Community Home-Based Care for People and Communities Affected by HIV/AIDS

A Comprehensive Training Course for
Community Health Workers

Trainer's Guide

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Although this curriculum is primarily based on Pathfinder's experience in sub-Saharan Africa, it is intended to provide a global model for CHBC which can be adapted into local contexts as needed. Other successful approaches from local and international organizations and projects were also added to enrich the content and training methodologies.

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Acronym List

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Anti-Retroviral Therapy
ARV	Anti-Retro-Viral
BCC	Behavior Change Communication
CBO	Community-Based Organization
CHBC	Community Home-Based Care
CHW	Community Health Worker
COC	Combined Oral Contraceptive
DOT	Directly Observed Treatment
DOTS	Directly Observed Treatment, Short-course
DPT	Diphtheria, Pertussis, and Tetanus Vaccine
ECP	Emergency Contraceptive Pill
FBO	Faith-Based Organization
FGC	Female Genital Cutting
FP	Family Planning
HBC	Home-Based Care
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug User
IEC	Information, Education, Communication
IGA	Income Generating Activities
IMR	Infant Mortality Rate
IUD	Intra-Uterine Device
LAM	Lactational Amenorrhea Method
MOH	Ministry of Health
MSM	Men who have Sex with Men
MTCT	Mother-to-Child Transmission
NGO	Non-Governmental Organization
OCP	Oral Contraceptive Pill
OI	Opportunistic Infection
ORS	Oral Rehydration Solution
OVC	Orphans and Vulnerable Children
PLWHA	People Living With HIV/AIDS

PMTCT	**Prevention of Mother-to-Child Transmission**
POP	**Progestin-Only Pill**
RH	**Reproductive Health**
SDM	**Standard Days Method**
SRH	**Sexual and Reproductive Health**
STI	**Sexually Transmitted Infection**
SW	**Sex Worker**
TB	**Tuberculosis**
TBA	**Traditional Birth Attendant**
TL	**Tubal Ligation**
VCT	**Voluntary Counseling and Testing**
WHO	**World Health Organization**

Notes to the Trainer

As the number of People Living with HIV/AIDS (PLWHA) has increased, health care services have become overburdened and are not able to meet the needs of those who are sick. Relying on the strengths of family and community networks, Community Home-Based Care (CHBC) has emerged as a way to provide effective and compassionate care to those infected and affected by HIV/AIDS.

CHBC is not a replacement for hospital care. It is part of a comprehensive **continuum of prevention, care, treatment, and support services**. It includes the family, the community, and health care providers. CHBC also contributes to prevention efforts in the community. It brings issues surrounding HIV/AIDS into the open, helps to clarify myths, reduces stigma, empowers those infected and affected, and influences people's willingness to know their HIV status.

Pathfinder's CHBC Model

Pathfinder's CHBC programs involve and build the capacity of local organizations, community health workers, and facility-based health care providers. This CHBC model includes:

- **Prevention** which encompasses Behavior Change Communication (BCC); contraceptive services, including condoms for dual protection; linkages to Voluntary Counseling and Testing (VCT); and referrals for Prevention of Mother-to-Child Transmission (PMTCT) services.
- **Care and training for caregivers of PLWHA** that centers on infection prevention; nursing skills such as skin, mouth, and nail care; preventing and managing Opportunistic Infections (OIs); and skills to promote positive living such as preparing nutritious food. The main responsibility of the CHW should be to transfer nursing and support skills to caregivers (i.e., family or friends of PLWHA) and to PLWHA who are able to do self-care.
- **Community sensitization and mobilization** with community leaders and groups to raise awareness of HIV/AIDS and inspire community action to solve the

problems of HIV/AIDS. This includes organizing resources for prevention, care, and support activities, such as orphan care, food support, and emergency transportation.

- **Two-way referral linkages** among CHBC providers, health facilities, other health providers, and VCT centers.
- **Strong linkages** to emotional, social, spiritual, and economic support services such as food banks, PLWHA support/self-help groups, legal aid, microcredit and income generating activities, child support services, and faith-based groups.
- **Support for orphans and vulnerable children**, including linkages to nutrition support and health services, provision of school fees and uniforms, and access to income generating activities and vocational training.

Based on Pathfinder's experience, the following recommendations can help ensure successful implementation of CHBC programs.

- **Local Partners:** Community stakeholder participation in design, implementation, and monitoring of programs can increase impact and sustainability. This includes the involvement of PLWHA, health providers, local leaders, and Faith-Based Organizations (FBOs). This process aids in the identification of Community-Based Organizations (CBOs), facilities, and community leaders who can work as local partners of the project.
- **CHW Selection Process:** Depending on the tradition in the region, CHWs should be selected by the community, with the help of CBOs and/or FBOs. Both women and men should be chosen, as well as PLWHA. Care should be taken to avoid favoritism or patronage (e.g., getting the job because you are related to or friends with the project manager). While selection criteria should be community driven, selection criteria should include basic level of literacy (enough so they can fill out basic record keeping forms), interest in serving their community, and ability to devote time to CHBC activities.
- **Training and Supervision of Community Health Workers:** CHBC trainings should be limited to 15-20 participants to ensure a good trainer-participant ratio and adequate time for skills practice. Where possible, trainers (or at least one of

the trainers) should be facility-based providers. By involving facility-based providers in the training and supervision of CHWs, referral linkages are strengthened and topics such as PMTCT and ART benefit from providers' specialized knowledge. In cases where there are multiple trainers, it is suggested that the inclusion of a CBO/NGO trainer with skills in community-based services or community mobilization can significantly enrich the training. The core training includes skills in basic nursing, prevention and management of OIs, guidance on when to refer to a health facility, basic counseling, community mobilization and prevention, problem solving, and positive living. Refresher training on other important topics such as support for ART adherence or Family Planning (FP) should also be provided so that CHWs can learn new information and skills that will help them in their work. It is suggested that trainers double as supervisors of CHWs as they are in the best position to reinforce transferred skills and strengthen ties between CHBC and facility-based services. Ongoing supervision and support is needed to help the CHW overcome challenges, to ensure that PLWHA are getting good quality services, and to facilitate learning between trainings.

- **Incentives for CHW:** Besides training and supervision, different incentives can be offered to CHWs. Examples of different incentives include travel stipends to reach clients' homes, IGA training to support CHWs' volunteerism, bicycles to reach far distances, uniforms or badges for identification and community recognition, replenishment of CHBC kit supplies as needed, and recognition of CHWs for their important work. However, the main incentive should be the value of serving their communities to stop the AIDS epidemic, and to help PLWHA live as well and as long as possible.

Introduction to the Curriculum

This curriculum aims to provide CHWs with the knowledge and skills necessary to provide CHBC to PLWHA in their communities. There is a *Trainer's Guide* for the trainers and a *Handbook* for the participants. The *Trainer's Guide* is divided into 13 core units, a practicum, and 5 advanced units that contain additional information that CHWs might find useful after they have covered the core areas.

The *Handbook* contains the content areas covered in each unit. Participants will use their *Handbooks* throughout the training and as reference after the training when they are working in the communities. The *Handbook* can also be used as a visual aid in some instances when transferring skills to the client or caregiver.

Design of the Curriculum

Each unit of the *Trainer's Guide* is divided into 1-3 sessions, depending on the length of the unit. Each session contains training activities and content that the trainer will use throughout the workshop. Activities are found in boxes with a sub-session heading above it, indicating the topic. Activities are numbered consecutively within each session and contain the suggested training methodologies, the time needed, and detailed instructions. Suggestions to the trainer on ways to adapt the activity (especially for participants with limited literacy) and important points to keep in mind are reflected within *Notes to the Trainer.*

Training content for each exercise is included after the activity box. In some cases more than one activity is used to cover the assigned content. The participants have much of the same content in their *Handbooks*.

Pre- and post-tests are to be given to all participants. It should be explained to participants that these serve to evaluate the effectiveness of the training.

Each unit begins with the following information, followed by the activities and content described above:

- **Learning Objectives:** the knowledge and/or skills that will be achieved by the end of the unit.
- **Training Methodology:** a list of the different training methods to be used in the unit.
- **Content:** a list of the sessions and sub-sessions of the unit.
- **Time Needed:** the time required to complete the activities in the unit.
- **Materials Needed:** the things that the trainer will need to carry out the activities, such as flipchart paper, markers, tape, index cards, and sticky notes.

- **Work for Trainer to Do in Advance:** preparations that the trainer should do before conducting training on that unit.

The trainer will also find *Handouts* and *Trainer's Tools* at the end of some units. Training instructions within the activity box include how these should be used. *Trainer's Tools* are usually case studies, answer keys, or information needed for a particular game or activity. *Handouts* are usually items that the participant must fill out such as the pre- and post-test, registration form, or observation checklists.

Using this Curriculum

This curriculum is designed to be used in the training of CHWs. The experience and literacy level of CHWs can vary greatly. The trainer needs to be aware of this and adapt the curriculum as needed. Activities that require writing or reading, for example, could be replaced or adapted with activities that use pictures or speaking. Rather than having the participants read a case study, the trainer could read the case study out loud to the group. Rather than writing words on flipchart, pictures could be used.

The curriculum is designed in such a way that participants build up their knowledge and skills from unit to unit. Gaps can be filled in during follow-up sessions.

This curriculum is also flexible, and different units can be put together for a shorter course, or a training series, depending on the time and funding available, and on the key issues being addressed in a particular setting. Well before the training begins, all materials for all units should be gathered and available in the training venue.

There are three practicums that cover skills in client care as well as community mobilization. The first is a classroom practicum where skills will be practiced before working with real people. The second will take place in the home, working with PLWHA, their caregivers, and their families. The third practicum will be based in the community and involve speaking to groups and mobilizing support.

When supervising participants in the community or in the home, the trainer/supervisors should be discreet and limit corrective feedback to errors that could harm or cause

discomfort to a client. If the supervisor must step in to ensure safety and quality, they should do it with the least amount of negative feedback possible.

Training Philosophy

The nature of this training program is intended to be participatory and based on adult learning principles. As adults, participants come with experiences and ideas that should be built upon during training. Using training techniques that are participatory, practical, and fun will enable people to share their thoughts and ideas freely. Content should be practical and interesting and there should be a focus on learning by doing.

Training Methodology

There are different methodologies used throughout this training. Trainers may be familiar with some while others may be new techniques. Detailed instructions are included in the activity boxes within each unit. Guidelines for using these methodologies are also included at the end of the *Notes to the Trainer*.

Do's and Don'ts for Training

The following "do's and don'ts" should ALWAYS be kept in mind by the trainer during any learning session.

DO's

- **Do** maintain good eye contact.
- **Do** prepare in advance.
- **Do** involve participants.
- **Do** use visual aids.
- **Do** speak clearly.
- **Do** speak loud enough.
- **Do** encourage questions.
- **Do** recap at the end of each session.
- **Do** bridge one topic to the next.
- **Do** encourage participation.

- **Do** write clearly, simply, and boldly.
- **Do** summarize.
- **Do** use logical sequencing of topics.
- **Do** use good time management.
- **Do** K.I.S. (Keep It Simple).
- **Do** give feedback.
- **Do** position visuals so everyone can see them.
- **Do** avoid distracting mannerisms and distractions in the room.
- **Do** be aware of the participants' body language.
- **Do** keep the group focused on the task.
- **Do** provide clear instructions.
- **Do** check to see if your instructions are understood.
- **Do** evaluate as you go.
- **Do** be patient.

DON'Ts

- **Don't** talk to the flipchart.
- **Don't** block the visual aids.
- **Don't** stand in one spot—move around the room.
- **Don't** ignore the participants' comments and feedback (verbal and nonverbal).
- **Don't** read from the curriculum.
- **Don't** shout at the participants.
- **Don't** assume everyone can read at the same level.

More About the CHBC Practicum, Evaluation, and Certification

Selecting Sites for Community Visits: The training evaluation and post-test can be completed before or after the home-based practicum, depending on whether or not participants will meet up again in the classroom after the home-based practicum. If the trainer expects that the home-based practicum will take a long time in order to accommodate sufficient practice for all participants then the post-test and evaluation should be done immediately following the classroom practicum and before the home-based practicum begins.

PLWHA who are willing to have a participant care for them along with a trainer/supervisor should be identified, and informed consent should be obtained well before the practicum. Informed consent involves explaining to the person the purpose of the CHBC training and that part of the training involves practice with real clients. Specifics of how the practicum will work related to the client's care should also be explained and the client's permission to be cared for by a participant should be obtained. Clients should understand that they can refuse to participate in the practicum and that it will not affect the care that they are already receiving. Also, two caregivers for each PLWHA should be identified who meet certain criteria (e.g., willingness to care for the PLWHA, availability to provide the care when it is needed, and the ability to learn skills). When the home-based practicum begins, those caregivers should be present and ready to learn.

Client's Rights During Home- and Community-Based Training: In order to present a consistent philosophy of client rights, the following information should be shared with participants in preparation for their home- and community-based practicum experiences. The rights of the client to privacy and confidentiality should be considered at all times during care in the home and outside the home in the community. When a client is undergoing any care of the body, it should be carried out in an environment in which her/his right to bodily privacy is respected. When receiving counseling or care, the client should be informed about the role of each individual inside the room.

The client's permission must be obtained before having other participants observe any services. The client should understand that s/he has the right to refuse being observed or interviewed at any point during her/his care. Furthermore, a client's care should not be rescheduled or denied if s/he does not permit a participant to be present.

It can be difficult to maintain strict client confidentiality in a training situation when specific cases are used in learning exercises. Such discussions should always take place in a private area, out of hearing of the clients and caregivers, and should be conducted without reference to the client by name.

Source: Sullivan, R., R. Magarick, G. Bergthold, A. Blouse, and N. McIntosh. 1995. Clinical training skills for reproductive health professionals. Baltimore: JHPIEGO Corporation.

Learning Methodologies

Lectures

Every trainer has his/her own style. However, remember to:

- Introduce the topic and objectives of the lecture.
- Make it interesting and lively.
- Speak to the group, not at them.
- Involve the participants and help them apply the knowledge.
- Use audiovisual materials as much as possible.

Lecture promotes passive learning so it should be used less than other more participatory methods.

Discussions: Large and Small Group

There are two types of discussions:

1. Formal (plenary group discussion): The trainer leads and controls the discussion in a structured way.
2. Guided: Participants talk about or discuss informally a topic or ways to solve a problem.
   - Remember that thorough planning is essential for guided discussions. The trainer should be aware of the intended outcomes and ensure that the time used is spent achieving those outcomes.
   - Decide beforehand if participants will discuss in small groups and then present their findings to the larger group. If so, ensure that:
     - They have writing materials to take notes.
     - They have enough time to discuss and enough time to present.
     - Sometimes it may be appropriate to assign roles or ask for volunteers (for instance, who will be the group leader, who will take notes, and who will present).

Discussion does take a lot of time to be effective.

Group Work

Group work is when a group is assigned to a specific task and given the time and resources to accomplish it. This method can save time and also teach group members to make decisions collectively and reinforce teamwork. This method can be used to address several issues at once by assigning different topics to each group. It can also be useful when more than one viewpoint is needed on an issue.

- Clearly define the objectives before the groups begin.
- Orient each group to their assignment and what is expected from them.
- Allow the groups time to summarize their work so it can be evaluated.
- Be aware of group dynamics and be prepared to help groups cope with a very dominating or argumentative member.

Demonstrations and Return Demonstrations

The trainer gives a visual and verbal presentation and explains and shows each step involved in a procedure. This can be used in any situation where a skill has to be developed.

- Write down the steps of the demonstration in correct sequence and materials needed.
- Prepare materials and make sure they are working. Arrange any objects in the order they are needed.
- Ensure participants can see and hear.
- Explain what is to be demonstrated. If making something (for example, oral rehydration solution) show the finished product so participants can visualize the end result.
- Explain each step as it is performed.
- Summarize.
- Ask one or more participants to demonstrate back to you. This is known as "return demonstration."
- After the trainer demonstrates, the participant should practice by following written instructions. The trainer should observe and guide if necessary. This is called supervised practice.

Role Plays (coached, spontaneous, rotating trio)

Role play allows for skills to be developed and practiced, or new attitudes to be learned. Role play allows for supervised skill practice when a real life learning situation is not possible. This is a particularly good method for practicing counseling or teaching skills.

Participants can either volunteer as actors or be chosen. Some role plays use scripts or case studies to guide the acting, while others are unscripted and allow the participants to create a scenario. Often in role plays, the observer(s) uses a checklist to judge how well the participant is performing. One role play should not exceed 15-20 minutes.

To increase the number of participants who can practice through role play, you can use the triad approach. The class divides into groups of three people. One person in the group plays the role of a health worker, the second one plays the role of a client, and the last one is the observer. Conduct 3 role plays, switching roles each turn so that everyone has a chance to practice being the community health worker.

If using role plays, make sure to:

- Clearly define objectives.
- Provide information on the characteristics of the characters.
- Have some questions to be discussed after the role play.
- Encourage observers to give constructive feedback to the actors (see *Constructive Feedback* at the end of this section).

Case Studies

A case study is either a real-life situation or a believable event used by the participants in order to recognize, analyze, and solve problems. Case studies are an excellent way to build on participants' existing knowledge and have them apply knowledge to solve a problem. Case studies should have a clear objective, be based on an actual story or events, and have questions for discussion or problem solving.

- Give relevant information regarding the setting of the story (characters in the story, events that took place, socio-economic factors, etc.).

- Identify the problem to be solved.
- Identify 3 or 4 questions that the participant will discuss about the case.
- Ask the participant to come up with one main solution.

Brainstorming

Brainstorming is an excellent technique when the trainer has limited time and wants the participants to explore many possible answers. Brainstorming can be done in plenary or in small groups.

- Ask an open-ended question.
- Instruct participants to suggest as many answers as they possibly can. The idea is to explore all answers not to limit the participants to "one answer."
- Write the suggestions on a board or paper so that everyone can see what has been suggested so far.
- Review answers at the end of the session, and identify with the group which answers are the most appropriate.
- Remember there are no wrong answers in brainstorming, the main objective is to get the participants thinking openly about an issue.
- Correct any misinformation at the end of the session by asking participants why a particular answer may not be the best.

Question and Answer

This method allows the trainer or trainees to ask and answer questions. It allows the trainer to evaluate the participants' knowledge on a subject and also can be a good way to review material that the participants already know. There are two types of questions: memory questions where the participant must recall information, and thought questions where the participant must apply knowledge they have learned to a particular situation. Questions should emphasize reasoning and not just learning of facts, be clearly worded, and contain one idea. The trainer should:

- Address the whole class but ask only one participant the question.
- Allow sufficient time for an answer.

- If a question needs to be repeated, find another way of stating it so that it is clearer.
- Give credit for the right answer.
- Encourage participants to ask questions.
- Give the participants the right to disagree through sound reasoning.

Games

There are various games that the trainer can use to teach knowledge. It is not possible to generalize instructions for a game since all games are different. Trainers can take a game that is well known and use it as a basis for learning. Games introduce competition and can provide a break from the standard training exercises. Some games require the trainees to move around the room thereby energizing the participants.

Constructive Feedback

Methodologies such as role plays and demonstration/return demonstration require feedback on how well the participant(s) performed. Feedback should always be constructive and focus on what was done well and areas for improvement. Feedback should not be personalized but rather concentrate on the participant's performance. Make sure to always start with what was done well before giving suggestions for improvement. For example if during a counseling role play, a participant's body language was not welcoming, one should say, "You asked the client the right questions, however, next time it would be better if you made eye contact and did not write down information while the client was talking."

Evaluation Methods

Evaluation methods include:

- Pre- and post-tests
- Observation and assessment during classroom, home-based, and community practicums
- Use of skills checklists
- Participant feedback
- Participant course evaluation

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NOTES

Unit 1

Introduction to the Training

Learning Objectives

By the end of this unit, the participants will be able to:

- State the training goals and objectives.
- Compare course objectives with their own expectations.
- List group norms/ground rules for the training.

Training Methodology

- Trainer presentation
- Small group work
- Group discussion
- Brainstorming

Content

1.1 Getting Started

- Getting to know one another

1.2 Training Overview

- Expectations
- Agenda and logistics
- Training norms
- *Where Are We?* and *Reflections*
- Skills needed for Community Health Workers (CHWs) to do their jobs

Time Needed: 3 hours, 25 minutes

Materials Needed

- *Handout 1.1: Registration Form*
- *Handout 1.2: Training Agenda*
- *Handout 1.3: Where Are We? and Reflections*
- *Handout 1.4: Pre-Test*
- Flipchart
- Markers
- Pens/pencils
- Tape
- Nametags or small pieces of paper and tape
- Sweets (for alternative introductory exercise)
- *Trainer's Tool 1.1: Pictures for Introduction Activity*
- *Trainer's Tool 1.2: Pre- and Post-Test Answer Key*
- Basket, bowl, or cap

Work for the Trainer to Do in Advance

- Make sure all equipment and supplies are available and in working order.
- Photocopy *Handouts 1.1–1.4.*
- Prepare a flipchart with workshop agenda, the training goal, and objectives.
- Prepare trainer's nametag.
- Prepare training space (e.g., circular seating arrangement and flipcharts).
- Photocopy *Trainer's Tool 1.1: Pictures for Introduction Activity* and cut each picture in half.

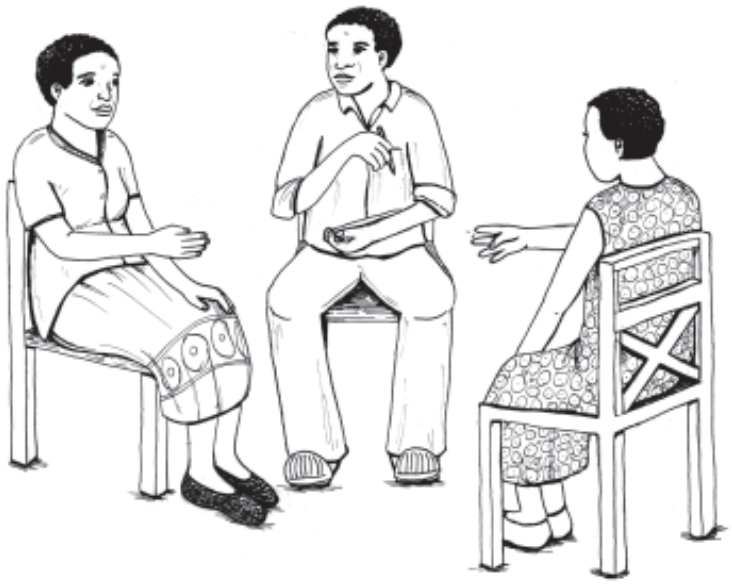
Session 1.1: Getting Started

Getting To Know One Another

Activity 1: Registration (15 min.)

The trainer should:

- Ask participants to sit in a circle.
- Introduce him/herself.
- Welcome participants to the training.
- Distribute *Handout 1.1: Registration Form* and pencils.
- Ask participants to fill out the form. Review what type of training is being conducted and help participants fill out the other sections if needed.
- Collect the registration forms once participants are done.
- Ask participants to fill out their nametags.



Activity 2: Introduction (40 min.)

The trainer should:

- Use the introduction exercise below or one of the alternative exercises to introduce participants.
- In advance, photocopy *Trainer's Tool 1.1: Pictures for Introduction Activity*. Cut each picture in half and fold it. Put all the folded papers in a cap or basket and mix them up.
- Ask each participant to select a folded paper from the basket or cap.
- Ask participants to move around the room and find the other half of their picture. Participants should then introduce themselves to their partner (where they are from or where they work) and briefly discuss what they think is the meaning of their picture. They should discuss how the picture shows stigma.
- Gather the larger group and ask participants to introduce their partner and briefly explain their picture. Participants should say what is happening in the picture (*e.g., the woman is sitting alone crying*) and what they think might be happening (*e.g., maybe she just learned that she is HIV+ and people are rejecting her*).
- Note points raised on flipchart.
- Summarize the main points, stressing the need to be aware of stigma in our work and the need to confront it in our communities.
  - Stigma can be in the form of isolation, insults, blaming, judging, self-blame, stigma by association (where the whole family is stigmatized), and stigma by looks or appearance.
  - Effects of stigma include feeling isolated, condemned, rejected, or useless, as well as being kicked out of the house, losing a job, getting kicked out from school, depression, and suicide.

ACTIVITY 2: CONTINUED

Alternative Exercises

Things in Common

- Ask participants to stand up and move around the room.
- When you shout stop, participants should grab 2 people beside them to form a group of 3.
- Give each group 5 minutes to introduce themselves and come up with as many things as they can that they have in common. Participants should not state the obvious (like we are all in this training) but should come up with interesting things (like we are all first born children).
- Ask each group to introduce its members and state what they have in common. The group with the most answers wins.

Sweet Tooth

- Pass a bowl or basket of sweets around. Ask participants to help themselves to a few pieces.
- Ask participants to say their name and tell the group one interesting thing about themselves for each sweet they took. Those who took more sweets need to tell more about themselves.

Source: Introduction exercise adapted from Kidd, R and Clay, S. 2003. *Understanding and Challenging HIV Stigma: Toolkit for Action*. Washington DC: Academy for Educational Development.

Session 1.2: Training Overview

Expectations

Activity 1: Small Group Work (20 min.)

The trainer should:

- Ask participants to pair off in twos.
- Ask each group of 2 to find another group of 2 people to work with for the next exercise.
- Ask one member of each group to act as storyteller who will report back to the big group. The storyteller should ask other group members about their expectations for the training. The storyteller can ask questions such as:
  - What do you hope to learn at the training?
  - What are you missing at home or at work while you are at the training?
  - How do you think this training will help you?
- After 15 minutes, ask each group's storyteller to report back to the larger group.
- Write participants' answers on flipchart (optional).
- Using the prepared flipchart, review the course goal and objectives.
- Compare the expectations to the objectives to determine which expectations can be met during the course and which ones cannot. If there are unexpected topics mentioned in the participants' expectations, discuss with participants a time or means to include that topic in the course or clarify that the topic does not fall within the scope of the training.
- At the end of each day, review the expectations and mark off which expectations have been met thus far in the training.

The goal of this course is to add skilled Community Health Workers (CHWs) to the forces that are fighting the HIV/AIDS epidemic. These CHWs will complement facility-

based HIV/AIDS services by: providing and training caregivers to provide care and support to People Living With HIV/AIDS (PLWHA), reducing stigma, and mobilizing the community to prevent future HIV infections.

By the end of this training, participants should be able to:

- Demonstrate a caring and supportive attitude toward PLWHA and their families.
- Mobilize the community in the prevention of HIV and support for PLWHA and their families.
- Help reduce stigma against PLWHA within families and the community.
- Explain the key facts about HIV and AIDS.
- Communicate effectively with clients, caregivers, and the community.
- Promote good nutrition and positive living for PLWHA.
- Demonstrate key nursing skills involved in CHBC.
- Manage common Opportunistic Infections (OIs).
- Distribute condoms and teach people how to use them.
- Transfer knowledge and skills to CHBC clients and their caregivers.
- Keep good records on CHBC clients and care they received.

Advanced Units

Note to Trainer: Please include the appropriate objectives below depending on which units are included in the training.

- Help develop food and social support activities for PLWHA and their families.
- Distribute nonclinical Family Planning (FP) methods.
- Help prevent Mother-to-Child Transmission (MTCT).
- Support clients who are on Anti-Retroviral Therapy (ART).
- Tailor prevention and care activities to groups that require special attention (e.g., Sex Workers (SWs)).

Agenda and Logistics

Activity 2: Trainer Presentation (30 min.)

The trainer should:

- Review course logistics with the participants, including lodging, meals, transportation, per diem, and any other necessary information.
- Ask if there are any questions before proceeding.
- Distribute *Handout 1.2: Training Agenda.*
- Review the agenda with the participants.
- Ask if anyone has any questions.

Training Norms

Activity 3: Brainstorming (10 min.)

The trainer should:

- Explain that the next exercise is to establish training norms with the group.
- Ask participants how they can help one another learn during the training.
- Record answers on flipchart and give additional suggestions if needed using content below.
- Post flipchart on the wall for participants to refer to during the training.

Do:

- Listen.
- Ask questions.
- Share personal examples.
- Ask for help.
- Think about how the training applies to your work.
- Participate in discussions.
- Voice your opinion.
- Respect everyone's opinions.

Don't:

- Be late.
- Try to memorize everything.
- Sleep during the training.
- Rule the discussion—everyone should have a chance to speak.
- Talk while someone else is talking.
- Disrespect different opinions.
- Receive calls on your cell phone.

Where Are We? and *Reflections*

Activity 4: Trainer Presentation (20 min.)

The trainer should:

- Distribute *Handout 1.3: Where Are We? and Reflections.*
- Using the handout and content below, explain to participants the daily *Where Are We?* and *Reflections* exercises.
- Emphasize that the purpose of *Where Are We?* is an opportunity for participants to discuss any new thoughts or issues that came up since the previous day's training. *Reflections* is meant to assess how the day's training went, and honest feedback is needed to improve the training and ensure that all points were adequately covered.
- Explain that the trainers will make a note of the participants' feedback and attempt to address ideas and concerns during the discussion and during the following days' lesson plans.
- Form housekeeping teams by dividing participants into groups of 3.
- Using the content below, explain that each day one of the housekeeping teams will be responsible for certain activities related to the training.
- Assign one housekeeping team to each day of the training. **Note to Trainer:** One housekeeping team may be assigned to more than one day of training if there are not enough teams.

Note to Trainer: Make sure that each day begins with *Where Are We?* and each day concludes with *Reflections*. Resolve any problems that were identified during the *Where Are We?* session (where possible) before continuing with the day's schedule since unresolved problems may hinder the learning process.

Where Are We?

Starting each day with *Where Are We?* is an opportunity to discuss any thoughts or questions that came up from the previous day's training. Each day, one person in the housekeeping team should be the storyteller. The storyteller should talk with participants beforehand and note anything that was unclear or hard to understand, as well as any new thoughts from yesterday's training. Then s/he should quickly present these points and ask others for any other points.

Reflections

After a full day of activities, we need to take time to look over what we have done and examine what it means to us individually. The *Reflections* activity is an opportunity for the trainers and participants to share feedback on the training activities and to identify areas that were good and areas that need to be improved or need further discussion. Therefore, each day, selected participants (housekeeping team) will get feedback from the others during breaks or lunch and then at the end of the day, will discuss their findings with the larger group.

For the first session of *Reflections*, the housekeeping team should ask other participants the following questions and share responses with the trainers:

- What did you like about today and why?
- What did you not like about today and why?
- What did you learn and experience today that you will be able to use?

Housekeeping Teams

Each day, a group of participants will serve as the housekeeping team. The housekeeping teams will be responsible for certain activities related to the training:

- Conducting both the *Where Are We?* and *Reflections* exercises for the day.
- Getting participants to return on time after breaks.
- Conducting energizing exercises after breaks or lunch.

Other responsibilities may be included, such as providing feedback to the trainers at the end of the day. The housekeeping team should be free to vary the *Where Are We?* and *Reflections* exercises to make it more interesting and less repetitive.

Skills Needed for Community Health Workers to Do Their Jobs

Activity 5: Group Discussion (20 min.)

The trainer should:

- Acknowledge that all of the participants have a lot of valuable experience and are already contributing in their communities.
- Explain that the CHBC training will build upon these skills and help the CHWs to contribute even more to the health of their communities.
- Lead a discussion on what skills the CHWs already have and what other skills they feel they need.
- The second trainer or a volunteer should record the key points of the discussion.
- Use the content below to supplement participants' answers.
- Revisit the list of skills during the training evaluation to ensure that the CHWs' skill needs were met.

For CHWs to provide CHBC and train primary caregivers in CHBC, they need the following skills:

- Communication and interpersonal interaction.
- Giving information on HIV prevention.
- Nursing.
- Taking a temperature.
- Making and giving Oral Rehydration Solution (ORS).
- Providing basic physical therapy.
- Giving a bed bath.

- Basic hygiene and personal care.
- Treating simple Opportunistic Infections (OIs).
- Giving information on nutrition.
- Listening.
- Giving emotional support.
- Providing of nonclinical Family Planning (FP) methods.
- Mobilizing the community (e.g., mobilization for prevention, mobilization to create a support group for PLWHA, mobilization to support Orphans and Vulnerable Children (OVC) in the community).
- Making referrals and doing follow-up.
- Transferring knowledge and skills to others.
- Keeping records and reporting data.

Pre-Test

Activity 6: Pre-Test (45 min.)

The trainer should:

- Distribute *Handout 1.4: Pre-Test.* Explain to participants how to fill out the pre-test.
- Allow participants 40 minutes to complete.
- Collect the pre-test.
- Using *Trainer Tool 1.2: Pre- and Post-Test Answer Key,* correct the tests at a later point and note areas that need extra attention during the training.

Note to Trainer: If the participants are not literate or have very low literacy, questions in the pre-test can be asked orally and answers noted down. Though this is not as precise as a written pre-test, it will allow the trainer to judge areas that need extra attention in the training.

Unit Summary and Evaluation

Activity 7: Trainer Presentation (5 min.)

The trainer should:

- Summarize the unit.
- Ask if there are any questions before moving on to the next unit.

Handout 1.1: Registration Form

Name:		**Date:**	
Address:		**Sex:**	M_____ F _____

Organization Name: (NGO, CBO, FBO, government)	
Organization Address: (NGO, CBO, FBO, government)	

Type of Training: *(mark one)*	**Basic CHBC**	**Advanced CHBC**	**Refresher Training**	**Other: _____**

Education Level: *(mark all that apply)*	**Primary School**	**Secondary School**	**College/ University**	**Other: _____**

Health Training Already Received: *(mark all that apply)*	**VCT/ Counseling**	**HBC/CHBC**	**PMTCT**	**Other: _____**
	Nursing	**Family Planning**	**Midwife/ TBA**	**Other: _____**

HANDOUT 1.2: TRAINING AGENDA

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6
Where Are We? (15 min.)	**Where Are We?** (15 min.)	**Where Are We?** (15 min.)	**Where Are We?** (15 min.)	**Where Are We?** (15 min.)	**Where Are We?** (15 min.)
Unit 1: Introduction to the Training ***Session 1.1: Getting Started*** (55 min.) ***Session 1.2: Training Overview*** (2 hr., 30 min.)	***Session 2.1, continued***	***Session 3.1, continued***	***Session 4.2, continued***	***Session 5.2: Communication Skills*** (3 hr., 25 min.)	***Session 6.1, continued***
Break (15 min.)	**Break** (15 min.)	**Break** (15 min.)	**Break** (15 min.)	**Break** (15 min.)	**Break** (15 min.)
Session 1.2, continued	***Session 2.1, continued***	***Session 3.2: The CHW's Role in CHBC*** (1 hr., 35 min.) Unit 4: Our Bodies & Safer Sex ***Session 4.1: Basic Anatomy*** (2 hr., 15 min.)	***Session 4.2, continued***	***Session 5.2, continued***	***Session 6.1, continued***
Lunch (1 hour)	**Lunch** (1 hour)	**Lunch** (1 hour)	**Lunch** (1 hour)	**Lunch** (1 hour)	**Lunch** (1 hour)
Unit 2: Facts About HIV/AIDS & PLWHA ***Session 2.1: HIV/AIDS Basics*** (5 hours)	***Session 2.1, continued*** ***Session 2.2: HIV Prevention*** (1 hr., 10 min.)	***Session 4.1, continued*** ***Session 4.2: Safer Sex*** (6 hr., 45 min.)	***Session 4.2, continued***	***Session 5.2, continued***	***Session 6.1, continued*** ***Session 6.2: CHW's Role in Community Mobilization*** (3 hours)
Break (15 min.)	**Break** (15 min.)	**Break** (15 min.)	**Break** (15 min.)	**Break** (15 min.)	**Break** (15 min.)
Session 2.1, continued	Unit 3: CHBC: The Basics ***Session 3.1: CHBC Basics*** (3 hr., 5 min.)	***Session 4.2, continued***	Unit 5: Talking with Others: Communication Skills ***Session 5.1: Communication Basics*** (1 hr., 5 min.)	***Session 5.2, continued*** Unit 6: The CHW's Role in Community Mobilization & HIV Prevention ***Session 6.1: CHW's Role in Prevention*** (4 hr., 30 min.)	***Session 6.2, continued***
Reflections (15 min.)	**Reflections** (15 min.)	**Reflections** (15 min.)	**Reflections** (15 min.)	**Reflections** (15 min.)	**Reflections** (15 min.)

HANDOUT 1.2: CONTINUED

DAY 7	DAY 8	DAY 9	DAY 10	DAY 11	DAY 12
Where Are We? (15 min.)	**Where Are We?** (15 min.)	**Where Are We?** (15 min.)	**Where Are We?** (15 min.)	**Where Are We?** (15 min.)	**Where Are We?** (15 min.)
Session 6.2, continued **Unit 7: Positive Living & Emotional Wellbeing** ***Session 7.1: Healthy Minds*** (3 hr., 25 min.)	***Session 8.1, continued*** ***Session 8.2: Special Food Considerations for PLWHA*** (1 hr., 55 min.)	***Session 9.5, continued*** ***Session 9.6: Care in the Final Stages of Life*** (1 hr., 35 min.)	**Unit 10: Managing & Treating AIDS-Related Conditions** ***Session 10.1: Common Infections & AIDS-Related Conditions*** (5 hr., 5 min.)	***Session 10.2, continued*** ***Session 10.3: Medicines*** (1 hr., 30 min.)	***Session 11.2, continued***
Break (15 min.)	**Break** (15 min.)	**Break** (15 min.)	**Break** (15 min.)	**Break** (15 min.)	**Break** (15 min.)
Session 7.1, continued	***Session 8.2, continued*** **Unit 9: Basic Nursing Care** ***Session 9.1: The CHBC Kit*** (30 min.) ***Session 9.2: Infection Prevention*** (1 hr., 10 min.)	***Session 9.6, continued*** ***Session 9.7: Nursing Skills Practice*** (3 hours)	***Session 10.1, continued***	***Session 10.3, continued*** **Unit 11: Teaching Others & Transferring Skills** ***Session 11.1: Assessing Needs of Clients & Caregivers*** (1 hr., 45 min.)	***Session 11.3: Evaluating Skill Transfer*** (1 hr., 5 min.) **Unit 12: Taking Care of Yourself** ***Session 12.1: Taking Care of Yourself*** (4 hours)
Lunch (1 hour)	**Lunch** (1 hour)	**Lunch** (1 hour)	**Lunch** (1 hour)	**Lunch** (1 hour)	**Lunch** (1 hour)
Session 7.1, continued ***Session 7.2: Healthy Bodies*** (1 hr., 20 min.)	***Session 9.2, continued*** ***Session 9.3: Basic Personal Hygiene*** (1 hr., 30 min.)	***Session 9.7, continued***	***Session 10.1, continued***	***Session 11.1, continued*** ***Session 11.2: Transferring Skills to Caregivers & Clients*** (3 hours)	***Session 12.1, continued***
Break (15 min.)	**Break** (15 min.)	**Break** (15 min.)	**Break** (15 min.)	**Break** (15 min.)	**Break** (15 min.)
Session 7.2, continued **Unit 8: Nutrition** ***Session 8.1: The Role of Good Nutrition in Positive Living*** (1 hr., 45 min.)	***Session 9.3, continued*** ***Session 9.4: Preventing Pressure Sores*** (20 min.) ***Session 9.5: Physical Therapy for the Client*** (55 min.)	***Session 9.7, continued***	***Session 10.2: Practical Skills in Treating & Referring Clients*** (1 hr., 35 min.)	***Session 11.2, continued***	***Session 12.1, continued***
Reflections (15 min.)	**Reflections** (15 min.)	**Reflections** (15 min.)	**Reflections** (15 min.)	**Reflections** (15 min.)	**Reflections** (15 min.)

HANDOUT 1.2: CONTINUED

DAY 13	DAY 14	DAY 15	DAY 16	DAY 17	DAY 18
Where Are We? (15 min.)	**Where Are We?** (15 min.)	***Session 14.3: Home-based Practicum*** (2 days)	***Session 14.3, continued***	***Session 14.4: Community-based Practicum*** (2 days)	***Session 14.4, continued***
Session 12.1, continued Unit 13: Record Keeping ***Session 13.1: Record Keeping*** (2 hr., 45 min.)	***Session 14.1, continued***				
Break (15 min.)	**Break** (15 min.)				
Session 13.1, continued Unit 14: CHBC Practicum* ***Session 14.1: Classroom Practicum*** (6 hr., 45 min.)	***Session 14.1, continued***				
Lunch (1 hour)	**Lunch** (1 hour)				
Session 14.1, continued	***Session 14.1, continued***				
Break (15 min.)	**Break** (15 min.)				
Session 14.1, continued	***Session 14.2: Training Evaluation*** (1 hr., 30 min.)				
Reflections (15 min.)	**Reflections** (15 min.)				

* **Note:** If Advanced Units 15, 16, 17, 18, or 19 are being taught, the agenda should be adjusted accordingly. These units should be covered before Unit 14 begins.

HANDOUT 1.2: CONTINUED

DAY 19	DAY 20	DAY 21	DAY 22	DAY 23	DAY 24
Where Are We? (15 min.)	**Where Are We?** (15 min.)	**Where Are We?** (15 min.)	**Where Are We?** (15 min.)	**Where Are We?** (15 min.)	**Where Are We?** (15 min.)
Unit 15: Expanded Role of the CHW ***Session 15.1: CHBC-related Problems & Finding Solutions*** (5 hr., 15 min.)	***Session 15.2, continued***	***Session 16.3, continued***	***Session 17.1, continued***	***Session 18.1, continued***	Unit 19: CHBC for Groups Needing Special Attention ***Session 19.1: Importance of Helping Everyone in the Community*** (50 min.)
Break (15 min.)	**Break** (15 min.)	**Break** (15 min.)	**Break** (15 min.)	**Break** (15 min.)	**Break** (15 min.)
Session 15.1, continued	Unit 16: Introduction to Family Planning (FP) ***Session 16.1: Conception, Contraception, & Childbearing Choices*** (1 hr., 15 min.)	***Session 16.3, continued***	***Session 17.1, continued***	***Session 18.2: The CHW's Role in ART Support*** (4 hours)	***Session 19.2: Groups Needing Special Attention*** (5 hr., 25 min.)
Lunch (1 hour)	**Lunch** (1 hour)	**Lunch** (1 hour)	**Lunch** (1 hour)	**Lunch** (1 hour)	**Lunch** (1 hour)
Session 15.1, continued	***Session 16.2: Types & Effectiveness of FP Methods*** (1 hr., 40 min.) ***Session 16.3: Helping Clients Use the Methods Effectively*** (3 hr., 50 min.)	Unit 17: Preventing Mother-to-Child Transmission of HIV ***Session 17.1: PMTCT of HIV Throughout the Maternity Cycle*** (6 hr., 20 min.)	***Session 17.2: Mobilizing the Community Around PMTCT+*** (1 hr., 20 min.)	***Session 18.2, continued***	***Session 19.2, continued***
Break (15 min.)	**Break** (15 min.)	**Break** (15 min.)	**Break** (15 min.)	**Break** (15 min.)	**Break** (15 min.)
Session 15.1, continued ***Session 15.2: Mobilizing Community Support for PLWHA and their Families*** (2 hr., 15 min.)	***Session 16.3, continued***	***Session 17.1, continued***	Unit 18: Antiretroviral Therapy (ART) ***Session 18.1: Care & Treatment Basics*** (1 hr., 50 min.)	***Session 18.2, continued***	***Session 19.2, continued***
Reflections (15 min.)	**Reflections** (15 min.)	**Reflections** (15 min.)	**Reflections** (15 min.)	**Reflections** (15 min.)	**Closing Ceremony** (30 min.)

HANDOUT 1.3: *WHERE ARE WE?* AND *REFLECTIONS*

Housekeeping Teams

Each day, a group of participants will serve as the housekeeping team. The housekeeping teams will be responsible for:

- The *Where Are We?* and *Reflections* exercises for the day.
- Getting participants to return on time after breaks.
- Doing energizing exercises after breaks or lunch.

They may also give feedback from participants to the trainers at the end of the day about anything that should be addressed right away. The team should be free to change the *Where Are We?* and *Reflections* exercises to make them more interesting.

Where Are We?

We will start each day with *Where Are We?* so that participants have a chance to discuss any thoughts or questions that came up from yesterday's training. Each day, one person in the housekeeping team should be the storyteller. The storyteller should talk with people and note anything that was unclear or hard to understand. They should also ask if anyone has new thoughts on things that were covered in yesterday's training. Then s/he should quickly present these points and ask for any other points.

Reflections

Reflections is a time for the trainers and participants to share feedback on the day's activities. Each day, people from the housekeeping teams will talk with others during breaks or lunch to find out:

- What did you like about today and why?
- What did you not like about today and why?
- What did you learn and experience today that you will be able to use?

At the end of the day, the storyteller will discuss the findings with the larger group.

HANDOUT 1.4: PRE-TEST

1. What is the difference between HIV and AIDS? *(Write the answer below.)*

2. Name 2 things that people can do with People Living With HIV/AIDS (PLWHA) that will not spread HIV. *(Write the answer below.)*

For multiple choice questions below, circle the correct answer. Some questions have more than one correct answer.

3. What are 3 ways that HIV can be spread?

   a) Mosquito bites
   b) Unprotected sex
   c) A mother to her baby
   d) Using the same toilet as someone with HIV
   e) Sharing needles with someone

4. Three major signs of AIDS in adults and children are:

   a) Weight loss, wasting, or slim's disease.
   b) Yeast infections in the body.
   c) Bad diarrhea for more than one month.
   d) Trouble seeing.
   e) Fever for more than one month.

HANDOUT 1.4: CONTINUED

5. Voluntary Counseling and Testing (VCT) includes:

   a) Going to get an HIV test because you want to and not because anyone forces you.
   b) Getting counseling before the HIV test.
   c) Having your test results shared with your partner or family.
   d) Getting counseling after the HIV test.
   e) Getting medicines to treat HIV.

6. What are 3 ways to prevent the spread of HIV from mother to child?

   a) Giving ARVs to the mother during labor and the baby shortly after the birth.
   b) Preventing malaria and STIs during pregnancy.
   c) Mixed feeding (giving the baby breast milk and other foods or liquids).
   d) Exclusive breastfeeding or exclusive formula feeding.
   e) Giving the mother antibiotics during labor.

7. What are 3 common Sexually Transmitted Infections (STIs)?

   a) Gonorrhea
   b) Yeast infections
   c) HIV
   d) Herpes
   e) Malaria

8. Which statement about condoms is FALSE?

   a) Condoms can be used for sex in the vagina, anus, and mouth.
   b) Condoms are not good for preventing unplanned pregnancy (family planning).
   c) Condoms can be used as protection from HIV and other Sexually Transmitted Infections (STIs).

HANDOUT 1.4: CONTINUED

9. What are 3 important tasks of the CHW in Community Home-Based Care (CHBC)?

   a) Prevention
   b) Nursing care
   c) Helping the client with housework
   d) Skills transfer to caregivers
   e) Buying food for PLWHA

10. What are 3 ways that CHWs can work in the community to prevent the spread of HIV/AIDS?

    a) Talking to people about prevention and encourage them to go for VCT.
    b) Telling people to wear gloves before touching someone with HIV.
    c) Getting community leaders and groups to join in the prevention and support actions.
    d) Identifying and referring pregnant women for Prevention of Mother To Child Transmission (PMTCT) services.

11. Name 2 common nutrition and eating problems of People Living With HIV/AIDS (PLWHA). *(Write the answer below.)*

12. Which is the correct way to make Oral Rehydration Solution (ORS)?

    a) 8 teaspoons of sugar, $^1/_2$ teaspoon of salt, and boiled water.
    b) 12 teaspoons of sugar, 18 teaspoons of salt, and water.
    c) 8 teaspoons of salt, 12 teaspoons of cereal, and boiled water.

HANDOUT 1.4: CONTINUED

13. What are 2 common AIDS-related infections or conditions?

a) TB
b) Too much energy and trouble falling asleep
c) Diarrhea
d) Weight gain

14. What are 2 ways that malaria can be prevented?

a) Using bed nets treated with insecticide.
b) Getting rid of standing water (like puddles) around the house, compound, and community.
c) Using cold water to cool the body.
d) Taking bitter medicines.

15. What are 3 reasons to keep records in CHBC programs?

a) You know what you have done over the past month.
b) You keep busy.
c) You are able to plan what materials and time is needed in the next month or year.
d) You can compare the goals you had for the month with what actually happened so you can improve next month.
e) You can help with research on HIV.

Read the following statements. Check whether the statement is true or false.

16. All people with HIV should take Anti-Retroviral drugs (ARVs).

❑ True
❑ False

Handout 1.4: Continued

17. All babies born to HIV+ mothers get HIV.

- ❑ True
- ❑ False

18. All pregnant women should be offered Voluntary Counseling and Testing (VCT).

- ❑ True
- ❑ False

19. HIV+ women have the right to have children.

- ❑ True
- ❑ False

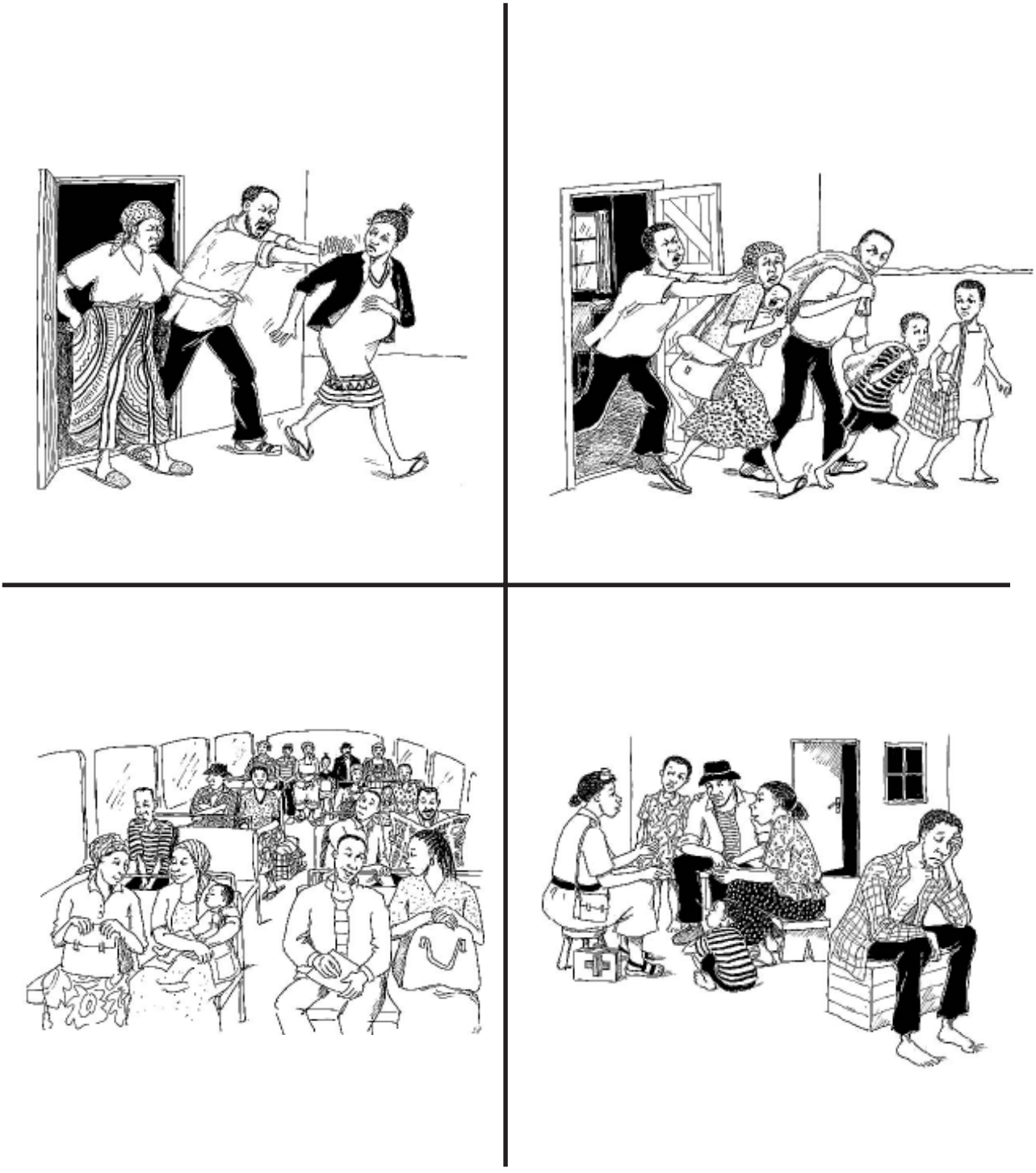
20. When a HIV+ person has unprotected sex with someone, that person will always get infected.

- ❑ True
- ❑ False

Trainer's Tool 1.1: Pictures for Introduction Activity

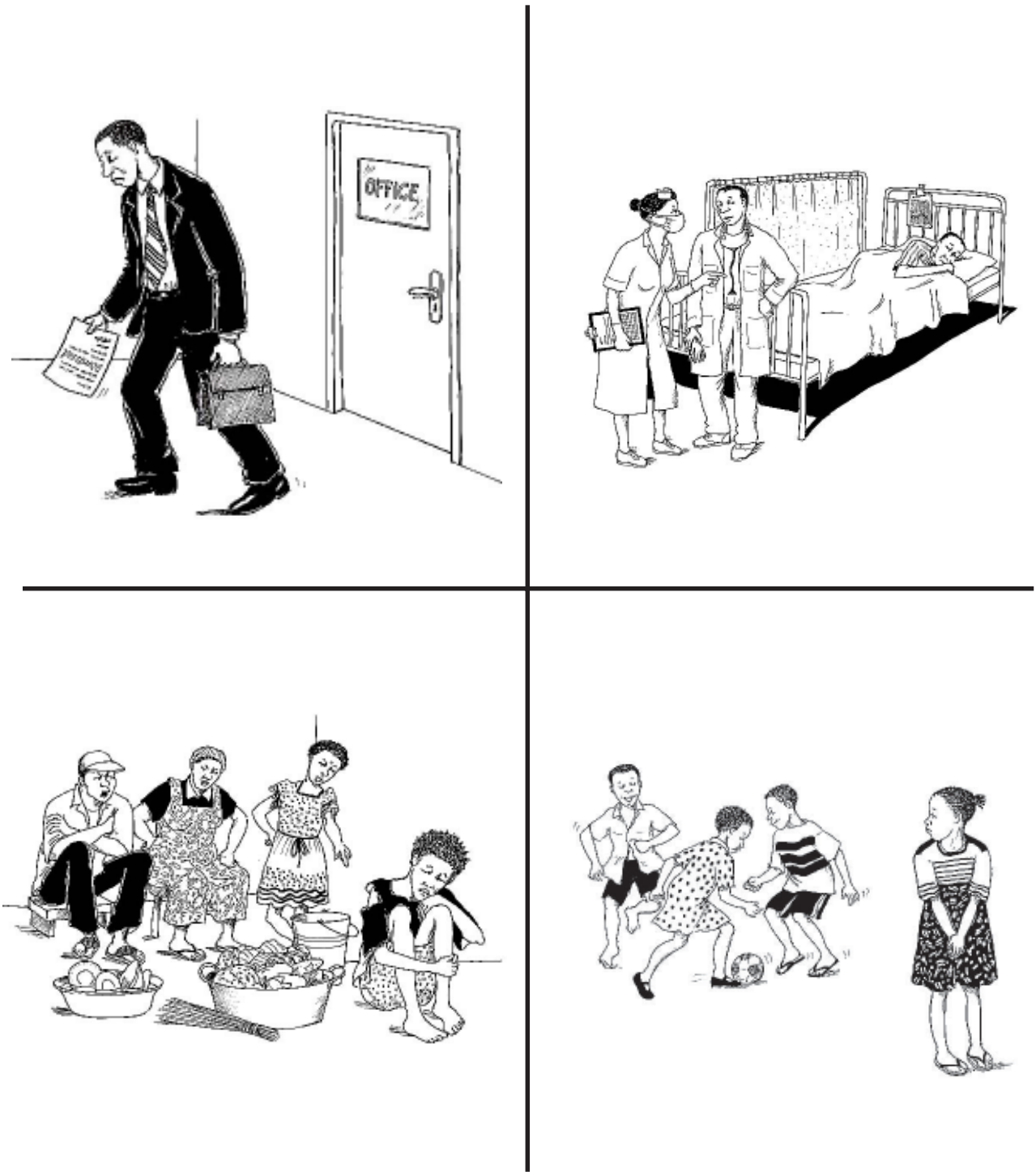
Source: Adapted from Kidd, R and Clay, S. 2003. *Understanding and Challenging HIV Stigma: Toolkit for Action*.

Trainer's Tool 1.1: Continued



Source: Adapted from Kidd, R and Clay, S. 2003. *Understanding and Challenging HIV Stigma: Toolkit for Action.*

Trainer's Tool 1.1: Continued



Source: Adapted from Kidd, R and Clay, S. 2003. *Understanding and Challenging HIV Stigma: Toolkit for Action*.

Trainer's Tool 1.1: Continued

Source: Adapted from Kidd, R and Clay, S. 2003. *Understanding and Challenging HIV Stigma: Toolkit for Action.*

TRAINER'S TOOL 1.2: PRE- AND POST-TEST ANSWER KEY

Instructions: Use the key below to correct the pre- and post-test. Give 1 point for each correct answer. Give 0 points if there are no correct answers. Some questions are worth multiple points. For example on a question worth 3 points, if a participant circles 2 correct answers and 1 incorrect answer, his/her score would be 2 points.

1. What is the difference between HIV and AIDS?

Answer:

- HIV is the virus that causes AIDS. A person with HIV can spread the virus but is not necessarily sick. AIDS is when a person starts getting sick with a lot of infections because her/his immune system is too weak to fight the infections off.

(1 point)

2. Name 2 things that people can do with PLWHA that will not spread HIV?

Answer (any 2):

- Hugging
- Shaking or holding hands
- Kissing, unless there are sores in the mouth
- Sharing a latrine or toilet
- Sharing food, drinks, or cooking tools
- Dancing or swimming
- Breathing
- Living together

(2 points)

Trainer's Tool 1.2: Continued

3. What are 3 ways that HIV can be spread?

Answer:

b) Unprotected sex

c) A mother to her baby

e) Sharing needles with someone

(3 points)

4. Three major signs of AIDS in adults and children are:

Answer:

a) Weight loss, wasting, or slim's disease.

c) Bad diarrhea for more than one month.

e) Fever for more than one month.

(3 points)

5. Voluntary Counseling and Testing (VCT) includes?

Answer:

a) Going to get an HIV test because you want to and not because anyone forces you.

b) Getting counseling before the HIV test.

d) Getting counseling after the HIV test.

(3 points)

Trainer's Tool 1.2: Continued

6. What are 3 ways to prevent the spread of HIV from mother to child?

Answer:

a) Giving ARVs to the mother during labor and the baby shortly after the birth

b) Preventing malaria and STIs during pregnancy

d) Exclusive breastfeeding or exclusive formula feeding

(3 points)

7. What are 3 common Sexually Transmitted Infections (STIs)?

Answer:

a) Gonorrhea

c) HIV

d) Herpes

(3 points)

8. Which statement about condoms is FALSE?

Answer:

b) Condoms are not good for preventing unplanned pregnancy (family planning).

(1 point)

9. What are 3 important tasks of the CHW in Community Home-Based Care (CHBC)?

Answer:

a) Prevention

b) Nursing care

Trainer's Tool 1.2: Continued

d) Skills transfer to caregivers

(3 points)

10. What are 3 ways that CHWs can work in the community to prevent the spread of HIV/AIDS?

Answer:

a) Talking to people about prevention and encourage them to go for VCT

c) Getting community leaders and groups to join in the prevention and support actions

d) Identifying and referring pregnant women for Prevention of Mother To Child Transmission (PMTCT) services

(3 points)

11. Name 2 common nutrition and eating problems for People Living With AIDS (PLWHA)?

Answer—Any of the following:

- Severe weight loss
- Anemia
- Diarrhea
- Nausea
- Sore mouth
- Dry mouth
- Taste change

(2 points)

TRAINER'S TOOL 1.2: CONTINUED

12. Which is the correct way to make Oral Rehydration Solution (ORS)?

Answer:

a) 8 teaspoons of sugar, 1/2 teaspoon of salt, and boiled water

(1 point)

13. What are 2 common AIDS-related infections or conditions?

Answer:

a) TB

c) Diarrhea

(2 points)

14. What are 2 ways that malaria can be prevented?

Answer:

a) Using bednets treated with insecticide

b) Getting rid of standing water (like puddles) around the house, compound, and community

(2 points)

15. What are 3 reasons to keep records in CHBC programs?

Answer:

a) You know what you have done over the past month

c) You are able to plan what materials and time is needed in the next month or year

d) You can compare the goals you had for the month with what actually happened so you can improve next month

(3 points)

Trainer's Tool 1.2: Continued

16. All people with HIV should take Anti-Retroviral drugs (ARVs)?

Answer: False

(1 point)

17. All babies born to HIV+ mothers get HIV?

Answer: False

(1 point)

18. All pregnant women should be offered Voluntary Counseling and Testing (VCT)?

Answer: True

(1 point)

19. HIV+ women have the right to have children?

Answer: True

(1 point)

20. When a HIV+ person has unprotected sex with someone, that person will always get infected with HIV?

Answer: False

(1 point)

NOTES

NOTES

NOTES

Unit 2
Facts About HIV/AIDS and People Living with HIV/AIDS

Learning Objectives

By the end of this unit, the participants will be able to:

- Describe the difference between HIV and AIDS.
- Distinguish between harmful and helpful beliefs, values, and feelings about HIV/AIDS and PLWHA.
- Discuss how HIV/AIDS affects individuals, families, and the community.
- Explain how HIV is spread.
- Describe the relationship among Sexually Transmitted Infections (STIs), HIV, and AIDS.
- Identify signs of AIDS in adults and children.
- Explain how HIV infection can be prevented.
- Explain the state of HIV/AIDS in your country and community.

Training Methodology

- Trainer presentation
- Brainstorming
- Group discussion
- Values clarification
- Game
- Storytelling (Lifeline)
- Fishbowl

Content

2.1 HIV/AIDS Basics

- Definition of HIV and AIDS
- Signs of HIV/AIDS
- Ways HIV is spread
- The relationship between STIs and HIV/AIDS
- Common beliefs and attitudes toward PLWHA
- Stigma and discrimination against PLWHA
- Consequences of knowing and disclosing HIV status
- Personal fears around HIV/AIDS and its effect on CHBC

2.2 HIV Prevention

- Preventing sexual transmission
- Preventing transmission through blood
- Preventing transmission from mother to child
- Prevention with young people

Time Needed: 6 hours, 10 minutes

Materials Needed

- *Trainer's Tool 2.1: HIV Statistics*
- *Trainer's Tool 2.2: Lifeline*
- *Trainer's Tool 2.3: Ways that People Can and Cannot Get HIV*
- Flipchart
- Markers
- Tape
- Sweets or small prizes
- Ball

Work for the Trainer to Do in Advance

- Copy key points under *Session 2.1, Activity 1* on flipchart.
- Use national data to prepare a flipchart with HIV statistics for the country. Or, if local data is not available, use *Trainer's Tool 2.1: HIV Statistics*.
- On 4 sheets of flipchart, draw a lifeline on each (see *Trainer's Tool 2.2: Lifelines*). Label each sheet with the following headings: 1) Patricia–young girl, 2) Charles–teacher, 3) Mabel–mother of 6, and 4) Paul–homosexual man.
- Photocopy *Trainer's Tool 2.3: Ways People Can and Cannot Get HIV* and cut up pictures into small squares.
- Prepare 2 signs: label one "**CAN** get HIV" and the other "**CANNOT** get HIV."
- Collect locally available posters, brochures, or other materials on HIV/AIDS.
- Prepare 10 questions on key information from the unit to be used in the evaluation exercise.

Session 2.1: HIV/AIDS Basics

Introduction

Activity 1: Trainer Presentation (10 min.)

The trainer should:

- Introduce the session using the content below.
- Using the prepared flipchart, present national HIV statistics. If need be, consult *Trainer's Tool 2.1: HIV Statistics* for national data and explain the meaning of "prevalence rate."
- Using the prepared flipchart, review the key points covered in this unit.
- Ask if there are any questions.

Many of us have heard of HIV/AIDS or have been directly affected by it. It is important that we all understand the basic facts about HIV and AIDS and how HIV/AIDS impacts individuals, families, and our communities.

Key Points

In this unit, we will cover the following **key points**:

- The difference between HIV and AIDS.
- How our personal beliefs, values, and feelings about HIV/AIDS and PLWHA may impact our work.
- How HIV/AIDS affects individuals, families, and the community.
- How HIV is spread.
- The relationship between STIs, HIV, and AIDS.
- Signs of AIDS in adults and children.
- Prevention of HIV.

Definition of HIV and AIDS

Activity 2: Group Discussion and Trainer Presentation (20 min.)

The trainer should:

- Ask participants what they have heard about HIV and AIDS.
- Ask if they can explain the difference between HIV and AIDS.
- Correct or add to the information if needed, using the content below.
- Explain the 3 stages of HIV/AIDS infection (window period, HIV+ via testing, and AIDS) using the content below. Ask participants to follow along in their *Handbooks*.
- Ask if there are any questions or points that need to be explained further.

Note to Trainer: It might be difficult for people to understand the difference between HIV (a virus that can infect people) and AIDS (which is when people are and look sick). To illustrate the distinction, pictures or analogies might be useful. For example, you might want to explain that HIV is a virus that "beats up" the body's natural defenses until the body can no longer fight off illness. Once the person's body is too weak, s/he becomes ill and is considered to have AIDS.

Even though HIV can easily be spread from one person to another, HIV can be prevented. There is no vaccination against HIV/AIDS and there is no cure, although there are drugs that can make a person live longer and better. HIV/AIDS is a fatal illness. This means that people eventually die from the virus.

HIV stands for:
Human
Immunodeficiency
Virus

This is the virus that causes AIDS. Viruses cannot be killed with antibiotics. The virus attacks the body's immune system, and makes it hard for the body to fight off diseases and infections.

AIDS stands for:

Acquired (this means it is something you get)

Immune (this describes how the body fights infections)

Deficiency (this means not enough strength to fight infections)

Syndrome (this means signs and symptoms of an illness)

When a person with HIV starts getting sick and cannot fight off infections, it usually means that the person is developing AIDS. When a person has AIDS, his/her body gets too weak to fight off infections and s/he becomes very sick.

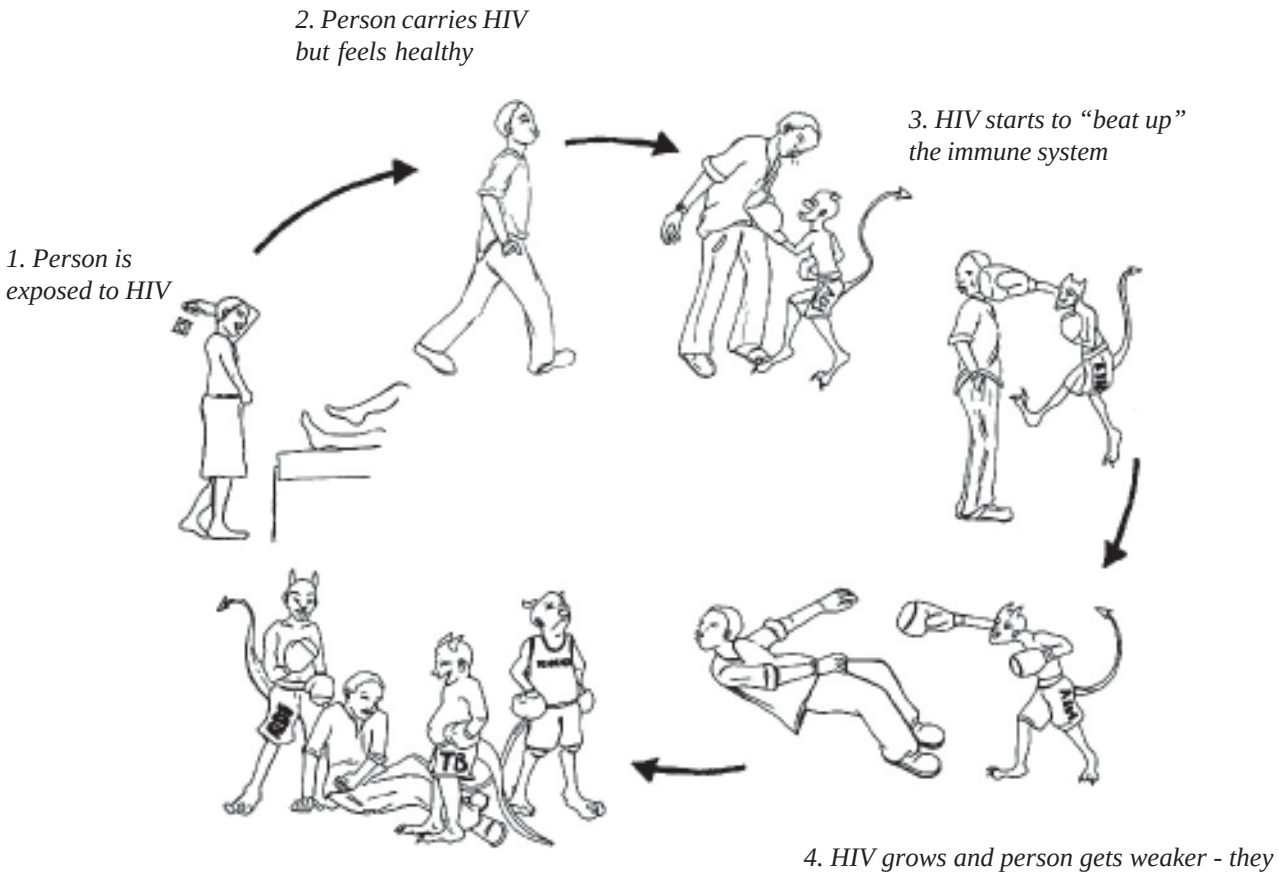
The 3 Major Phases of HIV/AIDS Infection

Window Period: When most people are first infected with HIV, they feel fine and have no symptoms at all. Some other people may get a flu-like illness, with a fever and a slight red rash 2-4 weeks after being infected with HIV, that goes away. Mostly, HIV-infected people remain well and do not show any signs for many months or years.

HIV reproduces quickly in the body and a person who is infected with HIV is **always** able to pass HIV to someone else. However, there is always a "window period" when a person has HIV, but tests cannot show it. HIV tests measure the body's response to HIV infection, not the virus itself. It takes about 3 to 6 months for the body to build this response. If a person has a test soon after being infected with HIV, the test might be negative.

HIV+: After the window period, the body will have responded enough to the virus that a person would test positive if they went for Voluntary Counseling and Testing (VCT). Even though the virus is in the body in large amounts, the person may still not feel sick and may not know they have HIV, but they can still pass HIV to others.

Full-blown AIDS: Finally, the HIV grows to the point where the person shows some signs and symptoms of AIDS. This may happen sooner if the person does not lead a healthy life or has lost hope. The person may have diarrhea, rashes, they may lose weight, have fevers, and lose their appetite. Some people with AIDS can take care of themselves. But, during the late stages of AIDS, people often have a hard time taking care of themselves and may be too weak and sick to do so.



Signs of HIV/AIDS

Activity 3: Trainer Presentation (25 min.)

The trainer should:

- Ask participants if they know major and minor signs of AIDS in adults and children.
- Build on their answers to present the standard major and minor signs using the content below. Ask participants to follow along in their *Handbooks*.
- Explain how AIDS can be diagnosed in adults and children.
- Ask if there are any questions.
- Ask a participant to summarize when to suspect an adult has AIDS, and another to summarize when to suspect a child has AIDS.
- Fill in any missing information.
- Emphasize that it is important to not make fast conclusions and try to find ways to get the person in for VCT and then treatment, care, and support if they are infected.

The best way to know if you or one of your clients has HIV/AIDS is to get counseling and a blood test. This is called Voluntary Counseling and Testing (VCT). The test is quick and easy in many places and it is very good at telling you if you have HIV infection. Other blood tests can tell an HIV+ person if they have developed AIDS, but they cost a lot and are not available in most places.

When testing is not available, the World Health Organization (WHO) lists a set of major signs to tell if a person has AIDS. Remember that a person with HIV does not usually show any signs for at least several months to a few years.

In adults, the 3 major signs of AIDS are:

1. Loss of 10% of body weight over one month for no reason.

2. Diarrhea for more than one month.
3. Fever that lasts for more than one month either constant or coming and going.

In adults, the 5 minor signs of AIDS are:

1. Dry cough that does not go away.
2. Itchy skin all over.
3. Herpes zoster (shingles) that will not go away.
4. Thrush, which is a white, raised rash on the mouth, tongue, or throat.
5. Swollen glands (in neck, armpits, or groin) with or without active infection.

For an adult to be diagnosed with AIDS, s/he should have at least 2 major signs and one minor sign. But, it is enough to make an AIDS diagnosis if the person has cancer of the skin (called Karposi's sarcoma, that usually leaves red, purple, or black spots on the skin that can become large and painful) or cryptococcal meningitis (infection of the covering of the brain that causes fever, stiff neck, headache, confusion, and inability to wake up).

In children, the 3 major signs of AIDS are:

1. Weight loss, or slow growth.
2. Bad diarrhea for 14 days or more.
3. Fever for more than one month.

In children, the 5 minor signs of AIDS are:

1. Itchy skin all over.
2. Swollen glands (in neck, armpits, or groin).
3. Thrush (white spots) in the mouth, tongue, or throat.
4. Many ear, throat, and other infections.
5. Cough that does not go away.

Another minor sign is if the child's mother has tested positive for HIV/AIDS or has signs of AIDS. For a child to be diagnosed with AIDS, s/he must have 2 major and 2 minor signs listed above.

Ways HIV is Spread

Activity 4: Game (45 min.)

The trainer should:

- Post 2 signs on the wall, one should say "**CAN** get HIV" and the other "**CANNOT** get HIV."
- Using the pictures from *Trainer's Tool 2.3: Ways that People Can and Cannot Get HIV*, post one picture on each participant's back so they cannot see it.
- Explain that other participants should look at the picture on each person's back, decide whether or not a person could get HIV from the action they see in the picture, and move that person under the correct sign depending on if their picture shows a way that a person can or cannot get HIV.
- Allow 15 minutes.
- After all participants are under one of the signs, ask them to remove the picture from their backs and decide if they are under the correct sign. If not, allow them a few minutes to change places.
- Review each participants' answers under the 2 signs and correct any incorrect information using the content below.
- Emphasize the 3 main ways of getting HIV described below and correct any misunderstandings about how HIV is spread.

HIV lives in 3 kinds of body fluids:

- Semen and vaginal fluids
- Blood
- Breast milk

There are 3 ways HIV can be passed from one person to another:

1. **Unprotected sex with an infected person**
   - When a man's penis enters a woman's vagina without a condom.
   - When someone performs oral sex with their mouth on the penis or on/in the vagina without a condom or dental dam.
   - Anal sex, when a man's penis enters another person's anus, without a condom.
2. **Contact with infected blood or other body fluids** (like semen and fluid from a woman's vagina)
   - Getting a blood transfusion with infected blood.
   - Accidents and injuries where a person comes in contact with another person's blood through cuts, open sores, or accidents at work (like needle pricks).
   - Sharing drug injection equipment, such as needles and syringes, without disinfecting them.
   - Sharing instruments for circumcision, scarification, injections, shaving, or tattoos without cleaning them with bleach.
3. **From mother to child**
   - When the mohter is pregnant, especially if she has malnutrition, malaria, or other infections.
   - While the mother is giving birth.
   - Through breast milk. Breast milk can transmit HIV, but exclusive breastfeeding (only giving the baby breast milk) for 6 months is usually the best way for an HIV+

mother to protect her child's health. Exclusive breastfeeding only carries minimal risk of HIV transmission and breast milk is very important in helping babies fight infection and get good nutrition. Mixed feeding (breastfeeding plus other foods and liquids) increases the chance of HIV infection because it makes sores in the baby's stomach and intestines and HIV can enter the body through these sores. Replacement feeding with formula or animal milk may be appropriate for some HIV+ mothers. Infant feeding recommendations for HIV+ mothers are explained in detail in *Advanced Unit 17: Preventing Mother-to-Child Transmission (PMTCT) of HIV*.

It is also important to know how HIV is NOT transmitted.

You CANNOT get HIV from:

- Hugging.
- Shaking or holding hands.
- Mosquito bites, flies, insects.
- Kissing, unless there are bad sores in or on the mouth.
- Sharing a latrine or toilet with PLWHA.
- Sharing food, drinks, or cooking tools.
- Dancing or swimming.
- Coughing or breathing.
- Living together.

The Relationship Between STIs and HIV/AIDS

Activity 5: Brainstorming and Group Discussion (15 min.)

The trainer should:

- Ask participants if they can list the names of Sexually Transmitted Infections (STIs) other than HIV/AIDS.
- Ask participants to discuss the link between STIs and HIV/AIDS and how they are related.
- Summarize the discussion and use the content below to correct and add missing information.

We already know that HIV is a STI. It is important to understand that HIV also has a strong relationship with other serious STIs (like gonorrhea, chlamydia, and herpes). When we understand how HIV and STIs are related, we see that the fight against HIV/AIDS also includes the fight against STIs.

First, STIs are transmitted in the same way as HIV, so if someone is at risk of getting HIV, s/he is also at risk of getting other STIs. The same behaviors that increase risk of sexual transmission of HIV, also increase risk of STIs. By promoting safer sex, we prevent not only HIV, but also other STIs.

Second, having an STI makes it more likely for someone to **get** HIV. Some STIs cause sores and broken skin around the penis or in the vagina. Infected body fluids (in the vagina or penis), sensitive or broken skin, sores, or rashes make it is easier for HIV to enter the body during sex. Someone with an STI is 5 to 8 times more likely to get HIV when having sex with an HIV+ partner than someone without an STI.

Thirdly, having an STI makes it more likely for someone to **give** HIV. STIs make it more likely that someone with HIV and an STI will give HIV to his/her sexual partner.

Lastly, when someone with HIV gets an STI, it is harder for them to fight the STI. As we know, people with HIV have trouble fighting infections. This is also true for STIs, so is another reason that PLWHA should practice safer sex.

By promoting safer sex we work to reduce STIs and HIV at the same time. Another very important way to reduce STIs and HIV is to make sure that people with STIs get STI treatment right away. STI treatment is usually very simple and makes a big difference in reducing HIV transmission.

You will learn more about STIs in *Unit 10: Managing and Treating AIDS-Related Conditions*.

Common Beliefs and Attitudes Toward PLWHA

Activity 6: Values Clarification and Group Discussion (1 hour)

The trainer should:

- Explain that this exercise will explore beliefs about HIV/AIDS—there are no right or wrong answers.
- Ask everyone to sit in a circle.
- Explain that statements will be read about HIV/AIDS. If they agree with the statement, they should raise their hand.
- After each statement, ask participants to share why they agreed or disagreed.
- Discuss other common beliefs and feelings about HIV/AIDS and PLWHA.
- Ask what harmful or helpful effect these beliefs have on PLWHA and on HIV prevention.
- Summarize key points among the group and emphasize the following:
  - When we judge PLWHA, it often makes them hide their illness.
  - If a PLWHA cannot reveal his/her status, they are more likely to spread the virus to others.
  - With treatment, good diet, healthy living, and a positive attitude, PLWHA can often get better and live fairly well for years.

Note to Trainer: Talking about values can sometimes lead to lively discussion. Careful facilitation is needed to ensure that no one is attacked for his/her views and that everyone is free to express his/her opinion. Try to call on different people throughout the exercise so that the group discussion is not dominated by a few.

Activity 6: Continued

Statements for Values Clarification Exercise

1. People with AIDS are to blame for bringing the disease on themselves (they have engaged in immoral/risky behavior like having sex with a sex worker, having sex with men, or injecting drugs).
2. Health workers should be tested for HIV and fired if they test positive.
3. People with HIV/AIDS should be allowed to work.
4. Once someone knows s/he has HIV/AIDS, s/he should never have sex again.
5. It is better for people with AIDS to be cared for in hospitals instead of in the community.
6. Health workers should be afraid to work with people with HIV/AIDS because they might get infected.
7. It is acceptable for a spouse or family member to reject and/or evict a person if s/he becomes HIV+.
8. People with HIV/AIDS should be isolated from other community members.
9. I feel uncomfortable inviting someone with HIV/AIDS into my house.
10. HIV+ men who have sex with men should be supported and cared for in the same ways as other people who are HIV+.
11. Women with HIV/AIDS should not have babies.

Anyone who works with PLWHA or with communities affected by HIV/AIDS needs to look at their own attitudes and values toward HIV/AIDS and people living with the virus.

What are the effects of CHWs', doctors', and nurses' judgmental attitudes toward PLWHA?

- The infected person will hide their status and may pass HIV on to others.
- The person will not seek the care and support they need for themselves and their families.
- The community will not be involved in care and support and will miss the opportunity to increase awareness and strengthen prevention efforts for the whole community.

HIV/AIDS is a serious problem that affects all of us, whether we are living with HIV/AIDS or not. All of us—health workers, religious leaders, activists, business people, PLWHA, schools, youth groups, and others—need to work together to fight this epidemic. Being judgmental and having a bad attitude toward PLWHA and their families ruins the chances of defeating HIV/AIDS.

Stigma and Discrimination Against PLWHA

Activity 7: Exclusion Game and Group Discussion (45 min.)

The trainer should:

- Pick out 4 or 5 people in the group who have a different characteristic than the others, like they wear glasses, or they wear white shirts.
- Ask those 4 or 5 people to wait off to the side where they can see but not hear what the larger group is saying.
- Lead the larger group in a fun activity, like singing a song together, or tell them a funny story that makes everyone laugh, while the outside group is watching (but not listening).
- Bring the group back together and ask the "outsider" group how they felt (*e.g., isolated, left out, or sad*).
- Ask the "insider" group how they felt (*e.g., part of the group, accepted, or better than those in the small group*).
- Ask how the participants' feelings relate to what happens to PLWHA in their communities (*e.g., PLWHA often feel like the outside group—like they are not accepted which can make them feel isolated or sad*).
- Using the following questons, lead a discussion on stigma and discrimination.
  - What is stigma? What groups of people are typically stigmatized?
  - How does stigma harm sex workers? Men who have sex with men? Young people? Poor people? People who cannot read?
  - What harmful ideas do people have about these groups?
  - How do these ideas hurt PLWHA and other people in the community?

Activity 7: Continued

- What is discrimination?
- How do stigma and discrimination hurt PLWHA?
- Do families discriminate against PLWHA?
- How do communities discriminate against PLWHA?
- Does that make PLWHA come out and look for help or does it make them hide their illness?
- If they are hiding their illness, how can they prevent passing HIV to their partner or partners?
- Why is it important to reduce stigma and discrimination in order to defeat the disease? How important?
- How can CHWs reduce stigma and discrimination in the community?
- What can the community do to reduce stigma and discrimination?

◈ Summarize the discussion. Tell participants that they will be talking more about these issues throughout the training course because they are key to fighting HIV/AIDS.

Stigma is a bad attitude toward people who have characteristics that make them different from what people think is right or normal.

There has always been stigma against groups, but it changes over time. For example:

◈ There is stigma against being poor.

◈ There is stigma against SWs.

◈ There is stigma against ethnic and religious minorities.

◈ There is stigma around disease, like leprosy, mental illness, and STIs.

◈ Now there is stigma attached to being HIV+.

HIV/AIDS has a lot of stigma because of the behaviors associated with it, such as having many sexual partners, being unfaithful, drug use, selling or buying sex, men having sex with men, and having sex before marriage. Most people who are HIV+ end up being stigmatized, regardless of the behaviors in which they may have engaged.

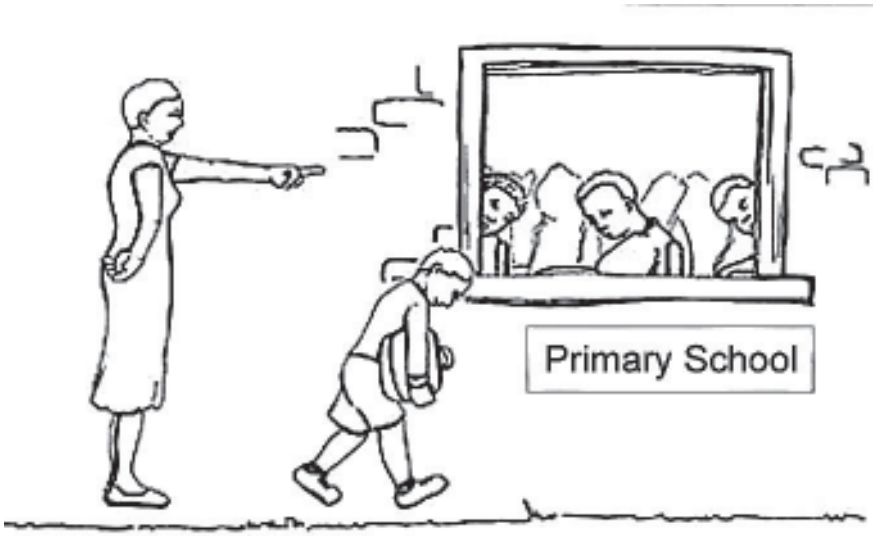
Discrimination decribes the actual ways that people are treated worse than others because they are stigmatized and/or different. For example, women are discriminated against in some places and are not able to vote, own property, work for equal pay as men, or marry whom they want. Discrimination against PLWHA means that they are treated badly or do not have certain rights because they are HIV+.

PLWHA are discriminated against in many different ways: not being able to get a job, losing the job they have, being thrown out of their homes, being isolated from their church or mosque, being isolated from their communities, or being beaten because they are infected. In many places, PLWHA are also discriminated against in clinics and hospitals, which means they do not have access to good care.

PLWHA often hide their status to remain part of the community, to keep their job and family, and to avoid discrimination. CHWs can help reduce stigma and discrimination by:

- Talking with people about the harm stigma and discrimination cause in the fight against HIV/AIDS.
- Being a role model for accepting PLWHA.
- Befriending and/or caring for PLWHA.
- Discussing their HIV status with others if they feel comfortable doing so.

CHWs should also correct myths about HIV/AIDS while talking with people individually and in groups. Bringing HIV out in the open so all people understand the virus and how to avoid it will help defeat HIV/AIDS.



Consequences of Knowing and Disclosing HIV Status

Activity 8: Lifeline (1 hour)

The trainer should:

- Divide participants into 4 groups and give each group the prepared flipchart with a lifeline. See *Work for the Trainer to Do in Advance.*
- Explain that each group will be assigned a character and their task will be to make a story explaining the person's situation. Stories should be realistic. They should draw happy events above the line and sad events below the line.
- Read the following scenario to the groups. You can also write the scenario on flipchart depending on participants' literacy level.

  Group 1) Patricia is 15-years-old and comes from a poor family. She often has to take a term off from school when her parents cannot afford school fees. Patricia likes school and wants to finish senior secondary school. To get money for school fees, she has been having sexual relations with an older man in town. The man's wife died of Tuberculosis (TB) last year. Recently, people in town have been saying the man's wife had AIDS. Patricia is now worried about her own health.

  Group 2) Charles is a respected teacher, in a good section of town. He has been ill on and off for years. Recently he had pneumonia and his doctor urged him to get tested. He just found out he is HIV+. He is worried because he needs to keep his job to support himself but his supervisor suspects he is HIV+.

  Group 3) Mabel is a mother of 6 children. She has always been a faithful wife and good mother. She recently gave birth to a child. As part of the PMTCT program, she was encouraged to go for VCT. She found out she was HIV+. She is planning on confronting her husband and telling him she was HIV+.

Activity 8: Continued

Group 4) Paul is a homosexual man. Everyone in the community thinks he is gay and therefore most people avoid him. He has lost a lot of weight and has become so sick he can not care for himself. People in the community have noticed that he does not come out of his house anymore and wonder why.

- Allow 20 minutes for groups to draw their story and then bring together the large group.
- Ask each group to present their story and ask participants:
  - What put the character at risk of getting HIV (*e.g., being young, needing money so having little power to negotiate safe sex, not using condoms, trusting that a partner is being faithful*)?
  - How did the attitudes in the community contribute to this person's risk (*e.g., accepting sugar daddies, not openly discussing HIV and assuming that important or respected people are not HIV+, not expecting men to be faithful, rejecting people if they are not heterosexual*)?
  - What were the immediate consequences when people learned/ suspected that the person was HIV+ (*e.g., dropped out of school, kicked out of house, loss of job*)? What were the longer-term consequences (*e.g., survival sex, poverty, depression*)?
  - Are the ways the community and individuals responded in this story realistic? Are there other ways that friends, relatives, or the community might have reacted (*e.g., if the school dismissed the teacher, could the school have allowed the teacher to work as long as he was able*)?
  - How could loved ones or the community have supported this person *(e.g., allowed the PLWHA to continue in their normal duties or to stay in their home or job, offered care or food if they were sick)*?

Activity 8: Continued

- What could the CHW do to help support this person *(e.g., provide emotional support, discuss with family or community the need to support PLWHA, teach the person or caregivers how to care for PLWHA, link the PLWHA with support group or services)*?

Note to Trainer: The stories should be used to explore the issue of stigma and discrimination. If possible, groups should discuss community and individual reactions, both positive and negative, when a person discloses their HIV status.

The decision to disclose, or share, that a person is HIV+ is a very difficult one. There are many consequences, both direct and indirect, that people who are HIV+ have experienced once their status was known. We should think about people in our community who are HIV+ and some of the things that have happened to them once their status was known. For example, in some cases, the family or the spouse may reject a PLWHA. Sometimes PLWHA are evicted from their homes or, if they are allowed to stay in their homes, they are isolated from other family members during meal times or other group activities. Below are some of the immediate and longer-term consequences for a PLWHA when they disclose their HIV+ status.

Immediate Consequences

- Isolation from family members (includes not being allowed to share food during meals)
- Break up with sexual partner
- Eviction from home
- Loss of job
- Loss of promotion or scholarship

- Dropout/suspended from school (if a younger person)
- Stigmatized by the community
- Physical or emotional abuse by family members or community members
- Refusal to be served at clinics, restaurants, and markets.

Longer-Term Consequences

- Homeless
- Poverty or loss of income
- Survival sex due to lack of money
- Vulnerable to sexual or physical abuse, especially if homeless
- Depression
- Alcoholism and drug abuse
- Suicide
- Self-hatred
- More children made vulnerable or orphaned in the community
- Fewer teachers in schools
- Smaller productive workforce
- Food shortages and famine

Personal Fears Around HIV/AIDS and Their Effect on CHBC

Activity 9: Fishbowl (20 min.)

The trainer should:

- Divide participants into 2 groups. Have one group form a small circle with their chairs. Have the other group form a large circle around them.
- Ask the inside group to discuss their fears around HIV/AIDS while the outside group listens quietly. Allow 5 minutes.
- Ask the outside group:
  - Do you think these fears are normal?
  - Are there any other fears that you have that were not mentioned?
- Ask the groups to switch places. The inside group will discuss what fears they may have about nonsexual contact with PLWHA, either at home or work. Allow 5 minutes.
- Ask the outside group:
  - Do you have any additional fears that were not mentioned?
  - What are your biggest fears (*e.g., contact with PLWHA's blood while caring for him/her*)?
- Gather the larger group. Ask, "How do these fears impact CHWs' work (*e.g., not wanting to care for someone who has open sores*)?"
- Summarize by emphasizing that it is important that people are aware of their personal fears and how it affects their work.

Activity 9: Continued

- Using the main fears that were identified by participants, ask participants for suggestion on how to ease these fears. Supplement participants' suggestions with content below. **Note to Trainer:** In *Unit 9: Basic Nursing Care and Unit 10: Managing and Treating AIDS-Related Conditions*, there will be discussion on how to protect oneself while caring for PLWHA.

To help PLWHA meet their needs, CHWs need to first look inside themselves. They need to identify their own fears, values, and attitudes about HIV/AIDS. One can begin to fight stigma, discrimination, and misunderstanding by asking:

- What fears do I have around HIV/AIDS?
- Where do these fears come from?
- How do my fears affect my work with PLWHA?
- How can I ease my fears and get clear information on HIV/AIDS?

Fears are normal but also lead to stigma. A CHWs' fear can negatively affect their work with PLWHA. It is therefore important to seek out correct information and advice about HIV/AIDS, especially about how it is spread and how it can be prevented. Training programs, counseling, and support groups are all ways to get information and ease fears around HIV/AIDS.

Session 2.2: HIV Prevention

Introduction

Activity 1: Trainer Presentation (5 min.)

The trainer should:

- Ask participants to talk about what they learned in the previous session on facts about HIV/AIDS.
- Ask participants to review how HIV is spread.
- Explain that this session will focus on preventing HIV infection.

Source of illustration: Burns, A., Lovich, R., Maxell, J., and Shapiro, K.,1997. *Where Women have No Doctor*. Berkeley, CA: The Hesperian Foundation.

Prevention of HIV Infection

Activity 2: Brainstorming and Group Discussion (50 min.)

The trainer should:

- Ask if the participants know any popular songs or messages on HIV prevention. If so, ask for volunteers to sing the songs or say the messages.
- Display posters or Behavior Change Communications (BCC) materials on HIV that are used in the community or facilities.
- Ask participants:
  - What types of messages do these materials send about people who are HIV+? Or, about who is "responsible" for HIV?
  - What stereotypes are shown in these materials?
  - Do any of these messages contribute to the stigma of PLWHA?
- Use these examples to discuss how to prevent HIV, making sure to use only those materials which contain correct information.
- To stimulate discussion, ask participants:
  - How can someone prevent getting HIV through unsafe sex?
  - How can someone prevent getting HIV through unsafe blood?
  - What do you know about Mother-To-Child Transmission (MTCT)? How can MTCT be reduced?
  - Why are youth more at risk of getting HIV than adults? What makes them more vulnerable to STIs and HIV? Which behaviors do youth engage in that increases their risk of getting HIV? What can CHWs do to help young people prevent HIV? How can CHWs approach young people about HIV prevention?
- Using the content on the next page, correct or add to answers and summarize the discussion.

Preventing Sexual Transmission

- Have only one sexual partner, whose only partner is you. This is only effective if you have both been tested for HIV and are negative.
- Abstain from any kind of sex where there is contact with sexual fluids of another person (in the vagina, mouth, or anus).
- Avoid casual sex, and sex with many people without condoms.
- Use a new male or female condom for EVERY sexual act, starting with the very first time you have sex and every time after that.
- Treat STIs right away and make sure all partners are treated as well.
- Practice safer sex (see *Unit 4: Our Bodies and Safer Sex*).
- Even HIV+ people need to practice safer sex with HIV+ partners because there are slightly different kinds of HIV and "reinfection" can happen when someone with HIV gets infected with another different kind of HIV. Having 2 kinds of HIV makes treatment more difficult, so the disease progresses faster. To prevent reinfection, even 2 people who have HIV should use condoms all of the time.

Preventing HIV Transmission through Blood

- Do not touch body fluids directly. If you need to be in contact with blood, urine, semen, vaginal fluids, or feces, wear gloves or plastic bags over your hands or other exposed body parts. This is also true for handling any fluids or tissues that come out during childbirth, such as when handling the placenta.
- Do not get a blood transfusion unless you know for sure the blood has been screened for HIV. Also, do not receive a vaccine or give blood unless you know the lab uses sterile needles, or new needles for each client.
- Burn or bury all infected waste and nonreusable objects with infected waste on them.
- Make sure objects such as knives, blades, tattoo equipment, razors, and other tools are cleaned and disinfected properly with bleach and water after every use.

Preventing Transmission from Mother to Child

- Prevent HIV infection in women in general.
- Encourage condom use among women with HIV/AIDS to prevent pregnancy or to prevent reinfection during pregnancy.
- Provide or refer women living with HIV/AIDS to Family Planning (FP) services to avoid unwanted pregnancies. This includes quality FP counseling and supplies.
- Encourage pregnant women to go for Antenatal Care (ANC) and VCT—the earlier the better. There are measures women can take to keep themselves healthy (good nutrition, medicine to prevent and treat infections, Anti-Retroviral (ARV) drugs if available, and other drugs to help prevent transmission of HIV to her baby).
- Encourage HIV+ women and their families to deliver in a facility where there are special services for them.
- Help the woman to feed the infant correctly. If she is breastfeeding, she should avoid mixed feeding and exclusively breastfeed for at least 6 months. If she is using formula, she should use only formula, know how much to give, and have a reliable supply of both safe water and formula.

Prevention with Young People

- Globally, more than half of all new HIV infections in 2001 occurred among youth aged 10-24. Adolescent women become infected with HIV/AIDS at twice the rate of adolescent men.
- Young people are more at risk of getting STIs/HIV for the following reasons:
  - Adolescent women are more vulnerable to STIs than older women because their bodies are still growing. The young female genital area is not mature and is more likely to get infected.
  - Females often do not show symptoms of chlamydia and gonorrhea, the most common STIs. Having another STI increases their chances of getting HIV.

- The immune systems of adolescent boys and girls may not be strong enough to fight STIs/HIV.
- Adolescents lack basic reproductive health (RH) information and services, including a way to get condoms.
- Sexual violence and coercion, lack of formal education (including sexuality education), inability to negotiate with partners about sexual decisions, and lack of access to RH services work together to put young women at very high risk.
- Youth often do not have money and may exchange sex for money or favors. Young women may have their first sexual experiences with older men.
- Sexual intercourse is often unplanned. Also adolescents often have many, short-term sexual relationships and do not always use condoms.
- Youth are subject to dangerous practices such as Female Genital Cutting (FGC), anal intercourse to preserve virginity, and scarification.
- Attitudes and values in the community may put young people at risk (e.g., young men may need to prove they are men by having sex or girls do not have the power to say no).
- There is a lack of political will to educate youth: no RH education, poor communication between youth and adults, and lack of BCC materials for youth.
- Using drugs and alcohol may lead to unprotected sex.
- Young people often confuse sex with love and have sex before they are ready in the name of "love."
- Due to cultural norms, adults often prevent youth from discussing issues related to Sexual and Reproductive Health (SRH).

◈ The CHW can help prevent the spread of HIV among youth by:

- Providing young people with information on how to prevent HIV, including abstinence and safer sex.

- Distributing condoms and showing young people how to use them.
- Conducting discussions with parents and the community on issues related to the spread of HIV among youth (e.g., older men having sex with younger girls).
- Advocating for needs of the youth (e.g., parent-child communication on SRH issues, making facilities more youth-friendly, and condom distribution through peers or CHWs).
- Acting as a link between the facility and a young person to ensure that young people's needs for services or condoms are met.

Unit Summary and Evaluation

Activity 3: Game: Toss the Ball (15 min.)

The trainer should:

- Quickly refer to the key unit points presented in the introduction and ask participants if all points were well explained. If not, review unclear points.
- Ask everyone to stand up.
- Throw a small ball to the group. The person who catches it must answer the question.
- Using the questions you prepared, pose one question to the participant on a key point in the unit (e.g., name 3 ways HIV can be spread).
- If other participants think s/he answered the question incompletely or wrong, encourage them to add or correct the information. If the participants do not correct a wrong answer then the trainer can help.
- Using the same process, ask the participant to throw the ball to another participant and ask another question.
- Throw the ball several times to cover the key content of the unit.
- Summarize the unit, making sure to correct any misinformation during the summary.
- Ask if there are any questions. Questions should first be answered by other participants, if possible. If not, then the trainer can clarify or respond.

Trainer's Tool 2.1: HIV Statistics

	HIV Prevalence Rates	# of PLWHA	# of Orphans Due to AIDS
Africa			
Angola	3.7%	320,000	160,000
Botswana	24.1%	270,000	120,000
Democratic Republic of the Congo	3.2%	1,000,000	680,000
Ethiopia*	4.4%	1,500,000	720,000
Ghana	2.3%	320,000	170,000
Kenya	6.1%	1,300,000	1,100,000
Mozambique	16.1%	1,800,000	510,000
Nigeria	3.9%	2,900,000	930,000
Tanzania	6.5%	1,400,000	1,100,000
Uganda	6.7%	1,000,000	1,000,000
Asia/Near East			
Bangladesh	<0.1%	11,000	**
Egypt	<0.1%	5,300	**
India	0.9%	5,700,000	**
Pakistan	0.1%	85,000	**
Sudan	1.6%	350,000	**
Viet Nam	0.5%	260,000	**
Yemen	<0.2%	**	**
South America			
Bolivia	0.1%	7,000	**
Brazil	0.5%	620,000	**
Ecuador	0.3%	23,000	**
Peru	0.6%	93,000	**

Source: UNAIDS. 2006. *2006 report on the global AIDS epidemic.* New York, New York: UNAIDS.

*** Data for Ethiopia was not available in the UNAIDS 2006 report. These figures are from UNAIDS' *2004 report on the global AIDS epidemic*. New York, New York: UNAIDS.**

** data unavailable

Trainer's Tool 2.2: Lifeline

Trainer's Tool 2.3: Ways that People Can and Cannot get HIV

Trainer's Tool 2.3: Continued

Trainer's Tool 2.3: Continued

Source: Kidd, R. and Clay, S., 2003. *Understanding and Challenging HIV stigma: Toolkit for Action.* Washington, DC: Academy for Educational Development.

Source: Kidd, R. and Clay, S., 2003. *Understanding and Challenging HIV stigma: Toolkit for Action.* Washington, DC: Academy for Educational Development.

Source: Kidd, R. and Clay, S., 2003. *Understanding and Challenging HIV stigma: Toolkit for Action.* Washington, DC: Academy for Educational Development.

NOTES

Unit 3

Community Home-Based Care (CHBC): The Basics

Learning Objectives

By the end of this unit, the participants will be able to:

- Explain the advantages of CHBC for PLWHA, families, and communities.
- Describe how CHBC fits into the continuum of HIV/AIDS prevention and care.
- Discuss the major parts of and key players in CHBC.
- Describe the 2-way referral system.
- List the main tasks and key qualities of a CHW.

Training Methodology

- Trainer presentation
- Group discussion
- Small group work
- Brainstorming
- Illustrated discussion
- Question and answer

Content

3.1 CHBC Basics

- Definition and importance of CHBC for PLWHA, families, communities, and the health system
- Importance of CHBC in the continuum of prevention and care
- Major parts of CHBC

- Key players in CHBC
- 2-way referral system

3.2 The CHW's Role in CHBC

- Major responsibilities and activities of a CHW in providing CHBC
- Criteria for CHW selection

Time Needed: 4 hours, 40 minutes

Materials Needed

- Flipchart
- Markers
- Tape
- 7 different kinds of sweets or small items (e.g., CHBC supplies), or small pieces of paper with 7 different symbols written on them
- Hat or basket
- Sample referral form

Work for the Trainer to Do in Advance

- Copy the key points under *Session 3.1, Activity 1* on flipchart.
- Get sample referral forms used by CHWs and health facilities.
- Choose 7 different types of items (e.g., 7 different types of sweets, or slips of paper with 7 different symbols, or 7 different kinds of CHBC supplies, such as soap, gloves, gauze, etc.) and place them into a hat. You will need enough items for all participants, so if there is a group of 25, you would need 4 pieces of each of the 7 different sweets, supplies, or paper.

Session 3.1: CHBC Basics

Introduction

Activity 1: Trainer Presentation (10 min.)

The trainer should:

- Introduce the session using the content below.
- Post the prepared flipchart of the unit's key points and review.
- Ask if there are any questions or comments before moving on.

There are many people who are infected with HIV and many who are sick with AIDS. PLWHA and their families need care and support. There is not enough hospital space, medicine, or medical staff to care for everyone who needs help. However, PLWHA can often be cared for at home by their family and friends instead of in a hospital. One way of providing this support is through CHBC. CHWs are a very important part of providing CHBC in their communities. In this unit we will learn more about the basics of CHBC.

Key Points

In this unit, we will cover the following **key points**:

- Why CHBC is important to PLWHA< families, and communities.
- How CHBC fits into the continuum of HIV/AIDS prevention and care.
- Major parts and key players in CHBC.
- The 2-way referral system.
- Main tasks of a CHW.
- Qualities of a CHW.

Definition and Importance of CHBC for PLWHA, Families, Communities, and the Health System

Activity 2: Group Discussion and Small Group Work (45 min.)

The trainer should:

- Ask participants, "What is CHBC?"
- Note answers on flipchart and use content below to agree on a common definition.
- Ask participants, "Why is CHBC needed?"
- Note answers on flipchart and add any missing content.
- Ask participants to break into 4 groups and assign one person in each group to act as the storyteller.
- Explain that each group will have 10 minutes to discuss their topic.

  Group 1) How does CHBC help PLWHA?

  Group 2) How does CHBC help families and caretakers?

  Group 3) How does CHBC help the community?

  Group 4) How does CHBC help the health system?
- Reconvene larger group.
- Ask each group's storyteller to report back to the larger group.
- Note main points on flipchart. Pause after each group presents to allow for questions and additional comments.
- Using the content below, summarize the definition of CHBC and its importance at different levels.

Definition of CHBC

CHBC is the care and support of PLWHA within their own homes and communities to help them live healthier, positive lives. CHBC relies on the participation of families, communities, and health facilities.

CHBC also includes working with the community to:

- Reduce stigma and discrimination against PLWHA.
- Prevent the further spread of HIV.
- Mobilize community resources for PLWHA and their families.

Rationale for CHBC

In many countries and communities, health care facilities cannot care for all the PLWHA who need support. CHBC can extend care from the hospital into the home through trained CHWs. Volunteer health workers play an important role in:

- Training and supporting home caregivers to provide good care to PLWHA.
- Helping families find community resources, such as food supplies and support groups.
- Mobilizing communities to prevent new HIV infections.

CHBC is important to PLWHA because it:

- Helps them stay healthier longer.
- Lets them get care at home.
- Allows them to participate in and contribute to family life.
- Keeps them as part of their community.
- Makes it easier for them to accept they are HIV+.
- Helps them improve their emotional health and keep a positive attitude.
- Enables them to help others prevent new HIV infections.
- Supports them in taking their ARVs correctly.

CHBC is important to family and caregivers because it:

- Holds the family together.
- Helps the family accept the person's condition.
- Makes it easier to provide care and support.
- Reduces medical costs.
- Makes it easier for family caregivers to take care of other tasks around the home.
- Helps create and maintain a caring attitude.
- Raises awareness about HIV/AIDS and reduces stigma, which helps prevention efforts.

CHBC is important to the community because it:

- Raises awareness about HIV/AIDS and helps reduce stigma.
- Gets rid of myths and brings HIV/AIDS out in the open.
- Helps communities understand HIV/AIDS and protect themselves.
- Helps set up long-term care and other services in the community.
- Makes it easier to provide support by tapping all possible community resources.
- Helps bring the community together to combat HIV/AIDS and advocate for more services.

CHBC is important to the health system because it:

- Frees up health centers and hospitals to provide acute medical care.
- Helps ease demands on the health system.
- Extends responsibilities of care and support to families and communities.
- Helps create linkages between the formal health system and the community.

Importance of CHBC in the Continuum of Prevention and Care

Activity 3: Brainstorming and Illustrated Discussion (30 min.)

The trainer should:

- Explain what the "continuum of care" means.
- Ask participants to brainstorm the different elements of care in the continuum and note responses on flipchart.
- Ask for a volunteer who can draw well. The volunteer should create a picture of the different elements within the continuum while participants discuss how the continuum of care works. Use the content below to add to the discussion.
- Ask participants to discuss how a person might move from one element to another element in the continuum. Note this on the picture.
- Ask participants how CHBC fits into the continuum of care.
- Ask, "What are the gaps in the continuum of care in your communities?"
- Add any missing content and ask someone to summarize key points.

"Continuum of care" means care throughout all the stages of HIV/AIDS, and includes:

- **Prevention** before being infected.
- **VCT** which includes counseling and planning to stay negative if negative, or planning to remain as healthy and productive as possible if positive.
- **Care and support** on the home and community levels which can include counseling, spiritual support, nutrition support, home nursing care, food assistance, linkages to Income Generating Activities (IGA), training for family members, and support for Orphans and Vulnerable Children (OVC).
- **Acute medical care** in facilities for treatment of severe opportunistic infections.

- **ARV treatment**, when available.
- **Care and planning before death.**
- **Arrangements after death**, including burial, grieving, and inheritance.

CHBC is provided directly on the home and community levels, but through CHBC, PLWHA can be linked to other resources.

For example, CHWs and other caregivers provide nursing care and emotional support at the home of the client. They also refer clients and their families outside of the home for services such as VCT and medical treatment. CHWs and caregivers are involved throughout the continuum of care, either directly or by referral.

At any time, a person in the community could be in need of one or more of these prevention, care, and support services. PLWHA can move from one need to another at different times.

For example, a woman may be receiving home care and develop severe diarrhea or pneumonia and need to be taken to the hospital for treatment. When she is better, she can return home and resume home care. She may get much better and be able to go back to work, and she may get sick again and need home care or hospital care. All elements of care should be organized and linked, so she can go from one to the other without problems.

Major Parts of CHBC

Activity 4: Brainstorming (45 min.)

The trainer should:

- Ask participants to brainstorm the major parts or components of CHBC.
- Note answers on flipchart and add missing content as needed.
- Divide participants into 7 groups. There should be one group for each of the seven parts mentioned below.
- Allow each group 10 minutes to brainstorm what activities/tasks are included under their part of CHBC.
- Ask each group to quickly go around the room and report back key points (each group should take no more than a few minutes to report back).
- Correct responses or add any missing information. Ask participants to follow along in their *Handbooks*.

To meet the needs of PLWHA, their families, and the community, CHBC includes many activities which can be grouped into 7 major parts.

Prevention: Includes awareness raising, community mobilization, BCC efforts, PMTCT+, promotion of safer sex, VCT, use of clean needles and syringes, and condom distribution.

Advocacy to fight stigma and increase resources available for care and support: Includes involvement and support of community leaders, Faith-Based Organizations (FBOs), youth, educators and schools, Community-Based Organizations (CBOs), local and national Non-Governmental Organizations (NGOs), social and political organizations, government offices, and other groups of influence.

Nursing care: Includes care to promote and maintain good health, hygiene, and nutrition. Also includes providing comfort, pain control, and end-of-life care.

Referrals to facility-based care: Includes treatment of severe Opportunistic Infections (OIs), monitoring of HIV status, and other services and treatment that cannot be provided at the home and community levels.

Counseling, spiritual, and emotional support: Includes reducing stress and anxiety, promoting positive living, and helping individuals make informed decisions on HIV testing, planning for the future, recognizing and changing behavior, involving partners in decision-making, and supporting family and friends through the grieving process.

Skills transfer: Includes CHWs transferring skills to home caregivers and PLWHA in areas such as positive living, self-care, nutrition, hygiene, prevention of STIs, contraception, emotional support, and basic nursing care of bedridden clients.

Social support: Includes information and referrals to support groups, welfare services, care for OVC, food security programs, and legal advice for individuals and families, including surviving family members. Also includes, where feasible, the provision of material assistance.

Key Players in CHBC

Activity 5: Group Discussion (25 min.)

The trainer should:

- Ask participants, "In your experience, where can PLWHA get care and support services?" Note answers on flipchart.
- Prepare 3 pieces of flipchart paper with the following headings "health facility," "community," and "home."
- Ask participants to name specific people/groups under each heading that PLWHA can go to for care or support (*e.g., doctor, CHW, family member*) and note answers under each heading.
- Probe for less obvious people/groups (*e.g., social worker, friends*) using the content below.
- Ask if there are any questions or comments.
- Summarize the discussion.

3 Levels of Players in CHBC

Facility care and support:

- Doctors
- Nurses
- Midwives
- Clinical officers
- Nurses' aids
- Social workers
- Counselors

- Physical therapists
- Extension and outreach workers

Community-based care and support:

- CBOs and FBOs that support PLWHA
- CHWs and other community volunteers
- Facility outreach workers including:
  - Nurses (or another clinical supervisor who may accompany the CHW periodically as needed)
  - Counselors
  - Social workers

Home-based caregivers:

- Family members
- Friends

The needs of PLWHA can be met only when the 3 levels—the health facility, the community, and the home-based caregivers—work together. An important first step is to identify the resources at each level. Regular communication between the levels is necessary to coordinate care and support services to best meet the needs of PLWHA.

2-Way Referral System

Activity 6: Group Discussion (30 min.)

The trainer should:

- Lead a discussion on referrals by first asking participants to share experiences they have had in either being referred for services themselves or making referrals to others.
- Ask participants if they think it is important for people at different levels in the continuum of care to share information about their client. If yes, ask how sharing information between 2 levels of the continuum can improve a client's overall care.
- Record answers on a flipchart.
- Using the content below, add to participants' comments by describing the 2-way referral system. Emphasize the importance of maintaining a client's confidentiality.
- Distribute and review sample referral forms used by CHWs and health facilities that you collected.
- Ask if there are any questions or comments on the referral form.

A necessary part of effective CHBC is the 2-way referral system:

1. From home to hospital or health center.

2. From hospital or health center to the home and community.

Information about PLWHA and the services provided should be shared between key players as the client is referred from one place to another and back again (e.g., from home to health center and then back home again).

It is important to **maintain confidentiality** and to check with the client before sharing any information about his/her health to another person.

This means that when the person is let out of the hospital, s/he should be referred to a CBO and a CHW to receive CHBC.

When a client is being cared for at home and needs acute medical treatment, the CHW refers the client to the hospital or health center.

After treatment is completed, the health facility again refers the client back to the CHW. The health facility should give information to the CHW that will help with the client's recovery.

The relationship between facility providers and CHWs should be ongoing. Information should flow back and forth between the health facility, CHWs, and clients through the continuum of HIV/AIDS prevention and care.

In some places, the CHW gives a **referral slip** describing the problem for the facility provider. The facility provider then sends a slip with important information back to the CHW with the client. In this way, the client will get the follow-up care needed.

Session 3.2: The CHW's Role in CHBC

Introduction

Activity 1: Brainstorming (15 min.)

The trainer should:

- Explain that this session will help the participants understand the tasks and responsibilities of the CHW in CHBC.
- Ask participants to brainstorm some services CHWs can provide in CHBC.
- Note answers on flipchart. If participants have trouble coming up with services beyond nursing care, present the content below and provide brief explanations as needed.
- Add missing content.

What are some of the services CHWs can provide?

- Train caregivers in the home to provide nursing care, prepare healthy food, prevent the spread of HIV, and to cope with difficult situations.
- Provide emotional support to PLWHA and caregivers.
- Link PLWHA to medical care and provide basic nursing care in the home.
- Help start PLWHA support groups.
- Help the family find available resources like food programs, IGA, and microcredit.
- Early identification of OIs.
- Help manage side effects of medicines.
- Adherence support.

- Assist in planning for children who will be orphaned.
- Work with orphans to arrange training and IGA for older children and school for younger children, help find foster parents, secure food, housing, and clothing.
- Teach all people in their community what HIV/AIDS is, how it is spread, and how they can protect themselves and their families.
- Get community members involved in supporting PLWHA. This will decrease fear, stigma, and the spread of HIV.

Major CHW Responsibilities and Activities in Providing CHBC

Activity 2: Brainstorming (45 min.)

The trainer should:

- Use the basket or hat filled with 7 different kinds of items (see *Work for the Trainer to Do in Advance*).
- Ask each participant to pick one item out of the hat or basket (e.g., you might have 7 different kinds of sweets—one for each kind of responsibility a CHW will perform).
- Ask all those with "red sweets" to brainstorm the activities associated with doing prevention activities in the community.
- Once they are finished, allow for other participants to add if needed.
- Repeat these steps for the other responsibilities listed below (e.g., all those with "blue sweets" will brainstorm activities associated with nursing care and first aid, all those with "green sweets" will brainstorm tasks associated with training caregivers and PLWHA on how to provide care).
- Correct or add any missing information.

Responsibilities and Activities

Conduct prevention activities in the community:

- Provide prevention information.
- Promote the "ABCs" (abstinence, being faithful, and using condoms). Remember that "abstinence-only" can cause more transmission because many people are unable to stay abstinent. Therefore, when they do have sex, they are not prepared to practice safer sex. Because of this, everyone needs to know about condoms.
- Encourage discussions about HIV risk and vulnerability among groups of women, men, girls, boys, and elders.

- Work to reduce stigma and increase awareness about HIV/AIDS.
- Explain to people why they may be vulnerable to HIV.
- Refer people for STI diagnosis and treatment.
- Encourage and refer for VCT.
- Provide condoms and information on how and why to use them.
- Provide information on other FP methods and where to get them.
- Identify pregnant women for PMTCT and help them get services and follow-up.
- Involve the community in CHBC efforts and advocate for more attention and resources for care and support.

Provide nursing care, first aid, and other health services to PLWHA:

- Identify the immediate nursing care needed.
- Assess the client's condition for medical referral if necessary.
- Provide the basic nursing care needed.
- Refer for further care, as needed.
- Support client's adherence to Anti-Retroviral Therapy (ART), as necessary.

Transfer knowledge and nursing care skills to primary caregivers and self-care skills to PLWHA:

- Identify the learning needs of caregivers and clients.
- Plan and organize the transfer of knowledge and skills.
- Give knowledge and skills to caregivers and self-care skills to clients.
- Make a plan of care with the caregivers and PLWHA.
- Always have a caring attitude.
- Keep records related to CHBC activities (such as a list of caregivers and clients, community resources used for referral, support organizations available, and key

players in the continuum of care and support). Each CHBC project must have a CHW reporting form to be able to collect information on the care that is being given. Record keeping will be covered more in *Unit 13: Record Keeping*.

Provide supportive follow-up to the trained primary caregiver(s) and PLWHA:

- Conduct regular follow-up visits to the trained caregivers and clients.
- Help clients and caregivers follow action plans and solve problems.
- Keep records of actions taken.

Provide referrals and links to specialized care and support services:

- Help PLWHA and caregivers to identify the support needed (medical, nursing, spiritual, emotional, psychological, economic, nutritional, and legal).
- Identify the individuals/groups/organizations that can provide the support.
- Link the PLWHA and family to the identified groups.
- Help plan for transportation if needed, or help set up home visits.
- Follow-up to assure coordination of services along the entire continuum of prevention and care.

Be involved in social/economic schemes to support PLWHA and family members:

- Tap into resources such as food aid, kitchen gardens, and community gardens for nutritional support.
- Link with IGA training and microcredit programs.
- Find religious, civic, government, and NGO sources to support education, housing, clothing, and feeding needs of OVC, and help family members create memory books for children (described in detail in *Unit 7: Promoting Positive Living and Emotional Wellbeing*).
- Provide basic community-level counseling to help PLWHA and family members make decisions, cope, and seek the care and support they need.

- Find groups that provide legal support and help with writing a will, planning for surviving children and family members, protection against loss of property, coerced wife inheritance, and other legal issues faced by PLWHA and their family members.
- Help PLWHA get together and form support groups.

Mobilize the community for CHBC services:

- Organize education activities within communities to create a supportive environment for CHBC and PLWHA.
- Participate in community-level advocacy activities to create a supportive policy environment.
- Combat stigma in the community in general as well as in everyday relationships with friends, family, and households of PLWHA.
- Encourage the community to start and participate in CHBC activities for PLWHA.

Criteria for CHW Selection

Activity 3: Group Discussion (20 min.)

The trainer should:

- Post your program's criteria for CHW selection on a flipchart and ask participants to comment.
- Ask participants:
  - What other qualities would participants add to the list?
  - Are there local variations on the list (e.g., is religion or age important)?
- Ask if there are any more questions or comments.

Criteria for CHW Selection:

- Mature
- At least a primary school education/basic literacy skills
- Resident of the community
- Committed to community development
- Respected by the community
- Open minded and flexible (e.g., not against RH and FP, or any component of CHBC, such as condom promotion)
- Positive attitude toward PLWHA and desire to work with them
- Wants to help PLWHA (CHWs can also be HIV+ and want to help other PLWHA)
- Strong desire to protect the community from further spread of HIV
- Time available to visit homes and follow-up regularly

Unit Summary and Evaluation

Activity 4: Question and Answer (15 min.)

The trainer should:

- Quickly refer to key unit points presented in the introduction and ask if all points were well-explained. If not, review unclear points.
- Ask the following questions as a unit review. Explain that participants should only identify the most important key points.
- Ask 1-2 participants, "What would you say if someone asked you what CHBC was and why it was needed?"
- Ask another participant to give an example of a 2-way referral and why it's important to share information along the continuum of care.
- Ask a few other participants to briefly describe key qualities of a CHW and to identify key tasks that the CHW will perform under CHBC.
- Fill in any missing points using content in the unit.
- Ask if there are any questions. Questions should first be answered by other participants, if possible. If not, then the trainer can clarify or respond.
- Refer participants to their *Handbooks* for a summary of the unit.

NOTES

NOTES

Unit 4

Our Bodies and Safer Sex

Learning Objectives

By the end of this unit, the participants will be able to:

- Identify sexual and reproductive body parts and their functions.
- Assess the risk of different sexual practices.
- Explain why certain groups of people are most vulnerable to HIV/AIDS.
- Explain safer sex and ways to reduce the risk of contracting HIV.
- Demonstrate proper condom use.
- Advise women on how to bargain for safer sex.

Training Methodology

- Trainer presentation
- Values clarification
- Group discussion
- Game
- Brainstorming
- Body diagrams
- Small group work
- Role play
- Demonstration/Return demonstration
- Review exercise

Content

4.1 Basic Anatomy

- What is sex?
- Sexual and reproductive body parts and their functions

4.2 Safer Sex

- Risk of different sexual practices
- Women's vulnerability and safer sex
- Assessing vulnerability to HIV/AIDS
- Assessing people's risk of HIV/AIDS
- Reducing risk by using condoms
- How to use condoms properly
- Negotiating for safer sex

Time Needed: 9 hours

Materials Needed

- Flipchart
- Markers (including green and red)
- Colored paper
- Colored crayons, pencils, or markers (enough for all participants to color the diagrams in *Session 4.1, Activity 4*)
- Scissors
- Tape
- Index cards (small white paper cards)
- Posters of male and female anatomy, internal and external

- Penis and pelvic or diaphragm models
- Latex male condoms and female condoms (enough for all participants to practice and for the questions in *Session 4.2, Activity 8*)
- Posters of female condom use
- Radio or tape player and music
- Small prize
- *Handout 4.1: External Female Sexual and Reproductive Body Parts*
- *Handout 4.2: Internal Female Sexual and Reproductive Body Parts*
- *Handout 4.3: External Male Sexual and Reproductive Body Parts*
- *Handout 4.4: Internal Male Sexual and Reproductive Body Parts*
- *Handout 4.5: Observation Checklist for Condom Use*
- *Trainer's Tool 4.1: External Female Sexual and Reproductive Body Parts*
- *Trainer's Tool 4.2: Internal Female Sexual and Reproductive Body Parts*
- *Trainer's Tool 4.3: External Male Sexual and Reproductive Body Parts*
- *Trainer's Tool 4.4: Internal Male Sexual and Reproductive Body Parts*
- *Trainer's Tool 4.5: Scenarios for the Risk Game*
- *Trainer's Tool 4.6: Scenarios for Assessing Risk*

Work for the Trainer to Do in Advance

- The day before this unit is trained, ask participants to collect different kinds of condoms that are locally available (see *Session 4.2, Activity 10*).
- Copy key points under *Session 4.1, Activity 1* on flipchart.
- Prepare 2 sheets of flipchart with a line drawn across them. Label the flipchart with the word "RISK FOR HIV/AIDS." Mark the beginning point on the line as "low," the middle point "unknown," and the endpoint "high."
- Using *Trainer's Tool 4.5: Scenarios for Risk Game*, write each scenario on a different index card.
- Photocopy *Handouts 4.1–4.4: Female and Male Sexual and Reproductive Body Parts* and *Handout 4.5: Observation Checklist for Condom Use.*
- Write common questions (see *Session 4.2, Activity 8*) about condom use on small slips of paper and fold the paper up so it is small. Completely unroll a condom and put one question inside. Do this for every question.
- Prepare 2 signs: label one "agree" and the other "disagree."

Session 4.1: Basic Anatomy

Introduction

Activity 1: Trainer Presentation (15 min.)

The trainer should:

- Use the content below to introduce the session.
- Recognize that participants will have different comfort levels when discussing sex.
- Explain to participants why it is necessary that CHWs are able to discuss sex in an open and accurate manner.
- Explain that it is important to begin by defining sex and understanding participants' values around sex and sexual expression.
- Post prepared flipchart of the unit's key points and review.
- Ask if there are any questions.

Sex is a normal part of life. Sex can be good—it can express intimacy, affection, and can bring new life. Sex can also be bad—it can be violent, can happen against one's will, can result in unwanted pregnancy, and can also pass diseases that can cause sickness and death.

It is very important to be able to talk about sex since, around the world, almost all HIV is spread through sex. Everyone must know how diseases are spread through sex and that it is not OK to give diseases to other people. To stay healthy and keep families and communities healthy, everyone must know how to avoid serious diseases passed through sex. The most serious of these diseases is HIV because there is no cure.

Sometimes we feel it is not polite, or we feel shy or uncomfortable to talk about sex. For people to avoid diseases from unsafe sex though, there is information that they must know to stay healthy. CHWs can give them that very important information using the local words that they understand. We need to practice what we will say to people about avoiding sexual diseases and how we will say it.

Key Points

In this unit, we will cover the following **key points**:

- What is sex?
- Sexual and reproductive body parts and their function.
- Risk assessment of different sexual practices.
- Why certain groups are more vulnerable to HIV/AIDS.
- Safer sex and ways to reduce risk of getting HIV.
- How to use condoms properly.
- Bargaining for safer sex.

What is Sex?

Activity 2: Values Clarification (35 min.)

The trainer should:

- Post "agree" and "disagree" signs on the wall.
- Explain that statements will be read aloud related to the definition of sex or values around sex. After the statement is read, participants should move under the appropriate sign depending on if they agree or disagree with the statement.
- Begin by reading aloud the statements for values clarification found in the content below.
- Ask for volunteers in each group to explain why they agree or disagree with the statement.
- Emphasize that there are no right or wrong answers. The point of the exercise is to explore what people believe about sex.
- Once all the statements have been read, reconvene the larger group.
- Ask participants:
  - Do you think taboos and being secretive about sexual practices will help?
  - Even if some values around sex are not your own, are they OK for other people?
  - Is it important for those people to be able to talk about sex and get good information and services like everyone else?
- Ask if there are any questions or comments before moving on.

Activity 2: Continued

Statements for Values Clarification on Sex:

1. The only kind of normal sex is penetration with a penis between a man and a woman.
2. Sex can involve a partner inserting fingers into a woman's vagina.
3. Kissing or licking of a partner's sexual organs is a normal part of sex.
4. Masturbation (touching oneself until orgasm) either alone or with a partner can be an acceptable form of getting or giving sexual pleasure.
5. All people, including PLWHA, have a right to a pleasurable sexual experience.
6. Forced sex is never OK even if it is a husband forcing his wife to have sex.
7. Women/men who have sex with partners of the same sex have a right to receive services and information in a nonjudgmental manner.

Sex is defined differently by different people. Gender, culture, and religious beliefs can influence how we define sex and what we think about it. All people, including PLWHA, are sexual beings, and therefore have a right to a pleasurable sexual experience. People have different sexual practices, which is OK. What is not OK is to force sex on anyone, including a wife. Forced sex not only results in emotional and physical trauma but also can increase the risk of HIV transmission due to small cuts in the vagina or anus.

It is important that the CHW understands that there is a **range of sexual behaviors** that people practice everywhere, whether people know it or not, including:

- Vaginal sex.

- Anal sex.
- Oral sex.
- Inserting fingers or objects in the vagina or anus.
- Masturbation.
- Some people prefer to have sex with men, others with women, and some with both men and women.

While the CHW does not have to personally agree with these practices, it is important that s/he:

- Understands the level of risk associated with these different practices.
- Is able to provide information and services to everyone in an accurate and nonjudgmental manner.

Once a person tests positive for HIV, it is often thought that they cannot have sexual relations anymore. This is not the case. PLWHA are still sexual beings. They do need, however, to take the responsibility to prevent giving HIV to others. They also need to protect themselves from getting reinfected with another type of HIV. PLWHA and their partners need accurate information about:

- Risks associated with different sexual activities.
- How to protect themselves (see *Session 4.2, Safer Sex*).

There are also other ways to be sexual, such as by kissing, hugging, and touching. All PLWHA have the right to loving and sexual relationships.

Sexual and Reproductive Body Parts and Their Functions

Activity 3: Game and Group Discussion (40 min.)

The trainer should:

- Divide participants into 3 or 4 groups depending on the number of participants.
- Ask each group to come up with as many words as they can think of connected to sex (e.g., body parts, sexual activities, and behaviors). They can use a local or official language, including slang words.
- Allow 15 minutes and then ask each group to report their list back to the bigger group in a loud, clear voice. Whoever has the most words and speaks the mostly clearly without shame, wins.
- Give a small prize to the team that wins.
- Ask the participants:
  - How did they feel saying and discussing these words?
  - Do they think they can use these words when giving important information to people in their communities?
  - Are some words offensive to women or to men?
  - What is especially hard about talking about sex with adolescents? Do they need this information?
  - Does it make you a bad or good person to use these words openly?
  - What are some of the words people use to talk about sex indirectly? Does this make the information more or less clear to people?
- Emphasize that it is VERY IMPORTANT that CHWs can accept and talk about sex and sexuality openly and comfortably to prevent new HIV infections in the community and help PLWHA live positively.

Activity 4: Brainstorming and Body Diagrams (45 min.)

The trainer should:

- Ask the group to brainstorm major parts of the body related to sex and reproduction.
- Record participants' answers on flipchart.
- Ask the group what other parts of the body are involved in sexual expression or different ways of having sexual pleasure.
- Use the content below to supplement or correct answers.
- Distribute *Handouts 4.1–4.4: Female and Male Sexual and Reproductive Body Parts*.
- Ask the group to look at the pictures of the female reproductive system to see if they can identify any of the parts in the pictures.
- Use *Trainer's Tools 4.1–4.4: Female and Male Sexual and Reproductive Body Parts* to review where the different body parts are located while participants follow along in their *Handbooks*.
- Ask participants to use colored markers or pencils to color each body part (ovaries, fallopian tubes, uterus, vagina, lips, urethra, and clitoris) with a different color. For example, ask the group to color the uterus in red, the vagina in blue, and so on.
- Repeat the steps above to identify and color the male reproductive body parts.
- Ask 1–2 participants to show their colored pictures to the group and summarize the exercise.
- Correct any wrong information and answer any questions.

Note to Trainer: It is important when discussing female anatomy that the trainer remember that some female participants may have experienced genital cutting and will not be able to relate to the diagrams being shown. They may be surprised by the differences between their own bodies and that of an uncut woman.

It is important for CHWs to know the parts of the body involved in sex and how they work. Then CHWs can explain this to people in their communities.

In Women:

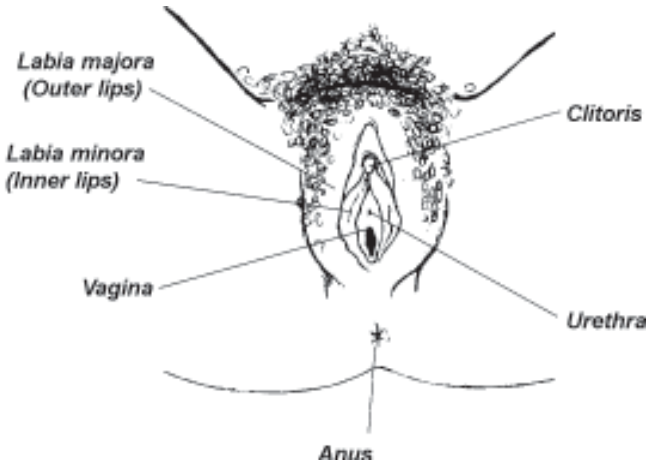
Outside, you can see 3 openings:

- The **urethra** where urine passes out from the bladder.
- The **vagina** where the penis or fingers enter during sex and where a baby comes out. It is the opening to the cervix and uterus or womb.
- The **anus** where stool passes from the body and where the penis or fingers enter during anal sex.

As well as:

- The **labia minora** and **labia majora** which are sometimes called the "lips" around the vagina and urethra.
- The **clitoris** where women can have the most intense pleasure and have orgasm.
- All these outside body parts are often called the **vulva**.

For women who have experienced genital cutting, the clitoris and lips (labia majora and labia minora) may have been removed. The vagina may also have been sewn up.



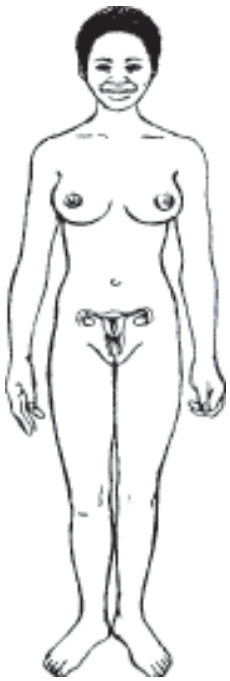
Source: Burns, A., Lovich, R., Maxwell, J., and Shapiro, K. 1997. *Where women have no doctor: A health guide for women.* Berkeley, CA: The Hesperian Foundation (inlcudes illustrations on the following two pages).

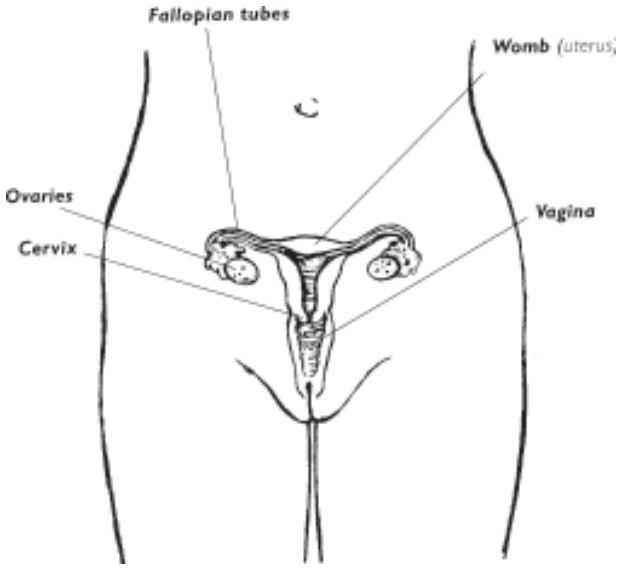
Inside that you cannot see:

- The **uterus** or **womb** where the baby grows and where monthly bleeding comes from.
- The **ovaries** where all the eggs are stored. They give off hormones that control monthly bleeding.
- The **fallopian tubes** are attached to the uterus, and the eggs travel through them to get to the uterus.
- The **cervix** (or mouth of the uterus) is where sperm enters the uterus or womb, and where the baby passes out of the uterus.

All of these areas can be infected by STIs!

Other parts where women can feel sexual pleasure include: the breasts, the lips of the vagina, the buttocks, the skin, the mouth, the neck, and other places, depending on the woman.





In Men:

Outside you can see:

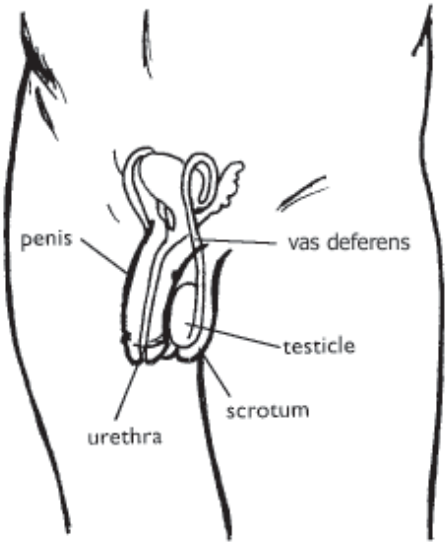
- The **penis** is the main body part for sex and pleasure. It also delivers the sperm that can make the woman pregnant during sex. The outisde tip of the penis has foreskin. Some men do not have foreskin because they have been circumcised and have had the foreskin removed.
- The **scrotum** is the sack of skin that holds the testicles (or balls).
- The **urethra** is the opening from where the man urinates. The urine and semen come from the same opening on the outside, but urine comes from the bladder on the inside, and sperm from the testicles. They do not come out at the same time.

Inside that you cannot see:

- The **testicles or balls** where the sperm is made and stored. The fluid around the sperm (semen) can pass STIs and HIV to another person if the man is infected.
- The **Vas deferens** is attached to the testicles and the sperm travel through them to get out through the urethra.

All of these areas can be infected by STIs!

Men can have pleasure from other parts of the body, the same as women can.



Session 4.2: Safer Sex

Introduction

Activity 1: Brainstorming (15 min.)

The trainer should:

- Introduce the session by asking, "What is meant by safer sex?"
- Ask participants, "Why do we say 'safer' sex rather than 'safe' sex?"
- Use the content below to correct or supplement answers, while participants follow along in their *Handbooks*.

Safer sex is any kind of sex that educes the risk of passing STIs or HIV from one person to another. The best protection prevents infected fluids from being passed between partners. These fluids include:

- Semen.
- Fluid from the vagina.
- Blood.

These fluids should NOT enter the vagina or opening in the penis. They should also NOT enter open sores, cuts or broken skin on the penis, in the mouth, in the anus, or on the body of the partner.

Safer sex involves choosing sexual practices and protection methods that do not allow the body fluids to pass from one person to another. It is important to always practice safer sex because:

- You might not know if you or your partner(s) are infected.

- Most infected people do not show any symptoms.
- Sex is never **100%** "safe," but we can advise people on how to make sex as safe as they possibly can. Se are calling it "safer" sex.
- Some ways to have sex are safer than others. If someone does not know if they or their partner is infected, they should practice sex in the safest possible ways. The CHW can help people to understand risks and how to stay safe.

Risk of Different Sexual Practices

Activity 2: Small Group Work and Group Discussion (35 min.)

The trainer should:

- Ask participants to think back to the values clarification exercise and quickly brainstorm different types of sexual activities.
- List their responses on flipchart, adding from the content below as necessary.
- Divide the participants into small groups of 4-5 people and divide the list of sexual activities amongst them.
- For each of their sexual activities, ask each group to identify situations that make the activity risky or safe (*e.g., penis into vagina: safe when a condom is used properly, risky when no condom is used*).
- Allow 15 minutes.
- Write "safe" in green marker and "risky" in red marker on a flipchart and post it to the right of the other flipchart on sexual activities.
- Ask each group to report back how their assigned sexual activity could be safe or risky. Note responses in the appropriate column next to their assigned sexual activity.
- Allow for comments from the large group.
- Use the content below to add information or correct mistakes. Ask participants to follow along in their *Handbooks*.
- Emphasize that sexual activities become more risky when the body fluids (i.e., semen, vaginal fluids, and blood) move from one person to the other.

Note to Trainer: Please include other behaviors based on local context. Remember that all the listed behaviors do occur and are essential to discussion on HIV prevention.

Sex is practiced differently by different people. Each of these sexual behaviors have different risks associated with them.

- **Penis into vagina:**
  - ➤ High risk of infection with no condom.
  - ➤ Much higher risk for women than for men, especially with "dry sex."
  - ➤ Very small risk of HIV if condoms are used correctly every time.
- **Penis in the anus:**
  - ➤ High risk of infection with no condom because it is easy to tear the skin inside the anus.
  - ➤ Very small risk of HIV if condoms are used correctly every time.
- **Mouth to penis or vagina:**
  - ➤ Some risk if condoms are not used.
  - ➤ Higher risk if there are sores in the mouth, vagina, or on the penis and no condom is used. (For mouth to vagina sex, condoms can be cut up one side and placed between the woman's genitals and her partner's mouth.)
  - ➤ But, if no sores, it is safer than vaginal or anal sex without a condom.
- **Deep kissing:**
  - ➤ No risk unless there are sores on the lips or inside the mouth.
- **Hugging:**
  - ➤ No risk.
- **Masturbating:**
  - ➤ No risk masturbating alone or with a partner as long as the man ejaculates/cums away from the vagina and there is no semen or vaginal fluid coming in contact with broken skin.

Women's Vulnerability and Safer Sex

Activity 3: Brainstorming (15 min.)

The trainer should:

- Ask participants the following questions and note answers on flipchart:
  - Why do women get HIV or other STIs easier than men do?
  - How can men and women protect their sexual health by practicing safer sex?
  - What should couples do to practice safer sex?
- Use the content below to correct or supplement answers.

Women are More Susceptible to HIV/STIs

Women get HIV and other STIs easier and faster than men, because:

- The lining of the vagina is softer and more open to germs than the skin of the penis.
- The semen stays wet inside the vagina longer than the vaginal fluids stay wet on the penis. When the fluid dries, the HIV virus is mostly dead.
- Young women who are not yet fully grown can have more tearing in the vagina during sex.
- Women need to be very wet before sex to avoid tearing. "Dry sex" is the practice of putting herbs or other substances in the vagina to dry it, because women think this will make sex better for their partner. Dry sex causes small cuts in the vagina, making it easier for HIV to get into the body through the tears.
- Women often do not have the power to negotiate when and with whom they have sex due to social, cultural, and economic reasons.

Practicing Safer Sex

Men and women can maintain sexual health by practicing safer sex. This includes:

- Stay in a relationship where both partners have tested negative for HIV (including a second test after the 3-6 month window period) and are completely faithful to each other.
- Masturbation, massage, rubbing, dry kissing, and hugging.
- Using a condom for all types of sexual intercourse (in the anus, the vagina, and the mouth).
- Avoiding dry sex.
- Avoiding sex when either partner has open sores or any risk or symptoms of STIs. If either partner has an STI they should both seek medical testing and treatment together immediately.
- Oral sex may be an acceptable alternative for some people. Oral sex should be only done with a condom, especially if there are sores present in the mouth or on the genitals. For mouth to penis sex, condoms should be used on the penis. For mouth to vagina sex, condoms can be cut up one side and placed between the woman's genitals and her partner's mouth.
- Not having sex at all (called "abstaining" from sex).
- Delaying the first time young people have sex, especially young women.

Couples should talk about sex and learn to please each other while still being safe. Sex should never be forced—both partners should want to do it. Talking openly about sex can allow for the negotiation of safer sex and make sex more pleasurable for both. Discomfort or damage to the genitals will be less likely and dangerous infections will be prevented.

Activity 4: Role Play (45 min.)

The trainer should:

- Divide participants into groups of 3.
- Ask one participant to play the CHW and another participant to play the role of a community member. The "CHW" should talk to the "community member" about all the ways to have safer sex. Make sure the conversation is 2-way. The third participant should watch and make suggestions.
- After each role play, group members should change roles so that all 3 members have had a turn to play the CHW.
- When all have finished, ask 2 groups to volunteer to present their conversation to the group.
- Correct any wrong information or fill in missing content.
- Summarize the exercise.

Assessing Vulnerability to HIV/AIDS

Activity 5: Brainstorming and Small Group Work (45 min.)

The trainer should:

- Introduce the topic by explaining that some people are more vulnerable than others to getting HIV due to a number of reasons (e.g., being poor, being a woman, being young, being uneducated, or having STIs).
- Ask participants to quickly brainstorm a list of groups who might be more likely to get HIV.
- Write their responses on flipchart, and add the following if they are not listed:

Refugees	Men who have sex with men
Poor people	Injecting drug users and their wives or partners
Married women	Domestic servants
Sex Workers (SWs)	Youth
Clients of sex workers	Street children
People with STIs	People who experience gender-based violence (beating, rape)

- Divide participants into pairs and assign one group per pair (adjust according to number of participants).
- Ask each pair to discuss why their assigned group would be more vulnerable to HIV/AIDS.
- Allow 5 minutes.
- Ask each pair to share their responses with the big group. Other participants should add information if they want.
- Add or correct any information using the content below. Ask participants to follow along in their *Handbooks*.

The worldwide HIV epidemic means that many people are vulnerable to HIV. Some people are vulnerable to HIV because of stigma and discrimination or lack of power. Being vulnerable means that there are things about our society that make some people more likely to get HIV than others. It is important not to label or stereotype people as "high risk" because this can lead to even more stigma and make the person less likely to go for VCT or other services. CHWs need to understand why different groups of people are vulnerable to HIV/AIDS.

- **People with STIs can easily get HIV or may already have HIV:** STIs (like gonorrhea, chlamydia, syphilis, and chancroid) are passed by the same unsafe sex practices as HIV. If someone has one STI it makes it easier to get HIV, especially if there are genital sores, as is the case with herpes, chancroid, or syphilis.
- **Being poor can make people more vulnerable:** Women, who are poor and need to support themselves and their families, may turn to having sex for money. They may not have the ability to negotiate safer sex. Men may have to travel for long periods of time to find work. They may have unsafe sex when they are away from home and have less access to prevention services. Poor people often have less education, so they may not have all of the information they need to prevent HIV.
- **Women are more vulnerable than men:** As discussed above in *Session 4.2, Activity 3*, women are biologically more vulnerable to getting HIV than men. Also, women often do not have the power to negotiate when and with whom they have sex due to social, cultural, and economic reasons.
- **Young people, especially young women, are vulnerable:** This is due to a range of social and biological reasons, including lack of information and power to say no to sex, especially with older men. Adolescents may have many sexual relationships and not always use a condom. (For more reasons why adolescents are vulnerable to HIV, see *Unit 2, Session 2.2: HIV Prevention*). Street children may have sex for money or food, be taken advantage of, and lack information on HIV prevention.

- **Refugees or internally displaced people:** Rates among refugees and internally displaced people are often higher due to social and cultural reasons, poverty and violence, including rape. Refugees, the majority of whom are women and children, can be taken advantage of and lack access to information and basic needs.
- **Injecting drug users (and their partners) are vulnerable:** Unclean needles or syringes that are shared among drug users can pass HIV from one person to another. People who share needles can also pass HIV and other STIs to their partners. The stigma around drug use also makes people vulnerable because they may not know about safe injecting practices, or they may not feel comfortable going for services.
- **Sex workers (and their clients) are vulnerable:** Sex Workers (SWs) may need to have sex with many clients to make enough money. Clients may refuse to use condoms and be abusive. SWs may have STIs (and not enough information about them to get them treated) which make them even more vulnerable to HIV.
- **Men who have sex with men are vulnerable:** In every country there are men who have sex with men either because they are homosexual or gay (have sex with only men), bisexual (have sex with both men and women), or are in all male situations like some workplaces, schools, the military, or prisons. Many men who have sex with men are married to women. Because sex between men is not accepted in many countries and may be illegal, it is difficult for men who have sex with men to access HIV prevention and care services. It is important to acknowledge and discuss all kinds of male sexuality and to share information about safer sex with men who have sex with men.

CHWs can help people understand their vulnerability and how they can protect themselves and their partner(s) from infection. Sex is a sensitive subject, and care must be taken to talk with people in a way that they can hear and understand your message:

- They may need privacy or may want to talk in groups.

- It is best to find out about a person or their partners' behaviors and siutation through a conversation and not by accusing or blaming the person.
- Try to put the person at ease and build trust that you will not tell others what they are telling you.

More information on these different groups is addressed in *Advanced Unit 19: CHBC for Groups Needing Special Attention*.

Assessing People's Risk of HIV/AIDS

Activity 6: Game (35 min.)

The trainer should:

- Divide participants into 2 groups.
- Give each group a large sheet of flipchart with a line drawn across it. The sheet should be labeled "RISK FOR HIV/AIDS" with the beginning point on the line as "low," middle point "unknown," and endpoint as "high."
- Give each group a set of cards with different scenarios written on them. **Note to Trainer:** Cards should be prepared ahead of time using *Trainer's Tool 4.5: Scenarios for Risk Game.*
- Ask each group to post the flipchart on a wall and post the different cards on the line based on how risky they feel the scenario is or how vulnerable they think the person or people are to HIV/AIDS. **Note to Trainer:** If the group is partially literate, have the literate person(s) read the card aloud to others. If the group is not literate, the trainer should read each card to the group members and ask them to decide where to place the card on the line.
- Allow 15 minutes.
- Reconvene the larger group and ask the groups to present their charts.
- Use the content below to discuss participants' perception of risk and vulnerability and their personal judgments about certain people (e.g., SWs). Ask participants to follow along in their *Handbooks*.
- Summarize by reminding participants that risk is based on behaviors and practices, not who a person is or to what group they belong.

Activity 7: Role Play (45 min.)

The trainer should:

- Play the role of a CHW and ask for a volunteer to play a community member.
- Model a conversation between a CHW and the community member, demonstrating how to build trust and help the person find out if s/he is "at risk" for HIV.
- Allow 10 minutes.
- After the demonstration, ask participants to pair up and practice holding conversations to find out if a person is at risk for HIV. One person should be the CHW and the other the community member.
- Distribute cards labeled A from *Trainer's Tool 4.6: Scenarios for Assessing Risk* to one member of the pairs. **Note to Trainer:** If the group is not literate, the trainer should whisper each scenario into each participant's ear.
- Allow 10 minutes.
- Ask participants to switch roles with their partner. Give cards labeled B to the one who is playing the community member.
- Allow 10 minutes.
- When the practice is done, ask 1 or 2 of the pairs to demonstrate their conversations.
- Ask the others to comment on what was good and what can be added or changed.

Note to Trainer: The scenarios can be adapted to the local context.

Although some people may be more vulnerable to HIV/AIDS due to factors outside their control, it is important to remember that whether someone is at risk of HIV/AIDS depends on his/her bahviors or practices. For example, we might assume that a woman who exchanges sex for money is at high risk. But if she always uses condoms, goes for VCT, and treats all STIs, she may be low risk—compared with a married woman, who does not know her or her husband's HIV status and never uses condoms.

Low risk:

- A SW who always uses condoms **100%** of the time with her/his clients.
- A gay couple (two men) who have both tested negative for HIV and use condoms correctly every time.
- A lesbian couple (two women) who are exclusively faithful to each other.
- A couple who used to have many partners when they were young, but who now are monogamous and have tested negative for HIV.

Unknown risk:

- A young girl who has a main boyfriend who she never uses condoms with, but who uses condoms with her casual partners.
- A married couple who only have sex with each other, but have not been tested for HIV.

High risk:

- A monogamous wife whose husband has other partners on the side and does not always use condoms.
- A woman whose husband injects drugs and shares needles occasionally or uses condoms in an inconsistent manner.
- A young man who is engaged to be married but has occasional male sexual partners and does not use condoms.
- A woman who is in a violent situation with her husband and cannot negotiate condom use but thinks he has other partners.

Reducing Risk By Using Condoms

Activity 8: Game: Condom Carousel (25 min.)

The trainer should:

- Explain that many people think that being faithful is a good way to avoid getting HIV, but without being tested or knowing the results from a partner's test, being faithful can still be risky. As we discussed above, some people are at risk due to their partner's sexual activity outside the relationship, yet often people do not use condoms. Sometimes this is due to discomfort with the idea of condom use. Sometimes it may come from wrong information about condoms. Knowing how to use a condom correctly is a lifesaving skill that every person should have.
- Explain that it is natural to be uncomfortable discussing or demonstrating something that they have not discussed or demonstrated in the past. Before being able to teach someone how to use a condom, it is important that the CHW is comfortable handling them. This exercise will give us that chance to become familiar with the look, feel, and smell of condoms while we discuss common questions about condom use.
- Ask participants to stand in a circle and turn on the music.
- Circulate a condom blown up like a balloon while the music is playing. **Note to Trainer:** Condoms should be prepared ahead of time using the questions below (see *Work for the Trainer to Do in Advance*).
- Stop the music. Whoever is holding the condom, must break it and answer the question inside.
- Clarify any misconceptions or correct any misinformation using the content below.

Activity 8: Continued

- Start the music again and pass around another condom. Continue until all the condoms have been broken.
- Summarize by asking participants how comfortable they feel touching or holding the condoms.
- Ask for questions or comments (allow participants to express negative feelings/discomfort they may have about condoms).

Note to Trainer: If a participant has a hard time breaking the condom, note how strong condoms are and how difficult it is to break them. Also, point out how large the condom can be when blown up as a way of dispelling the myth that condoms are too small.

Source: Adapted from Peace Corps *Life Skills Manual.* 2000. Washington DC.

Condom Questions

- *Does discussing how to use a condom or giving a young person a condom encourage him/her to have sex?*

  No, many studies have shown that teaching youth how to use a condom or giving them condoms does not encourage sexual activity. If young people have decided to have sex, they will. At least if they know how to use a condom they might use it to protect themselves. Also, studies show that if a young person uses condoms the first time, they are likely to use them consistently from then on.

- *Can condoms spread HIV?*

  Condoms do not spread HIV. If condoms are properly stored and used, they are an effective way of preventing HIV.

- *Do condoms contain the HIV virus?*

  This is a widespread myth that is NOT true.

- *Do married people need to use condoms?*

  Condoms can protect people from both unwanted pregnancy and HIV. Some married people may have had sex outside the marriage or already be HIV+ before they got married. Using a condom is the only sure way to protect yourself. Condoms should always be used if one or both partners are HIV+, or if one or both partners do not know their HIV status, to protect either partner from infection or reinfection.

- *Are condoms effective in preventing HIV?*

  If used the right way with every act of sex, condoms are highly effective in preventing pregnancy and STIs, including HIV.

- *Is it more effective to use 2 or 3 condoms at the same time?*

  No, if used correctly, you only need to use one condom at a time for protection. Using more condoms could decrease sexual pleasure, increase the chances that the condoms will slip off, and is a waste of resources.

- *How many times can you reuse a male condom?*

  Male condoms can only be used once. For each sex act, a new condom must be used.

- *How many times can a female condom be reused?*

  A new female condom should be used every time you have sex. However, if there are no other condoms available, female condoms can be washed thoroughly with soap and water and reused. Make sure to wash off all the old lubricant on the outside of the condom, then turn the condom inside out and wash the other side. Let both sides dry completely. Because soap and water does not always get rid of all the virus, one should only reuse a condom (with new lubrication) when there is no other option.

- *Are condoms too small for some people?*

  Condoms can stretch to fit any size penis. See how we blew them up as a balloon. This shows you how big they can become without breaking.

- *Does using condoms reduce sexual pleasure?*

  Some people think condoms *increase* sexual pleasure because using a condom can make a man stay hard longer. Also, using a condom means that there is no worry about HIV, which can make sex more relaxed and pleasurable.

Important Points about Condoms

- In the community, people who are unsure of their own or their partners' HIV status should always use condoms for each and every sex act. This includes people with multiple partners and people whose partners have multiple partners.
- If PLWHA and their partners decide to have penetrative sex, they should always use condoms. Even if both partners are HIV+ it is important that they use condoms for sex because of the risk of reinfection.
- Latex or polyurethane condoms are effective in preventing pregnancy, HIV, and other STIs because they help prevent contact with sexual body fluids (semen, vaginal fluids, and blood).
- If there are sores around the penis not covered by the condom, the HIV in the vaginal fluid can pass through the sores into the man's body and pus from the sores can infect the partner.
- It is important that PLWHA know how to use condoms properly, and you can teach them.
- Teaching as many men and women in the community as possible, especially PLWHA and youth, to always use condoms, is one of the most important ways to protect the community from AIDS.

How to Use Condoms Properly

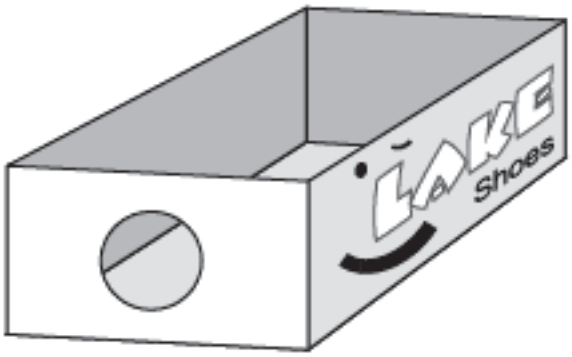
Activity 9: Demonstration and Return Demonstration (1 Hour)

The trainer should:

- Correctly demonstrate proper male condom use on a penis model, banana, or soda bottle. State aloud each step as you are demonstrating and ask participants to follow along in their handbook.
- Ask for a volunteer to demonstrate back to the group, explaining each step.
- Correct any mistakes or missed steps.
- Ask participants to break into pairs. One person will demonstrate condom use while the other uses a checklist (*Handout 4.5: Observation Checklist for Condom Use)* to ensure that all steps were done. **Note to Trainer:** Circulate while pairs are practicing and ensure that participants are practicing correctly and provide assistance where needed.
- After the first participant finishes, ask the second participant to demonstrate.
- After everyone has finished, reconvene the large group.
- Ask if there are any questions.
- Demonstrate female condom use on a pelvic model or using a box (see *Note to Trainer* on the next page), stating aloud each step as you go, and ask participants to follow along in their *Handbooks*.
- Ask for a volunteer to demonstrate back to the group.
- Correct any mistakes or missed steps.
- Break participants into pairs again. Following the steps above, have participants demonstrate proper female condom use.

Activity 9: Continued

- Reconvene the large group.
- Ask if there are any questions or comments.



Note to Trainer: If the trainer or CHWs do not have access to female models to demonstrate female condom use, one can make a rough model by cutting a 4 to 5 centimeter hole in a small box (e.g., shoebox). Another way to demonstrate female condom use is by forming a loose fist and then inserting the condom through the opening that is made by the thumb and first finger.

Source: Callahan, K, Cucuzza, L. 2003, *Home Care for People Living with HIV/AIDS: The Power of Our Community*. Washington, DC: The Center for Development and Population Activities.

How to Use Condoms Properly

- Condoms are only effective if they are used properly **every time** you have sexual intercourse.
- When properly used, a condom can provide protection against transmission of HIV and other STIs, as well as pregnancy. It is important that PLWHA, caregivers, and everyone in the community, young and old, know how to use condoms properly.

Male Condom Use

Use a penis model (or a banana or soda bottle) to demonstrate. Provide all the necessary information while you demonstrate how to put it on and remove it safely.

- Be sure you have a condom before you need it!
- Always use latex condoms because others do not protect completely against HIV.

- Look at the condom packet to make sure that it has not expired or that it has not been damaged (sticky or there are air pockets in the package).
- Roll the packet between your fingers. If it sounds crinkly, it is too dried out for safe use.
- Open the condom packet carefully along one side (to avoid tearing the condom) and take the condom out. Do not use your teeth to tear open the packet.
- Put on a condom only when the penis is erect.
- Pinch the tip of the condom to keep a small empty space, without air, to hold semen; this prevents the condom from breaking.
- Hold the condom so that the tip is facing up and it can be rolled down easily.
- Place the condom on the tip of an erect penis.
- Unroll the condom all the way to the bottom of the penis.
- Immediately after sex, the man or woman must hold on to the rim of the condom while the man carefully removes the penis without spilling the semen. The penis must be removed while still erect to ensure that the condom does not slip off.
- Remove the condom away from your partner.
- Tie the used condom in a knot to avoid spilling the semen and dispose in a latrine, (not in a flush toilet because it may clog) or burn or bury it.

Source of illustrations: Burns, A., Lovich, R., Maxell, J., and Shapiro, K.,1997. *Where Women have No Doctor*. Berkeley, CA: The Hesperian Foundation (p. 202-203).

Remember:

- Put a new and unused condom on the penis for every act of sexual intercourse.
- If the condom tears at any time during sex, withdraw the penis immediately and put on a new condom.
- You do not need to use more than one condom at a time.

Tips to Help Prevent Condoms from Breaking or Leaking

- *Lubricants:* If lubricant is needed, use a water-based one (like K-Y jelly or glycerine). You can also use spit (saliva) for lubrication. Lubricants made with oil, like petroleum jelly (Vaseline), can cause condoms to break more easily. Tell people to never use petroleum jelly (Vaseline) with a condom.
- *Storage:* Store condoms in a cool, dark, dry place, if possible. Heat, light, and humidity can damage condoms. It is not good to store a condom in your wallet.
- If you have a choice, choose a pre-lubricated condom that comes in a square wrapper and is packaged so that light does not reach it.
- Do not use condoms that are sticky, brittle, discolored, or damaged in any way. Throw them away.
- Keep condoms out of direct sunlight.

Female Condom Use

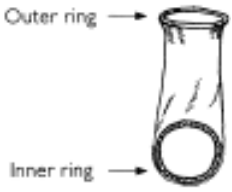
Some women like the female condom because they do not have to rely on their partner to use a condom. But, in some cases, female condoms may need to be negotiated with a partner because they are visible and make noise. Use a pelvic or diaphragm model to demonstrate, or make a model out of a box as shown before.

- The female condom covers the whole inside of the vagina and the outer lips of the vulva. It can be put in anytime before sex.
- It should be used only once, but if there are no other condoms available, it can be washed thoroughly with soap and water and re-used. Make sure to wash off all the old lubricant on the outside of the condom, then turn the condom inside out and

wash the other side. Let both sides dry completely. Because soap and water does not always get rid of all the virus, one should only reuse a condom (with new lubrication) when there is no other option.

- It should not be used with a male condom because then both are more likely to tear with the friction.
- Carefully open the packet.

- Find the inner ring at the bottom, closed end of the condom. The inner ring is not attached to the condom.



- Squeeze the inner ring between the thumb and middle finger.

- Guide the inner ring all the way into the vagina with your fingers. The outer ring stays outside the vagina and covers the lips.

- When you have sex, carefully guide the penis through the outer ring. If it is outside the ring, it will not protect you from pregnancy or STIs.

- Immediately after sex, before the woman stands up, squeeze and twist the outer ring to keep the semen inside the pouch, and pull the pouch out gently. Do not flush it down the toilet. Only burn, bury, or put it in a latrine.

Source of illustrations: Burns, A., Lovich, R., Maxell, J., and Shapiro, K.,1997. *Where Women have No Doctor*. Berkeley, CA: The Hesperian Foundation

Activity 10: Game: Condom Scavenger Hunt (20 min.)

The trainer should:

- Ask participants as homework the night before to go out into the community and bring in samples of condoms that are locally available (see *Work for the Trainer to Do in Advance).*
- Ask participants to show what types of condoms they bought or brought.
- Ask participants:
  - What are the differences between these condoms?
  - What condoms do people in the community like/do not like?
  - How hard or easy was it to buy condoms?
  - How did you feel asking for condoms to buy?
  - What are the barriers to condom use in the community?
  - Are the barriers different for youth or adults, married or unmarried people?
  - How much do the condoms cost?
  - Where are condoms available in the community?

Negotiating for Safer Sex

Activity 11: Group Discussion (20 min.)

The trainer should:

- Lead a discussion on the points about negotiating for safer sex using the content below.
- Pair up with one of the participants to model a woman negotiating with her partner for safer sex, using the content below.
- Ask for 2 volunteers to represent a woman negotiating with her partner.
- Ask others participants to comment.
- Ask participants:
  - How difficult is it for a woman to negotiate for safer sex?
  - What circumstances might make it particularly difficult for women to negotiate for safer sex (*e.g., desires a child, has a much older partner*)?
  - Do you think it is possible?
  - What about men, do you think they ever have trouble negotiating for safer sex? If so, are there certain situations that might make it harder for a man to negotiate for safer sex (*e.g., if he is an adolescent, if the woman wants a baby*)?

Activity 12: Game (30 min.)

The trainer should:

- Explain that CHWs can help people learn to negotiate safer sex by helping the person think about what s/he will say to convince his/her partner to use condoms.
- Explain that participants should think of good responses to the different excuses for not using a condom.
- Toss a ball to a participant and read one of the excuses below. Ask the participant think of a good response in support of using a condom. Ask other participants to add if needed. Use the suggested responses below to correct or supplement responses.
- Ask the participant to toss the ball to another person and read another excuse. Continue until all the excuses have been read.

Excuses	Suggested Responses
Do not you trust me?	*I trust that you are telling the truth. But with some STIs there are no signs. Let us be safe and use condoms.*
It does not feel as good without a condom.	*I will feel more relaxed, so I can make it feel better for you.*
I do not stay hard when I put on a condom.	*I will help you put it on, that will help you keep you hard.*
I cannot feel a thing when I wear a condom.	*Maybe if you last longer that will make up for it.*
I do not have a condom with me.	*I do!*
I am on the pill, so you do not need to use a condom.	*I would like to use it anyway. It will help to protect us from STIs we may not know we have.*
Putting it on interrupts everything.	*Not if I help put it on.*
But I love you.	*Then you will help us protect ourselves.*

Activity 12: Continued

Excuses	Suggested Responses
Just this once.	*Once is all it takes to get pregnant or get an STI, like HIV.*
We have never used a condom before.	*I do not want to continue taking risks.*
We are not using a condom and that is it.	*OK. Let us do something else.*

Women in the community do not often have control over when and how they have sex because men usually make those decisions. CHWs can teach women skills to bargain for safer sex. In addition, men sometimes also may have trouble bargaining for safer sex. For example, if his partner wants a child or if he is an adolescent, he may not have the confidence or communication skills to discuss safer sex with his partner. Here is what you can advise people in the community.

- Think about how you bargain for the other things you need. What do I want, how can I get it, and what can I offer my partner to make him more likely to agree?
- Focus on safety. Try to make it **not** an issue of trust, but an issue of safety. There are other ways to get STIs/HIV—the infection could have been there for a long time with no symptoms or one of them might have had a blood transfusion in the past. How can everyone in the family, including the children yet to be born, be protected?
- Use other people as examples. If you know others that are practicing safer sex, use them as an example. If everyone practiced safer sex, there would be very little infection.
- Ask for help if you need it. If you are afraid your partner will get angry, or not listen, ask someone you both trust to help you both discuss it.
- You can make using condoms and practicing safer sex fun, a game, or pleasurable. This way you can persuade your partner to use condoms or other safer sex measures.

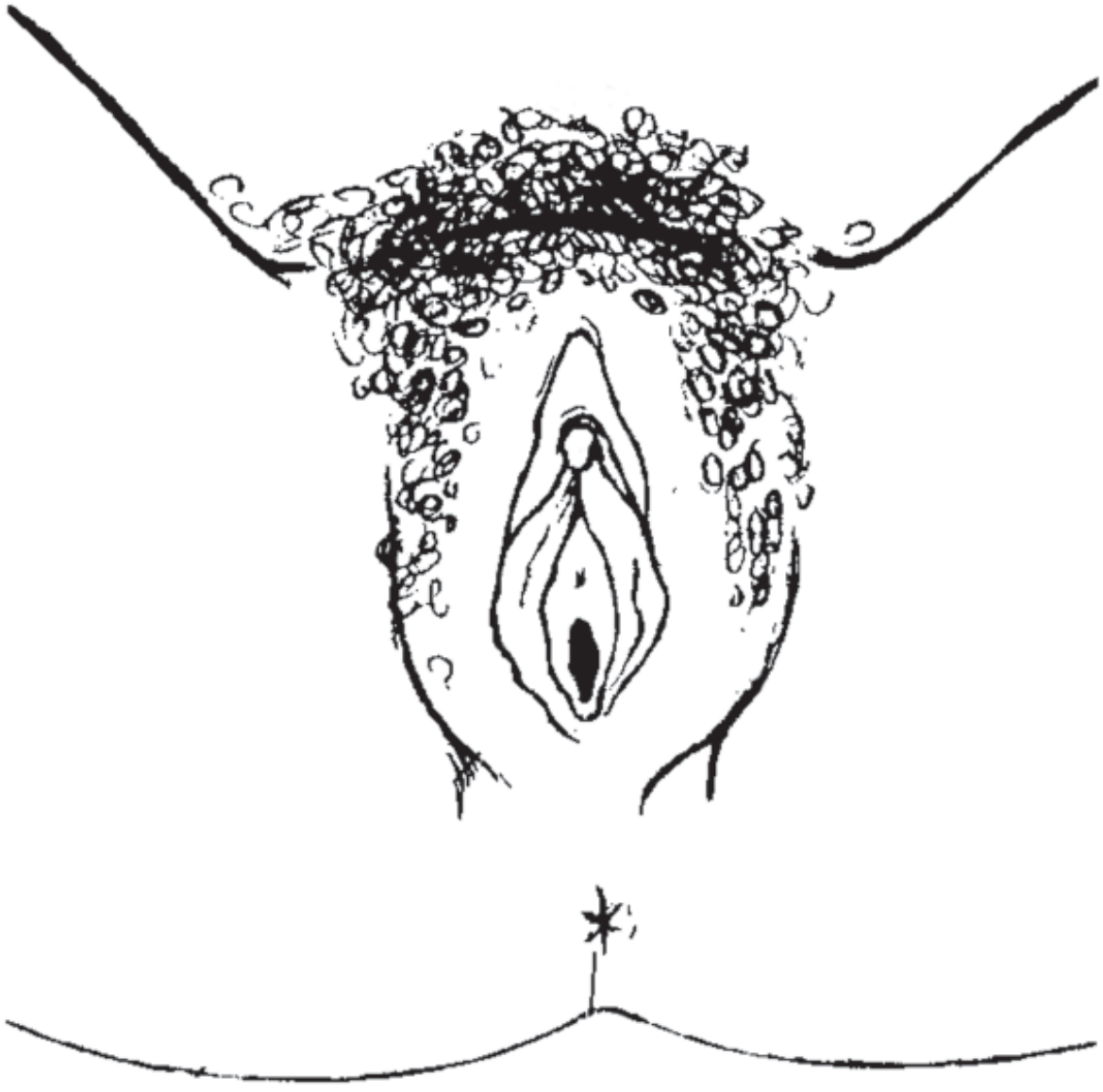
Unit Summary and Evaluation

Activity 13: Review Exercise (15 min.)

The trainer should:

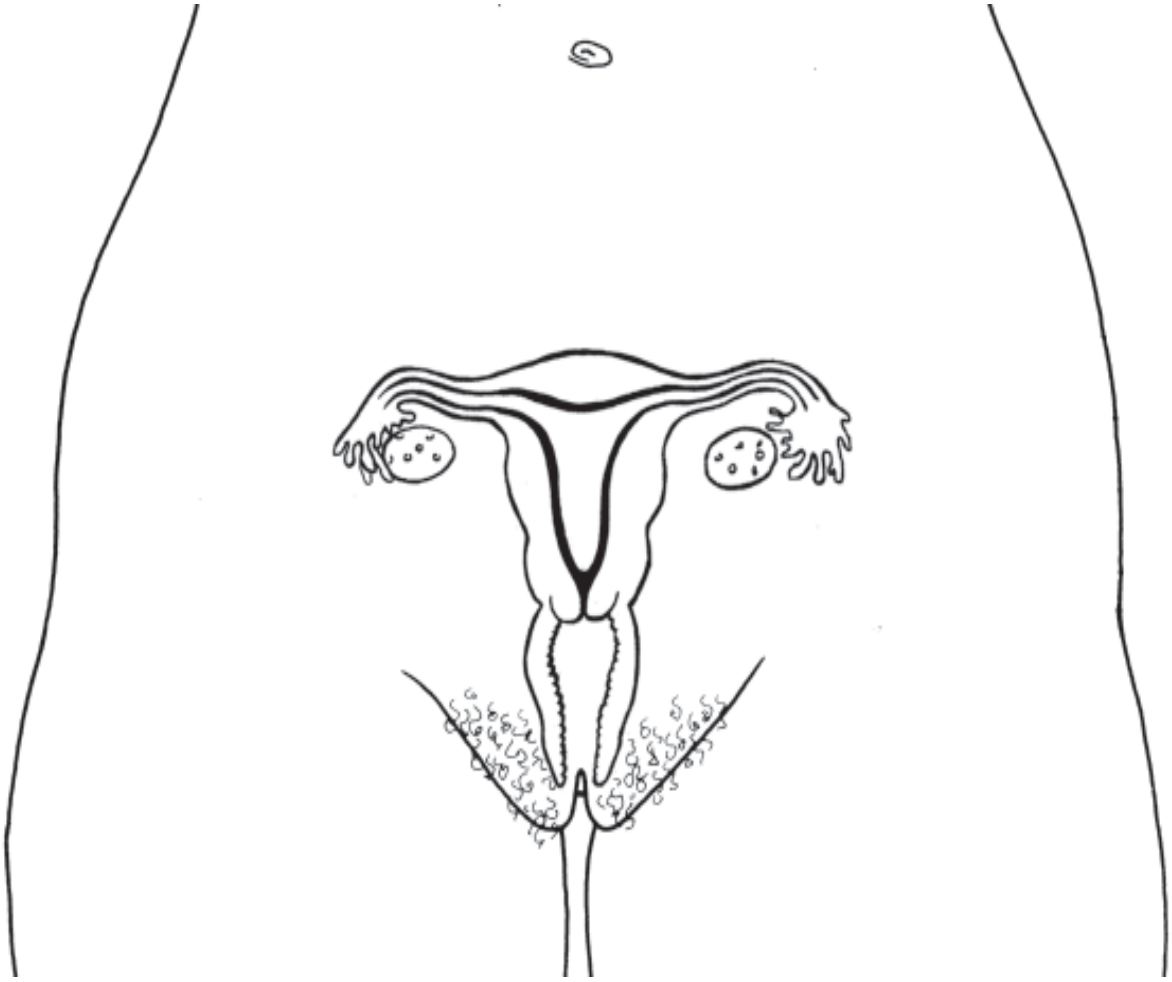
- Quickly refer to the key unit points presented in the introduction and ask participants if all points were well explained. If not, review unclear points.
- Ask participants to share what they learned that they can apply to their work.
- Ask, "What points will be most challenging to do in their work?"
- Add or correct information as needed.
- Ask if there are any questions or comments.

Handout 4.1: External Female Sexual and Reproductive Body Parts



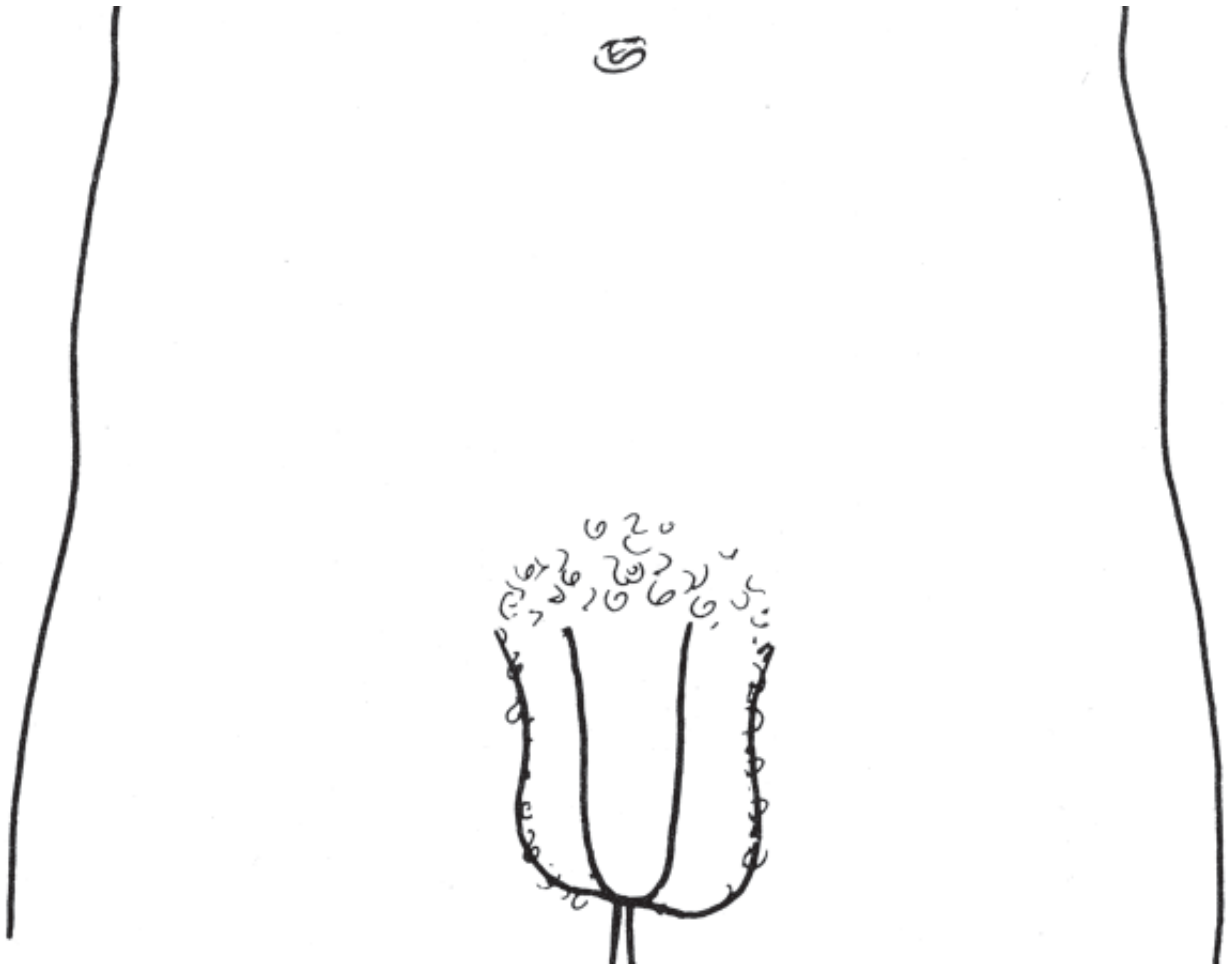
Source: Illustration adapted from Klein, S., Miller, S., and Thomson, F. 2004. *A book for midwives*. Berkeley, CA: Hesperian Foundation.

Handout 4.2: Internal Female Sexual and Reproductive Body Parts



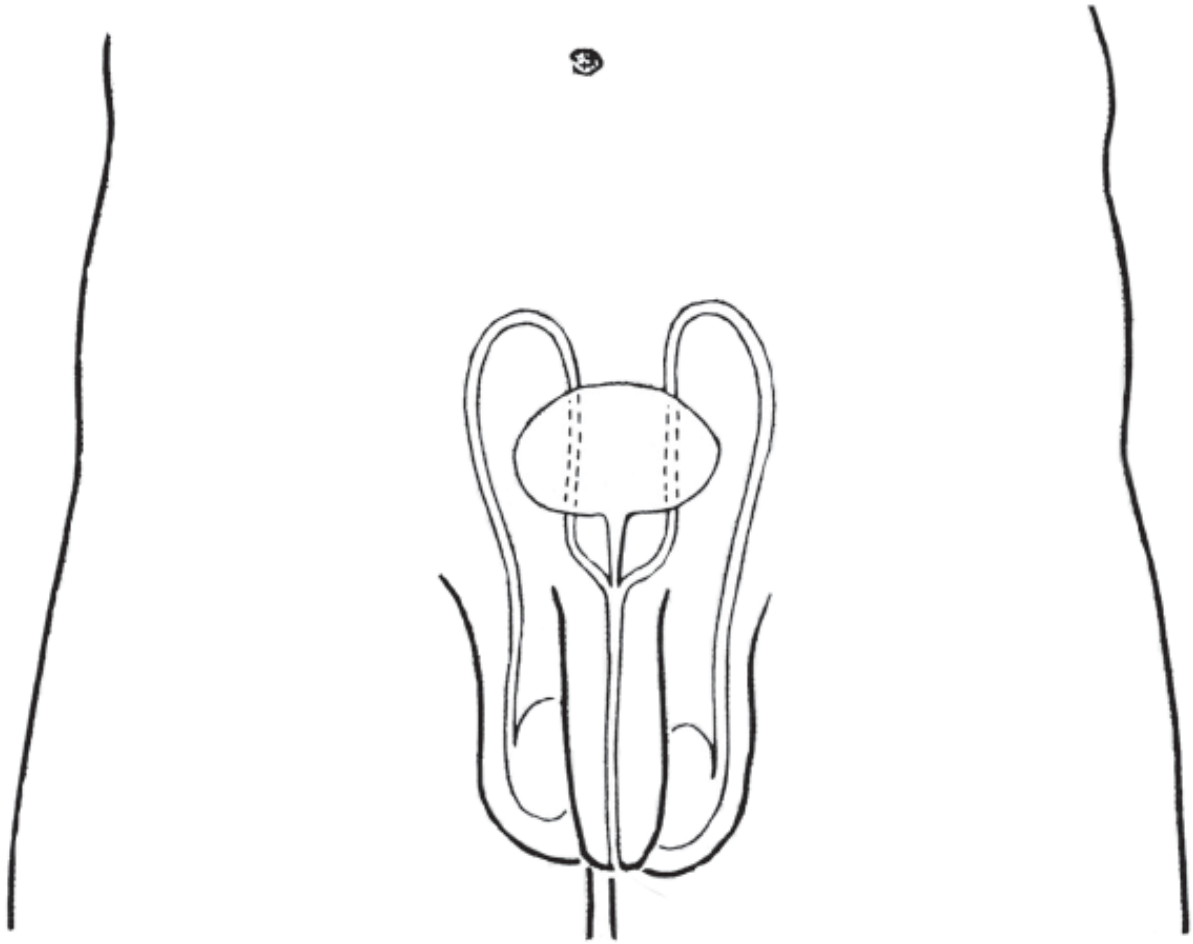
Source: Illustration adapted from Hoskin, F., and Williams, M. 1982. *The universal childbirth picture book*. Lexington, MA: Women's International Network and Klein, S., Miller, S., and Thomson, F. 2004. *A book for midwives*. Berkeley, CA: Hesperian Foundation.

Handout 4.3: External Male Sexual and Reproductive Body Parts



Source: Illustration adapted from Hoskin, F., and Williams, M. 1982. *The universal childbirth picture book.* Lexington, MA: Women's International Network.

Handout 4.4: Internal Male Sexual and Reproductive Body Parts

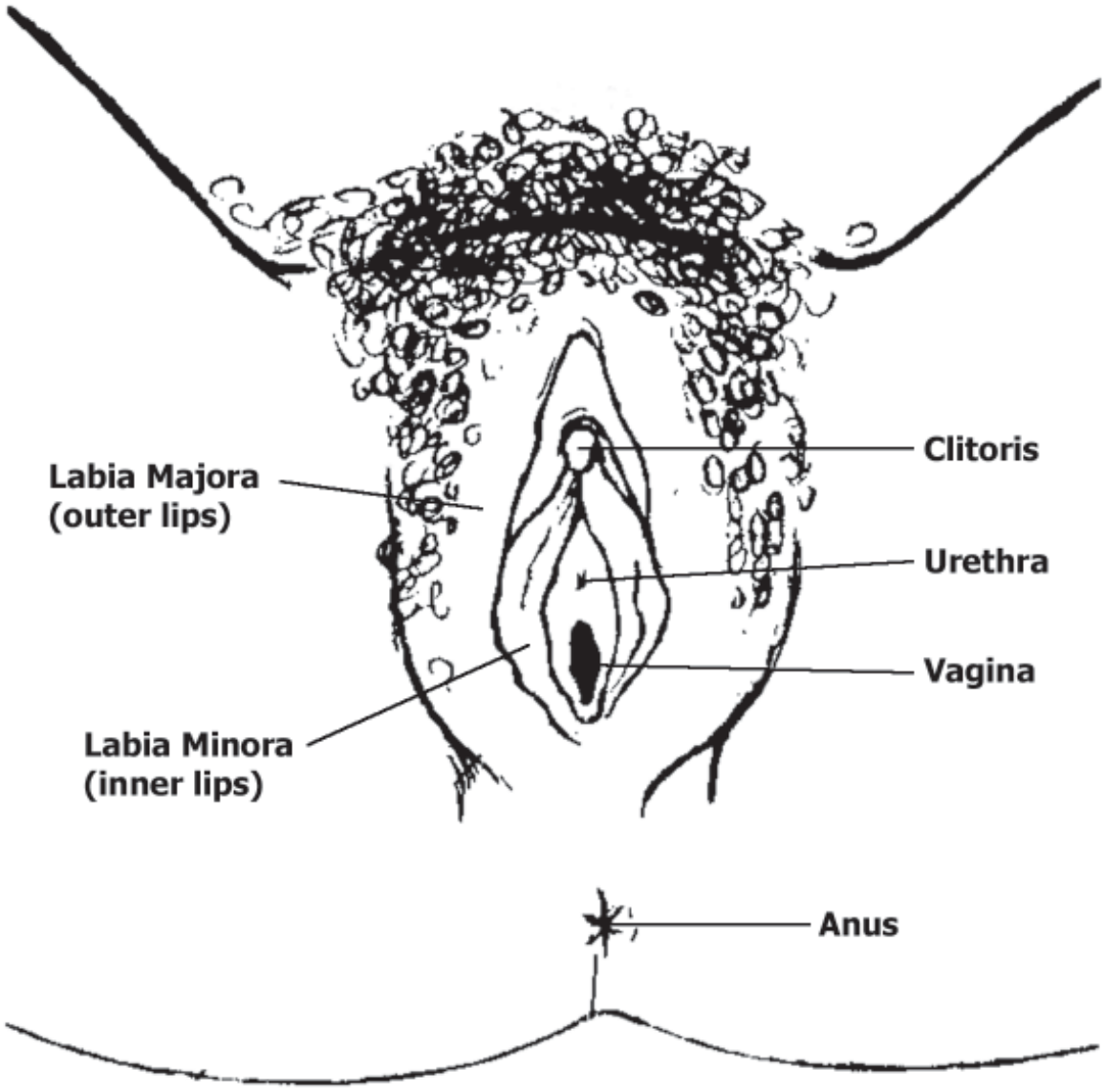


Source: Illustration adapted from Hoskin, F., and Williams, M. 1982. *The universal childbirth picture book*. Lexington, MA: Women's International Network.

Handout 4.5: Observation Checklist for Condom Use

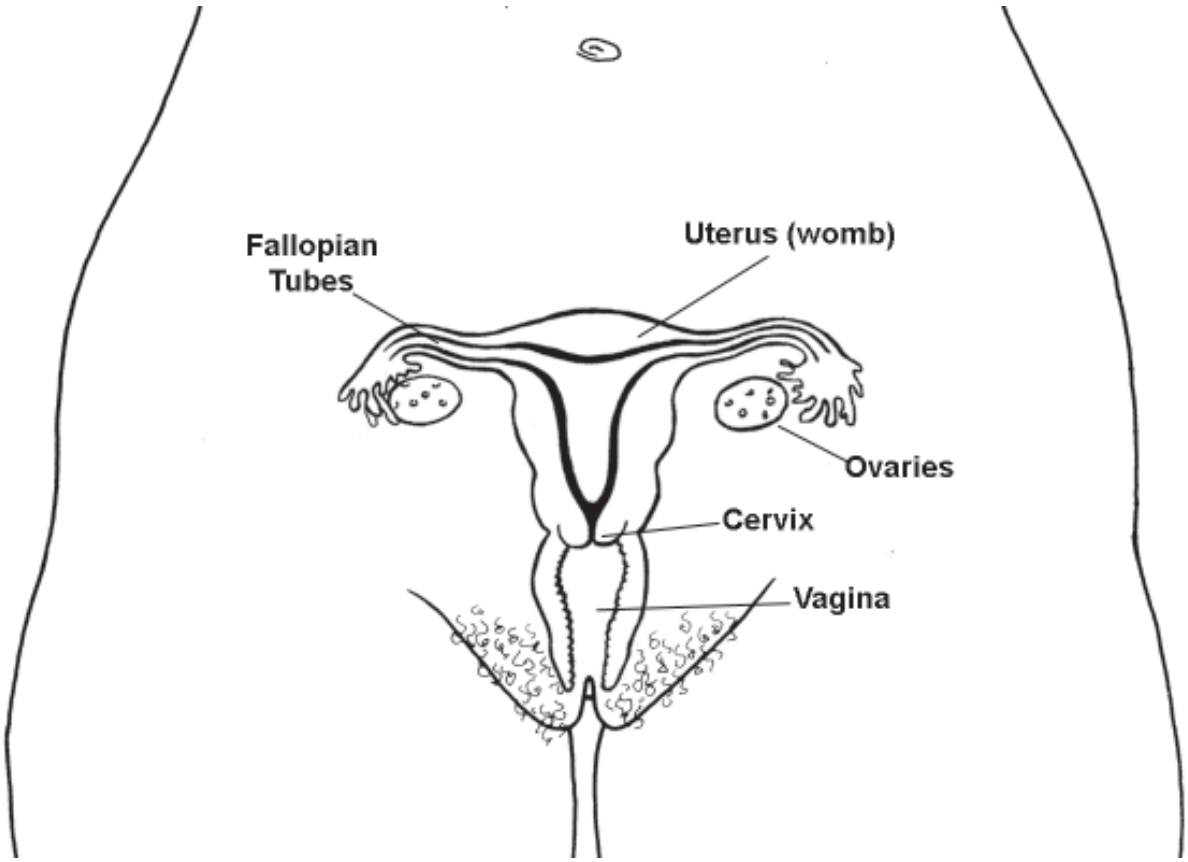
1. Check expiration date on package. ☐
2. Inspect condom packet for obvious damage (e.g., brittleness, lack of air in packet). ☐
3. Carefully tear open package—not with teeth. ☐
4. Make sure the condom is not inside out (e.g., gently blow into the tip). ☐
5. Pinch tip of condom and unroll condom onto erect penis. ☐
6. After ejaculation, hold rim of condom and pull penis out before it becomes soft. ☐
7. Carefully remove condom without spilling semen and tie a knot at end of condom. ☐
8. Properly dispose of condom. (Throw in rubbish bin, burn, or bury.) ☐

Trainer's Tool 4.1: External Female Sexual and Reproductive Body Parts



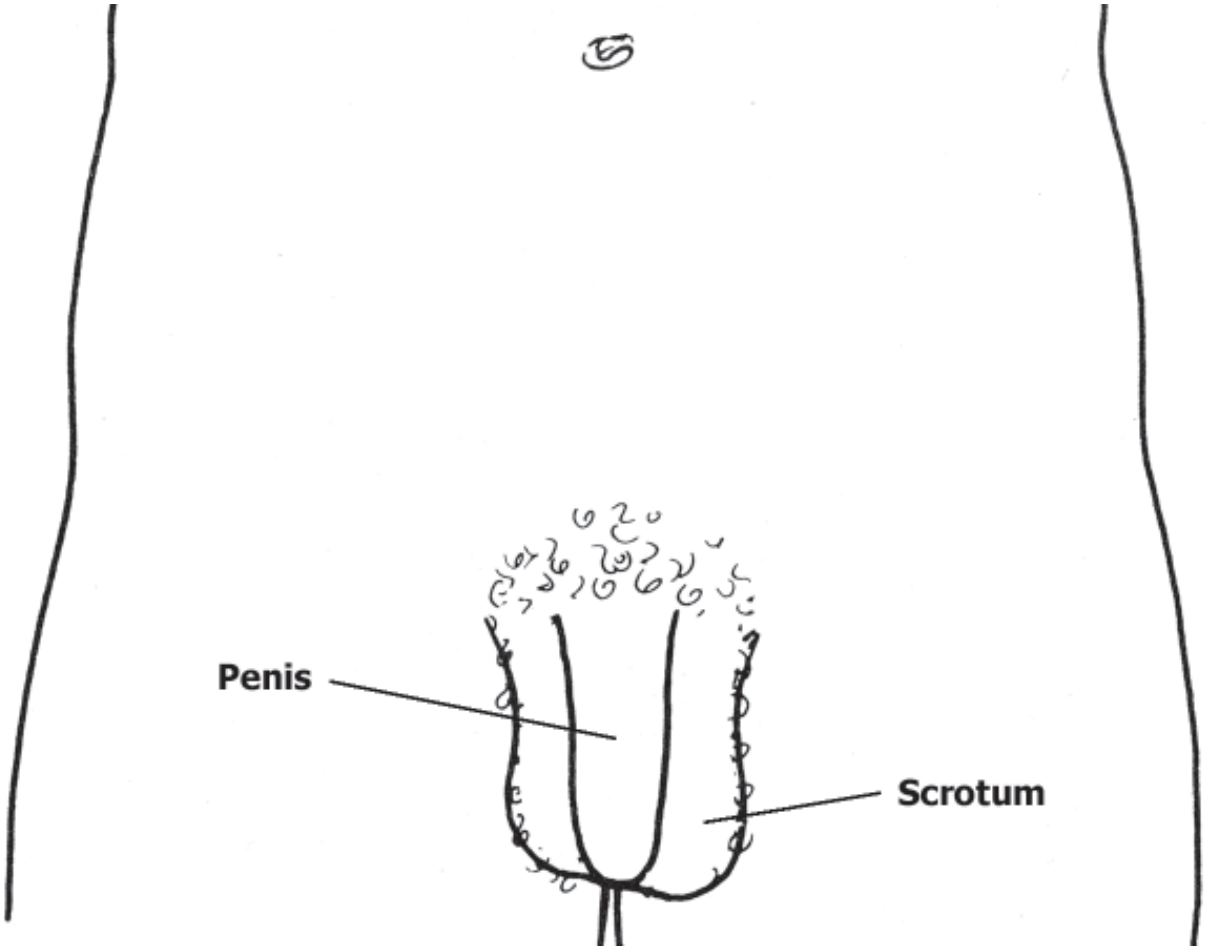
Source: Illustration adapted from Klein, S., Miller, S., and Thomson, F. 2004. *A book for midwives*. Berkeley, CA: Hesperian Foundation.

Trainer's Tool 4.2: Internal Female Sexual and Reproductive Body Parts



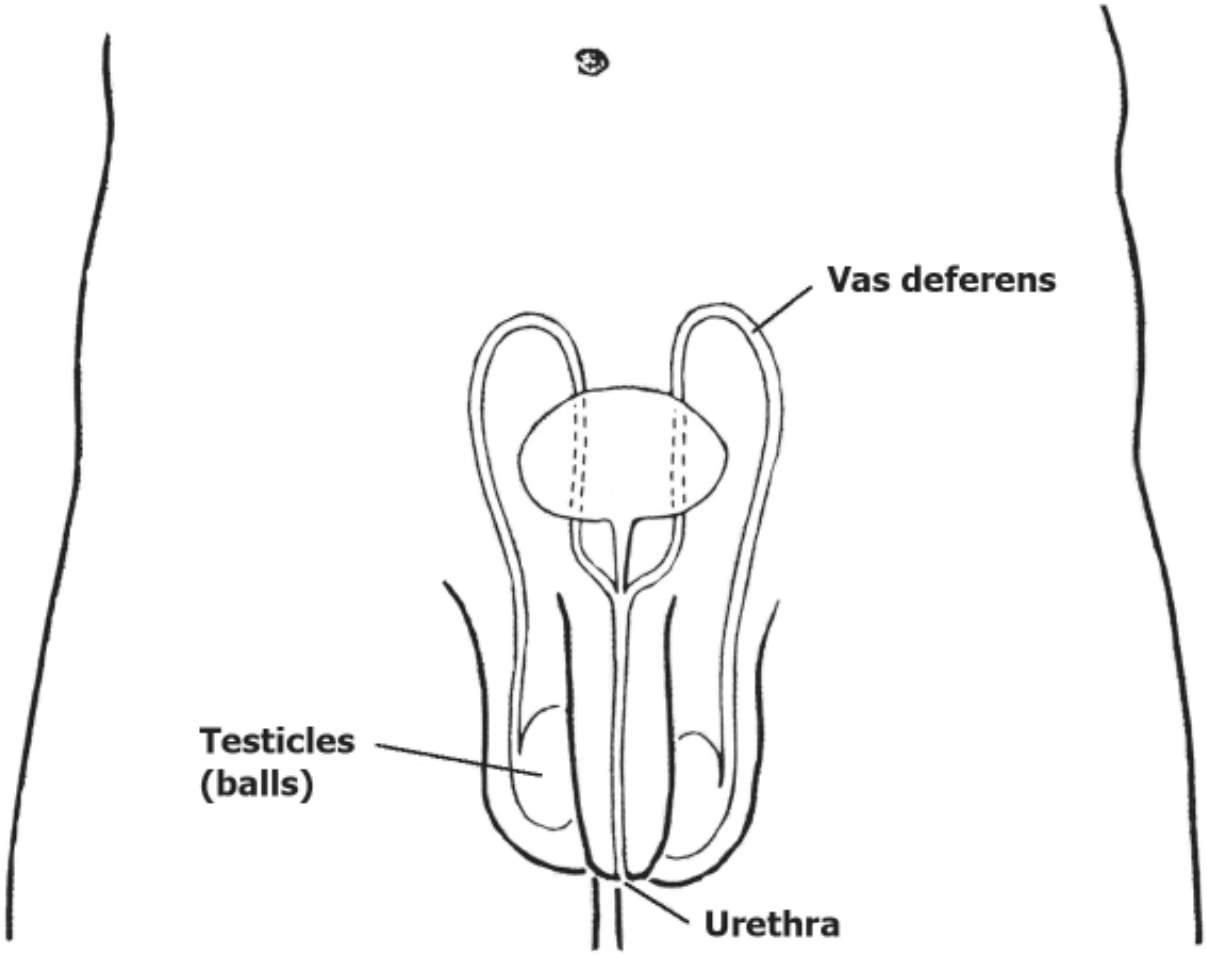
Source: Illustration adapted from Hoskin, F., and Williams, M. 1982. *The universal childbirth picture book.* Lexington, MA: Women's

Trainer's Tool 4.3: External Male Sexual and Reproductive Body Parts



Source: Illustration adapted from Hoskin, F., and Williams, M. 1982. *The universal childbirth picture book.* Lexington, MA: Women's

Trainer's Tool 4.4: Internal Male Sexual and Reproductive Body Parts



Source: Illustration adapted from Hoskin, F., and Williams, M. 1982. *The universal childbirth picture book.* Lexington, MA: Women's International Network.

Trainer's Tool 4.5: Scenarios for the Risk Game

Instructions: Photocopy this page to make 2 sets of cards for the activity. Cut each item out to make a set of cards. Each group should get a set of cards with the different items written on them.

A sex worker who always uses condoms 100% of the time with her clients.	A monogamous wife whose husband has other partners on the side and does not always use condoms.	A young girl who has a main boyfriend who she never uses condoms with, but who uses condoms with her casual partners.
A young man who is engaged to be married but has occasional male sexual partners and does not use condoms.	A gay couple (two men) who have both tested negative for HIV and use condoms correctly every time.	A woman whose husband injects drugs and shares needles occasionally.
A married couple who only have sex with each other, but have not been tested for HIV.	A woman who is in a violent situation with her husband and cannot negotiate condom use but thinks he has other partners.	A couple who used to have many partners when they were young, but who now are monogamous and have tested negative for HIV.

Trainer's Tool 4.6: Scenarios for Assessing Risk

Note to Trainer: Scenarios below can be adapted to the local context.

A) You are a married 32-year-old woman. Your husband often goes to the capital to work for long periods of time. He returns home periodically to see you and the children. You are hoping for one more child, so you do not use any FP method.	A) You are a 17-year-old man. You are considered popular and good-looking. You have several "girlfriends." One of your girlfriends works in the local bar as a waitress, another of your girlfriends is a classmate, and the third one you met at a dance club. You use condoms most of the times that you have sex, but sometimes you forget.
A) You are a 16-year-old girl. You have a "special friend" who helps you with school fees and other needs. Although he is older, you have sex with him because your parents have both died of AIDS and you want to continue school. He is the only person you have ever had sex with.	A) You are a 40-year-old married woman. As far as you know, your husband has always been faithful to you and you have been faithful to him. You have never used condoms.

Trainer's Tool 4.6: Continued

B) You are a 30-year-old male. You have noticed recently that you have some ulcers on your penis and think you might have a STI. You know you need to go to the health center to treat it. Last night after drinking with friends, you had sex with an old girlfriend.	B) You are a married man with 2 children. You are a head master at the local school and very well respected. You sometimes engage in sexual activity with a young man in your community. No one knows about it. You have never used a condom before.
B) You are 25-years-old and soon to be married. Lately you have been worried about your fiancé because you have noticed marks on his arms. You suspect he is injecting drugs since some of his friends do this. You use the pill to prevent pregnancy. You both do not like condoms because they do not feel natural.	B) You are 29-year-old woman. You do not have a job, so you sell sex on the side. You always use condoms with all your clients. Many of your friends have died of AIDS, and you are afraid. However, you usually do not use condoms with your steady boyfriend.

NOTES

NOTES

Unit 5

Talking With Others: Communication Skills

Learning Objectives

By the end of this unit, the participants will be able to:

- Describe different ways CHWs can help people understand information.
- Describe ways to promote good communication between CHWs and their clients.
- Identify barriers to good communication and how to overcome them.
- Demonstrate key communication skills.
- Discuss ways to build respectful and helping relationships between CHWs and their clients.
- Discuss ways to communicate with people who have speech, hearing, or memory problems.

Training Methodology

- Group discussion
- Trainer presentation
- Brainstorming
- Small group work
- Role play
- Game
- Snowball
- Review exercise

Content

5.1 Communication Basics

- Helping people understand information
- Good communication and barriers to communication

5.2 Communication Skills

- Nonverbal communication
- Active listening and reflection
- Close- and open-ended questions
- Showing a caring attitude and gaining trust
- Not sharing personal information with others
- Creating a "helping relationship" with your clients
- Communicating with people who have speech, hearing, or memory problems
- Putting all of the communication skills together

Time Needed: 6 hours, 30 minutes

Materials Needed

- Flipchart
- Markers
- Tape
- A4 paper/sheets of plain paper
- Poster board for visual aids
- *Trainer's Tool 5.1: Open- and Close-Ended Question Exercise*
- Hat or box

Work for the Trainer to Do in Advance

- Copy key points under *Session 5.1, Activity 1* on flipchart.
- Gather visual aids and brochures that have been used in preventing HIV/AIDS among youth for *Session 5.1, Activity 2*.
- Photocopy *Trainer's Tool 5.1: Open- and Close-ended Question Exercise* cut the questions into slips of paper, and put them in a basket (if participants are literate).
- Prepare a sample visual aid to be used with clients who have hearing problems.
- Write scenarios on flipchart for *Session 5.2, Activity 8.*
- Write the names of the topics covered during the unit on slips of paper.

Session 5.1: Communication Basics

Introduction

Activity 1: Group Discussion and Trainer Presentation (15 min.)

The trainer should:

- Ask participants to think of a time when someone spoke to them in a rude or unkind manner.
- Ask for a few volunteers to share what the other person did that made them feel badly (*e.g., shouted at them or looked at them in a disrespectful way, did not listen to them*).
- Ask participants to think of a time when someone spoke to them in a way that made them feel good or supported.
- Ask for a few volunteers to share what the person did that made them feel good or cared for (*e.g., listened, used a nice and caring tone of voice*).
- Explain to participants that the way we communicate with each other is very important, especially in our CHBC work.
- Use the content below to introduce the unit.
- Post prepared flipchart of the unit's key points and review.
- Ask if there are any questions.

Being aware of how people respond to us is very important. Have you ever noticed that if you say something one way to a person, the person understands much better than if you say the same thing another way? How we say things and how we treat people

while we are talking with them impacts what they learn from us. For example, if you talk meanly to someone, they probably will not value what you say. If you are speaking to a CHBC client and you think s/he is a bad person, this will come across in your actions, in your tone of voice, and in your body language. Let's look at how we can best talk with PLWHA, their families, community members, and community leaders. Good communication will help us get our messages across and be effective in our work.

An important part of caring for PLWHA is communicating with your community and your clients. Good communication can help people to understand and solve their problems. As a CHW, you **need good communication when**:

- Giving information that the client needs.
- Giving emotional and psychological support.
- Helping to reduce fear and anxiety.
- Promoting positive living.
- Helping clients to make informed decisions (for example about getting tested or finding services and resources they need).

To be a good helping communicator, you need to:

- Be able to listen actively to what people are saying.
- Be aware of yourself, what you are feeling, and what you are giving to the other person.
- Provide accurate information, never give wrong information, and if you do not know something, to say you do not know (and will find out).

In this unit you will learn some communication basics to help in your role as a CHW.

Key Points

In this unit, we will cover the following **key points**:

- How CHWs can help people understand information.
- Barriers to to good communication.
- Key communication skills:
  - Showing a caring attitude.
  - Gaining trust.
  - Asking open-ended questions.
  - Not sharing client's private information.
  - Creating a "helping relationship" with your clients.
  - Active listening and reflection.
- Ways to communicate with people who have speech, hearing, or memory problems.

Helping People Understand Information

Activity 2: Group Discussion (20 min.)

The trainer should:

- Ask participants to think of ways they can help people understand important information (e.g., how to prevent HIV). Possible answers include: talking with a person, using theater, or giving a brochure.
- Explain that if we use more than one way of communicating, we can get a message across easier.
- Ask participants to give examples of how they could help youth understand the ways to prevent HIV. Possible answers include: one-on-one discussion and showing a youth how to use a condom, or holding a group talk or drama and giving out brochures afterward.
- Show participants sample visual aids and brochures (collected beforehand) that have been used when working with youth.
- Summarize using the content below as participants follow along in their *Handbooks*.

There are many ways that we help people understand information. The way we do this depends on the things we want to talk about and with whom we are talking. Usually, it is helpful to use different types of communication at the same time to get a message across.

Verbal communication means that people talk to each other, or to a group, to get information across or to pass on a message. Verbal communication can be one-on-one (e.g., talking with a CHBC client directly about their questions). It can also be in groups (e.g., giving a community talk on HIV testing). In most situations, it is good to have "two-way" verbal communication. This means that both people or both sides take turns talking and listening. One person does not do all the talking.

Written communication is using writing or drawings to pass on information. Examples include newspaper articles, billboards, educational brochures, and medicine instructions. You can use written communication with verbal communication to reinforce a message. For example, when you discuss with a caregiver how to help prevent bedsores, you may want to give them a handout with writing or pictures that reminds them how to turn a patient or help them do basic exercises. It is also possible to reach large numbers of people with written communication, such as by distributing brochures on good nutrition throughout the community.

Visual aids or showing how to do something is also a way to communicate with people. Visual aids can help people remember information better. For example, if you show a person a condom and how to use it, they are more likely to understand than if you just talk about condom use.

Mass communication is when health messages are communicated to large numbers of people at once. Mass communication can include billboards and newspaper articles as mentioned above. It can also include verbal communication, such as radio ads, call-in shows, or street theater.

ACTIVITY 3: GAME (30 MIN.)

The trainer should:

- Decide on a message that will be passed from one person to the next, around the room.
- Whisper the message to the first person and ask that person to whisper it to the next person and so on.
- Ask the last person to say the message out loud and compare it to the original message.
- Before discussing the reasons why the message ended up so differently, tell participants that you want to let them try one more activity.
- Give each participant a piece of plain rectangular paper.
- Ask participants to close their eyes and follow the instructions given by the trainer:

  1. Fold the paper in half and tear off the top right hand corner.
  2. Unfold the paper and fold it in half the other way.
  3. Tear off the bottom left hand corner.

- Ask the participants to open their eyes and compare their pieces of paper. How many are the same (very few, even though the instructions were the same)?
- Ask participants why the message ended up differently in the first activity and why people's pieces of paper did not all end up the same in the second activity.

ACTIVITY 3: CONTINUED

- Ask participants:
  - What would have helped ensure that the message was the same in the first activity (*e.g., careful listening and checking to make sure they heard correctly before repeating to the next person*)?
  - What would have helped ensure that the pieces of paper were the same in the second activity (*e.g., being able to ask questions or having the trainer demonstrate the instructions as they talked*)?
- Relate the activities to good communication and barriers to communication using the content below, while participants follow along in their *Handbooks*.

Source: Adapted from Republic of South Africa, Department of Health. 2001. *Comprehensive home/community-based care training manual*. Pretoria, Republic of South Africa: Department of Health.

Good communication depends on how effective communicators are, not on how smart the audience is. Communicators must be responsible for selecting the best way to communicate with their audience.

Good Communication

When we are sharing information with others, we should:

- Use simple words.
- Encourage 2-way communication (open exchange between the communicator and audience). Do not do all the talking.
- Encourage people to ask questions.
- Use visual aids (e.g., a picture, flipchart) if available or show a person how to do a task as you explain.
- Ask open-ended questions (questions that ask for a detailed answer).

- Listen carefully to what is said and repeat back to make sure you have understood correctly.
- Make sure you do not repeat personal information to others.

There are many **barriers to good communication.**

- Some are the way we communicate (e.g., talking and not letting the other person talk).
- Some are inside of us (e.g., prejudice and our attitudes toward certain types of people).
- Some are outside of us (e.g., cultural or language differences).

We need to know about barriers in order to get over them and have a helping relationship with the client.

Barriers to good communication can include:

- Not allowing a person to ask questions.
- Only letting one person talk (i.e., one-way communication).
- Not listening well or responding to what the person is really saying.
- Not using visual aids if they are available.
- Bad attitude and personality clashes.
- Stigma associated with PLWHA.
- Cultural and language differences.
- Lack of trust that you will keep personal information to yourself.
- Prejudice or bad attitudes toward people of a different age, race, ethnic group, sex, religion, or social position.

Lack of trust is a large barrier to communication. Increasing the client's trust in the CHW will improve communication. Good communication is needed to find out and meet clients' needs.

SESSION 5.2 COMMUNICATION SKILLS

Nonverbal Communication

ACTIVITY 1: ROLE PLAY AND GROUP DISCUSSION (45 MIN.)

- Ask for 4 volunteers who will work in pairs. Each group will present a 5 minute role play, with one volunteer as the CHW and the other as the client.
- Secretly whisper the roles each should play.
  - In the first pair, the "client" should discuss how they no longer have an appetite and are losing weight. The "CHW" should not look at the "client" while they are talking and lean away. They should appear to be bored with the discussion.
  - In the second pair, the "client" should discuss how s/he is worried about dying and leaving his/her children behind. The "CHW" should listen carefully with good eye contact. S/he should show that s/he is listening by nodding his/her head or touching the arm of the person.
- Allow 5 minutes for the groups to prepare for their role plays.
- Ask the first group to present their short role play.
- Ask participants:
  - Did the "CHW" seem to care about what the "client" was saying?
  - What behaviors or gestures showed how the CHW was feeling?
- Ask the second group to present their role play.
- Ask the participants the same questions as above.
- Lead a short discussion on nonverbal communication using the content below.

ACTIVITY 1: CONTINUED

- Emphasize how nonverbal communication tells a person as much, if not more, than verbal communication. Therefore it is very important for participants to be aware of their body language and gestures.

Note to Trainer: It is important to note that there are cultural differences in the way that people communicate. Nonverbal communication used by CHWs should be appropriate to the culture in which they are working. For instance, in some places direct eye contact may show disrespect, especially when a younger person is talking to someone older in age.

Can we show how we feel about something without even speaking? **Nonverbal communication is a mix of how we move our body, the expressions on our faces, and gestures we make.** They all can show the way we really feel about something. Sometimes, without realizing it, you can say one thing with your voice, and the opposite thing with your body. It is important for you to be aware of this body language when you are talking with your clients and other community members. It can say as much about how you are feeling as your verbal communication.

Positive nonverbal cues include:

- Leaning towards the client (shows interest).
- Smiling (shows friendliness).
- Facial expressions that show interest and concern (shows that you are paying attention).
- Maintaining eye contact with the client (shows interest and respect).
- Encouraging, supportive gestures such as nodding your head (shows that you want to know what they have to say).

Negative nonverbal cues include:

- Not making or maintaining eye contact (shows you are uncomfortable or lack respect).
- Glancing at one's watch obviously and more than once (shows you are in a rush, do not think the client is important).
- Frowning (shows that you do not approve or agree).
- Fidgeting (shows you are uncomfortable and want to leave).
- Sitting with arms crossed (makes a barrier between you and the client).
- Leaning away from the client (shows you are not interested or fear being close to the client).

Observing Nonverbal Cues from the Client

CHWs should look for body language during communication with the client. By watching body language, CHWs can understand feelings and thoughts that someone may not be sharing out loud. Be aware of what is being communicated by someone both verbally (with words) and nonverbally (with body language), so you can respond in the best way possible.

Examples of body language:	What it may communicate:
Looking down	Shame, guilt, embarrassment
Stuttering, speaking softly	Shyness, need for more privacy
Fidgeting	Nervousness, discomfort
Looking at you straight in the eye	Confidence

Active Listening and Reflection

Activity 2: Brainstorming and Role Plays (45 min.)

The trainer should:

- Ask participants to list ways in which you know someone is actively listening.
- Present the list of tips for effective, active listening and reflection found in the content below.
- Divide participants into pairs and have them role play a short conversation. One participant will be a person living with HIV/AIDS who tells the CHW about something that is bothering them. The other will play the CHW and practice active listening and reflection.
- Allow 15-20 minutes.
- Ask 1 or 2 pairs to present their role play to the group.
- Summarize the importance of active listening and reflection and answer any questions.

Fidgeting, interrupting, or not looking at the speaker can give the message that the CHW is not really listening to the client. **"Active listening"** means:

- Paying attention to the speaker.
- Listening to what they are saying.
- Listening to how they are saying it.

By doing this, you will be able to discover the client's feelings, attitudes, thoughts, and fears. Then you can help solve the real problems the person is having. You may also want to use something called "reflection," where you try to understand the concerns of your client, and help them to make their own decisions.

Tips for Effective, Active Listening and Reflection:

- Show sincere interest and understanding, and give your full attention to the client.
- Know your own attitude. How do you feel towards the person talking to you? Do you have any prejudices against them?
- Put yourself in the place of the client as they speak. Try to feel what they are feeling.
- Make sure you have understood what has been said using reflection. Test this by repeating back to the speaker, in your own words, what you think has been said. For example, "you feel afraid that your family is going to reject you if they know you are living with HIV."
- Give the client time to think, ask questions, and speak. Be silent when necessary and do not take over the conversation.
- Avoid easy answers. Do not be afraid to admit what you do not know. Do not change the subject because you feel awkward about not knowing.
- Ask open-ended questions (i.e., ones that cannot be answered in 1 or 2 words. This allows the client to explain in detail so you can learn more about what they are really thinking).

- Look for cues from the client such as tone of voice (e.g., the tone may show anger, fear, worry), words chosen, and body language. Tell them what feelings you are observing.
- Avoid getting sidetracked. Try to gently keep the conversation to the point.
- Give encouragement through words and body language.
- Sit comfortably and avoid movements that might distract the client.
- Summarize the most important information shared by the client at the end of a conversation.

One of the most important roles you can play is to help clients and people in the community make decisions about protecting and bettering their health and lives. Even if they decide to take a small action (e.g., engaging in medium risk sex instead of high risk sex, or talking to their partner about using condoms), they will feel more powerful to carry out a bigger action next time. People can take action and make change, both for themselves and for the community, and the CHWs can help that action happen.

Using these techniques will help put the client at ease and build a trusting, helping relationship. You will then be able to find out what problems and issues the client needs you to help them with.

Close- and Open-Ended Questions

Activity 3: Game (20 min.)

The trainer should:

- Ask participants to explain the difference between closed- and open-ended questions.
- Use content below to clarify answers.
- Put the 10 closed-ended questions from *Trainer's Tool 5.1: Open and Close-Ended Question Exercise* into a basket (photocopy and cut questions into slips of paper beforehand). **Note to Trainer:** If participants are not literate, substitute this step by reading each question aloud to 10 different participants.
- Ask 10 participants to pick a slip of paper and read the closed-ended question.
- Ask the participant to change the close-ended question into an open-ended question, getting help from other participants as needed.
- Summarize by emphasizing that open-ended questions show a more caring attitude and encourage communication with PLWHA.

Communication between CHWs and clients can be greatly influenced by the types of questions that are asked by the CHW. **Close-ended questions** are questions that lead to short yes or no answers. They can cut a conversation short. **Open-ended questions** are those that lead to a more detailed answer. They often begin with how, why, where, who, what, and when. Asking open-ended questions will help the CHW better understand the condition, needs and thoughts of the client. Open-ended questions show a more caring attitude and help to improve communication between CHWs and their clients.

Examples of Close- and Open-Ended Questions

Close-Ended Questions		Open-Ended Questions
Are you eating well?	→	Please tell me about your eating habits.
Do you use condoms?	→	How do you protect yourself (and/or other people) from HIV?
Are you getting support from the community?	→	How has the community been supporting you?
Are you feeling OK?	→	How have you been feeling since my last visit?
Do you like the community support group you have been attending?	→	Tell me about the community support group meetings you have been attending.
Have you been taking your medication?	→	Tell me about your medication routine – how much and how often are you taking it?
Does the medicine make you feel sick?	→	Tell me about how you feel after you take the medicine.
Is your skin rash better?	→	How have you been taking care of your skin rash?
Do you drink a lot of fluids when you have diarrhea?	→	How do you take care of yourself when you have diarrhea?
Did you go to a counselor when you were feeling so upset?	→	Where do you go to get emotional support when you are feeling upset?

Showing a Caring Attitude and Gaining Trust

Activity 4: Small Group Work and Group Discussion (30 min.)

The trainer should:

- Divide participants into 2 groups. One group will brainstorm actions or behaviors that show a caring attitude, the other group will do the same for an uncaring attitude.
- Allow 15 minutes.
- If the group is literate, have them note their answers on flipchart. If not, have the group pick a storyteller to report the answers back to the large group.
- Ask each group to report back to the larger group.
- Use the content below to add to the lists if necessary.
- Ask participants what they can do as CHWs to show a caring attitude towards PLWHA and to build trust with their clients.
- Write participants' suggestions on flipchart and use the content below to add to it if necessary.

PLWHA and their families have a lot of emotional stress. The CHW can provide much needed support by actions and behaviors that communicate a caring attitude.

Actions and behaviors that show a caring attitude

- Showing respect for the client
- Being gentle
- Being patient
- Smiling

- Paying attention
- Active and careful listening
- Responding to what the other person says
- Asking open-ended questions (i.e., questions that cannot be answered with yes or no and require a more detailed answer)
- Using positive body language
- Treating each client as an individual
- Giving only true information that the client can use
- Using a tone of voice that conveys respect, interest, and concern
- Just being with and accepting people for who they are

Actions and behaviors that show an uncaring attitude

- Shouting
- Rudeness
- Using blaming language
- Ignoring what a person is saying
- Doing all of the talking
- Being impatient
- Using negative body language
- Projecting your feelings onto someone else
- Telling others about the person's personal information

The CHW and a Caring Attitude

To gain the trust of PLWHA, CHWs need to have a caring attitude. PLWHA will be more at ease and more likely to speak freely and openly. Without a caring attitude, PLWHA will be closed and you will not be able to help them. They will also worry that their personal information may be shared with others.

PLWHA can be easily hurt by careless remarks and uncaring behavior. The CHW can also show the family and community members how to have a caring attitude and accept that PLWHA are deserving of the best possible care and support.

How to gain trust and build rapport:

- Give the client time to get to know you.
- Show understanding and sympathy with the client's situation and concerns.
- Be sincere and willing to help.
- Be honest and open, including being able to admit when you do not know the answer.
- Support the client's decision to seek counseling and/or care and help them find these services.
- Do not judge or dismiss the client's needs and concerns.
- Show confidence and skill in your work.
- Keep information shared with you confidential.

Not Sharing Personal Information with Others

Activity 5: Game (20 min.)

The trainer should:

- Divide the group into pairs.
- Ask each participant to share a "small secret" with their partner.
- Return to the large group.
- Tell participants that they are to share their partner's secret with the group (Do not really have them share their secrets, but let participants experience for a few minutes what it feels like knowing their secret may be told to the group).
- Ask participants, "How do you feel when you were asked to share the secret?" (*e.g., dismay, embarrassed*).
- Relate this to HIV/AIDS and how PLWHA might feel about a CHW sharing information about their HIV status or other personal information. Discuss the concept of ethics and not sharing personal information with others in the community.
- Stress the importance of privacy, not sharing someone's personal information, and respect.

Source: Adapted from Republic of South Africa, Department of Health. 2001. *Comprehensive Home/Community based care Training Manual.* Pretoria, Republic of South Africa: Department of Health.

There are 3 important things to keep in mind when you communicate with your clients and with other community members:

Privacy: The health worker should create a separate space to talk with PLWHA, even in their own homes. You should be away from other people who may see or overhear the conversation. This also prevents too many distractions during the conversation.

Not sharing personal information with others: It is important to communicate to your clients that what they say or do is confidential. Sometimes it is important to share information about a client's health with a doctor or other professional. Be sure to ask the client if this is ok before you do it, and always respect the client's decision on when to share information.

Respect: The health worker should recognize the client's humanity, dignity, and right to make his/her own decisions. Respect should not depend on whether the health worker agrees with everything the client says or does.

Creating a "Helping Relationship" With Your Clients

Activity 6: Snowball (30 min.)

The trainer should:

- State that CHWs support PLWHA in many ways. It is important as a CHW to create a helping relationship with your clients.
- Ask participants to form small groups of 3-4 people to discuss how a CHW can create a helping relationship with PLWHA.
- Allow 10 minutes and then ask each small group to join with another small group to combine their lists and add more ideas.
- Allow 5 minutes and then ask each group of 6-8 people to join another group of 6-8 people and combine their lists.
- Continue the process until the group becomes 1 and you have a group list of ways to create a helping relationship.
- Ask one person to share the combined list.
- Briefly review the responses, stressing the principles of listening, understanding and acceptance found in the content below.

CHWs can do a lot to support their clients by creating a **helping relationship** with them. This means all of the things we have talked about so far.

- With awareness of our own feelings, a positive attitude toward our clients, and good information and advice, we can help our clients live positively. We can also help other community members prevent any new HIV infections.
- We can help with emotional problems such as sadness, despair, and helplessness by encouraging them to think positively.

- The CHW can help identify the client's needs and then direct them to existing resources and services. These resources include both emotional support and material things like food and clinical services.
- We can give them true information so they do not believe rumors and wrong information about the disease which can lead to more people catching HIV.
- Respect for your client is a necessary part of the helping relationship.

If we can follow 3 principles, we can build respectful, helping, and effective relationships with our clients.

1. **Listening**—really hear what your client is saying and feeling so you can address his/her real needs.
2. **Understanding**—put yourself in his/her shoes and understand the difficulties they are facing.
3. **Acceptance**—accept who they are without blame or a bad attitude toward them. Help them build on their strengths rather than let their weaknesses defeat them.

Communicating With People Who Have Speech, Hearing, or Memory Problems

ACTIVITY 7: GROUP DISCUSSION AND SMALL GROUP WORK (1 HOUR)

The trainer should:

- Ask participants if anyone has worked with a person who had speech, hearing, memory, or sight problems. If so, how they were able to communicate with the person?
- Write their responses on flipchart.
- Show an example of an aid for people with hearing loss (prepare beforehand).
- Ask how it could be used in communicating with someone who is deaf or who has speech problems.
- Ask participants to list examples of needs or conditions a client may need to communicate (*e.g., I'm too hot, I'm hungry, I'm in pain, I need to go to the bathroom*).
- Divide participants into small groups and ask them to create aids that will help them communicate the items on the list (divide the list amongst the groups).
- Allow 20 minutes.
- Have the groups practice using their aids, with some participants acting as clients with impairments and the others being the CHWs.
- Hang up the aids and discuss.

Source: Adapted from Republic of South Africa, Department of Health. 2001. *Comprehensive home/community-based care training manual*. Pretoria, Republic of South Africa: Department of Health.

Sometimes we need to be even more creative in the ways we communicate. If a person is deaf, you will have to rely on written communications or sign language for example. If a person is blind, you will not be able to use traditional written communications (unless the person reads Braille and there are HIV/AIDS materials available in Braille). Some PLWHA may experience speech or memory problems as they develop AIDS. Even though someone has trouble seeing, hearing, talking, or remembering things, they can still communicate the ways they are feeling. The CHW will have to be creative and figure out the best way to communicate with each client. The CHWs should help caregivers and family members in communicating with the client. For example, a client who cannot speak clearly could point to pictures describing the idea s/he wants to communicate, such as that they are hungry or have to go to the toilet.

Putting All of the Communication Skills Together

Activity 8: Role Play and Group Discussion (1 hour)

The trainer should:

- Explain to participants that now they will practice the communication skills discussed during this unit. These skills include using good body language, actively listening to the client, showing a caring attitude, and creating a helping relationship.
- Divide the participants into small groups of 4 people and assign 1 scenario to each group. Some groups may work on the same scenario.
- Present the scenarios (write on flipchart beforehand).

Scenario 1:

You are visiting Mr. M___ who is a 40-year-old man who is partially disabled, but can get around his house to do simple life skills. As you help him with his bath, he begins to cry.

- What would you say to Mr. M___?
- How would you find out why he is crying?
- How would you show a caring attitude?
- What good communications skills would you use?

Scenario 2:

You are going door to door in your community to talk to people about preventing HIV. You visit the N___ home, just a few houses down from your home. When Mrs. N___ answers the door, she says she doesn't want any information from you because she says it is God's will to punish people with bad behavior and give them the AIDS curse. She says that only prostitutes get AIDS and they deserve to be punished.

ACTIVITY 8: CONTINUED

- ➤ What would you say to Mrs. N___?
- ➤ How would you show and use a caring attitude?
- ➤ What good communication skills would you use?
- ➤ How would you communicate correct HIV/AIDS information?

Scenario 3:

You know an adolescent girl, T___, in the community who is orphaned and head of household for her 2 younger brothers. She has begun to do sex work outside of some bars to be able to feed her family. She is not using condoms.

- ➤ How would you help her understand her risk?
- ➤ How would you show a caring attitude?
- ➤ How would you help her make a decision to protect herself?
- ➤ What good communication skills would you use?

- ◈ Ask participants to discuss the questions and then act out the scenario. They should take turns playing the role of the client and the CHW.
- ◈ After 20 minutes, ask for volunteers to present their role play (one for each scenario) to the large group.
- ◈ Discuss the questions in the large group after each role play.

Unit Summary and Evaluation

Activity 9: Review Exercise (15 min.)

The trainer should:

- Quickly refer to the key unit points presented in the introduction and ask participants if all points were well explained. If not, review unclear points.
- Write the names of the topics discussed during the unit on small slips of paper and put them in a hat or box (prepare beforehand).
- Ask participants to pick a piece of paper from the hat and say 1 or 2 things they think are important about the topic and what they learned that they will use in their work.
- Ask other participants for additional comments and fill in any gaps.
- Continue the process until all the slips of paper are gone.

Trainer's Tool 5.1: Open- and Close-Ended Question Exercise

Instructions: Cut the following close-ended questions into slips, fold the slips of paper and put them in a basket or hat. Ask 10 participants to choose a question and read it aloud. **Note to Trainer:** If the participants are not literate, read each question aloud during the exercise instead of having participants read their slip of paper.

Are you eating well?

Do you use condoms?

Are you getting support from the community?

Are you feeling OK?

Do you like the community support group you have been attending?

Have you been taking your medicine?

Does the medicine make you feel sick?

Is your skin rash better?

Do you drink a lot of fluids when you have diarrhea?

Did you go to a counselor when you were feeling so upset?

Unit 6

The Community Health Workers' Role in Community Mobilization and HIV Prevention

Learning Objectives

By the end of this unit, the participants will be able to:

- Explain the CHW's role in community-wide prevention of STIs/HIV.
- Discuss prevention, including safer sex, with the community.
- Describe how the CHW can mobilize the community around HIV/AIDS.
- Demonstrate how to mobilize support for PLWHA with leaders and community groups.
- Describe how to map community resources.

Training Methodology

- Trainer presentation
- Guest speaker presentation or facility visit
- Brainstorming
- Group discussion
- Small group work
- Role play
- Game
- Review exercise
- Art gallery

Content

6.1 CHW's Role in Prevention

- Using CHBC to prevent HIV in the whole community
- Ways that CHWs can teach people about prevention
- Promoting prevention
- Mobilizing people for VCT
- Helping prevent Mother-to-Child Transmission (MTCT) of HIV

6.2 CHW's Role in Mobilizing the Community

- Community mobilization
- Mapping community resources
- Mobilization through community leaders and community groups

Time Needed: 7 hours, 30 minutes

Materials Needed

- Flipchart
- Markers
- Tape
- Colored paper
- Pen
- Scissors
- Small prizes
- *Trainer's Tool 6.1: Review of Prevention and Safer Sex*

Work for the Trainer to Do in Advance

- Copy key points under *Session 6.1, Activity 1* on flipchart.
- Use *Trainer's Tool 6.1: Review of Prevention and Safer Sex* to construct a flower with review questions written on each petal.
- Arrange for a visit to a facility offering VCT. The purpose of the visit is to expose participants to what happens when someone goes for testing. If a visit is not possible, ask a provider who is involved with VCT to come and discuss testing.

Session 6.1: CHW's Role in Prevention

Introduction

Activity 1: Trainer Presentation (5 min.)

The trainer should:

- Introduce the unit using the content below.
- Using the prepared flipchart, present the key points that will be covered in this unit.
- Ask if there are any questions.

The CHWs can involve the community in CHBC and increase the whole community's awareness of how to protect themselves from HIV/AIDS. Earlier we discussed issues related to HIV prevention. Now we are going to talk about how we can raise awareness about HIV and prevention in our communities and be an "change agent."

Key Points

In this unit, we will cover the following **key points**:

- The CHW's role in community-wide prevention of STIs/HIV.
- How to discuss prevention, including safer sex, with the community.
- Mobilizing the community around HIV/AIDS.
- How to map community resources.

Using CHBC to Prevent HIV in the Whole Community

Activity 2: Review Exercise: The Flower (15 min.)

The trainer should:

- Explain that this will be a quick review of information we learned on prevention.
- In advance, use *Trainer's Tool 6.1: Review of Prevention and Safer Sex* to construct a flower on flipchart. Each petal will contain a review question.
- Ask each participant to take a petal, read the question and answer it.

  Note to Trainer: If the participants are not literate, read the question out loud to them.
- Use the answers in the *Trainer's Tool* to correct or add to answers.
- Summarize and emphasize that anyone can get HIV/AIDS, therefore the CHW needs to involve the whole community in prevention.

Activity 3: Trainer Presentation and Group Discussion (25 min.)

The trainer should:

- Ask participants what a "change agent" is.
- Present the content below under *CHWs as Change Agents.*
- Ask if there are any questions.
- Lead a discussion on changing behavior using the following questions:
  - How can we make sexual health something to discuss openly, like nutrition, immunization, and antenatal care? Why is this important?
  - How can we make sure people have the right information on HIV/AIDS?
  - How can we help people change their behavior so they are less likely to get HIV?
  - How does CHBC help prevent the spread of HIV within the whole community?
- Explain that behavior change occurs in small steps. Use the content and examples below to explain the importance of moving someone from small changes to big changes.
- Ask if there are any questions or comments.

CHWs as Change Agents

As CHWs who have been trained in CHBC, you can use your friendships, your status as CHWs, your work with PLWHA and their families, and your knowledge about HIV/AIDS to help all the people in the community protect themselves from getting infected. People will respect your opinion because of your knowledge and skills in caring for PLWHA.

All of this makes it possible for you to be an effective change agent for the community. As we discussed in an earlier unit, most people are not comfortable talking openly about sex, contraception, or AIDS, because they think it is shameful. But these things are closely connected to health, living well, staying alive, and are part of protecting partners and families. They must be openly talked about and understood.

Changing Behavior to Prevent the Spread of HIV

CHWs can help people in the community to protect themselves by changing their risky behaviors. Changing behavior is difficult for most people to do. No one can change lifelong habits immediately, but it is important that people recognize the seriousness of STIs and HIV and how they get them. Changing behavior depends on:

- The individual changing his/her behavior.
- Support from the community to change behavior.
- Good programs, like CHBC, that reduce stigma and help people change behavior.

CHWs should tell people the facts about HIV/AIDS and encourage them to start changing their behavior in small steps so that big changes seem easier. For example, avoiding all sex is the safest way to prevent HIV, but that is not something most people will be able to do. Instead, steps towards having safer sex should be the first goals in prevention.

Even when people begin to understand how they can get STIs or HIV, it still takes encouragement, community support, social changes, and good programs to help people to change their behavior and reduce HIV vulnerability.

For example, a woman who is married and is faithful may think she is safe from infection. She might not know if her husband is having sex with someone else who may be positive. Even if she understands that she may be vulnerable to HIV, it might be hard for her to change behaviors. To do this she would need the support of the community to acknowledge that it is not ok for husbands to be unfaithful and that it is **OK** for husbands and wives to use condoms.

In fact, married women make up a large part of new HIV infections in Africa because they either do not know their husbands have another partner or it is accepted that their husbands have other partners. Also, married women are not expected to ask their husbands to use condoms in many places. Some men do not want to use condoms with their wives because condoms may mean they have been unfaithful.

It is the role of the CHW to:

- Help people identify risky behaviors.
- Explain how to change behavior.
- Continue to encourage behavior changes as the person undertakes them.
- Make sure that the community and programs support people to change behavior.

Ways CHWs Can Teach People about Prevention

Activity 4: Small Group Work (45 min.)

The trainer should:

- Ask participants:
  - ➤ How can you educate people on HIV prevention?
  - ➤ Where can you talk with people about prevention?
- Divide people in small groups to brainstorm all the messages CHWs can give the community to prevent the spread of HIV.
- Give them an example to get them started (e.g., *use condoms every time you have sex*). Allow 15 minutes for each group to discuss and then present to the larger group.
- Note responses on flipchart as each group presents.
- Ask the bigger group to add arguments they would make to strengthen each message. (For example, if the message was "delay first sexual experience for young people," the supporting arguments would be "*avoid pregnancy to stay in school, avoid infection that may cause death, avoid poverty due to lack of education, which in turn may drive young women to sell sex.*")
- Use content below to add other messages or missing content. Ask participants to follow along in their *Handbooks*.
- Ask a few participants to summarize the discussion.
- Answer any questions and emphasize the key role of CHWs in community prevention.

The CHW should educate people individually and in groups.

They might speak to a church group, at a school, or at a workplace. People in the community need to know that **ANYONE CAN GET HIV,** not just slum dwellers, truck drivers, Sex Workers (SWs), or men who have sex with men. Look around at all the housewives, teachers, athletes, doctors, youth, and politicians who are living with HIV/AIDS!

There are many ways in which people in the community can work to prevent the spread of HIV.

Prevention Messages

- Practice abstinence. Or if you choose to have sex, be in a faithful relationship where both partners are tested and know they are HIV-negative, or use condoms every time you have sex. **Note:** Abstinence-only messages may cause more harm than good because people do not learn how to protect themselves if they are not able to refrain from sex.
- Delay first sexual experience for young people (and use a condom every time).
- Be in a faithful, monogamous relationship, where both partners are tested and know they are HIV-negative. Monogamous means each person only has one partner (the other person).
- Choose carefully and limit number of sexual partners.
- Use condoms correctly and consistently at all times.
- Make sure male and female condoms are available, accessible, and affordable.
- Ask partners to get tested for STIs and HIV before having sex, and use a condom.
- Recognize and treat STIs promptly and correctly.
- Practice correct hygiene/infection prevention (presented in *Unit 9: Basic Nursing Care*).
- Practice safer sexual behavior.

- Use clean needles and syringes for all injections.
- Use instruments that are cleaned with bleach when piercing ears, making tribal markings, cutting corns on feet, or shaving heads or faces.
- Live a healthy lifestyle (eat well, do not smoke, protect oneself from infection, have happy family and social relations).
- Avoid drug and alcohol abuse.
- Stop harmful traditional practices, such as violence, rape, Female Genital Cutting (FGC), certain tribal markings, wife inheritance, dry sex, or lack of property rights.
- Make sure all pregnant women get tested for HIV, use condoms during pregnancy and breastfeeding, take preventive ARVs, and deliver with a trained attendant.

Promoting Prevention

Activity 5: Group Discussion and Role Play (1 hour)

The trainer should:

- Lead a brief discussion on how to promote prevention with PLWHA and other family/community members using content below. **Note to Trainer:** In this unit, prevention focuses on stopping the spread of HIV through sex. Infection prevention is discussed later in *Unit 9: Basic Nursing Care*, preventing mother-to-child transmission of HIV is discussed in *Unit 17: Preventing Mother-to-Child Transmission (PMTCT) of HIV,* and preventing HIV among injecting drug users is in *Unit 19: CHBC for Groups Needing Special Attention*.
- Divide the group into smaller groups of 4. Each group will role play two scenarios:
  1. Talking with PLWHA and their partner(s) about preventing HIV through sex.
  2. Talking with family members of PLWHA or other community members about preventing HIV through sex.
- Assign each person in the group a role. For scenario 1: CHW, PLWHA, partner, and observer. For scenario 2: CHW, 2 family/community members, and observer.
- Group members should switch roles so that each person can practice.
- Allow 30 minutes so that all participants can practice.
- Reconvene the larger group and ask each group to note what was effective with each scenario, what did not work, and if they have any questions.

Activity 5: Continued

- Encourage other participants to answer questions.
- Ask a couple of groups to demonstrate each scenario while the remaining participants comment.
- Conclude by asking participants:
  - How could the CHW discuss prevention and safer sex with different family members in a way that s/he felt comfortable?
  - Would you approach all family members during a home visit or would you find different ways to talk with different family members?
  - How would your approach be different if the person was an adolescent versus a person living with HIV/AIDS who was married?
- Ask a volunteer to summarize what prevention information PLWHA and their families need to know.

Preventing the Spread of HIV through Sex

When trying to help people change their behavior, it is good to find out what they know about STIs and HIV first. Then add to what they know, so you are both coming up with the answers together.

For PLWHA

When a person is living with HIV/AIDS, the CHW must take special care to fully educate them about how the virus is spread, so that the person does not continue to spread it and does not become reinfected, which can make them become sick or sicker. The CHW should focus on:

- Educating PLWHA on the ways HIV is spread by sex and ways to prevent it.
- Saying that abstinence is the best way to prevent infections, but is not possible for all people.

- Acknowledging that sex is important to maintaining close relationships, but emphasizing that protection must be used for safety.
- Encouraging sexually active PLWHA to be faithful to one partner and to use condoms every time they have sex to prevent infection with other types of HIV and infection with other STIs (also called reinfection).

For Family/Community Members

As part of his/her duties, the CHW goes to different households in the community. One of the CHW's tasks is to help educate all members in the household (except for very small children) on prevention of HIV through sex. While it is good to discuss prevention with PLWHA and their partners at the same time, it may be better to discuss this with other household members (e.g., children, sister, or brother) when they are alone. An adolescent will probably not be comfortable discussing sex in front of their parents, and therefore your message will not be heard. The CHW should think about the best ways to talk with PLWHA and their various family members. This may involve talking with a family member as they are outside washing clothes, or talking to them later on when you see them in the community.

Mobilizing People For VCT

Activity 6: Visit to VCT Center or Guest Speaker Presentation (1 hour, depending on location of facility, or less time for presentation only)

The trainer should:

- Arrange in advance a visit to the nearest facility offering VCT or for a provider who is involved with VCT to come to the workshop and talk.
- Emphasize the need to protect privacy—participants should not share with others who they have seen getting tested.
- Ensure that the following points are covered during the visit or by the guest speaker:
  - How does VCT help prevent the spread of HIV in the community?
  - What happens during VCT?
  - What are the advantages of testing for those who are negative?
  - What are the advantages for those that are positive?
- Ask participants:
  - Do they know anyone who has been to a VCT center. If so, what was their experience?
  - How can CHWs link with VCT centers?
  - What are the advantages of telling someone else about the results?
  - What are the risks of telling someone else the results?
- Use content below to summarize the major points.

Activity 7: Role Play (45 min.)

- Divide the group into smaller groups of 3 or 4.
- Ask the groups to prepare a role play of a CHW encouraging someone to go for testing. They should think of the best way to convince the person to accept testing.
- Assign each group a role of the person being counseled to go for testing.

  Group 1) A pregnant woman and her husband

  Group 2) A teacher at the local primary school

  Group 3) A very young couple who is about to be married
- Allow 10 minutes to prepare the role play.
- Ask each group to role play in front of the larger group.
- Ask others to give feedback on what was good and what could be improved.
- Summarize the exercise and reemphasize the importance of VCT for everyone in the community.

VCT is a VERY effective prevention tool.

It is also when care and support for people testing positive begins. People who find they are negative can take steps to stay that way. Those who find out they are HIV+ can take steps to get medical care, find support, live positively, and so prolong their productive lives. **VCT is an opportunity to learn a lot about protecting yourself and your partner(s).**

You, the CHW, should encourage as many people as possible to be tested, **including and starting with yourself**. If you want to convince others to be tested, it is very convincing when you say you yourself have been tested. Your role as a CHW is to convince people to be tested, prepare them for the VCT process, refer them to VCT,

and accompany them to the VCT center if needed. You should also follow-up with the person after VCT and provide ongoing support.

The main reasons people do not want to get tested are that they do not want anyone to know their HIV status for fear of stigma and discrimination, and they do not think there is any incentive to knowing their HIV status if there is no treatment available. So, it is very important that the VCT center does anonymous or confidential testing and protects the privacy of each person being tested. It is also important to provide linkages to post-test clubs and resources like food, social support, medical care, and CHBC to provide hope and support for positive living.

Before you refer people for VCT, check to see if the referral site has systems in place to respect privacy, linkages with community support, and medical services for PLWHA.

VCT Process

If you want to encourage people to go for VCT, they must know what to expect when they get there.

The first step is **pre-test counseling.** This is where the provider will discuss:

- Why you want to be tested.
- Basic information on HIV and risk reduction.
- The testing procedure.
- What to do if you test positive or test negative.
- Informed consent (the person usually signs a paper that they understand and want to get the test).

The second step is when the provider or lab tech will **draw a small amount of blood** to be tested. Only a very small amount of blood is needed (a finger prick if it is a rapid test and about 1 teaspoon of blood if it is an ELISA test). Even if a teaspoon of blood is needed, the body is able to make this amount of blood very quickly, so you will not feel weak or tired. Depending upon the type of test they use, you may have your results within an hour or as much as 2 weeks.

The last step is the **post-test counseling**. This is when you receive your test results. If you are negative, the counselor will discuss ways to remain negative and link you with a post-test club if available. If you are positive, the counselor will discuss with you how to cope with the news, ways to prevent spreading HIV to others, how to access care, support, and Anti-Retroviral Therapy (ART) if available, and desire to have children or need for FP.

It is important for the CHW to explain to people why it is good to go for testing, no matter what the result.

Advantages of going for VCT if you are positive:

- Can take measures to protect sexual partner(s) and unborn baby if pregnant.
- Can seek medical care to live as long and as well as possible. Can access PMTCT programs and ART if available.
- Can tap other resources like post-test clubs, PLWHA support groups, Income Generating Activities (IGA), counseling, CHBC and other programs for PLWHA.
- Can plan for the family's future, including children that may be orphaned.
- Can take steps to lead a healthy and positive life (e.g., eating better, getting enough rest, and exercising), which can help you live better.

Advantages of going for VCT if you are negative:

- Can provide a sense of relief.
- Can help with decisions about getting married or having a baby.
- Can learn to protect yourself from ever getting infected.
- Can join post-test clubs to gain more information and support for staying negative.
- Can learn about the HIV/AIDS and help protect your family and friends with good information.

Advantages of telling people HIV test results:

- Able to explain to partners why they want to use condoms.
- Feel better about getting medical help.
- Can get emotional support from family, friends, or support group.
- Can encourage sexual partners or other family and friends to get tested.

There are many advantages of getting tested and sharing results with close family and friends. But people can be very afraid of sharing their HIV test results. It is important that CHWs help make it easier for people to share their results by supporting them and by working with the community.

Risks of telling people HIV test results:

- Could be discriminated against.
- Could be thrown out of home or beaten.
- Could lose job.

Helping Prevent Mother to Child Transmission (MTCT) in the Community

Activity 8: Brainstorming (15 min.)

The trainer should:

- Ask participants to brainstorm the key information that women need to know about spreading HIV to their babies.
- Note responses on flipchart.
- Use content below to review key points.

All women need to know that they can infect their babies with HIV if they become infected themselves. To avoid mother-to-child transmission of HIV, the first step is of course to prevent HIV infection of women of reproductive age. Once a woman is HIV+, she needs FP assistance to avoid unwanted pregnancies. If a HIV+ woman is already pregnant, she needs to be informed about the availability and use of ART and PMTCT programs, have a safe delivery, and be supported in safe infant feeding.

The CHW can:

- Tell people in the community about PMTCT.
- Help women avoid unwanted pregnancies.
- Identify pregnant women and refer them for VCT and ANC.
- Link women with PMTCT programs, including ARVs.
- Help women have safe deliveries.
- Continue to provide close, home support, especially with safer infant feeding.

See *Advanced Unit 17: Preventing Mother-to-Child Transmission (PMTCT) of HIV* for more information on PMTCT.

Session 6.2 CHW's Role in Community Mobilization

Community Mobilization

Activity 1: Small Group Work and Art Gallery (1 hour, 15 min.)

The trainer should:

- Ask participants:
  - What is meant by the term "community mobilization?"
  - What are some examples of how AIDS affects our communities?
  - Who makes up our communities?
  - What ideas in the community fuel the AIDS epidemic?
- Use the content below to add to responses.
- Divide participants into 4 groups and ask each group to discuss how they might mobilize the community for prevention, care, and support of PLWHA and their families.
- Give each group a piece of flipchart and some markers.
- Ask each group to draw a picture that shows the different activities that they might use to reach people. Encourage them to think of the different ways that might reach different groups of people (e.g., young people, SWs, men, women, PLWHA).
- Allow 25 minutes for discussion and drawing.
- Ask each group to post their drawings on the wall and explain their picture as the participants rotate through each picture in the gallery.

Activity 1: Continued

- After all pictures have been explained, ask participants to return to their groups. Assign each group one activity from their picture. Try to vary the assignments so the groups do not duplicate each other.
- Ask the groups to discuss further how they would organize and conduct their assigned activity. They can refer to their *Handbooks* as a reference.
- After 15 minutes, return and present to the larger group. Other participants can comment. Using the content below, add to the responses and summarize by discussing how all these activities play a role in reducing stigma and preventing HIV.

Community mobilization is when the community recognizes a problem that affects the whole community and works to solve that problem together.

In the case of AIDS, it is recognition that AIDS affects and is a threat to everyone in the community. To solve the problem everyone needs to take action to prevent it and to care for those infected.

Who Belongs to the Community?

The community means any group of people who have similar interests and goals—often in the same geographical area. The community is where we live and work. All people in the community can be involved in fighting AIDS, including:

- Men, women, youth, children, orphans, old people.
- Market women, laborers, disabled people, unemployed people, professionals, teachers, people who live in slums, business people, SWs
- Political, religious, and business leaders.
- Churches, mosques, temples, women's groups, youth clubs, PLWHA groups, and worker's unions.

What Effects does AIDS have on the Community?

- Economic—the bread winners cannot work.
- Children become orphans or are vulnerable because their parent(s) are sick.
- Women and child heads-of-households cannot manage.
- The burden of sickness and caregiving on families is overwhelming.
- The health system cannot keep up with the number of PLWHA who need services.

Ideas in the Community that Fuel the AIDS Epidemic

There are many misunderstandings, or untruths, about HIV/AIDS. For example, that condoms carry HIV, that having sex with a virgin will cure AIDS, that mosquito bites can give you AIDS, that everyone with AIDS is a bad person, or that AIDS is a punishment from God.

Stigma and discrimination against PLWHA keep people from finding out the truth about HIV/AIDS and preventing new infections. All the stigma and discrimination also keeps PLWHA in hiding since they do not feel able to be open, seek treatment, and help other people prevent HIV. For a review and definitions of stigma and discrimination, please refer back to *Unit 2: Facts About HIV/AIDS and People Living with HIV/AIDS*.

How the CHW can Mobilize the Community to Take Action

1. **Use your position as a respected, trained CHW** to speak at gatherings, like church services, community group meetings, parent-teacher meetings, union meetings, business meetings, community fairs, and peasant group meetings.
2. **Conduct home visits and talk with families** about HIV/AIDS, how to prevent it, and also what they can do to help with care and support of those already affected.
3. **Find a way to talk with and involve youth.** Adults usually do not talk to young people about sex, and that leaves them without knowing how to protect themselves from HIV, other STIs, and pregnancy. Youth can also use dramas, songs, and events to inform other youth. Youth have shown in many setting that they are interested, creative, and hard working in HIV prevention activities. Help youth determine their risk of becoming infected with HIV.

4. **Involve all kinds of community members in CHBC** and prevention efforts. Help different people and different groups see what they can do to help. People can be encouraged to:

- Bring some food to PLWHA and their families.
- Care for an orphan.
- Visit a PLWHA and give emotional or spiritual support.
- Help organize a community garden for affected families.
- Join in IGA ventures with PLWHA families.
- Form a drama group and present plays with HIV prevention messages.
- Pool money to pay for school uniforms for children of affected families.
- Use their workplaces or their positions to talk with others about how to prevent and support, like businesspeople and teachers.

5. **Help PLWHA form support groups** so they can help each other, help themselves, and eventually have the support and courage to speak openly about their status. PLWHA speaking openly is one of the most effective ways in the world for people to learn how to protect themselves against HIV/AIDS.

6. **Work with the most vulnerable groups** in the community, like SWs, street youth, men working away from home, drug users, and others to help them practice safe behaviors. This requires being respectful and non-judgmental.

CHBC is an opportunity to:

- Connect the issue of stigma to real people who have HIV/AIDS or who are affected by it.
- Bring knowledge and awareness to the whole community by involving them in the support of other infected community members.

Reducing stigma and discrimination is one of the MOST important things you can do to fight AIDS. All of the activities listed above will help do this!

Mapping Community Resources

Activity 2: Game (30 min.)

The trainer should:

- Ask participants to give 1 or 2 examples of the kinds of community resources that could be used by PLWHA and their families.
- Ask participants to form small groups and come up with as many additional community resources that could be tapped to support PLWHA and their families.
- After 15 minutes, have them return to the large group and share their ideas.
- Use the content below to correct or add to their responses.
- Give a small prize to the group that comes up with the most ideas.

For the community to be able to support its infected and affected members, resources are needed. In order to find these resources, both human (people) and material (things like food), it is important to do "resource mapping" in the community. In other words, find resources, and convince other people to find resources, and make a map that shows where they are, what they are, and how they can be used by and for PLWHA.

Some examples of needed resources include:

- Money for school uniforms for OVC—contact churches, business organizations, and political leaders.
- Homes for OVC—find people willing to parent an orphaned child or a church to support a child-headed household.
- Food for affected families and long range food security, like kitchen or community gardens, and livestock IGA schemes, including chickens and rabbits.

- Medicines, including ART, pain medicines, and drugs that prevent opportunistic infections.
- Psychological and spiritual support.
- Transport to hospitals for emergency care for PLWHA—start a community fund and involve bicycle or cab drivers.
- IGA for affected families to help their economic situation.
- Space for PLWHA groups to meet, like in schools, offices, or churches.
- Expansion of existing health centers to better serve PLWHA.
- FP methods and supplies.

CHWs should have a list of resources that they can use when referring PLWHA or families for help, or when they need assistance themselves.

Activity 3: Small Group Work (1 hour)

The trainer should:

- Introduce the activity by explaining that previously we discussed how CHWs can talk about prevention with individuals during household visits. However, CHWs also can play a role in working through community leaders or community groups to help people protect themselves and to create support for those already infected.
- Ask participants to form groups of 4 and assign each one a scenario to role play. **Note to Trainer:** The group can create other scenarios if needed through brainstorming.

  Group 1) A talk for a community meeting about prevention and how the community can participate in the support of those affected by HIV/AIDS.

  Group 2) Addressing a women's group about prevention and care of PLWHA.

  Group 3) Approaching the church, mosque, or temple leaders for support of PLWHA.

  Group 4) Speaking to a local businessmen's association to ask for support for PLWHA and their families.
- Give each group 15 minutes to prepare what they are going to do.
- Ask each group to role play to the larger group how they would conduct their activity and what they would say. Allow 5 minutes for each role play.
- Allow others to give feedback. **Note to Trainer:** Remind participants that feedback must always include positive points as well as things that need to be improved. Make sure to start with the positive.

Activity 3: Continued

- Encourage participants to think of other ways to help mobilize the community for prevention, care, and support during the rest of the course.
- Summarize using the content below.

Many of the activities that we have been talking about can be used to mobilize the community to fight HIV/AIDS. This means getting people to believe that change should happen so that PLWHA and their families do not have to suffer. Community mobilization and advocacy for PLWHA should involve all stakeholders, meaning anyone who has a stake in seeing the AIDS epidemic be defeated.

Unit Summary and Evaluation

Activity 4: Review Exercise (15 min.)

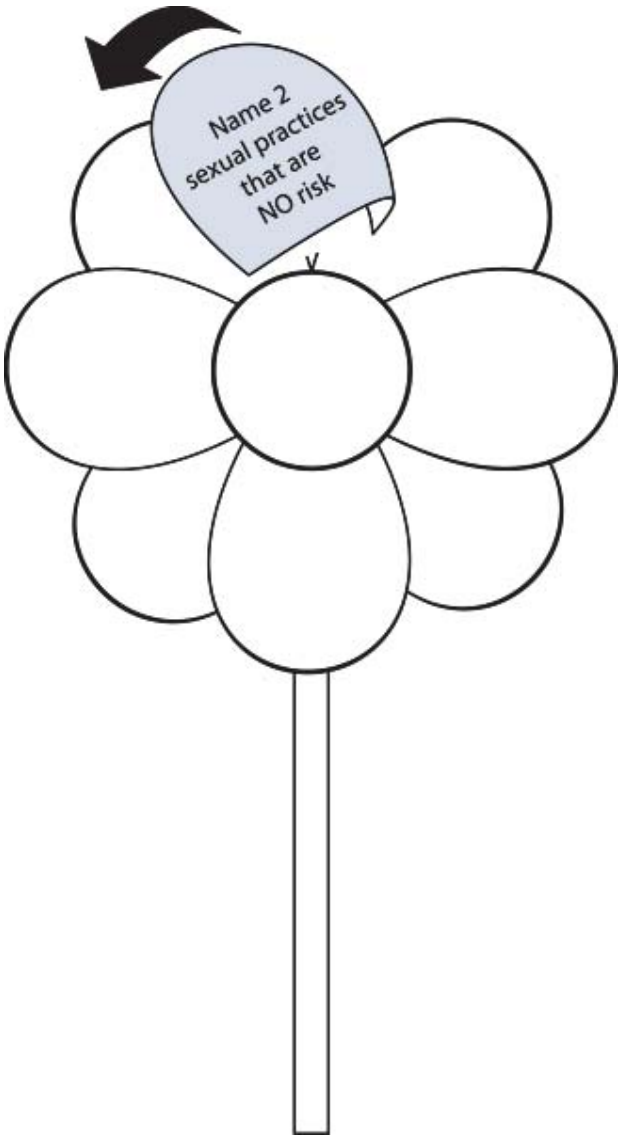
The trainer should:

- Summarize the key points of the unit.
- For each key point, ask volunteers to share 3 important things that they learned.
- Add or correct information as needed.
- Ask if there are any questions or comments.
- Explain that there will be a practicum on educating the community and helping it mobilize against AIDS.

Trainer's Tool 6.1: Review of Prevention and Safer Sex

Instructions:

- Cut out a circle to be the center of the flower.
- Cut as many petals as will fit around the circle.
- Use the questions below and write one question on the back of each petal.
- Arrange the petals around the circle to look like a flower.



Trainer's Tool: 6.1: Continued

Review Questions

1. Name 2 sexual practices/behaviors that are no risk.
   Answer: **No risk** (as long as there are no open sores) practices:
   - Dry or wet kissing
   - Masturbation
   - Touching, hugging, massage
   - Rubbing bodies together
   - Kissing someone's body

2. Name 2 sexual practices/behaviors that are low risk.
   Answer: **Low risk** practices:
   - Oral sex on a man or a woman with a male or female condom
   - Vaginal sex with a condom
   - Anal sex with a condom

3. Name 2 sexual practices/behaviors that are high risk.
   Answer: **High risk** practices include unprotected vaginal or anal sex (no condom).

4. Who is more likely to be infected with HIV through sex (penis-vagina), a man or a woman?
   Answer: **Women are more easily infected.** A woman has a higher chance of being infected with HIV during vaginal sex than a man does; that is, a woman having sex with an HIV+ man is twice as likely to contract HIV than a man having sex with an HIV+ woman.

Trainer's Tool: 6.1: Continued

5. HIV spreads more easily through: anal (penis-anus) sex or vaginal (penis-vagina) sex?

   Answer: **Anal sex spreads HIV even more easily than vaginal sex**, because the delicate skin inside the rectum tears easily, allowing blood and bodily fluids to mix more easily.

6. How are STIs and HIV linked?

   Answer: **STIs and HIV are linked** because:

   - The behavior that puts a person at risk of contracting an STI (multiple partners, irregular condom use, no condom use) puts the same person at risk of contracting HIV.
   - PLWHA's weakened immune system makes it easier to get infected with other STIs.
   - STIs that cause open or broken skin (sores, ulcers, inflamed/tender skin) increase the chance of spreading HIV to partners because they provide an opening to the body.
   - HIV makes it difficult to treat STIs effectively so they may be worse.

Unit 7

Promoting Positive Living and Emotional Wellbeing

Learning Objectives

By the end of this unit, the participants will be able to:

- Describe the range of emotional responses to HIV/AIDS.
- Help clients and caregivers deal with anxiety and depression.
- Provide emotional support to clients and caregivers.
- Help PLWHA to create a memory book or box.
- Explain how PLWHA can keep their bodies healthy.

Training Methodology

- Trainer presentation
- Brainstorming
- Small group work
- Group discussion
- Role play
- Demonstration
- Snowball
- Review exercise
- Guest speaker

Content

7.1 Healthy Minds

- Common reactions to HIV/AIDS
- Recognizing anxiety and depression
- Helping the client and the family deal with anxiety and depression
- Helping the client get feelings out and deal with anger
- Finding hope and joy
- Memory books and boxes

7.2 Healthy Bodies

- Helping clients have a healthy body
- Importance of food and clean water in positive living
- Food that can act as medicine

Time Needed: 4 hours, 45 minutes

Materials Needed

- Flipchart
- Markers
- Tape
- An example of a memory book or box
- Small ball
- *Trainer's Tool 7.1: Review Questions on Positive Living*

Work for the Trainer to Do in Advance

- Copy key points under *Session 7.1, Activity 1* on flipchart.
- Write on a piece of flipchart the recipe for living positively with HIV/AIDS, "**Knowledge + Determination to Live** with actions for a **Healthy Mind + Healthy Body + Healthy Soul.**"
- Invite a guest speaker to show participants what a memory book/box looks like. Alternatively, a local support organization may have memory books or boxes that can be used temporarily as an example.

Session 7.1: Healthy Minds

Introduction

Activity 1: Trainer Presentation (10 min.)

The trainer should:

- Post flipchart with the recipe for living positively. See *Work for the Trainer to Do in Advance*.
- Introduce the session using the content below.
- Using the prepared flipchart, review the key points that will be covered in the unit.
- Ask if there are any questions or comments before moving on.

One of the most important jobs of a CHW is to help clients live positively with HIV/AIDS. Just because a person is living with HIV/AIDS does not mean that they cannot have a healthy, happy, and productive life. CHBC is one part of positive living, which includes:

- Preventing illness.
- Having a healthy mind.
- Having a healthy body.
- Having a healthy soul.

Just like cooking, there is a **recipe for living positively** with HIV/AIDS:

Knowledge + Determination to Live with actions for a

Healthy Mind + Healthy Body + Healthy Soul = A Long, Healthy Life

In this unit, we will talk about the role of CHBC and of the CHW in helping clients live positively with HIV/AIDS.

Source: Orr, Neil M. 2004. *Positive health*. Cape Town: Double Storey Books.

Key Points

In this unit, we will cover the following **key points:**

- Different emotional responses to HIV/AIDS.
- How to deal with anxiety and depression.
- How to give emotional support to clients and caregivers.
- Creating a memory book or box.
- How PLWHA can keep their bodies healthy.

Common Reactions to HIV/AIDS

Activity 2: Brainstorming (15 min.)

The trainer should:

- Ask participants, "What different emotions or reactions might a person have to being HIV+ (when they first find out and after time passes)?"
- Note responses on flipchart.
- Use the content below to supplement answers.

When people find out they are HIV+, they will have many different reactions to this sudden change in life. A positive test result can bring crisis for the person infected, as well as his/her family and loved ones. It is a very hard truth to accept and learn to live with. Most people are frightened of HIV/AIDS; many react with shock and anger. There may also be denial, depression, and loneliness. There may be feelings of loss for the person diagnosed with HIV/AIDS and also uncertainty, grief, and sadness.

A person may experience a **range of emotions** upon learning that s/he is HIV+, such as:

- **Shock:** The person may feel confused and not know what to do.
- **Denial:** At first some people may not believe that they are HIV+ or that they have developed AIDS. They may say, 'The doctor must be wrong." "It cannot be true. I would not feel this strong if I had AIDS." Or, "I have only had sex with my husband, so I cannot have AIDS." Denial is dangerous because the person may not take care of him/herself and may continue to spread the virus to others.

- **Anger:** A person may be angry when they find out they are positive; they may try to pin the blame on the person they think may have passed HIV to them.
- **Bargaining:** A person may try to bargain with their God, such as, "If you will take this virus away, I will never drink or be unfaithful again."
- **Loneliness:** A person may feel alone in the world, especially if they are not sharing their situation with anybody.
- **Fear:** PLWHA may fear many things: pain, loss of job and home, other people finding out and treating them badly, leaving their children, and death.
- **Self-consciousness:** Sometimes PLWHA feel that everyone can see that they are infected; they want to hide. They also may feel rejected by the community, and so will isolate themselves. Sometimes they feel guilty and ashamed for being sick.

Source: World Health Organization and UNICEF. 1992. Adapted by Badisang, B. and the Ministry of Health of Botswana, AIDS-STD Unit. 1996. *Living with AIDS in the community.* Gaborone, Botswana: Macmillan Botswana Publishing Company (Pty), Ltd.

Recognizing Anxiety and Depression

Activity 3: Group Discussion (25 min.)

The trainer should:

- Ask participants:
  - How does anxiety (when a person is worried and fearful) feel to you?
  - How does depression (feeling very down or blue for a long time) feel?
  - What makes you feel better when this happens?
  - What happens when anxiety and/or depression go on for a long time and are very strong?
  - What are some of the symptoms/signs of anxiety and depression?
  - Is it normal in your family or community to talk about suicide?

Note to Trainer: The terms anxiety and depression may not be well understood by participants. Use local terms to describe these mental states or give descriptions so that participants understand the terms well.

To understand what clients and family members are feeling, CHWs need to be aware of what THEY themselves are feeling inside and not confuse their own feelings with PLWHA's or their family members' feelings. For example, if they are afraid that the person might be suicidal on getting the news they are HIV+, this may be from their own ideas of what they would feel if they got the news. It is not necessarily what the other person is feeling.

Anxiety is a feeling of nervousness, fear, and dread.

Depression is a feeling of sadness and hopelessness.

Anxiety and **depression** are common reactions to life with HIV/AIDS. Anxiety and depression are normal reactions only to a point; once they become very strong, last for a long time, and interfere with normal daily activities then they are a danger to the

person's health. Being depressed and anxious can cause symptoms that are very much like a physical illness or infection. It can prevent someone from healing properly during a minor infection. It can also make someone more likely to catch an Opportunistic Infection (OI). This is why it is important for the CHW and the family to be aware of the signs of anxiety and depression and know how to cope.

Some of the signs of anxiety are:

- Do not feel like eating.
- Trouble breathing.
- Shaking, sweating, and feeling faint.
- A sensation that the heart is pounding.
- Tingling sensations, for example in the hands.
- Hard to sleep.
- Heartbeat is very fast.
- Feel out of control.
- Cannot concentrate.
- Feel jumpy or irritable.
- Feel very worried.

Some of the signs of depression are:

- A feeling of hopelessness and helplessness—like you do not know what to do.
- Feeling tired and not having energy.
- Not able to find pleasure or good in anything.
- Irritable with little or even no reason.
- Sleeping too much or not enough.
- Eating too much or not wanting to eat at all.
- Withdrawal from normal social activities.
- Comments about feeling useless and committing suicide.
- Reduced desire for sex.

Helping the Client and Family Deal with Anxiety and Depression

Activity 4: Small Group Work (35 min.)

The trainer should:

- Divide participants into 3 groups and ask them to discuss the following:

  Group 1) should discuss what the CHW should do if a client is anxious or depressed.

  Group 2) should discuss what the CHW should teach the client.

  Group 3) should discuss what to teach the family/caregiver, including when to seek help.

- Allow 15 minutes.
- Reconvene the large group.
- Ask each group to present their conclusions. Supplement answers with the content below.
- Ask if there are any questions.
- Summarize by stressing the importance of taking suicide threats seriously and making sure the client has help dealing with their depression.

Activity 5: Role Play (40 min.)

The trainer should:

- Explain that now participants will use the information they just learned to practice helping clients who are anxious or depressed.
- Ask for one volunteer to play the role of a newly diagnosed client that is feeling depressed. Play the role of the CHW and demonstrate how to help the client with their feelings.
- Ask for 3 pairs of volunteers. Assign each pair the following scenarios:
  - A family member of someone with HIV tells the CHW that the HIV+ person is depressed and angry but s/he (family member) doesn't know how to help the person.
  - A female client is feeling very anxious about her future and the future of her children. Her husband has already passed away and she does not know what her children will do if she dies.
  - A client tells the CHW that s/he feel like killing his/herself.
- Allow 5 minutes for them to prepare.
- Have each pair conduct their role play. Each role play should not take longer than 5 minutes.
- After each role play, ask the other participants:
  - What was good about the way the CHW reacted?
  - Are there any ways that the CHW's response could have been improved?
- Use the content below to supplement the participants' observations.
- Ask if there are any questions.
- Summarize the CHW's role in helping clients deal with their emotions and refer participants to the appropriate section in their *Handbooks*.

What to Do:

- Encourage peer contact. Identify other HIV+ people in the community who have adjusted to their life and are willing to talk about it. Arrange for them to meet the client and his/her family so that they can give support and inspiration.
- Tell the person about other PLWHA who are living healthy, positive lives.
- Identify other community resources and support groups and link the client and family with them. These could be groups to help with finances, spiritual counseling, childcare, transport, or other needs. If no such groups are available, help start one.
- Discourage use of recreational drugs and alcohol because they can make anxiety and depression worse.
- If not prescribed by a doctor, discourage the use of anti-depressant medicines because they can have serious side effects. Even if prescribed, the caregiver must supervise their use and make sure the person does not overuse them.

What to Teach the Client:

- Feelings of depression and anxiety are normal, but should be managed as much as possible. Recognizing the problem is the first step in dealing with it, therefore ask for help if you have symptoms such as crying, loss of appetite, excessive anxiety, or feel panicked.
- Make an action plan to stay hopeful and make healthy changes with the help of family and the CHW.
- Begin to plan for the future for the children and spouse who may be left behind. A good way to start is to make a memory book, described later in the unit.
- Take steps to live positively, like eating well, getting medical help from the CHW or at a health facility, and practicing safer sex.
- Remember that sometimes caregivers may also be tired and discouraged. This is not necessarily directed at the client personally, but is a result of the situation. They are just tired and need emotional support as well.

What to Teach the Family/Caregiver:

- Spend time with and listen to the PLWHA.
- Let the person know that their feelings are normal. Encourage them to talk and express feelings and thoughts. Listen actively.
- Communicate unconditional love and acceptance by using appropriate nonverbal gestures and verbal communication. This will give them an opportunity to understand and overcome their negative feelings.
- Help the person plan daily or weekly activities. This encourages them to be active and retain control of their life.
- Involve the person in family activities as much as possible.
- Relax. It is important for both PLWHA and the family to learn to relax both physically and mentally.
- Get enough rest and eat well.
- Get professional help from a counselor.
- Talk to someone; family members may also be depressed and need help.
- Get help from a support organization in the community. Many CHWs and religious and spiritual organizations can counsel PLWHA and their families.
- Encourage both the PLWHA and the family to continue their regular religious or spiritual practices.

When to Seek Help:

- The client (or the caregiver) may hurt themselves or another person.
- The family members feel that they cannot cope or the depression is so severe the client is contemplating suicide. Anyone who talks about killing themselves should be taken seriously; the CHW should get them to a trained counselor or spiritual leader right away and also make them promise to contact them before they do anything. Often, just talking to someone who shows that they care will stop someone from killing themselves. Clients who are thinking about killing themselves should not be left alone until a plan is in place for their safety.
- The person can no longer eat or sleep.
- There is an emotional crisis.

Helping the Client Get Feelings Out and Deal with Anger

Activity 6: Demonstration (20 min.)

The trainer should:

- Use the content below to introduce the exercise and demonstrate different activities to help clients cope with their feelings.
- Explain how clients can get their feelings out (*Option 1*) by writing a letter, talking to a picture, or punching a pillow. Stress that the client should be open with their feelings while doing these activities.
- Explain how clients can talk to the virus (*Option 2*).
- Ask participants to try the exercise as if they are the client. Use the content under *Option 2* and give participants instructions (e.g., close your eyes and pretend you can see the HIV).
- Once the exercise is finished, ask participants:
  - ➤ How did you feel doing the exercise?
  - ➤ Do you think it can help a client to cope with his/her feelings?
- Refer participants to their *Handbooks* and go over each step involved in breathing for relaxation (*Option 3*).
- Demonstrate each step.
- Ask participants to try the breathing exercise. Say each step aloud so participants can practice.
- Ask participants, "Did the breathing exercise help you relax?"
- Ask if there are any questions or a need to clarify any of the exercises.
- Conclude by asking participants to share other simple techniques that can help clients cope with their feelings.

It may be hard for people to talk about their feelings even if you have tried all of the steps above. Here are 3 simple activities you can teach clients and caregivers to do so that they can feel better and have less anxiety and stress.

Option 1: Get Feelings Out!

If the client is having trouble talking about their feelings, there are other ways to get feelings out. The client can write a letter to a person (maybe the person that infected them or people that reject them) and then burn it. The client can talk to a picture about how they feel. The client can let out anger by screaming into a pillow or even punching the pillow. Tell clients to say exactly how they feel during these exercises. Give them time alone to do these activities.

Option 2: Talk to the Virus!

This sounds strange, but it may help for a client to talk with the virus inside of them. You can tell people to close their eyes and pretend they are talking to the HIV. Or the client can draw a picture of the virus and talk to it. Tell the client to go through these steps when they need to get their feelings out but do not want to talk to anyone in their family:

- Close your eyes and pretend you can see the virus in front of you.
- If you have a stone or a picture that represents HIV, then look at it.
- Give the virus a name and imagine that it can talk back to you.
- Tell the virus how you feel about it being in your body.
- Make a deal with the virus. For example, I will eat good food and stay healthy if you do not make me sicker.

Option 3: Breathe!

If the client is feeling a lot of stress or anger, breathing is a good way to feel better. Show the client these steps and tell them they can do a breathing exercise (an ancient yoga breathing exercise for inner peace) whenever they feel anxious:

- Put your right thumb on your right nostril.
- Put your first and middle fingers on the middle of your forehead.
- Put your ring finger on your left nostril.
- Now, close the right nostril and breathe in for 5 seconds.
- Close both nostrils and hold your breath for 5 seconds.
- Open the right nostril, keep the left one closed, and breathe out for 5 seconds.
- With the left nostril still closed, breathe in for 5 seconds.
- Close both nostrils again and hold your breath for 5 seconds.
- Open the left nostril, leave the right one closed, and breathe out for 5 seconds.
- Repeat until you feel better and calmer.

Source: Orr, Neil M. 2004. *Positive health*. Cape Town: Double Storey Books.

Finding Hope and Joy

Activity 7: Trainer Presentation and Small Group Work (30 min.)

The trainer should:

- Use the content below to present on hope and determination.
- Explain that one way to help clients find hope and determination is by creating an action plan. Use the content under *Making an Action Plan* to introduce the topic.
- Explain that participants will now practice making an action plan for themselves. Have participants pair up and help each other make an action plan for 2 things that they would want to achieve before they died.
- Allow 15 minutes.
- Ask for a couple of volunteers to share their action plans with the group.
- Ask other participants to comment if the things the volunteers planned for are specific and achievable.
- Provide guidance as needed.
- Ask if there are any questions.
- Summarize by reviewing how to help a client identify "wants" to include in their action plans.

The goal of providing emotional support is for PLWHA to accept their situation and see hope for the future. With acceptance, PLWHA are able to live and think positively. It is important to have hope. Hope gives people the strength to deal with illness and challenges that come their way. Hope helps people fight HIV/AIDS and live longer. It is normal that PLWHA may feel hopeful one day and depressed the next. The important thing is to regain that feeling of hope again as soon as possible.

Having a determination to live brings hope. This means:

- Being sure that you want something.
- Doing something to get it.
- Not giving up even when things get tough.

PLWHA can have hope that:

- They will live a long time.
- Medicines that help PLWHA stay healthy, like ART, will be more available.
- Even without medicines, they can prevent a lot of problems through healthy living.
- Scientists will find a cure someday.
- They can help other people prevent HIV/AIDS.
- They can support other PLWHA.
- The doctor and CHW will be able to treat each sickness as it comes.
- They are loved and accepted for who they are.
- There is life after death (for those that believe this).

You can help PLWHA have hope and a determination to live and live longer lives! Help clients make an action plan to reach their goals and give them will to live.

Making an Action Plan

Ask clients what they want from life. This can be things related to their bodies, their health, their home, their job, their children, their partner, or their community. Try and come up with specific wants—like I want to feel well enough to sing in the choir, I want my children to finish school, or I want to feel loved by my family. If the person has trouble coming up with ideas, ask them what they want to feel physically, what material things they want, and what they want from their family and their community.

Now, help the person choose 5 of these wants that they can actually achieve. Make sure these goals are specific and possible.

Finally, make an action plan on how to achieve these goals.

Source: Orr, Neil M. 2004. *Positive health*. Cape Town: Double Storey Books.

Memory Books and Boxes

Activity 8: Group Discussion/Guest Speaker (30 min.)

The trainer should:

- Ask participants:
  - Have you ever seen or heard of a memory book or box?
  - What is the purpose of a memory book/box?
  - What can be included in them?
  - Who should participate in creating them?
- Arrange for a guest speaker from a PLWHA organization or examples of a memory book/box. See *Work for the Trainer to Do in Advance*.
- Have the guest speaker show examples of a memory book/box. Or if there is not a guest speaker, pass around examples of a memory book/box.
- Discuss how the CHW can help clients and families make memory books. Or if there is a guest speaker, let him/her discuss with participants.
- Ask if there are any questions.
- Explain that participants will practice making a memory book in *Advanced Unit 15: The Expanded Role of the Community Health Worker.*

One of the things that worries PLWHA the most is that they will not be around to see their children grow up. One way to help deal with this is to make "memory books" where the PLWHA can write about themselves and their dreams and hopes for their children. The CHW can help families and PLWHA make memory books. If the family cannot write things down themselves, they can draw pictures, or the CHW or a neighbor can help them write.

Memory books can contain:

- Family background and history.
- What the children were like when they were small.
- Letters to each person in the family.
- The kind of people they hope their children will grow up to be and the values they will hold.
- Family health history.
- Inheritance information (what the children or the spouse are entitled to when the person dies).
- If they can afford it, photos of themselves, their home, and their children.

It does not need to be a fancy book; the important thing is that it provides the children with a record of their parent's life and a solid object representing their parent's love.

Another option is to make a "memory box." A memory box is similar to a memory book but instead of writing, PLWHA put photos, letters, important documents, and small items in a box for their children.

Session 7.2: Healthy Bodies

Helping Clients have a Healthy Body

Activity 1: Snowball (30 min.)

The trainer should:

- State that part of positive living is practicing behaviors that are healthy and avoiding those that are unhealthy.
- Ask participants to form small groups of 3-4 people to brainstorm what things PLWHA can do to keep their bodies healthy and what activities the CHW should help PLWHA avoid. Discuss why each is important in positive living.
- Allow 10 minutes and then ask each small group to join with another small group to combine their lists and add more ideas.
- Allow 5 minutes and then ask each group of 6-8 people to join another group of 6-8 people and combine their lists.
- Continue the process until there is one group and one list of things to do and things to avoid.
- Ask one participant to share the combined list.
- Briefly review the responses, using the content below to supplement as needed.

Healthy Practices

The CHW should help the client to:

- Keep busy and active.
- Get enough sleep.

- Talk about feelings and join a support group.
- Eat healthy foods (see *Unit 8: Nutrition*) and take multivitamins.
- Use clean water for drinking and cooking.
- Keep the house clean.
- Breathe fresh air and go out in the sun every day if possible.
- Exercise or have someone help him/her do physical therapy in bed (see *Unit 9: Basic Nursing Care*).
- Take medicines as directed by the doctor.
- Tell the CHW or doctor if there are changes in his/her health.
- Use condoms every time s/he has sex.
- Use condoms plus another FP method (like pills or injectables) if s/he does not want to get pregnant.
- Go to the health facility regularly, if she is pregnant.
- Get STIs and TB treated right away.
- Always wash hands after going to the toilet and also before touching food.

Unhealthy Practices to Avoid

The CHW should help the client to avoid these unhealthy practices:

- Smoking.
- Drinking too much alcohol or using other drugs.
- Sharing medicines with other people or stopping medicines early.
- Having unsafe sex without condoms.
- Becoming isolated from others.

The Importance of Food and Clean Water in Positive Living

Activity 2: Group Discussion (15 min.)

The trainer should:

- Use the content below and in *Unit 8: Nutrition* to lead a short review discussion on why nutrition and clean water are essential elements of positive living.
- Ask participants:
  - What can you do to help clients eat well? Give a few examples.
  - What advice would you give a client about clean water and what to drink?
- Supplement answers as needed.

Good Food

Food is one of the most important things to keep PLWHA living a long, positive life. Clean water is also important to keep the person healthy and free of infections. We talked a lot about nutrition in *Unit 8: Nutrition*.

Remember that PLWHA need more food than people without HIV/AIDS because their bodies are always fighting the HIV infection. If people do not have enough food, they will be more likely to feel bad, get more infections, and develop AIDS. For people taking ARVs, food is just as important as the medicines. The ARVs are very strong, and the body needs food to help process them.

One of the biggest challenges faced by PLWHA is food security, or having enough good food to eat every day. It is important that the CHW helps PLWHA to understand the connections between food and positive living. It is also important to help clients have food security—by linking them with food programs, showing them how to grow their own foods, and setting up community gardens. Setting up community food sources is discussed more in *Advanced Unit 15: The Expanded Role of the Community Health Worker.*

It is important for PLWHA to have lots of vitamins and minerals to stay healthy and prevent infections. We will discuss the vitamins and minerals that are important for PLWHA in *Unit 8: Nutrition*: Iron, Selenium, Zinc, Vitamin A, C, E, and B.

It is a good idea for PLWHA to take a **multivitamin**. They are usually quite cheap and locally available. Vitamin C and Vitamin B supplements are also widely available and not too expensive. Iron supplements are also a common item in the CHBC kit. CHWs should give iron supplements to pregnant women, women who are breastfeeding, or others that they think may be anemic.

Other supplements are also available, like selenium and zinc, but they are usually expensive, so the best solution is to find resources to have a healthy, balanced diet. Remember, taking supplements never replaces having a healthy diet!

Clean Water

Having enough **clean water** is also important to keep the body healthy. We use water for just about everything—to grow food, to drink, to cook food, and to clean ourselves and our homes. If clients get their water from a lake or river, the CHW needs to make sure that they either filter the water or boil it for at least 10 minutes before they use it for eating or drinking.

CHWs should help clients to:

- Filter or boil water used for cooking and drinking.
- Drink at least 2 liters of clean water each day.
- Limit how much tea and coffee the client drinks; plain water is better.
- Dilute fruit juices with clean water; sometimes the pure juice might upset the stomach and diluting it also makes the juice last longer.
- Drink extra water when you have diarrhea; the best solution is to drink an Oral Rehydration Solution (ORS) made with clean water, sugar, and salt (*see Unit 10: Managing and Treating AIDS-Related Conditions*). It is important to replace as much liquid as you are losing through diarrhea.

Foods that Can Act as Medicine

Activity 3: Brainstorming and Trainer Presentation (20 min.)

The trainer should:

- Using the content below, explain that many of the traditional practices for treating illness involved special foods or herbs. Give a local example of a medicinal food or herb.
- Ask participants to give examples of special foods or herbs that can be used to treat the types of illnesses/problems from which PLWHA suffer (e.g., loss of appetite, diarrhea, fever, nausea, and cough).
- Use the content below to present foods/herbs that can be safely used to relieve illness or problems common to PLWHA. Have participants follow along in their *Handbooks*.
- Summarize by explaining that foods and herbs can help PLWHA, especially if they do not have money for medicine, but it is important that the CHW refers a client for medical treatment if they have a serious illness.

Certain foods or herbs can be used to help relieve or prevent common problems or illnesses of PLWHA. These foods or herbs are usually easy to obtain and cheaper than medicine. However, they can only help with common illnesses or problems like cough, diarrhea, fever, problems with digestion, mouth sores and sore throats. They cannot cure more serious illnesses like TB, malaria, STIs, and cancer.

If a client has a serious illness or their problem does not get better in a few days, the CHW should refer them for medical treatment. You should not advise clients to use special foods or herbs as medicine unless you are totally sure they are safe. If you are not sure, ask your supervisor or a provider at a nearby facility.

Here are some examples of common foods and herbs that can be used as medicine.

- **Basil** can help relieve nausea and aid digestion. It also can help mouth sores. For nausea and indigestion, add basil to food. For mouth sores, chop basil and mix with water and gargle.
- **Raw carrots** have 2 uses. They contain beta-carotene (Vitamin A) which is an important vitamin that helps the body fight HIV. They also help clear your digestive system of worms and parasites.
- **Cayenne pepper** improves appetite, fights infections, and heals ulcers and inflammation of the intestines. Add a pinch of cayenne pepper to cooked or raw foods. For an energizing drink, add to fruit juice or water.
- **Cloves** improve appetite, help digestion, diarrhea, nausea, and vomiting. Use cloves in soups, stews, warmed fruit juice, and tea.
- **Garlic** is a powerful plant that helps fight different types of illness or problems. It helps with digestion and feeling of weakness and is also good in fighting diarrhea, throat and ear infections, and oral and vaginal thrush. Garlic is most effective when eaten raw and chopped into little pieces; 2 to 3 cloves a day can help prevent these different types of infections. Garlic can also be used to make a tea or used when cooking foods.
- **Ginger** improves digestion, can relieve diarrhea, and improve the appetite. It is often used to treat coughs, sore throat, and nausea. Ginger can either be added to food, chewed on raw, or made into tea by crushing ginger in water and boiling it for 10 minutes. Strain before drinking.
- **Lemons or limes** fight bacteria, help digestion, and dry mouth. Add lemon/lime juice to foods or drinks, or suck on a piece of raw lemon/lime.
- **Mint** helps digestion and soothes mouth sores. Use as a tea or gargle for mouth sores. Chew mint leaves to help digestion.

- **Neem** is used in many places to bring down fever. Cut a fresh twig from a neem tree. Remove the leaves and boil the bark in water. Drink as tea, or the bark can be chewed.
- **Parsley** stimulates the stomach and can make a person feel hungry. Add parsley raw or cooked to food.
- **Pumpkin seeds** help your digestive system clean itself of worms and parasites. Dry the seeds out in sun and eat a handful once a week to help your stomach stay clean.
- **Thyme** is used as an antiseptic/antifungal. It can relieve coughing and can help with digestion and growth of good bacteria in the gut. Use as a gargle or mouthwash or as a tea.

Sources: Orr, Neil M. 2004. *Positive health*. Cape Town: Double Storey Books.
World Health Organization/Food and Agriculture Organization. 2002. *Living well with HIV/AIDS: A manual on nutritional care and support for people living with HIV/AIDS.* Geneva: World Health Organization/Food and Agriculture Organization.

Unit Summary and Evaluation

Activity 4: Review Exercise: Toss the Ball (15 min.)

The trainer should:

- Quickly refer to the key points presented in *Activity 1* and ask if all points were well-explained. Review any unclear points.
- Ask everyone to stand up.
- Throw a small ball to the group. The person who catches it must answer the first question on *Trainer's Tool 7.1: Review Questions on Positive Living*.
- If other participants think s/he answered the question incorrectly, encourage them to add or correct the information. Supplement or correct answers only if needed.
- Ask the participant to throw the ball to another participant and ask the second question.
- Repeat the steps above until all the questions have been answered.

Trainer's Tool 7.1: Review Questions on Positive Living

1. Name 4 different reactions that a person might have to being HIV+. (See *Session 7.1, Activity 2.*)
2. Name 3 signs of anxiety. (See *Session 7.1, Activity 3.*)
3. Name 3 signs of depression. (See *Session 7.1, Activity 3.*)
4. Name 4 things that you can do to help the client and his/her family deal with anxiety or depression. You can include things that you would teach the client or the family. (See *Session 7.1, Activity 4-5.*)
5. Briefly describe how you would help a client make an action plan. (See *Session 7.1, Activity 7.*)
6. Name 3 things that can be put in a memory book/box. (See *Session 7.1, Activity 8.*)
7. Name 5 healthy practices for PLWHA. (See *Session 7.2, Activity 1.*)
8. Name 3 unhealthy practices for PLWHA. (See *Session 7.2, Activity 1.*)
9. Briefly explain why clean water and good food is so important to PLWHA. (See *Session 7.2, Activity 2.*)
10. Name 3 foods that can be used as medicine and describe what problems it is used for and how to use it. (See *Session 7.2, Activity 3.*)

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UNIT 8
NUTRITION

Learning Objectives

By the end of this unit, the participants will be able to:

- Discuss the relationship between nutrition and health of PLWHA.
- Describe the important food groups and their functions.
- Properly prepare a healthy meal for a client.
- Feed a client.
- Instruct PLWHA and their caregivers on how to cope with different eating problems.
- Find ways to help support PLWHA and their families who do not have enough food.

Training Methodology

- Trainer presentation
- Brainstorming
- Group discussion
- Game
- Case studies
- Small group work
- Review exercise

Content

8.1 The Role of Good Nutrition and Positive Living

- Relationship between nutrition and HIV/AIDS
- The food groups and how they work
- Preparing a healthy meal and feeding a client

8.2 Special Food Considerations for PLWHA

- Common nutrition and eating problems of PLWHA
- What to do if there is not enough food

Time Needed: 3 hours, 40 minutes

Materials Needed

- Flipchart
- Markers
- Tape
- Small prizes
- *Trainer's Tool 8.1: Case Studies for Nutrition and Eating Problems*
- *Trainer's Tool 8.2: Suggested Review Questions*
- Small pieces of paper
- Plastic bottle

Work for the Trainer to Do in Advance

- Copy key points under *Session 8.1, Activity 1* on flipchart.
- Copy the diagram on good nutrition and HIV/AIDS under *Session 8.1, Activity 2* on flipchart.
- Write 10 review questions on small slips of paper and put them inside a plastic bottle. Use *Trainer's Tool 8.2: Suggested Review Questions* for suggested questions. Feel free to make up other questions as well.
- Find out if there are any local food or nutrition programs that can help PLWHA and their families. Make a list of these programs and their contact information and make enough copies for each participant.

Session 8.1: The Role of Good Nutrition and Positive Living

Introduction

Activity 1: Trainer Presentation (10 min.)

The trainer should:

- Introduce the relationship between nutrition and HIV/AIDS using the content below.
- Present the key points that will be covered in this unit using the prepared flipchart.
- Ask if there are any questions.

Good nutrition is the key to good health. It is even more important than medicine. A well-balanced diet:

- Repairs muscles, skin, and bones.
- Provides energy to the body.
- Protects the body against infections.
- Builds the appetite and prevents weight loss.
- Improves well-being of the body and the spirit.

If a person living with HIV/AIDS becomes ill, it can get harder and harder for the person to grow food or earn money to buy food. When this happens, the whole family may not have enough to eat or not have enough variety in their diet, which can lead to malnutrition. CHWs have an important role to play in helping clients and their families

meet their nutritional needs. If a client eats a nutritious diet, it can help them fight infection and be more able to work and help out in the family. Clients and their families need to learn how to eat a balanced diet and how to properly store and prepare food so that the client is less likely to get sick from what s/he eats. This unit looks at some of the things clients and caregivers need to know about using food as medicine.

Key Points

In this unit, we will cover the following **key points**:

- The relationships between nutrition and the health of PLWHA.
- The role of good nutrition in positive living.
- The important food groups and their function.
- How to prepare a healthy meal for a client.
- How to cope with different eating problems of a client.

Relationship Between Nutrition and HIV/AIDS

Activity 2: Group Discussion (30 min.)

The trainer should:

- Ask participants:
  - How are nutrition and HIV/AIDS related?
  - How does HIV/AIDS affect the amount of food someone can eat and what they eat?
  - Does HIV/AIDS affect how our body uses food? If so, how?
  - Why is good nutrition so important for PLWHA?
- Post the prepared flipchart with the diagram on good nutrition and HIV/AIDS.
- Use the content below to summarize the relationship between nutrition and HIV/AIDS while participants follow along in their *Handbooks*.
- Ask if there are any questions.

There is a strong relationship between nutrition and HIV/AIDS, so PLWHA need to be especially careful about what they eat and how much and how often they eat.

People living with HIV/AIDS, even if they are not ill, need more food for energy than people who do not have HIV. This is because HIV attacks the immune system, and therefore the body needs more energy and nutrients to fight back.

PLWHA usually do not eat enough because:

- The illness and the medicines taken for it may change how food tastes, cause loss of appetite, and prevent the body from taking in nutrients.

- Common problems, such as sores in the mouth, and nausea and vomiting, make it difficult to eat.
- Feeling tired, alone, or depressed can make a person not feel like eating or making the effort to prepare food.
- Often there is not enough money to buy food, or if the person is a farmer/ fisherman, they may be too ill to work.

HIV/AIDS may affect the way the body uses nutrients, which makes it harder to fight infections. HIV and OIs, such as diarrhea, can affect the gut so food does not pass through to the rest of the body properly and nutrients are not absorbed and used by the body. All of this can result in a person losing weight and becoming malnourished.

Good nutrition is important, even if the person is not ill, because it can help prevent AIDS-related illnesses. PLWHA must keep their weight up and eat as much or more than a person who does not have HIV. Eating a well-balanced diet will help PLWHA stay healthy longer by providing the body with the nutrients it needs to maintain strength and fight disease. The chart below shows how good nutrition helps fight HIV/AIDS.

Relationship Between Good Nutrition and HIV/AIDS

Piwoz, E. and Preble, E. 2000. *HIV/AIDS and nutrition: A review of the literature and recommendations for nutritional care and support in sub-Saharan Africa*. Washington, DC: SARA Project, Academy for Educational Development.

Remember: prevention is better than cure. The earlier a client starts to eat a healthy and balanced diet, the healthier s/he will stay. Once a client loses weight, it may be difficult to gain back the weight due to loss of appetite or other illnesses.

HIV+ Mothers

For their own health and the health of their babies, pregnant women and women who are breastfeeding should follow all the guidelines for a well-balanced diet. They especially need to eat foods rich in iron and Vitamin A, have a good amount of protein every day, and eat more food than usual. (These nutrients will be explained later on). Good nutrition is even more important for women who are HIV+.

ART and Nutrition

If a client is on ART, it is very important that they have enough to eat. It is important to take many of the drugs with food so that they have less side effects, like nausea and acid stomach. Diet can also affect how well ARVs work. This will be covered more in *Advanced Unit 18: Anti-Retroviral Therapy (ART)*.

The Food Groups and How They Work

Activity 3: Trainer Presentation and Game (45 min.)

The trainer should:

- Present the 3 food groups (Go, Grow, Glow Foods) using the content below. Give ONLY a few examples of what foods are found in each group. **Note to Trainer:** Only present on the 3 food groups. Sugars/sweets, fats/oil, and drinks will be discussed later on. Also, if food groups are commonly known by other names (besides go, grow, glow) these names should be used.
- Ask if there are any questions.
- Divide participants into 2 groups and explain that they are going to be in a competition.
- Explain that the goal of the game is for the groups to come up with as many food examples under each food group as they can. One team will start by giving one example of a food found in the Go Food Group (*e.g., rice*) then the next team will give another example (*e.g., cassava*). The teams will take turns going back and forth giving examples. For each correct example, the team gets one point. If the team gives an incorrect answer, they do not get a point and the next team takes its turn. Any member of the team can give an answer, but try to encourage all team members to contribute. **Note to Trainer:** The chart found in the content below gives some possible answers, but teams may come up with additional foods not on the chart. If time is an issue, only allow a certain amount of time (around 5 minutes for each food group).
- Begin with the Go Foods and note each time a team scores a point on flipchart. One of the trainers should also record answers under each food group (Go, Grow, Glow) on flipchart to help summarize the activity.

Activity 3: Continued

- Continue until all 3 food groups have been covered. Have a different team start each round.
- Add up all the points to determine the winning team.
- Give the winning team a small prize and summarize using the flipchart for each food group.
- Use the content below to discuss sugars/sweets, oils/fats, drinks, and the important vitamins and minerals.
- Ask participants to follow along in their *Handbooks*.
- Ask if there are any questions.
- Summarize the key points of a balanced diet.

Eating a balanced diet means eating a variety of foods because no one food contains all the nutrients that we need. There are 3 main groups of food. Foods that help us grow (meat, beans, and dairy products), glow (fruit and vegetables), and go (starches). We need to eat a combination of these foods every day to have a healthy diet. As much as possible, encourage PLWHA and their families to eat locally available foods and foods that are in season. These foods will be cheaper, fresher, and have more nutrients than imported or packaged foods.

Go Foods

Foods that give us energy or help us go (such as rice, ugali, cassava) should make up the largest part of the meal. When possible, it is better to eat whole cereals or grains (whole wheat bread, brown rice) because they have more nutrients than white bread or white rice. The more foods are processed in factories, the more they are changed from their natural state, and the less nutritious they are.

Grow Foods

Foods that help us build our bodies or grow contain protein. These foods include meats, beans, and dairy products. Foods from animals and fish should be eaten as often as the person can afford them. Meat, eggs, and dairy products (milk, yogurt) help make muscles and the immune system strong. If possible, PLWHA should eat legumes (beans, peas, lentils, soybeans, or groundnuts) every day. Legumes are cheaper than meat and when eaten with starches or staple foods, the quality of the protein is increased.

Glow Foods

Foods that help us glow contain lots of vitamins and minerals and keep the body functioning and the immune system strong. These foods include fruits and vegetables. PLWHA should eat many different kinds of fruits and vegetables because different fruits and vegetables provide different types of vitamins and minerals. Yellow, orange, red or dark green fruits and vegetables (spinach, pumpkin, cassava leaves, carrots, peaches, mangoes, papaya, peppers) are good sources of Vitamin A. Other fruits and vegetables such as cabbage, guavas, pineapples, grapefruit, oranges, and passion fruit are good sources of Vitamin C). Both Vitamin A and C are needed to fight infection.

THE FOOD GROUPS

Go Foods (Starches)	Grow Foods (Proteins and Dairy)	Glow Foods (Fruits & Vegetables)	
• Maize meal (ugali, kenkey, banku, sadza)	• Beans	• Cabbages	• Pineapples
• Rice	• Fish	• Carrots	• Mangoes
• Matoke	• Eggs	• Tomatoes	• Oranges
• Cassava (fufu)	• Insects	• Cassava leaves	• Pawpaws (papaya)
• Bread	• Groundnuts	• Pumpkin leaves	• Ripe bananas
• Potatoes	• Milk	• Eggplant	• Lemons
• Sorghum	• Yoghurt	• Bamboo shoots	• Jack fruit
• Chapati	• Cheese	• Okra	• Passion fruit
• Yams	• Sesame (Sim-sim)	• Mushrooms	• Apples
• Millet	• Lentils, green grams	• Cauliflower	• Watermelon
• Plantains	• Beef	• Cucumber	• Gooseberries
• Arrowroots	• Goat meat	• Kale	• Guavas
• Pasta (spaghetti, noodles)	• Lamb	• Capsicum	• Pears
• Tortilla	• Chicken	• Avocados	• Plums
	• Pork		
	• Peas (cow, garden, and pigeon peas)		

Note to Trainer: Make sure to include local foods and local names of foods in the list above.

There are also other foods like **fats/oil and sugar/sweets**. **Small amounts of fats and sugars give PLWHA energy and help them gain/maintain weight**. They can also make food taste better, which helps PLWHA eat more. Fats and sugars can give a client energy, but they usually do not contain nutrients. **So, fats and sugar should be eaten in addition to other food, not in place of them.** Also good fats such as avocado, nuts, and palm oil should be eaten as much as possible. Later on we will discuss how certain illnesses (diarrhea, vomiting, and thrush) may get worse from eating oily or sugary food and therefore should only be eaten in small amounts if a person is ill.

PLWHA should drink plenty of clean and safe water. PLWHA should be encouraged to drink 2 liters of water or liquids each day. If it is very hot outside, they need to drink even more. To prevent PLWHA from getting waterborne illnesses like diarrhea, drinking water MUST be boiled (rolling boil for 10 minutes), especially water from boreholes, rivers, and lakes. More on clean and safe water is covered in *Unit 7: Promoting Positive Living and Emotional Well-being*. Besides water, PLWHA can drink juice, soups, and milk. Although it is fine to drink tea and coffee, avoid drinking them with a meal as they prevent the body from absorbing iron. Iron is found in the foods that help us grow (meat, fish, and legumes).

Vitamins and Minerals

The most important thing for PLWHA to remember is to eat a healthy diet with foods from the different groups (Go, Grow, Glow). If they do this, then they should get enough nutrients or vitamins and minerals that are needed to protect against infection. Vitamins and minerals make the lining of the skin, lungs, and gut stay healthy and keep the immune system strong. Below are a few of the most important vitamins and minerals for PLWHA and the foods that contain them.

- **Vitamin A** keeps the body healthy and protects against diseases and infections, such as diarrhea. Good sources for Vitamin A are vegetables and fruits that are dark green, red, yellow, and orange, red palm oil, egg yolks, liver, orange and yellow sweet potatoes, and yellow maize.

- **Vitamin C** protects against infections and helps the body recover from infections. The best sources for Vitamin C are citrus fruits such as lemons, grapefruits, oranges, and mandarins. Tomatoes, guavas, mangoes, and potatoes also have Vitamin C.
- **Vitamin E** protects cells and helps fight infection. The whole body is made of up tiny cells that you cannot see. They make up every part of the body. Normally cells are formed, and they eventually die and are replaced by new healthy cells. Good sources of Vitamin E are vegetable oils (sunflower oil), peanuts, egg yolks, and green leafy vegetables.
- **Vitamin B-Group** helps keep your immune and nervous systems healthy. PLWHA should take in extra Vitamin B when on TB medicine, since those medicines reduce the amount of Vitamin B in the body. Good sources of Vitamin B include whole grain breads and cereals, potatoes, fish, meat, chicken, white beans, seeds, watermelon, maize, nuts, avocados, broccoli, and green leafy vegetables.
- **Iron** is needed to prevent anemia ("thin blood"), which is a problem especially for women and children. Good sources of iron include green leafy vegetables, seafood, red meat, chicken, liver, fish, eggs, seeds, whole grain products, millet, sorghum, dried fruit, beans, and alfalfa.
- **Selenium** helps the immune system begin to fight infection and it is especially important for PLWHA. It can be found in whole grains (whole grain bread, maize, and millet) and from dairy products (milk, yogurt, and cheese), peanut butter, nuts, beans, meat, fish, poultry, and eggs.
- **Zinc** also helps the immune system. Not having enough zinc can decrease your appetite. Good sources of zinc are meat, fish, poultry, shellfish, whole grain cereals, maize, beans, peanuts, and milk and dairy products.

Source: World Health Organization/Food and Agriculture Organization. 2002. *Living well with HIV/AIDS: A manual on nutritional care and support for people living with HIV/AIDS*. Geneva: World Health Organization/Food and Agriculture Organization.

Preparing a Healthy Meal and Feeding a Client

Activity 4: Group Discussion (20 min.)

The trainer should:

- Ask participants, "What things should you teach a client or caregiver about preparing a healthy meal?" Remind participants to include ways to prevent the client from getting ill, such as washing hands before cooking.
- Ask participants to think about when they have fed a child or a sick person at home and use this when thinking about feeding a client. Ask, "What steps should you take to feed a client if they need help?"
- Use the content below to supplement answers. Remind participants to let the client do as much as they can (when preparing food or eating) and to only help when needed.
- Ask if there are any questions.
- Explain that during the practicum, participants will have a chance to practice preparing a healthy meal and assist in feeding a client.

A healthy diet begins with choosing and preparing the food. The right foods, in the right combination, provide the balance of nutrients that the body requires to work properly. Careful preparation helps food keep all of its nutritional value.

Preparing a Healthy Meal

What to teach the client or caregiver:

- Try to prepare food that the client likes.
- Select locally available foods, ensuring that the 3 food groups (Go, Grow, Glow) are covered.

- Wash and dry hands before and after handling food; be especially careful in cleaning and handling food because PLWHA are more likely to get sick than others if the food has germs.
- Wash utensils well.
- Wash and dry all raw vegetables and fruits with clean water before serving or cooking. If possible, peel the skin off before serving or cooking as well. If you cannot peel the skin off (for vegetables like lettuce or greens) and if you do not plan to cook the vegetables or fruits, you can mix ½ teaspoon of bleach with 1 liter of water and soak the fruits and vegetables in the solution for 15 minutes. After 15 minutes, rinse them off with clean (boiled) water and let them dry completely before serving.
- Wash and cook all animal products so that no blood or pink or red meat shows.
- Do not use the same cutting board/surface for raw and cooked food. Germs can spread from the uncooked food to the cooked food.
- Hard boil or cook eggs well. Do not eat soft-boiled or runny eggs.
- Do not overcook vegetables, as heat destroys their nutrients; they should be steamed, fried, or boiled for about 5 minutes and be firm. Water that was used to boil vegetables can be used afterwards for cooking, for example soups, as it has lots of vitamins and minerals.
- Keep food covered to protect it from flies and other insects and also from cooling.
- Serve food immediately after cooking.
- Try to avoid eating leftovers unless they are stored in a refrigerator; cook just enough for what you will need at that meal. If you do eat leftovers, reheat them at a high temperature before eating to kill any bacteria that might have started to grow.

Feeding a Client

What to teach the client or caregiver:

- Support the person in a sitting position.
- Allow the person to feed him/herself as much as possible, but help where needed (e.g., getting the food into the spoon or getting the spoon to the mouth).
- Give small amounts of food so that s/he can chew easily.
- Encourage the person to eat as much as s/he can.
- Give boiled water or juice to drink and also to rinse the mouth.
- Keep the person company even if you do not need to help with feeding.
- If possible, feed the person small frequent meals each day.

Source: Ministry of Health, Kenya. 2002. *Home-based care for people living with HIV/AIDS home care handbook*. Nairobi, Kenya: Ministry of Health.

Session 8.2: Special Food Considerations for PLWHA

Common Nutrition and Eating Problems of PLWHA

Activity 1: Trainer Presentation (25 min.)

The trainer should:

- Present the common nutrition and eating problems and what to teach the client or caregiver using the content below.
- Ask participants to follow along in their *Handbooks*.
- After each problem, pause and ask if there are any questions before moving on to the next topic.

Activity 2: Case Studies (30 min.)

The trainer should:

- Using *Trainer's Tool 8.1: Case Studies for Nutrition and Eating Problems*, read the first case aloud.
- Ask for 1 or 2 volunteers to explain what they would teach the client or caregiver in that situation.
- Ask other participants to add to or correct the answer given.
- Summarize the key points of each case study using the content below.
- Repeat the above steps for the remaining case studies.
- Ask if there are any questions.

Common Nutrition Problems

The most common problems associated with poor nutrition are discussed below.

Severe Weight Loss

Weight loss can be the result of illness or poor appetite.

What to teach the client or caregiver:

- Eat small, frequent meals. Good snacks are nuts, fruit, yogurt, or peanut butter and bread.
- Eat more staple foods such as rice, maize, ugali, or bread.
- Eat more beans, soy products, lentils, peas, groundnuts, or peanut butter.
- Eat meat (including beef, pork, mutton, chicken, and other poultry), fish, and eggs as much as possible.
- Use more fats and oils and eat more fatty food (such as avocados and nuts). If the client has diarrhea, wait until s/he is better before eating more fats/oils.
- Eat more dairy products like cheese, full cream milk, and yogurt.
- Add dry milk powder to foods such as porridge, cereals, and sauces. Do not use coffee or tea whiteners; they do not have the same benefits as dry milk. Avoid eating dairy products if it causes stomach cramps, diarrhea, or rashes.
- Add sugar, honey, syrup, or jam to food.
- Rinse the mouth out before eating so food tastes better.
- Eat with family or friends.
- Do light exercise to increase appetite.

Anemia

Anemia is due to lack of iron and protein in the diet or as a result of infections, such as malaria, hookworm, or other parasites.

What to teach the client or caregiver:

- Eat more meat, legumes, fish, eggs, green leafy vegetables, dried fruit, and whole grains like millet or sorghum.
- Do not drink coffee, tea, milk, or cocoa during a meal because it reduces iron absorption.
- Eat fruits and vegetables with Vitamin C (such as oranges, lemons, green leafy vegetables) at meals to increase iron absorption.
- If there is an infection (malaria, parasites), seek treatment at a health facility.
- Take a multivitamin that has iron or take iron tablets.

Common Eating Problems

During some illnesses, PLWHA may have extra difficulty eating, or may need to eat different types of food. The most common eating problems are discussed below.

Diarrhea

What to teach the client or caregiver:

- Do not stop eating.
- Drink a lot of fluids to prevent dehydration, at least 8 glasses each day (ORS, water, tea, juice diluted with clean water, thin soups, coconut juice).
- Eat soft, mashed foods that are easy to chew and swallow (rice, porridge, bananas, papaya, cooked squash, carrots, pumpkins).
- Eat small frequent meals.
- Avoid spicy foods, acidic fruits, or deep fried/very oily foods that may make diarrhea worse.
- Avoid unrefined grains and cereals (whole wheat) and foods that make gas, such as beans, broccoli, cabbage, onions, and green peppers.
- Coffee, tea, and alcohol can worsen dehydration. Replace them with water, herbal tea, and soups.

Nausea

What to teach the client or caregiver:

- Sit up when eating and do not lie down immediately after eating.
- Eat small amounts of food throughout the day to avoid an empty stomach. An empty stomach makes nausea worse.
- Take small sips of fluids.
- Eat dry bread or biscuits.
- Eat soups, unsweetened porridge, and fruits like bananas.
- Eat sour or salty foods rather than sweet ones.
- Avoid greasy, spicy, or very sweet foods.
- Avoid foods with strong smells.
- Avoid coffee, tea, and alcohol.
- Drink hot or cold ginger tea or hot water with lemon juice.

Sore Mouth

What to teach the client or caregiver:

- Eat soft, mashed or moist foods (avocado, papaya, bananas, yogurt, eggs).
- Add liquids to dry foods to make them softer.
- Chew small bits of green mango or green papaya; it may help mouth pain.
- Avoid very salty or spicy foods or food with chili pepper.
- Avoid foods that need a lot of chewing.
- Avoid very hot food, but try cold foods to see if they will numb the mouth.
- Avoid acidic or very sour foods (lemons, pineapple).

Oral Thrush

What to teach the client or caregiver:

- Eat soft, mashed foods.
- Drink lemon water or suck on a lemon.
- Avoid sugary foods and alcohol.
- Eat plain, unsweetened yogurt, sour milk, or sour porridge.
- Eat garlic.
- Follow advice above on sore mouth.

Clients with thrush in the mouth or yeast in the vagina or other parts of the body should also avoid sugar or sugary foods, as they can make the illness worse.

Dry Mouth

What to teach the client or caregiver:

- Take small sips of water at a time to keep the mouth moist.
- Suck on small pieces of crushed ice.
- Suck on or eat citrus fruits (oranges, lemons, limes). They may help create saliva and make it easier to chew.

Taste Changes

Food may not taste the same to PLWHA, and some foods can leave a metallic aftertaste. Some medicines also cause a metallic taste, like Flagyl.

What to teach the client or caregiver:

- Change sweetness, saltiness, or sourness of food by adding sugar, salt, jam, or lemon to increase the taste.
- Try different herbs and spices.
- Eat more fish or chicken, as meat often can have a metallic taste.
- Eat lentils, beans, or split peas.
- Brush your teeth after eating to remove any aftertaste.

What to Do if There is Not Enough Food

Activity 3: Small Group Work (40 min.)

The trainer should:

- Use the content below to introduce the problem of food security.
- Divide participants into 4 groups.
- Explain that each group should brainstorm different ways to address when a client and their family do not have enough food.
- Allow 15 minutes.
- Reconvene the larger group and have each group report back.
- Note responses on flipchart. If groups give repeat answers, only note the answer once.
- Use the content below to supplement answers and summarize. Ask participants to follow along in their *Handbooks*.
- If there are local food or nutrition programs/organizations with which CHWs can link, give participants a list of the programs and their contact information. (See *Work for the Trainer to Do in Advance*). Participants can either attach the list or copy the information in their *Handbooks*.
- Explain that in *Advanced Unit 15: The Expanded Role of the CHW*, participants will learn how to create a sack garden and other practical lessons to help themselves, clients, and their families get the food they need.

One of the most common problems that PLWHA face is not having enough food to eat or not having different kinds of food to eat. PLWHA may not be able to work or tend their farms. Often what little income the family has will go to medicines or health care, leaving very little money for food. What little food a family may have might go to the person who is ill and other family members may not have enough to eat. As we

discussed, food is more important than medicine because it helps the body stay strong and fight infection. As a CHW you can help mobilize the community to get food to PLWHA and their families.

There are many different ways that the community can help get food to PLWHA and their families. Below are some of the ways that CHWs and communities have worked together to solve this problem. These ideas are explained in more detail in *Advanced Unit 15: The Expanded Role of the CHW*, but this is a quick introduction. You may think of other solutions besides the ones mentioned below. The important thing is to help people see this as a problem that concerns all community members and to get them involved.

Some Ways to Help Get Food to PLWHA and Their Families

- **Link with food security or nutrition programs/organizations**. In many areas, there are food or nutrition programs that can help PLWHA and their families with their food needs. Some help for a short period of time in emergency situations, and others provide more food support for longer periods of time. It is important that you know food programs or activities to which you can refer clients. Your supervisor should be able to help you identify places to refer clients. **Note to Trainer:** Include any local food or nutrition programs/organizations with which CHWs can form linkages, such as Catholic Relief Services, World Food Programme, CARE International, or community- and faith-based groups.
- **Make sack gardens**. Sack gardens are an easy way to get more vegetables to PLWHA and their families. Anyone can do a sack garden. All you need is a sack, soil, rope, seeds, and water. In *Advanced Unit 15: The Expanded Role of the CHW*, you will learn how to make a sack garden.
- **Start a community garden or a school garden**. Community gardens or school gardens are easy ways to get community members involved. Different community members or students take turns tending the garden. All you need is a small area of land and someone to be responsible for organizing the garden and making sure people help out. It is a good way to bring people together and with little effort, a lot of food can be grown.

- **Organize market women or store owners to donate food** periodically. For example, market women or shopkeepers may be willing to donate fruit and vegetables at the end of the day that do not sell.
- **Organize community members to help tend the gardens or farms of PLWHA** on a rotating basis. By organizing a group of neighbors to help one day a week, more people may be willing to help keep a farm running while a person is ill. In addition to helping produce food for a person living with HIV/AIDS and his/her family, it also helps ensure that the farm will be running if the person gets better. This allows them to continue to be productive when they are feeling better.
- **Organize a food bank**. You can work through churches or other community groups to create a food bank where people can donate food. Food is then distributed to PLWHA and their families. You can also talk with local businesses or wealthy community members to see if they are willing to donate money or food items to the food bank.

Unit Summary and Evaluation

Activity 4: Review Exercise (20 min.)

The trainer should:

- Have written review questions and put them in a plastic bottle. See *Work for the Trainer to Do in Advance* and *Trainer's Tool 8.2: Suggested Review Questions*.
- Ask participants to sit in a circle.
- Lay the bottle on its side on the floor and spin it. The participant that the neck of the bottle is pointing toward should take a question out of the bottle and hand it to the trainer.
- Read the question aloud for the participant to answer.
- Supplement the answer if needed.
- Spin the bottle again and repeat the steps above until all questions are answered.
- Summarize by teaching participants the **Golden Rules of Healthy Eating** using the content below.

Golden Rules of Healthy Eating

- Eat **whole** (unrefined) foods.
- Eat **natural** (unprocessed) foods.
- Eat **local** and in season foods.
- Eat a **variety** of foods from each food group.
- Drink **clean** water (boil for 10 minutes if needed).
- Eat **little and often** (5 times a day).

Source: Adapted from the Centre Harare, Zimbabwe, as cited in Department of Health. 2001. *Comprehensive home/community based care training manual*. Pretoria, South Africa: Department of Health.

Trainer's Tool 8.1: Case Studies for Nutrition and Eating Problems

1. T__ is a 35-year-old woman who is being looked after by her 13-year-old daughter. She has diarrhea and has a dry mouth. She has not been eating because she thinks it will make her diarrhea worse. When you see her she has become very dehydrated and tired. What do you tell her and her daughter?

2. L__ is a 50-year-old man who takes care of himself. He has lost a lot of weight. When you ask him why he is not eating, he tells you he does not have a good appetite and when he eats food, it does not taste good. What do you tell him to do?

3. B__ is 46-year-old woman who is being taken care of by her 15-year-old son. She has thrush in her mouth and yeast in her vagina. Her mouth is very sore because of the thrush, and she is not eating. What do you tell her and her son?

4. S__ is a 21-year-old woman. She takes care of herself. She has lost a lot of weight and feels tired all the time. When you examine her nails and eyelids, you see that she is anemic. What do you tell her to do?

5. A__ is a 19-year-old woman who is being looked after by her aunt. When you visit her, she tells you she has been nauseous for several days and cannot eat. She already lost a lot of weight last month when she had bad diarrhea. You are worried that she will lose more weight. What do you tell her and her aunt?

6. C__ is a 45-year-old man who is being looked after by his wife. He has been losing weight and does not like to eat. He tells you his mouth is very sore and it hurts to eat. He also says that food tastes bad to him since he has fallen ill. What do you tell him and his wife?

Trainer's Tool 8.2: Suggested Review Questions

1. Why is it hard for many PLWHA to eat enough? (See *Session 8.1, Activity 2.*)
2. Briefly explain how good nutrition can help fight HIV/AIDS. (See *Session 8.1, Activity 2.*)
3. Name the 3 food groups and give an example for each food group. (See *Session 8.1, Activity 3.*)
4. Should PLWHA eat fats and sugary foods? Explain. (See *Session 8.1, Activity 3.*)
5. What foods or vitamins and minerals do HIV+ women who are pregnant or breastfeeding need? (See *Session 8.1, Activity 2.*)
6. Name 3 vitamins or minerals that are important for PLWHA. (See *Session 8.1, Activity 3.*)
7. Name 4 things to remember when preparing food for PLWHA. (See *Session 8.1, Activity 4.*)
8. If a client has diarrhea, name 4 things that you would tell him/her to do. (See *Session 8.2, Activity 1-2.*)
9. If a client is losing weight, name 4 things that you would tell him/her to do. (See *Session 8.2, Activity 1-2.*)
10. Give 3 examples of things that can be done to help PLWHA who do not have enough food. (See *Session 8.2, Activity 3.*)

NOTES

Unit 9
Basic Nursing Care

Learning Objectives

By the end of this unit, the participants will be able to:

- Demonstrate proper use of the CHBC kit.
- Identify and demonstrate ways to prevent general infections and pressure sores.
- Describe and demonstrate ways to handle body fluids and prevent HIV infection.
- Describe and demonstrate how to assist clients with their personal hygiene.
- Provide physical therapy to clients.
- Provide end of life care and support for PLWHA and their families.

Training Methodology

- Trainer presentation
- Brainstorming and illustrated brainstorming
- Group discussion
- Game
- Demonstration/Return demonstration
- Illustrated lecture
- Role play
- Small buzz groups
- Question and answer
- Classroom practicum

Content

9.1 The CHBC Kit

- Items in CHBC kit and their uses

9.2 Infection Prevention

- Preventing general infections
- Handling body fluids and preventing HIV infection

9.3 Basic Personal Hygiene

- Bathing and hair washing
- Mouth, nail, and toilet care

9.4 Preventing Pressure Sores

- Pressure Sores

9.5 Physical Therapy for the Client

- Physical Therapy

9.6 Care in the Final Stages of Life

- Support during the final stages of life
- Care of the body after death

9.7 Nursing Skills Practice

Time Needed: 9 hours, 30 minutes

Materials Needed

- CHBC kits for each CHW
- Gloves or plastic bags (one pair for each participant)
- Bleach and water

- Cloth/bedsheet
- Bucket, towel, soap, and sponge
- Toothpaste, cup, toothbrush or tooth stick, and basin (large plastic bowl)
- Flipchart
- Markers
- Tape
- Basket
- Paper
- Scissors
- Small prizes
- *Trainer's Tool 9.1: Illustrated Brainstorming on Infection Prevention*
- *Trainer's Tool 9.2: Making 0.5% Bleach Solution*
- *Trainer's Tool 9.3: Illustrations of Physical Therapy Exercises*

Note to Trainer: Ensure that there are sufficient amounts of materials listed above for 2 groups to carry out each nursing activity at the same time during the classroom practicum (including preparing the body after death).

Work for the Trainer to Do in Advance

- Copy key points under *Session 9.1, Activity 1* on flipchart.
- Gather all necessary materials for demonstrations, role plays, and classroom practicum.
- Make sure CHBC kits are assembled for each participant.
- Draw on a large piece of flipchart a picture that includes a small group of people, house, and compound/living area. (See *Trainer's Tool 9.1: Illustrated Brainstorming on Infection Prevention*).
- Write the following problems on slips of paper, fold them up, and put them in a basket:
  - The client loses control of bladder.
  - The client was unconscious most of the day.
  - The client's family does not want to accept that the client is dying.
  - Members of the family are angry with the client for getting infected.
  - Orphaned children are going to be left behind.
  - Funeral expenses cannot be paid.
  - The deceased husband's brother is planning to take over the household and possessions, instead of them going to the children.
- Set up classroom practicum stations including any props or materials that are needed.

Session 9.1: The CHBC Kit

Introduction

Activity 1: Trainer Presentation (10 min.)

The trainer should:

- Tell participants that this unit will cover basic nursing care.
- Ask participants to brainstorm the nursing needs of PLWHA. Participants who have had experience caring for someone with HIV/AIDS should draw on their experience.
- Write answers on flipchart.
- Use the content below to supplement participants' answers.
- Using the prepared flipchart, review the key points of the unit.

The nursing care that PLWHA need can be quite extensive, ranging from preventing general infections and assisting with personal hygiene to providing care during the final stages of life.

Key Points

In this unit, we will cover the following **key points**:

- CHBC kit: items and their uses.
- Preventing general infections in PLWHA.
- Proper handling of body fluids to prevent HIV infection.
- Personal hygiene: bathing and hair washing, mouth care and nail care, helping clients go to the toilet.
- Prevention and care of pressure sores.

- Physical therapy.
- Care in the final stages of life.

Taking care of actual infections and illnesses related to HIV/AIDS is covered in *Unit 10: Managing and Treating AIDS-Related Conditions*. This unit presents in detail:

- How to do each nursing task.
- Why each task is important.
- The materials and resources required.

The CHWs will learn each of these skills and then be able to teach them to PLWHA and their caregivers in the home. None of these skills are too difficult for caregivers to learn and do well.

Items in the CHBC Kit and Their Uses

Activity 2: Trainer Presentation (20 min.)

The trainer should:

- Explain that to care for clients with HIV/AIDS, the CHW will need certain supplies and medicines. Therefore participants will receive a CHBC kit once they are certified. For now, participants will receive a practice kit so that they can learn how to use the supplies in the kit to provide basic care to PLWHA in the community.
- Distribute a kit to each participant.
- Ask them to open the kit and look at each item as you discuss it.
- Review the "essential" (must have) and the "useful" (would be helpful) items on the kit list below. Discuss what they are and what they should be used for. **Note to Trainer:** Ask participants first if they know what an item is used for. If participants do not know the answer then the trainer can give the information.
- Discuss which items are for the CHW to use and which items are to give to the family or PLWHA.
- Ask participants to brainstorm other things they think might be helpful in the kit.

The CHBC kit is a bag of supplies that can help the CHW give CHBC. The contents can change in different places based on:

- What medicines, supplies, and equipment are available.
- How much money there is to buy supplies.
- The needs of PLWHA.

Some of the items in the kit are for the CHW to keep with the kit, like the nail clippers; and others are to give to the families and clients, such as medicines and plastic sheeting. When certain items are not available or have run out, it is important to come up with a safe alternative. For example, if gloves are not available, strong plastic bags should be used instead. If bandages are not available, clean, bleached pieces of cloth can be used.

This kit must have:

- Bag—to hold all of the supplies.
- Soap—for general hygiene.
- Bleach—for disinfecting and cleaning surfaces, basins, and any item that has bodily fluids on it (never use directly on the client).
- Plastic sheeting—for bed baths to keep the client's bed clean and dry.
- Condoms—to distribute widely to help prevent new HIV infections in the community.
- Gauze and cotton wool—to clean and cover sores and wounds.
- Bandages—to keep sores and cuts clean.
- Clean/bleached pieces of cloth—to keep sores and cut clean when bandages not available.
- Adhesive tape—to secure gauze.
- Gloves—to protect the client, CHW, and caregiver.
- Plastic bags—to protect client, CHW, and caregivers.

- Petroleum jelly (Vaseline)—to give massages or keep wetness away from the skin to prevent rashes.
- Nail clippers—to trim the client's finger and toenails.
- Scissors—to cut gauze.
- Waste disposal bags—to safely dispose of contaminated items.

It is also very useful to have:

- Thermometer—to check the client's temperature for fever.
- Toilet paper—to help with going to the toilet and keeping the client clean.
- Apron—to keep the CHW dry and clean during bed baths or when handling body fluids.
- Talcum powder—for massage (only when the client does not have open sores).
- Umbrella and gum boots—to help the CHW get from house to house when it is raining.
- Bucket—to mix bleach disinfection solution used for surfaces, bedding, and bandages.

Medicines for the CHBC Kit

Depending on national CHBC guidelines, these medicines should be in the kit:

- Oral Rehydration Solution (ORS) packets—to prevent and treat dehydration for people with diarrhea or vomiting.
- Aspirin and/or paracetamol—for general pain relief.
- Gentian violet, hydrogen peroxide, and/or potassium permanganate—to rinse the mouth and keep skin clean.
- Antibiotic skin ointment (such as bacitracin or tetracycline ointment)—to treat skin infections.

- Calamine lotion—to ease itchy skin and sores.
- Anti-malaria tablets—to treat clients with malaria.
- Sodium benzoate—to treat oral thrush.
- Anti-fungals (such as nystatin, fluconazole (Diflucan), and/or clotrimazole)—to treat yeast infections.
- Cotrimoxazole—to prevent some OIs and treat infection.
- Multivitamins—to help the client stay healthy.
- Iron tablets—for anemia, especially for pregnant women.
- Hydrocortisone ointment—for skin itching and eczema.
- Nystatin oral drops—to treat thrush in children.
- Saline eye drops—to sooth irritated, dry, or infected eyes.

Session 9.2: Infection Prevention

Introduction

Activity 1: Trainer Presentation (5 min.)

The trainer should:

- Use the content below to introduce the session.
- Explain that this session will focus on preventing general infections.
- Explain that PLWHA are very vulnerable to getting different infections because their immune systems are weakened, even PLHWA on ART. It is very important to take steps to avoid infections. This includes in and around the home as well as between the people who are in regular contact with PLWHA. CHWs, PLWHA, their family members, and other caregivers need to be aware of how to prevent general infections.
- CHWs also need to be aware of steps to take to avoid accidentally getting HIV through an infected person's body fluids. This session will look at preventing general infections in clients and helping caregivers protect themselves from HIV infection.

Preventing General Infections

Activity 2: Illustrated Brainstorming (20 min.)

The trainer should:

- Post up a piece of flipchart with a picture that includes a small group of people, a house, and a compound/living area. **Note to Trainer:** Flipchart should be prepared ahead of time using *Trainer's Tool 9.1: Illustrated Brainstorming on Infection Prevention*.
- Ask participants to think of the ways that we can prevent infections from spreading among PLWHA and family members, friends, or the CHW (*e.g., washing hands*).
- Write answers next to the people in the picture.
- Ask participants for ways that we can prevent infections in the household (*e.g., drying dishes, keeping animals and flies away from dishes and food*).
- Write answers next to the house in the picture.
- Ask participants for ways that we can prevent infections in the compound or living area (*e.g., proper disposal of waste*).
- Write answers next to the compound/living area in the picture.
- Correct or supplement answers with content below.
- Hang flipchart on the wall so that participants can refer to it.

General infections can spread in many different ways:

- From person to person.
- From unclean surfaces to people.
- Through the air to people.
- Through water to people.
- From chickens, cats, dogs, and farm animals to people.
- From soil to people.
- From mosquitoes and flies to people.

CHWs need to know the ways infections can be passed and prevented. It is their job to then share this knowledge with clients and caregivers.

Preventing infections in people: includes protecting clients and the people who care for them. A person who is sick with HIV/AIDS has very little natural defenses against infections and other illnesses. Extra care should be taken to protect them from infection. The people who care for PLWHA who are not infected have stronger natural defenses, but can still be infected if they are not careful. These are some of the ways to prevent infections in people:

- Wash hands to make sure germs are not carried to and from PLWHA.
- Keep PLWHA's nails short and clean to avoid scratches that can become infected.
- Keep the body clean and free of harmful germs.
- Keep clothes and bed sheets clean.
- Wash skin cuts and scrapes well with soap and water.

Preventing infections in the household: All of the ways noted below help prevent bacteria and viruses from growing and threatening the client and all people in the household with infection.

- Store food carefully.
- Wash and dry dishes well.
- Keep animals and insects away from dishes and food.
- Clean towels, bedding, and floors often.
- Clean the latrine/toilet area.

Preventing infections in the compound or living area: Having an unclean living compound can cause sickness, especially for the person with HIV/AIDS, but also for the others in the household and community. To prevent this:

- Remove animal droppings.
- Burn or bury waste.
- Cover water supply.
- Fill pools of standing water with dirt.

Handling Body Fluids and Preventing HIV Infection

Activity 3: Game (25 min.)

The trainer should:

- Ask participants to sit in a circle and give each participant a plastic glove.
- Ask participants to put the glove on when they agree that gloves should be worn in a particular situation.
- Explain that if gloves are not available when working with clients, plastic bags can be used. The bags should be strong, not have any holes in them, and can be tied at the wrist.
- Read the scenarios below.
- After each statement, pause and note who has a glove on their hand.
- Ask those with a glove to explain the reason for their decision (i.e., why they think gloves are needed). Do the same for those without a glove.
- For those who said gloves are not needed, ask if they can think of examples when they might be needed in that situation (*e.g., normally gloves are not needed if you are holding someone's hand to help them to the toilet. However, if the person has open sores on their hands, they might be needed*).
- Before moving on to the next statement, correct any misinformation using the content below.
- Ask participants to think of other times they should use gloves/plastic bags and times they should not.
- List the suggestions on flipchart.
- Ask if people agree and allow debate.

Activity 3: Continued

- Summarize the discussion very carefully so there is no confusion about when to, and when not to wear gloves/plastic bags.
- Point out that gloves are expensive, and PLWHA benefit from human touch and feel more accepted when gloves are not used, so they should only be used when really necessary.

Statements for Game:

Washing the upper body of a person living with HIV/AIDS.	**No gloves/plastic bags**
Taking care of a bleeding injury of someone with HIV.	**Gloves/plastic bags**
Cleaning and treating bedsores of a person living with HIV/AIDS.	**Gloves/plastic bags**
Washing a person living with HIV/AIDS.	**No gloves/plastic bags**
Changing a dry sheet of a person living with HIV/AIDS.	**No gloves/plastic bags**
Doing laundry with wet, blood-stained sheets of a person living with HIV/AIDS.	**Gloves/plastic bags**
Sitting next to a person living with HIV/AIDS and giving them a hug.	**No gloves/plastic bags**

Activity 4: Trainer Presentation and Demonstration (20 min.)

The trainer should:

- Use the flipchart from the infection prevention brainstorming in *Session 9.2, Activity 2*.
- Using the items listed on the flipchart, go over detailed information below on preventing infection. For example, under preventing infection in the household, discuss how to disinfect and wash bed linens.
- Ask for a volunteer to help the trainer demonstrate how to make 0.5% strength bleach solution using locally available bleach (strengths may vary by location).
- Use *Trainer's Tool 9.2: Making 0.5% Bleach Solution*, give directions to the volunteer as s/he demonstrates, while participants follow along in their *Handbooks*.
- Ask if there are any questions.
- Review what supplies the CHWs have in their CHBC kits to help them prevent infection.
- Summarize key points.

Note to Trainer: Liquid and powder bleach are manufactured with different strengths in different countries and regions. The trainer is responsible for learning the strength of the local bleach that people use and teaching people to make a 0.5% strength bleach solution with water. If this solution is not made correctly, it may be too weak to kill bacteria or viruses. (See *Trainer's Tool 9.2: Making 0.5% Bleach Solution*).

When to Use Gloves

Gloves are to be worn in situations where it is necessary to prevent infection between the CHW and their clients. As discussed earlier, one of the CHW's tasks is to help fight stigma and make PLWHA feel more accepted. Therefore **gloves should only be worn when the CHW or caregiver is handling any type of bodily fluid or waste** (e.g., blood, pus, fluids and waste from childbirth, feces, and urine) **or when the client or CHW/caregiver has open sores that will come in contact with the other person.** Gloves are expensive and PLWHA benefit from human touch, so do not use gloves unless they are really necessary.

Other examples of when gloves are needed are:

- Disposing of soiled gauze/bandages.
- Disposing of sanitary pads.
- Handling fluids or waste during childbirth.
- Any time the client or CHW has sores or cuts on their hands.

Disinfecting Surfaces and Materials

In addition to wearing gloves or plastic bags on your hands to prevent direct contact with harmful body fluids like blood and pus, it is important to remember that:

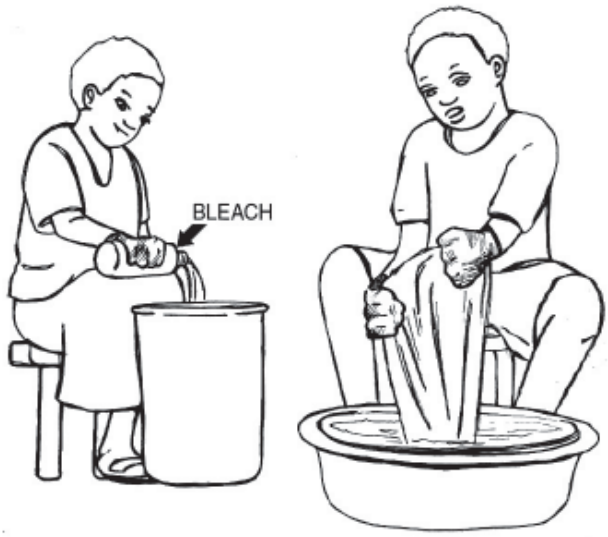
- You should protect your feet when cleaning body fluids spilled on floors.
- Any materials that caregivers or clients want to keep and reuse should be disinfected with bleach (kills most bacteria) and cleaned regularly. These include clothing, bedding, towels, and cloths for bandages. To do this, disinfect for at least 10 minutes with a bleach solution (see ratio in *Trainer's Tool 9.2: Making 0.5% Bleach Solution* and in the *Handbook*), stir well in boiling water and detergent for at least 20 minutes, rinse well in clean water and hang the items in the sun to dry. The bleach will kill many of the germs, the boiling water and detergent will kill even more, and the sun will kill most of the rest.
- Materials and surfaces can be disinfected by mixing, bleach and water (according to the instructons in *Trainer's Tool 9.2: Making 0.5% Bleach Solution* and the *Handbook*) and soaking for at least 10 minutes, then rinsing well.

- Any materials used by clients that caregivers or clients cannot or will not reuse should be burned, buried, or thrown into a pit latrine. These include cotton wool, bandages, and sanitary pads. To make handling them safer, wrap in newspapers or plastic bags. Try to use newspapers if you must bury or throw them into a pit latrine; the paper will eventually rot, but the plastic bags will not.

Supplies and Resources

Depending on the specific body fluids, the CHW should have the following items in the CHBC kit to clean dirty items or surfaces:

- Gloves or plastic bags to use as gloves or on the feet (always wear shoes if possible).
- Soap or detergent.
- Container for dirty items.
- Clean water.
- 1 part bleach to 6 parts water, or the correct mix of bleach and water using local liquid or powder bleach.
- If the family does not have a suitable bucket, the CHW should bring one along.



Session 9.3: Basic Personal Hygiene

Introduction

Activity 1: Trainer Presentation (10 min.)

The trainer should:

- Refer participants back to the beginning of the unit, when they brainstormed the nursing needs of PLWHA.
- Explain that this session is going to focus on one of those areas listed: basic personal hygiene.
- Using the content below, discuss the important points CHWs and other caregivers should follow as they assist PLWHA with personal hygiene.
- Ask if there are any questions or comments.

Personal hygiene is very important for the health and well-being of PLWHA. It helps PLWHA avoid infection and feel clean, fresh, and socially acceptable to others. Some important points to remember when working with PLWHA are below.

- Always encourage the client to do as much of their own care as possible, to build and maintain their self-respect and keep hope alive.
- Always discuss with the client as much as possible what should be done and how they would like to do it WITH you.
- Nursing care should be kept as simple as possible, doing only what is necessary for the client. This saves on materials, and time for the caregiver, and helps keep the dignity and comfort of the client.

Bathing and Hair Washing

Activity 2: Game (25 min.)

The trainer should:

- Present the concept of a bed bath using the content below.
- Ask participants to break into 3-4 groups.
- Ask each group to review the contents in their CHBC kits and take items out that they think will be needed for a bed bath. Remind them that they should only use what is absolutely necessary to get the job done, as supplies are scarce and costly. **Note to Trainer:** Each group should only use one kit.
- Ask each group to come up with any other items they may need that are not included in the kit, but that could be found in the home.
- Allow 10 minutes.
- Have each group present their answers, showing the items from their kit as they go.
- The group that has the most correct answers, wins a small prize.
- Summarize the groups' answers and review the list of needed items below.

Activity 3: Demonstration (20 min.)

The trainer should:

- Ask participants, "Has anyone has given a bed bath to another person?" If so, ask them to share with the group how they performed this activity.
- Using a piece of flipchart, write simple key points of the bed bath using the content below. This will be used as a job aid later on during the practicum.
- Ask, "How do you care for pressure sores during a bath?" and note points on flipchart.
- Ask, "How might the bed bath be changed if someone was unconscious or unable to move?" and note points on flipchart.
- Ask for a volunteer to play a client. **Note to Trainer:** In some groups, participants may not be comfortable acting as a client who will receive a bed bath. If not, have another trainer play the client.
- Using the steps outlined below, demonstrate how to give a bed bath to a conscious client (have volunteer keep clothes on). Use props such as a bucket and towel to make it realistic.
- Say aloud each step as you perform it. For steps you do not perform, state aloud what you would do. (For example, "Now I would wash the genitals, then the anus of the client.")
- Demonstrate how to take care of pressure sores during a bath.
- Ask if there are questions or comments.
- Summarize key points of giving a bed bath and treating pressure sores while participants follow along in their *Handbooks*.
- Explain that participants will have a chance to practice at the end of the unit during the practicum session.

Sometimes PLWHA are too sick to get out of bed to take a bath. While taking a few precautions to keep the bed and bedding dry, the caregiver can bathe them right in the bed, and the CHW can teach them to do this.

Supplies and Resources for Bed Bath

The bath can be given with less, but these things can all be helpful.

- Gloves or plastic bags
- Plastic or polythene sheet
- Large clean basin
- Wash cloths
- Clean water
- 2 bath towels or clean cloths
- Bar soap
- Plastic container for soiled bedding
- Toothbrush, toothsticks, toothpaste
- Scissors and razor blade
- Comb
- Clean linen and pajamas, if available

Steps to Follow

For a person who is conscious and able to move some:

- Permit the client to bathe him/herself as far as his/her condition allows, even leaving the room for a short time if the client is able to manage alone.
- Discuss with the client what should be done, what part they would like to play and what part you should play.
- Gather all the supplies needed and bring them within easy reach.
- Close the windows, draw the curtains, and close the door to provide privacy and avoid drafts.

- Remove the cover sheet and/or blanket and protect the bedding with a plastic sheet under the client, if you have one. Cover the client with a sheet or other suitable cloth to help them keep their dignity and keep warm. Expose only the areas you want to wash.
- Help the client into a suitable position, sitting if possible.
- Place a basin of warm water on the stool/table.
- Bathing, whether by the client or by the caregiver, should start with the cleanest areas first (face, hair, upper body) and finishing with the least clean (the genitals, anus, and feet). This is so that stool and urine and dirt from the floor are not introduced in the cleaner areas. Also, to avoid infection from stool getting in the genitals, the anus should be cleaned AFTER the genitals.

- If open sores are present, the caregiver should use gloves or plastic bags.
- During bathing, try to keep the water as clean as possible, or use 2 basins, one for washing and a second for a last rinse.
- Wash the client's hair with soap or shampoo, if desired. It helps to have the person move to the head or side of the bed so that their head hangs over a bit. Place the wash basin on a stool under the client's head. Be sure to support the client's head so s/he does not get tired or feel uncomfortable. Rinse the hair and dry with a cloth or towel.
- When the client has finished all they can, the caregiver can return, change the water, and complete the bath by helping to wash hard to reach areas (like the client's back and feet) and pressure areas.
- You may also want to help them cut their fingernails and toenails at this stage of the bath, but make sure they are covered and not cold.
- Help the client into clean clothes and make the bed with dry, clean bedding.

- Offer a comb, brush, or shaving supplies, if available. Help as needed.
- Leave client in a comfortable position.
- Dry the area and pour away the water used for bathing. It is better to dump the water on plants outside than in a sink.
- Remove gloves/plastic bags; wash and dry your hands.

For a person who is unconscious or too weak to move:

Follow the same steps as above, and:

- Wash the client with soapy water beginning from the face, chest, abdomen, hands, back, and legs. A good rule of thumb is to go from the cleanest to the dirtiest parts when you wash.
- Dry each part thoroughly.
- Wash hair if needed. To do this, get help to carefully move the client so his/her head is at or just over the edge of the bed. Put a wash basin on a stool under the person's head, shampoo, and rinse. Be sure to support the client's head the entire time.

- Wash the private parts last (always wash the genitals first and the anus after).
- Treat the pressure areas as described on the next page.
- Cut finger and toe nails if they need it.
- Dress client in clean clothes, provide padding to soak up client's urine and stools, and make the bed.
- Comb or brush hair and trim the beard as required.
- Leave client in a comfortable position that will help prevent bedsores.

Mouth and nail care should be combined with the bed bath whenever possible.

Care of Pressure Sores During Bathing

To care for pressure areas, do the following during the bed bath:

- Treat all pressure areas in an orderly way, starting at the head and ending with the feet during the bath.
- Examine each pressure area as you massage to see if pressure sores are developing. If they are, see *Unit 10: Managing and Treating AIDS-Related Conditions* for how to care for them.
- During bathing, with a soapy hand or cloth, gently massage each pressure area in a circular movement and for long enough to stimulate good circulation of blood (you can slowly count to 10 as you do each part).
- While you are massaging, cover other parts of the body to keep the client warm and to provide privacy.
- Using a wet face cloth, rinse each part and pat it dry with the client's towel/cloth.
- When the client is completely dry, massage the bony areas, with lotion, Petroleum jelly (Vaseline), or talcum powder if available. Do it the same way as with the soapy hand, with gentle pressure counting slowly to 10 in each area.
- Keep talking with the client and make sure you are not causing pain or discomfort.
- Report to your trainer or home care supervisor if the client's skin is discolored, very wet, blistered, or broken. The client may need hospital care.

Mouth, Nail, and Toilet Care

Activity 4: Brainstorming (15 min.)

The trainer should:

- Ask if anyone has ever taken care of PLWHA who needed help cleaning his/her mouth. If so, ask them to share with the group how they did this.
- Ask for other contributions.
- Using the content below, explain/summarize each step.
- Write simple key points of mouth care on flipchart using the content below. This will be used as a job aid later on during the practicum.
- Ask what steps would be involved in proper nail care.
- Note points on flipchart.
- Ask how a person can be helped when they need to go to the toilet.
- Note points on flipchart, adding information from the content below as needed.
- Ask for 1 or 2 volunteers to quickly summarize key points while other participants follow along in their *Handbooks*.
- Post flipchart on the wall.

Activity 5: Demonstration (20 min.)

The trainer should:

- Ask for a volunteer to play a client. **Note to Trainer:** In some groups, participants may not be comfortable demonstrating this. If not, have another trainer play the client.
- Using the steps outlined below, demonstrate proper mouth care. Use props such as a toothbrush, toothpaste, cups, and petroleum jelly (Vaseline) to make it realistic.
- Explain aloud each step as you perform it.
- Ask if there are any questions or comments.
- Ask for another volunteer to demonstrate nail care.
- Demonstrate proper nail care and say each step aloud as you perform it.
- Ask if there are questions or comments.
- Ask for another volunteer to demonstrate assisting someone to go to the toilet.
- Demonstrate how to support the client while s/he is using the toilet and say each step aloud as you perform it.
- Ask if there are questions or comments.
- Refer participants to their *Handbooks* while you summarize key points.
- Explain that participants will have a chance to practice later on during the practicum session.

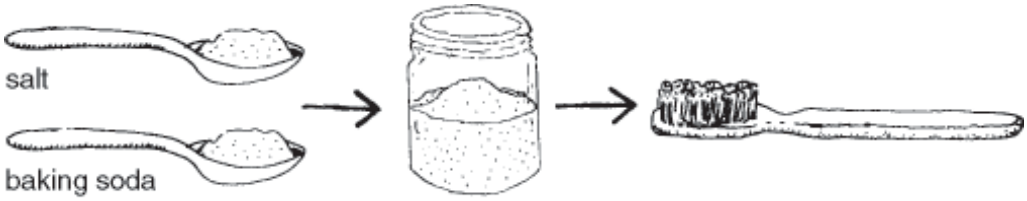
Mouth Care

Keeping the mouth clean helps prevent many problems, such as tooth decay, sores/infection in the mouth, and sore gums. A healthy mouth also makes it possible for

PLWHA to eat without pain. This is very important because good nutrition helps PLWHA live healthier, longer lives. If it is difficult for the client to take care of his/her mouth, the caregiver can help. Mouth care can be done after the bath, but should be done more than just once a day.

Supplies for Mouth Care

- Gloves or plastic bags
- 2-3 small cups or containers
- Toothpaste, or salt water and baking soda solution



Source: Werner, D., Thuman, C., and Maxwell, J., 2003. *Where There Is No Doctor: A Village Health Care Handbook*. Berkeley, CA: The Hesparian Foundation.

- Glycerin, liquid paraffin, or petroleum jelly (Vaseline)
- Cotton wool balls
- Toothbrush or tooth sticks
- Clean cloth
- Spoon, fork, or small stick to use for swabs
- Another spoon, fork, or stick padded all around with a piece of clean cloth (for unconscious clients)

Steps to Follow

For a conscious client:

- Permit the client to take care of his/her mouth as far as his/her condition allows.
- Wash and dry your hands.

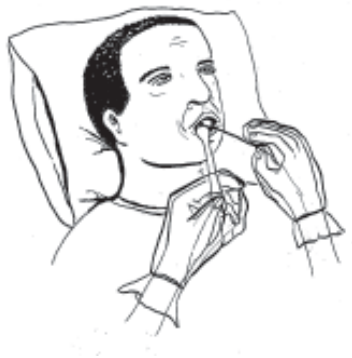
- Prepare materials that will be used.
- Explain to the client what you are going to do together and discuss which role the client wants to play and which you will play.
- Help the client sit up, or prop the client up as much as possible.
- Place the towel or piece of cloth across client's chest and under the chin.
- Bring all the materials needed within easy reach of the client.
- If client is able: provide the tooth stick or toothbrush with toothpaste (or salt water and baking soda solution) and water in a cup for rinsing the mouth. Ask him/her to brush not just the teeth, but also the gums, tongue, and roof of the mouth gently.
- Offer another small container to spit into while rinsing the mouth.

If the client is conscious, but too weak to do it without help:

- Put on gloves or plastic bags.
- Wind a small amount of cotton wool around the end of the spoon, fork, or stick to make a swab or fold a piece of cloth over it. Put toothpaste on the tip, or dip it in the salt water or the baking soda solution.
- Gently clean all parts of the mouth, the gums, the roof of the mouth, and the tongue.
- Move the swabs from the back to the front of the mouth in each area and change them and discard them as necessary.
- Give water to rinse the mouth.
- Apply petroleum jelly (Vaseline) to the lips if they are dry.
- Throw away used cotton swabs in a safe way or wash the piece of cloth correctly and hang it in the sun to dry for the next use.
- Remove the plastic bags and throw away in a proper way.
- Wash and dry your hands.

For the unconscious client or one who is too sick to move:

- Follow preparation steps above.
- Place the padded stick or spoon in the client's mouth to keep it open.
- Proceed with cleaning as above.



Nail Care

Keeping fingernails and toenails clean and neatly trimmed prevents clients from causing scratches or bleeding with their nails. The caregiver can help with nail care if the person is not able to do it alone. It can be done weekly at the end of the bath, or as needed.

Supplies for Nail Care

- Nail cutter, scissors, or clean razor blade
- Soap
- Clean water in a basin
- A piece of clean cloth or towel
- Petroleum jelly (Vaseline) or lotion

Steps to Follow

- Permit the client to take care of his/her nails as far as his/her condition allows.
- Discuss the procedure with the client, mentioning what you will do together and deciding who will do what.
- Gently wash each hand with soap and water. Scrub nails gently with the brush.
- Rinse and dry the hands using a clean cloth.
- Trim the nails gently with the scissors, nail cutter, or razor blade, taking care that you do not hurt the client or draw blood.
- Apply petroleum jelly (Vaseline) or lotion to both their hands and massage them for comfort.

- Repeat the whole procedure for the feet.
- Leave the client dry and comfortable.
- Collect nail cuttings into a piece of paper or any container to be thrown away in a pit latrine.
- Clear all the articles used and wash and dry your hands.

Helping Clients Go To The Toilet

Sometimes the CHW may need to help clients use the toilet. As with all care and support activities, the CHW should train family members and caregivers to provide this type of support to PLWHA. The most important things are to help clients prevent infection, maintain their dignity, and provide as much privacy as possible.

- Help clients with their balance as needed by holding them up from above as they go to the toilet. You may just need to give them an arm to lean on.
- Encourage the person to rinse with clean water or wipe with a clean toilet paper/ cloth after using the toilet.
- When women wipe after passing stool or pooping, always remind the client to wipe toward the back so stool/poop does not get into the vagina.

Session 9.4: Preventing Pressure Sores

Pressure Sores

Activity 1: Demonstration (20 min.)

The trainer should:

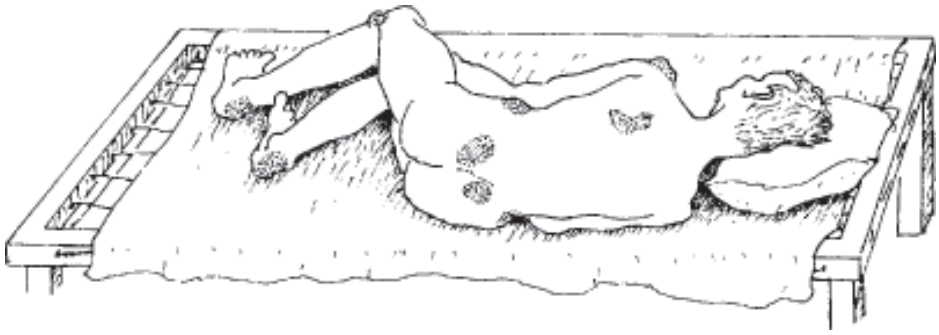
- Label the top of a flipchart with "Pressure Sores."
- Ask participants to describe pressure sores. Ask, "Why do people get them?"
- Using participants' suggestions and content below, note a short and simple definition of pressure sores.
- Ask participants where on the body they think the client is most likely to get pressure sores.
- Write "prevention" on flipchart and ask how pressure sores can be prevented.
- Using participants' suggestions and content below, write short and simple notes on how to prevent pressure sores. Post flipchart on the wall.
- Ask for a volunteer to play a client. **Note to Trainer:** In some groups, participants may not be comfortable demonstrating this. If not, and there are 3 trainers, one of them can play the client.
- Demonstrate how to prevent pressure sores with 2 trainers being the CHWs and a participant or other trainer playing the client. Use props such as a sheet/cloth and pillow to make it realistic.
- Ask if there are any questions.
- Explain that later on participants will have a chance to practice this and that care of presuure sores will be covered in *Unit 10: Managing and Treating AIDS-Related Conditions*.
- Ask for 1-2 participants to summarize the key points, while others follow along in their *Handbooks*.

Description of Pressure Sores

People sometimes become so ill they cannot move themselves in the bed. Any bedridden client can develop pressure sores, also called bed sores. The sores may start out as a patch of red, purple, or blue skin but can turn into blisters or open sores if untreated. In the worst case, the opens sores can become craters, reaching down to the bone.

Pressure sores are caused by the breakdown of the skin due to the constant pressure of the bed on bony parts, especially where the bone is sharp and close to the skin. The **buttocks, back, shoulders, elbows, ankles, and heels on the feet are common areas** where pressure sores occur. The pressure keeps the blood from circulating, resulting in the sore. These can be worse for PLWHA, especially when:

- They are thin (less fat to protect the bony parts).
- They are too tired and weak to change position.
- Their immune systems are too weak to fight off infection, including that of the skin.
- They can no longer control when they have to go to the toilet (urine or feces can irritate the skin and cause the skin to break down).



Source: Werner, D., Thuman, C., and Maxwell, J., 2003. *Where There Is No Doctor: A Village Health Care Handbook*. Berkeley, CA: Hesparian Foundation.

Preventing Pressure Sores

Preventing pressure sores is part of daily care of bedridden PLWHA. How can caregivers prevent these pressure sores?

- Keep the skin clean and dry.

- Keep the client drinking plenty of fluids, like ORS, and eating healthy and enough food. Vitamins might also help.
- Help the client turn over and change positions every 1 or 2 hours: face up, face down, on the side, on the other side.
- If possible, put cushions under the person so the bony parts have less pressure and rub less.
- Massage the skin with baby oil, lotion, or petroleum jelly (Vaseline) during and after the bath. Spend more time on those bony parts to help the blood circulate there.
- Use soft sheets and bedding if possible, and change whenever they are wet or dirty.

If you as a caregiver have sores and are exposed, you should wash immediately and thoroughly with soap, water, and antiseptic.

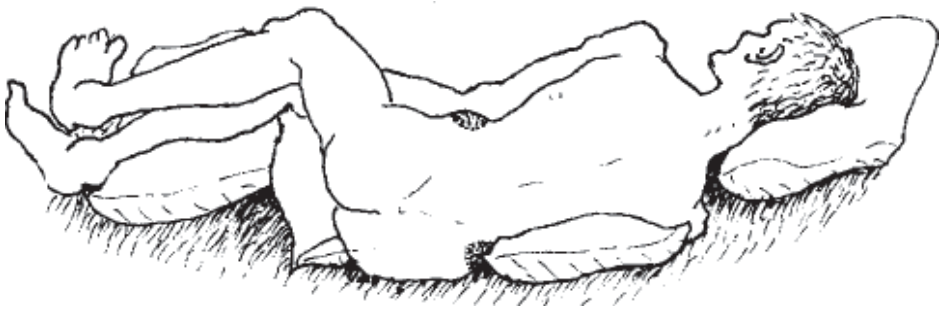
Supplies and Resources for Turning a Client in Bed

- If the client has open wounds, use gloves or plastic bags on hands.
- It is best if there are 2 people who can work together.

Steps to Follow

How to turn a client in bed to prevent pressure sores:

- Explain to the client what you are going to do, why it is good to do it, and how they can help.
- Remove any blankets and leave the top sheet loose so that the client's arms and legs can be moved easily.
- Bring one of the client's arms and one leg slowly across their body toward the side the client is to face.
- One person gently rolls over the shoulder and head while the other rolls over the pelvis and legs so the body moves as one unit.
- Now the 2 people join hands under the client's hip joint and thighs on the bottom, and shoulders on the top. The 2 people should bend their knees and keep their backs straight, and lift the client to the center of the bed.



Source: Werner, D., Thuman, C., and Maxwell, J., 2003. *Where There Is No Doctor: A Village Health Care Handbook*. Berkeley, CA: Hesparian Foundation.

- Adjust the pillow under the client's head, also between or under the knees and behind the back. Ask if the client is comfortable.
- Put the client's hands in a comfortable position and bend the client's legs slightly.
- Remake the bed and leave the client comfortable.
- Dispose of articles safely and wash and dry your hands.

Session 9.5: Physical Therapy for the Client

Introduction

Activity 1: Trainer Presentation (5 min.)

The trainer should:

- Introduce the session using the content below.
- Ask if there are any comments or questions.

Exercise is good for everyone, but exercise, massage, and basic physical therapy are especially important for PLWHA because it helps to:

- Improve the person's blood circulation which keeps skin, muscles, and organs healthy, and helps prevent blood clots in the legs which can travel to the brain and cause stroke.
- Prevent stiff and locked joints.
- Prevent the muscles from getting smaller because they are not used enough.
- Prevent pneumonia because the person breathes more deeply and exercises the lungs.
- Relax the person and make them feel good.

To keep muscles strong and joints healthy, PLWHA need to be supported to exercise every day. This can be anything from going for a walk, to doing some basic exercises and stretches in bed. PLWHA can be taught to do some simple exercises themselves or caregivers can also be taught how to help PLWHA to do the exercises if they are too weak to do them on their own.

The most important thing is to move each part of the body every day and make sure the client is comfortable.

Physical Therapy

Activity 2: Demonstration/Return Demonstration (30 min.)

The trainer should:

- Ask questions to see what participants know already about physical therapy.
- Present the content below on physical therapy for those clients who can and cannot lift themselves.
- Ask for a volunteer to play the role of a client who can lift themselves.
- Use *Trainer's Tools 9.3: Illustrations of Physical Therapy Exercises* and the content below to demonstrate each exercise (e.g., knee bends) for someone who can lift themselves. Explain each step as you demonstrate it.
- Ask participants to follow along in their *Handbooks*.
- Ask if there are any questions.
- Ask for 2 more volunteers: one to play the CHW/caregiver and one to play the client.
- Ask them to demonstrate back the steps for each exercise, explaining the steps as they go.
- Ask for another volunteer to play a client who cannot lift themselves. If participants are not comfortable playing this role, ask another trainer.
- Use the steps above to conduct a demonstration and return demonstration.

Activity 3: Role Play (20 min.)

The trainer should:

- Ask for 2 volunteers, one will play the client, and the other, the CHW.
- Take the volunteers aside and whisper the following scenario so the others do not hear.

  Scenario: The CHW visits the home of a client who is fairly healthy. The person complains because she used to walk everyday to gather water, but now she is too sick and is not getting outside anymore. She feels stiff and weak.
- Ask the actors to act out the scenario.
- Once the client has told the CHW the problem, have the actors freeze.
- Ask participants what the CHW should suggest about exercises for the client to stay healthy.
- Have the role play continue using participants' suggestions (e.g., the CHW should discuss with the person which exercises s/he can do to stay healthy).
- Ask the actors to freeze.
- Ask for someone to take over the role of the CHW and demonstrate 1 or 2 of the exercises.
- Ask the actors to freeze again.
- Ask for another volunteer to demonstrate another exercise.
- Continue rotating actors until all the content has been covered.
- Make sure key points are covered like the need to wear gloves if there are open sores, and how many repetitions of each exercise should be done.

Physical Therapy For Clients That Are Able To Lift Themselves

Supplies and Resources

- You will need gloves or plastic bags only if the client has open sores or wounds.
- You may want to use petroleum jelly (Vaseline), lotion, or talcum powder to massage the client if it feels good to him/her. Petroleum jelly (Vaseline) is good to keep wetness away from the skin, like urine or stool, but it is not good to put on open sores because it does not let the skin "breathe" and heal. Talcum powder can also feel good to the client, but you should not use it if there are sores or broken skin, and the client should breathe in as little of the powder as possible.

Steps to Follow

- Ask the person if s/he knows of exercises that feel good. Also find out what is uncomfortable for the person.
- Show the person and caregivers the following exercises (refer to *Trainer's Tool 9.3: Illustrations of Physical Therapy Excercises* and the *Handbook*).
- **Neck and head:**
  - Rotate head slowly from back to front and from side to side.
  - Do this at least 10-15 times everyday, as long as the client is comfortable and not feeling pain.
- **Arms and wrists:**
  - Lift arms up and down.
  - Bend arms at elbow and move forearm up and down.
  - Rotate extended arm inward and outward to loosen the shoulders.
  - Rotate hands in a circle (one way, and then the other), and then move them up and down.
  - Do each 10-15 times everyday, as long as the client is comfortable and not feeling pain.

- **Legs and feet:**
  - Lift legs up and down.
  - Bend knees (alternating legs).
  - Rotate leg inward and outward to loosen up the hip joint.
  - Rotate feet in a circle (one way, and then the other), and then move them up and down.
  - Do each 10-15 times everyday, as long as the client is comfortable and not feeling pain.
- **Back and torso:**
  - Bring knees to chest one at a time and then together to stretch the lower back. Hold for 15 seconds. Repeat 3-5 times as comfortable.
  - Twist upper body while sitting to get blood flowing. Do this 10-15 times every day, as long as the client is comfortable and not feeling pain.
- Help the person to add other exercises to the routine that feel good to them.
- Help PLWHA and caregivers to remember this exercise routine so the muscles and joints stay healthy. All of the exercises should be done slowly and evenly, without jerky movements or muscle strain.

Remember: PLWHA should exercise everyday to stay healthy, preferably for at least a half hour, but even a few minutes help!

Physical Therapy For Clients Who Cannot Lift Themselves

If a client cannot move on their own, it is even more important that the CHW and other caregivers know how to exercise their muscles and joints. CHWs and caregivers have an important role to play in giving physical therapy to a client that cannot get out of bed or lift their arms and legs by themselves.

Another benefit of physical therapy is "caring touch." Human touch is one of the most important things for healing, especially for PLWHA, because of the stigma that keeps others from touching them. It is necessary to get feedback from the client, if they are conscious, on how you are touching them so that it is not too hard, too soft, too much, or irritating.

Steps to Follow

- Follow activities listed above.
- Show the person and caregivers how to do leg lifts and knee bends.
- Carefully lift the person's legs, one at a time, bend and extend the legs gently and rotate them in a circle. Make sure the client is comfortable the whole time.
- Show caregivers how to exercise the arms by lifting, bending, and extending them—one at a time.
- Help clients do these excercises everyday—at least 10-15 times each, as long as the client is comfortable.
- Massage is a good way to help blood flow to all areas of the body. Make sure the client is comfortable and gently rub the whole body, front and back, in long strokes or circles.

Caregivers should be careful and aware of their own bodies when moving clients. Do not lift more than you are able—get help from another person when possible, and lift with your whole body, your knees bent and your body aligned with your legs.

Session 9.6: Care in the Final Stages of Life

Support During the Final Stages of Life

Activity 1: Group Discussion (10 min.)

The trainer should:

- Introduce the topic of dying using the content below.
- Discuss how death is handled differently in families and even varies by individual.
- Ask participants to talk about what happens when someone in their family or community is dying.
  - ➤ Do people talk to others when a loved one is dying?
  - ➤ Are there taboos or fears about talking about death?
  - ➤ When people die from AIDS, is it usually covered up by the family?
- Explain that in many cultures, it is not acceptable to openly discuss death and dying. In many places, families are not open when the cause of death is something related to AIDS. However, it is important that people have the courage to discuss death and dying in the context of HIV/AIDS. Open discussion helps families and communities heal and also helps prevent HIV transmission by bringing AIDS out into the open and reducing stigma.
- State that it is the CHW's role to help both the person dying of AIDS and the family cope during this difficult stage.

Activity 2: Small Buzz Groups (40 min.)

The trainer should:

- Ask participants to break into 4 small groups.
- Ask each group to pick a storyteller who will summarize the key points from the group's discussion for the larger group.
- Ask each group to discuss:
  - How can you help the dying person stay comfortable during this last stage? *(e.g., keep them clean, dry, and free of bed sores; keep them warm and give gentle massage; talk to them and reassure them.)*
  - How can you help the dying person and the family with their spiritual and emotional needs? *(e.g., give comfort, help bring in a spiritual leader for support, help family accept grief and loss.)*
  - Why should PLWHA and their families plan for death? *(e.g., to make sure their children are cared for and have good guardians; to make sure their money, finances, and property are protected for their families; to help them accept the process of dying.)*
  - What concerns might the family have besides feelings of grief and loss? *(e.g., property and land inheritance, economic survival, funeral costs.)*
- Allow 15 minutes and reconvene the larger group.
- Ask each storyteller to report on the key points from the discussion. Each storyteller should not talk longer than 5 minutes.
- Ask if there are any questions or comments.
- Supplement answers with content below.

Activity 3: Question and Answer (20 min.)

The trainer should:

- In advance, write different problems on slips of paper (e.g., loses control of bladder), and fold the slips of paper and put them in a basket. See *Work for the Trainer to Do in Advance*.
- Ask a participant to draw a slip of paper from the basket. The participant should read the problem and try to suggest a way to deal with it. If they do not know what to do, they can ask one of the other participants.
- Continue until all the problems have been discussed.
- Correct or supplement suggestions given using the content below.
- Summarize by directing participants to the appropriate section in their *Handbooks*.

Eventually, a person with AIDS is no longer just chronically ill, the person is dying. When this change occurs, it is often hard for the client and for the family to accept. A different kind of care is needed now. This care can be provided either in a hospital or at home. It is important for the family to know they did a good job of taking care of their loved one. Having a plan for the remaining family members to help them to go on without the person can help make the transition easier.

Issues the dying person and the family may face include:

- Future economic survival of the children and family.
- Writing a will.
- Getting legal protection for land inheritance, especially for women and children.
- Guardianship of the children: including food, shelter, education, loving support, and involving the children in the decisions as much as possible.

Care of PLWHA in the Terminal Stage

You may be able to tell when a client is nearing death if s/he:

- Sleeps more and more and is hard to wake.
- Becomes confused about where they are, the time, the date, and who people are.
- Begins to lose control of their urine and stool.
- Seems restless, pulling at the sheets and seeing things that are not there.
- Has trouble seeing or hearing.
- Has skin that feels cool to the touch.
- Loses consciousness, stops eating, or breathes noisily.
- Stops passing urine.
- Is not getting any better with medical treatment.
- Says they are ready to die.

What the CHW Can Do to Support the Dying Person and the Family

If the sick person wants to remain at home, you can assist the caregiver to help them die with dignity by:

- Giving comfort, both for physical problems and for worries, fears, anger, and sadness.
- Bringing a spiritual leader or healer to the home.
- Having family and friends close by (especially the people they like most) and respect their choice of who they want to be with in the final stages of life.
- Helping make final plans and encouraging the client to make decisions.
- Helping the client to prepare for death emotionally and spiritually.
- Helping the person accept him/herself as a whole human being and to put aside guilt and fear.

For the family:

- Help them plan for their future, especially for the children.
- Bring in a trained counselor if needed.
- Help them accept grief and loss, and let go of anger. Reconciling with a dying loved one can be very healing for those left behind.
- Ask family members and friends to come and say goodbye if that is culturally acceptable.
- Help them to accept the client's decision to stop eating if that is the case.
- Help them with funeral arrangements.
- Continue to follow-up with them and involve them in CHBC efforts in their communities.

You can train the caregiver to help the client with physical and emotional comfort at the end of life in the following ways. These measures will not only comfort the client, but caring for the client with respect will also comfort the family and friends who are facing loss.

To help the client with **physical comfort,** the CHW can help the caregiver in these ways.

If the client ...	**Teach the caregiver to ...**
Sleeps more	Try to talk to them and do things with them during their more alert times.
Is confused	Tell them clearly where they are, the time and date, and who people are.
Loses bladder and bowel control	Clean and dry them off, and use petroleum jelly (Vaseline) or lotion to prevent rashes.
Has cool skin	Keep them covered with warm blankets and give gentle massage.

If the client ...	Teach the caregiver to ...
Has trouble seeing or hearing	Keep talking with them and including them in conversation. Never ignore them when talking with others.
Is restless	Speak calmly, reassure the person, remind them gently who you are and where they are. Keep touching, holding hands, hugging, and massaging as the person desires.
Stops eating and drinking	Wipe their mouth with a wet cloth and keep lips wet with moisturizer.
Stops passing urine	Consult with a nurse or doctor because they may need a catheter.
Has noisy breathing	Put extra pillows under the head, turn them to the side so fluids can flow out, and put a wet washcloth on the lips.

As much as possible, keep providing pain and comfort measures.

To help with **emotional comfort,** the CHW can help the caregiver to:

- Tell the client that s/he is accepted as a whole human being.
- Forgive the client, if needed.
- Tell the client that s/he will be missed and remembered.
- Assure the client that their children and loved ones will be OK.
- Help the client feel peaceful.

Because many families of PLWHA do not have a lot of resources, sometimes the CHW is faced with many responsibilities at the time of death and dying. Sometimes, the family asks them to help pay funeral expenses. The CHW should take care to support the family and caregivers to cope with the person's death, but they should not feel like they have to pay any expenses or do everything themselves because they will suffer from

Care of the Body after Death

Activity 4: Group Discussion (25 min.)

The trainer should:

- Ask participants:
  - How long can HIV stay alive in the body after death?
  - What is traditionally done to the body after death?
  - Does this tradition vary by ethnic group?
  - Does it vary by religion?
- Discuss how this is the same or different from the steps in the content below.
- Using the content below, explain the steps that should be taken to care for the body after death. Try and relate this to what is normally done in a community.
- Ask participants:
  - How should the room be cleaned afterwards?
  - How can the CHW demonstrate a caring attitude during this time?
  - What things can the CHW do that will make the family feel that the CHW cares?
- Ask if there are any questions or comments.
- Summarize the main points while participants follow along in their *Handbooks*.

Even after a person has died, HIV can still be alive in the body for 24 hours. During that time, take the same infection prevention precautions with the body as you did when the person was alive. How the body is cared for is important because:

- You must prevent HIV transmission through contact with any bodily fluids, as before.
- Treating the body gently and with respect may help the grieving family members.

Supplies and Resources

- Basin
- Soap and water
- Gloves or plastic bags to use as gloves
- Wrapping cloths or clean clothes, according to cultural tradition

Steps to Follow

Preparing the body:

As soon as the person has died:

- Let the family say goodbye if that is important to them right after death.
- Help the family grieve and help make funeral arrangements if needed. The best thing the CHW can do is listen to the family members and help them in whatever way s/he can.
- Provide privacy and treat the body respectfully. This may be very important to the family who is grieving.
- Try to follow the traditional practices of the family and the community for preparing the body, **as long as careful infection prevention is followed.** If you do not know, try to find out beforehand how the client or the family want the body handled.
- Limit the number of people preparing the body to prevent infection.
- Put on gloves/plastic bags; make sure you avoid direct contact with fluids from the body.

- Close the eyelids.
- Support the closed mouth with a bandage or piece of cloth made like a bandage.
- Pack the nostrils with some cotton swabs/small pieces of cloth.
- Clean the body according to custom, but keep safety first. Remove the dirty linen/bed sheets/cloth from the bed, disinfect, and launder as always.
- Dress the body (according to custom).
- Straighten the body, hands, and feet. Make sure there are no body fluids around that someone might touch.
- Cover/tie the body in a clean cloth/sheet.
- Keep the body covered and ready for burial or cremation.
- The body should be buried or cremated according to local customs. For instance, in Kenya, bodies are buried, usually in sand and paraffin, or charcoal and water, or in a wooden box.

Note to Trainer: Include examples of local customs regarding burial or cremation in this session.

Clearing the room and materials used:

- Clear away the materials used to care for the client, safely clean or throw them away, and arrange the room so it is orderly.
- Remove and dispose of plastic bags; wash and dry your hands.

Demonstrating a caring attitude:

- Keep talking in a caring manner to the relatives to comfort them.
- Arrange for the family to inform other persons concerned (e.g., village and religious leaders, and health workers).
- Take the time to comfort children who have lost their parent, the husband or wife who has lost a spouse, and parents who have lost a daughter or son.

- Be sure to follow-up with the family for a couple of months after the death (or more) to provide emotional support. Other family members may also need CHBC or linkages to other community services, such as IGA, food supplies, and support for orphans left behind.
- Caregivers who have been trained to care for their own relatives or friends are often willing to help other families caring for PLWHA. In this way, the skills are spread out over the community. The CHW can promote volunteer efforts and spread knowledge and skills.

Session 9.7: Nursing Skills Practice

Nursing Skills Practice

Activity 1: Classroom Practicum (3 hours)

The trainer should:

- Set up 3 stations around the room to practice the nursing skills that have been covered in the unit: **station 1)** prevention and care of pressure sores, bathing, nail, and mouth care; **station 2)** help going to the toilet and physical therapy; and **station 3)** caring for someone who is dying and care of the body after death. Each station should have 2 practice areas so 2 different groups can practice at the same time.
- Ensure that each station has materials needed for participants to practice. The participants can use materials in their CHBC kits, but they will also need other materials like a bucket, cloth/sheet, towel, and other common household items that might be used in practicing nursing skills.
- Post the flipcharts/job aids that were made earlier over the appropriate station (e.g., flipcharts on pressure sores, bathing, nail and mouth care should be posted above station 1).
- Divide participants into groups of 4. Assign 2 groups to one station (one group per practice area). The number of groups may vary according to the number of participants—adjust accordingly.
- Assign each person a role: CHW, the assistant when 2 caregivers are needed (e.g., when turning the client), person living with HIV/AIDS, and an observer. The observer will use the flipchart/job aid and their *Handbooks* as a checklist to make sure that the CHW covers all the steps. Each CHW should not only perform the steps for each skill, but also practice talking with the client, making them comfortable and offering encouragement.

Activity 1: Continued

- Caution participants to pay careful attention to infection prevention for the client, for the caregivers, and for him/herself. Also ask the observer to pay special attention to infection prevention.
- After the first role play has finished, have the participants switch roles so that another participant has a chance to practice. Repeat this process twice more until everyone in the group has had a chance to practice. Allow participants enough time to complete all the steps.
- Have the groups at each station switch to a new station. Repeat the above steps and then switch stations one more time. Everybody should visit all 3 stations and have a chance to practice.
- The trainer should move around the various stations during the practicum so that questions can be answered, corrections can be made, and encouragement can be given. **Note to Trainer:** There may be some activities that participants will be uncomfortable acting out (e.g., washing certain body parts). In this case, they can just state aloud what they would do (e.g., "I would wash the client's genitals"). However, participants should demonstrate on each other and/or on the trainers as much as possible, so they learn these skills before practicing on a real client.
- Reconvene the large group.
- Ask participants:
  - How did you feel performing the skills? Were they difficult? Were they easy?
  - How did the CHW talk to their clients? Did they provide information and encouragement?
  - Are there any suggestions for improvements?
  - Was your *Handbook* useful in reminding you of the key steps for each task? If not, what other job aids might you need?

Activity 1: Continued

- Ask for any questions or comments.
- Advise the participants that they will first practice in class and then they will visit homes, where they will provide services to PLWHA during the practicum. Once they can competently provide services themselves, they will visit homes of PLWHA and train their caregiver(s) to provide home-based care.

Unit Summary and Evaluation

Activity 2: Game (30 min.)

The trainer should:

- Divide participants into 2 teams.
- Say aloud one key task for each round. Key tasks include: 1) preventing general infections, 2) proper handling of body fluids, 3) bathing and hair washing, 4) mouth care, 5) nail care, 6) helping clients go to the toilet, 7) prevention and care of bed sores, 8) physical therapy, and 9) care in the final stages of life.
- Each team, without speaking, should find items around the room that were used to cover the key task. The team that finishes first with the most correct items wins that round.
- The winning team of each round must say important things to remember about that key task.
- Allow other participants to add any missed information.
- Repeat the process until all of the key tasks are covered.
- Keep score for each round and give the final winning team a small prize.

TRAINER'S TOOL 9.1: ILLUSTRATED BRAINSTORMING ON INFECTION PREVENTION

In People

Examples:

Cover stored food

Wash and dry dishes well

In Household

Examples:

Wash hands

Wash cuts and scrapes with soap and water

In Compound/Living Area

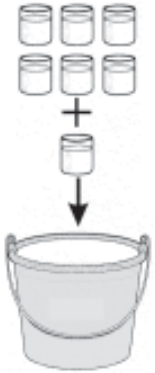
Examples:

Burn/bury waste

Cover water supply

TRAINER'S TOOL 9.2 : MAKING 0.5% BLEACH SOLUTION

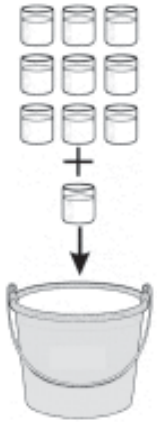
3.5% Chlorine: JIK, Robin Bleach, Ajax



Mix 6 parts water

with 1 part bleach

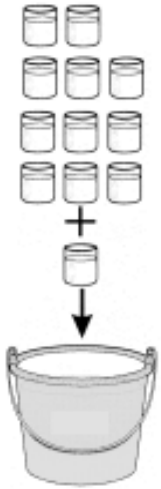
5% Chlorine: Household bleach, Clorox, ACE, Jif, Red & White, Odex, Eau de Javel–15°



Mix 9 parts water

with 1 part bleach

6% Chlorine: Blanqueador, Cloro, Hypex



Mix 11 parts water

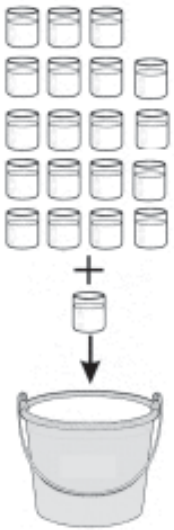
with 1 part bleach

8% Chlorine: Lavandina

Mix 15 parts water

with 1 part bleach

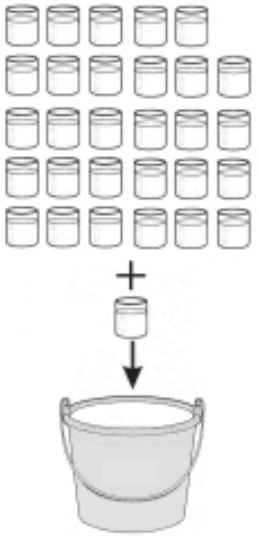
10% Chlorine: Chloros, Liguria



Mix 19 parts water

with 1 part bleach

15% Chlorine: Extrait de Javel–48°, Chloros



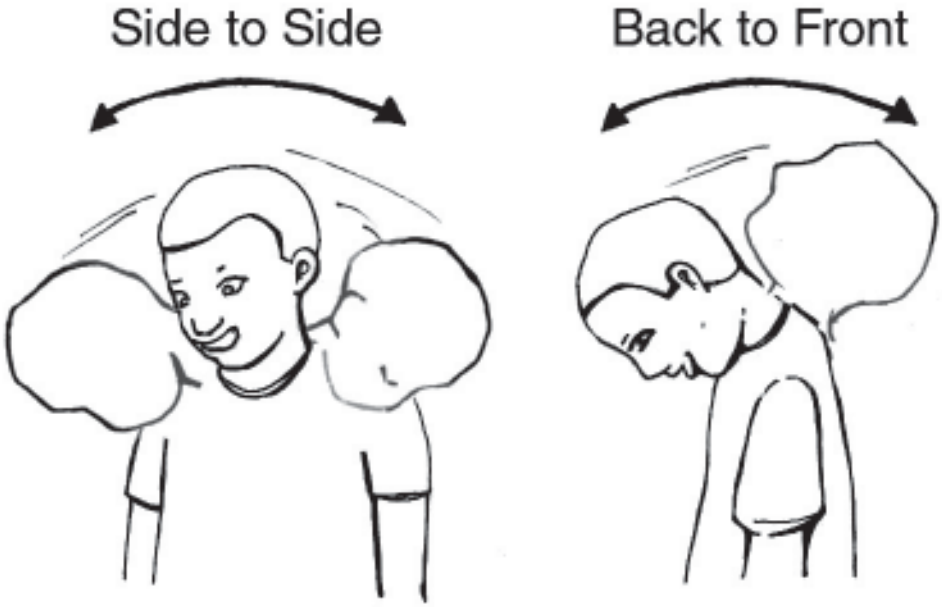
Mix 29 parts water

with 1 part bleach

Trainer's Tools 9.3: Illustrations of Physical Therapy Exercises

Neck and Head

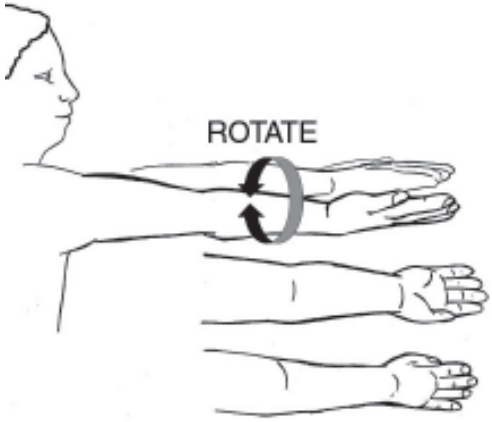
- Rotate head slowly from back to front and from side to side.
- Do this at least 10–15 times everyday, as long as the client is comfortable and not feeling pain.

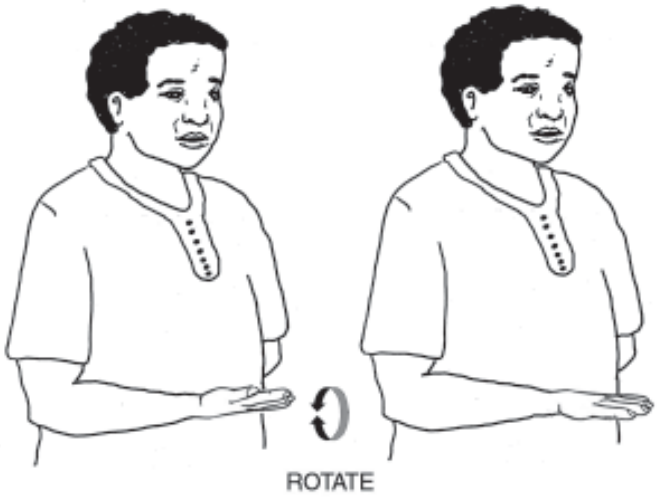


Trainer's Tools 9.3: Continued

Arms and Wrists

- Lift arms up and down.
- Bend arms at elbow and move forearm up and down.
- Rotate extended arm inward and outward to loosen the shoulders.
- Rotate hands in a circle (one way, and then the other), and then move them up and down.
- Do each 10–15 times everyday, as long as the client is comfortable and not feeling pain.





Trainer's Tools 9.3: Continued

Legs and Feet

- Lift legs up and down.
- Bend knees (alternating legs).
- Rotate leg inward and outward to loosen up the hip joint.
- Rotate feet in a circle (one way, and then the other), and then move them up and down.
- Do each 10–15 times everyday, as long as the client is comfortable and not feeling pain.

Trainer's Tools 9.3: Continued

Back and Torso

- Bring knees to chest one at a time and then together to stretch the lower back. Hold for 15 seconds. Repeat 3–5 times as comfortable.
- Twist upper body while sitting to get blood flowing. Do this 10–15 times every day, as long as the client is comfortable and not feeling pain.

Twist

Stretch

NOTES

NOTES

NOTES

UNIT 10

MANAGING AND TREATING AIDS-RELATED CONDITIONS

Learning Objectives

By the end of this unit, the participants will be able to:

- Explain common AIDS-related conditions and Opportunistic Infections (OIs).
- Describe what OI prevention medicine is for and how to take it.
- Describe locally available medicines, remedies, or treatments for common AIDS-related conditions.
- Provide basic treatment for AIDS-related conditions and OIs.
- Identify when a client should be referred for clinical care.
- Describe key information about Anti-Retroviral Therapy (ART).
- Provide referrals for clients.

Training Methodology

- Trainer presentation
- Small group work
- Role play
- Group discussion
- Demonstration/Return demonstration
- Skills practice

Content

10.1 Common Infections and AIDS-Related Conditions

- Preventing, recognizing, treating, and referring clients for common infections and AIDS-related conditions
  - Skin problems
  - Tiredness and weakness
  - Sore mouth and throat
  - Pain
  - Fever
  - Diarrhea
  - Nausea and vomiting
  - Genital problems
  - Coughing, difficulty breathing
  - Tuberculosis (TB)
  - Directly Observed Treatment, Short-course (DOTS)
  - Malaria
  - Eye problems
  - Confusion
- Managing common infections and AIDS-related conditions

10.2 Practical Skills in Treating and Referring Clients

- Using a thermometer
- Preparation of Oral Rehydration Solution (ORS)
- Preparation of gentian violet and potassium permanganate
- Making referrals

10.3 Medicines

- General guidance on supporting clients taking medicines
- Anti-Retro-Virals (ARVs)

  Note to Trainer: A more comprehensive session on the CHWs role in ART can be found in *Advanced Unit 18: Anti-Retroviral Therapy (ART)*

Time Needed: 8 hours, 10 minutes

Materials Needed

- CHBC kits
- Samples of OI prevention medicines, like cotrimoxazole (Septrin), isoniazid (INH), and Diflucan
- Salt (enough for each participant to practice making ORS)
- Water (enough for each participant to practice making ORS, gentian violet, and potassium permanganate solution)
- Sugar (enough for each participant to practice making ORS)
- Liter bottles (enough so each participant has one)
- Thermometer
- Potassium permanganate
- Gentian violet
- Teaspoons (enough so each participant has one)
- Soap (if not already included in CHBC kit)
- Bottles of common medicines (See *Trainer's Tool 10.2: Common Drugs and Their Uses*)
- Locally available medicines and herbal remedies
- Pictures of skin problems and other common conditions and OIs
- Posters of a woman and a man showing all body parts to use during discussion

- Crayons/markers
- Flipchart
- Tape
- Any props needed for role plays to make them more real (e.g., CHBC kit, pieces of cloth, wash basins for bathing and for disinfecting materials)
- *Handout 10.1: Sample CHBC Referral Form*
- *Trainer's Tool 10.1: Instructions for Role Plays on Common Illnesses*
- *Trainer's Tool 10.2: Common Drugs and Their Uses*

Work for the Trainer to Do in Advance

- Copy key points under *Session 10.1, Activity 1* on flipchart.
- Prepare role plays on some of the common illnesses that PLWHA might have. To ensure that role plays are realistic have some of the case scenarios involve multiple illnesses or symptoms. See *Trainer's Tool 10.1: Instructions for Role Plays on Common Illnesses* for examples.
- Help participants who have been selected as actors prepare and practice their role plays for *Session 10.1, Activity 3*. They should make sure that they describe or act out symptoms of AIDS-related illnesses in a realistic and accurate manner. Participants should practice their role plays a couple of times beforehand.
- Photocopy *Handout 10.1: Sample CHBC Referral Form* so each participant has a copy.
- Collect samples of locally available ORS packets for *Session 10.2, Activity 3*.
- Collect various bottles or packages of common medicines that a client may need, including OI prevention drugs like cotrimoxazole (see *Trainer's Tool 10.2: Common Drugs and Their Uses*).

SESSION 10.1: COMMON INFECTIONS AND AIDS-RELATED CONDITIONS

Introduction

ACTIVITY 1: TRAINER PRESENTATION (5 MIN.)

The trainer should:

- Use the content below to introduce the session.
- Post prepared flipchart of the unit's key points and review.
- Ask if there are any questions or comments before moving on.

PLWHA have weakened immune systems. In the beginning, a HIV+ person's immune system is a little weak, but then as time goes on his/her immune system gets weaker. A weak immune system means that PLWHA have trouble fighting off other germs and viruses that can make them sick. Their bodies cannot fight back, so PLWHA often get infections that healthy people do not get. These are called **opportunistic infections or OIs—germs that take advantage of a weak immune system to cause disease in PLWHA**. OIs can be very serious to the health and well-being of PLWHA. They can make AIDS get worse faster.

CHWs need to know how to:

- Teach PLWHA and their family members to protect themselves from infections by good nutrition, good hygiene, infection protection practices, and by taking OI prevention medicines.
- Recognize infection in their clients and refer for treatment. They also need to teach their clients how to recognize infection.

- Provide basic care at home and ensure the support and comfort of clients.

You do not need to be a nurse or a doctor to prevent and identify infections, provide basic care, and make referrals. CHWs are the first line of care for community members. This unit aims to make CHWs feel comfortable in providing basic care, advising clients on taking OI prevention medicines, and making referrals for common AIDS-related conditions. It gives basic information that caregivers, family members, and PLWHA should know about common conditions of PLWHA and what can be done to prevent and treat these conditions.

Key Points

In this unit, we will cover the following **key points**:

- Common AIDS-related conditions and OIs.
- Medicines for prevention of OIs.
- Medicines, remedies, or treatments for these AIDS-related conditions and OIs.
- When to refer a client for clinical care.
- Basics of ART.

Preventing, Recognizing, Treating, and Referring Clients for Common Infections and AIDS-Related Conditions

Activity 2: Trainer Presentation and Small Group Work (3 hours)

The trainer should:

- Present the information on medicines to prevent OIs using the content below and show samples of the common drugs.
- Divide the participants into 10 small groups.
- Give each group a set of markers/crayons and flipchart.
- Assign each group a set of AIDS-related illnesses or symptoms, listed below in the content (e.g., *Skin Problems, Tiredness and Weakness, and Pain*).
- Ask the group to read about their illness or symptoms in their *Handbooks* and prepare a poster that contains:
  - Key information about the illness or symptom.
  - How to prevent it.
  - How to treat it.
- They should use pictures and simple words so that CHWs with limited literacy can understand. The poster can later serve as a job aid.
- Allow 35 minutes and reconveve the larger group.
- Ask each group to present their poster and cover key information related to their illness/symptoms.
- Correct any misinformation and add any missing information using the content below.
- Ask if participants know of other home remedies or herbal treatments for some of the illnesses.

ACTIVITY 2: CONTINUED

- Quickly evaluate whether these home or herbal remedies are safe. If unsure, check with a medical specialist and then report back to the group.
- Supplement participants' presentations by showing pictures of common OIs and summarizing. Emphasize how to prevent these conditions.

Note to Trainer: If participants' literacy levels are high, it is recommended that you use the exercise above. If not, the trainer will have to lecture on the information below using visual aids where possible. It is important that the key points are covered during this exercise and that participants know where to look in their *Handbooks* for further information.

There are different kinds of OIs that people with AIDS may have. To help prevent some OIs, prevention medicine can be taken by PLWHA (children or adults). Many public health facilities can now give HIV+ people these medicines to take daily. These medicines along with nutritious food and positive living can keep PLWHA healthy for a long time. Even clients who are already having OIs can benefit from OI prevention medicines.

A common OI prevention medicine is cotrimoxazole (Septrin), which is a combination of 2 antibiotics that are also used sometimes to treat OIs. Cotrimoxazole can prevent some types of diarrhea, pneumonia, and parasites. Isoniazid (INH) is another medicine that can help prevent TB in HIV+ people, especially in communities with lots of TB. All PLWHA should ask at the clinic if they should take INH to prevent getting TB. Fluconazole (Diflucan) can help prevent yeast infections which can be in the mouth (thrush), in the vagina, or in other places in the body. Yeast infections can cause meningitis, a serious infection of the brain and spinal cord.

In areas where OI prevention medicines are routinely given to PLWHA, CHWs should advise all clients to ask for these OI prevention medicines at the clinic. Besides OI prevention medicines, it is very important to get OIs treated as soon as possible.

Note to Trainer: When this curriculum was written, the above was the recommendation on OI prophylaxis. Check with your local health authorities or facilities to see if the recommendation is still the same, as there has been some recent concern around developing drug resistance with many people taking long-term, continuous antibiotics.

Skin Problems

Problems and Possible Causes

People with HIV/AIDS can have many skin problems. In fact, 90% of people with HIV infection will develop at least one skin problem. While skin problems may not kill a person, they are very uncomfortable. They can cause itching and pain, and other people can become frightened when they see rashes and sores. It is difficult to get rid of skin problems, but much can be done to make the client with skin problems more comfortable.

Common skin problems include:

- Rashes.
- Itchy skin.
- Painful sores.
- Increased dryness of the skin.
- Slow healing of wounds.
- Boils and abscesses.

The most common causes of these problems are:

- Yeast infections (thrush, candidiasis).
- Other fungal infections (e.g., ringworm).
- Bacterial infections.
- Shingles (herpes zoster).
- Poor hygiene.
- Allergic reactions to medicine or skin irritants.
- Pressure sores.

- Eczema.
- Kaposi's sarcoma (a kind of skin cancer).
- Infected sores from scratching with dirty nails or not keeping sores clean and dry.

Prevention and Treatment

What to teach the client and their caregiver:

- Keep the skin clean and dry.
- Wash with soap and water.
- Wear shoes.
- Keep nails short and clean to avoid damaging the skin during scratching.
- Use the flat part of the hand to rub if itchy, not the fingernails.
- Cool the skin with water or a fan when there is severe itching.
- Apply lotions, like calamine lotion, on weeping lesions to help dry them up.
- Use any local herbal remedies that are effective.
- Apply petroleum jelly (Vaseline) or glycerin if the skin becomes too dry.
- For a child or a mentally confused adult, put soft gloves or socks on their hands to prevent skin damage from scratching.
- Rub the pressure areas during bathing and during massage to improve blood circulation and prevent pressure sores.
- Some people use powder to soothe the skin, but it is important that PLWHA do not breathe in the powder. Powder should not be used on skin with open sores.

Remember: Always make sure the remedies you choose are safe for PLWHA. If there is any question of their safety, do not use them and ask a nurse or doctor what you should do.

For **open sores**, teach the caregiver to wash with soap and water, keep the area dry, and apply gentian violet solution, which is an antiseptic (germ killer). Dressings can be made of cloth strips that have been washed well and dried in the sun. Dressings with

wet pus or blood on them should be handled carefully to keep the CHW and caregivers safe (see *Unit 9: Basic Nursing Care* for more information on disinfecting and washing bandages and cloths).

For **rashes**, apply safe local remedies or calamine lotion.

Herpes zoster, or shingles, causes a large area of sore skin on one side of the body. Sometimes there are open sores. These can be very painful. For adults, take 2 paracetamol every 6 hours or 3 aspirin every 4 hours to manage the pain. Local remedies may also be helpful. Try them on a small area first to see if they help instead of making things worse. If the pain is very bad, or the sores become infected, the person should go to a health care facility. There they can get stronger pain medicine, dressings, and medicines for the sores.

Medicines for Skin Problems

Calamine lotion may be rubbed on the skin to soothe itching or irritation. It also helps dry out a lesion. It should never be taken by mouth.

Gentian violet comes as a ready-made solution or as dark blue crystals that should be mixed with clean water to make a solution. To use the crystals, dissolve 1 teaspoonful per ½ liter of water. (**Note to Trainer:** when using gentian violet to treat thrush in the mouth, use less of the crystals—about $^{1}/_{2}$ teaspoon per $^{1}/_{2}$ liter of water). This medicine helps fight skin infections and can be applied with clean cloths to the client's skin.

Potassium permanganate comes as dark red crystals. It makes a good antiseptic (germ-killing) solution for soaking infected sores. Add a pinch of the crystals to 1 liter of clean water or 1 teaspoonful of crystals to a 4–5 liter bucket of clean water for soaking infected sores. (A pinch is the amount you can squeeze and hold between your thumb and first finger.) To soak, take clean, soft strips of cloth that have been washed carefully and dried in the sun. Put them in the solution until the cloth is soaked, wring them out just a little so they will not drip, and press the wet cloths on the infected sores for a minute. Repeat 5 to 7 times for each area you are treating.

Hydrogen peroxide comes as a liquid. It should be kept in a dark bottle, as the light destroys its effect. This medicine helps to clean deep infected wounds on the skin. You can soak a cloth with hydrogen peroxide, press it on while quite wet, and gently wipe infected wounds. You can also pour it directly on or into the wound. You will see it bubble, which means there are germs. Continue to apply until the bubbling is less or gone completely, which means you have killed a lot of the germs.

When to Refer

Certain skin problems must be treated at a clinic/health facility, such as abscesses (large, red, swollen, and tender sores) and other serious skin infections that get worse even with treatment. These skin problems need antibiotics to get better. Clients with these problems must be referred to a facility for medical help. PLWHA who are taking nevirapine and who have rashes should also be referred.

Tiredness and Weakness

Problems and Possible Causes

HIV/AIDS can often make a person feel very tired and weak, especially in the later stages of illness. The tiredness and weakness can be a result of many causes including:

- AIDS-related illnesses or the HIV infection itself which attacks blood, brain, nerves, and the gut directly in the last stage of the disease.
- Poor nutrition and loss of appetite.
- Sores in the mouth.
- No food available.
- Depression.
- Anemia (not enough iron in the blood).
- Difficulty breathing because of lung disease.

Prevention and Treatment

What to teach the client and their caregiver:

- The client should rest as needed.
- The client should be encouraged do as much for him/herself as possible, but also accept help from others when needed.

- Find ways to make activities easier. For example, the client can sit rather than stand to wash.
- The client should:
  - Continue to do simple exercises to keep the muscles as strong as possible.
  - Eat healthy foods, enough food, and frequently.
  - Use a cane or other support for walking if needed.
  - Drink and eat foods high in energy (see *Unit 8: Nutrition*).
  - Get plenty of iron and Go foods (like meat, fish, and eggs) to build up the blood.
- If needed, help the person with personal care such as washing, going to the toilet, getting in and out of bed, and eating, while encouraging them to do as much for themselves as possible. Try not to leave the person alone for long periods of time, especially if they cannot help themselves.
- Encourage the person to walk and to go outside, with help if needed. If the person cannot get out of bed at all, gently move the arms and legs several times a day to help strengthen the muscles, improve circulation, and prevent clotting of blood in the veins (see section on physical therapy in *Unit 9: Basic Nursing Care*).
- Caregivers should look for problems that may contribute to the tiredness, such as poor feeding or inability to swallow. When the pink part under the lower eyelid is whitish, the client probably has anemia and needs iron pills and more dark green vegetables, meat, eggs, and milk. Typhoid, malaria, TB, and other infections may also cause a person to feel very tired. These conditions can be treated with proper medicine.
- If the client is depressed, try to get him/her to interact with others. Invite friends and family to visit and talk if the client agrees. Keep PLWHA involved with the family and community as much as possible.

When to Refer

- The person simply feels much more tired than usual, or the caregiver notices a big change.
- The person cannot swallow or eat enough to maintain strength.
- The person is so depressed they cannot do anything.
- The person shows signs of anemia.

Sore Mouth and Throat

Problems and Possible Causes

PLWHA often get soreness in the mouth, usually from thrush (white patches on the tongue) or herpes sores. Sometimes problems also involve the throat and esophagus (the food tube that leads to the stomach). This can cause painful swallowing, which can make eating and drinking hard for PLWHA.

Some of the causes of these mouth and throat problems are:

- Yeast infection (thrush), resulting in white patches and redness in the mouth, throat, or esophagus.
- Herpes simplex (blisters and sores on the lips and in the mouth).
- Malnutrition, which causes cracks and sores in the mouth.
- Kaposi's sarcoma of the mouth or throat (small to large brown spots).
- Dental problems, including decay, loose teeth, and infected gums.

Prevention and Treatment

What to teach the client and their caregiver:

- Get fluconazole (Diflucan) from the clinic if it is available for the prevention of thrush.
- Rinse the mouth with warm water mixed with a pinch of salt.
- For white patches, suck a lemon to ease sores on the lips and mouth.
- Apply gentian violet solution to sores on lips and in the mouth.
- Use any local remedies that are soothing and safe.
- Eat soft foods as able.
- Use a straw for liquids and soups.
- Take cold foods, drinks, or ice to numb the mouth and relieve the pain.

Medicines for Oral Thrush

If you notice white patches in the person's mouth, this is most likely thrush, a common infection associated with AIDS. Before using home remedies or medicines prescribed by a health care worker, a person should try cleaning the mouth very well with a soft toothbrush then rinse with salt water or lemon juice. If they still need treatment, you can use **gentian violet** or **potassium permanganate** to rinse out the mouth according to the mixing directions given before. Swish for 1 minute, but do not swallow.

The medicines most commonly prescribed by a health care worker for treatment of oral fungal infections are **antifungal agents** such as **nystatin** or **clotrimazole**. These items should be part of your CHBC kit. A solution of these should be held in the mouth for at least 1 minute and then swallowed. Lozenges should be sucked in the mouth until dissolved.

In some people, thrush involves not only the mouth but also the entire esophagus. This causes pain when swallowing and a burning sensation in the chest. Treatment for this can be provided by a health care worker and includes other **antifungal medicines**, such as **ketoconazole**, which is taken by mouth.

When to Refer

- The person cannot swallow.
- There are symptoms of thrush in the esophagus (burning pain in the chest or deep pain when swallowing).

Pain

Problems and Possible Causes

PLWHA often suffer from a variety of aches and pains, such as headaches, muscle pains, joint pains, and generalized pain. For some PLWHA, pain becomes a part of life in the later stages of AIDS and may be very bad. For others, the pain may be only once in a while and can be controlled with medicines.

Many types of pain are warning signs caused by specific illnesses. Chest pain, for example, may indicate **TB, pneumonia, or heart problems**. A sharp pain in the belly might be caused by an **infection**, an **ectopic pregnancy**, or another problem requiring urgent medical attention. Both PLWHA and the caregivers must know how to tell the difference between AIDS-related pain and pain caused by another illness that needs treatment.

Children and infants may react to pain by a change in behavior, like crying, restlessness, or withdrawing from activities they usually enjoy. CHWs should help families identify when their children may be in pain.

Prevention and Treatment

What to teach the client and their caregiver:

- For adults, take 2 tablets of paracetamol (500 mg) every 6 hours, or 3 tablets of aspirin (300 mg) every 4 hours. Aspirin can cause stomach problems, so paracetamol is more appropriate if it is available. Do not give aspirin to children under 12 years of age.
- Use any safe local remedies that ease the pain.
- If lying in bed, change position frequently.
- Help the person to change position and raise the legs or swollen body parts on pillows or folded blankets.
- If there is pain in the chest, have the person sit in an upright position as much as possible.
- Rub and gently massage sore muscles. Use oils or lotion.
- Talk with the person. Provide distraction to help the person forget the pain, such as music or telling them a story.
- Try to keep the environment as calm as possible.

Medicines for Pain

The CHW can help the client by giving them the right dose of paracetamol, with lots of water, from the CHBC kit. Clients who do not respond to the paracetamol should be referred to a health facility for codeine or other strong pain medicines.

Paracetamol is recommended for pain and fever. It does not cause stomach problems, so it can be used if the client has stomach pain when using aspirin. Paracetamol should be given to children instead of aspirin. Paracetamol is easy to find at chemists, pharmacies, or from village health workers. It is an essential item in the CHBC kit. It usually comes in tablets of 500 mg and should be given every 6 hours (or 3 to 4 times per day) as follows:

Adults: 1 tablet (1000 mg) or 2 tablets (500 mg)

Children 8–12 years: 1 tablet (500 mg)

Children 3–7 years: ½ tablet (250 mg)

Children 6 months–2 years: ¼ tablet (125 mg)

Babies under 6 months: ⅛ tablet (62 mg)

(For children under 1 year, crush the tablet and mix with a small amount of boiled water.)

When to Refer

- The pain is new, different, and strong.
- The pain does not respond to treatment.
- The pain is causing breathlessness.

These can mean that there is a new infection or disease starting and the client needs medical care at a facility.

Fever

Problems and Possible Causes

Fever means that the body temperature is too high/hot. Fever is not a disease in itself but a sign that something is wrong in the body. It may mean that the person has another illness. You can tell if someone has a fever by putting the back of your hand on the person's forehead or neck, and your other hand on your own forehead or neck. Compare the 2. You can also use the thermometer provided in your CHBC kit.

High fever can be dangerous, especially in small children. For people with AIDS, fever often comes and goes, and it is difficult to know whether the fever is a symptom of an infection that can be treated or whether it is due to the HIV infection itself. The causes of fever include:

- AIDS-related OIs, such as TB, pneumonia, or other bacterial infections like dysentery.
- Diseases such as malaria or typhoid.
- HIV infection itself.

You can tell if the fever is too high by using a thermometer from your CHBC kit. A **fever over 40°C MUST be brought down**. If it cannot be done quickly with cool baths and/or aspirin or paracetamol, the client must go to a facility fast.

Prevention and Treatment

What to teach the client and their caregiver:

- Watch for dehydration. (Eyes look sunken into the head; if you pinch the skin on the arm gently between your thumb and finger, when you let go the skin will stay up for a few seconds instead of going back to normal right away—this is called tenting). Dehydration is a common and serious problem that should be avoided and treated quickly if it happens. If the client cannot drink enough, s/he may need to go to the health facility to get an IV (a special tube to put fluids directly into the body).
- Wash the body in cool water or wipe the skin with cool, wet cloths.
- For adults, take 2 tablets of paracetamol every 6 hours or 3 tablets of aspirin every 4 hours.
- Drink more fluids (water, tea, broth, or juice) than usual. Offer drinks every 1 or 2 hours for the client to sip if s/he cannot drink quickly.
- Use any safe local remedies that reduce the fever.
- Wear light clothing.
- Help keep the person clean and dry.

When to Refer

- The **client has a fever of over 40°C for a long time**, and you cannot bring it down with paracetamol and cool compresses.
- The person has a fever with severe weight loss and coughing.
- Pregnant women or women who have just had a baby with a fever should seek care at a facility.

Diarrhea

Problems and Possible Causes

Diarrhea is the most common problem for PLWHA. As AIDS gets worse, the diarrhea is more frequent, long lasting, and severe. Someone has diarrhea if they have 3 or more loose or watery stools in a day. It can make the client very weak.

There are 2 types of diarrhea:

- Persistent diarrhea: when someone has more than 3 liquid stools a day every day for more than 2 weeks.
- Acute diarrhea: severe diarrhea that lasts for less than 2 weeks.

The most common causes of diarrhea in people with HIV/AIDS are:

- Intestinal infections from food or water that is not clean and fresh. Raw food should be washed very well, and cooked food should be cooked long enough to kill bacteria (e.g., all meat should be well cooked with no red inside).
- OIs related to AIDS.
- Side effects of some medicines, especially some of the ARVs.
- HIV itself.

Prevention and Treatment

What to teach the client and their caregiver:

- Prevent infection from food or from people by washing hands regularly, properly cooking and storing food, and making sure water is clean or boiled before drinking. See *Unit 7: Promoting Positive Living and Emotional Well-being* for more information.

- Get cotrimoxazole from the clinic if it is available for the prevention of some types of diarrhea.
- Drink much more than usual: lots of boiled water, tea, broth, or juice.
- Continue eating solid foods: porridge and fruit, especially bananas. Eat more frequently and make sure the food is clean and not spoiled.
- Wash and dry the skin around the anus and buttocks after every bowel movement. Apply petroleum jelly (Vaseline) to the dry skin to protect it from the wetness.
- Look out for other problems, such as skin irritation around the bottom that may need medicine.
- Along with lots of water, soup, and juice, give ORS. Be sure water is clean and has been boiled before drinking. See how to make ORS in *Session 10.2, Activity 3*.
- Watch for danger signs of dehydration, as above.

Treatment of Acute Diarrhea

For diarrhea with no blood in the stools, no specific medicines are needed if it does not last more than 2 weeks. **ORS** is the best means of preventing dehydration from diarrhea. Powdered ORS is available from the pharmacy or clinic. The solution may also be mixed at home.

Antibiotics should not be used routinely to treat diarrhea. They may be useful for the treatment of dysentery, cholera, and some infections common in people with AIDS, but a nurse or doctor should decide this.

Treatment of Persistent Diarrhea

Relieving persistent diarrhea can be difficult, especially in PLWHA. The diarrhea does not usually have a known cause. When diarrhea interferes with normal activity, or is very emotionally hard for the client, a health care provider may prescribe specific medicines. In addition to ORS, the most common medicines to slow diarrhea down are **kaolin**, **pectin**, and **activated charcoal**.

When to Refer

- Dehydration does not improve despite the fluid intake.
- The client is very thirsty but cannot eat or drink properly.
- There are many very watery stools.
- There is blood in the stool.
- The diarrhea does not stop.
- There is also high fever.
- Fever is accompanied by symptoms (e.g., stiff neck or yellow color in the eyes).
- The client is unconscious.
- There are convulsions.
- The client is pregnant or has just delivered.
- The client is vomiting and cannot keep fluids down.
- The client is passing almost no urine.

Nausea and Vomiting

Problems and Possible Causes

For some PLWHA, nausea and vomiting can be short-lived and can go away by themselves or after treatment. In others, they are chronic or long-lasting and become a part of daily life. Sometimes nausea and vomiting happen together. Sometimes the client is only nauseous and treatment is needed to make him/her more comfortable.

Nausea and vomiting may be caused by:

- The HIV infection itself.
- Reaction to some medicines, like some pain medicines or some ARVs.
- Food poisoning: eating food that is not fresh, not cleaned well, or not cooked enough to kill harmful bacteria.

- Blood in the stomach from ulcers.
- Infections like candidiasis, malaria, and other OIs.

Prevention and Treatment

What to teach the client and their caregiver:

- Watch for signs of dehydration like sunken eyes, dry lips, or loose skin (pinch the skin gently between your finger and thumb to see if it is loose).
- Try to take small frequent sips of fluid or ORS and weak tea.
- Take small frequent amounts of food.

Medicines for Nausea and Vomiting

Round-the-clock treatment with medicines for nausea and vomiting (such as Phenergan) may become necessary if these symptoms become a big problem. They should only be taken on the advice of a nurse or doctor.

When to Refer

- Vomiting is frequent and the person cannot keep anything in the stomach.
- Vomiting continues for more than 24 hours.
- There is also fever and dehydration.
- The vomit is bloodstained or associated with a swollen belly.

Genital Problems

Problems and Possible Causes

OIs of the genital area, including the vagina, cervix, anus, and penis, and STIs are common in PLWHA. It is very important for PLWHA and their partners to understand the importance of fast diagnosis and treatment of genital problems and STIs. Having a STI makes it easier to spread HIV to another person. STIs can be much worse in PLWHA.

The common signs of genital infections include:

- An unusual discharge (a mucus or pus-like substance, usually white, yellow, or greenish) from the vagina.

- An unusual discharge from the urethra (which is where urine comes out from the opening of the penis or above the vaginal opening in a woman).
- Pain when urinating.
- Open sores or ulcers in the genital, groin (the inside top of the thighs), or rectal areas, which sometimes start as blisters.
- A rash inside the vagina or around the genital area of men or women.
- Warts in the genital area or around the anus.
- Swollen glands in the groin.

For women, many times the signs and symptoms of STIs are not obvious. Half of all women with a STI have no symptoms at all. It is important for the CHW to ask the right questions about symptoms, such as whether the client noticed any of the signs in the list above or pain in the lower abdomen, which can mean a STI in the uterus or tubes. CHWs should also promote condoms as a good method to prevent new STIs or to prevent the spread of existing STIs.

Prevention and Treatment

What to teach the client and their caregiver:

- Use condoms. PLWHA should be encouraged to use condoms to protect themselves from other STIs (e.g., syphilis, gonorrhea, chlamydia, herpes, and warts) and also to protect their partners.
- For women, be aware of the differences between a normal vaginal discharge and one that indicates an infection. Normal discharge is usually white and thin. If discharge is yellow or green, or there are white clumps that look like curds or the discharge smells bad, like rotten fish, there may be an infection.

Also for women, prevent genital problems by:

- Always using condoms when having sex.
- Keeping the vulva and the anal areas clean.

- After going to the toilet, washing the anus in a backward direction, away from the vagina, so that stool never gets into the vagina.
- NOT washing out the vagina after sex or putting anything (e.g., leaves or herbs) inside unless advised by a nurse or doctor.
- Taking fluconazole (Diflucan) to prevent yeast infections (make sure to ask the clinic if they are recommending taking medicines, such as fluconazole, for OI prevention).

Medicines for Genital Problems

Antifungal agents (creams or suppositories) may be prescribed by a health care provider to cure vaginal yeast infections. It may help to line underclothes with some cotton cloth since the medicine will drain from the vagina. Antibiotics are used to treat many STIs. They are given by a doctor or nurse.

When to Refer

- The CHW thinks the person has any STI.
- It is very painful to urinate.
- There are genital warts.
- There are genital ulcers or sores.
- There is very smelly or strange colored discharge from the vagina or penis.
- A woman has pain in her lower belly, especially when there is also fever.
- A woman stops getting her period or it is not regular.
- There is swelling or pain in the scrotum (where the testes or balls are in a man).

Coughing or Difficulty Breathing

Problems and Possible Causes

Respiratory problems, particularly lung infections like pneumonia, are common in people with AIDS and can be quite serious. The most common symptoms are:

- Bad cough that lasts a long time.

- Chest pains.
- Lots of mucus that comes up with the cough. When the infection is from bacteria, the mucus will be yellow or green and antibiotics are needed.
- Shortness of breath.

The most common causes of lung problems are:

- Colds and flu.
- Bronchitis.
- Pneumonia.
- Tuberculosis.
- Heart problems.
- Asthma.

Prevention and Treatment

Some lung infections, such as pneumonia and TB, can be treated effectively with antibiotics given by a doctor or nurse.

What to teach the client and their caregiver:

- Ask at the clinic if OI preventive medicines like cotrimoxazole or isoniazid (INH) should be taken to help prevent some types of pneumonia or TB.
- For adults, take 2 tablets of paracetamol every 6 hours to keep fever down.
- Refer to the clinic to see if antibiotics are needed.
- Get tested for TB (through a simple skin test that can be done at the clinic or hospital) and begin treatment if necessary.
- Drink lots of fluids, especially if there is fever.
- Raise head and upper body on pillows or raise the head of the bed on blocks to assist breathing.
- Cover the mouth with a tissue, cloth, paper, or leaf when coughing so germs do not get in the air and infect other people. Spit into something that can be burned, such as a tissue, cloth, paper, or leaf so that no one else gets infected from the spit.

- Use any safe local remedies that are soothing to the throat.
- Sit with the person. Difficulty in breathing can be very frightening.

When to Refer

- There is a rise in temperature.
- The client develops severe pain and discomfort or difficulty breathing.
- Breathing is very fast and noisy.
- The sputum/spit contains blood.
- The color of the sputum/spit is grayish-yellow or green.
- The cough persists for more than 3 weeks.
- If children develop faster breathing than normal, have a fever, and do not want to eat or drink.

Tuberculosis (TB)

Problems and Possible Causes

TB is one of the most common opportunistic infections. About half of all people with AIDS will develop active TB, an infectious disease spread through coughing and sneezing. With proper treatment, TB can be cured, even in PLWHA.

Main signs of TB

- Cough that brings up sputum (the stuff that comes up when you cough) and lasts for more than 3 weeks
- Blood in the sputum
- Chest pain

Other signs

- Shortness of breath
- Weight loss

- Fever
- Night sweats

How do you know a person has tuberculosis?

Lab testing at a clinic is needed to make sure. The testing can be done by looking at the sputum under a microscope, taking a chest X-ray, and/or doing a skin test on the arm.

Prevention and Treatment

- The TB vaccine (called BCG) is an important vaccine for everyone to have, but having the vaccine does not mean that you will never get TB. It is not fully effective at preventing TB, but it is very effective at preventing serious TB-related infections in infants and children. All babies in developing countries should receive the BCG vaccine.
- Ask the clinic if isoniazid (INH) should be taken to help prevent TB. INH can help prevent TB in HIV+ people, especially in communities with a lot of TB.
- Everyone with the major signs of TB should be tested for TB at the health facility because there is treatment available. Treatment will help cure the person with TB and also reduce the spread of the disease.

DOTS

On their own, many people do not take their medicines on time because of side effects or because they forget. This can lead to drug resistance. Directly Observed Treatment, Short-course (DOTS) is a less expensive way to make sure more people are getting properly treated. With DOTS, someone is responsible for watching the client take their medicine each day. This person can be a CHW (including the CHBC CHW), a trained family member, or a nurse.

What to teach the client and their caregiver:

- Persons with signs of TB or in their first 2 months of treatment should sneeze, cough, and spit into a tissue, cloth, paper, or leaf, then put it in a latrine, burn it, or bury it.

- For clients who have the major signs of TB and people who are in their first 2 months of treatment, being outside where there is fresh, moving air is very good because it decreases risk of transmission to others.
- People living with and/or caring for persons with signs of TB or in their first 2 months of treatment should keep windows open and lots of fresh air coming in.
- It is best if babies do not stay in the same room with persons who have the major signs of TB or are in their first 2 months of treatment, even if it is the baby's mother.
- It is best for no one, especially babies, to sleep next to someone that has the major signs of TB or are in their first 2 months of treatment.
- The TB client should **take his/her medicines regularly and on time, and must complete the full course**.
- Provide moral support, encourage the person, and make sure they successfully complete treatment.
- Remind the person to take medicines daily and to take sputum to the clinic for examination according to local protocols. **Note to Trainer:** Protocols vary in different countries. Find out the protocols that are used in the place where CHWs are working.
- Check that the treatment card has been regularly filled out by the TB DOTS health worker at the clinic.
- Most people do well with TB medicines, however, some may have difficult side effects.

Minor side effects:

- Nausea, vomiting, and diarrhea
- Feeling suddenly hot over the whole body
- Reddish urine
- Flu-like symptoms (especially muscle aches)

Major side effects (requiring referral to a facility):

- Jaundice, or yellow color in the whites of the eyes and the skin
- Blurred vision and color-blindness
- Shortness of breath

When to Refer

- When a client has any major side effect from medicine (yellow color in eyes or skin, vision problems, or shortness of breath).
- If the client is experiencing other serious medical problems.

Malaria

Problems and Possible Causes

In many parts of the world, malaria is very common. Malaria is passed to people from infected mosquitos. PLWHA are more vulnerable to malaria because of their weakened immune systems. CHWs need to know how to help their community members prevent malaria. They need to know how to recognize the signs and symptoms of malaria, and when to refer clients to a health facility for treatment.

Prevention and Treatment

What to teach the client and their caregiver:

Malaria can be prevented by taking the following steps:

- Use bed nets while resting or sleeping. It is best to use nets that have been pretreated with insecticide. If the family cannot buy a bed net, they can use a light cloth or sheet to cover themselves and family members when sleeping. The CHW should link up with other organizations in the community that provide and "dip" bed nets.
- Use insecticide sprays and repellents to protect the home and body from mosquito bites.
- Drain any still or standing water regularly. Mosquitos breed in still water, such as in puddles, buckets, or old tires.
- Fill standing puddles around the house/compound with dirt or sand.

It is important to recognize the **major signs** of malaria:

- High fever
- Strong headaches
- Head and body aches
- Chills and sweats
- Nausea
- Itchy skin

Medicines for Malaria

Treatment is usually in the form of antimalarials, which should be taken daily and completely. Since the major signs and symptoms of malaria are similar to other OIs, it is best if the client can be tested specifically for malaria, so they are not given treatment they do not need.

When to Refer

If the client has strong headaches, with head and body aches, fever, or chills, the CHW should take them to a health facility immediately for testing and treatment. It is very easy to get reinfected with malaria, so CHWs should encourage prevention as much as possible.

Eye Problems

Problems and Possible Causes

PLWHA often get infections in their eyes that can hurt a lot and be very uncomfortable. If a client does not get treatment for some eye infections, s/he may even become blind. That is why it is important for CHWs to be able to recognize eye infections, provide basic treatment, and make referrals.

Sometimes PLWHA get white spots in the dark parts of their eyes. These are usually caused by small blood clots and go away on their own. They should not be uncomfortable for PLWHA.

Prevention and Treatment

If the white part of the **eye is very red and the eyes are producing whitish yellow pus**, this is probably an infection called **conjunctivitis**. If the client has conjunctivitis, it is very important to keep the eyes clean. Conjunctivitis is easily spread from one eye to the next and to other people. Caregivers should be sure to wash their hands and not touch their own eyes when working with clients with conjunctivitis. There is no treatment because this is a virus, but you can help make it go away faster by keeping the eyes clean and not rubbing them.

If the **pus is green or dark yellow**, it is probably a different kind of infection and the **client probably needs antibiotics** and should be referred to a nurse or doctor.

If the client is having **problems seeing,** feels like s/he **has things floating across the eyes**, or the **eyes are very sensitive to the sun**, s/he could have a serious eye infection that **needs treatment by a doctor**. It is important that a client sees a doctor as soon as vision problems occur so they do not get worse.

What to teach the client and their caregiver:

- Prevent eye and vision problems by keeping healthy and eating nutritious foods.
- Keep the household area clean and free of dust so the eyes do not get irritated.
- Make sure fans are not blowing directly into the eyes, as they may become dry.
- If the person has conjuctivitis (white or yellow pus in the eye), clean the eyes with compresses of hot, clean water on the eyes. Remember that the eyes are sensitive and the water should not be too hot!

When to Refer

- If the client experiences any kind of vision loss, changed vision, or when they regularly see floating dark spots.
- If the client gets spots or blisters on the lids of their eyes.

Source: Granich, R. and J. Mermin, 2001. *HIV, health and your community: a guide for action*. Berkeley, CA: The Hesperian Foundation.

Confusion

Problems and Possible Causes

Mental confusion is common among people in advanced stages of AIDS. It can range from minor confusion to major confusion, where the person does not recognize people or their surroundings. Confusion may be caused by infection of the brain. Family members are usually the first to notice the condition, usually as "dulled" or "slow" thinking. The problems usually start in a mild way but may get worse with time.

The main areas affected by mental changes include:

- Clear thinking: This may be noticed as a problem in concentrating, losing track of conversations or tasks, or saying things that no one can understand.
- Behavior: The client may become irritable, uninterested, or unpredictable.
- Strength or coordination: The client may start falling or dropping things more often, may develop slowness in movements, or shakiness.

HIV infection is the most common cause of mental confusion in people with AIDS. Other possible causes are:

- Side effects of many medicines. A change of medicine may help.
- Other OIs.
- Severe depression. This can be treated with medicines and by loving support from the caregivers.
- Head injury from falling.

Prevention and Treatment

What to teach the client and their caregiver:

Mental confusion from HIV can be upsetting and frightening for both the caregivers and client. Caregivers can:

- Move loose or dangerous objects out of the way.

- Help the person to stand and walk around.
- Try not to leave the person unattended for a long time.
- Talk with the person and try to bring them back to reality by recalling family stories, talking about familiar things, or telling a joke they used to know.
- Keep medicines out of the way if the person is forgetful and might take them incorrectly.
- Seek support and guidance from spiritual advisers, friends, and counselors.
- Seek medical help to see if the cause of the confusion is something that can be treated.
- Try to avoid burnout for themselves by getting rest, eating, and taking care of themselves.

When to Refer

- If there is a sudden change in the person's ability to think or move, especially if there is also high fever or trouble breathing.

Activity 3: Role Play (2 hours)

The trainer should:

- Have already-selected actors prepare for 5 role plays using *Trainer's Tool 10.1: Instructions for Role Plays on Common Illnesses* and the instructions under *Work for the Trainer to Do in Advance*.
- Introduce the role plays using the content below.
- Explain that during the role plays, participants should:
  - Ask questions to determine what problems the PLWHA has, both physically and emotionally.
  - Suggest ways to treat or relieve symptoms (physical and emotional) using the information that was just learned or using any traditional medicine or local medicine (as long as it is safe).
  - Try and figure out what illness is causing the symptoms (*e.g., TB or malaria*).
  - Determine when to refer for professional medical treatment.
- Ask the first actor to come to the front and start his/her role play.
- After the role play, invite participants to ask questions to find out the problems of the person living with HIV/AIDS. The actor should respond based on his/her case scenario.
- Ask participants:
  - What might be causing the problems that the client is experiencing?
  - What would you do to treat the problem(s)?
  - What information would you give the client or his/her caregiver?

ACTIVITY 3: CONTINUED

- ➤ What decisions might need to be made to ensure that the client receives good care or prevents these problems in the future?
- ➤ When should you refer in such cases?

- ◈ Solicit many ideas, including treatments that are based on traditional/local remedies if appropriate.
- ◈ Correct or add to the answers based on the content on different illnesses in the previous exercise. Have participants refer to their *Handbooks*.
- ◈ Using the steps above, continue on to the next role play until all the actors have played their roles.
- ◈ Summarize the session by stressing that there is a lot the CHW can do to help PLWHA. However, the CHW will not be able to solve all problems. It is very important to know when to refer to ensure that the client receives the best care they can.

Most of us have taken care of loved ones when they were sick (including loved ones with HIV/AIDS). We can use this knowledge as a starting point in caring for PLWHA. In the first exercise we learned how to help manage different illnesses that PLWHA might have. Often when a person has AIDS, they may have several of these illnesses or conditions at the same time. This is because the body is not able to fight off infection. As a CHW, you will have to help the client with all the different problems that they face, and identify which problems you or the caregiver can treat and which ones need referral.

SESSION 10.2 PRACTICAL SKILLS IN TREATING AND REFERRING CLIENTS

Introduction

ACTIVITY 1: TRAINER PRESENTATION (5 MIN.)

The trainer should:

- Explain to participants that this session will focus on practical skills, such as reading and sterilizing a thermometer, making ORS, and preparing gentian violet and potassium permanganate. CHWs will need these skills for themselves and to be able to teach caregivers of PLWHA.
- Ask participants, "Do you recall what we use ORS, gentian violet, and potassium permanganate to treat?"
- Using the content from *Session 10.1: Common Infections and AIDS-Related Conditions*, clarify information and answer any questions.

Using a Thermometer

ACTIVITY 2: DEMONSTRATION/RETURN DEMONSTRATION (30 MIN.)

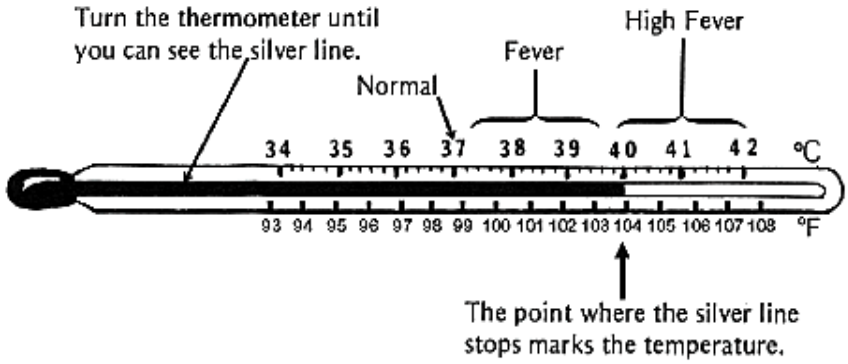
The trainer should:

- Pass around a thermometer for participants to look at or ask them to take their own thermometer out of their kit (if it is included in the kit).
- Ask if anyone knows the normal temperature for the human body (37°C or 98.6°F).
- Ask participants to find that point on the thermometer.
- Show participants the 2 ends of the thermometer and note that one end has a bulb where the mercury sits.
- Show how to roll the thermometer until the mercury level can be seen, and then shake the thermometer to make the mercury go down in the bulb so that it is below 35°C or 94°F.
- If participants have their own thermometer, ask them to practice shaking it down.
- Explain that the thermometer is put in the client's armpit against the skin and with the arm firmly against the side of the body. To take the client's temperature, hold the thermometer in the armpit for 3 to 4 minutes.
- If participants have thermometers, ask them to pair up and practice taking their partner's temperature and reading it correctly. **Note to Trainer:** If they do not have thermometers, demonstrate taking a volunteer's temperature and pass the thermometer around so everyone can see it.
- Demonstrate how to wash the thermometer with soap and warm water or wipe it down with alcohol.

ACTIVITY 2: CONTINUED

- Remind participants that if the thermometer is used in the mouth, it should be washed in soap and water and soaked in alcohol for 10 minutes every time it is used.

How to read the thermometer



Source: Callahan, K. and Cucuzza, L., 2005. *Home care for people living with HIV/AIDS: The power of our community.* Washington, DC: The Centers for Development and Population Activities.

Preparation of Oral Rehydration Solution (ORS)

ACTIVITY 3: DEMONSTRATION/RETURN DEMONSTRATION (20 MIN.)

The trainer should:

- Remind participants that diarrhea and vomiting are common problems of PLWHA. It is important that someone who has these problems does not become dehydrated.
- Ask participants, "How can you tell if someone is dehydrated?"
- Explain that if a client appears dehydrated or has severe or long lasting diarrhea or vomiting, it is very important to get liquids in him/her.
- Ask, "Is it possible to get packaged ORS in your communities? If so, where?"
- Show any examples of ORS packets that were collected beforehand (see *Work for the Trainer to Do in Advance*).
- Ask for a volunteer to demonstrate how to make ORS following the directions on the packet. S/he should say aloud each step as it is demonstrated.
- Explain that packaged ORS is the best thing to give a client who is dehydrated. However, packaged ORS is not always available. If it is not available, a client can be given rice water, green coconut juice, mild soups, weak tea, or homemade ORS.
- Ask if anyone knows how to make homemade ORS.
- If the participant gives the correct answer, have him/her come to the front of the room to demonstrate. If no one answers or gives the correct answer, use the content below to demonstrate how to make homemade ORS. Say aloud each step as it is demonstrated.

ACTIVITY 3: CONTINUED

- Distribute sugar, salt, boiled water, teaspoons, and 1 liter containers to participants. If there is not enough for everyone to practice, ask for a few volunteers to demonstrate in front of the room.
- Ask participants to practice making ORS on their own.
- Summarize by explaining that they can also add a half of cup of fruit juice, coconut water, or mashed ripe banana to the ORS, which gives the client other vitamins and minerals. This will help the appetite and energy of the client. However, the mixture should be kept in a cool place and used promptly so it will not spoil.

How to Make ORS

From a Packet:

- Wash hands.
- Add the packet contents to the amount of clean water stated in the packet instructions (usually it is 1 liter of water).

With Sugar and Salt:

- Wash hands.
- Fill a 1 liter bottle with boiled water (water should be boiled for at least 10 minutes).
- Add 8 teaspoons (4 4-finger handfuls) of sugar. Raw sugar or molasses can be used instead of sugar.
- Add $^1/_2$ of a level teaspoon (4 thumb-finger pinches) of salt.
- Stir until all the salt and sugar are dissolved.
- Taste the solution and **make sure it is not saltier than tears.**
- If possible, add $^1/_2$ cup (120 ml) of fruit juice, coconut water, or mashed ripe banana, which gives other vitamins and minerals that help the client's appetite and energy.

With Powdered Cereal:

- Wash hands.
- Add 8 heaping teaspoons of powdered cereal to 1 liter of boiled water.
- Add $^{1}/_{2}$ of a teaspoon of salt.
- Boil for 5 to 7 minutes to make a watery porridge. Use the solution immediately or keep in a cool place so it does not spoil. It can spoil in a few hours in warm weather.

Making ORS with Sugar and Salt:

Preparation of Gentian Violet and Potassium Permanganate

ACTIVITY 4: DEMONSTRATION/RETURN DEMONSTRATION (20 MIN.)

The trainer should:

- Explain that gentian violet or potassium permanganate can be used to treat skin problems as well as thrush in the mouth. Use the content under *Session 10.1, Skin Problems* and *Sore Mouth and Throat* to review treatment steps.
- Demonstrate how to mix a solution of gentian violet using the directions found under *Skin Problems* in the content above (1 teaspoon of crystals to $^1/_2$ liter of water). Say each step aloud as you go.
- Ask if there are any questions.
- Give participants a liter bottle and water.
- Ask them to make the solution using the gentian violet crystals provided in their kit, reminding them to use 1 teaspoon per $^1/_2$ liter of water for use on the skin and $^1/_2$ teaspoon per $^1/_2$ liter of water for thrush in the mouth.
- Correct any mistakes.
- Follow the same steps of demonstration/return demonstration above for potassium permanganate (1 thumb-finger pinch of crystals to 1 liter of water).
- Ask if there are any questions.
- Summarize by stating that either gentian violet or potassium permanganate can be used to treat skin problems as well as thrush in the mouth. Refer participants to their *Handbooks* to remember how to make the solutions.

Making Referrals

ACTIVITY 5: TRAINER PRESENTATION AND SKILLS PRACTICE (20 MIN.)

The trainer should:

- Use the content below to present the steps of referral.
- Show a sample referral slip and demonstrate how to fill it out. Use *Handout 10.1: Sample CHBC Referral Form* or give another referral slip that is used in your program.
- Give each participant a copy of a blank referral form and ask them to practice filling it out.
- Tell participants that they are to fill out the slip for a client named (use a local name), who is 32 years old that they suspect has TB. Allow 10 minutes.
- Ask participants to switch their referral slip with their neighbor. Review how the referral slip should have been filled out.
- Ask participants to give feedback to their neighbor on what could be improved.
- Ask if there are any questions or comments.
- Summarize by explaining that participants will practice making referrals during the practicum later on.

Although there is a lot that the CHW and the caregiver can do to treat or manage the common problems and illnesses that PLWHA face, there will be times when it is necessary to refer the client for medical care at a health facility. This is especially true for certain OIs, such as TB or STIs, or if there are ARVs available through a facility. Earlier in *Unit 3: CHBC: The Basics*, we discussed the 2-way referral system. Now that we have covered when to refer a client depending on the problem or illness s/he has, it is important that we learn the skills for making a referral.

Steps for Making a Referral

- Identify what the problem is and if a referral for further care is needed.
- Decide where the client can get the care needed (quality care that is as close by as possible). Cost may also be a factor in deciding where to refer. It is important to know in advance which health centers offer the least expensive services, and to know if the client can pay for services. Some clients will face problems reaching the referral site because of transportation costs or because they are too ill. The CHW will need to help the client find a way to get to the referral site (e.g., arrange a ride with a community member that has a car, bicycle, or some other form of transportation). The CHW can also help mobilize the community to develop a transportation plan for PLWHA that need further care. For example, families of PLWHA could save a small amount for transport and pool their money together to develop an emergency fund, or a group doing IGA could put aside some funds for urgent medical transport for group members and their families.
- Give the client a referral slip (if available, and literacy levels permit) that says what services they need and where they can get them.
- If possible, go with the client to the health facility to show support and make sure the client gets good care. Talk with the facility providers about what care you have provided and what additional care is needed. You should also know which medicines the client has been given, so you can make sure the client takes them the right way.

Once the referral is made, the CHW should ideally be informed by the provider about the person's condition and follow-up care. However, this part of the 2-way referral system does not always work well, so the CHW should be sure to visit the client and family after the referral and provide any follow-up care as needed. Also remember that a facility provider cannot tell you if a person is HIV+ or HIV- after VCT because this information is private. But by building a trusting relationship with your clients, they will be more likely to share this information with you so that you can provide the best care and support possible.

Session 10.3: Medicines

General Guidance on Supporting Clients Taking Medicines

Activity 1: Skills Practice and Trainer Presentation (30 min.)

The trainer should:

- Explain that CHWs may have to help their clients take medicines. This session will provide general guidelines on taking medicines and information on specific drugs, such as antibiotics and ARVs.
- Have already collected samples of common drugs (see *Work for the Trainer to Do in Advance*).
- Ask participants to give examples of common types of medicines or drugs given to PLWHA.
- Hold up a sample of each medicine and review when it should be taken and how (with or without food), and any side effects using *Trainer's Tool 10.2: Common Drugs and Their Uses*. **Note to Trainer:** If a drug that is commonly used in your country is not listed in the *Trainer's Tool*, consult with a provider or pharmacist for the correct dose and instructions on how to take the medicine.
- Note answers on flipchart.
- To help participants understand how to advise a client on how to take different medicines, ask them what instructions they would give to clients in the following circumstances:
  - If a medicine needs to be taken 3 times a day?

Activity 1: Continued

- If a medicine needs to be taken 4 times a day?
- If a medicine needs to taken 6 times a day?
- If a medicine needs to be taken with food?
- If a medicine is causing an upset stomach?
- If the client is experiencing side effects from the medicine?

- Use the content below to review the important points about taking medicines, including antibiotics.

Activity 2: Role Play (20 min.)

The trainer should:

- Ask for 1 or 2 volunteers to play a client and his/her caregiver.
- Conduct a role play in front of the room where the trainer demonstrates how to counsel the family and the client on how to take his/her medicine, stressing the importance of finishing any course of antibiotics. **Note to Trainer:** Choose a commonly used drug from *Trainer's Tool 10.2: Common Drugs and Their Uses* for the role play.
- Ask for another set of volunteers and have one person play the CHW and the others play the client and his/her caregiver. Choose another commonly used drug for the second role play.
- Ask the other participants if the actors forgot any major points.
- Supplement or correct any information as needed.
- Conclude by stressing the importance of finishing any course of medicines, as instructed by the doctor or nurse.

CHWs and caregivers may have to help their clients take medicines. The CHW, caregiver, and client should know the following:

- Instructions for taking medicine and how to follow them.
- Dose the client is supposed to take (how much and when).
- Side effects of medicine, how to manage them, and when to get medical help.
- When local remedies can and cannot be used.

What to teach the client and their caregiver:

- **The time a person takes medicine is important**. Some medicines should be taken in the morning, and some before bedtime, depending on their purpose and what the nurse or doctor says. The CHW should help the person follow the times carefully.
- **How often to take the medicine during the day is also important.** People tend to forget to include the night hours when figuring out when to take their medicine. This can lead to the germ developing resistance.
  - If the instructions say to take the medicine "**3 times a day,**" the CHW should help the person figure out how to space the time equally. There are 24 hours in the day, so if the client has to take the medicine 3 times, that means every 8 hours. So the client should take the medicine when they first wake up, mid-afternoon, and right before they sleep.
  - If it is "**2 times a day**," that is every 12 hours, so the client could take the medicine when they first wake up or eat their morning meal and then in the evening (e.g., 7:00 a.m. and 7:00 p.m.).
  - If it is "**4 times a day**," that is every 6 hours. This means that the last dose will probably have to be in the middle of the night and may require the client to wake from their sleep.
- **It is also important for caregivers to be taught and to remember that some medicines may not work if they are taken together with certain foods.** Doxycycline and tetracycline are examples of medicines that should not be taken

within an hour of drinking milk or taking *chai* or tea with milk, because the milk will make the drug less effective. There is a list of medicines in *Trainer's Tool 10.2: Common Drugs and Their Uses* and instructions for what to do about food when taking them.

- **Anyone taking any medicines needs to know that the medicines themselves may cause some problems. This is called a "side effect."** Some side effects are mild. These include nausea, swelling of the legs, skin rashes, and hair loss among others. The reaction will stop when the medicine is finished. It is important to explain to the client that the side effects will not last and that the drug will help them with their condition. Other side effects may actually be worse than the illness the medicine is treating, like some ARVs. They can even be fatal if the client has a severe allergic reaction to it. People should be encouraged to remember the name of any medicine they have a bad reaction to, so that they can tell a health care worker in the future. The CHW should always ask about reactions before the client starts a new medicine.
- **On the other hand, some drugs need to be taken with food**. If a client is experiencing an upset stomach with the drug, they should take the drug with starchy foods such as bread, pounded yam/cassava, plantains, or ugali.

Both the sick person and the CHW should feel free to ask the doctor or health care worker about any side effects. If possible, they should read the information on the leaflet in the drug package and ask for help if they do not understand everything it says about the medicine.

Antibiotics

Antibiotics are important to fight infections in PLWHA. Antibiotics that are used to prevent some common diseases in clients with AIDS include:

- **Cotrimoxazole (Septrin)** to prevent some types of pneumonia and diarrhea.
- **Isoniazid** (INH) to prevent/treat TB.
- **Fluconazole (Diflucan)** to prevent yeast infections throughout the body.

When used correctly, antibiotics are extremely useful medicines. They fight certain infections and diseases caused by bacteria. Different antibiotics work in different ways against specific infections. All antibiotics have dangers in their use, but some are far more dangerous than others. Great care must be taken in the choice and use of antibiotics. People should ***never* take an antibiotic unless it has been prescribed by a health care provider** for a specific reason. Leftover antibiotics should not be used to treat a new infection because it might not be the right medicine for that one.

If the antibiotic causes a skin rash, itching, difficulty in breathing, or a reaction that does not seem normal, people should stop using it and immediately contact the CHW and then a doctor or nurse. Allergic reactions like these can cause death.

The antibiotic should only be used at the recommended dose—no more, no less. The dose depends on the illness and on the age or weight of the sick person. Increasing or decreasing the dose can be harmful or can make the medicine useless.

Antibiotics can kill bacteria. However, not all bacteria are harmful and antibiotics may kill good bacteria that protect the body along with the harmful ones. PLWHA who are given antibiotics often develop fungal infections of the mouth, skin, or vagina. This is because the antibiotics kill the bacteria that help keep the fungus under control in the body. Also, certain antibiotics may cause diarrhea—the antibiotics kill some of the good bacteria that helps indigestion, upsetting the natural balance of bacteria in the intestines.

Source: Ministry of Health of Kenya. 2002, National AIDS/STD Control Programme. *Home-based care for people living with HIV/AIDS. Home care handbook*. Nairobi Kenya: Ministry of Health.

Anti-Retro-Virals (ARVs)

ACTIVITY 3: TRAINER PRESENTATION AND GROUP DISCUSSION (30 MIN.)

The trainer should:

- Ask participants:
  - ➤ Do you know what ARVs are or do you know someone who is taking ARVs?
  - ➤ Do you know what ART is?
  - ➤ Do you know when someone should start ART?
- If they have heard of ARVs or ART, ask participants to explain what they are or what they have heard about them.
- Use the content below to present on ART for severe HIV infection and AIDS, as well as on using ARVs for prevention.
- Ask if there are any questions.
- Explain that *Advanced Unit 18: Anti-Retroviral Therapy (ART)* covers the topic in more detail, but this is the time to have a more general discussion on the subject.
- Lead a discussion on what role the CHW can play with regard to ARVs and ART.
- Summarize key points including that CHBC clients who are on ART must take these drugs **exactly** as they are prescribed and take them every day in order for them to work best. The CHW can help by making a plan with the client and the family for a daily routine for taking all of the drugs prescribed. If side effects develop, the client should be referred.

ARVs for Treatment

ARVs or Anti-Retro-Virals (meaning the drugs that fight against viruses, in this case HIV) are becoming more available for use by many people with AIDS, and not just wealthy people. When someone is taking ARVs, that means they are on Anti-Retroviral Therapy (ART). "Therapy" means treatment. As more and more people have access to ARVs, CHWs and facilities need to be careful that they are used correctly. **If the ARV drugs are not used correctly, harm can be caused to PLWHA and the community.** The CHW, PLWHA, families, and the community need to understand what they are, how they work, and how to take them.

There are national guidelines for ART in most countries, which doctors and other clinicians should follow. This section will begin to prepare the CHW to give basic information to their clients and in their communities on AIDS treatment.

Antiretroviral drugs are not appropriate for everyone with HIV infection. They are not needed for people who still have good immune function, who are not losing weight, who are still able to work, or who do not feel very sick. Many HIV+ people can stay healthy for a long time with good nutrition, positive living, OI prevention, and OI treatment. A person should only start ART when they become sick with AIDS. When severe symptoms of AIDS develop, ARVs may reverse the effects of the HIV virus and help control it. If a woman is pregnant, she would also take ARVs toward the end of her pregnancy to prevent transmission to the baby (unless she is already on ART to treat AIDS).

ARVs can help keep the HIV virus from multiplying; in other words, from making more and more of itself in the client's body. By doing this, ARVs slow down the amount of HIV, leading to a stronger immune system. **ARVs are not a cure for HIV infection**. Like with all other medicines that are available for PLWHA, ARVs have benefits and drawbacks.

Benefits

- ARVs can improve the ability of the body to fight off disease and slow down the weakening of the immune system.

- They prolong life, improve health, and improve quality of life, so PLWHA can work and participate in family and community activities.
- They improve symptoms of HIV infection so PLWHA do not feel sick.
- They decrease risk of illness and hospitalization.

Drawbacks

- ARVs are not a cure and may raise false hopes. Everyone must understand that the HIV is still there, can get worse, and can always be spread.
- They need to be taken for the rest of a client's life.
- Some of the regimens have complicated schedules, there can be 3 or 4 drugs, they may have to be taken at different times, some with food and some without. It can be confusing.
- Some side effects, like nausea and vomiting, may worsen the client's quality of life.
- If resistance to drugs develops, the drugs no longer work well, and the client may have to be switched to different drugs, if they are available.
- ARVs are still expensive and out of reach to many people.

ARVs are best used in combinations of at least 3 different kinds of ARVs. Sometimes the 3 medicines are taken together in a single pill, and sometimes they are taken separately. There are many different combinations. When PLWHA take different ARVs, we usually say that they are on anti-retroviral therapy, or ART.

CHBC clients who are on ART should be reminded that they need to take these drugs exactly as they are prescribed and take them every day so they work well. This may be difficult. The CHW can help the client and his/her caregiver plan a daily routine for taking all of the prescribed drugs. If side effects develop, the client should be referred to a nurse, doctor, or clinician who is trained in the use of these drugs.

ARVs for HIV Prevention

ARVs should also be available to prevent HIV infection in special circumstances:

- To prevent mother-to-child transmission of HIV (from an infected mother to her baby). This is called PMTCT.
- After a health care worker is exposed to HIV through a needle prick.
- When a person is raped. (If possible, they should be seen immediately at a clinic to get ARVs).

PMTCT

When a pregnant woman is HIV+, she has a 30% to 40% chance of passing the virus to her infant if she does not get healthcare to prevent the spread of HIV to her baby. With good healthcare throughout pregnancy, birth, and breastfeeding, the risk can be reduced to less than 10% or 1 in 10 babies being infected. The greatest risk is during labor and delivery, but HIV can also be spread during pregnancy or through breast milk. Pregnant women should receive VCT to know if they are HIV+.

Nevirapine is usually the drug given to the mother at the beginning of labor and given to the infant within the first 3 days after birth. Nevirapine reduces the risk of HIV transmission by nearly half during birth. Sometimes, a drug called AZT, or another combination of ARVs, are used for PMTCT. A woman can reduce spreading HIV to her baby if she has good antenatal care, delivers in a facility, and gives the baby exclusively breast milk or exclusively formula for 6 months. The CHW should identify pregnant women in the community and be sure they seek antenatal care and VCT at a nearby hospital or clinic. It is also important for the CHW to follow-up with the woman to make sure she uses condoms, seeks ARVs, and safely delivers and feeds the baby. *See Unit 17: Preventing Mother-to-Child Transmission (PMCT) of HIV* for more information.

At Work

Health workers can be accidentally exposed to HIV-contaminated blood through:

- A cut or needle stick.

- Exposure to the eyes (e.g., getting splashed while assisting a delivery).

By immediately starting post-exposure prophylaxis with ARVs, the chances of getting HIV after exposure can be reduced. These are taken immediately, for a short time, and are very effective. They can be given at most hospitals or health centers.

Rape

If given right away, ARVs may also prevent HIV infection after a person is raped by someone who is HIV+ or whose status is unknown. Tearing of the vagina during rape, especially of teenage or preteen girls who are not fully grown, makes the risk of HIV infection higher than with other sexual encounters. Rape survivors should be referred immediately to the hospital for medical examination
and possible treatment with ARVs. If possible, the CHW should go to the health facility to offer support and then follow-up on treatment. There is more information on the CHW's role in ART in *Advanced Unit 18: Anti-Retroviral Therapy (ART)*.

Unit Summary and Evaluation

Activity 4: Trainer Presentation (10 min.)

The trainer should:

- Emphasize the importance of preventing and treating OIs in PLWHA.
- State that there are many AIDS-related conditions that CHWs might see during a CHBC visit. It is important that they review on their own the different conditions, specific treatment, and when to refer. Given how much information there is, it will not be possible to summarize key points on all the conditions. However, participants should know where to refer in their *Handbooks* for more information.
- Explain that more information will be given on ARVs later on in the training and that they will have a chance to practice managing OIs during the practicum session.
- Ask, "Are there any questions on key points in this unit?" If so, answer them.

Handout 10.1: Sample CHBC Referral Form

FOR CHW TO FILL OUT AND GIVE TO THE CLIENT TO TAKE TO THE FACILITY

Date: _____ Referred by:_____

Name of Client: _____ Signature: _____

Referred for: _____

Referred for (✓ all that apply):
_____ VCT
_____ STI
_____ Opportunistic infection (specify) _____
_____ TB
_____ ARVs
_____ Counseling
_____ ANC/PMTCT
_____ Condoms and/or family planning
_____ Youth-friendly services
_____ Support group
_____ Other (specify) _____

----------*tear or cut here*----------

FOR THE HEALTH PROVIDER TO FILL OUT AND GIVE BACK TO THE CLIENT, WHO CAN THEN SHARE IT WITH THE CHW

Date: _____

Name of Facility: _____

Name of Client: _____

Remarks: _____

Treatment: _____

Follow up (e.g., home care, revisits): _____

Date of Next Visit: _____

Name of Service Provider: _____

Signature: _____

Trainer's Tool 10.1: Instructions for Role Plays on Common Illnesses

Below are some examples of case scenarios that can be used to develop 5–7 role plays based on common illnesses that PLWHA experience. The trainer should feel free to modify as needed or develop his/her own role plays. If developing new role plays, make sure to include in the scenario if the client is able to do partial self-care or not able to do any self-care.

The CHW comes to the home of his/her client and finds the following situation:

- A 45-year-old man who is not able to work, but who is still able to do most activities of daily living as long as he rests for periods of each day. His wife is his main caregiver, and she also works. He has recently been experiencing a lot of fatigue and has both shingles and oral herpes.
- A 30-year-old woman who is partially bedridden and whose 10-year-old daughter is her main caregiver. They have very little money or food and there are 2 other younger children. She tells you she has diarrhea, loss of appetite, and fatigue. She has also become dehydrated due to the diarrhea.
- An 18-year-old man, living with his mother, who has experienced different OIs at different times. Now he has new symptoms: cough, difficulty breathing, and fever. It is suspected that he has TB. There are 3 other children in the house. His mother is his main caregiver.
- A 35-year-old woman who has been mostly bedridden for the past 6 months and is now completely bedridden. Her daughter is out of the house, and her husband is her main caregiver, although he is also infected and gets sick periodically. She is experiencing fatigue and extreme weakness, and has body pain, muscle stiffness, and pressure sores.
- A 19-year-old woman who lives with 2 other young women. She occasionally does sex work when she can, to buy food and pay rent, but has been having more periods of illness in the past 3 months. Two days ago she started taking antibiotics prescribed for her by a doctor and now she has oral thrush, a vaginal yeast infection, general pain, and itchy skin. She is her own caregiver.

TRAINER'S TOOL 10.1: CONTINUED

- A 35-year-old man who is still working, but has been forced to take many days off in the past month due to illness. He is in the city far from his village, lives alone and is providing his own self-care. He has fever and chills on and off and suspects he has malaria. He also has loss of appetite and nausea.
- A 55-year-old woman who has been sick with AIDS and bedridden for 4 months. Her husband is deceased, and her main caregiver is her grown daughter. She is experiencing eye problems and confusion.

Trainer's Tool 10.2: Common Drugs and Their Uses

Drug Name	Use	Doses/ Instructions	Remarks
Anti-diarrhea medicine with kaolin and pectin, such as Kaopectate	Make diarrhea thicker and less frequent.	Take 1 dose after each stool; no more than 4-5 times/day. Adults: 2-8 tablespoons. Children aged 6-12 years: 1 to 2 tablespoons.	They do not cure the cause of diarrhea or help dehydration. It is often better not to use them.
Calcium carbonate (i.e., Tums)	Temporary relief of heartburn or upset stomach.	Chew 1-4 tablets every hour as needed or after a meal. Do not take more than 16 tablets a day.	Helps occasional heartburn but should not be used for long-term treatment or to treat ulcers.
Paracetamol 500 mg	Relieves pain or fever.	Take 1 dose 4 times a day. Adults: 2 tablets. Children aged 8-12: 1 tablet. Children aged 3-7: 1/2 tablet. Children aged 6 months-2 years: 1/4 tablet. Babies under 6 months: 1/8 tablet.	Do not take more than 8 tablets a day for adults. Does not cause stomach problems so it can be used instead of aspirin, if such problems occur. Give paracetamol rather than aspirin to children. Do not take for longer than 5 days.
Aspirin 300 mg	Relieves pain, fever, swelling, and can help calm a cough or reduce itching.	Take every 4 hours. Adults: 3 tablets.	May be better to take with milk or meals. Do not give to children under 12. Can cause heartburn or upset stomach. Keep out of reach of children.

Trainer's Tool 10.2: Continued

Drug Name	Use	Doses/ Instructions	Remarks
Tetracycline	To treat bacterial infections.	Take 1 tablet 4 times a day.	Do not take with milk or antacids. May cause diarrhea or upset stomach if taken for a long time. Some people develop skin rash if they are in the sun while taking tetracycline.
Cotrimoxazole 480 mg*	To prevent/treat bacterial infections.	Take 1 tablet 2 times a day.	Take with lots of water. Women in the last 3 months of pregnancy should not take this drug.
TB drugs	To treat TB.	Consult with local health facility for instructions.	
Mefloquine	To treat malaria.	Adults: 5 tablets Children aged 12–15: 4 tablets. Children aged 8–11: 3 tablets. Children aged 5–7: 2 tablets. Children aged 1–4: 1 tablet. Babies under 1 year: 1/2 tablet.	Take with food. Pregnant women or people with a history of seizures or mental illness should not take this drug. If client experiences confusion, strange behavior, anxiety, fits, or unconsciousness, stop taking the drug and refer to facility.

Trainer's Tool 10.2: Continued

Drug Name	Use	Doses/ Instructions	Remarks
Diflucan*	Use for vaginal or yeast infection.	Adults: 1 tablet.	Take any time of day with or without food.
Multivitamins	Vitamin supplement.	Take 1–2 tablets a day.	Take with food.
Vitamin C	Prevention and treatment of scurvy, helps immune system.	Take 2 tablets.	Take with food.
Vitamin B Complex	Appetite stimulant, prevention and treatment of Vitamin B deficiency.	Take 1–2 tablets.	Take with food.

* The dosage list above is for treatment only. If these drugs are being used to prevent OIs, follow the directions that are given by the health facility.

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UNIT 11

TEACHING OTHERS AND TRANSFERRING SKILLS

Learning Objectives

By the end of this unit, the participants will be able to:

- Explain why transferring skills to clients and caregivers is an important part of CHBC.
- Assess the learning needs of clients and caregivers.
- Use identified learning needs to decide what to teach clients and caregivers.
- Describe the basic principles of adult learning.
- Demonstrate how to transfer CHBC skills to clients and caregivers, using their *Handbooks*.
- Evaluate skills transfer to clients and caregivers.
- Provide support for ongoing learning of clients and caregivers.

Training Methodology

- Trainer presentation
- Group discussion
- Case studies
- Role play
- Brainstorming
- Demonstration
- Review exercise

Content

11.1 Assessing Needs of Clients and Caregivers

- Assessing client's care needs
- Assessing learning needs of clients and caregivers

11.2 Transferring Skills to Caregivers and Clients

- Adult learning
- Transferring CHBC skills

11.3 Evaluating Skills Transfer and Providing Support for Ongoing Learning

- Evaluating skills transfer
- Providing support for ongoing learning

Time Needed: 5 hours, 50 minutes

Materials Needed

- *CHBC Handbook* and job aids
- Educational materials for caregivers (if available)
- Flipchart
- Markers
- Tape
- *Handout 11.1: Client Needs Assessment Form*
- *Handout 11.2: Observation Checklist for Transferring Skills*
- *Handout 11.3: How Well Do I Teach?*
- *Trainer's Tool 11.1: Case Studies for Assessing Learning Needs*
- *Trainer's Tool 11.2: Case Studies for Transferring Skills*

Work for the Trainer to Do in Advance

- Copy key points under *Session 11.1, Activity 1* on flipchart.
- Copy *Handout 11.1: Client Needs Assessment Form.*
- Copy *Handout 11.2: Observation Checklist for Transferring Skills.*
- Copy *Handout 11.3: How Well Do I Teach?*

SESSION 11.1: ASSESSING NEEDS OF CLIENTS AND CAREGIVERS

Introduction

ACTIVITY 1: TRAINER PRESENTATION (15 MIN.)

The trainer should:

- Introduce the importance of transferring skills to clients and caregivers using the content below.
- Present the key points that will be covered in this unit using the prepared flipchart.
- Ask if there are any questions.

You now have the information and skills you need to care for PLWHA. However, there are many people in the community who will need your help. You will not be able to care for every person living with HIV/AIDS by yourself. In order to avoid burnout, help as many people as possible, and build skills of community members, it is important for you to be able to teach the client self-care and teach caregivers how to provide basic care in the home. Even though in the beginning it may seem easier to give the care yourself, in the long run it will be better if you have helped the client and their family to take care of themselves.

One of the CHW's most important jobs is to teach and support the caregivers in the home, because that is how the client will get the best day to day care.

CHBC training is when the skilled CHW helps the client or caregivers learn:

- Knowledge—Information on HIV/AIDS and how to live healthy and positive lives for as long as possible.

- Skills—What to do to help the person living with HIV/AIDS stay as healthy and comfortable as possible.
- Attitudes—Treating the HIV+ person without stigma and showing compassion, caring, and respect for the rights of PLWHA.

CHBC training is done in the home using available materials so the client or caregiver can practice in the place where they will provide the care. The training depends on the needs of the client and how much the caregiver already knows.

The main steps in transferring skills are:

1. Identify who should be trained (client and/or caregivers).
2. Assess what care the client needs and what the client/caregivers need to learn.
3. Conduct the training.
4. Evaluate the training.
5. Enter training data in your records.
6. Provide ongoing support to the learner.

Key Points

In this unit, we will cover the following **key points**:

- The importance of transferring skills to clients and caregivers.
- Adult learning.
- Assessing learning needs.
- Using learning needs to teach clients and caregivers.
- Transferring knowledge, attitudes, and skills.
- Evaluating skills transfer.
- Providing support for ongoing learning.

Assessing Client's Care Needs

Activity 2: Trainer Presentation and Demonstration (25 min.)

The trainer should:

- Present the content below.
- Distribute copies of *Handout 11.1: Client Needs Assessment Form* and review.
- Make sure participants understand all the questions on the form. If they have trouble reading the questions, read them out loud to the group and encourage participants to add small pictures beside the questions to remind them what each question is about.
- Ask for a volunteer to play the role of a client.
- Demonstrate how to use the form to interview the client about their care needs. The "client" should feel free to invent answers to each question.
- Summarize by pointing out that the initial interview with the client should flow naturally and does not have to follow the exact order of the questions on the form.

Assessing the care and support needs of each client is important for training the client and the caregiver, as well as making a care plan. As you have learned, a client has various care needs ranging from prevention and treatment of OIs, physical therapy and prevention of pressure sores, nutrition, as well as emotional, psychosocial, financial, and legal support. When you visit the client for the first time, you will need to talk with him/her about any problems or needs they have. If the client is unable to speak, you can talk with his/her caregiver.

To help you remember what questions to ask, you can use the *Handout 11.1: Client Needs Assessment Form* found in the *Handbook*. Remember the assessment form is a guide. The first time you talk with a client, it should be natural, so feel free to change the order of the questions or how they are asked. Some problems you will be able to address on your first visit, but others may require a follow-up visit, a referral, or linkages with outside support groups or services.

Assessing Learning Needs of Clients and Caregivers

Activity 3: Group Discussion (20 min.)

The trainer should:

- Ask participants:
  - Why do you need to assess (or find out) the learning needs of caregivers?
  - What information do you need to assess a caregiver's learning needs?
  - What are some ways that you can get this information?
- Use the content below to review how to conduct a learning needs assessment.

Activity 4: Role Play (45 min.)

The trainer should:

- Introduce the role play.
- Ask for 3 volunteers to play the role of a client and 2 caregivers. The trainer will play the role of the CHW.
- Using *Trainer's Tool 11.1: Case Studies for Assessing Learning Needs*, explain the scenario from *Case Study 1* to the actors.
- Conduct the role play, demonstrating how to conduct a care and learning needs assessment.
- Ask the observers:
  - What types of care did the client need?
  - What were the learning needs of the caregivers?
  - Which skills needed to be taught immediately?
  - Which skills could be taught at a later time?
  - What could have been improved during the care and learning needs assessment?
- Note responses on flipchart.
- Ask the actors to add to the answers.
- Ask participants to break into 2 groups and move to opposite sides of the room.
- Assign each group a case study from *Trainer's Tool 11.1: Case Studies for Assessing Learning Needs*. Each group should pick actors for the role play, while the rest of the group members observe. Both groups will perform their

Activity 4: Continued

role play at the same time. **Note to Trainer:** Move between the 2 groups as they conduct their role plays and give feedback as needed.

- Allow the actors 5 minutes to prepare their role play. While the actors are preparing, review the observation questions above with the observers in each group.
- Ask each group to start their role play. Allow 15 minutes for the role play.
- Ask the observers to give feedback to their group based on the questions above.
- Reconvene the larger group and ask if there are any questions or comments.
- Summarize by reviewing the key steps to assessing needs.

The first step in assessing learning needs is to identify whether the client needs to be trained in self-care or if you need to train caregivers. If the client is unable to do self-care, then you should talk with the client to find out who can help them with care. It can be an immediate or extended family member(s), friends, health workers, or neighbors/community members. Many times, when the CHW goes to the house for the first time, the caregivers will have already been chosen by the organization that set up the CHW's visit (like a faith-based or community-based group that the CHWs belong to). If the caregivers have not been chosen, you should help do this.

Before you can train a client or his/her caregiver on CHBC, you will need to find out what the client/caregiver knows already and what the person still needs to be able to provide care. You will also need to note the available materials (e.g., bucket, pillow) that the client or caregiver have to work with.

Ways To Do a Learning Assessment

When doing a learning needs assessment, ask the learner:

- What do you understand about HIV and AIDS?
- How have you been doing the care so far and what skills do you already have?
- What is your understanding of nutrition needs of PLWHA?
- What do you know about infection and infection prevention?
- What do you know about opportunistic infections?
- What do you think you need to learn to be a good caregiver or do good self-care?

Besides asking questions, you can:

- Observe the learner giving care to the client or the client doing self-care.
- Ask the caregiver or client to do a specific skill and observe him/her.
- Think about the social conditions and environment the PLWHA lives in and how that might make learning easier or harder.
- Assess the caregiver's attitude about providing care and support by asking questions and watching how they treat the person living with HIV/AIDS.

Assessing Learning Needs

1. Apply the principles of conducting a home visit:
   - ➤ Introduce yourself and others with you to the people in the home.
   - ➤ Explain the purpose of the visit and what would like to do while there.
2. Use *Handout 11.1: Client Needs Assessment Form* in your *Handbook* to find out what care is needed.
3. Talk with the client and the family and decide if the client can do self-care or needs care from others.
4. If they have not been picked already, identify at least 2 willing caregivers to train.

5. Use the steps above to assess the client or caregiver's learning needs.
6. Decide what needs to be done for the client; what has to be done now, and what can be left for another visit. Make sure you think about:
   - The health of the client.
   - The social context of the client (e.g., are they part of a large family?, are they literate?).
   - Who the caregivers are (e.g., if the caregiver is a child, they may not be able to meet all the client's needs or if the caregiver is elderly or sick, this can also limit what s/he can do).
   - The support organizations or individuals in the community.
7. Demonstrate skills that the clients and caregivers need most.
8. At the end of the visit, thank the client, caregivers, and other family members.
9. Make a plan to come back and train the client or caregiver on other needs.

Session 11.2: Transferring Skills to Caregivers and Clients

Adult Learning

Activity 1: Group Discussion and Trainer Presentation (40 min.)

The trainer should:

- Lead a discussion about how adults learn and the best ways to teach adults.
- Ask participants:
  - How did you learn to cook, ride a bicycle, or farm?
  - What is the easiest way as an adult to learn something new?
  - What does a good teacher do to help you learn?
  - What do teachers do that make it hard for you to learn?
- Note responses on flipchart. Group participants' comments according to the above themes.
- Use the content below to supplement responses and summarize main points.
- Present the elements of a good teaching-learning relationship using the content below.
- Conclude by reviewing the 5 S's of adult education.

Activity 2: Demonstration (30 min.)

The trainer should:

- Explain that participants will now demonstrate some of the skills needed to teach adults.
- Ask for volunteers to demonstrate the following:
  - Give clear information and instructions on some common daily tasks.
  - Answer questions on how to help someone go to the toilet without making the person feel ashamed.
  - Find out what the learner already knows about preventing infections.
  - Explain in different ways how to take medicine 3 times a day.
  - Use your *Handbook* and explain one of the exercises under *Physical Therapy (see Unit 9: Basic Nursing Care).*
  - Praise and encourage the learner for doing a skill correctly.
  - Give feedback to a learner that puts too much salt when making homemade ORS.
- Ask the larger group to give comments after each demonstration. If they think a skill was not demonstrated correctly, ask them, "What would you have done differently?"
- Give feedback after each demonstration as needed and summarize.

The best way to learn something is by doing it. Adults learn differently than children do.

Adults learn best when:

- They can relate lessons being learned to their own experiences.
- They are actively involved and can ask questions and participate in discussion.

- They can use their senses—hearing, seeing, and touching. Hands-on learning is best.
- They are given helpful feedback.

Adults learn least by just being lectured to. You can see that by your own learning experience in this CHBC training course.

When adults cannot read, participation in learning is even more important. Repeating information in different ways is also important because they cannot write the information down and have to use their memory to remember all the steps.

Some important points when teaching adults include:

- The learner has to be an active participant in the learning process (talking, asking questions, giving their ideas).
- The demonstrations and presentations must be very clear, and communication must be open so the learner can ask questions and get answers without fear of being shamed.
- Training requires patience.
- The trainer needs to respect the learner as an individual with life experiences that can help him/her learn.
- The trainer has to know what the learner already knows, the needs of the learner, what has to be taught, and how to teach it.
- The trainer needs to know the skill, be able to practice it, and be a good role model.
- The trainer should be able to repeat information in different ways and be able to evaluate when the learner understands well.
- The learner needs to understand that they are responsible for learning and actively participating (ask questions, practice skills, and evaluate their own learning).
- Trainers should reinforce correct behaviors, give feedback on progress, and give lots of encouragement for things that are being done well.

Principles of Teaching Adults: The 5 S's

- Keep it **S**imple.
- Keep it **S**hort.
- Build on what they **S**ay.
- **S**tart where they are.
- Go at their **S**peed.

A good teacher:

- Works together with those s/he is teaching because you both have the same goals—to support and give good care to the person living with HIV/AIDS.
- Learns from those they are teaching, sharing information both ways.
- Believes that "no question is a stupid question," because if someone asks a question it means they need you to explain something so they will understand better.
- Draws ideas OUT of people, gets them to think about what they already know from their own experience first, before filling in what they do not know.
- Sets a good example by showing their own knowledge, skills, and attitudes toward PLWHA.
- Does not make people feel stupid for not knowing something or for believing something that is not true.
- Does not lecture people or talk for very long periods of time.

Source: Granich, R. and Mermin, J. 2001. *HIV, health and your community: A guide for action.* Berkeley, CA: The Hesperian Foundation.

The teaching-learning relationship is important for training. It includes the following:

- Be honest and frank with each other.
- Trust each other.
- Work to develop friendly relationships.
- Do not force your personal ideas on each other.
- Seek information from each other.
- Accept ideas without criticizing them, but be able to discuss and challenge ideas, new information, and ask thought provoking questions.

Source: Ministry of Health, Kenya, National AIDS/STD Control Programme. 2002. *Training home-based caregivers to care for people living with HIV/AIDS at home*. Nairobi, Kenya: Ministry of Health, National AIDS/STD Control Programme.

Transferring CHBC Skills

Activity 3: Brainstorming (20 min.)

The trainer should:

- Ask participants to brainstorm:
  - What steps they would take to plan and organize training of clients and caregivers.
  - What steps they would take to conduct the training.
- Note responses on flipchart.
- Use the content below to supplement answers.
- Ask if there are any questions.

Activity 4: Case Studies and Role Play (1 hour, 30 min.)

The trainer should:

- Use *Trainer's Tool 11.2: Case Studies for Transferring Skills* and read each case study out loud.
- Using the questions after each case study, ask participants to identify the care and learning needs, what they would do during the first visit and during the follow-up visit, and what information they would leave. **Note to Trainer:** Call on different participants to answers the questions so that more people have a chance to practice.
- Divide participants into 3 groups and assign one case study to each group.

Activity 4: Continued

- Ask each group to demonstrate through a role play how they would teach the client and/or the caregivers. Encourage group members to share the task of teaching. For example, if the case study calls for 3 different skills to be taught, have a different participant teach each skill. Allow 5 minutes for each group to prepare.
- Ask each group to conduct their role play.
- Ask the observers to use *Handout 11.2: Observation Checklist for Transferring Skills* to give feedback on participants' training skills. **Note to Trainer:** If participant's literacy level is not high, review the points on the observation checklist and allow them to make notes or small pictures to help remind them of each point.
- Provide feedback as needed.
- Summarize the main points of teaching adults a new skill.

Based on the learning needs you see, you will need to transfer skills to the client or caregiver so that the client gets better day-to-day care. If you are teaching clients self-care or teaching caregivers how to care for their relatives who have HIV/AIDS, it is best to teach them IN the home where they will be providing the care. That way, they will be better able to apply what they have learned.

The Steps for CHBC Training

Plan and organize the training

- Discuss with the learner(s) how long it will take to train them. If needed, break the training into sessions and arrange to come back on different days.
- Organize all necessary materials and resources (in the home or from the CHBC kit).

- Review the care skills to be sure you understand the steps. Practice demonstrations for any skills that you are not comfortable with, using your *Handbook*.

Train the client/caregiver

- Before the teaching session, talk with the learner (caregiver or client) to see if they have any questions or concerns. This is the chance to make the learner feel comfortable and free to say how they feel.
- Explain to the learner(s) very clearly what will be taught, why it is important, what materials will be used, and that they do not have to be nervous because they can practice until they know how to do everything very well.
- Ask again what the learner already knows about the skill to be taught, and build on what s/he knows to teach the new skill.
- Demonstrate the skill as you explain the steps, using your *Handbook*.
- Help the learner do a return demonstration or practice the skill.
- Let the learner ask questions and discuss as much as s/he wants, and repeat the demonstration if needed.
- Give praise when skills are done correctly and reinforce when needed.

Source: Ministry of Health, Kenya, National AIDS/STD Control Programme. 2002. *Training home-based caregivers to care for people living with HIV/AIDS at home*. Nairobi, Kenya: Ministry of Health, National AIDS/STD Control Programme.

Session 11.3: Evaluating Skills Transfer and Providing Support For Ongoing Learning

Evaluating Skills Transfer

Activity 1: Brainstorming and Trainer Presentation (30 min.)

The trainer should:

- Ask participants, "Why it is important to evaluate the training you give?"
- Ask participants to suggest ways to evaluate the training for the learner and the trainer.
- Note responses on flipchart.
- Use content below to supplement answers as needed.
- Distribute *Handout 11.3: How Well Do I Teach?*.
- Review the self-assessment and clarify any questions. If needed, allow participants to make notes or small drawings to help them remember the questions.
- Explain that they will use this self-assessment during the practicum. For those that practiced transferring skills earlier on, encourage them to do the self-assessment during a break or for homework.

How to Evaluate a Training Session

After the training session, it is important to evaluate how much and how well the client or caregiver(s) learned so the trainer knows what to teach next time, and also what they can do differently to be a better trainer. Evaluating the training also helps make sure that the client or caregiver has learned a skill well enough that they will give good care.

For the caregiver(s):

- Ask the learner questions about what they should do, how they should do it, and why they should do it that way. For example, "How would you treat a wound? What steps would you take?"
- Ask the learner to do a return demonstration.
- Directly observe the learner performing the skill.

For the CHW trainer:

- Use self-assessment (*Handout 11.3: How Well Do I Teach?)* to see how effective you have been.
- If you provide training with other CHWs, they can also give you feedback.

Providing Support For Ongoing Learning

Activity 2: Group Discussion (20 min.)

The trainer should:

- Ask participants:
  - ➤ Why is it important to support a learner after you have trained them?
  - ➤ How would you support a learner?
- Allow for different suggestions.
- Use the content below to help guide the discussion.
- Ask if there are any questions and summarize the main points.

It is important to follow-up with learners in order to:

- Reinforce what the person has learned and help them if they are having problems.
- Help them solve problems and manage the care they are giving.
- Support them in learning new skills or information.

You can provide on-going support to learners by:

- Checking in with them during your visits and finding out how they are managing with the new skills you have taught them.
- Demonstrating or going over the steps again when they are having difficulty with a skill.
- Helping them to make notes or draw a picture to remind them how to perform a skill.
- Asking them if they are having other problems for which they need new skills.
- Linking them with others that you have trained in the community so that they can support one another.

Unit Summary and Evaluation

Activity 3: Review Exercise (15 min.)

The trainer should:

- Quickly refer to the key unit points presented in *Session 11.1, Activity 1* and ask if all points were well explained. Review any unclear points.
- Ask for volunteers to explain the key steps in assessing learning needs and in transferring skills.
- Use the content in the unit to supplement or correct answers if needed.
- Use the content below to summarize the unit and stress the need to give good training so that it has a wider benefit for the whole community.

Once clients and caregivers are trained, they can become an important resource for others in the community. They can show others how to care for family members with HIV/AIDS, and they can provide direct care to others if they feel well and have time.

If the CHW trains the clients and caregivers well and with a good attitude, they can then pass the information and skills to others in the community. This way the information and skills you teach will benefit many instead of just a few!

Handout 11.1: Client Needs Assessment Form

The client or the caregiver can answer the questions in this form. After filling out the form, decide what the client's needs are, and what skills you will train the client or caregiver to do first, next, and so on.

Getting Around

1. Is it usually easy for you to leave home and get around by yourself?

   ❒ Yes ❒ No

2. Is it easy for you to get around your home on your own?

   ❒ Yes ❒ No

3. If you need help getting around, what kind of help would you like?

   ❒ Just someone nearby who can help when I need it

   ❒ A cane or a walker

   ❒ A wheelchair

4. Do you have difficulty moving any part(s) of your body?

   ❒ Arms: ___ Left ____ Right ____ Both

   ❒ Legs: ___ Left ____ Right ____ Both

   ❒ Other _____

5. How much time do you spend in bed?

   ❒ All of the time

   ❒ Most of the time

   ❒ Only when I'm tired or for sleep at night

Handout 11.1: Continued

6. Do you need any help with the following tasks? (Check all that apply.)

- ❒ Personal hygiene (bathing, mouth care, hair care)
- ❒ Getting dressed
- ❒ Using the toilet
- ❒ Doing housework (cleaning, washing clothes, garbage disposal)
- ❒ Other: _____

Nutritional Concerns

7. Do you need any help preparing your meals?

- ❒ No, I prepare them myself.
- ❒ Yes, I would like help now.
- ❒ I might want help later.

8. Have you noticed any changes in your appetite (wanting to eat)?

- ❒ Less than normal
- ❒ More than normal
- ❒ Normal
- ❒ Never the same

9. Do you have any problems eating or drinking? What help would you like?

Sexual and Reproductive Health

10. Could you be pregnant?

- ❒ Yes
- ❒ No

11. Are your currently using a family planning method?

- ❒ Yes
- ❒ No

HANDOUT 11.1: CONTINUED

12. Are you satisfied with your current family planning method?

❒ Yes ❒ No

13. Do you use condoms?

❒ Yes ❒ No

14. Do you have any questions about using condoms?

❒ Yes ❒ No

15. Do you use condoms and another family planning method at the same time to prevent pregnancy and STI/HIV?

❒ Yes ❒ No

16. Do you have any symptoms of infection in the genital area?

❒ Itching ❒ Smelly discharge

❒ Sores ❒ Other: _____

17. Do you have any sexual concerns that you would like help with?

❒ Yes ❒ No

Symptoms

18. Do you have any problems with pain? If so, where and what makes it better?

HANDOUT 11.1: CONTINUED

19. Do you have any specific physical symptoms that you need help for? (Check all that apply.)

- ❒ Nausea
- ❒ Fatigue or weakness
- ❒ Vomiting
- ❒ Fever
- ❒ Constipation
- ❒ Chills
- ❒ Diarrhea
- ❒ Seizures
- ❒ Incontinence
- ❒ Night sweats
- ❒ Skin
- ❒ Breathing problems
- ❒ Thrush or sores (mouth or throat)
- ❒ Other: _____
- ❒ Bad Cough
- ❒ Genital problems

Emotional and Psychosocial Support

20. Do you often feel... ? (Check all that apply.)

- ❒ Confused
- ❒ Forgetful or have problems with your memory
- ❒ Depressed
- ❒ Anxiety
- ❒ Other: _____

21. Are you having trouble dealing with your emotions or feelings (e.g., trouble sleeping or eating due to worries, feeling angry most of the time, or losing hope)?

22. Would you like to have someone to talk to about how you are feeling?

23. Would you like to talk with others who are also in the same situation as yourself?

HANDOUT 11.1: CONTINUED

Financial, Legal, and Other Concerns

24. Have you prepared a will? Have you asked someone to be legally in charge of your belongings and property?

- ❒ Yes.
- ❒ No, and I will take care of that myself.
- ❒ No, and I would like some help now.

25. Do you need any help arranging your financial affairs (banking, paying the rent and bills) so that things are in order once you are too sick to be responsible for them?

- ❒ No, I will take care of them myself.
- ❒ Yes, I would like help now.
- ❒ I have given someone power of attorney (legal responsibility) who is helping me.

26. Do you have any insurance policies that might help with your care?

- ❒ Yes, and I will take care of that myself.
- ❒ No, and I would like help now.
- ❒ I do not know what to do and would like some help finding out.

27. Do you need help contacting your priest, imam, or traditional healer?

- ❒ No, I will take care of that myself.
- ❒ Yes, I would like help now.
- ❒ I do not know any one and would like some help finding out.

Handout 11.2: Observation Checklist for Transferring Skills

WHAT TO ASSESS/OBSERVE	DONE	NOT DONE	COMMENTS
A. Beginning of session			
◈ Greets and introduces self to the learner (client or caregiver).			
◈ Introduces the topic/skill that is going to be taught.			
◈ Asks what the learner knows about or has been doing related to the skill.			
B. Demonstration of the skill			
◈ Introduces any materials needed for doing the skill.			
◈ Demonstrates the skills step-by-step to the learner.			
◈ Explains each step as it is demonstrated.			
◈ Allows the learner to ask questions.			
◈ Repeats difficult steps.			
C. Return demonstration			
◈ Asks learner to do return demonstration of the skill.			
◈ Helps the learner during return demonstration.			

Handout 11.3: How Well Do I Teach?

If I am doing a good job, I should:

Make learning active:

- ❒ Ask learners to answer questions.
- ❒ Ask learners to use new information to solve problems.
- ❒ Arrange for learners to practice skills.

Give feedback:

- ❒ Tell learners how well they are doing.
- ❒ Explain the errors they are making without blaming.
- ❒ Explain how they could improve.

Make your teaching clear:

- ❒ Make sure learners can hear and see.
- ❒ Use simple language.
- ❒ Use materials (e.g., thermometer, Gentian Violet, bandages) in demonstrations to make your explanations clear.

Make sure the lesson stays on track:

- ❒ Keep learners from going off the subject.
- ❒ Use examples that are related to the subject.

Make sure the learners have learned:

- ❒ Check to ensure that learners understand each point.
- ❒ Check to see that the learner can perform the necessary skills.

Show that you care whether the learners learn.

- ❒ Let the learners realize that you care whether they do well or not.
- ❒ Show you care by preparing good teaching sessions.
- ❒ Listen openly to feedback from learners and supervisors on your teaching.

Source: Ministry of Health, Kenya, National AIDS/STD Control Programme. 2002. *Training home-based caregivers to care for people living with HIV/AIDS at home*. Nairobi, Kenya: Ministry of Health, National AIDS/STD Control Programme.

Trainer's Tool 11.1: Case Studies for Assessing Learning Needs

Case Study 1:

Mr. S__ is married to 2 wives and has been in bed for the past 3 months. He is being nursed by his wives. He does not want to eat or drink because he feels a lot of pain when he swallows. He cannot help himself and he feels very weak. His wives have to move him in bed, change his bedding, and lift him onto the floor to bathe him. It is difficult to feed him since he cannot sit up or hold a cup. There is no money to take him to the hospital. He gets a high temperature in the evening and is coughing a lot. Both wives seem to be getting sick more often than they used to.

Case Study 2:

Mr. O__ has AIDS. He has been sick and at home for the last 6 months. His wife, Mrs. O__, is nursing him. Mr. O__ is sometimes able to bathe himself and clean his teeth, but usually he has no appetite. He gets fever often and right now he has a sore in his mouth. He was also cut by a stone as he walked in the compound and now has a wound on the foot. The wound needs to be dressed daily, but they are not able to go to the health center every day. Mrs. O__ tells you that they do not have help or money to buy medicines and other needs. This worries Mr. O__ a lot because he can no longer provide for his family.

Case Study 3:

Mrs. K__ works full-time as a cleaner. Her son D__ is 27 years old and unmarried. He's been sick for the last 3 months and is unable to help himself. Mrs. K__ is taking care of him and the rest of the family. D__ wets the bed and has developed a sore on his back. Mrs. K__ is overworked with other household chores and D__ usually lies alone in the house. Mrs. K__ does not know what to do.

Trainer's Tool 11.2: Case Studies for Transferring Skills

Case Study 1:

You go to visit Mrs. M___. She is 55 years old and is caring for her 30-year-old daughter named A___, who moved home about 2 months ago when she became very ill. For the last 2 weeks, A___ has been unable to get out of bed or feed herself, so Mrs. M___ feeds her in bed. A___ is too weak to turn over in bed, so she has been on her back all of the time. When you visit, you notice that her hair is very dirty, her nails are long, and she has sores from lying in the same position. She also seems dehydrated. Mrs. M___ usually gets help from her grandchildren when they return from school, but during the day she cares for A___ alone. Mrs. M___ is very upset because A___ has had diarrhea lately and she is not strong enough to get up from the bed, so she often soils the linens and there are not enough to replace them each time.

- What needs does A___ have?
- What needs does Mrs. M___ have?
- What would you do during this visit?
- What would you do during follow-up visits?
- What information would you leave with the family?

Case Study 2:

You go to visit Mr. M___'s home about one month after his wife died. Since his wife's death, he has not been taking care of himself or eating very often. He has a bad cough and recently has had fevers and some diarrhea. He works as a truck driver for a company in the capital, but has missed work lately since he has been sick. You notice the house is full of garbage and that there is rotting food in pots on the floor. Mr. M___ seems very angry that his wife is no longer there to care for him and his 3 children. He thinks she was bewitched, and he is afraid that he will die soon and no one will take care of his children.

Trainer's Tool 11.2: Continued

- What needs and concerns does Mr. M___ have?
- What would you do during this visit?
- What would you do during follow-up visits?
- What information would you leave with Mr. M___?

Case Study 3:

A___ is 30 years old and lives with her 5-year-old daughter. A___'s husband works as a truck driver and usually comes and goes. She has not seen him in a long time. She has been losing weight and seems to get sick with malaria all the time. She feels tired most of the time and finds it very hard to care for her young daughter. She is starting to wonder if her husband has made her sick, but she has never been tested for HIV. When she is very ill, her neighbor takes care of her, but A___ feels like she is being a burden. Her neighbor knows a lot about traditional medicine but has very little money. When A___ is sick she usually tries to use local remedies as she cannot help A___ buy medicines.

- What needs does A___ have?
- What needs does her neighbor have?
- What would you do during this visit?
- What would you do during follow-up visits?
- What information would you leave with A___?

NOTES

NOTES

Unit 12

Taking Care of Yourself

Learning Objectives

By the end of this unit, the participants will be able to:

- Recognize signs of burnout for CHWs.
- Describe how to avoid and find solutions to burnout.
- Set limits in their CHBC work.
- Describe how to care for and support each other.

Training Methodology

- Trainer presentation
- Brainstorming
- Small group work
- Group discussion
- Guest speaker presentation
- Reflection
- Case studies

Content

12.1: Taking Care of Yourself

- Recognizing signs of burnout
- Avoiding burnout: creating a supportive environment
- Meeting clients' needs while setting limits
- Support systems

Time Needed: 4 hours

Materials Needed

- Flipchart
- Colored markers
- Tape
- Index cards or half sheets of paper
- *Trainer's Tool 12.1: Case Studies for CHW Burnout*

Work for the Trainer to Do in Advance

- Copy key points under *Session 12.1, Activity 1* on flipchart.
- Invite 1 or 2 existing CHWs in the community to share experiences related to the pressures of CHBC.
- Write "Keep your candle burning bright!" on flipchart, along with a picture of a candle, to hang on the wall. **Note to Trainer:** "Keep your candle burning bright" is meant to represent the concept of keeping one's energy or spirit alive. If there is another saying in the local context that is better understood, please feel free to use it.

Session 12.1: Taking Care of Yourself

Introduction

Activity 1: Trainer Presentation (10 min.)

The trainer should:

- Introduce the unit by explaining that CHWs can get burned out from the work they do. This unit aims to help CHWs become more aware of burnout and how to avoid it. It also talks about how CHWs can take care of themselves and each other and not try to be all things to all people.
- Using the prepared flipchart, review the key points that will be covered in this unit.

Key Points

In this unit, we will cover the following **key points**:

- Signs of burnout.
- How to avoid burnout by creating a supportive environment.
- Setting limits and being clear.
- Support systems for the CHW.

Recognizing Signs of Burnout

Activity 2: Small Group Work and Guest Speaker Presentation (1 hour)

The trainer should:

- Ask participants to reflect back to *Unit 3: CHBC Basics* and quickly brainstorm a list of tasks CHWs are expected to do when providing CHBC.
- Write their responses on flipchart.
- Add to the list using the content below.
- Ask participants to form pairs.
- Read each question below and allow participants 5 minutes to discuss each question.
- Ask participants to share their answers with the large group and move on to the next question.
- Repeat the process for each question.
  - ➤ What do you think would be satisfying about doing CHBC?
  - ➤ What do you think would be difficult about it—what might cause burnout?
  - ➤ What are some of the signs of burnout?
- Fill in any gaps using the content below while participants follow along in their *Handbooks*.
- Ask 1 or 2 CHWs who already provide CHBC in the community (arranged before the session) to share their experiences regarding the pressures of CHBC and how they have handled burnout.
- Allow time for questions and answers.

The tasks of CHWs can be many. We have to juggle the CHBC tasks with responsibilities to our own families: childcare, housekeeping, making a living, and possibly caring for sick or older relatives. Some trained CHWs have to leave the CHBC work behind because of those conflicts.

Tasks of CHWs in CHBC include:

- Providing nursing care, first aid, and other health services.
- Training and supporting caregivers and PLWHA in the home.
- Talking to community groups, leaders, and individuals about prevention for the whole community and volunteering to support PLWHA in their community.
- Encouraging as many people as possible to go for VCT.
- Communicating with PLWHA, their families, and others who are worried they are at risk of getting AIDS.
- Providing referrals to health care facilities and other support services.
- Finding care and resources for Orphans and Vulnerable Children (OVC) left behind.
- Linking PLWHA with community resources, such as food, legal assistance, and support groups.
- Attending meetings with other CHWs and their own organizations.

CHBC is important, useful, and rewarding work. CHBC helps:

- Organize care and support for PLWHA with the community.
- Improve the health of clients.
- The families of PLWHA cope better.
- Give you, as a volunteer CHW, a chance to give to your community and get recognition for your good work.
- Prevent the spread of HIV by providing the whole community with information.

CHBC can also be very difficult at times. It can be:

- Tiring.
- Discouraging.
- Frustrating.
- Very sad.

CHBC can be difficult because:

- There are a lot of clients to care for and caregivers to support.
- There are many people to inform.
- There are never enough supplies or resources.
- Travel is often difficult (to visit homes and transport PLWHA for facility services).
- Clients can be disappointed with the limits of what you can do for them.
- Some clients will die.
- Some clients will leave orphans behind.

Sometimes we are affected by the stigma directed at our clients or even at ourselves as we try to do our work. We can feel the isolation and shame of clients and of ourselves. We also feel the discrimination that PLWHA experience day-to-day.

Recognizing Signs of Burnout

Burnout is when we feel mentally and/or physically so tired because we have been under so much stress and pressure.

How do we feel when we are burned out?

We may:

- Feel stressed.
- Have headaches or body aches.
- Feel overworked but underappreciated.

- Not sleep or eat well.
- Have a loss of energy and morale.
- Feel helpless because we cannot meet all of the needs of the PLWHA and their families.
- Feel angry at PLWHA and their families because of their needs and demands.
- Feel we have too heavy a burden "on me alone."
- Be a person living with HIV/AIDS ourselves and need special support.

If we cannot meet the needs of our own families and keep up with all of our volunteer work, we may feel at times that we cannot keep doing CHBC.

It is important that CHW supervisors, local NGO partners, and other CHWs recognize the signs of burnout and step in to help each other.

Avoiding Burnout: Creating a Supportive Environment

Activity 3: Group Discussion (40 min.)

The trainer should:

- Put the prepared flipchart that says "Keep your candle burning bright!" on the wall or blackboard.
- Ask participants to think about it silently for one minute.
- Ask participants to share their feelings and ideas from that minute of silence.
- Explain to participants that now you are going to talk about how to avoid burnout by creating a supportive environment at work and at home.
- On 2 separate pieces of flipchart write "At Work" and "At Home."
- Ask participants to brainstorm ways that CHWs can be supported at work and by their families.
- Ask what support groups already exist in the community (such as religious groups, women's groups, and PLWHA groups).
- Summarize participants' ideas on the flipcharts.
- Discuss responses and fill in missing information with the content below.

The community NEEDS the work that you do and the skills and information that you bring to them.

They need you to show a caring attitude because that is one of the most important things you provide.

To Be Supportive, You Need to Feel Supported!

You need to be supported both at work and at home.

Some of the things CHWs need are listed here.

From supervisors and NGOs, CHWs need:

- Quality training and ongoing supervision and support.
- Ongoing training and new information and skills.
- Recognition of skills and work through certificates, uniforms, badges, and ceremonies.
- The opportunity to meet with other CHWs alone and also jointly with doctors and nurses from facilities to discuss how to work together and do team building, share experiences, and develop friendships.
- Job aids and handbooks to help do the work well.
- Trained counselors available for support and individual or group problem solving.
- IGA training and group microcredit to support their families and therefore their ability to volunteer.
- Kit supplies and other materials for the clients, as possible.
- Transport allowance and other means to reach the clients' homes.
- Basic supplies for clients, like food and blankets.

From ourselves and our families, CHWs need:

- Enough rest and nutritious food.
- Understanding, respect, and support.
- Help from others to fill the needs of the family so they can do CHBC.
- Time with peers and colleagues to talk about problems and find solutions.

Meeting Clients' Needs While Setting Limits

Activity 4: Small Group Work and Group Discussion (30 min.)

The trainer should:

- Ask participants to look at the flipchart of tasks made in *Session 12.1, Activity 2.*
- Read each listed task out loud to the group as a reminder.
- Based on the tasks listed, ask participants to brainstorm a list of client needs that the CHW may be faced with during CHBC.
- Record the client needs on a new piece of flipchart. Be sure each need is on a separate line.
- On another piece of flipchart, write 2 columns: "Provide Directly" and "Enable Others." Post this flipchart to the right of the first flipchart.
- Divide the participants into 3 groups and give them a different colored marker.
- Read the client needs on the flipchart out loud, one by one.
- After you read each client need, ask each group to discuss whether the need should be provided directly by the CHW or whether the CHW should enable others to help meet the need (or both).
- Ask each group to use their marker to check the appropriate column(s) next to each need on the flipchart.
- Compare the results of the different groups and discuss the differences.
- Provide additional information using the content below.
- Emphasize to participants that CHWs cannot meet all of the needs of clients. It is very important to be clear with clients and their families on what you can and cannot do. Setting limits, being clear, and helping others to be able to solve their own problems are all important skills of a CHW.

CHWs cannot provide everything that PLWHA, OVC, and the community need. Clients often need food, money, and other material things that we do not have. **It is important to be clear with families from the beginning exactly what the CHW can provide and what s/he cannot provide.**

CHWs are volunteers. They can help provide nursing skills and health information. They can make suggestions about how PLWHA can cope and where they can find resources and help. They can help organize PLWHA self-help groups and other mobilizing activities. They can help others to tap resources, both international aid organizations as well as local groups like churches, businesses, political and community leaders, legal aid groups, and work groups.

But they cannot be expected to provide their own money or do tasks, like organizing funerals, that the family and community can do with support and guidance. If CHWs are clear on their limits with PLWHA, families, and the community, they can continue to contribute to the community for a long time. We need to know how to put realistic limits on what PLWHA and families expect from us.

Examples of "What I can provide directly as a CHW" include:

- Nursing skills.
- Training and support for caregivers in the home.
- Some limited supplies from the CHBC kits for their use.
- Health and prevention messages and strategies in the community.
- Help for the family to safely prepare the body for the funeral when a client dies.

Examples of "Which tasks can I enable others to do" include:

- Teach caregivers of PLWHA to provide basic care and support and help them live positively with HIV/AIDS.
- Advise families where to look for support such as food, rent, clothing and bedding, and education for children.
- Advise families where to look for legal help, for IGA training and microcredit, and for funeral planning.
- Advise families where to get help for OVC.

Support Systems

Activity 5: Brainstorming and Group Discussion (40 min.)

The trainer should:

- Ask participants to take a few minutes to reflect on the information covered so far and to think about ways that:
  - CHWs can find support and take care of themselves.
  - CHWs can help each other.
- Hand out 2 index cards or half sheets of paper to each participant.
- Ask each person to draw a picture of a way they can find support to take care of themselves on one card and a picture of a way they can help each other on the other card.
- While the participants are drawing, write "Sources of Support" on one flipchart and "CHWs Helping Each Other" on another.
- Allow about 15 minutes for participants to complete the drawings.
- Ask participants to post their drawings on the flipcharts.
- Ask participants to look at everyone's drawings on the flipchart papers.
- Discuss, adding information from the content below as needed and reminding participants to refer to their *Handbooks*.

Activity 6: Case Studies (45 min.)

The trainer should:

- Divide the participants into 3 groups and give each group a case study, found in *Trainer's Tool 12.1: Case Studies for CHW Burnout.*
- Read each case study out loud, as well as the questions related to the case study.
- Ask each group to discuss the case study and answer the questions.
- Allow 15 minutes.
- Have each group present their case study and discussion points to the larger group.
- Fill in any gaps using the information in the content below.

Support for volunteerism includes being able to support our own families.

CHWs need training and microcredit help to be able to do IGA to support their volunteerism. We will talk more about this in *Advanced Unit 15: The Expanded Role of the CHW.*

Finding Help and Seeking Support

None of us can or should do this difficult work alone. Find someone you can confide in, such as:

- Your supervisor.
- Trained counselors attached to the project.
- Religious counselors.
- Support groups.
- Your family.

How Can CHWs Help Each Other?

We can create health teams for mutual support:

- CHWs can meet with each other regularly and share experiences, joys, successes, problems, frustrations, and solutions to problems that we have found in the CHBC work. This can be in our own communities, but also may be with other communities to exchange experiences and strategies.
- Join with others doing similar work in a national network to increase recognition and support from national and local government and other sources.
- Take breaks from the work and cover for each other.

We can find solutions together:

- Have periodic meetings between the CHWs and the facility providers to talk about how to make referral systems work better and how to make the others' work more effective. For example, after a client has been referred by a CHW to a facility, the facility should send information back to the CHW. This information should include treatment given, medicines, and care needed. Communication between the facility and the CHW will help to better meet the needs of the client as s/he moves from home to facility and back again.
- Go visit a client who has a lot of problems together so you can think about solutions.
- Form or join a PLWHA self-help group as a member or as a supporter. This can bring hope to ourselves and to the other group members.
- Find and extend support to CHWs who are living with HIV/AIDS to live as open role models to break down stigma and discrimination. The participation of PLWHA as home-based caregivers is necessary to really understand and effectively address the real needs of PLWHA.

Dealing with Your Own Grief

Losing a client is difficult for CHWs, and they need to have ready support systems so they can express their own grief, just as they provide that support to family members who are grieving. The same systems of support can be used: other CHWs, your supervisor, your family, or community support groups.

Unit Summary and Evaluation

Activity 7: Reflection and Trainer Presentation (15 min.)

The trainer should:

- Ask participants to once again look at the flipchart on the wall that says, "Keep Your Candle Burning Bright!"
- Ask everyone to once again think about the sign for a minute in silence.
- Ask participants to share if their feelings have changed, or feel deeper, or they have any new understanding to share with others.
- Review the key points of the unit and ask if everything was covered or if there are any questions.
- Thank everyone for their participation and summarize the unit using the content below.

Taking care of yourself will help you continue to take care of PLWHA and their families, mobilize the community, and care for your own families at the same time. Setting up safety nets early on, including support groups, setting boundaries with clients and families in your care, and making sure your own family is cared for, will help avoid burnout. Understanding how to take care of ourselves will assist home caregivers to also take care of themselves with the heavy burden they have to carry.

Trainer's Tool 12.1: Case Studies for CHW Burnout

Case Study #1:

T___ has been a CHW for nearly 2 years. She used to really like her work when she first started because she was able to help a lot of people with HIV/AIDS in her neighborhood. Lately, many of her clients have died and some of their relatives blame her or think she should be responsible for the funeral. T___ wants to quit being a CHW. She is also unhappy because all of her clients ask her for money. T___ herself is very poor, and many of her clients are unhappy when she comes without money. T___ wants to tell the group that she is quitting at the next meeting of CHWs.

- How is T_____ feeling? Why?
- What advice would you give T____?
- What can you do to convince T____ not to quit her job?
- What can the group do to support one another?

Case Study #2:

D____ is a CHW and also a PLWHA. He is healthy and open about his status with the CBO and CHWs he is working with. His clients have growing needs themselves every day. He gives talks about prevention in the community at churches and mosques a few times a month. He finds that other CHWs are polite to him, but do not befriend him and he works very much alone. D____ feels isolated and discouraged, and sometimes feels like stopping his CHBC work.

- What would you do if you were D_____?
- If you were in a CBO with D____, what would you do to help his situation?
- How could D_____ be supported to play a leadership role in prevention in the community?

Trainer's Tool 12.1: Continued

Case Study #3:

A_____ has been a CHW for one year with a local CBO and is starting to feel depressed about her work. Every time she attends a community meeting to talk about HIV/AIDS prevention, everyone says they are tired of hearing about HIV/AIDS and that they already know how it is prevented. She is also frustrated with the local health facility for lack of communication about clients she has sent there. She feels unheard and not respected.

- What advice would you give A_____ about the next community meeting?
- How could A_____ be supported by other CHWs and her CBO?
- How can communication be improved between A_____ and the health facility?

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Unit 13

Record Keeping

Learning Objectives

By the end of this unit, the participants will be able to:

- Explain the importance of record keeping and reporting in CHBC programs.
- Fill out recording and reporting forms used by the CHBC program.
- Solve common problems associated with record keeping.

Training Methodology

- Trainer presentation
- Brainstorming
- Small group work
- Group discussion
- Review exercise

Content

13.1 Record Keeping

- Importance of record keeping in CHBC programs
- CHW recording and reporting forms
- Record keeping challenges and solutions

Time Needed: 2 hours, 45 minutes

Materials Needed

- Flipchart
- Markers
- Pens or pencils
- Tape
- CHW reporting forms and/or CHW client logbook
- *Handout 13.1: Sample CHW Recording Forms*
- *Trainer's Tool 13.1: Case Studies for Record Keeping*

Work for the Trainer to Do in Advance

- Copy key points under *Session 13.1, Activity 1* on flipchart.
- Obtain reporting forms CHWs will use in their work (these could be national reporting forms, Pathfinder-supplied forms, or forms specific to the local organizations to which the CHWs belong).
- Review the reporting forms and if needed, adapt to the local context or project. If the participants have limited literacy or numeracy skills, try and adapt the forms to make them easier to use (e.g., add simple pictures or symbols to the forms so that it is easier for the CHW to remember what information is recorded in which column).
- Make copies of *Handout 13.1: Sample CHW Recording Forms* or of the actual reporting forms the CHWs will use. Each participant will need his/her own copy.

Session 13.1: Record Keeping

Introduction

Activity 1: Trainer Presentation (10 min.)

The trainer should:

- Introduce the session using the content below.
- Using the prepared flipchart, review the key points that will be covered in the unit.
- Ask if there are any questions or comments before moving on.

An important part of the CHW's job is to keep good records on what you do each day, how many clients you see, and what services you give. You will use these records to show others what you do, make improvements in your work, show people that change really can happen, and make reports to your supervisors each month. In this unit, we will learn why record keeping and reporting are so important. We will practice filling out and using the forms you will use in your work as a CHW.

Key Points

In this unit, we will cover the following **key points**:

- Why record keeping is important.
- How to keep records and make reports.
- How to solve record keeping problems.

Importance of Record Keeping in CHBC Programs

Activity 2: Brainstorming (20 min.)

The trainer should:

- Ask participants, "Can you remember all the foods you ate over the last 2 weeks?"
- Explain that it is hard to remember the specific things we do every day if we do not keep a record of it.
- Ask participants to give examples of records they or people they know use in their everyday lives.
- Using the content below, discuss why these records are important and what would happen if they did not have these records.
- Ask participants, "What types of information do you think should be recorded in a CHBC program?"
- Discuss why each piece of information is important using the content below.

Many people use records to keep track of things in their lives. Some examples are:

- Our child's birth record.
- Our child's immunization schedule.
- A doctor's file on each patient.
- A record of how much money someone earns or spends in a month.
- A bank record book.
- A loan schedule for a microcredit program.
- A farmer's list of how many cows they have or how many seeds they have planted.

Records are important because they help us:

- Remember things.
- Plan for the future.
- See what we have done well or where we need to do better.
- Tell other people what we have done.
- Identify problems and gaps and work with people to solve them.

If we did not have any records, we might forget things and have problems in planning for the future. We also might not be able to tell others what we have done, since there would be no record to refer to.

Sometimes record keeping is given low priority, but each person's records make a difference. If we all get in the habit of record keeping every day, it will seem easier. **There are many key things that CHWs need to record about their work and their clients. Some of these include:**

- Names and locations of clients.
- The sex and age of clients.
- The number of children and caretakers a client has.
- The health status of each client.
- Services provided to each client during a home visit.
- The training you give to caretakers during your visit.
- Referrals made and when to follow-up.
- Revisit schedule for clients and what needs to be done during the next visit.
- Number and type of community events or meetings you lead.
- The number and type of CHBC kit supplies you use/need.

It is important to keep these records and make reports to your supervisor each month because they show:

- What you have done in the month.
- How many people are in need of CHBC in your community.
- The health status and needs of PLWHA and their families.
- When to follow-up after you make a referral.

They also help you and your supervisor to:

- Report what has happened to your local NGO or CBO and the donor.
- Compare your goals with what actually happened in the month.
- Make an argument for more CHWs, more community support, or more funding.
- Contribute to national CHBC records.
- Plan for the next month.
- Plan how to meet the needs of your clients and their families.
- Remember all of the jobs you are supposed to do. (For example, when you need to write down how many condoms you gave out, it reminds you to do this. Or if you need to tell your supervisor how many community meetings you do each month, it will remind you to organize them with community leaders.)
- Make sure you have enough CHBC kit supplies.
- Plan community events and meetings based on the needs of the community.
- Think about areas where you need more training or support.
- Make the 2-way referral system stronger by talking with facility providers about your clients' needs.

CHW Recording and Reporting Forms

Activity 3: Trainer Presentation (40 min.)

The trainer should:

- Distribute *Handout 13.1: Sample CHW Recording Forms* or copies of the recording forms used in their CHBC program.
- Review each form carefully. Use the content below to explain what information is recorded on each form and how to fill out each form.
- Pause periodically to make sure that participants are following along and ask if there are any questions. **Note to Trainer:** If forms were adapted to make them easier to fill out (e.g., by adding a simple picture or symbol at the top of each column), make sure to review adaptations with participants. Alternatively, participants may have their own suggestions for adding symbols or pictures that will help remind them of what information is needed. For participants with limited numeracy skills, it might be easier for them to use tally marks as opposed to numbers when they are recording their daily work.

Activity 4: Small Group Work (1 hour)

The trainer should:

- Ask participants to break into groups of 4 or 5.
- Using *Trainer's Tool 13.1: Case Studies for Record Keeping,* read aloud each case study and have the groups practice filling out each form. **Note to Trainer:** If participants' literacy levels are high, the *Trainer's Tool* can be copied and passed out to the groups to read themselves.
- Allow the groups to work together to fill out the form according to the information in each case study.
- Once the groups have finished, review the answers while each group compares their forms and discusses differences.
- Check each group's work so that problems can be identified and resolved before moving on.

Now we will go through each of the basic forms you will need and then we will practice filling them out together.

The CHW Client Register

This is the form where you will record information about all of the clients you see on a regular basis. The form includes each client's name, age, sex, number of children, and address. You should also write short notes to yourself about the client in the last column. For example, you could write that a client has TB, is on ART, has no caretaker, or that they have not been to VCT. Every time you take a new client, they should be entered on the register. Each client only needs to be registered one time. It may help you to assign each client a number that they keep for as long as you see them. CHW's can help each other fill out their registers if they need to, especially in the beginning.

Activity Log or Activity Diary

This is the form where you record what you do every day. At the end of every month, you should add up all of the services you have given in a month and show/give this form to your supervisor so that s/he knows what you have been doing and how many clients you visited during the month. For each month, start with a new form. Your supervisor will add up all of the CHW Activity Logs and make a report to the NGO or local partner.

On this form, you record the date, which clients you visit, the age and sex of the client, whether this is a new or repeat client, and what you do during the visit. For example, you would record that you referred a client for VCT or FP services, that you trained a new caregiver, or that you retrained one of the caregivers. There is a space for you to write when you will visit the client again, which will help you plan your time. There is also a space for you to write comments, like in the Client Register, so you remember what you did and what you want to do on the next visit. For example, you may want to write things about the person's health status, follow-up on referrals, or about the caretaker's needs.

Some projects use diaries to record the same information as the Activity Log. Each CHW is given a diary where they record what they do each day, including the information talked about above. They add up the totals every month, transfer the totals to a form, and share this information with their supervisor. Your supervisor and local organization will tell you which way they want you to keep your records.

The Community Mobilization Log

On this form you can record all of the important work you do in the community. It includes a place to record how many house-to-house visits you did and how many community events you led. This is the form where you keep track of the talks you give about HIV/AIDS in the community, what you talked about, what types of people you talked with, and how many people came. As with the Activity Log, you should fill out a new Community Mobilization Form each month, and then go over it with your supervisor. If you are using a diary, you can record your community mobilization

activities there instead of on a separate form. This way CHWs, supervisors, leaders, and project staff can look at the total number and type of community activities conducted in an area to see how many people the project is reaching. This helps show where other HIV/AIDS activities need to be done and which topics to talk about in the future.

Referral Slips

We have already practiced using the referral form in *Unit 10: Managing and Treating AIDS-Related Conditions*. It is important that you keep track of the referrals you make so that you can follow-up. Most referral slips have 2 sections: one that you give to the client and one that you keep for yourself. The referral form shows who you referred, where you referred them, and why. You should show your referral slips to your supervisor each month and use them to plan follow-up visits to clients.

Remember: You should make a keep a copy of all of the forms you hand in to your supervisor. Keep them in a safe, dry place!

Record Keeping Challenges and Solutions

Activity 5: Group Discussion (25 min.)

The trainer should:

- Ask participants:
  - What are some of the difficulties or problems people have with record keeping?
  - How can we solve these difficulties?
  - How can we support each other to keep good records?
- Record their answers on flipchart.
- Use the content below to add to participants' responses.

It is easy to feel overwhelmed when you have too much work and too many forms to fill out. Some of the problems and solutions related to record keeping are:

Challenge	Solution
I do not have time to fill out the forms.	Make it a habit to fill out the forms each time you visit a client or do an activity in the community. This will make it easier to add up the totals at the end of the month. It will also show your clients that you care enough about them to keep good records of their health. This will build your clients' trust in you.
The forms are too hard for me to understand.	Ask another CHW or your supervisor to help you fill out the forms. Or use pictures to remind you of the different things you need to record.
Sometimes I forget to bring the forms on my home visits.	Keep the forms in a folder or notebook and carry them in your CHBC kit. That way you will always know where they are, they will always be safe and dry, and you will always have them with you. Or you can use a notebook to write down what you do during your visits, and then transfer the information to the record forms each day or each week.
What is really important is that I help my community. What is the need to do all of this extra work?	Records help tell other people about the good work you do and help get more support for the project—like CHBC kit supplies and other things you need to do your work. It also helps you plan your work so you can help as many people as possible.
Some of my clients do not want me to record their information because they are afraid that their personal information will be shared with others.	It is good to remind your clients that any of their personal information will not be shared with those in the community. Explain that you record their information so that you and your supervisor can remember their specific needs and therefore serve them better.

What is most important is that you and your supervisor make a system that works for you and that shows all of the great work you are doing in your community.

Unit Summary and Evaluation

Activity 6: Reveiw Exercise (10 min.)

The trainer should:

- Review the key points of the unit.
- Ask participants to explain the importance of record keeping.
- Ask participants to give a couple of examples of problems they expect might occur. Ask other participants to suggest solutions.
- Add or correct information as needed.
- Ask if there are any questions or comments.
- Conclude by emphasizing the importance of good record keeping. Remind participants that they should help each other if one of them is having difficulty filling out the recording forms.

Handout 13.1: Sample CHW Reporting Forms

CHW CLIENT REGISTER

CHW Code: _____ District: _____

Name of CHW: _____ Division: _____

Name of CBO/Organization: _____ Location: _____

Date	Client Code	Name of Client	Age	Sex (M/F)	No. of Living Children (0-15 Yrs)	Village	Remarks
	01						
	02						
	03						
	04						
	05						
	06						
	07						
	08						
	09						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						

HANDOUT 13.1: CONTINUED

CHW DAILY ACTIVITY LOG

Use 1 form each month to record daily CHBC activities.

Name of CHW: _____ Code: _____ Name of CBO/Organization: _____

Month:_____ Year: _____ District: _____ Division: _____ Location: _____

Date of Visit	Client Code	Name of Client	Sex		New Client	Revisit Client	Referrals					Counseling			Total No. of Caregivers	New Caregivers Trained this Month	Old Caregivers Re-Trained This Month	Client on ART				Comments
																		Male		Female		
			M	F			VCT	Treatment	FP	Support Group	PMTCT	VCT	FP	PMTCT				New	Cont	New	Cont	
TOTALS:																						

No. of condoms given by supervisor distributed: _____
No. of condoms from other sources distributed: _____

Home Visits Tally: _____ Total No. of Home Visits: _____

HANDOUT 13.1: CONTINUED

CHW COMMUNITY MOBILIZATION ACTIVITY LOG

Use 1 form each month to record Community Mobilization activities.

Name of CHW: _____ Code: _____ Name of CBO/Organization: _____

Month:_____ Year: _____ District: _____ Division: _____ Location: _____

Date	Home Visit	Type of Event						Topics Covered	Types of people attending (mothers, religious leaders, PLWHA, etc.)	No. of people attending (estimate)		No. and Type of BCC/IEC Materials Distributed
		Health Talk	Youth Group	Support Group	IGA Group	Nutrition/ Food Group	House Visit			Male	Female	
TOTALS:												

Trainer's Tool 13.1: Case Studies for Record Keeping

Read each case study and then record the important information on the appropriate form.

Examples for the CHW Client Register:

- A neighbor in your village tells you that her relative is very sick and she needs you to visit. The next day, you go to your neighbor's house and find that her uncle is bedridden with a bad cough and needs CHBC. His name is Titus, he is 35 years old, and has 2 children and a wife that also live in the house.
- While you are at the market, a woman says she needs your help because her sister is sick. You visit the home and find a very thin woman named Ima with lots of sores on her body. She says she is 40 years old. Ima's husband works away from home and she has 5 children—they all live with her sister.

Examples for the Daily Activity Log:

- On your second visit with Titus, you suspect that he might be living with HIV/AIDS. You talk to him about VCT and then give him a referral to the nearby VCT site. You also help train his wife how to help him with his cough, how to take the medicine he was prescribed by the TB doctor, and how to protect the family from getting TB (e.g., keeping the room well ventiliated, having Titus cover his mouth and nose when he coughs). You leave the house and plan to follow-up in one week.
- On your 5th visit with Ima and her family, Ima tells you that her husband is back in town and she thinks she might be pregnant. She has already tested positive for HIV after you took her to the VCT center. You think Ima should go for Ante-Natal Care (ANC) right away and you also talk with her about preventing mother-to-child transmission. You refer her to the local maternal and child health clinic and also teach her oldest child how to take care of his mother's sores and how to wash the bandages. You are scared that Ima will not go to the doctor, since her husband does not know she is pregnant or HIV+. You think it is important to visit every couple of days.

Trainer's Tool 13.1: Continued

- On your first visit with Charles, he seems very depressed even though he looks healthy. His partner just got a positive test result and he thinks he might be positive too. Charles feels helpless and cannot stop crying. He is only 25 years old and should have a long life ahead of him. You think Charles should go for VCT and also to a support group with his partner. You give him referrals for both and also listen to him as he talks about his feelings. You promise to check back in on him in one week.

Examples for the Community Mobilization Log:

- You are asked by a local youth group to give a talk on HIV/AIDS and why young people should protect themselves. There are 50 young men and 20 young women at the talk. You distribute brochures and condoms to everyone who attends.
- The biggest need of your clients is food. You give a talk to a local food support organization on why they should help your CHBC clients to stay healthy with good nutrition. There are 25 men and women at the discussion.
- You are asked to participate in a meeting of a local PLWHA support group. You talk about positive living and the kinds of services that are given in a CHBC program. 15 men and 10 women listen to your talk during the support group. You hand out brochures on positive living to each person.
- There is so much stigma around HIV/AIDS in your community, that you start doing door-to-door visits to talk to people about HIV/AIDS and to help them understand how it can be prevented. You go to one house and see that the mother is pregnant so you talk to her and her husband about ANC and PMTCT services.

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UNIT 14
CHBC PRACTICUM

Learning Objectives

By the end of this unit, the participants will be able to:

- Provide CHBC services to PLWHA in their homes.
- Transfer CHBC skills to clients and caregivers.
- Conduct community mobilization activities on HIV/AIDS and CHBC in a community setting.

Training Methodology

- Trainer presentation
- Brainstorming
- Simulated skills practice
- Home visits
- Community visits
- Group discussion

Content

14.1 Classroom Practicum

- Review of key CHBC skills
- Care and support
- Community mobilization

14.2 Training Evaluation

- Post-test
- Training evaluation

14.3 Home-Based Practicum

14.4 Community-Based Practicum

Note to Trainer: The post-test and training evaluation should occur at the end of the classroom training as the home-based practicum and community-based practicum may be conducted over a period of time. If Advanced Units 15, 16, 17, 18, and/or 19 are being

taught, they should be taught before the classroom practicum so that all the newly learned skills can be applied during the practicum.

Time Needed: 4–5 days (depending on the number of CHWs and practicum preceptors, and the availability of clients, caregivers, and community groups to participate in the practicum).

Materials Needed

- CHBC kits for each participant
- Other materials needed for CHBC, not included in the kit (such as sheets and buckets)
- *CHBC Handbook* and locally available BCC materials on HIV/AIDS (such as pamphlets on VCT, HIV prevention, and others) for each participant
- *Trainer's Tool 1.2: Pre- and Post-Test Answer Key* (from Unit 1)
- *Trainer's Tool 14.1: Information for the Classroom Practicum*
- *Trainer's Tool 14.2: Practicum for Advanced Units*
- *Trainer's Tool 14.3: CHBC Practicum Consent Form*
- *Handout 11.1: Client Needs Assessment Form* (from Unit 11)
- *Handout 14.1: Home-Based Practicum Skills Checklist*
- *Handout 14.2: Community-Based Practicum Skills Checklist*
- *Handout 14.3: Training Post-Test*
- *Handout 14.4: Participant Evaluation Form*

Work for the Trainer to Do in Advance

Select CHBC practicum preceptors. Extra preceptors may be needed for the home and community practicums. Preceptors can be facility-based providers or experienced CHWs/CHBC providers. Preceptors need orientation to course content as well as methods of coaching and supervision to guarantee standards of practice and quality. This can be accomplished by the preceptors attending all or sections of the training, and/or by providing a separate, detailed orientation on the curriculum and CHBC skills expected of CHWs. All preceptors should attend and participate in the classroom practicum before supervising the practicum in the home and community.

Work for the Trainer to Do in Advance: Continued

For classroom practicum:

- Set up a practice station for each skill set noted in *Trainer's Tool 14.1: Information for the Classroom Practicum* and *Trainer's Tool 14.2: Practicum for Advanced Units* (if applicable). Ensure that all stations are set up with adequate equipment, supplies, and materials that the CHWs will need.
- Record key points under *Session 14.1, Activity 1* on flipchart.
- Photocopy *Handout 14.1 and 14.2: Home- and Community-Based Practicum Skills Checklists,* so that each participant has 2 copies (one for the preceptor to use to evaluate skills in the classroom-based practicum, and another to evaluate skills in the home- and community-based practicums). Each preceptor should also have one copy for reference.
- See *Community-Based Practicum* below and make sure that all the talks are arranged before the classroom practicum so that participants can practice what they will actually say. If the community-based practicum is not scheduled directly after the classroom practicum, then use *Trainer's Tool 14.1: Information for the Classroom Practicum* and assign each participant one type of group talk (e.g., with a women's group or with a youth group) and one individual talk.

For home practicum:

- Find cases in the community of PLWHA or others who are bedridden.
- Set up appointments for practicum with 3 or 4 CHWs per household. Each participant will need 4-5 cases for providing care, or as many as it takes to demonstrate key competencies listed in the practicum checklists.
- If not done already, identify caregivers (willing, available, and able to provide ongoing care). Ideally, there should be 2 caregivers per client.
- Photocopy *Trainer's Tool 14.3: CHBC Practicum Consent Form* so there are enough copies for each household that the CHWs will visit during the practicum.

Work for the Trainer to Do in Advance: Continued

- Obtain informed consent from PLWHA and caregiver(s) for participants to practice in their homes with a qualified trainer/supervisor.
- Identify locally available materials to supplement the CHBC kits (e.g., buckets).
- Plan logistics for home visits, such as the days, times, locations, and transport arrangements.
- Ensure *Handout 14.1: Home-Based Practicum Skills Checklist* has been copied and distributed to participants and preceptors.
- Photocopy *Handout 11.1: Client Needs Assessment Form,* so that each participant has a form for each client they visit.

For community-based practicum:

- Ask participants and their CBOs to schedule door-to-door talks as well as short health talks in the community on HIV/AIDS and CHBC. Alternately, the trainers can schedule these if needed.
- Schedule one talk for a trainer or preceptor to do while all participants observe and enough additional talks so that each participant is able to practice a group talk as well as a door-to-door talk. Options for community talks include: speaking at a community meeting that is already scheduled; at a women's, youth, or community group meeting; or speaking to a church, mosque, or temple. The topics for each talk may vary depending on the audience.
- Plan the logistics for the community visits, such as the dates, times, location, and transport arrangements.
- Ensure that *Handout 14.2: Community-Based Practicum Skills Checklist* has been copied and distributed to trainers/supervisors.

For training evaluation:

- Photocopy *Handout 14.3: Training Post-Test* and *Handout 14.4: Participant Evaluation Form*, so that each participant has a copy.

Session 14.1: Classroom Practicum

Introduction

Activity 1: Trainer Presentation (15 min.)

The trainer should:

- Introduce and present the key points of the practicum unit (using prepared flipchart), and answer any questions.
- Review the practicum agenda and clarify any questions.

The practicum is the part of the CHBC training when participants put together all of the information and skills they have learned and practice them with real people, families, and communities. Before working with real people, the skills will be done in the classroom so that participants can practice with supervision until they feel comfortable enough to practice in people's homes and the community.

The quality of the CHWs' skills is expected to keep improving as long as they are providing CHBC!

Key Points

By the end of the practicum, you will be able to:

- Provide CHBC services to PLWHA in their homes.
- Transfer CHBC skills to clients and caregivers.
- Conduct community mobilization activities on HIV/AIDS and CHBC in a community setting.

There are 3 main parts to the practicum:

- Classroom practicum—where participants will practice all of the skills they have learned about CHBC with other participants.
- Home-based practicum—where participants will practice providing CHBC to actual clients and transferring CHBC skills to clients and caregivers.
- Community-based practicum—where participants will use their community mobilization skills to give a talk on HIV prevention and CHBC to a community group.

The skills practiced will include all that the CHWs have learned in the training course. At each stage of the practicum, feedback will be given to participants so they can improve their skills. Feedback will include self-assessment of skills by participants, trainer/preceptor evaluation of skills with a checklist, and interviews with clients and caregivers about the services they received.

Remember: The practicum is a good chance to put all CHBC skills together and to improve on weaker areas, so that you can be the best CHW possible.

Review of Key CHBC Skills

Activity 2: Brainstorming (30 min.)

The trainer should:

- Ask participants to brainstorm all of the key skills they have learned in the training. They can use their *Handbooks* as a guide.
- Write answers on flipchart and add any missing items using the checklists in *Handouts 14.1 and 14.2: Home- and Community-Based Practicum Skills Checklists.*
- Explain that in the practicum, participants will need to put all of these skills together to care for PLWHA, train clients and caregivers, and mobilize the community around HIV/AIDS.
- Ask if there are specific areas listed on flipchart that participants think they need more information or practice on. If needed, provide a quick review of these areas, referring to the content in previous units.
- Remind participants that they should tell the preceptors if they need more review or practice at any point in the practicum and that it is best to bring these issues up during the classroom practicum, before moving into the community.

Activity 3: Simulated Skills Practice (4 hours)

Note to Trainer: *If advanced units are also being covered, time will need to be adjusted accordingly.*

The trainer should:

- Divide the larger group into groups of 3 or 4 and assign each group to a practicum station that has been set up ahead of time. See *Trainer's Tool 14.1: Information for the Classroom Practicum.* **Note to Trainer:** If the advanced units were taught, make sure to set up stations as needed for skills covered in those units. (See *14.2: Practicum for Advanced Units.*)
- For some skills, the participant will need to practice on another participant that acts as the client (e.g., during physical therapy).
- Make sure that each trainer or preceptor at each station has a copy of the skills checklist, *Handout 14.1: Home-Based Practicum Skills Checklist*. Using the practicum checklists, trainers and preceptors should give constructive feedback to participants on skills they are doing well, and those that they need to improve. **Note to Trainer:** Only some of the skills in the checklist will be covered in the classroom practicum as indicated in *Trainer's Tool 14.1: Information for the Classroom Practicum.*
- Encourage participants to use their *Handbooks* to guide them through key steps. When the preceptor feels a basic level of competency has been reached, the participant can move on to the next station. If a participant is having extra difficulty with a skill, schedule additional time with the preceptor/trainer.
- Reconvene the larger group, once all of the participants have been through all the stations. Ask if there are any questions or comments.
- Explain that they will use these skills during the home-based practicum and practice other skills that were not covered in this exercise. If they do not feel confident with a skill, they should review it and practice it again before the home visits.

Activity 4: Simulated Skills Practice (2 hours)

Note to Trainer: *If advanced units are also being covered, time will need to be adjusted accordingly.*

The trainer should:

- Review with participants the importance of mobilizing the community around HIV/AIDS and CHBC. **Note to Trainer:** If advanced units are being taught, other content will need to be reviewed accordingly.
- Explain that during the community-based practicum, they will give a talk on HIV/AIDS and CHBC to a community group and practice going door-to-door to mobilize individuals.
- Assign one community group talk (e.g., talking with a women's group) and one door-to-door talk that has been scheduled as part of the community-based practicum to each participant. **Note to Trainer:** If advanced units are being taught, use *Trainer's Tool 14.2: Practicum for Advanced Units* to assign additional topics for group and individual talks.
- Using the content below, review the main points of conducting a talk on HIV/AIDS or CHBC.
- Divide participants into smaller groups and ask them to prepare for their individual assignments. They can ask other group members for help if they need it. For the door-to-door talk, ask each participant to find another participant to play the role of the client/individual. Each group should have at least one preceptor.
- Allow 20 minutes for the groups to prepare. Offer guidance and answer questions as needed.
- Encourage participants to refer to their *Handbooks* as they prepare.
- Ask each participant to present their group talk and individual door-to-door talk to the other group members.

Activity 4: Continued

- Using the participant's copy of the checklist, *Handout 14.2: Community-Based Practicum Skills Checklist,* assess the participant as s/he conducts his/her talk. Decide if each participant is ready to move to the community-based practicum. If a participant requires more practice, arrange for additional practice with a trainer or preceptor before the community-based practicum.
- Ask other group members to offer comments, starting with positive comments and then things that could be improved.
- Remind participants that they will be giving their actual talk in the community as part of their practicum and that it is sometimes helpful to make notes about what you will say and practice the talk in private first.

Group talks should include how to prevent HIV, and how the community can advocate for and find resources to support infected and affected members of the community. The talk may change slightly depending on the group. For example, if a CHW is presenting to a group of businessmen, they may want to talk about money or resources they can donate to help PLWHA and their families. If the CHW is talking to a women's group, s/he would want to cover prevention as well as how they can support CHBC efforts.

The talks should be given using adult learning and communication skills covered in previous units.

Depending on the group, the first part of the talk should cover several of the main prevention issues like:

- What HIV and AIDS are, how HIV is transmitted, and how it can be prevented.
- Assessing your own risk and changing behavior.
- The importance of STI prevention, STI treatment, and VCT.
- Why women are more vulnerable to STIs/HIV/AIDS than men.

- Condom demonstration (male and female) with audience involvement.
- How to bargain for safer sex.
- Reducing stigma and discrimination against PLWHA.

Remember to take into account any special information needs of the group you are talking to, like adolescent issues, or religious sensitivities around condoms and FP.

The second part of the talk should be to help the groups identify how they and the community can help support PLWHA, their families, and others that are affected. You should explain the CHBC program and how the community can help. For example, they can raise money, take in orphans, do home visiting, support PLWHA self-help groups, and identify resources like legal aid volunteers and food supplies.

For the individual and the door-to-door talks, it is good to talk with an individual about his/her knowledge of HIV/AIDS, risk reduction, VCT, PMTCT, how to get involved in CHBC, or other key topics.

Session 14.2: Post-Test and Training Evaluation

Post-Test

Activity 1: Post-Test (1 hour)

The trainer should:

- Ask participants to complete the test. Remind participants that the purpose of the test is to evaluate the training, not the participants.
- Allow 40 minutes.
- Collect post-tests and correct them using *Trainer's Tool 1.2: Pre- and Post-Test Answer Key*. Compare the average pre-test score with the average post-test score to see if the training was effective. Note what areas still need improvement. If need be, review these areas at the beginning of the home-based practicum before participants practice on clients.

Training Evaluation

Activity 2: Group Discussion (30 min.)

The trainer should:

- Ask participants to briefly share what was good about the training, what needs correction or improvement, and any areas where more training is needed. Explain that they will also have an opportunity to give more specific feedback by filling out an evaluation form. They will not have to put their names on the form. **Note to Trainer:** Individuals should not be singled out in the group discussion, unless they want to raise a specific example about themselves and things that went well or poorly for them during the training.
- Ask another trainer or preceptor to note participant responses.
- Distribute copies of *Handout 14.4: Participant Evaluation Form.*
- Ask participants to fill out the form as fully as they can. Any extra information will help make the next training better. If the participant has trouble reading or filling out his/her form, s/he can ask a neighbor or trainer to help.
- Allow 15 minutes.
- Collect the evaluation forms and the notes from the group discussion.
- Thank participants for their enthusiasm and contributions. Explain that participants will practice their skills with real clients and caregivers during the home- and community-based practicums.
- Review the schedule of the 2 practicums.

Session 14.3: Home-Based Practicum

Home-Based Practicum

Activity 1: Home Visits (2 days)

Note to Trainer: *If advanced units are also being covered, time will need to be adjusted accordingly.*

The trainer should:

- Divide participants into practicum groups of 3 or 4. Each group should have at least one preceptor.
- Make sure that participants, other trainers, and preceptors know the date, time, and location of their home visits and that consent from clients and caregivers has been obtained (see *Work for the Trainer to Do in Advance*).
- Make sure each participant has a copy of *Handout 14.1: Home-Based Practicum Skills Checklist.*
- With the other trainers and preceptors, help the small groups prepare for their home visits while still in the classroom and remind them to bring their *Handbooks* and CHBC kits.
- Remind participants that it is important to focus on communication and teaching skills as much as it is to focus on the actual care skills.
- Also remind participants that PLWHA should be encouraged to do as much self-care as they can manage.
- Instruct preceptors that during the first home visit, s/he should provide the care and transfer skills to caregivers and the client while the participants observe and assist as needed. In subsequent visits, the participants should take turns providing care and transferring skills while the preceptor uses the checklist to assess the CHW's performance.

Activity 1: Continued

- Each participant will need 4-5 experiences/cases providing care and transferring skills, or as many as it takes for them to demonstrate key competencies listed in the practicum checklists.
- Encourage preceptors and participants to provide constructive feedback and coaching throughout the practicum so that improvements can be made.

  Note to Trainer: If advanced units are being taught, use *Trainer's Tool 14.2: Practicum for Advanced Units* and *Handout 14.1: Home-Based Practicum Skills Checklist* to make sure relevant skills are practiced.

Session 14.4: Community-Based Practicum

Community-Based Practicum

Activity 1: Community Visits (2 days)

Note to Trainer: If advanced units are also being covered, time will need to be adjusted accordingly.

The trainer should:

- Arrange for one community talk to be given by the trainer or a preceptor while all participants observe. **Note to Trainer:** If the schedule allows, reconvene the large group and discuss what was good and what participants might do differently in the future.
- Keep the home-based practicum groups together for the community-based practicum. There should be 3-4 CHWs and one preceptor in each group.
- Make sure that participants, other trainers, and preceptors know the date, time, and location of their community practicum visits.
- Make sure each participant has a copy of *Handout 14.2: Community-Based Practicum Skills Checklist.* When it is the participant's turn to practice, s/he should give the checklist to the preceptor to use in assessment.
- With the other trainers and preceptors, help the small groups prepare for their community talks, including gathering materials such as penis models, condoms, and educational pamphlets.
- Encourage preceptors and participants to provide coaching and constructive feedback throughout the practicum so that improvements can be made.
- If a participant needs more practice, arrange for additional opportunities for them to give a community or door-to-door talk. **Note to Trainer:** If advanced units are being taught, use *Trainer's Tool 14.2: Practicum for Advanced Units* and *Handout 14.2: Community-Based Practicum Skills Checklist* to make sure relevant skills are practiced.

Handout 14.1: Home-Based Practicum Skills Checklist

Date(s) of Practicum: Number of clients visited:

Name of Trainer/Preceptor:

Name of CHW: Sex: Age:

District: Village:

Key CHBC Skill Areas (Note: This is not meant to be a list of all tasks a CHW is expected to do. Instead, it highlights some of the key skill sets in CHBC.)	**Rating (check one)**			**Comments (including N/A if skill was not practiced during supervised practicum)**
	1	**2**	**3**	
	Poor, needs more training	**Satisfactory, but still needs practice**	**Excellent, has mastered skill**	
Assessing Care Needs				
Identifies AIDS-related illnesses and needed care.				
Identifies mobility needs.				
Identifies nutritional needs.				
Identifies emotional needs.				
Identifies the need for referrals.				
Provides privacy and confidentiality.				
Assessing Learning Needs of Caregivers				
Finds out who needs to be taught (client, caregivers).				
Based on care needs, finds out what client or caregivers already know.				
-Asks client/caregiver questions (see *Handbook* for questions).				
-Watches the client or caregiver perform a skill or give care.				
-Notices caregiver's attitude.				
Finds out what materials are available for the client or caregiver to use.				
Transferring Skills				
Explains to client/caregiver which skills will be taught.				
Builds on what client/caregiver already knows and what materials are needed.				
Demonstrates attitudes and skills, explaining each step aloud.				
Allows client/caregiver to ask questions.				
Asks client/caregiver to demonstrate the skill and observes.				
Provides constructive feedback.				
Makes sure client/caregiver can perform the skill on their own.				

Handout 14.1: Continued

Key CHBC Skill Areas (Note: this is not meant to be a list of all tasks a CHW is expected to do. Instead, it highlights some of the key skill sets in CHBC).	**Rating (check one)**			**Comments (including N/A if skill was not practiced during supervised practicum)**
	1	**2**	**3**	
	Poor, needs more training	**Satisfactory, but still needs practice**	**Excellent, has mastered skill**	
Shows a respectful attitude toward the learner.				
Uses good communication skills				
Allows the client to ask questions (2-way communication).				
Demonstrates good body language.				
Uses visual aids (pictures/flipcharts) as needed.				
Speaks with client in a private setting/asks client's permission to be observed by others.				
Uses simple language.				
Condom Demonstration				
Male:				
Checks expiration date on package.				
Inspects condom packet for damage (e.g., brittleness, lack of air in packet).				
Carefully tears open package.				
Makes sure the condom is not inside out (gently blow into the tip).				
Pinches tip of condom and unrolls condom onto erect penis.				
Explains that after ejaculation, one holds rim of condom and pulls penis out before it becomes soft..				
Carefully removes condom without spilling semen and ties a knot at end of condom.				
Properly disposes of condom. Throws in rubbish bin, burns, or buries.				
Female:				
Carefully opens the packet.				
Finds the inner ring at the bottom, closed end of the condom. It is not attached to the condom.				
Squeezes the inner ring between the thumb and middle finger.				
Guides the inner ring all the way into the vagina with their fingers. The outer ring should be outside the vagina.				
Carefully guides penis through the outer ring.				
After sex, before standing up, squeezes and twists the outer ring to keep semen inside the pouch. Pulls condom out gently.				
Burns, buries, or puts in a latrine.				
Infection Prevention				
Washes hands.				

Handout 14.1: Continued

Key CHBC Skill Areas (Note: this is not meant to be a list of all tasks a CHW is expected to do. Instead, it highlights some of the key skill sets in CHBC).	**Rating (check one)**			**Comments (including N/A if skill was not practiced during supervised practicum)**
	1	**2**	**3**	
	Poor, needs more training	**Satisfactory, but still needs practice**	**Excellent, has mastered skill**	
Knows when/when not gloves are needed.				
Instructs client/caregivers to keep nails short and to keep the body, clothes, and sheets clean.				
Shows how to store food carefully.				
Disinfects with bleach.				
-Makes bleach solution with proper dilution to clean towels, bedding, and floors.				
-Disinfects items in bleach solution for at least 10 minutes.				
-Stirs in boiling water and detergent for at least 20 minutes.				
-Rinses well in clean water.				
-Hangs items in the sun to dry.				
Disinfects materials and surfaces by mixing proper bleach solution, soaking for 10 minutes, and rinsing well.				
Burns, buries, or throws in a pit latrine items that cannot be reused.				
Physical Therapy				
Explains why physical therapy and exercise are important.				
Wears gloves/plastic bags if the client has open wounds.				
Massages the client if desired, making sure to keep petroleum jelly (Vaseline) or powder away from sores.				
Asks client which exercises feel good and what is uncomfortable.				
Helps client do the following, at least 10-15 times:				
-Rotate head side to side				
-Lift arms up and down*				
-Bend arms and move forearm*				
-Lift arms up and down*				
-Rotate arms and hands*				
-Lift legs up and down*				
-Bend knees*				
-Rotate leg in and out*				
-Rotate feet*				
-Bring knees to chest to stretch lower back				
-Twists upper body while sitting				
**If client cannot lift his/herself, helps client do leg and arm exercises.*				

Handout 14.1: Continued

Key CHBC Skill Areas (Note: this is not meant to be a list of all tasks a CHW is expected to do. Instead, it highlights some of the key skill sets in CHBC).	Rating (check one)			Comments (including N/A if skill was not practiced during supervised practicum)
	1	2	3	
	Poor, needs more training	Satisfactory, but still needs practice	Excellent, has mastered skill	
Bed Bath and Hair Washing				
Collects needed supplies ahead of time.				
Lets client bathe him/herself as much as possible.				
Discusses the steps of the bed bath with the client.				
Provides privacy (e.g., closes windows, draws curtains).				
Protects bedding with a plastic sheet (if available).				
Keeps client covered and only uncovers the area that is being washed.				
Starts with face and upper body.				
Finishes by washing genitals, anus, and feet.				
Uses gloves if there are open sores.				
Washes client's hair, ensuring that the head is supported.				
Helps cut finger and toenails, if needed.				
Care of Pressure Areas				
Looks for pressure areas/sores.				
Massages pressure areas with a soapy hand or cloth, for at least a slow count to 10 on each area.				
Rinses and dries each pressure area.				
Massages bony areas with lotion, petroleum jelly (Vaseline), or powder.				
Talks to the client to make sure there is not pain or discomfort.				
Helps the client into clean clothes.				
Dries the area and pours away the bathing water.				
Removes gloves (if wearing) and washes and dries hands after the bath.				
AIDS-related Illnesses (preventing, treating, and referring)				
Skin Problems				
Wears gloves if client has open sores.				
Washes skin and keeps skin dry.				
For itching or rashes, applies safe local remedies or calamine lotion to sooth itching.				
For child or confused adult, covers hands to prevent scratching and skin damage.				
Makes referral to health facility (if needed).				

HANDOUT 14.1: CONTINUED

Key CHBC Skill Areas (Note: this is not meant to be a list of all tasks a CHW is expected to do. Instead, it highlights some of the key skill sets in CHBC).	**Rating (check one)**			**Comments (including N/A if skill was not practiced during supervised practicum)**
	1	**2**	**3**	
	Poor, needs more training	**Satisfactory, but still needs practice**	**Excellent, has mastered skill**	
Open Sores/Pressure Sores				
Washes with soap and water.				
Keeps area dry.				
Applies gentian violet using clean cloth strips dried in the sun (if needed).				
Shingles				
Gives paracetamol every 6 hours to manage pain (if needed).				
Applies safe local remedies or calamine lotion to sooth itching.				
Tiredness/Weakness				
Helps client find easier ways to do tasks (for example, sitting to wash).				
Gives client easy exercises to keep muscles strong.				
Helps client with personal care (washing, going to the toilet, etc.).				
Looks for signs of anemia.				
Makes referral to health facility if necessary.				
Managing Pain				
Gives paracetamol every 6 hours.				
Makes referral to health facility if needed.				
Fever				
Uses thermometer to take client's temperature.				
Washes client's body in cool water.				
Helps client dress in light, cool clothing.				
Gives paracetamol every 6 hours.				
Directs client to drink more fluids.				
Makes referral to health facility if needed.				
Diarrhea				
Teaches client and caregiver to drink lots of liquids.				
Prepares ORS.				
Gives client kaolin, pectin, or activated charcoal (if necessary).				
Makes referral to health facility if needed.				
Nausea and Vomiting				
Looks for signs of dehydration in client.				
Makes referral to health facility if needed.				
Genital Problems and STIs				
Demonstrates proper condom use to client.				

Handout 14.1: Continued

Key CHBC Skill Areas (Note: this is not meant to be a list of all tasks a CHW is expected to do. Instead, it highlights some of the key skill sets in CHBC).	Rating (check one)			Comments (including N/A if skill was not practiced during supervised practicum)
	1	2	3	
	Poor, needs more training	Satisfactory, but still needs practice	Excellent, has mastered skill	
Teaches client about the importance of informing all sex partners.				
Makes referral to health facility if needed.				
Coughing or Breathing Problems				
Makes referral for client to get a TB test or antibiotics.				
Gives safe, local remedies to soothe the throat.				
Stays with the client to keep them calm.				
Makes referral to health facility if needed.				
Tuberculosis				
Makes referral for client to get a TB test.				
Teaches client to take medicines according to schedule.				
Watches client take medicine (DOTS).				
Checks that the treatment card has been filled out by a TB DOTS worker.				
Makes referral to health facility if needed.				
Malaria				
Teaches client to sleep under a bed net.				
Gives client instructions to take antimalarial medicines correctly.				
Makes referral to health facility if any signs of malaria are present.				
Eye Problems				
Cleans client's eyes with a compress of hot, clean water.				
Makes referral to a health facility if needed.				
Confusion				
Helps client and caregiver move dangerous objects and medicines out of the way.				
Helps client stand and walk around.				
Makes referral to health facility if needed.				
Giving Advice on Taking Medicines				
Explains the number of times a day and how many days to take the medicine.				
Explains the amount to take.				
Explains whether medicine should be taken with or without food or whether some foods should be avoided with the medicine.				
Explains side effects and how to cope.				
Making Referrals				
Identifies problem and decides appropriately whether to refer.				

Handout 14.1: Continued

Key CHBC Skill Areas (Note: this is not meant to be a list of all tasks a CHW is expected to do. Instead, it highlights some of the key skill sets in CHBC).	**Rating (check one)**			**Comments (including N/A if skill was not practiced during supervised practicum)**
	1	**2**	**3**	
	Poor, needs more training	**Satisfactory, but still needs practice**	**Excellent, has mastered skill**	
Chooses appropriate referral.				
Arranges transportation as needed.				
Gives client referral slip.				
If possible, goes with the client to facility.				
Knows what medicines and instructions the client receives so s/he can give follow-up support.				
Talks with facility provider to see what care is needed.				
Plans to follow-up with the client up on return to home.				
Nutrition				
Assesses nutritional needs.				
Provides accurate advice based on needs (see *Handbook*).				
Tells clients to eat balanced diet (Go, Grow and Glow foods).				
Tells pregnant client to eat food with iron, protein, and Vitamin A and to eat more than usual.				
Tells client to drink at least 2 liters of clean water a day.				
Tells client to avoid coffee or tea with meals.				
Record Keeping				
Uses client register to note basic client information (name, address, etc.).				
Completes daily activity log to record details of client visit.				
Fills out referral slip, gives part to client, and keeps part for CHW records.				
ADVANCED UNITS				
Expanded Role of the CHW				
Memory Books				
Talks with client about making a memory book.				
Assists client in making memory book (if needed).				
-Helps client gather things to put in memory book (e.g., photos, drawings, letters).				
-Helps client paste items onto sheets of paper and write text/notes as needed.				
-Fastens book together using staples or string.				

Handout 14.1: Continued

Key CHBC Skill Areas (Note: this is not meant to be a list of all tasks a CHW is expected to do. Instead, it highlights some of the key skill sets in CHBC).	Rating (check one)			Comments (including N/A if skill was not practiced during supervised practicum)
	1	2	3	
	Poor, needs more training	Satisfactory, but still needs practice	Excellent, has mastered skill	
Family Planning				
Discusses risks of childbearing to PLWHA. Supports client's decision to have or not have children.				
Discusses FP options.				
Reviews how to use the chosen FP method (pill or condoms) and possible side effects.				
Gives FP method (pill or condoms) to the client.				
Demonstrates condom use (male and female condoms).				
Tells client how s/he can get more pills or condoms when needed.				
If client chooses an FP method other than pills or condoms, makes a referral.				
Plans for a follow-up visit.				
Uses visual aids as needed.				
Uses language that is easy to understand.				
Allows client to ask questions.				
PMTCT				
Discusses what can be done at each stage (before, during, and after pregnancy) to prevent transmission.				
Refers pregnant woman for PMTCT services.				
Plans for follow-up visits.				
Helps woman and family plan for a safe delivery (including receiving Nevirapine).				
Discusses infant feeding options.				
Shows mother correct position for breastfeeding (baby and mother) and how to avoid cracked nipples.				
Stresses the importance of ANC and VCT for all women.				
ART				
Explains how to prevent OIs by taking OI prevention medicines.				
Explains the importance of treating OIs as soon as they appear.				
Explains the basics of ART, including benefits and drawbacks of ART.				
Explains when people should start ART.				
Refers to clinic for ART.				
Explains when and how to take drugs.				

HANDOUT 14.1: CONTINUED

Key CHBC Skill Areas (Note: this is not meant to be a list of all tasks a CHW is expected to do. Instead, it highlights some of the key skill sets in CHBC).	**Rating (check one)**			**Comments (including N/A if skill was not practiced during supervised practicum)**
	1	**2**	**3**	
	Poor, needs more training	**Satisfactory, but still needs practice**	**Excellent, has mastered skill**	
Explains side effects of ART and how to cope with them.				
Makes sure client takes drugs on time and correctly.				
Makes sure client has food and other necessities to be able to take ART.				
Makes sure client gets to his/her follow-up visits at clinic/health facility.				

Handout 14.2: Community-Based Practicum Skills Checklist

Key CHBC Skill Areas (Note: this is not meant to be a list of all tasks a CHW is expected to do. Instead, it highlights some of the key skill sets in CHBC).	Rating (check one)			Comments (including N/A if skill was not practiced during supervised practicum)
	1	2	3	
	Poor, needs more training	Satisfactory, but still needs practice	Excellent, has mastered skill	
Organizes Community Meeting				
Contacts leader(s) of community group (e.g., church group, youth group, women's group) to arrange meeting and explains the purpose of meeting.				
Confirms location and time of meeting.				
Communication Skills				
Speaks clearly.				
Speaks loud enough for all to hear.				
Uses simple language to convey key messages.				
Uses visual aids as needed.				
Allows people to ask questions.				
Answers questions.				
Gives Correct Information				
HIV/AIDS				
Correctly explains HIV and AIDS and the difference between the two.				
Explains how HIV is spread and is not spread.				
Prevention				
Explains the main ways to prevent HIV (abstain, safer sex, do not share needles or cutting tools, if pregnant and HIV+ use PMTCT services).				
Demonstrates how to correctly use a condom (see *Home-Based Skills Checklist*).				
Stigma Reduction and Supporting PLWHA				
Explains that anyone can have HIV/AIDS and that it is not because they are bad or have done something bad.				
Explains that PLWHA need support from their families, friends, and communities.				
Explains that a person cannot get HIV by kissing, hugging, caring for, or sharing a meal with someone who is HIV+.				
Discusses ways that the community can support PLWHA (e.g., talking with them, being their friend, helping them with daily tasks).				
CHBC				
Correctly explains CHBC and its purpose.				
Explains that CHBC is everyone's responsibility.				
ADVANCED UNITS				
Expanded Role of CHW				
Explains problems OVC face and strategies to support them.				

Handout 14.2: Continued

Key CHBC Skill Areas (Note: this is not meant to be a list of all tasks a CHW is expected to do. Instead, it highlights some of the key skill sets in CHBC).	**Rating (check one)**			**Comments (including N/A if skill was not practiced during supervised practicum)**
	1	**2**	**3**	
	Poor, needs more training	**Satisfactory, but still needs practice**	**Excellent, has mastered skill**	
Discusses importance of PLWHA support groups and ways to develop and support them.				
Explains importance of food relief and food security for PLWHA and strategies to help with these issues.				
Discusses IGA and micro-credit for economic support of PLWHA.				
Explains issues around death and inheritance.				
Discusses strategies for accessing legal services around inheritance and custody, protection against violence, and for OVC.				
Family Planning				
Explains risks of childbearing for PLWHA and need to support PLWHA's decisions on childbearing.				
Explains different FP methods.				
Explains importance of using condoms for dual protection.				
Demonstrates how to correctly use condoms.				
Tells people that they can get pills and condoms from CHW.				
Tells people where they can get other methods (i.e., facilities that offer FP services).				
PMTCT				
Correctly explains mother-to-child transmission. Explains PMTCT+.				
Discusses what can be done at each stage (before, during and after pregnancy) to prevent transmission.				
Stresses the importance of ANC and VCT for all women.				
Discusses infant feeding options.				
ART				
Explains how PLWHA can stay healthy for a long time before starting ART.				
Discusses the benefits and drawbacks of ART.				
Explains when a HIV+ person should take ART.				
Explains what "adherence" means and its importance.				
Groups that Need Special Attention				
Explains why leaving different groups (e.g., SWs, IDUs, MSM) out of prevention hurts the whole community.				
Explains why stigma and discrimination makes different groups more likely to get infected and infect others.				

Handout 14.2: Continued

Key CHBC Skill Areas (Note: this is not meant to be a list of all tasks a CHW is expected to do. Instead, it highlights some of the key skill sets in CHBC).	Rating (check one)			Comments (including N/A if skill was not practiced during
	1	2	3	
	Poor, needs more training	Satisfactory, but still needs practice	Excellent, has mastered	
Explains the unique needs of different groups (e.g., SWs, IDUs, youth) and ways to help them prevent HIV.				
Involves Community in Action Planning				
Brainstorms available resources (resource mapping) with community members.				
Discusses with community members how people can get involved in CHBC (e.g., community gardens, food donations, OVC support).				
Encourages community members to reach out to all groups to make sure that they have prevention, care, and support that they need.				
Makes a plan with community members on things they can do to help with CHBC and prevention.				
Makes Plans to Follow-Up				
Arranges a time to follow-up with community members on the plans that were made.				
Tells community members that they can come to the CHW anytime for more discussion.				
Works with Community to Provide Support for PLWHA*				
Sack Gardens				
Demonstrates how to make a sack garden to group of families.				
-Rolls down sides of sack.				
-Using hollow can, fills center of sack with stones and packs soil around the can.				
-Repeats this step until sack is full and stands upright.				
-Makes holes in sides of sack with knife or stick.				
-Plants seedlings or seeds in top and sides of sack garden.				
-Waters sack garden and puts it in a safe place.				
Talks with group about how to care for the sack garden (e.g., give it enough sunlight and water to grow).				
**Other community support activities besides sack gardens can also be included in the checklist as needed.*				

HANDOUT 14.3: TRAINING POST-TEST

1. What is the difference between HIV and AIDS? *(Write the answer below.)*

2. Name 2 things that people can do with People Living With HIV/AIDS (PLWHA) that will not spread HIV. *(Write the answer below.)*

For multiple choice questions below, circle the correct answer. Some questions have more than one correct answer.

3. What are 3 ways that HIV can be spread?
   a) Mosquito bites
   b) Unprotected sex
   c) A mother to her baby
   d) Using the same toilet as someone with HIV
   e) Sharing needles with someone

4. Three major signs of AIDS in adults and children are:
   a) Weight loss, wasting, or slim's disease.
   b) Yeast infections in the body.
   c) Bad diarrhea for more than one month.
   d) Trouble seeing.
   e) Fever for more than one month.

Handout 14.3: Continued

5. Voluntary Counseling and Testing (VCT) includes:
   a) Going to get an HIV test because you want to and not because anyone forces you.
   b) Getting counseling before the HIV test.
   c) Having your test results shared with your partner or family.
   d) Getting counseling after the HIV test.
   e) Getting medicines to treat HIV.

6. What are 3 ways to prevent the spread of HIV from mother to child?
   a) Giving ARVs to the mother during labor and the baby shortly after the birth.
   b) Preventing malaria and STIs during pregnancy.
   c) Mixed feeding (giving the baby breast milk and other foods or liquids).
   d) Exclusive breastfeeding or exclusive formula feeding.
   e) Giving the mother antibiotics during labor.

7. What are 3 common Sexually Transmitted Infections (STIs)?
   a) Gonorrhea
   b) Yeast infections
   c) HIV
   d) Herpes
   e) Malaria

8. Which statement about condoms is FALSE?
   a) Condoms can be used for sex in the vagina, anus, and mouth.
   b) Condoms are not good for preventing unplanned pregnancy (family planning).
   c) Condoms can be used as protection from HIV and other Sexually Transmitted Infections (STIs).

HANDOUT 14.3: CONTINUED

9. What are 3 important tasks of the CHW in Community Home-Based Care?
   a) Prevention
   b) Nursing care
   c) Helping the client with housework
   d) Skills transfer to caregivers
   e) Buying food for PLWHA

10. What are 3 ways that CHWs can work in the community to prevent the spread of HIV/AIDS?
   a) Talking to people about prevention and encourage them to go for VCT.
   b) Telling people to wear gloves before touching someone with HIV.
   c) Getting community leaders and groups to join in the prevention and support actions.
   d) Identifying and referring pregnant women for Prevention of Mother To Child Transmission (PMTCT) services.

11. Name 2 common nutrition and eating problems of People Living With HIV/AIDS (PLWHA). *(Write the answer below.)*

12. Which is the correct way to make Oral Rehydration Solution (ORS)?
   a) 8 teaspoons of sugar, $^1/_2$ teaspoon of salt, and boiled water.
   b) 12 teaspoons of sugar, 18 teaspoons of salt, and water.
   c) 8 teaspoons of salt, 12 teaspoons of cereal, and boiled water.

Handout 14.3: Continued

13. What are 2 common AIDS-related infections or conditions?
    a) TB
    b) Too much energy and trouble falling asleep
    c) Diarrhea
    d) Weight gain

14. What are 2 ways that malaria can be prevented?
    a) Using bed nets treated with insecticide.
    b) Getting rid of standing water (like puddles) around the house, compound, and community.
    c) Using cold water to cool the body.
    d) Taking bitter medicines.

15. What are 3 reasons to keep records in CHBC programs?
    a) You know what you have done over the past month.
    b) You keep busy.
    c) You are able to plan what materials and time is needed in the next month or year.
    d) You can compare the goals you had for the month with what actually happened so you can improve next month.
    e) You can help with research on HIV.

Read the following statements. Check whether the statement is true or false.

16. All people with HIV should take Anti-Retroviral drugs (ARVs).
    ❑ True
    ❑ False

HANDOUT 14.3: CONTINUED

17. All babies born to HIV+ mothers get HIV.
    - ❑ True
    - ❑ False

18. All pregnant women should be offered Voluntary Counseling and Testing (VCT).
    - ❑ True
    - ❑ False

19. HIV+ women have the right to have children.
    - ❑ True
    - ❑ False

20. When a HIV+ person has unprotected sex with someone, that person will always get infected.
    - ❑ True
    - ❑ False

Handout 14.4: Participant Evaluation Form

Type of Training: ☐ CHBC Basic ☐ CHBC Advanced ☐ Refresher ☐ Other

Date: _____

Please check the answer that explains your feelings about the training. Give reasons for your answers in the space provided (continue on the back if necessary).

	Yes	No	Not Sure
1. The key points of the course were clear.			
2. Course materials (such as handouts and the *CHBC Handbook*) were related to the course and were useful.			
3. The training exercises were good.			
4. The right amount of information was covered and the time given for the training was enough.			
5. The information and skills learned in this course will help me in the work that I am going to do or the work I am already doing.			

HANDOUT 14.4: CONTINUED

		Yes	No	Not Sure
6.	The trainers for this course were very helpful.			
7.	The trainers tried to involve me and encouraged me to ask questions.			
8.	All arrangements made for the course were good. (Accommodation, meals, transport arrangements, field and classroom exercises, etc.)			
9.	The place for the training was good for learning.			
10.	Comments: Please feel free to write down any suggestions for making the training better.			

Trainer's Tool 14.1: Information for the Classroom Practicum

A. Care and Support Stations:

- Condom demonstration (male and female condom)
- Disinfecting with bleach
- Wound care
- Physical therapy
- Managing fever
- Managing diarrhea
- Transferring skills

B. Community Mobilization Activities:

- Short group talks on HIV/AIDS and CHBC can be arranged with the following:

  1. A type of community meeting
  2. A women's group
  3. A youth group
  4. A church, mosque, or temple group
  5. A local businessmen's group
  6. A group of local leaders
  7. A PLWHA support group

- Individual talks can be arranged with anyone in the community. Examples might be an existing client, a caregiver, a household in the community, a young person who lives in the community, or an orphan/vulnerable child. Topics for the individual talks can be basic facts about HIV/AIDS, HIV prevention, PMTCT, and how to get involved in CHBC.

Trainer's Tool 14.2: Practicum for Advanced Units

Advanced Unit 15: The Expanded Role of the CHW

The following skills should be covered in the classroom, home-, or community-based practicums:

Classroom practicum

A. Care and Support Stations

- Sack garden

B. Community mobilization (prep and practice only)

- Conduct a group talk to mobilize the community around the issue of OVC support or food security.

Home-based practicum

- Make a memory book—see *Handout 14.1: Home-Based Practicum Skills Checklist*.

Community-based practicum

- Help a group of families make sack gardens—see *Handout 14.1: Home-Based Practicum Skills Checklist*.
- Conduct a group talk to mobilize the community around the issue of OVC support or food security.

Advanced Unit 16: Family Planning (FP)

Classroom practicum

A. Care and Support Stations

- FP—see *Handout 14.1: Home-Based Practicum Skills Checklist.*

B. Community mobilization (prep and practice only)

- Conduct a short talk to a women's group on FP (why FP and dual protection is important).

Trainer's Tool 14.2: Continued

Home-based practicum

- FP—see *Handout 14.1: Home-Based Practicum Skills Checklist.*

Community-based practicum

- Conduct a short talk to a women's group on why FP is important, and why dual protection is important to prevent pregnancy and STIs/HIV/AIDS.

Advanced Unit 17: Preventing Mother-to-Child Transmission (PMTCT) of HIV

Classroom practicum

A. Care and Support Stations

- PMTCT (skills related to providing information on PMTCT only)

B. Community mobilization (prep and practice only)

- Give a talk on PMTCT to either a community group, a women's group, or a group of pregnant women.
- Talk with a local TBA about the steps she can take in PMTCT.

Home-based practicum

- PMTCT—see *Handout 14.1: Home-Based Practicum Skills Checklist*

Community-based practicum

- Give a talk on PMTCT to either a community group, a women's group, or a group of pregnant women.
- Talk with a local TBA about the steps she can take in PMTCT.

Trainer's Tool 14.2: Continued

Advanced Unit 18: Anti-Retroviral Therapy (ART)

Classroom practicum

A. Care and Support Stations

- ART (skills related to providing information on OI prevention medicine and ART)

B. Community mobilization (prep and practice only)

- Conduct a short talk to a PLWHA support group on how to stay healthy and prevent infections, the benefits and drawbacks of ART, when to start ART, and the importance of adherence.

Home-based practicum

- ART—*see Handout 14.1: Home-Based Practicum Skills Checklist*

Community-based practicum

- Conduct a short talk to a PLWHA support group (or some other group of PLWHA) on how to stay healthy and prevent infections, the benefits and drawbacks of ART, when to start ART, and the importance of adherence.

Advanced Unit 19: CHBC for Groups Needing Special Attention

Classroom practicum

A. No skill station needed.

B. Community mobilization (prep and practice only)

- Give a short talk to members of different groups that need special attention on how to protect themselves and each other from HIV/AIDS. Possible groups include:
  - Sex Workers (SWs)—male and female, brothel and non-brothel-based.
  - Poor married women.
  - Men who have Sex with other Men (MSM).

Trainer's Tool 14.2: Continued

- Injecting Drug Users (IDUs).
- Young people.
- The armed forces, migrant workers, and transport workers.

Community-based practicum

- Give a short talk to members of different groups that need special attention on how to protect themselves and each other from HIV/AIDS. See above for possible groups.

Trainer's Tool 14.3: CHBC Practicum Consent Form

For Clients:

I (name of client) _____ have been fully informed about the CHBC training program, and I consent to having 3-4 participants from that course provide care for me in my home under the direct supervision of a qualified trainer/supervisor. I understand that my participation is voluntary and that I can stop at any time.

Signed (or X) _____ Date _____

Witness _____

For Caregivers:

We (name of caregiver) _____, and (name of second caregiver) _____, have been fully informed about the CHBC training program and agree to learn skills of caregiving for the above client from participants in the CHBC training course under the direct supervision of a qualified trainer/supervisor. I understand that my participation is voluntary and that I can stop at any time.

Signed (or X) _____ Date _____

Signed (or X) _____ Date _____

Witness _____

NOTES

NOTES

NOTES

Advanced Unit 15

The Expanded Role of the Community Health Worker

Note to the Trainer: This unit will build skills on knowledge acquired during the basic training and provide guidance and practice on carrying out the expanded role of the CHW. It will also serve as a bridging unit from the basic training skills to the advanced skills units on family planning, PMTCT, ART support, and working with special groups.

Learning Objectives

By the end of this unit, the participants will be able to:

- Describe the needs of clients and the community, beyond home-based care.
- Assist clients with Income Generation Activities (IGA), finding or forming a support group, and writing a will.
- Demonstrate how to make a sack garden.
- Demonstrate how to make a memory book.
- Demonstrate how to mobilize businesses or community groups to support PLWHA and OVC.
- Link clients and caregivers with community resources and support.

Training Methodology

- Trainer presentation and guest speaker
- Brainstorm
- Small group work
- Group discussion
- Role play
- Group learning activity
- Demonstration
- Review exercise

Content

15.1 CHBC-related problems and finding solutions

- Psychosocial support
- PLWHA self-help and support groups
- Food security
- Economic support
- Preparing for death and inheritance
- Orphans and Vulnerable Children (OVC)

15.2 Mobilizing community support for PLWHA and their families

- Advocacy to mobilize community resources
- Linking clients and caregivers to community support and resources

Time Needed: 7 hours, 30 minutes

Materials Needed

- Flipchart
- Markers
- Tape
- Paper
- Materials for making sack gardens:
  - Large woven sack (made out of hemp, jute, burlap, or woven plastic)
  - Small stones—enough to fill $^{1}/_{4}$ to $^{1}/_{2}$ of the sack
  - Soil mixed with compost or animal manure—enough to fill the sack
  - Hollow, bottomless cylindrical can (tin or plastic, like a coffee tin)
  - Vegetable and fruit seedlings
  - Water
  - Scoops or shovels for putting dirt in the sack garden (can be made out of old

coffee tins or other empty plastic tins/bottles)

- ➤ Gloves (optional)
- ➤ Knife or sharp stick for making holes in the sack

- ◈ Examples of memory books or boxes (used in *Unit 7: Promoting Positive Living and Emotional Well-being*)
- ◈ Materials for making memory books or boxes
  - ➤ Boxes (if making memory box)
  - ➤ Paper (for cover and inside pages if making a memory book)
  - ➤ Tape or paste
  - ➤ Scissors
  - ➤ String
  - ➤ Something to punch holes in paper
- ◈ *Trainer's Tool 15.1: Making a Sack Garden*
- ◈ *Trainer's Tool 15.2: Role Play Scenarios: Advocacy and Mobilizing Support*

Work for the Trainer to Do in Advance

- ◈ Ask participants the day before to bring in items that they would like their families to remember them by. The items they can bring depend on if participants are making memory books or boxes. For memory books it should be flat items like photos, letters, drawings, scraps of cloth, and important papers. **Note to Trainer:** If this is a stand alone refresher course, participants should be told to bring these items when they report for training.
- ◈ Copy key points under *Session 15.1, Activity 1* onto flipchart.
- ◈ Invite an active member of a PLWHA support group, a CHW or individual involved with IGA, a legal advisor involved in supporting PLWHA (especially

Work for the Trainer to Do in Advance: Continued

women, their children, and families), and a CHW experienced with assisting vulnerable children to address the group. Explain to these guests what the CHBC training consists of and their role during the training.

- PLWHA support group member: Discuss how the group was formed and how it functions.
- CHW or individual involved with IGA: Discuss how the IGA works.
- Legal assistance: To lead an exercise where participants create a will.
- CHW with experience with OVC: Discuss what types of activities have been done to support OVC.

- Review content in:
  - *Unit 6: The CHW's Role in Community Mobilization and HIV Prevention* (*Session 6.2: CHW's Role in Mobilizing the Community)*
  - *Unit 8: Nutrition* (*Session 8.2, Activity 3: What to do if There is Not Enough Food*)
  - *Unit 7: Promoting Positive Living and Emotional Well-being* (*Session 7.1, Activity 8: Memory Books and Boxes)*
- For *Session 15.1, Activity 1,* prepare a flipchart with key points on mobilizing the community using content from *Session 6.2: CHW's Role in Mobilizing the Community.* Make sure to include the clients' needs beyond nursing care and who in the community can be involved in providing each kind of support.
- Gather materials needed to make a sack garden (enough for all participants), and practice this demonstration.
- For *Session 15.2, Activity 1,* prepare a flipchart with points on persuading an audience.

Session 15.1: CHBC-Related Problems And Finding Solutions

Introduction

Activity 1: Trainer Presentation and Brainstorm (30 min.)

The trainer should:

- Introduce the unit and explain that the CHWs have already learned many skills for CHBC, but will now learn more skills to help meet the broader needs of their clients.
- Review key points of the unit, using prepared flipchart.
- Remind participants that in *Unit 6: The CHW's Role in Community Mobilization and HIV Prevention,* the needs of clients beyond nursing care were discussed. Ask them to quickly brainstorm as many of these others needs as they can remember. Note responses on flipchart.
- Using prepared flipchart (see *Work for the Trainer to Do in Advance),* review main points on the CHW's role in community mobilization using content from *Session 6.2: CHW's role in Mobilizing the Community.* Make sure to include who in the community can be involved in providing each kind of support.
- Using the list of needs, group the topics into the 5 key areas of support: PLWHA self-help groups, economic support, food security, preparation for death and inheritance, and OVC. If there are other suggestions, acknowledge them but tell the group that this session will concentrate on these 5 key areas.
- Introduce the guest speakers (see *Work for the Trainer to Do in Advance*) and explain that they will be sharing their experiences about the CHW's expanded role, specifically working with PLWHA support groups, with IGA, with providing legal support, and with vulnerable children.

The community mobilization component of CHBC has 2 purposes: to engage in community-wide prevention efforts and to mobilize support for those affected by HIV and AIDS. CHBC is more than meeting the need for home nursing care, because there are so many other needs that clients, their families, and the community have related to prevention and support. To mobilize the community to stop the epidemic, CHWs will need to continue to expand their role in helping clients, families, and communities find solutions to the many problems they come up against.

Remember: The CHW's role is not to DO all of these things, but to mobilize others to provide help or donate resources, so they can do their part and support CHBC in their communities.

CHWs can be advocates in the community for PLWHA and their families. Their role involves:

- Changing people's minds, (e.g., reducing stigma and helping people know the truth instead of believing in myths).
- Identifying resources that can help clients and their families live as well as possible (e.g., IGA, food, spiritual, legal, or financial support).
- Reaching people who have the power to provide or help organize support (e.g., business leaders, political leaders, religious leaders, teachers, and other educators).

Many types of people, groups, and organizations can be mobilized and can help mobilize others for prevention and care and support. For examples, see *Session 6.2: CHW's Role in Mobilizing the Community*.

While there are many ideas and possible actions for each type of support, the key ideas and actions will be discussed in this Unit.

Key Points

In this unit, we will cover the following **key points**:

- The needs of CHBC clients and the community, beyond home-based care.
- The importance of psychosocial support for PLWHA.

- How to help PLWHA and their families have a reliable source of food.
- How to make a sack garden.
- How to help PLWHA and their families find economic/financial support through Income Generating Activities (IGA).
- The importance of wills for PLWHA and their families in preparing for death and inheritance.
- How to make memory books or boxes.
- How to help OVC find support for meeting their basic needs.
- How to mobilize the community to reduce stigma and support PLWHA.
- The importance of linking clients and caregivers to community support and resources.

Activity 2: Trainer Presentation and Guest Speaker (30 min.)

The trainer should:

- Briefly review why clients and their families need psychosocial support. Explain that there are different ways to provide this kind of support as was discussed in *Unit 6: The CHW's Role in Community Mobilization and HIV Prevention* and *Unit 7: Promoting Positive Living and Emotional Well-being* but that this exercise will concentrate on support groups.
- Invite the guest speaker (active member of support group or CHW who organized such a group) to discuss how the group was formed, what types of topics are discussed, how the CHW can help support the formation of such a group, and any challenges.
- Allow 20 minutes.
- As the speaker is talking, note on flipchart key points for how to form the support group.
- Ask participants for questions and comments. Allow the guest speaker to respond.
- Add any missing information using content below and summarize key points.

Stigma and discrimination can be fought when PLWHA advocate for themselves. When PLWHA have to hide their status, they are unable to access services and support, and have a hard time preventing the spread of HIV to their partners.

Self-help and support groups can return self-esteem to PLWHA so they can act on their own and their families' behalf. ("Self-esteem" means feeling that you have worth as a human being and believe in yourself.) Self-help or support groups can provide support and encouragement to face the disease and be open about it—even to speak out about the disease to help others prevent getting infected. The groups can help members disclose to a friend, a spouse, or to their families, so they can receive needed support.

One of the most effective community and national prevention strategies is for PLWHA to speak out about living with HIV/AIDS. When famous people who are HIV+ go public, it has a very strong effect—especially with young people. It also helps to decrease stigma against PLWHA. The idea that "anyone can have HIV" is very important for prevention as well as for support of those already living with HIV. Famous PLWHA spokespersons can also be effective advocates for everyone to have access to treatment.

PLWHA Self-Help and Support Groups

Support and self-help groups can be formed privately at first, and then members can help each other find courage to become more open and active over time. The groups can be resources for important knowledge and information, links to services, and referrals. They can also lobby for more attention from local government for needed services. Churches and mosques, local political leaders, and health centers can be encouraged to provide space for PLWHA to meet. Groups can engage in IGA together and act as peer educators for others to prevent the spread of HIV.

Post-test clubs can be groups of PLWHA or they can include anyone who has been tested. In these clubs, support is given for those who tested positive to keep up hope, find the services and help they need, and protect their partner(s). For those testing negative, post-test clubs can provide support so that people can protect themselves to STAY negative.

Also, pregnant PLWHA and HIV+ mothers can form groups to support safer infant feeding, look for resources for their families together, share information, and participate in IGA (See *Unit 17: Preventing Mother-to-Child Transmission (PMTCT)* of HIV).

CHWs can help form support groups or work with nurses or community leaders to make sure groups have the support they need to work well, such as:

- Having a chairperson or taking turns organizing and chairing the meetings.
- Setting goals and deciding on activities of the group.
- Discussing privacy and who wants to be open about their status and who does not.
- Deciding on activities they want to do. For example, some groups set up funds to pay for unexpected medical costs or ART or to serve as a saving scheme for the group or to start IGA.

Activity 3: Group Discussion and Demonstration (1 hour)

Note to Trainer: This activity may need to be done outside, as it may be too messy to do inside.

The trainer should:

- Use the content below to discuss activities that can be done to address food availability.
- Using *Trainer's Tool 15.1: Making a Sack Garden* demonstrate how to make a sack garden. Ask participants to follow along in their *Handbooks*.
- Ask for a few volunteers to help make the sack garden so the activity is interactive.
- Explain each step as it is demonstrated.
- Allow time for questions.
- Explain that during the practicum (See *Unit 14: CHBC Practicum*), the participants will have a chance to make their own sack gardens and then help clients in the community make sack gardens.
- Use the content in *Trainer's Tool 15.1: Making a Sack Garden* to explain other alternatives to the sack garden.
- If one of the guest speakers has experience with food security, invite him/her to share his/her experience.
- Summarize the exercise.

In *Unit 8: Nutrition* we learned about the importance of food and good nutrition for healing and how to prevent clients from getting sicker.

There are 2 ways for the community to address food availability:

1. *Food relief* or immediate help with donated food for the household and community on a short-term basis The CHWs can help groups and individuals access this food and make sure it gets handed out to those most in need.

2. *Food security* which means planning how the affected family and the community can produce food over the long-term so that vulnerable people have a regular source of nutritious food and will not go hungry. In cities, food security will come mostly from IGA so PLWHA families can buy enough food.

In areas of serious food shortage, food relief is often available through international agencies (like Catholic Relief Services or CARE) or FBOs (like church or mosque associations).

Food security means helping families develop a reliable source of food, such as kitchen gardens, or community gardens to feed families in need. There are many ways to mobilize community members to help provide long-term food security:

- Local officials, business people, or churches can be encouraged to lend land for community gardens.
- Youth groups can be encouraged to volunteer to help grow kitchen gardens for affected families.
- Teach families, youth groups, and others to how to compost to make their gardens grow better.
- IGA groups which include PLWHA and/or their family members can grow food for eating and for selling, or get loans to start raising animals as a group.
- In cities where there is no land for gardens, vegetables and fruits can be grown in sacks of dirt and fertilizer called gunny sack gardens. Some IGA groups have sold these sacks as a way to make money for group members and also make healthy food available for those who buy them. Also, boxes, old tires, and old tin cans can be used as containers to grow vegetables. If using boxes or old cans, make sure there are holes in the bottom for drainage.
- Where food cannot be grown, IGA will make it possible to buy adequate food.
- Agricultural schools, ministries, and NGOs can help with growing crops and raising animals to benefit clients and their families.

And to fill in the gaps in food security:

- Store owners, hotels, restaurants, and market sellers can be encouraged to donate food that they cannot sell.
- Food banks can be organized for people to contribute food for distribution to families in need.

Economic Support

Activity 4: Trainer Presentation and Guest Speaker (30 min.)

The trainer should:

- Using the content below, briefly review the different ways CHWs can help to provide economic support to clients and their families.
- Invite the guest speaker (CHW or individual involved in IGA) to discuss the nature of the IGA, how it started, the CHW's role in linking clients and their families with IGA or microcredit schemes, and any challenges.
- Allow 20 minutes.
- As the speaker is talking, note key points related to IGA/microcredit on flipchart.
- Ask participants for questions and comments. Allow the guest speaker to respond.
- Add any missing information using content below and summarize key points.

In addition to medical and nutritional support, OVC support, and social support, clients and their families often need support to help them with their economic/financial needs. Due to illness and caretaking responsibilities, it is common for PLWHA and their family members to experience a loss of wages. Also, there are often costly medical fees to get good care for PLWHA. Everyone needs a way to pay for basic living needs like housing, food, clothing, and transport. In *Unit 12: Taking Care of Yourself*, we discussed how CHWs also need to have income to support their own families to be able to keep supporting their volunteer work in the community.

IGA includes any activity that makes money. These activities can be done by individuals, families, or groups. They could be growing a small crop, making a craft, or selling something in the market. Larger IGA efforts often work better, because more can be

done with a group and activities can also benefit the community. Activities that usually work better in a group include raising animals for milk, eggs, or meat; farming a large plot of land and selling the produce from it; processing food for sale (like collecting and bottling honey); sewing clothes or blankets and selling them; or producing CHBC kits for the project to buy at a reasonable price and to provide to the CHWs and caregivers.

There are many ways to form IGA groups for mutual support. Groups can be made up of:

- PLWHA and their families
- A mix of PLWHA, CHWs, or others in the community
- Adolescents/older OVC

Usually the group as a whole takes a loan and has responsibility for paying it back. This provides a safety net for those members who may be sick at times. This way those that are well at the moment can cover production for those who may not be able to work as much.

It is difficult to start an IGA group without microcredit and without some skills and support. CHWs can look for groups and banks in their area that provide training, technical support, or financial support and link clients to them. CHWs can mobilize business associations or churches to form microcredit banks that can offer loans at low interest. These loans can make a profit from the interest for the association or church while providing support for IGA groups.

Preparing for Death and Inheritance

Activity 5: Group Learning Activity (1 hour)

The trainer should:

- Use the content below to lead a brief discussion on death and inheritance issues.
- Invite the guest speaker (legal aide) to explain what is involved in writing a will so the CHWs can encourage clients' to seek legal help.
- Ask the guest speaker to lead participants through an exercise where they write their own wills. Allow 30 minutes. It is fine if all participants do not finish their wills in the allotted time.
- Ask for 1 or 2 volunteers to share their will.
- Invite the guest speaker or other participants to comment.
- Summarize the exercise.

Activity 6: Group Learning Activity (1 hour)

The trainer should:

- In advance ask participants to bring in photos, mementos, or other important information they would want to leave behind for their families (See *Work for the Trainer to Do in Advance)*.
- Give participants scissors, tape, markers, paper, string and hole puncher (if available).

Note to Trainer: This exercise can either be used to make memory books or memory boxes. If they are making memory boxes, make sure to provide each participant with a small box.

Activity 6: Continued

Ask participants to make their own memory books/boxes using the items they brought in from home.

- For a memory book, instruct participants to:
  - Make a cover.
  - Paste photos, drawings, letters, and other important information to the inside pages.
  - Punch holes on the side of the cover and inside pages and use string to bind the book.
- For a memory box, instruct participants to decorate their box and fill it with the items they brought in from home, letters, poetry, or drawings.
- Ask for 1 or 2 volunteers to share their memory books or boxes.
- Ask participants to share how they felt making the memory book or box.
- Relate participants' answers to how clients feel as they are preparing for death.
- Explain that during the practicum they will help clients make their own memory book or box.

Preparing for death is very important for clients and for their families and children.

There are important things to deal with, such as:

- Bereavement and loss for the family
- Economic support and well-being of the remaining family members
- Money, goods, and property inheritance
- Custody of children
- The client's acceptance of death and forgiveness

Some important ways to prepare for death include wills and memory books or boxes.

Wills

It is important that adults facing death decide how they wish their property and goods to be distributed after death and to make this information very clear. For example, if a man dies and does not have a will, his brother could claim his house and all of his other goods, leaving the man's widow and children with nothing. But, writing and discussing a will allows everyone in the family to understand the wishes of the person who is ill. Then after his/her death, the appropriate person(s) can make a rightful claim to property and goods. It is important that wills also include instructions for custody (who will take care of children). CHWs and advocacy groups can seek volunteer legal help from legal aid groups, lawyers' associations, and law students to help clients create wills that protect their wishes. Usually wills must be signed in front of community leaders and/or family members so that they are considered true legal documents. Legal aid can also be used to protect PLWHA from violence against them.

Memory Books or Boxes

Memory books or boxes help clients to record their feelings and thoughts for those left behind. They also give their families and friends something by which to remember the client after s/he passes. Memory books or boxes are often developed by parents for their children and can include photos, drawings, notes, recorded audio or video tapes, letters to family members, important family history that should be remembered (including health history), and inheritance and custody wishes. It is important to remember that memory books do not replace wills in terms of inheritance or custody rights. Memory books and boxes are described in detail in *Session 7.1, Activity 8.* Saying goodbye in many cultures is very important—for friends, for family, for children. The CHW can help the family accept that the person living with AIDS is dying and to bid farewell using tools such as the memory book or box.

Orphans and Vulnerable Children (OVC)

ACTIVITY 7: SMALL GROUP WORK AND GROUP DISCUSSION (45 MIN.)

The trainer should:

- Use the content below to introduce the issue of OVC.
- Divide participants into 2 groups.
- Ask the groups to brainstorm the needs of OVC and possible activities that the CHW can do to support them. Assign one group to brainstorm on younger OVC and the other group, older OVC. If the participants are literate give them flipchart to write their suggestions, otherwise ask each group to appoint a reporter/story teller.
- Allow 15 minutes.
- Reconvene the large group and ask them to present their list.
- Invite the guest speaker to discuss his/her experience working with OVC. Encourage participants to ask questions.
- Summarize the discussion using the content below.

Although HIV/AIDS impacts all of the family, children in particular face very serious challenges if they care for sick adults, have lost their parent(s) or are HIV+ themselves. Many children who are orphaned become solely responsible (heads of households) for younger children in their families.

It is difficult for communities to support all of these affected children. CHWs can make a big difference by identifying children in need and linking them to the groups who can help them. In general, however, it is best for children to stay with families and in the community as opposed to being moved to orphanages. However, caregivers and guardians need material and other support to be able to care for OVC.

Many services are available for OVC, who are defined as children under 18 years of age, who:

- Have lost one or both parents,
- Are infected with HIV/AIDS,
- Have a parent or parents that are HIV+, or
- Are in great difficulty (for example, handicapped children or abandoned children).

Vulnerable children may face loss of shelter, education, food, clothing, caretaking/parenting, may face abuse and neglect, may be at risk of getting HIV, and may already be infected themselves. It is important to recognize that all children facing serious challenges need services and support even those whose vulnerability is not related to HIV/AIDS. Integrating all vulnerable children as much as possible into the community will help decrease stigma and allow for normal living. It can be very hurtful to identify some children in need as "AIDS orphans." This only makes the problem of stigma worse.

Identification of OVC and linking them to the people and groups who can help them is an important role of the CHW. FBOs (churches, mosques) are especially important for OVC support, as are local government bodies (health, education, and child welfare departments), and other community groups.

Common Basic Needs of OVC

All OVC

- Appropriate shelter/homes and caring guardians
- Food and clothing
- School fees, uniforms, books
- Health/clinical services—for younger children this includes growth monitoring and immunizations.
- Psychosocial support

Older OVC

- Livelihood and life skills (vocational training, IGA, skills to make good decisions and take care of oneself)
- Support as heads of households: the burden of taking care of younger siblings and running the household is one of the hardest situations for young people. It is important to support them and keep the family together if at all possible.
- Information and services on STI and HIV prevention and treatment
- Educational support/scholarships
- Peer activities
- Help dealing with gender issues (e.g., sexual abuse and neglect of girls)

It is important that people advocate on behalf of OVC in order to protect their rights as children, including their right to be protected from physical and emotional harm, their right to participate in schooling and other activities, and their right to have their basic needs met. OVC needs can also be addressed within other key areas of support and self-help (e.g., support groups, food security, economic support and strengthening, and preparing for death and inheritance).

CHWs can involve legal aid so that OVC have some protection, especially females, child heads of household, and street children. Legal aid can also be useful for children who are the victims of violence. Lawyers groups, law schools and student groups, and lawyers in the community will often offer free legal services as part of volunteer support for PLWHA.

Session 15.2: Mobilizing Community Support for PLWHA and Their Families

Advocacy to Mobilize Community Resources

Activity 1: Role Play (1 hour)

The trainer should:

- Introduce the topic of mobilization and advocacy using the content below.
- Using prepared flipchart, present some of the "tricks" for being a good "persuader."
- Explain that in *Unit 6: The CHW's Role in Community Mobilization and HIV Prevention*, they practiced giving a talk to community groups, but now they will build on this and try to advocate for support within different scenarios.
- Divide participants into 5 groups and assign each group one of the scenarios from *Trainer's Tool 15.2: Role Play Scenarios: Advocacy and Mobilizing Support.*
- Allow participants 15 minutes to discuss their scenario and prepare a short role play (5 minutes maximum) on how they would persuade their audience to provide support. Different group members can play different roles in the scenario.
- Reconvene the large group and have each group present their role play (no more than 5 minutes).
- Ask the larger group for feedback after each role play.
- Add any missing points and summarize the exercise.

In *Unit 6: The CHW's Rold in Community Mobilization and HIV Prevention,* CHWs learned to talk to people about HIV/AIDS, prevention, VCT, and stigma. CHWs can

also learn to be advocates, to persuade groups, individuals, and leaders to join the effort to support those in the community affected by HIV/AIDS. Community groups and businesses can do a lot to help meet the everyday needs for affected people and families. As change agents, the CHWs can work to get as many people as possible to contribute to support efforts.

Advocacy can be:

- **Changing ideas** about HIV/AIDS and the people who live with the disease. One of the most important things to advocate against is the stigma and discrimination that feeds the epidemic.
- **Helping find resources** for PLWHA. It is helpful to organize support from the community to provide the real things that people need, like food, shelter, clothes, rent, jobs, education, and counseling.
- **Changing laws and policies** that harm and discriminate against PLWHA, or increase vulnerability of other groups of people.

PLWHA are some of the best advocates and change agents. They have a lot of good things to teach people, because they live with these problems and challenges each day. CHWs should make sure to involve PLWHA in community mobilization or advocacy activities.

When trying to mobilize people or change how they think, it is important to:

- Be very clear on what you want to achieve—what your goal is.
- Choose 1 or 2 things to concentrate on.
- Keep your message simple.
- Relate your message to the audience's personal experience—why THEY should be concerned with the issue.
- Speak clearly, loudly (so you can be heard), and with confidence and passion. Use humor, and try to touch people with what you are saying.
- If we believe strongly in what we are advocating for, we will be able to convince others.

Activity 2: Small Group Work and Group Discussion (1 hour)

The trainer should:

- Post up flipchart with list of community resources used in *Session 6.2, Activity 2.* Review the available resources with participants and ask if they want to add any more considering the 5 areas of support.
- Divide participants into 4 groups. Ask each group to make a plan or a tool (i.e., job aid) for mapping/listing available resources. The purpose is to have something that CHWs, PLWHA, and other people could use to help people link with support that they need.
- Remind the groups that some people will not be able to read, and should ask groups to think about other ways to give out this information.
- Ask the groups to take note of any gaps on their list, and to think about how they can help generate resources that do not currently exist.
- Allow 20 minutes.
- Reconvene the large group and ask each group to present their plan/tool to the larger group. Each presentation should be no more than 5 minutes.
- Ask for feedback on each presentation, and note similarities and differences of each plan/tool.
- Ask participants to vote on which plan/tool they think would be the most effective and useful for CHWs and PLWHA.
- Summarize the discussion by emphasizing how important it is to identify as many resources as possible, to let people know about them so they are used, and, where there are no resources, to make a plan for developing them (like community gardens or PLWHA self-help groups).

Resources and services might include:

- Medical services.
- Revolving drug fund.
- Transportation to hospital/facility for emergency care.
- Psychological counseling.
- Food relief.
- Food security, including agricultural support like seeds, fertilizer, and tools.
- Spiritual support.
- Shelters for women who have been beaten or raped.
- Child services.
- Educational support for OVC.
- Hospice care.
- Legal aid.
- Funeral arrangements.
- Home-based care.
- Other things discussed earlier in this unit (e.g., 5 key areas of support).

"Mapping resources" means identifying all of the possible resources, human and material, that are or could be available to PLWHA. Information about these services must be available to PLWHA, those who read and those who do not read. This is an important activity because: 1) existing services can benefit as many people as possible, and 2) gaps can be identified and addressed. For example, if there is no money for school uniforms for OVC, how can that be found? If there are no counseling services for PLWHA, can advocacy be done with local health authorities to provide that?

Unit Summary and Evaluation

ACTIVITY 3: REVIEW EXERCISE (15 MIN.)

The trainer should:

- Quickly refer to the key unit points presented in *Session 15.1, Activity 1* and ask if all points were well explained. Review any unclear points.
- Ask each participant to talk about one thing that was discussed that they thought was especially important for meeting the needs of PLWHA and the community related to HIV/AIDS. Instruct participants not to repeat what someone else has said.
- Record all points on flipchart and summarize.

Trainer's Tool 15.1: Making a Sack Garden

What you need:

- Large woven sack (made out of hemp, jute, burlap, or woven plastic—around 1.5 meters). This can be a sack that rice or grain comes in.
- Small stones—enough to fill a quarter to half the sack
- Soil mixed with compost or animal manure—enough to fill the sack
- Hollow, bottomless cylindrical can (tin or plastic, like a coffee tin)
- Vegetable and fruit seedlings (young plants that have already sprouted). If there is no place to buy seedlings, they can be grown from seeds using small plastic bags filled with soil.
- Water—enough to water the sack garden
- Scoops or shovels for putting dirt in the sack garden (can be made out of old coffee tins or other empty plastic tins/bottles)
- Gloves (optional)
- Knife or sharp stick for making holes in the side of the sack

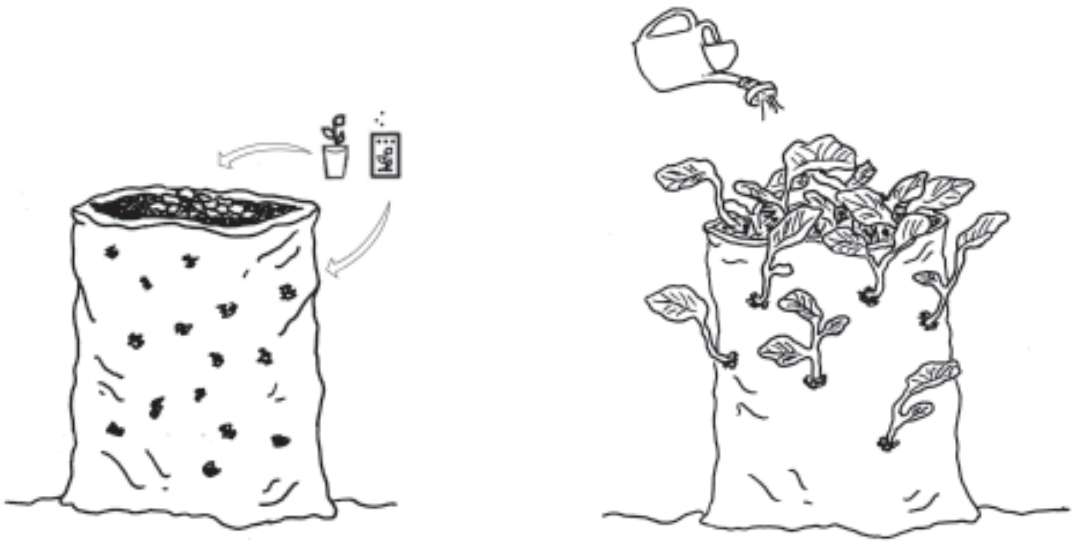
Instructions:

1. Roll down the sides of the sack until it stands at the height of the cylindrical hollow can. Place the can at the bottom of the sack and fill the can with the stones.
2. Scoop the soil and compost/manure mix into the sack around the can. Pack it tightly into the area around the can.
3. Gently pull the can upwards, letting the stones come out of the bottom, so that the stones are left in the middle of the soil and compost mixture.
4. Place the can right on top of the stones in the sack, fill it with more stones. Unroll the sack up, and once again pack the area around the can with the soil and compost mixture. Keep unrolling the sack up as you go until it is as high as the can (and the packed dirt does not fall out).

Trainer's Tool 15.1: Continued

5. Repeat this procedure until the whole sack has been filled with a column of stones in the middle, and the soil and compost/manure mixture around the stones. The purpose of the stones is to allow water poured into the top of the column to percolate downwards and sideways into the soil and compost.
6. Take the seedlings and plant some in the soil exposed at the top of the sack. Make small holes (large enough for a seedling) all around the sides of the sack with a knife or sharp stick and plant the vegetable seedlings in the holes. Heavier vegetables (e.g., tomatoes, peppers) are better on the top of the sack, while lighter plants like greens, herbs, peas are better in the side holes.
7. Always water the sack garden from the top of the sack, pouring the water into the column of stones.

Fill bag with stones and dirt.



Make holes. Plant seedlings or seeds.

Water and grow.

TRAINER'S TOOL 15.1: CONTINUED

Sack gardens can be used to grow plants during one growing season. After the plants die, remove the dead plants and any roots. The sack can then be emptied. Separate the stones from the soil, removing any remaining roots from the soil. Add new manure, compost, or fertilizer to the soil. Follow instructions above to rebuild the garden sack and plant new seedlings.

This sack garden can be placed outside on a balcony, placed in the yard or compound, or put near a window during the day to get sunlight. It can then be brought into the house at night for safe keeping. Make sure to put the sacks outside when it is raining. If there is not enough rain, they need to be watered. CHWs, PLWHA, caregivers, and/or community members who are tending sack gardens should be sure that they get enough sunlight and water to grow.

Alternatives:

If there is a little bit of land outside the client's house, s/he can grow plants in old tires or sacks.

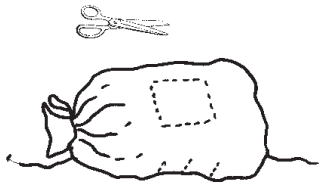
Small Sack Gardens

1. Use a feed sack made of plastic weave.
2. Fill the sack with soil and manure/compost. Tie the top of the sack.
3. Cut a few small slits in the side of the sack near the bottom.
4. Put the sack on its side lying flat.
5. Cut 5 cm holes where you want to put the plants. Remember, the number of holes and where you put them depend on the kind of plant you are growing and how much space it needs. For example, you can probably only grow 2 tomato plants in one sack.

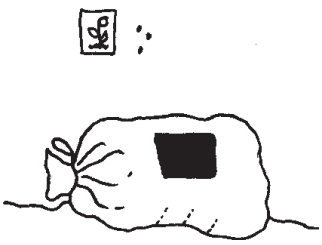
Trainer's Tool 15.1: Continued

6. Place seedlings inside the holes.
7. Make sure to put it in a sunny place and remember to water it if there is not enough rain.

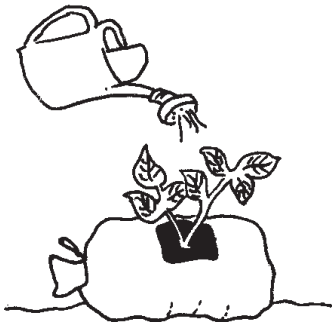
Fill bag and tie.



Cut holes.



Plant seeds.



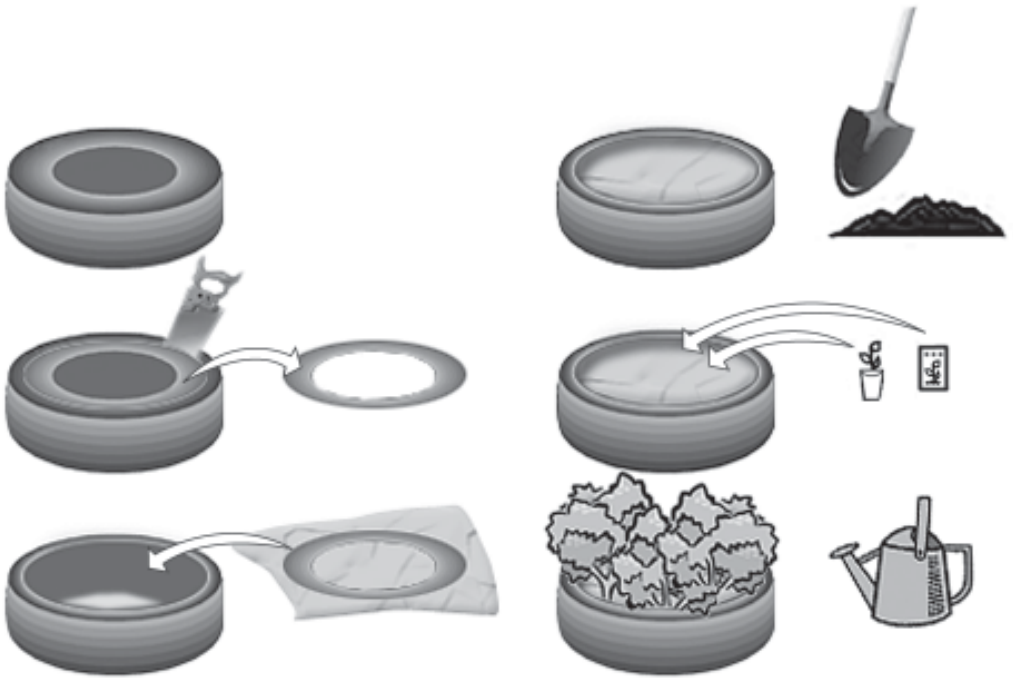
Water and grow.

Tire Gardens

1. Find a used tire and clean it well.
2. Use a knife to cut out the inner rim of the tire, leaving a 2 cm. rim on the inside of the tire. Cut the inner ring so that it remains whole and intact.
3. Place a heavy piece of plastic or feedsack inside the tire. Take the inner ring (that you cut) and place it on top of the plastic or feedsack. This will be the floor of the container. If using plastic, cut a few small slits for drainage. Trim the plastic or feedsack to just under the top of the tire. If you trim too much and try to lift the tire, the bottom will fall out.
4. Fill the tire with soil and compost/manure.

Trainer's Tool 15.1: Continued

5. Plant seedlings. Depending on how big the plant is you can plant more than one plant inside. For example, you could plant several greens or bean plants.
6. Put mulch (straw or old leaves) on top of the soil to keep the roots cool and moist.
7. Make sure to put it in a sunny place and remember to water it if there is not enough rain.
8. If you move the tires, make sure to bend your knees so you do not hurt your back.



Trainer's Tool 15.2: Role Play Scenarios: Advocacy and Mobilizing Support

Participants should prepare a role play on addressing a community group including community leaders and advocating for them to get involved. Role plays should include how they would address challenges presented in their scenario.

1. There is a women's self-help group that was formed to help HIV+ women. At the beginning they were only providing emotional support, but now they want to begin IGA and need a microcredit loan. They are not sure where to get the money. You (the CHW) know of an association of businessmen and approach them to provide a small loan so that these women can begin their IGA. The businessmen tell you that they are afraid to give a loan to these women because they are HIV+ and might die, so how will they get their money back.

2. Many of your clients have told you that they cannot afford to pay for services and care at the nearby health facility. Because they do not have money, they often do not seek care when they need it. You (the CHW) decide to meet with the district level Ministry of Health Authorities to convince them to provide free services. The district tells you they are trying to "recover costs" and are worried about providing free services.

3. Many of the clients you (the CHW) serve do not have money to pay a lawyer to help with their will. Recently you have seen 3 widows kicked out of their homes by their in-laws. Two of the widows were sick themselves and now were homeless. You decide to talk with an association of lawyers to see if they can provide any legal help, or if they can suggest other ways to help clients with their will. Some of the lawyers tell you they do not work for free, but others are understanding.

4. Many of your clients are having problems getting enough to eat. Many of them go hungry all day. There are churches, mosques, hotels, and restaurants in town. You call a community meeting to see how these groups or business can help out. (Try to think of different activities that can help with food security.)

TRAINER'S TOOL 15.2: CONTINUED

5. There are many vulnerable children in your community including orphans. Although many of their extended families have tried to take them in, many of these children can no longer go to school because there is no money for school fees and several of the younger children do not have enough clothes and food. You (the CHW) decide to talk with religious leaders to see how they can help address these different issues.

NOTES

Advanced Unit 16
Family Planning (FP)

Learning Objectives

By the end of this unit, the participants will be able to:

- Explain conception.
- Give information on the risks of childbearing to PLWHA and support their decisions on whether or not to have children.
- Provide basic Family Planning (FP) information and counseling for clients and those vulnerable to STIs/HIV.
- Provide nonclinical FP methods.
- Provide FP referrals.

Training Methodology

- Trainer presentation
- Group discussion
- Small group work
- Role play
- Brainstorming
- Demonstration
- Review exercise

Content

16.1 Conception, contraception, and childbearing choices

- Conception and contraception
- Childbearing choices

16.2 Types and effectiveness of FP methods

- FP methods
- Dual protection

16.3 Helping clients use the methods effectively

- Providing nonclinical methods
- FP referrals and follow-up
- Counseling clients on FP

Time Needed: 6 hours, 45 minutes

Materials Needed

- Colored charts of female and male reproductive organs (from *Unit 4: Our Bodies and Safer Sex*)
- Flipchart
- Markers
- Sticky notes or small pieces of paper
- Tape
- Samples of as many FP methods as possible for demonstration (pills—Combined Oral Contraceptives (COCs) and Progestin-Only Pills (POPs), Intra-Uterine Device (IUD), injectables, implants, fertility beads for standard day method, diaphragm, spermicide, male and female condoms, and Emergency Contraceptive Pills (ECP))
- Hat or basket
- *Trainer's Tool 16.1: FP Methods*
- *Trainer's Tool 16.2: Regimens for ECP*
- *Trainer's Tool 16.3: Combined Oral Contraceptives (COCs) Screening Checklist*
- *Trainer's Tool 16.4: Case Studies for Counseling Practice*

Work for the Trainer to Do in Advance

- Copy key points under *Session 16.1, Activity 1* onto flipchart.
- For *Session 16.2, Activity 1*, label a piece of flipchart "FP Methods," divide the flipchart into 4 columns and label the columns "barrier," "hormonal," "clinical/surgical," and "traditional." Use *Trainer's Tool 16.1: FP Methods* to prepare another flipchart on the different FP methods Include the following sections for each method: "what the method is," "protection from pregnancy," "protection from STIs/HIV," "possible side effects," and "other important things to know."
- If there is no dedicated product for ECP, consult *Trainer's Tool 16.2: Regimens for ECP* for the appropriate regimen using either COCs or POPs depending on what is commonly available in your location. Bring sample packs of either common POPs or COCs to explain how to use them and for the participants to practice.
- For *Session 16.3*, identify which facilities the CHW can refer for different long-term and permanent methods.
- For *Session 16.4, Activity 2,* put a sample of an injectable, implant, and IUD in a hat or basket.

Session 16.1: Conception, Contraception, and Childbearing Choices

Introduction

Activity 1: Trainer Presentation (10 min.)

The trainer should:

- Use the content below to introduce the unit.
- Explain the CHW's role in helping clients and others make decisions about pregnancy and use FP if they desire.
- Review the key points of the unit, using prepared flipchart.
- Ask if there are any questions.

The CHW can help clients and others in the community by explaining conception (how women get pregnant), giving people full information so they can decide to become pregnant or not, and providing FP information, counseling, and nonclinical FP methods. Principles of good FP care include:

- A wide choice of methods.
- Giving people full and correct information.
- Good ongoing health care and testing for HIV+ clients, as well as follow-up to see if method is OK, client is satisfied, or if the method should be changed.
- Encouragement for women and men to share responsibility for FP and safer sex practices.

- Recognition of FP side effects/problems and making sure clients are referred to the health facility.
- Freedom from pressure to use or not use FP, or to use a particular method because the CHW likes it.

Key Points

In this unit we will cover the following **key points**:

- How a woman gets pregnant.
- Childbearing for PLWHA.
- FP information and counseling.
- How to give condoms, pills, and ECP.
- How to provide FP referrals.

Conception and Contraception

Activity 2: Group Discussion and Review (25 min.)

The trainer should:

- Post the charts of the male and female reproductive systems from *Unit 4: Our Bodies and Safer Sex* in the front of the room.
- Ask for a volunteer to review the female reproductive parts.
- Ask for another volunteer to explain the male reproductive parts.
- Ask participants to explain the following terms:
  - Conception or how a woman gets pregnant.
  - Contraception.
  - Family planning.
  - Birth spacing.
- After each volunteer finishes, ask if anyone else has anything to add or change.
- Fill in any missing information using the content below and review how conception works.
- Emphasize how important contraception/FP is to HIV+ and vulnerable women and men.

Conception

A girl is born with all the eggs she needs in her lifetime. They are stored in her ovaries. Once her monthly bleeding starts, one egg is released each month until she stops her monthly bleeding between 45 and 55 years of age. Two weeks before the monthly bleeding begins, an egg is released from one of the 2 ovaries. This is called ovulation. The next month an egg is released from the other ovary.

The egg enters the fallopian tube and travels down the tube toward the uterus (womb). This is called ovulation.

If the woman has sex with a man during those few days around ovulation, the sperm goes into the cervix, through the uterus, and into the tube where it CAN join the egg and fertilize it. However, fertilization does not always happen just because the sperm is there. The joined egg and sperm (which will grow into a baby) travel back down the tube together to the uterus and settle into the rich, bloody lining of the uterus which feeds it until the placenta starts to grow. The placenta, which has a cord to the baby's stomach, attaches to the wall of the uterus about 10 days after the egg and sperm join. After that, the mother's blood, rich with oxygen and food for the baby, flows through the placenta to the baby so it can grow.

If the woman does not have sex during the fertile time of the month, there is no sperm around to reach the egg, and that egg will pass out about 2 weeks later with the monthly bleeding. There is no monthly bleeding during pregnancy because the woman's body needs that blood to nourish the baby in the womb.

Contraception is the use of a method(s) to prevent pregnancy when a man and a woman have sex.

Family planning is having the number of children you want, when you want them, when the mother is not too young and not too old, by using contraceptive methods.

Birth spacing is when people plan their births far enough apart so that the woman and baby are not at risk of health problems or neglect from having too many babies too close together. At least 3 years apart is recommended.

Contraception or FP is very important for PLWHA so that they can prevent mother-to-child transmission and make choices around childbearing that are right for them.

Childbearing Choices

Activity 3: Group Discussion and Role Play (40 min.)

The trainer should:

- Ask participants:
  - Should PLWHA have children?
  - What are the risks for the baby with HIV+ parent(s)?
  - What are reasons why HIV+ parents might choose to get pregnant, even knowing the risks?
  - How can the CHW give useful information to PLWHA on childbearing without being judgmental?
- Use the content below to supplement answers.
- Divide the group into smaller groups of 3. Ask them to role play talking with clients about choosing whether to get pregnant or not. Have them practice taking turns being the CHW, the client(s), or the observer who gives feedback. For one role play, the client will be a woman, for another role play the client will be a man, and the third role play, the clients will be an HIV+ couple.
- Ask the observer to note if the information on the risks and reasons for having a baby are covered well and if the CHW talks with the client openly and without judgment or influence.
- Allow 5 minutes for each role play.
- Reconvene the larger group. Ask people to share any insights or questions that came up during the role play.
- Ask one group to do their role play for the larger group. Ask other participants for feedback.
- Summarize the discussion and role play, adding any missing content.

PLWHA, like any other people, have the right to decide whether to have children or not. It is very important that the CHW not be judgmental if a person living with HIV/AIDS feels strongly that s/he wants to have children. If you are judgmental, the woman and family may not be willing to listen to advice on all the ways to be as safe and as healthy as they possibly can.

The CHW should discuss the following with the client when helping the client decide if s/he wants to have a child:

- A baby needs healthy parents to feed, clothe, love, and shelter it for the first years of its life.
- The baby may be born with HIV. If so, s/he will require a great amount of care, attention, and medical help.
- A baby born to HIV+ parents, regardless of if the baby is HIV+ or not, has a higher risk of getting sick, dying young, or being orphaned.
- Many PLWHA want children to love. Children represent hope for the future and people want their children to continue their memory after they are gone. Children are important in all cultures, and many marriages are based in the belief that they should produce children. However, PLWHA have a responsibility to understand the risks they and the child will face.
- If the client does decide to have a baby, it is very important to take all the steps possible to protect the baby from getting HIV (see *Unit 17: Preventing Mother-to Child Transmission (PMTCT) of HIV*).
- If a client decides not to have a baby, there are different FP methods that can be used to prevent pregnancy.

Session 16.2: Types and Effectiveness of FP Methods

FP Methods

Activity 1: Brainstorming and Trainer Presentation (1 hour, 30 min.)

The trainer should:

- Explain the 4 categories of contraceptive/FP methods: "barrier," "hormonal," "clinical/surgical," and "natural" methods.
- Post prepared flipchart labeled barrier, hormonal, clinical/surgical, and natural.
- Ask participants to brainstorm different FP methods, including traditional ones. Record each method on a separate sticky note or small piece of paper.
- Ask which method belongs to each category (e.g., barrier, hormonal or clinical/surgical) and paste the method under the appropriate category. For methods, such as injectables or implants, that fall into more than one category, paste the sticky across the 2 columns (hormonal and clinical).
- Ask participants, "What are the advantages and problems with using natural or traditional methods for family planning?"
- Supplement answers using the content below.
- Post the prepared flipchart on the different FP methods using *Trainer's Tool 16.1: FP Methods* and explain each method using the content below. Pass around a sample of each method while discussing.
- Explain that all modern methods are safe and work well for most PLWHA but that condoms are absolutely essential, whether used alone or with another method.
- Ask participants, "What things do not work to prevent pregnancy?"
- Use the content below to supplement/correct information given and summarize the discussion.

Types of FP Methods

4 types of FP methods include:

Barrier methods, which prevent sperm from getting inside the woman, include male and female condoms and the diaphragm.

Hormonal methods, which prevent ovulation, include pills (COCs and POPs), ECPs, injectables, and implants.

Clinical or surgical methods, which must be explained and provided by a trained health professional (e.g., nurse, midwife, or doctor), include IUD, injectables, implants, and male and female sterilization.

Natural methods, are methods that do not require using any materials (e.g., taking pills, wearing a condom). They include Lactation Amenorrhea Method (LAM) or exclusive breastfeeding for 6 months, fertility awareness (standard day method and the mucus method), and withdrawal. Other than LAM, natural methods can be difficult to follow and some natural methods like fertility awareness and withdrawal are not as effective as modern methods.

The CHW will be providing male and female condoms, pills (COCs and POPs), and ECP. CHWs can explain all the other methods, help the client decide, and refer the client to a health facility where they can get the method they want.

Remember: CHWs can and should distribute condoms, pills, and ECP to **anyone in the community who needs them**, not just their clients.

Condoms

A male condom is a narrow bag of thin latex that the man wears on his penis while having sex. The condom traps the semen so it cannot get into the woman's vagina or womb and cause HIV, STIs, or pregnancy.

A female condom is a plastic pouch that the woman wears inside that covers the cervix, the vagina, and the lips outside of the vagina. Female condoms can be expensive and sometimes hard to find.

Protection against pregnancy: Both male and female condoms are effective protection against pregnancy.

Protection against STIs/HIV: Male condoms are more effective, but female condoms, if used correctly, also provide good protection against HIV and STIs. Sometimes condoms do not cover genital ulcers, which means they can be spread to a partner. If someone has genital ulcers that are not covered by a male or female condom, they should not have sex until the ulcers have healed.

Possible side effects: Usually none. Rarely someone might have an allergic reaction to the latex (male condoms only).

Things to know about condoms:

- Condoms should only be used one time.
- Male latex condoms are the most common and offer very good protection against STIs/HIV. However, if a person is allergic to latex, condoms made of polyurethane and other synthetic materials (NOT lamb's skin) are believed to provide just as good protection against STIs and HIV.
- A lubricant (spit, K-Y Jelly, or glycerin) can help keep the condom from breaking; but do not use oils, petroleum jelly (Vaseline), skin lotions, or butter because they can make the condom break.
- A new female condom should be used every time you have sex. However, if there are no other condoms available, female condoms can be washed thoroughly with soap and water and reused. Make sure to wash off all the old lubricant on the outside of the condom, then turn the condom inside out and wash the other side. Let both sides dry completely. Because soap and water does not always get rid of all the virus, one should only reuse a condom (with new lubrication) when there is no other option.

Remember: Even if an HIV+ person is using another method to prevent pregnancy, **CONDOMS ARE REALLY A MUST**. Condoms should be used every time they have sex to prevent infection or reinfection that can make HIV sickness worse.

Note to Trainer: Most of the information in this unit on the pill pertains to COCs, since most CHWs will only be distributing COCs, not POPs. If CHWs will be distributing POPs as well as COCs, they will need additional information on POPs.

Oral Contraceptive Pills

Combined Oral Contraceptives (COCs) and Progestin-Only Pills (POPs) are 2 types of contraceptive pills. These pills contain hormones (like what the woman's body normally makes) that stop the woman's ovaries from releasing eggs so that fertilization will not happen. COCs have both female hormones, estrogen and progesterone. POPs have only progesterone.

Protection against pregnancy: The pill is very effective against pregnancy if taken every day.

Protection against STIs/HIV: The pill does not protect against STIs or HIV.

Possible side effects: None at all, or nausea, headaches, weight gain, swelling of the breasts, and changes in monthly bleeding (usually less than usual). COCs cause more side effects for some women than for others.

Things to know about the pill:

- The pill must be taken every day at about the same time. This is even more important with POPs than with COCs. Women who are forgetful should not use the pill.
- **When a woman is on TB medicine she should not use the pill to prevent pregnancy, but should choose another method.** Other antibiotics should be OK along with the pill, unless the woman is having a hard time taking the pill because of vomiting.
- **Some ARVs and other medicines (like anti-convulsants medicines) also make the pill not as effective in preventing pregnancy, so ask the doctor at the clinic before offering the pill to women on treatment for AIDS or seizures.**

- COCs cannot be used during breastfeeding because they decrease the milk supply. However, POPs are OK during breastfeeding.
- Once the woman stops taking the pill, she can get pregnant very soon, possibly within a few days.

COCs are fine for PLWHA unless she has:

- Breast cancer.
- Hepatitis or liver problems.
- Heart problems or high blood pressure.
- Severe migraines with visual problems.
- Is taking rifampicin (for TB) or anti-convulsants for epilepsy.

See checklist in *Trainer's Tool 16.3: Combined Oral Contraceptives Screening Checklist.*

Emergency Contraceptive Pills (ECP)

ECP is a hormonal method of contraception that prevents pregnancy AFTER a woman has unprotected sex because a condom breaks, or sex is forced or unplanned. ECP works mainly by preventing ovulation and only works if taken within 5 days of unprotected sex.

Protection against pregnancy: ECP is effective against pregnancy if taken within 120 hours (5 days) after unprotected sex. However, ECP should be taken as soon after sex as possible because the earlier they are taken, the more likely they are to prevent pregnancy. ECP should not be used as a regular FP method as they have a higher failure rate than other methods like COCs.

Protection against STIs/HIV: ECP does not protect against STIs or HIV.

Possible side effects: None at all, or nausea, vomiting, monthly bleeding may be off by a few days after taking ECP. There are fewer side effects when using a progestin-only regimen (dedicated product or POPs) for ECP.

Things to know about ECP:

- In many places, women can get special pills made especially for emergency contraception.
- Where special pills are not available, women can use regular pills (COCs or POPs) in large numbers. The kind of pills and the number to take depend on what types of pills are available in each particular location (See *Trainer's Tool 16.2: Regimens for ECP*).

Spermicides

A spermicide is a chemical that kills sperm after it comes out of the penis. They can be a cream, jelly, foam, or tablets. Used alone, they are only fairly good at preventing pregnancy, but are very effective when used with condoms or a diaphragm. However, if used often, they can cause irritation in the vagina, causing small cuts that can actually make it easier to pass or get HIV during sex. So they are not the best choice for HIV+ women or discordant couples, unless there are no other choices. Spermicide must be put into the vagina (and dissolved completely if they are not foaming tablets) within 1 hour before the penis enters the vagina. If it has been inside for longer than one hour, or the couple is having sex a second time, another application has to be put in. It must also be left in the vagina for 6 hours after sex to make sure all the sperm are dead.

Clinical and Surgical Methods

Practically everyone can use pills, condoms, and ECP. These methods are safe and effective for PLWHA. There are other methods that are also safe for PLWHA and more long lasting, but that require professional medical help to begin and maintain. Other clinical or surgical methods that CHWs can tell people about and make referrals for are: IUD, implants, injectables, diaphragm, and sterilization.

IUD

An IUD is a small, flexible plastic device, usually with a little copper wire wrapped around it. It works by making it hard for the sperm to travel and fertilize the egg. It is put inside the womb (through the vagina) by a trained health worker.

Protection against pregnancy: It prevents pregnancy very well.

Protection against STIs/HIV: The IUD does not protect against STIs or HIV.

Possible side effects: None at all, or pain or cramping, long and heavy bleeding during menstrual periods (monthly bleeding), or spotting between monthly bleeding during the first 6 months.

Things to know about the IUD:

- Once in the womb, it can stay for up to 10 years (although most studies show it is good until 12 years.) Different kinds of IUDs can be left in for different amounts of time.
- The woman and the man cannot feel the IUD during sex.
- The woman does not have to do anything before having sex, and no one can tell she is using an FP method.
- If a woman is HIV+, she can get an IUD if she does not have gonorrhea or chlamydia and is not likely to get them (she is using condoms always or is in a faithful relationship and her partner(s) is/are also uninfected and faithful), and if she is on ART and is healthy.

Injectables

A health provider in the clinic gives a woman an injection with hormones. One injection lasts 2 to 3 months depending on the type of injection.

Protection against pregnancy: It prevents pregnancy very well.

Protection against STIs/HIV: It does not protect against STIs or HIV.

Possible side effects: None at all, or weight gain, sore breasts, nausea, and unusual monthly bleeding. Sometimes there is no monthly bleeding at all, but this is not dangerous.

Things to know about injectables:

- The woman does not have to do anything before sex, and no one will know she is using an FP method.
- It is safe during breastfeeding.
- It might take up to a year to get pregnant once she stops getting the injections.
- The woman must see the health provider for other injections every 2 to 3 months depending on the type of injection.

Note to Trainer: The above information is for progestin-only injectables, not combined injectables.

Implants

A trained health provider puts between 1 and 6 small, soft rods filled with progesterone under the skin of a woman's arm and they stay there.

Protection against pregnancy: It prevents pregnancy very well for 3-7 years (depending on the type of implant and how heavy the woman is).

Protection against STIs/HIV: It does not protect against STIs/HIV.

Possible side effects: None at all, or weight gain, sore breasts, nausea, and unusual monthly bleeding. After the first year, there may be no monthly bleeding at all, but this is not dangerous.

Things to know about implants:

- The woman does not have to do anything before having sex, and no one can tell she is using an FP method.
- Implants can be used during breastfeeding.
- Fat women (over 70 kg.) will not get the same protection as thin women.
- Sometimes it is difficult to find a trained health worker who can remove the implants.

- Implants must be removed by a trained health worker and replaced after 3–7 years (depending on the type) or when the woman wants to get pregnant.

Note to Trainer: Find out what type of implant is commonly offered and when it should be replaced.

Diaphragm

A diaphragm is a shallow cup of soft rubber that the woman puts in and wears in her vagina during sex. Like a female condom, it covers the opening to her womb (the cervix) so the sperm cannot get inside to meet the egg. It should be used with spermicide inside the cup and around the rim to kill any sperm that might get around it. Diaphragms come in different sizes and women must be fitted for the right size by a trained health worker. They are not available in most places.

Protection against pregnancy: If used correctly and every time, they are effective in preventing pregnancy.

Protection against STIs/HIV: It may give only some protection against STIs and HIV.

Possible side effects: May have more urinary tract infections. The woman should urinate soon after sex to prevent them.

Sterilization

This is an operation done in a health facility that makes it impossible to have a baby. It is permanent. (Sometimes it is possible for a doctor to try to retie the tubes, but it is expensive and often does not work.)

Tying the woman's tubes (TL): Cutting and tying the woman's tubes is a safe operation that takes about 30 minutes. She is given pain medicine during the operation and afterwards to make her comfortable while she heals. Once the tubes are cut and tied, the egg cannot travel to meet the sperm or travel to the womb. It does not change a woman's monthly bleeding, or her ability to have sex and feel pleasure with sex.

Tying the man's tubes (vasectomy): A vasectomy is a simple operation that takes about 10 minutes. Pain medicine is given, and there is only a small amount of pain during healing. The operation does not change a man's ability to have sex and to feel pleasure. He still ejaculates (releases semen), but there is no sperm in the semen. It takes about 3 months after the procedure for all of the sperm to be gone, so another method must be used during that time.

Natural Family Planning Methods

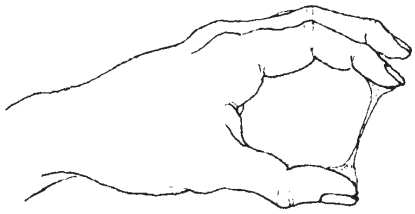
LAM or exclusive breastfeeding: In the first 6 months after birth, most women who are exclusively breastfeeding do not release eggs from their ovaries. If the following 3 things are true, it is unlikely she can get pregnant if:

- The woman is giving the baby only breast milk whenever the baby is hungry and breastfeeding at least every 4 hours during the day and every 6 hours during the night.
- The baby is less than 6 months old.
- The woman's monthly bleeding has not returned since giving birth.
- If any one of these things is NOT true, she can get pregnant and needs another form of contraception right away. It is best to start another method BEFORE these 3 things are no longer true.

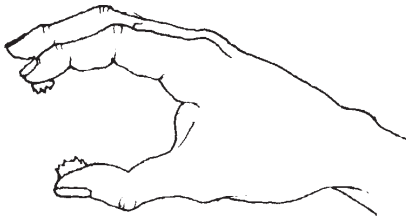
Remember: It is very important that HIV+ breastfeeding mothers do not get reinfected during breastfeeding because the additional virus is more likely to be passed to the baby through the milk. So, she should **ALWAYS** use condoms along with the LAM breastfeeding method.

Fertility awareness: This method may be used by people who cannot use other methods because of religion or other methods are not available or acceptable for some reason. It costs nothing and has no side effects. Since women can only get pregnant during ovulation (the few days a month her egg is in the tube), if she does not have sex during that time, she cannot get pregnant. This means her partner must agree to not have intercourse during this time. How can the woman tell when she might be ovulating? See *Mucus Method*.

Mucus method: The woman should look for changes in her vaginal mucus by "the look, the touch, and the feel." *Look* at the mucus in her panties or on her fingers, *touch* the mucus to see is it is stretchy and slippery, and *feel* how wet she is in her vagina. Starting the day after her monthly bleeding ends, she should check her mucus at the same time every day (making sure that she checks before having sex). The first few days, the mucus will be cloudy and whitish. On her fertile days, the mucus is clear (like water), slippery, and it looks stringy and stretchy between the thumb and finger. During these days, unprotected sex is not ok.



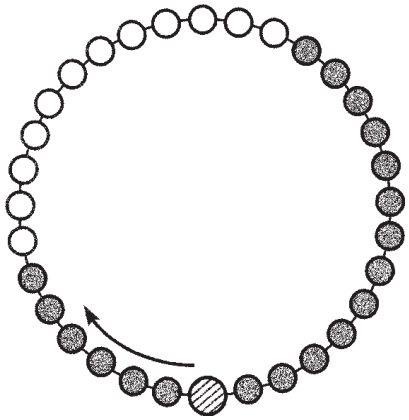
CAN get pregnant



CANNOT get pregnant

To use this method the woman should:

- Check the mucus at the same time every day and note what it looks like. She should check before she has sex that day as the semen might cause confusion.
- Not have sex or use a condom starting when the mucus is clear, slippery, and stringy.
- Not have sex or use a condom until 4 days after the last day she has clear, stringy, and slippery mucus.
- Not douche or wash the vagina out because the mucus will be washed away.
- Women who use this method need a lot of help and support to use it effectively.



Standard days method: The Standard Days Method (SDM) is best for women who usually have cycles between 26 and 32 days long. Women with irregular cycles cannot use it well. It is easier if a woman uses "CycleBeads" (a string of 32 different colored beads) when using this method.

- Using the cycle beads, the woman should count the first day of her monthly bleeding as day 1 and move the small black ring to the red bead.
- She should then move the ring forward (toward the white beads) one bead each day.
- On days 1 through 7 (the brown beads), unprotected sex is OK.
- On days 8 to 19 (the white beads), unprotected sex is NOT ok. The woman should either not have sex at all, or use a condom because those are the days she might get pregnant.
- Between day 20 to the end of her cycle (i.e., until the first day of the next monthly bleeding), unprotected sex is OK. These days will be marked with brown beads.
- If a woman's monthly bleeding starts before the dark brown bead is reached by the little ring, her cycle is less than 26 days and this is not a good method for her.
- On the first day of the next monthly bleeding, she should move the small ring to the red bead and start again.

Both fertility awareness methods may be difficult to use because sometimes it is hard to tell if the mucus is changing, often the partner decides when a women is going to have sex no matter if she is in her fertile period or not, and if her monthly bleeding is not regular, counting days will not work. It is best to use these 2 methods together, but one alone is better than nothing at all.

Sex without vaginal intercourse: There are many ways to have sex without the penis entering the vagina. Oral sex and sexual touch will not cause pregnancy and are low risk for passing HIV. Anal sex cannot cause pregnancy, but it can easily pass HIV or other STIs. It is hard for many people to not have vaginal intercourse for a long time, so other FP methods are needed, especially a condom.

Pulling out (withdrawal): This method does not work well and is not recommended. However, it is better than nothing. It is difficult for some men to pull the penis out of the vagina before the semen comes, and even in the beginning of sex, a little semen with sperm leaks from the penis. Withdrawal may give a little protection against HIV/AIDS and other STIs, but should only be used as a last resort.

Things that DO NOT prevent pregnancy:

- Wearing charms, prayers, or spells.
- Urinating after sex (although it might help prevent infections in the urinary tract).
- Washing out the vagina (douching) after sex. Some herbs and chemicals used for this can actually injure the vagina.
- Other local traditional methods.

Dual Protection

Activity 2: Trainer Presentation (10 min.)

The trainer should:

- Ask, "What do we mean by the words 'dual protection'?"
- Use the content below to supplement or correct participants' answers. Stress the importance of always using condoms every time someone has sex, even if they are using another method to prevent pregnancy.

The best method for sexually active PLWHA and their partners (who may or may not be HIV+) is called "dual protection." This means protecting against 2 different things (HIV/STIs and pregnancy) at the same time. The key to dual protection is to **use condoms,** either alone or with another contraceptive method, such as pills, or clinical methods. The best protection is when condoms are used with another method. This way a woman will not get pregnant in the case that a condom breaks or slips. While many methods may prevent pregnancy, ONLY CONDOMS prevent the transmission of STIs/HIV and pregnancy. Condoms must be used at all times.

Session 16.3: Helping Clients Use the Methods Effectively

Providing Nonclinical Methods

Activity 1: Demonstration and Role Play (1 hour, 45 min.)

The trainer should:

- Use the content below to review general counseling points and how to counsel for nonclinical methods. Use *Trainer's Tool 16. 3: Combined Oral Contraceptives (COCs) Screening Checklist* to review the checklist for COCs.
- Ask participants to follow along in their handbooks.
- Ask for a volunteer to play the role of the client. Demonstrate how to counsel on using a male condom. Make sure to demonstrate each step as you explain to the "client" and to ask the client for a return demonstration.
- Remind participants that they should give a second demonstration if needed and ask the client to practice until s/he can demonstrate proper use.
- Repeat this process for female condoms, COCs, and ECP. Make sure to use the checklist when determining if a client can use COCs.
- Break participants into groups of 3 to practice counseling (including demonstration and return demonstration). Group members should take turns playing the CHW, the client, and the observer who will provide feedback, using their handbooks. The observer should make sure the information is simple and easy to understand and that the "CHW" explains and shows how to use the method, explains side effects, and warning signs (when to go to a clinic).
- Allow 15 min. for each method (male condoms, female condoms, pills, and ECP).
- Reconvene the larger group, ask if there are any questions or comments.
- For each method, ask one group to show the larger group their role play. Allow 5 minutes per role play.
- Ask participants to give feedback. Add any other comments or corrections as needed.

General Counseling Points:

It is important to provide a choice of methods without influencing the choice of the client. The client should choose the best method(s) for s/he own situation and she or he knows best what that situation is. For each method, it is important to cover:

- What the method is.
- How to use the method.
- Advantages and disadvantages, including protection against STIs/HIV.
- Side effects.
- When to go to the clinic for follow-up.

If a woman has a medical condition, like heart disease or diabetes, you should send her to the clinic for FP counseling.

Chose a method with and for both partners: When possible, it a good to encourage clients to discuss contraception/FP with their partner so that they can both agree and take responsibility for the method together. Provide couple counseling if the woman wants it.

Informed choice: A woman, man, or couple should be informed completely about the benefits and drawbacks of all methods so they can choose without pressure or confusion and give their free agreement to use the method.

Privacy: Woman and men have the right to privacy when receiving information or supplies for FP. It is the CHW's responsibility to keep the client's personal information (e.g., that a client is using FP) private and not share the information with anyone, unless a doctor or nurse at the clinic is taking care of the client and needs the information to do that correctly.

Remember: When counseling, KEEP IT SIMPLE, CLEAR, AND PRIVATE!

Condoms

How to use condoms:

1. Show the client the condom. Explain the steps for using a condom while demonstrating how to use it. For condoms to work well, the steps need to be followed in order and correctly. (For information on the steps for using male and female condoms, see *Unit 4: Our Bodies and Safer Sex*.)
2. Review possible side effects.
3. Remind the client to come to see you any time s/he has a question or when s/he needs more condoms.
4. Ask the client to demonstrate how to use the condom and repeat instructions. Let the client practice using a condom until, s/he can do it correctly.

Pills

Use the checklist to determine if the client can take COCs (see *Trainer's Tool 16.3: Combined Oral Contraceptives (COCs) Screening Checklist*).

How to take the pill:

1. Show the client the pill packet and explain how to take the pills.
   - Take the first pill on the first day of the monthly bleeding or on any of the next 5 days, or any other time the woman is reasonably certain she is not pregnant. If it is more than 5 days since her monthly bleeding has started, she can begin COCs, but she should avoid sex or use condoms for the next 7 days.
   - Take one pill every day, at the same time of day.
   - If the client has a 28-day packet, when she finishes one packet, she should take the first pill in the next packet on the next day. If the client has a 21-day packet, she should wait 7 days, and then begin the next packet. Usually a woman will start her monthly bleeding after the 21st day. But even if she does not, she should start a new packet in 7 more days.

2. Explain that if the client forgets to take her pills, she may become pregnant. If she forgets to take her pills, she should do the following:

   - If she misses any pills, the client should take 2 pills as soon as she remembers and continue taking one pill each day.
   - If she misses 3 or more pills, the client should also use a backup method like condoms (or abstain) for the next 7 days.
   - If the 3 missed pills occur in the 3rd week of the cycle, she should throw away the packet and start a new packet.

3. Review possible side effects.

4. Review the warning signs. Although serious side effects are rare, if she has any of these signs after she starts the pill, she should go to the health facility right away because they MAY be related to the pill. These warning signs can be remembered by ACHES:

   - **A**bdominal pain—constant.
   - **C**hest pain—constant, severe.
   - **H**eadaches—constant, severe, trouble speaking or moving an arm or leg.
   - **E**ye problems—blurred or double vision, flashing lights, zigzag lines.
   - **S**evere leg pain—constant, usually in the calf, does not go away.

5. Explain that the pill does not protect against STIs and HIV/AIDS and condoms should always be used along with pills to provide this protection.

6. Tell the client to come see you anytime she has a problem and in time for resupply.

7. Have the client repeat this information.

REMEMBER: The pills will not work if they are only taken some of the time. The pill must be taken every day, at about the same time, whether ill or taking other medicine.

Emergency Contraceptive Pills

The CHW should only provide either a dedicated product just for emergency contraception, or packets of regular pills THAT HAVE BEEN PREPARED BY A NURSE OR DOCTOR to be used as emergency contraception. If you try to give regular COCs or POPs for emergency contraception, you can easily give the wrong dose because all different types of pills have different amounts of hormones that are needed to prevent the pregnancy.

How to take ECP:

1. Show the client the ECPs and explain how to use them.
   - ECP can only be used **within 120 hours or 5 days after unprotected sex**.
   - If using a dedicated product for ECP, take both pills together as soon after unprotected sex as possible.
   - If using regular pills (COCs or POPs) that have been prepared by a nurse or doctor, take the first dose (usually 4 pills) as soon after sex as possible, and then repeat the dose 12 hours later. If she takes the pills with food, she is less likely to vomit.
   - If she vomits within the first 2 hours, she should try to take the dose again with some food and then take the second dose 12 hours later. COCs usually cause more nausea and vomiting than dedicated products for ECP or POPs.
2. Review possible side effects. Side effects generally do not last more than a day.
3. Explain that the woman will not see any immediate signs showing whether the ECP worked. The monthly bleeding should come on time (or a few days early or late).
4. If the client's monthly bleeding is more than a week later than expected, or if she has any problems, she should go to the clinic.
5. Have the client repeat this information.
6. Talk to the woman about other FP methods and help her choose a method if she wants to start right away. This way she will have a method that will prevent unwanted pregnancy in the future and prevent the need for ECP.

FP Referrals and Follow-Up

Activity 2: Trainer Presentation and Review (30 min.)

The trainer should:

- Explain the role of the CHW in explaining longer term methods, referring clients who want long-term or permanent methods to the right facility, and following up those clients so they are supported.
- Review where the CHW can refer the different long-term and permanent methods.
- Use the content below and under *Session 16.2* to review the information for each method so that the CHW knows the common side effects, when to refer the client to the facility for follow-up, and how to dispel common myths. Ask participants to follow along in their handbooks.
- Put a sample of each clinical method in a hat. Ask a participant to pick a method from the hat and repeat the common side effects of that method. The participant should then pass the method to the person on their right. Ask him/her to repeat the warning signs and when the CHW should refer the client to the facility. The participant then passes the method to the next person. Ask him/her to explain the information to dispel myths on that method.
- Once a method has been covered, ask another participant to pick a method from the hat and repeat the process.
- Supplement or correct information as needed.
- Ask if there are any questions or comments.

Many people may want to use a long-term (e.g., IUD, Norplant) or permanent (e.g., TL and vasectomy) contraceptive method. Therefore, the CHW needs to know which facilities in the area offer which methods so they can refer people to the right place. Once they have a longer term method, the CHW can continue to follow them up to make sure they understand everything they need to know about the method and that they are comfortable with the method they chose. In most cases, side effects are normal and no cause to worry. The CHW should know the side effects for each method so that s/he can assure the client that the side effect is normal. If the client is having ongoing or really bad side effects, the CHW should refer the client to the facility. The CHW should also know the warning signs of the different long-term methods and after the procedures for the permanent methods, so s/he can refer a client to the health facility if there is a problem. In cases where the client is using an injectable, s/he can remind the client when it is time for their next injection.

Injectables

Warning signs include:

- Headaches—repeated, very painful
- Excessive weight gain (more than 2 kg in first year)
- Heavy monthly bleeding

Remember: Injectables do not:

- Cause birth defects.
- Cause permanent infertility.

Because the effectiveness of injectables may be somewhat reduced by ARVs, it is important to counsel **a client who is on ART to come for her next injection on time** (without any delay).

IUD

Warning signs include:

- Late or missed monthly bleeding or unusual spotting between periods.
- Pain in the belly that does not go away or pain with sex.
- Signs of infection such as unusual discharge or bad smell from the vagina, fever, chills, or feeling ill.
- IUD strings get shorter or longer, are missing, or the IUD has come out.

Remember: IUDs do not:

- Move from the woman's uterus to other parts of her body.
- Prevent a woman from having children after it is removed.
- Require a "rest" period (a new IUD can be inserted the same day the existing IUD is removed).
- The IUD does not need to be removed before it expires unless the woman wants a pregnancy or a change of method.

Implants

Warning signs include:

- Heavy vaginal bleeding.
- Very bad headaches that start or become worse after using the implant.
- Skin or eyes become yellow.
- Severe pain in the lower abdomen (ectopic pregnancy).

Remember: Implants do not:

- Break and move around within a woman's body.
- Cause birth defects.
- Cause cancer.

Vasectomy (Male Sterilization)

Warning signs include:

- Fever more than 100° F or 30° C.
- Pain or severe pulling sensation that does not go away with medicine.
- Pus, redness, or bleeding from the incision.
- Swelling of scrotum, more than 2 times the normal size.

Female Sterilization

Warning signs include:

- Fever more than 100° F, 30° C.
- Dizziness with fainting.
- Abdominal pain that is constant or getting worse.
- Bleeding or pus from the wound (i.e., incision).

Pregnancy after sterilization is very rare. However, if the client thinks she may be pregnant, she should go immediately to the clinic.

Counseling Clients on FP

Activity 3: Small Group Work (1 hour, 20 min.)

The trainer should:

- Break participants into 5 groups. Assign each group one case study from *Trainer's Tool 16.4: Case Studies for Counseling Practice* and ask them what they would do in that situation. **Note to Trainer:** If the group has limited literacy, read aloud each case study when giving the assignments.
- Allow 10 minutes for group discussion.
- Ask each group to share their responses with the larger group.
- Correct or supplement any responses using the unit content.
- Ask each group to practice counseling the client(s) using role play. During the role play, groups should include both information about the method(s) and the general counseling points and apply counseling skills and principles.
- Allow 20 minutes.
- Reconvene the larger group and ask each group to present their role play. Allow only 5 minutes for each group.
- Ask other participants for feedback on what was good and what could be improved.
- Correct or add any missing points.
- Summarize the exercise.

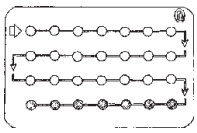
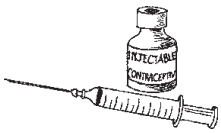
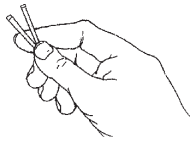
Unit Summary and Evaluation

Activity 4: Review Exercise (15 Min.)

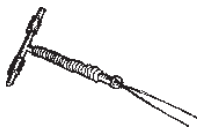
The trainer should:

- Quickly refer to the key unit points presented in *Activity 1* and ask if all points were well explained. Review any unclear points.
- Ask the following questions:
  1) What are the key points when discussing childbearing with a client? (See *Session 16.1, Activity 3.*)
  2) Which methods can the CHWs give out and which methods should they refer for? (See *Session 16.3, Activity 1-2.*)
  3) Which method should always be used for dual protection? (See *Session 16.2, Activity 2.*)
  4) How many hours after unprotected sex can a person use ECP? (See *Session 16.2, Activity 1.*)
  5) What should a person do if they miss 2 pills? What about 3 pills in the third week? (See *Session 16.3, Activity 1.*)
- Use the content in the unit to supplement or correct answers if needed. Remind participants that FP is critical to the well-being of PLWHA and is essential in preventing mother-to-child transmission.

TRAINER'S TOOL 16.1: FP METHODS

FAMILY PLANNING METHOD	PROTECTION FROM PREGNANCY	PROTECTION FROM HIV/STIS	POSSIBLE SIDE EFFECTS	OTHER IMPORTANT INFORMATION
Condom for men	**VERY GOOD** ★★★		Skin allergy to latex	When used with lubricant, condoms less likely to break and may be more enjoyable. Partner(s) must agree to use it. In cases of skin allergy, non-latex condoms can be used.
Condom for women	**VERY GOOD** ★★★			Less effective when the woman is on top of the man during sex. Partner(s) must agree to use it.
Pill 	**BEST** ★★★★		Nausea, headaches, changes in monthly bleeding	Not a good method for women with certain health problems, or women taking medicine for TB, seizures, or some ARVs.
Emergency Contraceptive Pills (ECP)	**GOOD** ★★		Nausea, vomiting, may change the timing of monthly bleeding by a few days after taking ECP	Should only be used in emergencies and not as a regular FP method. Protects against pregnacy if taken within 120 hours after unprotected sex. The earlier it is taken, the better it works.
Spermicide	**SOME** ★		Skin allergy	More effective when used with another barrier method like diaphragm or condom. Can make it eaiser to pass HIV.
Injectables 	**BEST** ★★★★		Nausea, headaches, changes in monthly bleeding, swelling or soreness in breasts	Good for 2-3 months depending on type. No one can tell the woman is using FP. Safe for breastfeeding women. Needs to be given by a health worker.
Implants 	**BEST** ★★★★		Nausea, weight gain, changes in monthly bleeding	No one can tell the woman is using FP. Needs to be given by health worker. Good for 3-7 years depending on type and woman's weight. Safe for breastfeeding women.

Trainer's Tool 16.1: Continued

FAMILY PLANNING METHOD	PROTECTION FROM PREGNANCY	PROTECTION FROM HIV/STIs	POSSIBLE SIDE EFFECTS	OTHER IMPORTANT INFORMATION
IUD 	**BEST** ★★★★		In the first 6 months, heavy and painful monthly bleeding, spotting between monthly bleeding	Good for at least 10 years. Needs to be given by a health worker. No one can tell the woman is using FP. Should not be used by a woman sick with AIDS.
Diaphragm (with spermicide)	**VERY GOOD** ★★★			Effective when used with spermicide although spermicide makes it easier to pass HIV. Needs to be given by a health worker and is often not available in many countries.
Sterilization	**BEST** ★★★★			Women or men will never be able to have babies after this operation. Must have this operation at a health facility.
Sex without intercourse	**SOME** ★			Abstinence when followed all the time prevents pregnancy 100%. However, many couples have a hard time sticking to this method, which makes it less effective.
LAM or breastfeeding during the first **6** months only	**VERY GOOD** ★★★			To use this method, a women must give her baby only breast milk, and her monthly bleeding must not have returned yet. This is a highly effective **temporary** method.
Fertility awareness	**GOOD** ★★			To use this method correctly, a woman must understand when she is fertile and be able to not have sex or use condoms during her fertile days.

Adapted from Klein, S., Miller, S., and Thomson, F. 2004. *A book for midwives: Care for pregnancy, birth, and women's health*. Berkeley, CA: The Hesperian Foundation.

Trainer's Tool 16.2: Regimens for ECP

Below are the different regimens recommended for ECP.

Progestin-Only Regimen

- Take 2 pills containing 0.75 mg of levonorgestrel within 120 hours after unprotected sex. **Note to Trainer:** According to WHO this is the best option because people are more likely to take one dose than multiple doses. Also progestin-only regimen causes less nausea and vomiting that the combined formula.

OR

- Take one pill containing 0.75 mg of levonorgestrel within 120 hours after unprotected sex.
- Take another pill containing 0.75 mg of levonorgestrel 12 hours after the first pill.
- Where prepackaged ECP containing 0.75 mg of levonorgestrel is not available, the required amount of hormone for each dose could be obtained, for example, by taking 20 POPs containing 0.0375 mg of levonorgestrel each.

Combined Estrogen-Levonorgestrel "Yuzpe Regimen"

Regular COCs are used. The number of COC pills taken for each dose will vary depending on the amount of hormones in each pill; however, each dose should contain at least 0.1 mg of ethinyl estradiol and 0.5 mg of levonorgestrel. When "low-dose" COCs are used (containing 0.03 mg of ethinyl estradiol each):

- Take 4 pills within 120 hours after unprotected intercourse.
- Take another 4 pills 12 hours after the first dose.

Trainer's Tool 16.2: Continued

When "high-dose" COCs are used (containing 0.05 mg of ethinyl estradiol each):

- Take 2 pills within 120 hours after unprotected intercourse.
- Take another 2 pills 12 hours after the first dose.

REMEMBER: The earlier the pills are taken, the more likely pregnancy will be prevented.

Note to Trainer: If there is no dedicated product in your country, please find out the names and dosage of readily available POPs or COCs and use the information above to select the correct dosage to use. In cases where POPs or COCs are being used, ECP should be cut up and prepackaged by the CHBC program to ensure that the CHW is providing the right pills and the right amount to clients.

Trainer's Tool 16.3: Combined Oral Contraceptives (COCs)

Screening Checklist

Ask the client the questions below.

1. **Do you smoke cigarettes, and are you age 35 or older?**

   ❑ No ❑ Yes

2. **Have you ever been told that you have high blood pressure?**

   ❑ No ❑ Yes

3. **Are you breastfeeding a baby who is less than 6 months old?**

   ❑ No ❑ Yes

4. **Have you ever been told that you have a serious problem with your heart, verins, or blood vessels?**

   ❑ No ❑ Yes

5. **Have you ever been told that you have breast cancer?**

   ❑ No ❑ Yes

6. **Do you have yellow skin or eyes or problems with your liver?**

   ❑ No ❑ Yes

7. **Do you often get severe headaches along with difficulty seeing or feeling nauseous?**

   ❑ No ❑ Yes

continue to the next page

Trainer's Tool 16.3: Continued

8. Are you taking medicine for seizures/fits? Are you taking medicine for TB?

❑ No ❑ Yes

9. Have you ever been told you have gallbladder disease?

❑ No ❑ Yes

If the client answered "**no**" to all the questions above, ask the next set of questions (10–15).

If the client answered **"yes"** to any questions above, refer her to the clinic for a family planning method and give her condoms to use as well.

10. Did your last monthly bleeding (period) start in the last 7 days?

❑ No ❑ Yes

11. Did you have a baby in the last 6 months, are you exclusively breastfeeding, and have you not had your monthly bleeding since the baby was born?

❑ No ❑ Yes

12. Have you abstained from penis-vagina sex since your last monthly bleeding?

❑ No ❑ Yes

13. Have you had a baby in the last 4 weeks?

❑ No ❑ Yes

continue to the next page

TRAINER'S TOOL 16.3: CONTINUED

14. Have you had a miscarriage or abortion in the last 7 days?

❑ No ❑ Yes

15. Have you been correctly using a family planning (FP) method at all times?

❑ No ❑ Yes

If the client answered "**yes**" to at least one of questions 10–15, she can be pretty sure she is not pregnant and can use the pill.

If the client answered "**no**" to at least one of questions 10–15, she might be pregnant. She should be given the pill but told not to start taking it until the first 5 days of her next monthly bleeding. She should also be given condoms. Both to protect her from pregnancy until she starts to take the pill and to protect her from STIs/HIV even after she starts using the pill.

Trainer's Tool 16.4: Case Studies for Counseling Practice

Case Studies

1) **Mercedes**, 20 years old, is HIV+ and is healthy on ART. She is not with a regular partner and does not want any children now, although she might want them in the future if she ever marries. How would you counsel Mercedes?

2) **Daniel**, 45 years old, and Wanjiku, 38 years old, are HIV+. They have 2 healthy children and have decided they do not want any more children. How would you counsel Daniel and Wanjiku?

3) **Karen**, 19 years old, is a sex worker who does not know her HIV status and is afraid to go get tested. She comes to you for advice on preventing unwanted pregnancy. How would you counsel Karen?

4) **Deepa**, 25 years old, is HIV- but is married to a man who is HIV+. He wants Deepa to be pregnant. She does not want to have children who might be infected but is afraid to go against her husband. She tried the pill, but got very nauseous on it. How would you counsel Deepa?

5) **Abebe**, 30 years old, is HIV+ but his wife does not know, and he is not ready to tell her. They have 3 children and although he is using condoms with his wife, he wants to make sure he doesn't have any more children. How would you counsel Abebe?

Answer Key

For each of the cases, there is "must know" content, but participants may think of other things they want to counsel these clients about. Remember that counseling is 2-way, and think about what other information you need from them to provide useful counseling.

Trainer's Tool 16.4: Continued

1. Mercedes

Must know content:

- She may want a long-term method so she can stop later if she wants to be pregnant.
- Explain different methods and let her make a choice.
- Refer to the facility if she is interested in a long-term method.
- She should always also use a condom to prevent reinfection or transmission. Show her how to use a condom.
- She should stay as healthy as she can with good nutrition, lifestyle, rest, and medicines.
- When she wants to get pregnant, she should first talk with a nurse or doctor at the clinic so she knows how to get pregnant with the least chance of passing HIV to the baby or her partner.

2. Daniel and Wanjiku

Must know content:

- They may want a permanent method, either vasectomy, or female sterilization.
- Explain different methods and let them make a choice.
- Refer to the facility if they are interested in a long-term or permanent method.
- They should continue to use condoms to prevent reinfection.
- They should stay as healthy as they can with good nutrition, lifestyle, rest, and medicines.

Trainer's Tool 16.4: Continued

3. Karen

Must know content:

- Discuss with her the good things about being tested.
- She may want a long-term method. Explain different methods and let her make a choice. Refer to the facility if she is interested in a long-term method.
- Discuss the connection between STIs and HIV and the importance of preventing both. Show her how to use a condom.

4. Deepa

Must know content:

- Give her information about methods that her husband will not know about, such as injectables. Refer to the facility if she is interested in injectables or another long-term method.
- Help her learn negotiation skills, so that she can talk with her husband about using condoms to protect them from infection. Or go and talk with her husband with her if possible.
- If she decides that she does want to be pregnant later on, she and her husband should get advice beforehand from a nurse or doctor to reduce the chance of transmission to her and the baby.

5. Abebe

Must know content:

- Discuss with him the importance of disclosing to his wife. Offer to help him talk with his wife.
- A permanent method, like a vasectomy, may be a good choice. Refer him to the facility if he wants a permanent method.
- He should continue to use condoms every time he has sex to protect his wife.

Advanced Unit 17
Preventing Mother-to-Child Transmission (PMTCT) of HIV

Learning Objectives

By the end of this unit, the participants will be able to:

- Explain the ways HIV can be passed from mother to child.
- Identify pregnant women who may be in need of PMTCT services.
- Describe community-level PMTCT services at all stages (before, during, and after pregnancy).
- Provide referrals and follow-up for PMTCT for women, their babies, and their families.
- Demonstrate how to mobilize the community, men, and mothers-in-law to support PMTCT services.

Training Methodology

- Group discussion
- Small group work
- Trainer presentation
- Game
- Demonstration/Return demonstration
- Role play
- Fishbowl
- Review Exercise

Content

17.1 PMTCT of HIV Throughout the Maternity Cycle

- PMTCT before pregnancy
- PMTCT during pregnancy
- PMTCT during labor and birth
- PMTCT during infant feeding and postpartum care
- Breastfeeding and replacement feeding
- Breastfeeding once babies begin eating solid food
- Counseling on infant feeding
- Postpartum care for the mother and the baby
- PMTCT+: Ongoing care and support for the mother and family

17.2 Mobilizing the Community around PMTCT+

- Working in the community to promote PMTCT+
- Involving men in PMTCT+
- Working with TBAs and mothers-in-law

Time Needed: 7 hours, 40 minutes

Materials Needed

- Flipchart
- Markers
- Tape
- Small ball
- *Trainer's Tool 17.1: Stages of Mother-to-Child Transmission*
- *Trainer's Tool 17.2: Baby Friendly Hospital Initiative*
- *Trainer's Tool 17.3: Questions for Toss the Ball*
- *Trainer's Tool 17.4: Replacement Feeding Guidelines*
- Large pot in which to boil water

- Metal or hard plastic 4–5 liter container with a tight lid to store boiled water
- Measuring cup
- Measuring spoons
- Metal or hard plastic cup
- Spoon for feeding
- Hard plastic container with a lid to store milk for the day's feedings if there is refrigeration
- Small prize

Work for the Trainer to Do in Advance

- Copy key points under *Session 17.1, Activity 1* onto flipchart.
- Find or make a baby model or doll to use in the breastfeeding demonstration.
- Collect 1 or 2 tins of the most commonly found formulas in your area and 2 sets of all utensils needed to demonstrate safe replacement feeding (see *Materials Needed)*.
- Find out local ARV protocols for PMTCT.
- Review Baby Friendly Hospital Initiative Guidelines in *Trainer's Tool 17.2: Baby Friendly Hospital Initiative*.
- Copy drawing from *Trainer's Tool 17.1: Stages of Mother-to-Child Transmission* on flipchart or photocopy *Trainer's Tool* and use as a handout.
- Photocopy *Trainer's Tool 17.3: Questions for Toss the Ball* and cut questions so that each question is on a slip of paper. Tape these slips of paper around a ball.
- Research the country's Infant Mortality Rate (IMR) and if the IMR is above 100/1,000 live births, adjust the guidance on breastfeeding according to the content under *Session 17.1, Activity 7*.

Session 17.1: PMTCT of HIV Throughout the Maternity Cycle

Introduction

Activity 1: Group Discussion (20 min.)

The trainer should:

- Ask participants what they have heard about PMTCT and PMTCT+. Use the questions below to guide the discussion:
  - Do all babies of women living with HIV/AIDS have HIV too?
  - How does a baby get HIV from his/her mother?
  - How can the baby be protected from HIV?
  - How can the mother be supported for her own health and well-being?
  - What do we mean by PMTCT+?
- After participants have discussed, supplement answers with the content below.
- Use prepared flipchart or a copy of *Trainer's Tool 17.1: Stages of Mother-to-Child Transmission* to show how many babies are infected at each stage (pregnancy, birth, and breastfeeding).
- Review the key points of the unit, using prepared flipchart.
- Ask participants to follow along in their *Handbooks*.

Key Points

In this unit we will cover the following **key points**:

- Ways HIV is transmitted from mother to child.

- PMTCT services at the facility.
- PMTCT services in the community.
- Making referrals and follow-up visits.
- Involving the community in PMTCT.

CHBC and PMTCT go together. Many of the same people, leaders, groups, activities, and resources for one can serve the other. Mothers and families getting PMTCT services all need CHBC support from CHWs. CHBC and PMTCT programs are both excellent places to start talking with everyone about HIV prevention and community mobilization.

If nothing is done to prevent it, about 1 in 3 babies of HIV+ women will get HIV. HIV can be passed from mother to baby during pregnancy, during labor and birth, or during breastfeeding, especially during mixed feeding. But, not all babies of HIV+ mothers will be infected.

If an HIV+ woman does not get any PMTCT services or support:

- During pregnancy, 5 to 10 babies out of 100 can be infected (or ½ to 1 baby out of 10 can be infected).
- During birth, 10-20 babies out of 100 can be infected (or 1-2 babies out of 10 can be infected).
- During breastfeeding, especially mixed feeding, 5-20 babies out of 100 can be infected (or ½ to 2 babies out of 10 can be infected).

CHWs can do many things during each of these stages so only a few babies instead of many will get HIV.

We all want healthy babies. But it is also important to give the mother the care and support she needs too. Mothers have a right to good health care and other support. Their health is just as important as the baby's and all babies need healthy mothers to help bring them up. Women are very important to the family and the community. We need to make sure to help them get the services and resources they need to stay as healthy as possible for as long as possible.

Taking care of the mother and the whole family is part of PMTCT+. Adding the "+" means that the care and support does not end with the birth of the baby or the end of breastfeeding, but continues for the mother especially, and also for the baby, the mother's partner, and the rest of the family. One of the most important things about PMTCT+ is treatment—both for Opportunistic Infections (OIs) and with ART. Besides treatment, ongoing social, economic, and emotional support is part of "+."

The health facility is the starting point for many of the actions that will decrease HIV transmission to the baby and support the mother's health and well-being. But, without community support and mobilization, the effect of PMTCT programs in health facilities will not be very strong. In this session, we will talk about how the clinic and CHBC work together for healthy mothers and babies.

PMTCT Before Pregnancy

Activity 2: Group Discussion (30 min.)

The trainer should:

- Ask participants:
  - What can be done before pregnancy for PMTCT?
  - Do you think some women still want to have babies even if they are living with HIV/AIDS? Why? Do you agree or disagree with this?
  - How important is it for women to have children in your community?
- Supplement responses using the content below.
- Ask participants to refer to their *Handbooks*.

The best way of preventing mother-to-child transmission is for HIV+ women not to get pregnant. **But remember: All women have the right to have or not have children, regardless of their HIV status.** CHWs should help women and couples prevent pregnancies they do not want and help them stay healthy and safe if they are pregnant. FP and dual protection with condoms are the main tools to prevent pregnancy and infection or reinfection.

To prevent mother-to-child transmission before pregnancy, the CHW can:

- Make sure that all people in the community know about and have a FP method of their choice, especially male or female condoms to prevent STIs, HIV, and unwanted pregnancy. Refer them to a nearby clinic or provide condoms and pills directly.
- Make sure people know about Emergency Contraceptive Pills (ECP) if they have had unprotected sex and where they can get them (or CHWs can distribute them directly in some places).

- Get people to go for VCT because if they know they are infected, they can choose not to get pregnant or get PMTCT services right away if they do want to be pregnant.
- Help PLWHA and their partners protect themselves from getting pregnant, or if they decide to become pregnant, help them prevent transmission and reinfection.
- Raise awareness in the community about PMTCT and why it is good to go for VCT before deciding to have a baby.

PMTCT During Pregnancy

Activity 3: Group Discussion and Small Group Work (1 hour, 15 min.)

The trainer should:

- Ask participants the following questions:
  - How can Antenatal Care (ANC) help pregnant women living with HIV/AIDS prevent mother-to-child transmission?
  - How can clinic care help prevent mother-to-child transmission during pregnancy?
  - How can the community and the CHW help prevent mother-to-child transmission during pregnancy?
- Supplement responses using the content below.
- Divide the participants into pairs.
- Assign each pair a scenario (below). Some pairs will have the same assignment.
  - Explain to a young, pregnant, HIV+ woman how babies can get HIV from their mothers and how best to prevent that.
  - Convince a HIV+ couple why the mother should get ANC and PMTCT services at the facility.
  - Explain to a group of women why a pregnant mother and her partner should go for VCT.
  - Explain to a group of nurses how the CHW can support ANC, PMTCT, and healthy pregnancy messages to protect mothers and babies.
  - Help a HIV+ woman and her family make a birth plan so there is as little chance of infecting the baby as possible.

Activity 3: Continued

- Allow each pair 10 minutes to prepare what they would say.
- Have each pair present what they would say to the larger group, taking no more than 2-3 minutes per group.
- Ask participants to give feedback and make sure the content below is covered.

Usually, a baby will be protected from HIV in a healthy mother's womb, but there are things that can make HIV transmission to the baby more likely. If the mother has other infections (e.g., malaria, TB, STIs, or hookworm), or anemia and poor nutrition, or if she gets full blown AIDS while pregnant, it is more likely she will pass the HIV to her baby in the womb. Also, if she has unprotected sex with an infected person, she will have even more of the virus in her body and the baby will be more likely to get HIV. That is why it is important for pregnant women to practice safer sex with condoms.

Both facility services and CHWs can help prevent mother-to-child transmission during pregnancy.

Facility services that can help are:

- VCT so all pregnant women know their status.
- Promotion of safer sex and condoms.
- Nutrition advice and supplements (like iron, folic acid, and vitamins).
- Malaria, hookworm, tetanus, and TB prevention and treatment.
- Treatment for STIs and other infections.
- ARVs late in pregnancy (or during labor) and after birth for the baby.

Things CHWs can do are:

- Find pregnant women in the community and encourage them (and bring them if possible) to the clinic for ANC and VCT, as early as possible.

- Get women to go for at least 3 ANC visits, more if she is not feeling well at any time.
- Help couples understand their risk for HIV and why PMTCT is important.
- Encourage women to eat healthy, get tetanus shots, practice safer sex (to avoid reinfection), and get treated right away if they are sick.
- Give iron and multivitamin tablets and show pregnant women how to take them.
- Help prevent malaria by getting clients to use treated bed nets and teaching them to drain still water from around the household compound.
- Give out condoms and tell women and men why it is important to use them during pregnancy.
- Provide information and counseling on using family planning after having the baby, depending on the couple's desire to have more children.
- Help women and their families plan a safe birth in a facility, or with a midwife or TBA trained in PMTCT.
- Make sure that the mother has ARVs for herself and the baby. It is good if she can have the ARVs ahead of time in case she does not deliver at a facility.
- Provide CHBC, including home visits and referrals for resources and support.
- Help form support/self-help groups for pregnant women.

PMTCT During Labor and Birth

Activity 4: Group Discussion and Small Group Work (1 hour)

The trainer should:

- Lead a discussion on preventing transmission during labor and birth using the content below.
- Ask participants:
  - How do babies get infected with HIV during labor and birth?
  - How can transmission be prevented during labor and birth in a hospital?
  - What have you heard about a drug called Nevirapine? Or AZT? How would you explain them to your clients? **Note to Trainer:** Local ARV protocols for PMTCT may vary. Make sure you find out common protocols in advance and discuss with participants.
  - Who makes decisions about where a woman will deliver and who will attend the birth?
  - How can CHWs help prevent HIV transmission during and around birth?
  - How can the CHW convince HIV+ women to deliver in a hospital or health center?
  - What can you tell a TBA attending a home birth, so she can make sure it is safe and there is less risk of transmission to the baby?
- Divide larger group into 5 smaller groups.
- Assign each group to prepare what they would say on preventing transmission during labor and birth to the following: 1) a woman, 2) a couple, 3) a TBA, 4) a group of young mothers, and 5) a mother-in-law. Participants should use their *Handbooks* for guidance.
- Allow 15 minutes and reconvene the large group.

Activity 4: Continued

- Ask each group to briefly present what they would say on PMTCT during labor and delivery.
- Ask other participants to comment on what was good and what could be added or changed.
- Supplement presentations as needed using the content below.

Having as **normal a birth as possible** helps keep the mother healthy and prevent HIV in the baby. Having a normal birth means doing as few things as possible to the woman and the baby, such as avoiding:

- Lots of bleeding.
- Cutting the woman.
- Pushing on the woman's belly.
- Doing exams inside of the woman.
- Infection (by delivering on a clean surface, washing hands and wearing gloves, disinfecting and cleaning any instruments used).

Avoiding these things and getting the right ARVs to the mother and the baby will cut the risk of transmission way down during birth.

Both facility services and CHWs can help prevent mother-to-child transmission during labor and birth.

Facility services that can help are:

- ARVs for both mother and baby at the right time and right dose.
- Good infection prevention, like keeping the woman and the birthplace very clean, not doing exams inside the mother, and not breaking the bag of waters.

- Making sure the baby does not touch a lot of the mother's blood by not cutting the woman, not rushing the birth, and not using forceps or other instruments.
- C-sections, which can help prevent HIV in the baby, may be dangerous for the mother depending on the facility, the doctor's skills, and the cost.
- Immediate clamping of the baby's cord.
- Following Baby Friendly Hospital Initiative standards. See *Trainer's Tool 17.2: Baby Friendly Hospital Initiative.*
- Careful postpartum care for the mother and links with PMTCT+ services.

Things CHWs can do to help are:

- During pregnancy, make sure the woman has a birth plan, including where she will deliver. A birth plan should include the place of birth (i.e., the health facility) with the least risk of transmission to the baby and least danger to the mother. Or, if it will be a home birth, there needs to be a birth attendant trained in PMTCT and a backup plan to get to a hospital if there is an emergency during the birth.
- Encourage HIV+ women to deliver in a health facility and take them there if possible.
- Work with the mother-in-law and/or partner so they understand and support safe delivery.
- Work with local birth attendants (like TBAs, midwives, and others) to understand PMTCT and refer HIV+ women to a facility for delivery.
- Make sure the woman takes her ARVs at the right time and the baby gets his/her ARVs on time. With single-dose Nevirapine, this means the mother gets her dose when she goes into labor, and the baby gets its dose within 72 hours after birth.
- Work with trained TBAs in the community to promote safe births for the woman, baby, TBA, and family members (to prevent transmission to the baby, and also to prevent infection in the TBA or family members from unsafe handling of blood or other fluids from the vagina).

PMTCT During Infant Feeding and Postpartum Care

Activity 5: Game: Toss the Ball (45 min.)

The trainer should:

- In advance, prepare the ball of questions (See *Work for the Trainer to Do in Advance* and *Trainer's Tool 17.3: Questions for Toss the Ball)*.
- Toss the ball to a participant and ask them to pull off a question and answer it. If s/he cannot answer it then s/he can give the question to another participant to answer. **Note to Trainer:** If participants' literacy level is not high, read the question aloud after the participant takes it from the ball.
- Ask other participants to supplement responses if they disagree with the response or have something to add.
- Instruct the participant to throw the ball to another person.
- Continue until all the questions have been discussed.
- Use the content below and in Activity 6 to summarize the main points on infant feeding.

Exclusive Breastfeeding

There is HIV in breast milk. The safest way to prevent transmission through infant feeding is to not give any breast milk to the baby. But, exclusive breastfeeding is best for babies in general because it is so healthy, does not cost money, and prevents deadly childhood diseases like diarrhea, malnutrition, and pneumonia. Many babies die from these diseases every day—many more than the number of babies that die from AIDS.

The World Health Organization (WHO) says that formula or animal milks should be used by HIV+ mothers only if it is **AFASS**. This means:

- **Accessible**—it is possible to find enough supply close by for the baby's needs.
- **Feasible**—the mother or family can make several feeds a day with clean water and

utensils, and the mother can face the possible stigma of not breastfeeding.

- **Affordable**—enough is provided free or the family can afford to pay for enough for the baby's needs.
- **Safe**—clean water is available, the cup and spoon can be cleaned well, and there is adequate fuel to boil water many times per day.
- **Sustainable**—it is possible to have enough supplies for as long as the baby is not yet eating solid foods and drinking other fluids.

Sometimes free formula is given to mothers by the clinics. But often, it is not enough, they still do not have clean water, and it is very difficult to prepare and give the formula safely to the babies. If a woman does want to replacement feed, direct and ongoing support from nurses in the clinic and CHWs in the home is needed to do it safely.

If any of these things in the AFASS list above are not true, she should EXCLUSIVELY breastfeed for 6 months, using no other water, fluids, or food.

It has been shown that there is very little HIV transmission from breast milk if:

- The mother is healthy.
- Breast infections are prevented or treated right away.
- Thrush (yeast) or sores in the baby's mouth are treated right away.

Also, breast milk is the perfect food for babies, and they get sick a lot less than with formula and animal milks.

Source: WHO and UNAIDS. 2003. *HIV and infant feeding: Guidelines for health care managers and supervisors.* Geneva: World Health Organization.

Mixed Feeding

The most HIV transmission happens when both breast milk and other milk, food, and/or fluids are given to the baby. This is called mixed feeding.

Mixed feeding causes more HIV transmission because:

- Breast milk is clean, has no germs, does not cause allergies, and keeps the baby's

stomach healthy. Most of the virus is destroyed by the stomach acid before it gets to the baby's blood.

- When germs from water and food get into the stomach, it causes small wounds or openings in the stomach lining. The virus can get into the baby's bloodstream that way.
- There are also things called allergens (that cause allergies or bad reactions) in these fluids and foods which can also disrupt the stomach lining and increase HIV transmission.

HIV+ women must be given this information so they never mix feed their babies.

Source: Piwoz, E. and Preble, E. 2002. *Prevention of Mother-to-child transmission of HIV in Asia: Practical guidance for programs.* Washington, DC: The LINKAGES Project, Academy for Educational Development.

PMTCT During Infant Feeding

The CHW along with the nurse can help women decide which feeding option is best for them: exclusively replacement feeding or exclusively breastfeeding. Both facility services and CHWs can help prevent mother-to-child transmission during infant feeding.

Facility services that can help are:

- Counseling to help women make a realistic choice about how to feed the baby. (Too many people just tell women to replacement feed without knowing if they can manage it or not.)
- Advice, demonstration, and support on how to safely breast or replacement feed and prevent breast infections if breastfeeding.
- Care, advice, and ongoing support for mothers who choose to exclusively replacement feed, such as feeding support groups where women can support each other.

Things CHWs can do to help are:

- Tell everyone that mixed feeding is the most dangerous for the baby.
- Visit often and help the woman in her home to correctly, exclusively, and more safely feed the baby.

Breastfeeding and Replacement Feeding

Activity 6: Demonstration/Return Demonstration (45 min.)

The trainer should:

- With a doll or baby model, demonstrate how to help a woman to breastfeed safely and effectively, using the content below as a guide.
- Ask a participant to return the demonstration, explaining to the "mother" as s/he goes along. Remind them to use their *Handbooks* as a reference.
- Demonstrate how to help a family prepare replacement milk (formula or animal milk) safely, using actual formula found locally and common animal milk (cow, goat, sheep) found locally.
- Remind participants that they need to be able to read and follow the directions on the formula tin. If they have trouble reading, they must have someone read it for them, so they can give sound advice to the women.
- Ask a participant to return the demonstration, explaining to the "mother" as s/he goes along.
- Divide the group into pairs. Ask them to demonstrate to each other exclusive breast and exclusive replacement feeding, using their *Handbooks* as a guide. They should explain each step as if they are talking with the "mother."

For breastfeeding, teach the client and family members to:

- Start breastfeeding within one hour of birth (this helps the baby learn how to do it, stops the mother's bleeding, and provides a lot of good nutrition to the baby).
- Help the baby correctly latch onto the nipple to promote good flow of milk and prevent cracking and infection.
  - **Signs of good attachment:** Mouth is wide open, lower lip is curled outwards, chin touches the breast, baby takes slow, deep sucks, and it is pain free for the mother. If

any of these are not there, baby has to come off and start again.

- **Position:** Baby's head and body are straight, baby faces the breast and should be able to look up at mother's face, baby is close to mother, and baby's whole body is supported.
- Mother should be relaxed, especially her shoulders, sitting or lying down, with her back and arm supported.

Source: Ministry of Health, Kenya, National AIDS/STD Control Programme. 2005. *Kenya national prevention of mother-to-child HIV transmission training curriculum.* Nairobi: Republic of Kenya, Ministry of Health.

- To start, she rubs the nipple on the baby's mouth, and when the baby opens wide, she aims it at the roof of the mouth.
- After infant stops feeding on one breast (at least 7-8 minutes to get all of the "hind" milk that has fat and energy), give the second breast for as long as the baby will keep sucking.
- For the next feed, start on the second breast first.
- Feed on demand, whenever the baby wants, but at least 10 times a day and through the night. The baby should never go more than 2-3 hours without feeding when it is small.
- Do not use any pacifiers or dummies as they may be dirty and cause infection in the baby.
- If the mother is ill, she should continue to breastfeed as the baby is protected by her milk.
- If the baby is sick, the mother should breastfeed even more and also go to the health facility.
- Go to the facility right away to treat breast infections and thrush or sores in the baby's mouth.

  - **Thrush:** We already talked about thrush in *Unit 10: Managing and Treating*

AIDS-Related Conditions. Look for white spots or redness in the baby's mouth. The mother might also feel itching or burning on her nipples. Refer the baby for treatment and use a gentian violet solution (see *Unit 10: Managing and Treating AIDS-Related Conditions*) on the mother's nipples and in the baby's mouth once per day for 5 days.

➤ **Breast infections:** Women can get breast infections if they have sore, cracked nipples or if their breasts are really "full." Some signs of infection are painful lumps in the breast; hot, red, sore areas; aches and pains; and a fever. There might also be pus coming out from the nipples. Breast infections must be treated with antibiotics by a nurse or doctor right away!

Source: Klein, S., Miller, S., and Thomson, F. 2004. *A book for midwives: Care for pregnancy, birth, and women's health*. Berkeley, CA: The Hesperian Foundation.

- Encourage the mother to drink lots of juice, milk, tea and other liquids, and eat plenty of nutritious food.
- Counsel on condom use and provide condoms because any new virus coming in can raise the amount of virus in the breast milk and increase the chance of transmission.
- Help form and work with mothers' support groups in the community, including safer infant feeding.
- Involve men/partners to support the women.

Replacement Feeding

Feeding the baby formula or animal milk:

- Use safe water and clean utensils to prepare formula or animal milks to the right strength.
- Use a cup and spoon to feed the baby. DO NOT USE BOTTLES OR NIPPLES.
- Give 10 to 12 feeds a day in the beginning.
- Support the woman to face stigma from family and neighbors if needed by helping her disclose her status to her family and neighbors. It is hard to explain not breastfeeding, and she may need your help.

For formula feeding, teach the client and family members to:

- Wash hands and all utensils, cups, and spoons with soap and water and rinse very

well with clean water.

- Read or have someone read instructions on the tin.
- Boil clean water vigorously for 20 minutes and store for the whole day in a clean, covered container.
- Measure the amount of milk powder for one feed (if no refrigeration) and mix with the correct amount of cooled, boiled water.
- Feed the infant by cup (about 150 ml per kg of baby weight.) 6–8 times a day (e.g., if the baby is 5 kg., s/he needs 5 times 150 ml, or 750 ml each feed).

Source: The LINKAGES Project. 2005 update. *Infant feeding options in the context of HIV.* Washington, DC: Academy for Educational Development.

Remember: Do not add extra water to the formula to stretch it because this will lead to the baby not getting enough and becoming malnourished. Some families feel they have to share the formula with other hungry children, but this will be harmful for the baby if s/he is not getting enough.

For feeding with animal milk (e.g., from a cow, goat, buffalo, camel, or sheep), teach the client and family members to:

- Wash hands and utensils with soap and water.
- Boil water vigorously for 20 min., and store in a clean covered container for the day.
- Measure the proper amounts of water, sugar, and milk needed and mix in a clean container. See *Trainer's Tool 17.4: Replacement Feeding Guidelines* for the different amounts of water and sugar needed for the different kinds of milks.
- Bring the mixture to a boil and remove it right away from the heat.
- Prepare each feed from scratch unless the client has a good refrigerator. If there is a refrigerator, then prepare feeds for the whole day.
- Feed the infant by cup (see below).
- The baby should have a multivitamin if using animal milk.

Remember: NEVER use sweetened condensed milk, skimmed milk, fruit juice, sugar water, for replacement feeding. These do not provide enough energy or nutrients.

Source: The LINKAGES Project. 2005 update. *Infant feeding options in the context of HIV.* Washington, DC: Academy for Educational Development.

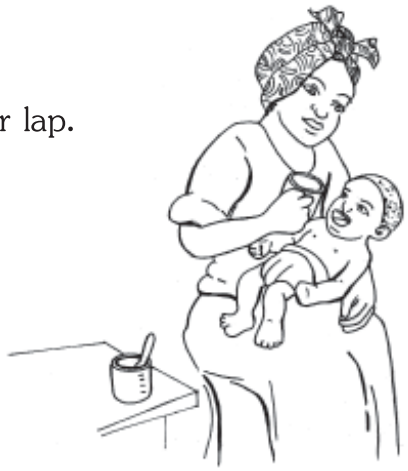
Tips on Animal Milks

(See *Trainer's Tool 17.4: Replacement Feeding Guidelines* and the Handbook for more information.)

- **Cow, goat, and camel milk** are similar: For 100 ml milk, add 50 ml boiled water and 10 g (2 teaspoons) of sugar.
- **Sheep and buffalo milks** have more fat, energy, and protein—so mix 50 ml of milk with 50 ml of boiled water, and add 5 g (1 teaspoon) of sugar.

Source: Klein, S., Miller, S., and Thomson, F. 2004. A book for midwives: Care for pregnancy, birth, and women's health. Berkeley, CA: The Hesperian Foundation.

How to feed an infant with a cup:



- Hold the infant sitting upright or semi-upright on your lap.
- Hold the cup of milk to the infant's lips.
- Tip the cup so that the milk just reaches the infant's lips and it rests lightly on the infant's lower lip.
- The infant will become alert and open its mouth and eyes.
- Do not pour the milk into the infant's mouth. Hold the cup to the lips and let the infant take it.
- When the infant has had enough, s/he will close its mouth and take in no more milk.

Source: WHO. 2004. *Prevention of mother-to-child transmission of HIV generic training package.* Geneva: World Health Organization.

Breastfeeding Once Babies Begin Eating Solid Food

Activity 7: Trainer Presentation, Small Group Work, and Group Discussion (45 min.)

The trainer should:

- Explain HIV+ mothers' feeding choices (i.e., to continue breastfeeding or to wean) once babies begin eating solid food at around 6 months of age. Give examples of when each choice might be appropriate (*e.g., a widow with no income or access to free formula, a married woman with 3 children whose husband is sick and cannot work*).
- Divide participants into pairs and have them practice explaining feeding choices for HIV+ mothers.
- Move around the room and provide feedback or help as needed.
- Reconvene the large group and demonstrate how to teach a HIV+ mother who has chosen to stop breastfeeding how to express milk and feed her baby from a clean cup.
- Ask a participant to return the demonstration.
- Ask if there are any questions and summarize the main points around breastfeeding once babies begin eating solid food.
- Conclude by reviewing with participants the Lactational Amenorrhea Method (LAM) in *Unit 16: Family Planning (FP)* and the impact of exclusive breastfeeding on fertility.

Babies should start eating solid food at around 6 months of age. At this age babies begin to need more nutrition than milk alone can provide. If the mother is not HIV+, it is important to continue breastfeeding until the baby is 2 years old because breast milk provides essential nutrition, even when the baby is also eating solid food and drinking other liquids.

If the mother is HIV+ and has exclusively breastfed her baby, she should consider her infant feeding choices once it is time for her baby to begin eating solid food.

One choice for healthy HIV+ mothers that have breastfed their babies is to *continue* breastfeeding after their babies begin eating solid food. Breastfeeding provides free, clean, important nutrition to children from 6 months to 2 years of age, so continuing breastfeeding several times each day may be the best choice for some HIV+ mothers. There remains a small risk of HIV transmission with breastfeeding after 6 months because of mixed feeding. If healthy food and milk are not available, however, the value of breast milk's nutrition may be more important than the small risk of HIV from mixed feeding, especially because HIV transmission from mixed feeding after 6 months is thought to be very small.

The other choice for healthy HIV+ mothers that have breastfed their babies is to stop breastfeeding before their babies begin eating solid food. This reduces the risk of HIV transmission from mixed feeding, but if there is not enough healthy food and milk this may increase the risk of malnutrition. Before any mother stops breastfeeding, the CHW should encourage the mother to talk to a nurse at the clinic about the safest and most healthy way to feed her baby with the foods available to her. The CHW can reinforce the nurse's advice and support her in implementing her feeding plan.

If the mother is sick with advanced AIDS, the risk of her passing HIV through breast milk is increased, and therefore her choices may be different. If ART is available, she should be referred for ART to reduce the risk of HIV transmission through breastfeeding. If ART is not available, she should be referred to community services for food relief so the mother can access enough healthy food for the baby so she can stop breastfeeding. However, if the baby is known to be HIV+ or if the baby is very ill or malnourished, breastfeeding should not be stopped.

Note to Trainer: It has been shown that continued breastfeeding until 2 years is the safest choice for HIV+ mothers in countries with infant mortality rates higher than 100 deaths per 1,000 live births (a few countries with infant mortality rates higher than 100 are: Tanzania, Ethiopia, and Mozambique). This is a useful guideline, but even in countries with

infant mortality rates lower than 100 there are households for which continued breastfeeding is the safest choice because they do not have access to enough healthy food and milk.

If the mother has access to a good supply of healthy food and milk to give to the baby, the baby should stop breastfeeding at around 6 months of age, before s/he begins eating solid food to avoid mixed feeding.

If an HIV+ mother chooses to stop breastfeeding before the baby eats other food or formula the best way is to:

1. Ask the mother to express (push milk out of both breasts into a clean cup) for one feed a day and feed it to the baby from the clean cup and breastfeed as usual for the other feeds.
2. After 2-3 days, express 2 feeds, one at night and one during the day. Breastfeed for the other feeds.
3. Every 2-3 days, express another feed. Keep increasing the number of expressed feeds until the baby is used to the cup and spoon.
4. Once all of the feeds are by cup and spoon, stop all breast milk. Start other milk, prepared safely, and begin to introduce other safe, nutritious foods.
5. Once the baby is off all breast milk, s/he should not be put back on the breast.
6. Do not use bottles and nipples because they are hard to clean and usually have lots of harmful germs.
7. Breastfeeding provides some protection from pregnancy. When the mother stops breastfeeding she will need to have started a FP method if she wants to prevent pregnancy. Stress the need for practicing dual protection by using condoms.

Sources: The LINKAGES Project. 2005 update. *Infant feeding options in the context of HIV.* Washington, DC: Academy for Educational Development.

Piwoz EG, Ross JS. Use of population-specific infant mortality rates to inform policy decisions regarding HIV and infant feeding. J Nutr. 2005 May;135(5):1113-9).

Counseling on Infant Feeding

Activity 8: Role Play (40 min.)

The trainer should:

- Divide the larger group into 4 groups.
- Ask each group to prepare one of the following role play scenarios:

  Group 1) Try to convince a mother to ONLY breastfeed or ONLY replacement feed.

  Group 2) Teach a young adolescent mother how to exclusively breastfeed including how often to feed, length of feeding, to empty both breasts, and how to get the baby to latch on and suck correctly.

  Group 3) Explain to an HIV+ woman and her mother-in-law the best way to stop breastfeeding before the baby eats other food or formula.

  Group 4) Explain to and show a new mother how she can safely and exclusively replacement feed.
- Allow 15 minutes to prepare and reconvene the group.
- Ask each group to present their role play (no more than 5 minutes each).
- Ask the larger group to provide feedback.

Postpartum Care for the Mother and Baby

Activity 9: Trainer Presentation (20 min.)

The trainer should:

- Present postpartum care as an important part of PMTCT+ using the content below.
- Conclude by asking participants:
  - How can you make sure mother and baby are safe in the first days and weeks after birth?
  - What are the main danger signs in mother and baby you must look for?
  - What are the signs of AIDS to look for in a baby or child?

Home visiting in the first days and weeks after birth is critical for all mothers and babies. Many women die in the first few days after birth, so the CHW should look for danger signs, like too much bleeding, infection, or fits, and get her to a clinic immediately if she has any of these.

CHWs should visit the woman and baby:

- The day of the birth.
- The day after the birth.
- Every other day the first week.

The family should know how to recognize danger signs in the mother and baby and how to contact the CHW if they see them. It is also an important time to get the woman linked to PMTCT+ services for her ongoing health and support.

Danger Signs to Look for After Birth

While it is best for the mother and baby to be seen by a trained nurse or TBA in the time after birth, the CHW should know what to look for and what do in case there is no other trained provider.

Refer the mother to the clinic right away when there is:

- **Too much bleeding:** More than a regular monthly bleeding on day 1 and 2. The bleeding should be very little by day 3 and should be pink or brown, but not bright red after the first day. Infection: If she is warm to the touch, feels feverish, and has body aches, and/or there is a bad smell from the vagina, she has an infection.
- **Fits:** If she has fits where she is shaking and falling down without any control.

Remember: All of these are emergencies!

Refer the baby to the clinic right away if the baby:

- Has a fever.
- Is jittery and crying all the time.
- Sleeps all the time.
- Refuses to feed 10–12 times each day.
- Looks yellow.

Source: Klein, S., Miller, S., and Thomson, F. 2004. *A book for midwives: Care for pregnancy, birth, and women's health*. Berkeley, CA: The Hesperian Foundation.

PMTCT+: Ongoing Care and Support for the Mother and Family

CHWs should help women find PMTCT+ services in the community and explain to women and families what PMTCT+ services are and why they are important for the whole family.

PMTCT+ includes:

- Nutrition and linkages to food support.
- Medicines to prevent or treat OIs, like cotrimoxazole to prevent pneumonia.
- Counseling and emotional support.
- Infant feeding counseling and support.
- Evaluation of HIV status on a regular basis.
- ARVs for the mother and the whole family, if needed.

- Help making a plan to take the ARVs the right way every day.
- Help managing the side effects of ARVs and other medicines.
- FP counseling and supplies.
- Attention to other health needs that may or may not be related to HIV/AIDS.
- Linkages to PLWHA support groups.
- Linkages to CHBC and other community-based support services.

PMTCT+ also includes care and support for the babies of HIV+ mothers.

The CHW can help by:

- Making sure the baby goes to the clinic for immunizations and growth monitoring.
- Looking for signs of HIV/AIDS in the baby.
- Making sure the baby gets medicines to prevent OIs from the health facility.
- Making sure the baby gets good nutrition.
- Helping the family find dipped bed nets to prevent malaria.
- Making sure the baby **gets tested for HIV at 18 months**. Before this, the results are not that sure.

Signs of HIV/AIDS in Children

In *Unit 2: Facts about HIV/AIDS and People Living with HIV/AIDS*, we talked about the signs of HIV/AIDS in adults and children.

If the child has any 3 of the following, they may have HIV/AIDS:

- A lot of chest infections.
- Bad diarrhea that does not go away.
- A parent with TB.
- Thrush (white spots) in the mouth.
- Big lymph nodes (in the neck, armpit, or groin).
- Losing weight or not gaining enough weight.

If you think a child may have AIDS (but you will not know for sure) talk with the parents about getting the child to a clinic to be examined and tested. There are many things that can be done to help children living with HIV/AIDS live long, healthy lives, including ARVs.

Session 17.2: Mobilizing the Community around PMTCT+

Working in the Community to Promote PMTCT+

Activity 1: Fishbowl (25 min.)

The trainer should:

- Ask participants, "How can you mobilize around PMTCT to help prevent HIV in the community in general?"
- Brainstorm a list of specific things the CHW can do to mobilize people, note responses on flipchart.
- Select 6 participants and divide into 2 groups. Ask each group to prepare a role play. The first group will explain PMTCT to a meeting of market women, and the second group will explain to a group of religious leaders.
- Allow 5 minutes for the groups to prepare, using their *Handbooks* as a guide.
- Ask the other participants to arrange their chairs in a large circle.
- Ask the first group to perform their role play in the middle of the circle while those in the outer circle to observe and critique the role play.
- After 5 minutes, stop the role play and ask for observer feedback.
- Continue this process with the next group.
- Ask if there are any questions.
- Summarize main points to cover when doing mobilization on PMTCT+.

The CHW can let people in the community know about PMTCT. Information about PMTCT can raise awareness and help the community understand what HIV is and its dangers for all people in the community. This is a very important job of the CHW,

because if ALL community members are aware of how to prevent mother-to-child transmission, they can mobilize to prevent and help support those PLWHA who are dealing with pregnancy and parenthood. They can help fight stigma against women who do not breastfeed and help affected families find the support and services they need.

Youth have an especially difficult time, especially if unmarried, HIV+. and pregnant all together. Youth need prevention information and need support to find PMTCT services if they need them.

Involving Men in PMTCT+

Activity 2: Game (25 min.)

The trainer should:

- Divide the group and have the men stand on one side and the women stand on the other side.
- Select a panel of 3 participants to judge which group comes up with the best ideas. If there are not enough men, some of the women can role play men and try to give a man's perspective.
- Ask, "Why is it important to involve men in PMTCT?"
- The 2 groups should meet separately for 10 minutes and plan the best ideas and arguments to present to the other side. The goal is to come up with actions that can be used in involving men and what they can do to help prevent mother-to-child transmission.
- Reconvene the group. Each side will take turns with different people presenting a new idea until all the group's points are presented.
- The judges will decide which side had the most and best ideas and explain why they made their decision.
- Give the winning team a small prize.
- Supplement the discussion using the content below.

The nature of the relationships between men and women has a lot to do with HIV/AIDS. Because men make the Sexual and Reproductive Health (SRH) decisions in many societies around the world, it is important to involve men in decisions about sexual health, condom use, and women's health. If men and women can work together, there will be much less HIV transmission, and if already infected, they can work together to keep the family as healthy as possible for as long as possible.

Some things men can do to prevent MTCT:

- Cooperate in safer sex practices like using condoms outside of the relationship or being faithful to protect their families.
- Understand all of the ways that transmission can be prevented and participate in preventing and promoting health for the mother and for himself.
- Support the woman to care for the baby and visit a healthy facility regularly.
- Talk to other men in the community about PMTCT, why it is important to go for VCT and use condoms, and why women should get good care during and after pregnancy.
- Encourage exclusive breastfeeding.

CHWs can motivate men around PMTCT+ by:

- Involving them in prenatal care by making clinics friendly for men and offering them services, like VCT.
- Involving them in maternal and child health and FP services, with FP counseling for them, VCT, and including them in information sessions on family health.
- Forming men's support groups.
- Having male CHWs work with men and be role models themselves.
- Educating men about the importance of exclusive breastfeeding for reproductive health and child health.

Working with TBAs and Mothers-in-Law

Activity 3: Group Discussion (15 min.)

The trainer should:

- Ask participants:
  - Why CHWs should work with people in the community who have a special role around birth, like TBAs and mothers-in-law?
  - How can we form friendly, working relationships with these groups for healthier mothers and babies?
- Supplement answers using content below.

Besides all of the stakeholders and possible community mobilizers for PMTCT, Traditional Birth Attendants (TBAs) and mothers-in-law are very important groups.

Working with TBAs

In most countries, a lot of births happen at home. We have learned that HIV infection in the baby can be greatly reduced if ARVs are given properly, infection and bleeding are prevented, and women are supported for a normal labor and birth. In home birth, there is also a small risk of the TBA or the family being infected by the birth fluids and blood, so infection prevention, like wearing gloves, must be done.

The CHW can work with TBAs so they understand:

- PMTCT.
- When and how to give ARVs to prevent the baby from being infected.
- Safe labor and birthing practices.
- How to protect themselves and others in the family.

The TBAs can also refer women for ANC and VCT if they understand how important PMTCT services are and help guard the mother's and baby's safety after birth.

Working with Mothers-in-Law

Mothers-in-law are often decision makers for their sons' wives, with a lot of influence in matters of childbirth and infant feeding. For example, mothers-in-law often give babies other foods and fluids when mothers are trying to exclusively breastfeed. HIV+ women can have a hard time getting support from their mothers-in-law, especially if they feel it is necessary to hide their HIV status.

CHWs should remember the importance of involving mothers-in-law in PMTCT. CHWs should work with mothers-in-law to support HIV prevention, FP, and exclusive breastfeeding or exclusive replacement feeding. CHWs can also help mothers-in-law form groups and become CHWs. If mothers-in-law are supportive of their HIV+ daughters-in-law, they can guarantee support from the whole family for the mother, father, and baby.

Unit Summary and Evaluation

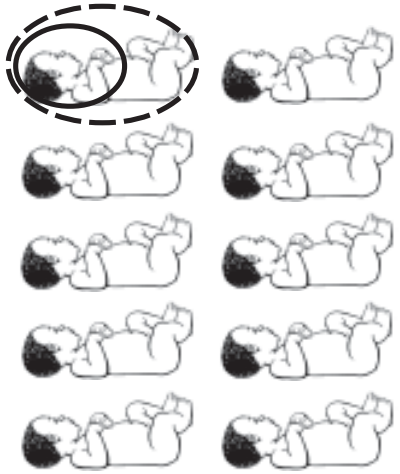
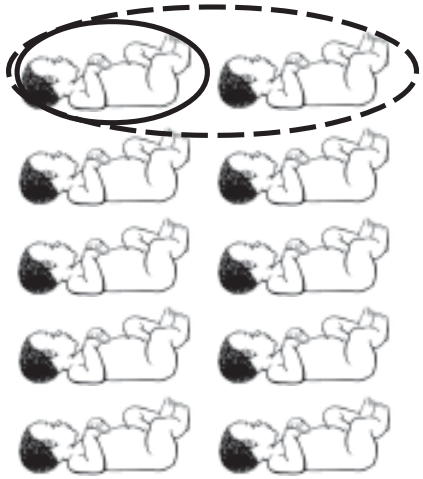
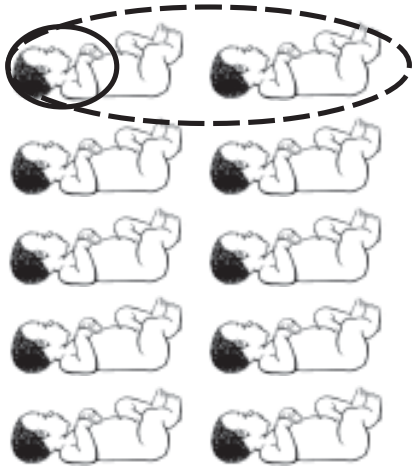
Activity 4: Review Exercise (15 min.)

The trainer should:

- Quickly refer to the key unit points presented in *Session 17.1, Activity 1* and ask if all points were well explained. Review any unclear points.
- Ask for volunteers to explain the main points on PMTCT at each stage before pregnancy, during pregnancy, during labor and birth, and postpartum. The points should be brief as there was a lot of information covered in the unit.
- Use the content in the unit to supplement or correct answers if needed.

TRAINER'S TOOL 17.1: STAGES OF MOTHER-TO-CHILD TRANSMISSION

This chart shows the minimum and maximum number of babies that will become infected during different stages of mother-to-child transmission of HIV.

Pregnancy	Birth	Breastfeeding (especially mixed feeding)
		
Out of 10 babies, 1/2 to 1 will be infected.	**Out of 10 babies, 1 or 2 will be infected.**	**Out of 10 babies, 1/2 to 2 will be infected.**

——— Minimum number of infections

– – – Maximum number of infections

Trainer's Tool 17.2: Baby Friendly Hospital Initiative

Baby Friendly Hospital Initiative

The Baby Friendly Hospital Initiative—Ten Steps to Successful Breastfeeding

Step 1: Have a written breastfeeding policy that is routinely communicated to all health care staff.

Why have a policy?

- It requires a course of action and provides guidance.
- It helps establish consistent care for mothers and babies.

How should it be presented?

- It should be written in the most commonly used language.
- It should be available to all staff caring for mothers and babies.
- It should be displayed in all areas where mothers and babies are cared for.

Step 2: Train all health care staff in the skills necessary to implement this policy.

Areas of knowledge to emphasize:

- Explain the advantages of breastfeeding.
- Explain the risks of replacement feeding.
- Explain the mechanisms of lactation and suckling.
- Show how to help mothers initiate and sustain breastfeeding.
- Show how to carry out a breastfeed.
- Explain how to resolve breastfeeding difficulties.
- Describe hospital breastfeeding policies and practices.

Step 3: Inform all pregnant women about the benefits of breastfeeding.

What should prenatal education include?

- It should emphasize the importance of exclusive breastfeeding.
- It should explain the risks of artificial feeding and use of bottles and pacifiers, soothers, teats, and nipples.
- It should ***not*** include group education on formula preparation.

Trainer's Tool 17.2: Continued

Step 4: Help mothers initiate breastfeeding within an hour and half of birth.

Why should we initiate early feeding for the newborn?

- It increases the overall duration of breastfeeding.
- It allows skin-to-skin contact for warmth and bonding of the baby with the mother.
- It provides colostrum for the baby's first immunization.
- It takes advantage of the first hour of alertness.
- The baby learns to suckle more effectively.

Step 5: Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants.

Supply and demand

- Milk removal stimulates increased production.
- The amount of breast milk removed at each feed determines the rate at which milk will be produced in the next few hours.
- Milk removal must be continued during separation to maintain supply.

Step 6: Give newborns no food or drink other than breast milk unless medically indicated.

What is the impact of routine formula supplementation?

- It decreases the frequency and efficiency of suckling.
- It decreases the amount of milk removed from the breast.
- It delays milk production or reduces the milk supply from the breast.
- Some infants have difficulty attaching to the breast if they receive formula by bottle.

Medically indicated exceptions for breastfeeding are instances in which the infant may require other fluids or food in addition to, or in place of, breast milk. The feeding program of these babies should be determined by qualified professionals on an individual basis.

Step 7: Rooming in—A hospital arrangement where the mother and baby stay in the same room day and night allows unlimited contact between mother and baby.

Why should babies room in?

- It reduces costs.

Trainer's Tool 17.2: Continued

- It requires minimum equipment.
- It requires no additional personnel.
- It reduces infection.
- It helps establish and maintain breastfeeding.
- It facilitates the bonding process.

Step 8: Encourage breastfeeding on demand.

What is breastfeeding on demand?

Breastfeeding on demand means breastfeeding whenever the baby wants, with no restrictions on the length or frequency of breastfeeds.

Why on demand breastfeeding?

- It minimizes weight loss in the first few days of life.
- Breast milk flow is established sooner.
- The volume of milk intake by day 3 is larger.
- It lowers the incidence of jaundice in the newborn.

Step 9: Give no artificial feeds or pacifiers (also called dummies and soothers) to breastfeeding babies.

Step 10: The key to best breastfeeding practices is continued day-to-day support for the breastfeeding mother within her home and community.

What do we mean by breastfeeding support?

- Early postnatal or clinical checkup.
- Home visits.
- Telephone calls.
- Community services, such as outpatient breastfeeding clinics.
- Peer counseling programs.
- Mother support groups—help set up new groups and establish a working relationship with existing groups.
- Family support systems.

Adapted from: Ministry of Health, Kenya, National AIDS/STD Control Programme. 2005. *Kenya national prevention of mother-to-child HIV transmission training curriculum.* Nairobi: Republic of Kenya, Ministry of Health.

Trainer's Tool 17.3: Questions for Toss the Ball

Instructions: Photocopy Trainer's Tool and cut so that each question is on a slip of paper. Tape slips around a ball.

How are most babies fed in the community? What foods or liquids are they given in the first 6 months?

What are possible problems for women who try to formula or replacement feed?

Do you think there is stigma when a woman does not breastfeed? Explain.

How can breastfeeding be made safer for women with HIV/AIDS who cannot afford formula or do not want to formula feed?

How can CHWs help women "exclusively" feed, either breast or replacement, to avoid HIV infection and other serious childhood illnesses like diarrhea.

What does "exclusive" mean and why is it necessary?

Why is "mixed feeding" more likely cause transmission?

What do breast infections look like?

What does thrush in the baby's mouth look like?

TRAINER'S TOOL 17.4: REPLACEMENT FEEDING GUIDELINES

Guidelines for Replacement Feeding with Milk:

Type of milk:	***Amount to mix:***		
	Milk +	**Water** +	**Sugar**
Cow, goat, or camel milk	40 ml	20 ml	4 g (slightly less than 1 teaspoon)
Sheep and buffalo milk	30 ml	30 ml	3 g (slightly less than½ teaspoon)
Evaporated milk	16 ml	44 ml	4 g (level teaspoon)
Powdered full cream milk	5 g	60 ml	4 g (level teaspoon)

Adapted from: The LINKAGES Project. 2005 update. *Infant feeding options in the context of HIV*. Washington, DC: Academy for Educational Development.

NOTES

Advanced Unit 18

Anti-Retroviral Therapy (ART)

Learning Objectives

By the end of this unit, the participants will be able to:

- Explain the different stages of health that PLWHA go through.
- Support clients to stay healthy through nutrition, positive living, OI prevention, and OI treatment.
- Explain the basics of ART to clients and their caregivers.
- Describe how to help clients and their caregivers prepare to take ART.
- Explain how health facility services can be linked with CHBC services to support clients on ART.
- Support clients so they adhere to ART.
- Identify and help manage common side effects of ART.

Training Methodology

- Trainer presentation
- Group discussion
- Brainstorming
- Small group work
- Role play
- Guest speaker
- Review exercise

Content

18.1 Care and Treatment Basics

- Who needs ART
- How ART works
- Clarifying myths and facts about ART
- Benefits and drawbacks of ART
- Common ART regimens and client needs on ART

18. 2 The CHW's Role in ART Support

- Preparing clients for ART
- The importance of adherence
- Ways to improve adherence
- Managing side effects
- Supporting clients on ART

Time Needed: 7 hours, 50 minutes

Materials Needed

- Samples of first and second line drug regimens for the region and instructions on their use
- Samples of cotrimoxazole (also called Septrin) tablets for adult and syrup for children, fluconazole (also called Diflucan), and isoniazid
- Sample pillbox (a pillbox that has a separate compartment for each day of the week) if available
- National ART guidelines (including the first choice ART regimens)
- Flipchart

- Markers
- Tape
- Paper
- Small ball
- Small prize
- 2 noisemakers (e.g., whistle, glass and a pen, or stick and a can.)
- *Trainer's Tool 18.1: Case Scenarios for ART Role Plays*
- *Trainer's Tool 18.2: Review Game Questions*

Work for the Trainer to Do in Advance

- Copy key points under *Session 18.1, Activity 1* onto flipchart.
- Invite a provider or support staff from an HIV/ART care center and a person(s) living with HIV/AIDS (PLWHA) who is successfully taking ART to address and interact with the participants.
- Optional: Arrange a visit to an HIV/ART care center if time allows so CHWs are familiar with care and treatment services and the referral site.
- Find out about the cost and availability in the community of common OI prevention and treatment medicines (e.g., cotrimoxazole/Septrin, fluconazole/Diflucan, and isoniazid).
- Use the National ART Guidelines to learn the first and second line regimens and prepare to explain them to the participants.
- Using 2 different colored pieces of paper or 2 different markers, write "true" on one sign and "false" on the other. If participants have a low literacy level, use symbols such as happy and sad face or checkmark and x to denote "true" and "false."

Session 18.1: Care and Treatment Basics

Introduction

Activity 1: Trainer Presentation (15 min.)

The trainer should:

- Use the content below to explain the importance of good care and support to keep PLWHA healthy.
- Explain what "ART" and "ARV" mean.
- Explain that CHWs have an important role to play in supporting clients on ART using the content below.
- Present the key points that will be covered in this unit using the prepared flipchart.
- Ask if there are any questions or comments before moving on.

Nutrition, psychosocial support, and positive living all play major roles in keeping PLWHA healthy and active. Treatment with medicine also plays a big role.

It is important to remember that not all clients need to go on ART. Although only a doctor or nurse at the health facility can decide if clients need ART, CHWs can help a lot by keeping clients healthy as discussed in earlier units and also supporting those clients who need treatment for AIDS. In order to help their clients with treatment, CHWs need to understand some basic things about ART.

Anti (this means it fights against something)

Retroviral (HIV is this kind of virus)

Therapy (this means treatment of illness)

ARVs or **A**nti-**R**etro-**V**irals mean the drugs that fight against viruses, in this case HIV.

CHWs play a big part in supporting PLWHA to start and continue ART at the community and household levels. They provide a bridge between the services a client receives at the health facility and the care and support they need in the home. CHWs can help refer clients to the clinic for ART and then can provide supportive care as the client is starting ART and coping with the challenges and side effects. CHWs can help make sure that clients take ART the right way and that they go to all regular visits at the health facility.

CHWs can also be advocates for ART in the community, telling everyone why PLWHA have a right to the best treatment possible. ART should not just be for rich people—everyone who needs treatment has a right to it, just like everyone should have a right to education or the right to vote.

Key Points

In this unit, we will cover the following **key points**:

- Stages of health that PLWHA go through.
- How to help clients stay healthy through nutrition, positive living, OI prevention, and OI treatment.
- Who needs ART and how does it work.
- The good and bad about ART.
- Which ART drugs to take and when.
- Needs of clients on ART.
- Helping clients know what to expect with ART.
- Linking ART services with CHBC.
- Helping clients keep taking ART drugs the right way.
- Common side effects of ART and how to deal with them.

Who Needs ART

Activity 2: Trainer Presentation and Group Discussion (30 min.)

The trainer should:

- Explain the range of being well (HIV), to starting to get sick, to getting very sick (AIDS) for PLWHA.
- Ask participants what they remember learning about OIs from *Unit 10: Managing and Treating AIDS-Related Conditions.*
- Explain the role of OI prevention and treatment in helping PLWHA live well using the content below.
- Show participants samples of cotrimoxazole/Septrin, isoniazid, and fluconazole/Diflucan. Explain the availability and cost of OI prevention and treatment medicines in the community.
- Ask participants, "Do you know any PLWHA who have become healthier after taking OI prevention or treatment, or after taking ART?" Ask them to share these experiences without sharing any personal details about the PLWHA.
- Ask participants, "Do you know what the national guidelines are regarding when to start a person on ART?"
- Use the content below to explain who needs ART and when it should be started. Emphasize that the CHW should immediately refer anyone showing signs of AIDS to the facility, so the nurse/doctor can decide if the client needs to start ART.
- Ask what CHWs can do to at each stage to help PLWHA stay healthy as long as possible.
- Summarize using the content below and ask if there are any questions.

Not all PLWHA need to be on ART. Most HIV+ people are healthy and can lead normal lives for many years, just as people with diabetes or heart disease can live well with their illness, if they take care of themselves. It is important to understand that PLWHA go through different stages of health. They can feel completely healthy, begin to get sick with OIs, or have full blown (advanced) AIDS. Some people go back and forth between these stages. At each stage, things can be done to keep the clients living as well as possible for as long as possible. In the healthy stage, their care should focus on nutrition and positive living. When they begin to get OIs, daily doses of OI prevention medicine (discussed below) and prompt treatment of OIs in addition to good nutrition, positive living, and care, can keep clients healthy for a long time. Eventually HIV will weaken the body's defenses so much that the person needs to go on ART while continuing to receive care and support. How soon a person needs ART depends on how well the client lives and the care and support that s/he gets.

Some of the things that the CHW can do to keep most people healthy for a longer time are:

- Help clients eat enough food and eat healthy food.
- Help clients practice positive living (e.g., good hygiene and avoiding infection, no smoking or drinking alcohol, and getting enough rest and exercise).
- Encourage clients to join a support/self-help group. These groups work together to improve economic security, provide social support, help members with disclosure, and keep their spirits up.
- Tell clients about OI prevention and referring clients to the health facility to get OI prevention medicine.
- Help clients remember to take OI prevention medicine.
- Help clients identify OIs, make sure they are treated for OIs as soon as possible, and help them deal with the discomfort of side effects.

With these things, most healthy PLWHA can stay healthy, and most ill PLWHA can get out of bed and begin functioning in the community as they did before.

OI Prevention Medicines

OI prevention medicines are drugs that PLWHA take every day that help prevent some OIs. Cotrimoxazole is one type of OI prevention medicine which HIV+ adults and children can take to help prevent some types of pneumonia, diarrhea, and parasites. Isoniazid can be taken to prevent TB in PLWHA who have been exposed to TB from a family member or who live in a community with a lot of TB. Fluconazole/Diflucan can prevent thrush in the mouth and yeast in other parts of the body. OI prevention and treatment medicines are often free or very cheap in public health centers and hospitals. If the client has to buy them at a pharmacy or private vendor, they are expensive. There are usually government or NGO clinics that can provide these medicines so most clients can afford them.

Note to Trainer: When this curriculum was written, the above was the recommendation on OI prophylaxis. Check with local health authorities or facilities to see if the recommendation is still the same, as there has been concern regarding drug resistance with so many people taking long term, continuous antibiotics.

Who Needs ART

After a while OI prevention and treatment, nutrition, and psychosocial support will not be enough to keep PLWHA healthy. The client will develop advanced AIDS and then ART is very useful. Only a trained doctor or nurse can tell if a person with HIV/AIDS needs to be on ART. They can tell this by using the WHO stages of HIV/AIDS and/or by conducting blood tests. The most common test used to see whether someone with HIV should start ART is the CD4 test, which measures how well the body is able to fight the virus. These tests are very expensive, but slowly more and more health facilities provide them. An adult should be on ART if:

- S/he has signs of AIDS (See *Unit 2: Facts about HIV/AIDS and PLWHA*) and a CD4 count less than or equal to 350.
- S/he has advanced AIDS no matter what the CD4 count. Although only a doctor or nurse can tell if a person has advanced AIDS, one sign is if the client did not feel well enough to get out of bed more than half the time during the last month.
- S/he has a CD4 count below 200, no matter what stage of HIV s/he is in.

Also, ARVs are useful to prevent mother-to-child transmission when taken by HIV+ pregnant women. *Advanced Unit 17: Preventing Mother-to-Child Transmission (PMTCT) of HIV* addresses the use of ARVs for PMTCT.

It is important for CHWs to tell clients that most people with HIV/AIDS do not need to be on ART. Clients that are not on ART should take medicines to prevent and treat OIs and try to live positively (nutritious food, healthy living, good attitude)—they should also go for regular check ups at health facilities to see if their condition is changing and they need to be on ART.

Remember: Even when ART is not available, HIV+ people can stay healthy without ART if they have good care and support and live positively.

How ART Works

Activity 3: Trainer Presentation (20 min.)

The trainer should:

- Use the content below to explain how ART works.
- Ask if there are any questions or comments.

The drugs that make up ART work to fight HIV/AIDS. ART attacks HIV and makes it harder for the virus to multiply in the body. ART can also help make a person healthier by making his/her body stronger so that they can fight off HIV and OIs better. ART helps PLWHA live longer and healthier lives, but IT IS NOT A CURE FOR HIV/AIDS!

Sometimes because a person looks and feels healthier after taking ART, s/he might think the HIV is gone from the body. This is not true. There is no drug in the world that can cure a person of HIV/AIDS. ART just reduces the amount of HIV in the body, but does not make it disappear. Even though ART might help make a person healthier, ART does not kill HIV. The person still will go on to develop AIDS even though it may take years or decades. Once someone is infected with HIV s/he can always infect others, even if s/he is taking ART.

Another important thing about ART is that PLWHA must take it for their whole lives. Once a person starts taking ART, s/he must take it every day for his/her entire life. PLWHA cannot start and stop ART, even if they are feeling better or their CD4 count improves. This is an important point for clients and their families to think about before starting treatment since ART is usually expensive and can be hard to take because of the number of pills and the side effects.

When PLWHA stop taking ART once they have started, it can make the virus stronger than before and harder to fight even if they start their drugs again. The drug can

become useless and other drugs will have to be found to use. This is what we call "drug resistance." It can also affect many other people in the community and the whole world, because if the virus changes and gets stronger and it is passed to others, it becomes harder to find drugs that can fight the virus. The same thing happens with antibiotics as we discussed in *Unit 10: Managing and Treating AIDS-Related Conditions*.

CHWs need to help clients and their families understand that ART is not a cure for HIV/AIDS and that a person on ART can still spread HIV to other people—even if they look and feel healthy. They should also help clients and their families understand that taking ART is a lifelong commitment.

Clarifying Myths and Facts about ART

Activity 4: Brainstorming and Group Discussion (1 hour)

The trainer should:

- Post "true" and "false" signs on either side of the room.
- Ask participants what they have heard about ART.
- Record answers on a flipchart.
- Ask participants to stand up. Read each of the answers from the flipchart. Ask participants to decide whether the statement is true or false and move under the appropriate sign.
- Ask a participant from each side to explain why s/he thinks the statement is true or false.
- Using the unit content, explain whether the statement was true or not. Repeat steps until all of the statements have been covered.
- Using the content below, give other examples of myths that are common about ART.
- Ask participants:
  - How do myths or "not true" stories cause problems for people who need to take ART?
  - How do they cause problems for the communities?
  - How do they cause problems for facilities providing ART services?
- Supplement or correct answers using the content below.

People believe many myths about ART. Some examples of myths around ART are:

- ART is a cure for HIV/AIDS.
- ART kills you faster.
- Once you feel well, there is no need to continue with ART.
- ART increases one's sex drive.
- If you are taking ART, you do not need to use condoms anymore.
- If you are taking ART, you can share it with other people who are sick.

The untrue information can make it harder for PLWHA to seek ART, and to take it correctly. Untrue information also makes people take ART in the wrong dosage, and this can cause HIV to get stronger and more resistant to the ARVs. When this happens it not only affects the person who is not taking the drugs correctly, but it affects all the other PLWHA on ART. When people believe untrue information, it may keep them from using ART services or they may not follow true information they are given by the provider.

Benefits and Drawbacks of ART

Activity 5: Trainer Presentation and Group Discussion (45 min.)

The trainer should:

- Write on the top of a sheet of flipchart "benefits" and "drawbacks."
- Ask participants to brainstorm the benefits and drawbacks of ART.
- Use the content below to supplement answers.

Benefits of ART

ART has many benefits to PLWHA, families, and whole communities:

- PLWHA can live healthier, longer, and more productive lives.
- Children get to spend more time with their infected parents, because the parents live longer.
- PLWHA can continue to work, farm, or stay in school which benefits the whole community.
- Family members of a PLWHA on ART can also continue to work, farm, or stay in school since the person living with HIV/AIDS does not require as much care.
- Fewer babies are born with HIV when ARVs are used during pregnancy.
- PLWHA have fewer OIs and other symptoms of AIDS.

Drawbacks of ART

There is no doubt that ART has helped millions of PLWHA and that we need to fight for all PLWHA to have access to ART. But, there are also some hard things about ART that are important to keep in mind:

- Most PLWHA still cannot get ART because it is not available or is too expensive.

- There are many side effects of ART; some are very uncomfortable and can affect a person's quality of life.
- Depending on the regimen, ART may involve taking many pills every day, which can be hard to remember.
- ARVs must be taken at the same time every day and the client cannot miss even a single dose. Sometimes this is hard to remember, too.
- If the PLWHA stops taking the drugs, or does not take the right number, or at the right time, it can make the type of HIV virus s/he has "resistant" to the drugs (ARVs), so they do not work anymore.
- Some ARVs must be taken with food and often PLWHA do not have enough food to eat. ARVs do not work as well if the person does not have enough good food.
- Being on ART is a lifelong commitment. It can be difficult and expensive.
- It is possible that the drugs will work for awhile and then not work anymore. Then the client will have to change the drugs s/he takes. In many places, different kinds of ARVs are not available if a person needs them.
- Being on ART means many visits to the health facility so a doctor or nurse can make sure the treatment is going well. This can take a lot of time and be expensive.

It is hard for a client to be on ART and not disclose his/her status to other family members. PLWHA on ART need support from the whole family to take the drugs the right way and go to the health facility for checkups regularly. These drawbacks of ART mean that people should only start them once the other measures are no longer working to keep the person healthy.

Source: Callahan, K. and Cucuzza, L. 2003. *Home care for people living with HIV/AIDS: The power of our community.* Washington, D.C.: The Center for Development and Population Activities.

Common ART Regimens and Client Needs on ART

Activity 6: Group Discussion (1 hour)

The trainer should:

- Explain the first and second line regimens using the national guidelines.
- Pass samples of the ARVs and explain their names, how to use them (how many pills, when to take them, and if they are taken with or without food), and any side effects that are common with those regimens. **Note to Trainer:** It is good if the CHW can recognize the most common ARVs available in the community.
- Lead a short discussion using the content below.
- Ask if there are any questions.
- Summarize by explaining that the facility should help clients decide which ARVs to take and when. However, the CHW can help remind the clients when to take their ARVs and provide support, especially if the client is

Different countries have different guidelines on which drugs to give PLWHA. It would be impossible to talk about all of them here, but generally, first line regimens consist of 3 drugs taken together:

Zidovudine (ZDV) or stavudine (D4T)

and

Lamivudine (3TC)

and

Nevirapine (NVP) or efavirenz (EFV)

When possible, it is best for clients to use a fixed-dose combination of ART (e.g., Triomune). This means that the drugs are combined into 1 or 2 pills, so the client takes fewer pills every day. For infants or children who need ART, the doses are different because their bodies are smaller than adults'. HIV+ children also need growth monitoring, prompt treatment of any infection or other illness, all of their childhood immunizations, and a close watch on their nutrition.

Remember, PLWHA on ART must take the pills the right way, in the right dose, and at the same time every day!

Only trained doctors and nurses can decide with the client which drugs are best for him/her. For children, the dose depends on their weight, and different drugs have different doses. But, there are a few key points about some ARVs that CHW should keep in mind:

- Some ARVs (like EFV) should not be taken by pregnant women or women who may become pregnant because the drugs are very bad for the baby. Therefore, the CHW should be sure to discuss and provide FP to any HIV+ woman that wants it. The CHW should also make sure that any pregnant woman or woman thinking of becoming pregnant goes to the facility to discuss the ARVs that she is taking.
- There are special issues for clients with TB who also need ART. As you know from *Unit 10: Managing and Treating AIDS-Related Conditions*, TB is very common among PLWHA. It is important for the client to consult with a doctor about treating the TB. It is usually best to treat the TB before starting ART.

Source: Rabkin, M., El-Sadr, W., & Abrams, E. 2005. *The Columbia clinical manual: care and treatment of HIV/AIDS in resource-limited settings.* New York, NY: The International center for AIDS Care and Treatment Programs, Columbia University, Mailman School of Public Health.

Special Needs of Clients on ART

People on ART have many needs besides the actual drugs themselves. Without these things, clients will not be able to take the ART the right way and there is a chance their health can become worse. CHWs have a key role to play in finding resources or providing linkages to the following:

- Healthy and enough food
- Clean drinking water
- A steady supply of drugs and a clean, dry, safe space to store them
- Regular follow-up and testing at the hospital or health facility, preferably an HIV care center
- Medicines to prevent and treat OIs (including TB) and side effects of ART
- Community home-based care
- FP counseling and methods, especially condoms
- Linkages to STI testing and treatment
- Linkages to antenatal and postnatal care
- Services for clients experiencing violence or abuse
- Help disclosing HIV status to family members
- Social support from family and friends and support groups with other PLWHA taking ART
- Counseling from a social worker or other trained counselor to avoid depression

Session 18.2 The CHW's Role in ART Support

Preparing Clients for ART

Activity 1: Trainer Presentation (20 min.)

The trainer should:

- Present the information on preparing a client for ART using the content below.
- Ask participants to follow along in their *Handbooks.*
- Ask if there are any questions.
- Conclude by emphasizing the importance of a client knowing what is involved with ART so s/he can make an informed decision about starting ART, especially as it is a lifetime commitment.

Even if a doctor or nurse says that a client should be on ART, there are many things that need to be addressed before the client actually starts treatment. Usually, the client will meet with a provider at the health facility before starting ART. At these meetings, the provider will talk with the client about his/her:

- Health status.
- Beliefs and attitudes about HIV/AIDS treatment.
- Ability to continue treatment throughout his/her lifetime.
- Social support from family, friends, or the community—whether or not s/he have told anyone his/her HIV status.
- Housing.
- Work and family income.
- Nutrition.

All of these factors will be considered in the decision to start ART and in the counseling on how to take it.

Through this discussion with the client, the clinical care team, which should include the CHW if possible, along with the doctor, nurse, and nutritionist, will work with the client to develop a treatment plan. Treatment plans include the names of the medicines to be taken, the doses and timing, food needs, and storage of the medicines. They also include information on common side effects and what to do, when to come to the facility, and when follow-up visits are needed.

Before PLWHA start ART it is important they:

- Develop a good, trusting relationship with the care team at the health facility.
- Identify sources of social support, such as from friends, family members, PLWHA support groups, and CHWs.
- Understand HIV/AIDS and the stage their own health is in.
- Understand the treatment plan and follow-up visits needed.
- Understand possible side effects of the treatment.
- Commit to adhering to the treatment plan.
- Identify their barriers to following the treatment plan over their lifetime and ways to overcome them with the help of the treatment team and others.
- Identify ways to make treatment part of their everyday lives.

The Importance of Adherence

Activity 2: Brainstorming (Toss the Ball) and Guest Speakers (1 hour)

The trainer should:

- Ask participants:
  - What does adherence mean?
  - Why is adherence important with ART?
- Supplement answers using content below and give examples of ways that clients do not adhere to treatment. **Note to Trainer:** In some cases, participants may not know the word adherence and therefore an explanation will need to be presented.
- Explain that participants should brainstorm the different barriers to adherence (things that make it hard to take the ARVs on time and as instructed).
- Give an example of a barrier and toss a small ball to a participant. Ask them to think of another barrier and then toss the ball to another participant.
- Continue tossing the ball until all ideas have been shared. If a participant does not have a suggestion, s/he can toss the ball to another person without answering. Encourage participants to think of barriers related to the individual, the family and community, the ARVs themselves, and the facility.
- Use the content below to supplement answers.
- Invite the guest speakers (a person who is on ART and a provider from an ART/HIV care center) to share their experiences being on or providing ART and any challenges with adherence. See *Work for the Trainer to Do in Advance.*
- Allow 20 minutes for discussion (10 minutes for each speaker).
- Summarize by stressing the importance of adherence for the client and the community at large involved with ART so s/he can make an informed decision about starting ART, especially as it is a lifetime commitment.

Adherence means how well a client takes drugs the right way and follows directions (e.g., whether or not to take ARVs with food and what other medicines cannot be taken with ART). In other words, adherence means faithfully following the treatment plan.

In order for ART to make PLWHA live longer, healthier lives, and to lessen the chances of resistance to ART, clients need at least 95% adherence. (This means even missing one pill per week makes the treatment much less effective!) ART is a challenging lifelong commitment, but CHWs play a major role in their clients' adherence by reminding them to take medicines according to their treatment plan, keeping their spirits up, answering their questions and their family's questions, and helping with side effects.

There are many challenges to ART adherence and often clients miss one or more of their ART doses. When adherence to ART is bad, a client's AIDS gets worse and they are less healthy, the client gets resistant to the drugs so they do not work anymore, and it makes future treatment harder.

Adherence depends on more than just the client. Doctors, nurses, counselors, pharmacists, CHWs, and the client's family and friends all need to help with adherence. All of these people should form a team that helps the client in every way possible, including adherence to ART.

Barriers to Adherence

There are many ways that people do not adhere to ART. These include:

- Missing one or many doses during a day.
- Not taking ARVs over the course of a whole day or for many days.
- Taking ARVs at the wrong time, or with the wrong amount of time between doses.
- Not following diet instructions, like not taking ARVs with food when they should be.

In order to help clients adhere to treatment, it is important to first understand what makes adherence hard for people and what some of the barriers are.

The main things that make adherence hard are:

- **Things related to the client.** This includes the client's age, gender, income, education, and use of alcohol or other drugs. For example, being very young, very poor, and unable to read makes it more difficult to be adherent. Adherence also depends on the client's confidence in him/herself that s/he can adhere to the treatment. If a client travels or is away from home often, for example a migrant worker or transport worker, this will also affect adherence.

- **Things related to the client's home, facility, and community.** This includes how much social support the client has. If the client has people helping, like family, friends, or a religious community, this can help support adherence. Other social things include:

  - Whether or not they have told their status to family and friends (do people know and accept their status).
  - How difficult it is to store ARVs in the home (to keep them dry, clean, and safe).
  - Pressure to give ARVs to other sick family members (try to treat more than just one in the family) or sell them to provide extra money to the family.

- The client may also have other worries that take more of their attention such as work, child care, or caring for another sick adult. Or they may have fears about taking the ARVs. As we know, HIV/AIDS also carries a lot of stigma. When a person has to hide their HIV status or the fact that they are taking ART, this also can make adherence difficult.

- **Things related to the ARVs themselves.** This includes how difficult taking the drugs is, how many need to be taken at different times throughout the day, and the side effects caused by the ARVs.

- **Things related to HIV/AIDS.** Studies have shown that the more OIs a client has, the better s/he will adhere to the treatment. Why would this be true? Because when people feel sick, they are more likely to take their medicine. When they start to feel well, other things become more important and they can forget. This is why CHWs should remind clients to keep taking ART, even if they are feeling better.

- **Things related to the health facility.** This includes how supportive the clinical care team is of the client and how convenient it is for the client to go to the health facility for regular visits.
- **Things related to the client-provider relationship.** This includes how much trust and confidence the client has in his/her clinical care team, including doctors, nurses, lab technicians, nutritionists, social workers, and CHWs.

Side Effects

One of the biggest reasons people do not take ART correctly is because of side effects, especially in the first 6 months of treatment. Some of the most common side effects from ART are headaches, nausea, diarrhea, skin rashes, tingling sensations, tiredness, nightmares or anxiety, and a change in the way the body looks. There is more about managing side effects in the next section.

Ways to Improve Adherence

Activity 3: Small Group Work (45 min.)

The trainer should:

- Divide participants into 2 groups and ask each group to assign a reporter.
  Note to Trainer: If participants have a high literacy level, give each group a sheet of flipchart and markers to record their answers.
- Based on the barriers that were identified in the previous activity, have participants brainstorm how the CHW, as part of the treatment team, can help improve ART adherence.
- Allow 15 minutes.
- Reconvene the large group and ask each group to present their suggestions.
- Use the content below to supplement or correct answers.
- Present the importance of follow-up visits using the content below.
- Summarize the discussion and emphasize that CHWs have an important role in supporting clients on ART.

Adherence is complicated. No single strategy works for everyone, and a client's adherence and barriers to adherence may change over time. It needs constant attention.

CHWs should check on adherence at every home visit to clients on ART. By building a trusting relationship with clients, CHWs can ask them directly about the doses they have missed or taken the wrong way, and help clients and caregivers overcome these barriers. They can also help manage side effects and refer clients for treatment of side effects or a change in ARVs.

CHWs can count the client's pills to see how many have been taken and how many have been missed. This is not a fail-proof method though, as it does not tell if the client actually took the ARVs (maybe s/he sold it or gave it to another family member). It also does not show if the client took the ARVs at the right time or in the right way. So asking and sharing ideas and solving problems with the client are necessary.

Ways the CHW Can Help Improve Clients' ART Adherence

Client education and adherence counseling:

- Help the client understand HIV/AIDS, the ARVs, and the side effects.
- Help the client set goals for their treatment, develop positive beliefs about treatment, and increase their self-confidence to follow the treatment plan. They need to believe that "I can do it!"
- Provide education and advice that fits the client's life and help the client make treatment a part of his/her day-to-day life.
- Repeat in a clear way how the client should take the ARVs, at what times, and with which foods. Try using drawings if it makes it easier for the client.
- Help the client figure out cues for taking medicine (for example, when the sun comes up or goes down). Alarm clocks and watches can also be a big help if the client has them. They can set them to go off as a reminder to take ARVs.
- Give clients information on side effects, so they know what to expect.

Easy access to ARVs:

- Work with the health facility care team to make sure clients have a consistent supply of ARVs.
- Help clients understand where, when, and how to get their ARVs and go with them to pick them up if needed.
- Help clients find a way to store their ARVs where they are safe, dry, and out of the sun.

Pill boxes:

- It may be helpful for clients to use prefilled pill boxes with dividers for each day and each dose within the day (e.g., morning and evening).
- Help clients fill and monitor their pill boxes.
- Note that the use of pill boxes might be hard if the client is facing stigma, cannot read well (use symbols instead of words in this case, such as a sun and a moon), or if the person is very ill and does not have a caregiver.

Medicine diaries:

- Help clients keep a written record of when and how they take their ARVs.
- If reading is a problem, clients can use symbols and check marks to note which pills they took at what time, when doses were missed, and any side effects.
- The CHW can help the client list what types of medicine they take by drawing pictures of each medicine, showing how, and when it should be taken at the beginning of the diary.
- CHWs can go over the medicine diary with clients at each visit. They should also take the diary to the health facility.

Treatment "buddies":

- Help clients identify a peer, friend, family member, or, if there is no one else suitable, even you, the CHW, to be a treatment buddy.
- The buddy should learn about the ARVs and help the client take them the right way.
- The buddy also gives the client reminders, encouragement, and helps him/her keep appointments at the hospital or health facility.
- The buddy can watch the client take each dose (for example, if they live with the client) or can provide reminders and help the client get refills.

Support groups:

- Help link PLWHA to support groups, especially groups that include people on ART.
- The support group can help the client with adherence, give emotional support, and help him/her manage side effects.
- Support groups can also help clients deal with the stigma they may face in the community when people know they are on ART.

Directly Observed Therapy (DOT):

- Usually when a client begins ART, someone in the community, like the CHW or a nurse at the clinic, will watch him/her take at least one dose every day. This is called Directly Observed Therapy (DOT) and helps make sure the client is taking the ARVs, and is a chance to help with any problems s/he is facing. This is similar to TB treatment, where it is also important that the client take every dose at the right time for the medicines to work. This is usually called DOT.
- If possible, the CHW should talk with health facility staff and decide what kind of DOT is needed. It is usually hard for the client to come to the health facility every day, but the CHW can observe the client taking the ARVs in the home.
- Ideally the CHW, or another treatment buddy, would watch the client take at least one dose every day for the first few months s/he is on ART.
- After a couple of months, the CHW and treatment team can decide if the client is ready to take the ARVs on their own the right way, without anyone watching and helping.
- As part of DOT, CHWs should continue to help clients understand their treatment, improve adherence, and help manage side effects even though they are most common and difficult when a person first starts taking ART.

Follow-Up Visits

CHWs should talk with health care providers in their communities to see what the normal follow-up visit schedule is for clients on ART. In many places, the client goes to the health facility once each week for up to 8 weeks when beginning ART. After this first phase, the client is usually asked to go back for a monthly checkup at which s/he will be given drug supplies, have an exam, meet with the treatment counselor to talk about adherence, and get blood tests to see if the ART is working.

It is important that CHWs know when their clients are scheduled for follow-up visits, so they can remind them to go or even go with them to the health facility, if needed.

Good 2-way referral systems help identify clients that miss appointments at the health facility. The CHW refers the client to the health facility when they need to be seen there, and the health facility workers, in turn, should tell the CHW when one of his/her clients, or someone else in their community, misses an appointment so that the CHW can go to the client's home for follow-up. This back and forth communication with the health facility will help keep the client on track with his/her ART and his/her care in general. CHWs can help PLWHA plan for their next appointment so they do not miss it. This can include saving money for transportation, getting a neighbor or friend to help at the house while the client is gone, and making sure to take a supply of ARVs along to make sure no doses are missed.

Managing Side Effects

Activity 4: Small Group Work (40 min.)

The trainer should:

- Review the topic of side effects using the content below.
- Remind participants that many of the ART side effects are similar to problems that they have already learned about in *Unit 10: Managing and Treating AIDS-Related Conditions* and *Unit 8: Nutrition.*
- Divide participants into 3 groups. Assign each group 2-3 side effects using the content below (e.g., nausea and vomiting, and headaches).
- Ask each group to brainstorm what can be done about their assigned side effects. Each group should assign a reporter. **Note to Trainer:** If participants have a high literacy level, give each group flipchart and markers to record their answers.
- Allow 15 minutes.
- Reconvene the large group and ask each group to present their side effects and proposed guidance.
- Use the content below to supplement or correct answers.

As mentioned before, one of the hardest parts of taking ART is the side effects. Sometimes at the beginning of ART, the side effects of the drugs can make a person feel worse than they did before taking ART. The CHW plays a big role in helping clients manage their side effects, making referrals to the facility when needed, continuing to take their medicines, and keeping up their spirits. Remember, missing just one dose can make the drugs not work and can make the person get more sick.

Here are some common side effects of ART and how to manage them. Just like the AIDS-related OIs that were included in *Unit 10: Managing and Treating AIDS-Related Conditions*, CHWs need to know when to refer a person to the health facility and when

the side effects can be managed from home. Remember, ART is made up of very strong drugs and everyone who takes them will have at least some of these side effects at first. Most side effects will stop after about 1 to 2 months of taking ART, but the client should keep taking the ARVs every day!

If the side effects are too much for the client to take, s/he should go to the doctor to see if s/he can change ARVs. The client should never take him/herself off of a medicine before talking to the doctor and the CHW should never tell a client to stop taking ART before talking with his/her doctor!

Below are some of the normal side effects that are common in PLWHA on ART. They should be managed at home if possible. Some advice for managing these side effects is suggested below:

Nausea and vomiting

- Take medicine with food, if allowed in the treatment plan.
- Eat more frequent, smaller meals.
- Avoid greasy, spicy, and fatty foods (try bland foods like rice, soup, bananas, and biscuits).
- Drink clean water, weak tea, lemon water, or fresh ginger tea.
- Refer to the health facility in case of fever, vomiting many times in a day, severe pain, hard to breathe, or confusion.

Headaches

- Rest in a quiet, dark room.
- Place a cold cloth over eyes and forehead.
- Avoid strong tea or coffee.
- Take paracetamol.
- Refer to the health facility in case of severe headache, fever, vomiting, blurred vision, or convulsions.

Diarrhea or upset stomach

- Eat small meals several times each day.
- Avoid greasy, spicy, and fatty foods (try bland foods like rice, soup, bananas, and biscuits).
- Drink clean water, weak tea, or lemon water.
- Refer to health facility in case of diarrhea more than 5 times a day or for more than 5 straight days or if there is fever, or mucus and/or blood in the stools.

Rashes

- Keep skin clean and dry.
- Use mild soaps.
- Drink lots of water.
- Use antihistamines or calamine lotion.
- Refer to the health facility in case of peeling of skin or blistering.

Feeling numb or tingling in feet

- Wear loose fitting shoes and socks.
- Keep feet uncovered at night.
- Soak feet in warm water, massage feet, make circles with the ankles, and do not walk too much at one time.
- Refer to the health facility in case of severe weakness or inability to walk.

Problems sleeping, nightmares, or anxiety

- Common with Efavirenz (EFV)—it helps to take EFV before sleeping.
- Avoid big meals, coffee, and tea before sleeping.
- Avoid alcohol and drugs, including tobacco.
- Talk about feelings with friends or family.
- Refer to the health facility in case of severe depression or suicidal ideas.

Tiredness

- Avoid alcohol and drugs, including tobacco.
- Try exercise.
- Eat lots of fruits and vegetables.
- Refer to the health facility in case of severe depression.

Changes in hair or body

- Use petroleum jelly (Vaseline) to soothe dry skin or lips.
- Keep hair and skin clean.

Sources: Horizons/Population Council, International Centre for Reproductive Health, and Coast Province General Hospital, Mombasa – Ministry of Health, Kenya. 2004. *Adherence to antiretroviral therapy in adults: A guide for trainers.* Nairobi, Kenya: Population Council.

Rabkin, M., El-Sadr, W., & Abrams, E. 2005. *The Columbia clinical manual: care and treatment of HIV/AIDS in resource-limited settings.* New York, NY: The International center for AIDS Care and Treatment Programs, Columbia University, Mailman School of Public Health.

Supporting Clients on ART

Activity 5: Role Play (45 min.)

The trainer should:

- Explain that participants will now have a chance to practice supporting clients on ART.
- Divide the participants into 5 small groups.
- Assign each group a scenario from *Trainer's Tool 18.1: Case Scenarios for ART Role Plays.*
- Each group should prepare a role play and assign roles to group members (e.g., CHW, client).
- Allow 15 minutes for preparation.
- Reconvene the large group and ask each group to perform their role play.
- Ask the audience (i.e., other participants) to use their *Handbooks* to evaluate the role play and give feedback on what was good and what could be improved.
- Use the unit content to give additional feedback as needed.
- Ask if there are any questions and summarize the activity.
- Remind participants that they will have another opportunity to practice during the practicum.

Unit Summary and Evaluation

Activity 6: Review Exercise (30 min.)

The trainer should:

- Quickly refer to the key unit points presented in *Session 18.1, Activity 1* and ask if all points were well explained. Review any unclear points.
- Review the first and second line regimens with participants, showing samples of the ARVs as appropriate.
- Divide participants into 2 teams.
- Give each team a noisemaker (e.g., whistle or pen and a glass).
- Read each question aloud using *Trainer's Tool 18.2: Review Game Questions.*
- Whichever team knows the answer should make a noise.
- The team who makes a noise first, gets to answer. If they answer correctly, they get 1 point. If they do not answer correctly, the other team gets to answer. Continue until all the questions are answered. The team with the most correct answers wins.
- Give the winning team a small prize.

Trainer's Tool 18.1: Case Scenarios for ART Role Plays

1. Emmanuel has been sick for awhile with AIDS. He has lost a lot of weight, and has had a fever and diarrhea for more than a month. ART is now being offered at the nearby facility. The CHW tells him that he may be able to get treatment at the facility. He has heard some rumors about ART, but he wants to know more about it before he goes to the health facility. What things should the CHW discuss with Emmanuel to help him make a decision about ART?

2. Mary is 18 years old. She has not been well for some time and when she went to the facility to get treatment for an opportunistic infection, they tested her CD4 count. It was below 200. The facility urged her to go on ART, but her mother was not sure, as she has heard bad things about ART. The mother asks the CHW what she should do. How does the CHW help Mary and her mother make a decision?

3, Irene is 36 years old and has never been to school. Her husband has already passed away from AIDS and she is now living alone with her 2 children. Because her CD4 count was below 200, she was able to go on ART. When the CHW visits her, Irene says she is having problems remembering to take her pills. How does the CHW help her?

4. John has been on ART for a few weeks and is having side effects. He is having nausea and headaches. He thought he would feel better on ART, but he actually feels worse. He tells the CHW that he is thinking of stopping ART. How does the CHW help John?

5. Patience is on ART and complains of a rash and diarrhea when the CHW comes to visit. ART has helped Patience feel better and she has returned to work. However she has missed work for the past 2 days because of the diarrhea. How does the CHW help Patience?

Trainers' Tool 18.2: Review Game Questions

1. Who needs ART? (See *Session 18.1, Activity 2.*)
2. Name 2 drawbacks (bad points) of ART? (See *Session 18.1, Activity 5.*)
3. Name 2 benefits (good points) of ART? (See *Session 18.1, Activity 5.*)
4. Name 3 special needs of clients on ART? (See *Session 18.1, Activity 6.*)
5. Name 2 things that PLWHA should know or do before starting ART? (See *Session 18.2, Activity 1.*)
6. Explain adherence to ART. (See *Session 18.2, Activity 2.*)
7. Name 2 examples of ways that clients do not adhere to ART? (See *Session 18.2, Activity 2.*)
8. Name 3 barriers to adherence? (See *Session 18.2, Activity 2.*)
9. Give 3 examples of how CHWs can help the client adhere to ART? (See *Session 18.2, Activity 3.*)
10. Give 2 common side effects of ART and what to tell the client? (See *Session 18.2, Activity 4.*)

Note to Trainer: All the answers to the questions above are in the unit content see noted session.

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Advanced Unit 19

CHBC for Groups Needing Special Attention

Learning Objectives

By the end of this unit, the participants will be able to:

- Discuss why everyone must have access to HIV/AIDS prevention and care.
- Identify groups needing special attention.
- Take key actions for supporting groups needing special attention for access to HIV/AIDS prevention and care.
- Provide appropriate services and support to groups needing special attention.

Training Methodology

- Group discussion
- Brainstorming
- Small group work
- Trainer presentation
- Game
- Values clarification
- Case scenario

Content

19.1 Importance of helping everyone in the community

- Identifying groups that need special attention

19.2 Groups needing special attention

- Men who have sex with men (MSM)

- Injecting drug users (IDUs)
- Sex workers (SWs) or people who have sex for food, shelter, or other basic needs
- Young people
- Poor, married women
- The armed forces, migrant workers, and transport workers

Time Needed: 6 hours, 15 minutes

Materials Needed

- Markers
- Flipchart
- Paper
- Tape
- 24 colored sweets (4 pieces of 6 different colored sweets)
- Hat or bag
- *Trainer's Tool 19.1: Case Scenario for Migrant Workers*

Work for the Trainer to Do in Advance

- Copy key points under *Session 19.1, Activity 1* onto flipchart.
- For *Session 19.2, Activity 1*, make 2 signs, one that says "true" and the other "false". Put a symbol under the word which will help low literacy participants (e.g., a "X" under "false").
- For *Session 19.2, Activity 4*, make 2 signs, one that says "agree" and the other "disagree". Put a symbol under the word which will help low literacy participants (e.g., an unhappy face under "disagree").

Work for the Trainer to Do in Advance: Continued

- For *Session 19.2, Activity* 8, obtain 4 pieces each of 6 different colored sweets for a total of 24 sweets (i.e., 4 blue sweets, 4 green sweets, 4 red sweets, 4 pink sweets, 4 yellow sweets, 4 purple sweets). If different colored sweets are not available use some other object instead (e.g., slips of colored paper). Each color represents one of the special groups.

Session 19.1: Importance of Helping Everyone in the Community

Introduction

Activity 1: Trainer Presentation (10 min.)

The trainer should:

- Introduce the unit using the content below.
- Present the key points about treatment that will be covered in this unit using the prepared flipchart.
- Ask if there are any questions or comments before moving on.

Everyone has the right to good HIV/AIDS prevention, support, care, and treatment. In all communities, there are certain groups of people who have less access to HIV/STI prevention as well as support, care, and treatment. Often these are groups that are forgotten or avoided because of stigma or other social barriers. This prevents them from getting the information and services they need, which means more people will become infected with HIV in the community. It is very important that CHWs seek to support **everyone** in their community. It is the CHW's role to help make sure that every person has access to appropriate HIV/AIDS prevention and care. Leaving some people out hurts the whole community.

Key Points

In this unit, we will cover the following **key points**:

- Why everyone should have access to HIV/AIDS prevention and care.
- Groups that need special attention.
- How to reach special groups with HIV/AIDS prevention and care.
- Services and support for special groups.

Identifying Groups that Need Special Attention

Activity 2: Small Group Work (40 min.)

The trainer should:

- Divide participants into 4 groups. Ask each group to assign a storyteller and to discuss the following questions:
  - Which groups of people are more likely to get infected with HIV and develop AIDS in your community? Why?
  - Which groups have less access to correct information on how to protect themselves from HIV in your community? Why?
  - Which groups have more difficulty getting HIV services or care (e.g., VCT, STI treatment, CHBC, or ART) in your community? Why?
- Allow 15 minutes and reconvene the large group.
- Review each question and ask the storytellers to report their group's responses.
- Use the content below to supplement or correct answers.
- Summarize the exercise by explaining that leaving some people out of prevention and CHBC hurts the whole community.

There are special groups that may be more likely to get infected with HIV. For example, men who have sex with men, injecting drug users, and sex workers are often forgotten or avoided by health services because of social stigma or legal barriers. The community often does not think young people should be having sex, but in real life many young people are having sex. Therefore young people require a special approach because prevention, care, and treatment services often forget their unique needs. Also, mobile groups, such as transport workers, migrant workers, and the military may be underserved because they are often away from their home community. Groups like poor, married women require special attention because they have very little power to

protect themselves from getting HIV due to cultural norms and dependency on their husbands for money, food, and shelter . Sometimes people from these groups do not feel comfortable asking for help or services. This is because they are either rejected by the community, are cut off from the community, or have very little power in their community.

But, if some groups do not have access to prevention, care, and support services, it will hurt the whole community. To make sure that everyone gets the information they need about HIV/AIDS prevention and care, we must work to reach everyone in the community. We can do this by talking without judgment to all kinds of people about safer sex, HIV testing, and caring for PLWHA. We can also do this by giving special attention to groups with different needs. We can use special strategies to reach them and make them feel comfortable getting information and services. By adapting different CHBC activities so they are effective for groups with different needs, CHWs can be very effective. This can be difficult because we may need to put aside our own personal feelings to make an effort to make everyone feel comfortable.

There are many different groups that may need special attention in your community, but important groups to remember are:

- Men who have sex with men.
- Injecting drug users.
- Sex workers or people who have sex for food, shelter, or basic needs.
- Young people.
- The armed forces, migrant workers, and transport workers.
- Poor, married women.

Remember: Rejecting some people hurts everyone. But, making sure that every person has access to appropriate HIV/AIDS prevention, care, and support benefits the whole community.

Session 19.2: Groups Needing Special Attention

Men who have Sex with Men (MSM)

Activity 1: Game and Trainer Presentation (50 min.)

The trainer should:

- Post 2 signs on the wall: one that says "true" and one that says "false."
- Ask participants to stand up. Explain that after a statement is read, the participants should move under the correct sign.
- Read the statements below. After participants have decided if it is true or false, ask 1 person from each side to explain why s/he thinks the statement is true or false. Use the answers below to explain the correct information.
- Conclude by asking if anyone had all the answers correct. Explain that MSM are often not included in our prevention and care efforts because MSM are hidden and people often have misinformation regarding MSM.
- Present the content below on MSM.
- Ask if there are any questions and summarize by stressing how CHWs can reach out to MSM in their communities.

Statements:

1. There are no men who have sex with men in my country. (*False: There are MSM in every country in the world.*)
2. I have never met a man who has had sex with a man. (*False: Since there are MSM everywhere, but they are often very hidden, everyone probably knows a man who has had sex with a man.*)
3. MSM have a higher chance than men who have sex with women of getting

Activity 1: Continued

HIV. (*False: Not always—if MSM use condoms they have a low risk of getting HIV from oral or anal sex.*)

4. Men who are married do not have sex with men. (*False: Not always—often MSM are married, because they also like sex with women or because of community pressure to be married and have children.*)

5. Only homosexual men have anal sex. (*False: some heterosexual couples also have anal sex and it is just as high-risk as MSM who have anal sex!*)

What do we know about MSM?

- They are often married to women and have children.
- They sometimes do not define themselves as homosexual or gay.
- Since sex between 2 men is against the law in many countries, these behaviors are usually very hidden.
- There are men who have sex with men in every country around the world.

Why do MSM require special attention for CHBC?

- Since MSM's behaviors are hidden and often illegal, it is harder for MSM to access prevention and care services, to build awareness, and to support each other.
- Because most HIV prevention messages are directed at heterosexual men, MSM do not see themselves as being at risk of getting HIV.
- Anal sex without a condom puts a person at high risk of getting HIV. This is because there is a high chance of tears in the anus. This is especially true if anal sex is practiced without a condom or a lubricant.
- If MSM do not get good HIV/AIDS prevention and care services, they could also put their female sexual partners and children at risk of HIV.

What can CHWs do to help MSM?

CHWs can:

- Provide prevention information to all men in the community.
- Encourage all men to go for VCT and to get tested for other treatable STIs.
- Help MSM get access to condoms and lubricants.
- Teach how to use condoms correctly.
- Encourage MSM to practice safer sex with their male and female sexual partners.
- Help raise awareness and decrease prejudice towards MSM.
- Encourage and support MSM support groups for HIV/AIDS prevention and care.
- Discuss the risk of anal sex with all people in the community.
- Assist MSM to start support groups for HIV/AIDS prevention and care.

Injecting Drug Users (IDUs)

Activity 2: Group Discussion (45 min.)

The trainer should:

- Randomly select 2 teams of 4 people to argue in a debate. One team should argue why we should work with people who inject drugs while the other team should argue why we should not work with them.
- Give the teams 5 minutes to prepare and then ask the other participants to be the judges.
- Allow 10-15 minutes for the debate.
- Ask the judges to decide who won the debate and use the content below to clarify why we should work with IDUs.
- Ask participants to brainstorm ways that the CHWs can help people who inject drugs.
- Note responses on flipchart.
- Use the content below to correct or supplement answers.
- Ask if there are any questions and summarize by reminding people why it is important for CHWs to reach out to this group.

Note to Trainer: If IDUs are common in the CHWs' communities, more time may need to be spent on this topic.

What do we know about injecting drug users?

- They often share needles that have not been cleaned with bleach, so they are at a high risk of HIV.
- They share used needles because they cannot get clean ones or do not have the supplies or know how to clean them.
- They cannot easily stop using drugs and need help from a counselor, a support group, medical services, or a treatment center.

- Someone who is infected with HIV from needles can spread the disease through unprotected sex.
- Injecting drug users can also get HIV from sexual partners and pass HIV through sharing needles.
- When they are "stoned" or "high," they may not be able to use good judgment so they are less able to make decisions about who to have sex with and to use condoms.

Why do injecting drug users require special attention for CHBC?

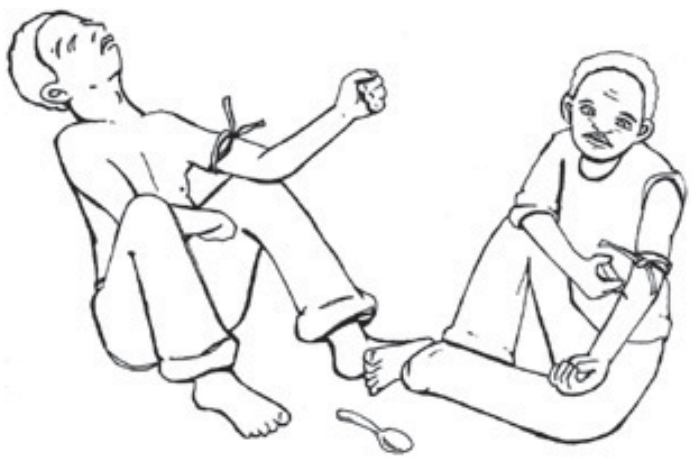
- They can have bad financial troubles since they spend money on drugs.
- They may also have troubles with the police because they may have to steal money or drugs because of their addiction.
- Since drug use is illegal in most countries, IDUs have trouble accessing prevention and care services because they cannot admit to the nurse or doctor they are using drugs and have special risks and needs.
- Because IDUs are often hidden and may be less reliable due to their addiction, it is hard for them to form a support group.

What can CHWs do to help injecting drug users?

CHWs can:

- Talk to them about the risk of sharing used needles.
- Help IDUs access "harm reduction" programs so they can be safe while they are still using drugs. Harm reduction may include exchanging new needles for used needles. It may also include teaching IDUs how to use bleach for cleaning needles.
- Provide information about drug counseling and treatment centers, to help IDUs reduce the harm of using drugs or to stop using drugs.
- Provide HIV and STI prevention education about **100%** condom use.
- Help IDUs get access to condoms and lubricants.
- Teach IDUs how to use condoms correctly.
- Help raise awareness about and decrease stigma and discrimination against IDUs.

- Encourage IDUs to go for VCT.
- Encourage IDUs to get tested and treated for other STIs.
- Provide CHBC services to IDUs who have HIV/AIDS.
- Encourage IDU support groups for HIV/AIDS prevention and care.
- Provide special support to IDUs on ART since their drug addiction may make adherence more difficult.



Sex Workers (SWs) or People Who Have Sex for Food, Shelter, or Other Basic Needs

Activity 3: Group Discussion (40 min.)

The trainer should:

- Ask participants the following questions:
- Ask participants the following questions:
  - What do we mean when we say "sex workers?"
  - What are some of the names people call SWs?
  - What are some of the things that people say about SWs?
  - What are the effects of these names and these ideas about SWs?
  - What can we do to fight stigma and help SWs?
- Use the content below to correct or supplement answers.
- Ask if there are any questions and summarize the exercise.

What do we know about sex workers?

- SWs can include anyone who exchanges sex for money or other basic needs.
- SWs use sex to survive and support their families.
- SWs often do not have the power to negotiate condom use with clients.
- SWs can be victims of violence and forced sex, which is usually unprotected.
- Some SWs may have been forced into sex work (trafficked) and are held against their choice.
- SWs can be kept safe and CHWs can help make that happen.

Why do sex workers require special attention for CHBC?

- In many places SWs are shunned by society for behavior that many people think is immoral. This can result in shame or being shut out of the community. Often SWs

are blamed for the spread of HIV. All of this can lead to stigma and discrimination against them.

- In most countries sex work is officially against the law, so SWs stay hidden from most official health care services.
- Inequality between men and women, social stigma, and poverty make it very hard for SWs to negotiate condom use with clients. SWs may lose money or be beaten if they refuse to have sex with a client without a condom.
- Asking for husbands or steady partners to use a condom is difficult for female SWs, like it is for many married women.
- Many health services and providers do not want to deal with SWs needs and may treat them badly if they come for services.
- SWs are often victims of police and client violence which may include unprotected sex.
- Many brothel owners are not concerned with the health of SWs that work for them.

What can CHWs do to help sex workers?

CHWs can:

- Talk with others in the community and explain that we are "all in the same boat,"—that we all put ourselves at risk at times in our lives and we all need to support each other to all stay healthy.
- Work to support community understanding of SWs and lessen fear, stigma, and discrimination against them.
- Teach SWs how to use condoms correctly, including the female condom.
- Tell female SWs that they should not use lime or lemon juice in their vaginas to prevent HIV. This practice only irritates the vagina which makes it easier for HIV to enter the body. **Note to Trainer:** This practice is becoming common in some countries among SWs.
- Promote condom use with clients and regular partners, such as husbands.
- Support SWs food security and economic security through IGA and savings groups.

- Encourage SWs to go for VCT.
- Encourage SWs to get tested for other STIs regularly.
- Encourage SWs to create or join support groups to share ideas about safer sex, STI treatment, and ART, and to support each other.
- Encourage brothel owners to help SWs get health services and practice safer sex.
- Encourage community leaders to talk with police to explain why it is important not to harass SWs but rather support SWs in their prevention of HIV.

Young People

Activity 4: Values Clarification and Trainer Presentation (50 min.)

The trainer should:

- Post 2 signs on the wall that say "agree" and "disagree."
- Ask participants to move under the appropriate sign after each statement is read.
- Read each of the below statements aloud.
- After each statement, ask each side to briefly explain their point of view.
- Using the content below give additional points to consider as needed.
- Summarize the exercise by explaining that although we are all entitled to personal opinions, it is important that we reach out to young people to help them prevent HIV.
- Present the content below.
- Ask if there are any questions.

Values Clarification Statements:

1. Sexually active young people under the age of 16 should not be given condoms.
2. We should only promote abstinence for young people.
3. Boys do not really get pressured into having sex. They usually want to do it anyway.
4. If a young person tells me they are HIV+, I am obliged to inform their parents.
5. Young people are rarely part of solving their own problems (e.g., HIV prevention).

Activity 5: Small Group Work (40 min.)

The trainer should:

- Divide participants into 3 groups.
- Ask each group to make an action plan for holding a community meeting to build support for HIV/AIDS prevention and care for young people. Each group should think about the things that they would say, who they would involve, and any activities that they would do. **Note to Trainer:** If the participants have a higher level of literacy, give each group markers and flipchart to record their suggestions.
- Allow 20 minutes.
- Reconvene the large group and ask each group to briefly present their plan.
- Ask the other groups to give feedback as needed.
- Summarize the exercise. Remind participants that though we may have our own opinions about young people being sexually active, it is our responsibility to make sure they have the information and skills to protect themselves so they do not get HIV.

What do we know about young people?

- Young people are adolescents or youth between the ages of 10-24 who have different feelings and needs than adults.
- Even young adolescents have sexual feelings. This should not be seen as wrong or harmful.
- Because of their stage of development, young people have a hard time understanding their risks and are likely to think that HIV/AIDS does not concern them.
- Young people have less power than adults which makes it difficult for them to make

certain decisions. For example, a young girl will have difficulty resisting a sexual relationship with a teacher or insisting on condom use with an older boyfriend.

- Young people often experience peer pressure to have sex. This means their friends are encouraging them to try it.
- Over 10 million young people are currently living with HIV/AIDS (75% of HIV+ young people are female).
- Half of all new HIV infections occur among young people (over 6,000 daily!).

Why do young people require special attention for CHBC?

- Young people have little or no information about sex and sexual and reproductive health because adults are uncomfortable talking to them about these things.
- Adults often feel that young people should not have sexual feelings or that young people should not be having sex.
- Adults also may think that if young people learn about sex they will become curious and try it. Although research shows us that is not true.
- Young girls have a much higher risk of getting HIV and other STIs because their vagina is not mature which makes it easier to get an infection.
- Young girls often have sexual relationships with older men for money or basic needs which puts them at risk because they do not have the power to make decisions in the relationship.
- Young people (both girls and boys) are more at risk of sexual abuse. Coerced sex, or rape, makes it even more likely that young girls' vaginas or young men's anuses will tear during sex.
- Young people often do not have money to buy condoms.
- Young people may have trouble finding a place where someone will sell them condoms.
- Many young people do not know how to use condoms and do not know how to negotiate using condoms with their partner.

What can CHWs do to help young people?

CHWs can:

- Raise awareness about the sexual and health education needs of young people (education about how to prevent unplanned pregnancy and STIs/HIV).
- Encourage young people stay in school.
- Encourage parents, religious leaders, and teachers to talk to young people about abstinence and safer sex.
- Teach young people about the importance of safer sex—young people are very adaptable to changing their behavior!
- Promote delaying of first sex for young people who have not had sex.
- Promote condom use for sexually active youth.
- Support access to condoms for young people in health centers, from street vendors and CHWs, and in pharmacies.
- Teach young people how to use condoms correctly, including the female condom (if available).
- Teach young people how to negotiate using condoms with their partner (see *Unit 4, Session 4.2: Safer Sex*).

- Encourage young people to get tested for HIV and other STIs that can be treated.
- Help out-of-school young people or young heads of household find programs to help with economic security, including IGA.
- Encourage young people to get involved in CHBC as CHWs or caregivers. They often have the energy and motivation to be very good as CHWs or caregivers.
- Give special attention to young people taking ART because they may have a harder time than adults with adherence.

Poor, Married Women

Activity 6: Group Discussion and Brainstorming (35 min.)

The trainer should:

- Go around the room and ask participants, "Do you think a married woman is more or less at risk of getting HIV then an unmarried woman?"
- Ask for a few volunteers to explain their position.
- Explain that married women are often more at risk, especially poor, married women. Use the content below to explain what we know about poor, married women and why they need special attention.
- Ask participants to brainstorm how they can help married women in their communities prevent HIV.
- Note responses on flipchart.
- Ask if there are any questions and summarize the exercise.

What do we know about poor, married women?

- 70% of the poor people in the world are women and poor, married women would have few choices of how to survive and provide for their families if they were alone.
- Poor, married women are likely to have experienced violence from their husbands, partners, or other family members. One in 3 women in the world has experienced violence.
- The burden of caring for ill family members is the responsibility of mainly women and girls.
- Most women who get HIV from sex, get it from their husbands or partner that the woman believes to be monogamous (faithful). This is because these women trust

their partner and/or often are not able to negotiate condom use. Poor, married women are not expected to use condoms with their husbands even if they know he has other partners, and cannot afford to anger their husbands who they depend on for survival by asking him to use one.

Why do poor, married women require special attention for CHBC?

- Poor women often have less access to HIV information and services.
- It can be difficult for married women to negotiate using condoms, especially if they are much younger than their husbands.
- If a poor, married woman tests HIV+, she is often blamed for having brought HIV into her household and can be banished from the home and even the community.
- Married women may be more at risk for HIV than unmarried women because they are more frequently exposed to unsafe sex.

What can CHW do to help poor, married women have access to prevention and care services?

CHWs can:

- Work with or help form women's groups to promote HIV prevention and discuss condom negotiation.
- Help poor, married women get access to condoms (from the CHWs themselves or other community resources).
- Support community groups that help poor, married women with economic security (IGA) and food security. Research shows that women making their own money are better able to avoid violence from a husband which may help in condom negotiation.
- Mobilize community leaders, such as religious, traditional, and administrative authorities, to support poor, married women by supporting condom use and faithfulness of both partners.
- Teach married men and women how to use condoms correctly, including the female condom (if available).

- Encourage poor, married women to go for VCT.
- Help poor, married women who are caregivers to sick family members so that their burden is reduced.
- Support HIV+ poor, married women to tell their husbands about their HIV status.
- Help poor, married women who are HIV+ to get FP, PMTCT services, support, care, and ART.

The Armed Forces, Migrant Workers, and Transport Workers

Activity 7: Case Scenario and Group Discussion (45 min.)

The trainer should:

- Read the case scenario in *Trainer's Tool 19.1: Case Study for Migrant Workers*.
- Ask participants:
  - What are Matthew's special needs as a transport worker? (Encourage participants to think about prevention, care, and support needs.)
  - What are the special needs that his wife has?
  - What could have been done to help Matthew and his family prevent HIV?
  - If you met Matthew today, what would you do to help him?
  - If you met his wife today, what would you do to help her?
- Use the content below to supplement or correct answers.
- Ask participants:
  - What would be similar or different if Matthew was in the armed forces instead of a transport worker?
  - What if Matthew was a migrant worker who was away from home for very long periods of time (e.g., 6 months–1 year)?
- Use the content below to supplement or correct answers and summarize the key points.

What do we know about the armed forces, migrant workers, and transport workers?

- Women and men in the armed forces or in migrant and transport work are often away from home. This may make them more likely to have many sexual partners.
- Often women and men in the armed forces or in migrant and transport work make more money than others and are paid regularly. Often they use this extra money

to buy alcohol for themselves or other women, or to pay for a SW. When they are drunk, their judgment is off and they may make bad decisions such as having unsafe sex with a casual partner or a SW.

- People in the military often have authority and may use this authority to have forced sex.
- Working in the armed forces or migrant and transport businesses can be dangerous. People with these jobs may think that the risk of HIV is not important compared to the risk of their everyday work.

Why do the armed forces, migrant workers, and transport workers require special attention for CHBC?

- Men who work away from home are likely to create another family structure near their place of work. They can have a wife or steady partner in their home community and also a sexual partner, or several sexual partners, near their work. They may consider them as regular partners and not casual partners, so they are less likely to use condoms.
- Men who work away from home are also likely to have SWs as sexual partners.
- Since women and men in these jobs travel regularly, they may not have easy access to healthcare for STI/HIV prevention and testing.
- Women in the armed forces are often coerced or forced to have sex with their superiors or colleagues.

What can CHW do to help the armed forces, migrant workers, and transport workers?

CHWs can:

- Provide information and services to people in the community who are often traveling or who are from other communities.
- Encourage people in these groups to go for VCT and get tested for other STIs that can be treated.

- Provide prevention and care services to these groups where they live and work (e.g., truck stops, military housing, migrant camps).
- Work with employers to provide services to these groups.
- Encourage people from these groups to be trained as CHWs or caregivers.

Unit Summary and Evaluation

Activity 8: Trainer Presentation (20 min.)

The trainer should:

- Quickly refer to the key points presented in the introduction and ask participants if all points were well explained. If not, review unclear points.
- Put 24 sweets (6 different colors) in a bag. Each special group should have its own colored sweet (e.g., a blue colored sweet represents sex workers). See *Work for the Trainer to Do in Advance.*
- Ask participants to pick a sweet and give one example of how to help the group they picked.
- Continue until all the sweets have been picked.
- Use unit content to correct answers as needed.
- Ask if there are any questions.

Trainer's Tool 19.1: Case Scenario for Migrant Workers

Matthew is 32 years old and married with 2 children. He has a job transporting goods from his hometown to the capital city. He often is away during the week and returns home on the weekends. He has a girlfriend in the capital city who he stays with when he is away from home. Sometimes on the 2-day drive to the capital, he has sex with one of the women who hang out at the truck stops on the highway. He tries to use a condom when he has sex with one of these women because he knows about HIV. But sometimes it is late at night and the shops that sell condoms are closed. He never uses condoms with his wife or girlfriend because they are his regular partners and he trusts that they are not infected.

For the past 6 months Matthew has not been feeling well and has lost a lot of weight. He assumes it is from the stress of his work. His wife has also been coughing a lot and not feeling well. She is pregnant with their 3rd child.

NOTES