coordinator.

### **1.6. Training Positive Sisters**

Selected candidates follow a training course to become volunteers. After the orientation day there are 3 Saturdays (11-17 hours) and a weekend of training (arrival Friday at the end of the afternoon with evening program, Saturday day and evening program and Sunday a morning program until noon), see training program (Annex 7). The training is given by the project coordinator. The junior project coordinator is also present. She is a discussion partner and role model for the participants and regularly brings in examples from her practical experience. She gets to know the participants better so that she can also present them as a volunteer for a client and guide them during a support project. On the first training day, the women are asked to sign a contract with regard to completing the training (see Annex 8). The aim of the contract is to give more weight to the training trajectory and to involve the women even more in the importance and goals of the training.

Training the volunteer has two main objectives: to strengthen the women who are trained as volunteers and to teach them to take care of others as volunteers. In the training the women are trained in being a role model by using their experience expertise with HIV. They receive extra information about HIV and related topics so that they can notice misrepresentations among their clients and point them to ask the HIV counsellor for correct information. In addition, the training ensures that the participants build up basic knowledge about the situations of the women they will guide in the future. They are made aware of possible problems and the help they can offer (either by themselves or by giving advice on where to find the right help). They are given knowledge of interview techniques and practice them a number of times. The three goals of the PS project will be discussed with the volunteers during the training (see 1.1. The first training day focuses on the personal values of the participants (what makes them strong) and their motivation to become volunteers. During day 2, the focus will be on the medical side of HIV: medication, a safe sex life, pregnancy and HIV, and the Dutch health care system. The last training day will focus on conversation and guidance techniques based on the "3 Golden Pieces of Wisdom.":

1. I listen carefully, I give her space.
2. It is her life, her happiness and her problem. I am not taking over.
3. I do not give any advice. I give her self-confidence.

During the weekend, various topics will be discussed, such as belief as a blockade or coping strategy for positive treatment with HIV, and your own body and sexuality. There will also be an extra trainer who will give a workshop about psychological problems and stress in migration and HIV. In addition to these themes, the last practical issues are discussed, such as the procedures surrounding the deployment of a volunteer, reviewing the volunteer contract as an opportunity to discuss the ethics and limits of volunteering in terms of content. The contract is signed together. In the training it is made clear how and when the project coordinator can mean something in for a coupling.

The training uses group sessions led by the main trainer. The volunteers are regularly asked to share their experiences and thoughts. For the second session, the participants collect information in groups from external professionals (social worker and 2 HIV consultants) in advance, which they pass on to each other during the training day. An external trainer (psychologist) will be used for the section on psychological problems related to HIV and migration. During each training day, there is also a practice in couples where one woman takes on the role of volunteer; those roles are changed so that both can exercise the role of volunteer. The couples will be given a case study/conversation topic that will become increasingly difficult during the training.

#### Asking questions

Asking questions to professionals (trainer, HIV counsellor, doctors), is difficult for many women because in many cultures asking questions is seen as unpolite. The training focuses on Dutch culture and the fact that within this society, and for one's own health and wellbeing, asking questions is essential and desirable.

The cultural background of the women is taken into account in the training activities (see box 'Asking questions'). Another aspect that is taken into account is language. Due to the fact that many women do not yet have a sufficient command of the Dutch language, the training is given in both English and Dutch: the trainer translates all information into these two languages.

By participating in the training days and the training weekend, a strong network among the women is created.

They then also have contact with each other and help each other with regard to their personal lives and the support processes in which they are involved.

After the training, the volunteers receive a certificate of participation on which any reference to HIV is avoided.

### 1.7.1 Coupling

The coupling between volunteer and client is coordinated by the HIV counsellors involved in the PS project. Based on the client information and the support request provided by the HIV consultants, the project coordinators are looking for a suitable volunteer. When linking a volunteer to a specific client, it is essential for the PS project that the person who selects the volunteers has a good idea of the background of the available volunteers and also knows them personally. Often it is already discussed with the HIV counsellor during the contact about the client's registration, whether a particular volunteer would suit the client. The client's indicated preference will also be discussed. Travel distances within the Netherlands are also taken into account: if the HIV counsellor estimates that many personal meetings should take place, he or she will look for a volunteer who lives relatively close to the client, or who is available and willing to travel more. After selecting a volunteer, she will be called by the project coordinators to ask if she has time and space to support a client. During this meeting, the profile of the client in question is discussed and the volunteer can indicate whether she is open to a new support relationship for this specific client. A volunteer will not be persuaded: if she says she has no time, another volunteer will be approached.

#### The volunteer profile

Before the training weekend, a volunteer profile is sent to the participants via email. They will be asked to fill in and return this profile. After the training weekend, the coordinator (junior coordinator or project coordinator) who will guide the volunteer in her support trajectories will contact all newly-trained volunteers by telephone to discuss the profile and, where necessary, to complete it. The final profile contains information that can be shared with HIV counsellors. This way, the HIV counsellor can discuss the volunteer's profile with the patient, so that the patient can get a better idea of the person who will meet them.

When the volunteer indicates they are up for entering into this support relationship, an email will be sent to the HIV counsellor in question with contact information: the coupling email. The volunteer profile (see Annex 9) of the volunteer will also be added to this mail. The HIV counsellor will contact both the volunteer and the client to make an appointment for an introductory meeting. Attempts are made to prevent any cancellations or '*no-shows*' for these conversations by contacting the client (by the HIV counsellor) and the volunteer (by one of the project coordinators and/or the HIV counsellor) shortly before the introductory meeting and reminding them of the appointment.

#### Introductory conversation

Both the client and the volunteer will come to the client's HIV counsellor's consultation room for the introductory meeting. The HIV counsellor was deliberately chosen to establish the link: the HIV counsellor is a confidential counsellor who in many cases is one of the few who is aware of the

client's HIV status. As a result, it is easiest to make the connection between volunteer and patient together with the HIV counsellor. In addition, it is assumed that the HIV counsellor knows the client and can assess whether the coupling is successful. The hospital as a coupling location contributes in the same way to the coupling process: this location is known to the client and therefore forms a minimal barrier to meeting another woman with HIV. One central location in the Netherlands as the location for the initial coupling (e.g. the ShivA office) would be a bigger barrier, because of the unfamiliarity and travel time for the women (the project reaches women all over the Netherlands). The HIV counsellor introduces the two women to each other and explains what support need there is. Depending on the needs and personality of the client, she will tell about her situation, ask questions to the volunteer and ask the volunteer about her own experiences with HIV. Alternatively the HIV counsellor will initiate the conversation. The HIV counsellor discusses the privacy statement (see Annex 10) that must be signed in order to emphasize the confidential nature of the support relationship. The volunteer then asks the client about her situation or, if the client seems to have a problem with this, tells her about her own background in a positive way. The main goals of the introductory meeting are that it becomes clear what the volunteer is for, that there is a first bond of trust between the volunteer and the client so that the coupling can be made, or that it becomes clear that there is no click, so that another volunteer for the client can be sought.

The HIV counsellor will stay during the conversation until she feels that the conversation is going well, and the privacy statement has been signed. When this is the case, she leaves the two women alone, after which they talk together for an hour on average. The HIV counsellor sees them again when the conversation is complete and checks whether telephone numbers have been exchanged before they leave the hospital. Often the women go to the bus or to the city together to talk for longer.

The HIV counsellor then ensures that the signed privacy statement is sent to the project coordinator. Often the HIV counsellor adds a short feedback on how the introductory meeting went and what the outcome was. The project coordinators get details of the introductory from the volunteer herself.

After the introductory meeting (on the same day), the responsible coordinator contacts the volunteer for a short evaluation. It discusses how the conversation went, whether the volunteer feels a click with the client and what the most important points for attention are for the coming conversations, based on the introductory meeting. This additional information is included in the coupling registration of the PS project (Annex 11). If the volunteer does not experience a click and does not want to continue the contact, she can withdraw and another volunteer will

be sought to support the client. If the volunteer enters into the support relationship, she will be reminded of the next steps: telephone contact 1 day after the introductory meeting, and try to meet each other personally within two weeks after the coupling (if this has not yet been agreed during the

#### Introductory meeting by telephone

In a very few cases, the link is made by telephone. This is not preferable because seeing a healthy and self-confident Positive Sister gives the client hope for a good future with HIV and because in this way the eye contact is missing, but this can offer a solution for the patient in some situations. For example, because a client is still too anxious about privacy or stigma to meet a Positive Sister personally, or because a volunteer who suits the patient very well lives far away and in the short term there is no possibility of a face-to-face meeting, but it would be good to have one relatively quickly. With a telephone link, the patient comes to the HIV counsellor's office and they call the volunteer together. The volunteer is placed on the speakerphone of the telephone and the pairing is done just like when the volunteer is present in the office.

introductory meeting). The further procedure regarding the contact moments during the support process will also be discussed again.

### 1.8. Support of Volunteers by Project Coordinators

During the support process, the volunteer is supervised by the project coordinator or the junior project coordinator. The aim of this guidance is to be able to closely follow the process so that the volunteer focuses on the most important themes and problematic issues of the individual client, which are analysed together with the volunteer. The counselling is also intended to let the volunteer know and feel that she is not alone. The group of volunteers involved in the PS project are divided between the project coordinator and the junior project coordinator. This makes it clear to the volunteer who she should contact if she has any questions/problems. Because the volunteer always has contact with a single coordinator, there is a close bond and the support routes can be discussed with the volunteer in an open and efficient way. In addition, learning moments from support programmes can be used in other/following programmes because the coordinator is in close contact with the volunteer and is aware of previous experiences. All information is documented in the coupling registration during the guidance contacts.

It may happen that a volunteer does not know where she can refer the client, that there are problems with which the volunteer has no experience, or that the client and the volunteer have different views on how to deal with a particular situation. The project coordinators can think along here, hold up a mirror to the volunteer, help to reflect and give tools to solve problems themselves. The process regularly refers back to the training and the knowledge and skills that volunteers have gained here. If this is not sufficient, the responsible coordinator will contact the HIV counsellor for consultation. In this way, the HIV counsellor can provide the client with extra support. Examples are help with domestic violence or suicidal tendencies.

In addition to the contact about problems, the junior coordinator and project coordinator will contact the volunteer regularly to ask how the connection is working. The junior coordinator has contact with the volunteer every week or every other week. The project coordinator tries to do this once a month – whereas she would like to do this twice a month – and, due to lack of time, provides less feedback to experienced volunteers. During these conversations, they look back at previous contact moments between the volunteer and coordinator and asks what the developments and progress are. The aim of the co-ordinator's guidance is to help the volunteer keep the focus of the contact and to go deeper into certain themes in order to achieve the set goals. In addition, any personal problems of the volunteer are discussed and the coordinator tries to provide guidance so that the volunteer can solve them. Volunteers who are temporarily unable to accompany clients due to problems in their personal lives are supervised by the responsible coordinator. She has contact with these women to support them. They are also invited to the group meetings and further training activities (see paragraph 1.11.) in order to keep in touch with the PS project.

### 1.9. Support relationship between Volunteer and Client

Women who have just been diagnosed are initially linked to a volunteer for six months. This period may be extended to one year if necessary. Women who have been diagnosed earlier and need a less intensive pathway are linked to a volunteer for two to three interviews in order to give them a helping hand.

The bond that is created between volunteer and client is based on equality. The aim is to exchange experiences and feelings about HIV, where the volunteer can be a role model because she is 'further along' in processing her HIV diagnosis and integrating HIV into her daily life.

The initiative for the contact lies with the volunteer, who is expected to keep the contact going and to make contact, even if the client does not react directly or infrequently. Especially in the beginning of the coupling, the contact is more frequent. This decreases as the support relationship progresses. The frequency varies per client – it is custom-made – but the guideline for the project is that the volunteer has extensive, substantive telephone contact with her client once a week. In addition to the telephone contact times, the volunteers also meet with the clients they support. Due to the fact that many volunteers live far from their clients, the project prescribes to do this once a month, or at least four times within a six-month coupling. The purpose of the meeting is to have a conversation. This often happens while drinking coffee (at the client's home or in a neutral place), going out for dinner, or making an excursion. As part of the coupling, the volunteer takes the client to activities organized by Shiva.

**Maintaining contact**

Sometimes the volunteer finds it difficult to stay in touch with the client. The client does not respond to messages or does not pick up her phone. This puts the volunteer's patience to the test. The volunteer is instructed after lengthy contact problems go to the project coordinator to discuss. In many cases, the project coordinator then asks the HIV counsellor, whether there are problems with the client. In these cases, the HIV counsellor often mediates to re-establish contact when this is possible again – she will first find out what the problems are and, if necessary, refer the patient to professional counselling. Sometimes, however, it is only a question of passing on new contact details of the client.

By being open about her own situation, the volunteer builds up a relationship of trust between her and the client and shows by her own example how living with HIV is possible. However, the main function of the volunteer is to listen to the woman she is supporting. In addition, they discuss topics that are important to the client, or that are important from the point of view of the objective of the support relationship. The volunteer works with the client on the 3 goals of the coupling (see 1.1. Purpose and target group).

Themes that come up in working towards these goals include a positive way of thinking about HIV status, how someone can integrate HIV into daily life without her life revolving around HIV, coping strategies ('which things make me feel supported') in which religion often plays a role, which choices can be made to be able to discuss HIV in personal relationships (or not), and how to 'live well' with HIV (including medication). The volunteer encourages the client to take control of her own life and to ask for help where she needs it. The project aims for clarity from both the volunteer and the client regarding the role of the volunteer: she is there to show someone the way from her own experience and expertise, not to take over her problems and solve them for her.

**1.10. Completion**

In the guidelines of the PS project, it is essential to officially close support relationships. This is to create clarity for all parties involved and to 'free up' volunteers to enter into a new support relationship.

After 6 months of support, the project coordinators evaluate the relationship with the volunteer and see if the coupling can be officially closed. The volunteer estimates whether the client is 'ready' by checking whether the three goals (see 1.1 The aim and target group) of the coupling have been reached. The project coordinators help the volunteer to reflect on these goals and together they evaluate the development that the client has been through. Together, the decision is made to complete or extend the support relationship for an additional six months. The decision to complete or extend the course will also be discussed with the client's HIV counsellor. If it is decided to finish the relationship, the HIV counsellor will contact the client to discuss how she experienced contact with the volunteer. This is then linked back to the project coordinators. The volunteer is asked by the coordinator if she wants to keep the client as a friend or if she wants to stop the contact. She is encouraged to speak openly about this to the client.

The guidelines regarding the way of completing a support relationship are currently open to the volunteer to interpret. She is encouraged to celebrate the completion of the coupling with the client by taking a trip together. At this shared conclusion, the project coordinator hopes that the client will thank the volunteer for her work. Sometimes the coupling has been gradually reduced for the 6 months and a formal closure is not feasible, because there is not much contact anymore between the client and the volunteer.

### 1.11. Group activities

#### Group meetings

The project coordinator knows about meetings organised for people living with HIV (e.g. by the HIV association or other organisations). ShivA also organises regional meetings for migrant women living with HIV. The aim is to hold two meetings each year for each region (Randstad, North Netherlands and East Netherlands). These meetings provide (1) information on living with HIV/AIDS, health, medication and life perspective, (2) empowerment through lifting barriers and addressing anxieties caused by HIV/AIDS, and (3) participation in society in the form of participation in activities, volunteering and advancement to paid employment. These days give people the opportunity to meet others with similar experiences and backgrounds and to talk to each other.

The group activities, including the meetings organised by ShivA, are seen as an essential part of the PS project. The goal is not to let the women who have come out of their isolation thanks to the

#### Early completion of a coupling

In some cases, short counselling may be sufficient and patients have a lot to gain from a single, or few, conversations with a volunteer. This is generally not possible to know in advance. After a few conversations it becomes clear that this has been enough for the client and the HIV counsellor notices that it has been of great help to the client. The coupling will then be completed sooner.

It also happens that after a few contact moments the client indicates that a coupling does not fit or that she wants to stop the coupling, because it is too confronting to be focusing on HIV. She indicates this to the HIV counsellor. In these cases, the coupling shall be officially completed (with or without a completion ceremony). In many of these cases, however, the client will suddenly contact the volunteer again after a few months and often this contact will be quite close. This is difficult for the project, because the volunteer can already be linked to another client and the workload is thus increased. Coupling the client to a new volunteer is not desirable, because trust has already been built up. However, there will be an evaluation together with the volunteer on how to deal with this. If the workload becomes too heavy, action will be taken. As it is known that these situations occur, the volunteer is also prepared for such a situation when a coupling ends early.

volunteer, slip back into isolation after the completion of the coupling period. The isolation is permanently broken. The aim is also to make a further step in the empowerment and acceptance of HIV by becoming part of a community of people with HIV. Volunteers already encourage their clients to attend these meetings during the support relationship, so that they have a social network to fall back on after the support relationship has ended.

### **Further training**

For volunteers who have already been trained, an extra training day is organised once a year, led by the project coordinator. For an extra training day, the project coordinator, together with a number of volunteers, prepares case studies of complex situations that are discussed in the group. During the day there is time for reflection which is focused on these cases. There is also room for in-depth discussions on specific themes during the extra training day. These themes are chosen on the basis of topics that often come up in support relationships. Besides obtaining extra information, the training day is a moment of team building with the other volunteers and is a way to thank the volunteers for their efforts for the project.



### Personal Empowerment Volunteers within the PS project

In addition to training and working as a peer in the PS project, the women in the project are trained and supported to strengthen themselves. By participating in the project as PS, their network is increased, they learn a lot of new information, and their self-confidence is increased.

The volunteer feels that she herself becomes stronger by telling her own story in the group. The HIV counsellor also notices that the trained volunteer is better able to express what she feels and asks for help earlier. Factors that help in this are learning from the others during the training, for example when hearing the stories of someone else, she hears that she is not doing so badly herself. *"Realising that something that was very negative for women can now be communicated in a positive way and that they have expertise in this area. [...] That she is now in charge of this herself and can encourage other women to do the same. (HIV counsellor PS project).* Being a role model for the other turns out to be a strong way to empower women, to fuel their pride.

In addition, many Positive Sisters have been shown to be open about their status and to support more women than just those with whom they are linked as Positive Sisters. They address women in waiting rooms of hospitals, in self-help groups, churches and migrant organisations. They also come into contact with other women living with HIV/AIDS via the Internet.

ShivA offers its Positive Sisters the possibility of guidance by a training and job coach (a professional who works on a voluntary basis). In an intensive process, skills and professional wishes are identified, the right vocational training is sought and funding is arranged. The coach will supervise the Positive Sister during training, exams and the subsequent search for a paid job. This scheme is widely used and with great enthusiasm, and diplomas are regularly obtained in a wide range of professions.

#### Formation of groups of Ethiopian and Eritrean women

In one case, a volunteer from Ethiopia has formed a group of women with HIV from Eritrea and Ethiopia who are in contact with each other through WhatsApp. Contact happens in the local language, but every woman with HIV is, in principle, welcome. The group has grown to 10 women who also meet once every 2 months on a Saturday, alternately at one of the women's homes, where they discuss all kinds of problems in life. The women know each other through the PS project and a number of women have joined the group after the women met them in closed chat rooms on the internet. Through the WhatsApp group, problems are shared and solved. The volunteer connected to the PS project in the group brings the clients into the group she has met through the PS project as soon as the client wants. This increases the client's network and reduces the volunteer's burden of care by sharing it with the other members of the group.