

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

A Handbook for
Community Health Workers



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A Handbook for Community Health Workers

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Pathfinder International

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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.

The curriculum was pre-tested in Tanzania and Mozambique, and underwent an internal and external peer review. Feedback from the pre-tests and peer review was incorporated to improve content, training methodologies for community health workers with limited literacy, and ease of use.

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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





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



UNIT 1: INTRODUCTION

Welcome to the Community Home-Based Care (CHBC) Handbook!

This Handbook will help you learn during your Community Health Worker (CHW) training. It will help you remember key ideas around CHBC when you are working in the community.

For CHWs to give CHBC and teach caregivers, they will need the following skills:

- ◆ Communication—with individuals and in groups
- ◆ Giving information on HIV prevention
- ◆ Nursing and physical therapy
- ◆ Giving information on nutrition
- ◆ Listening
- ◆ Emotional support
- ◆ Giving non-clinical Family Planning (FP) methods
- ◆ Community mobilization
- ◆ Referral and follow-up
- ◆ Transferring knowledge and teaching skills to others
- ◆ Record keeping and reporting



Remember:
Having a positive attitude and showing respect for PLWHA is the first step in being a good CHW.





NOTES

A large empty rectangular box with a dark brown border, intended for taking notes.





UNIT 2: FACTS ABOUT HIV/AIDS AND PEOPLE LIVING WITH HIV/AIDS

HIV is the virus that causes AIDS. HIV stands for:

Human

Immunodeficiency

Virus

AIDS happens when a person with HIV becomes sick and needs treatment. 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 infection)





There are 3 phases of HIV/AIDS:

The **window period** is when the virus is in the body but will not show up in the person's blood for 3-6 months.



HIV+ is when the person will test positive for HIV but they still feel and look healthy.



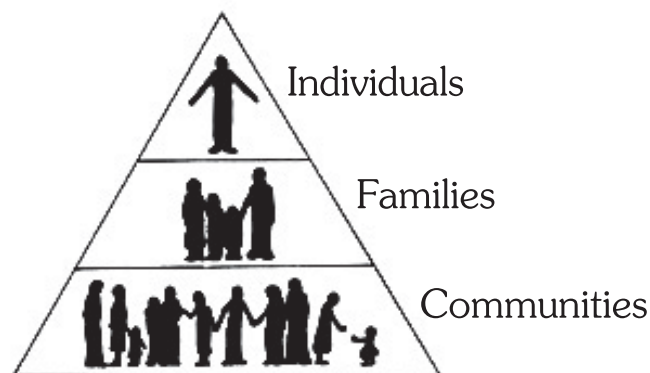
AIDS is when the person gets sick and needs medicine and care.

Remember:
HIV can be spread during all 3 phases!





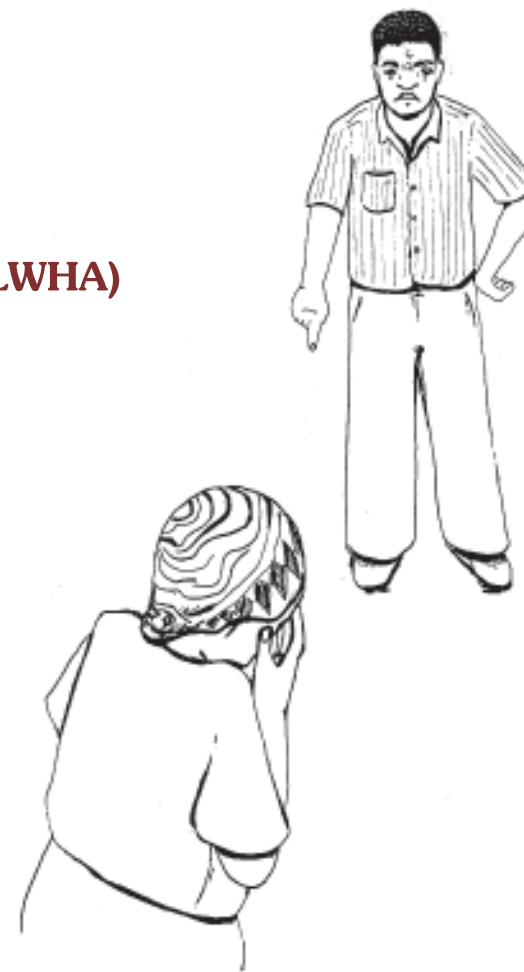
HIV affects us all.



Stigma and Discrimination against People Living with HIV/AIDS (PLWHA)

Stigma is bad feelings towards people who may be different from what others think is right or normal. Because of the behaviors associated with HIV/AIDS like sex, having many partners, or using drugs, people often stigmatize others who are infected and affected by HIV/AIDS.

Discrimination is the action of treating people badly for being different. Discrimination against PLWHA means that they are treated badly or do not have some rights because they are HIV+. PLWHA may not be able to get a job, become homeless, be isolated from churches, mosques, and communities, face violence, or receive poor care in clinics/hospitals.





Ways HIV is Spread

HIV lives in 3 kinds of fluids:

- ◆ Semen and vaginal fluids (cum)
- ◆ Blood
- ◆ Breast milk

That means HIV is spread through:



Sex with an infected person
(with no condom)





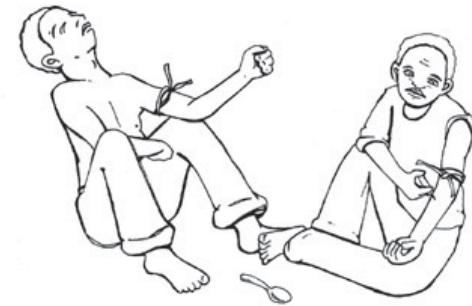
HIV is spread through (continued):



Pregnancy, labor,
and delivery



Breastfeeding



Sharing needles
and syringes



Unsafe blood
transfusion



Sharing tools for
circumcision, tattoos,
tribal markings, shaving,
and piercings



Contact with blood
through cuts or sores





You CANNOT Get HIV from:



Hugging



Shaking or holding hands



Bug bites



Kissing



Sharing a toilet



Sharing food and drinks



Dancing or swimming



Coughing



Living together





Relationship Between Sexually Transmitted Infections (STIs) and HIV/AIDS

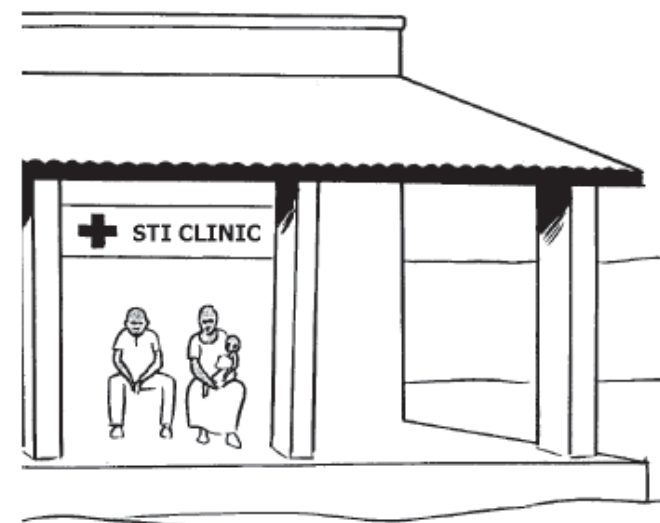
HIV is passed through sex, just like many other infections (like gonorrhea, chlamydia, herpes, and syphilis.) These are called sexually transmitted infections (STIs). (There is more information on STIs in *Unit 10: AIDS-Related Conditions*.)

Some important things to know about HIV and STIs are:

- ◆ If someone is at risk for getting HIV, s/he is also at risk of getting other STIs.
- ◆ Having an STI makes it easier for a person to **get** HIV. Some STIs can cause sores, broken skin, or rashes around the penis and vagina. These make it easier for HIV to enter the body.
- ◆ Having an STI makes it easier for a person to **give** HIV to someone who they have sex with.
- ◆ When PLWHA get an STI, it is harder for their bodies to fight the STI.
- ◆ The fight against HIV is also the fight against STIs!

Remember:

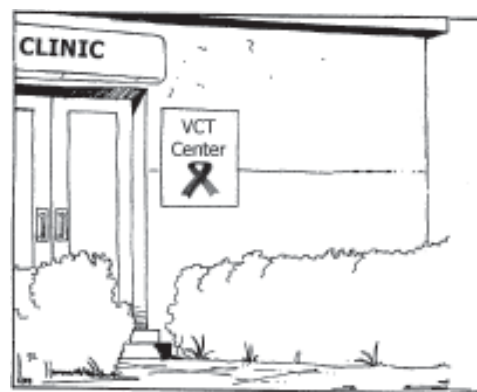
- ◆ **Treat STIs early!**
- ◆ **Get partners treated too!**
- ◆ **Use condoms every time you have sex!**





Signs of AIDS

The best way to know if a person has HIV/AIDS is to get tested at a Voluntary Counseling and Testing (VCT) center.



If there is no testing or a person does not want to get tested, there are signs of AIDS to look for.

These signs go on for a long time:



Losing weight



Diarrhea



Bad cough or
Tuberculosis (TB)



Bad fever



These can also be signs:



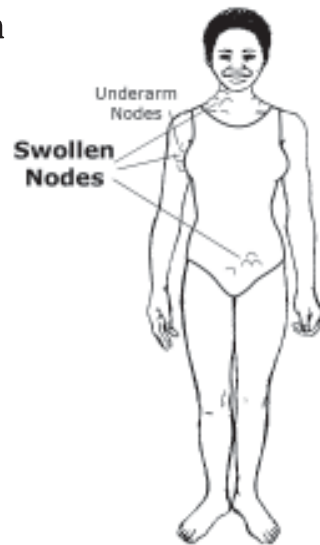
Itchy skin



Shingles



Thrush (white rash) in mouth



Swollen glands



Lots of ear, throat, or other infections (for children)



Ways You Can Prevent HIV

- ◆ Both partners being faithful after testing negative.
- ◆ Using condoms correctly all the time and having safer sex (even if both partners are HIV+).
- ◆ Treating STIs.
- ◆ Not having sex.
- ◆ Wearing gloves or plastic bags on your hands when you touch blood or other body fluids.

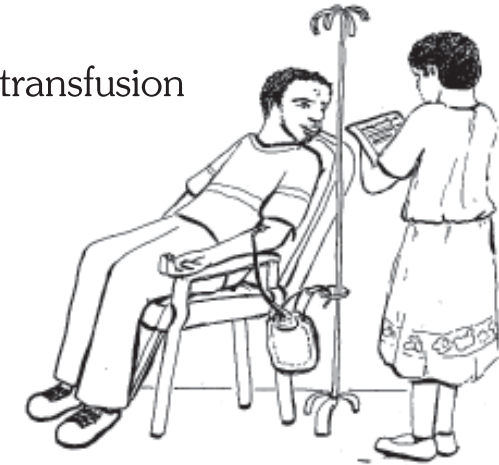


- ◆ Making sure blood transfusion is safe.

- ◆ Burning or burying waste.

- ◆ Cleaning and sterilizing razors, needles, and cutting tools with bleach.

- ◆ Using new needles or clean needles when injecting drugs.





Ways You Can Prevent Mother-To-Child Transmission (MTCT) of HIV

◆ Using Family Planning (FP) to avoid unwanted pregnancies.

◆ Getting tested (VCT).

◆ Going for Antenatal Care (ANC) check-ups.



◆ Using condoms during pregnancy.

◆ Staying healthy and eating well.



◆ Having a safe delivery.



◆ Taking Anti-Retrovirals (ARVs) (both mother & baby) around labor and delivery.

◆ Exclusively breastfeeding for 6 months (no other liquid or food).



◆ Exclusively bottle feeding for 6 months (no other liquid or food).

◆ Prevention and quick treatment of malaria.





Ways You Can Help Youth Protect Themselves from HIV

- ◆ Talking to them about HIV/AIDS.
- ◆ Showing them how to use condoms.
- ◆ Talking with parents, leaders, and teachers.
- ◆ Showing them where to get condoms and services.
- ◆ Working with youth groups.





UNIT 3: CHBC BASICS

CHBC is the care and support of PLWHA in their own homes and communities to help them live healthier lives. CHBC also helps prevent HIV in the community.

CHBC depends on:



PLWHA



Families and caregivers



CHWs



Communities



Health facilities and providers





CHBC is a lot more than nursing care.

CHBC is part of the whole package of HIV/AIDS prevention, care, and support.



Prevention



VCT



Counseling and emotional support



Nursing care and training caregivers



Preventing and treating infections



Medical care in health facilities, including Anti-Retroviral Therapy (ART)



Linkages to other support, like food and legal support



Planning for death and arrangements after death



Part of CHBC is the 2-way referral system.

From home to health center.

From health center back to home.



Remember:
Use referral slips and meet with health care providers in your community to talk about 2-way referral and meeting the needs of PLWHA.



One of the most important people to CHBC is you, the CHW.

Your role in CHBC is to:

- ◆ Give nursing care and emotional support to PLWHA.
- ◆ Help PLWHA “live positively.”
- ◆ Train caregivers and PLWHA in nursing care.
- ◆ Give referrals to clinics and health facilities.
- ◆ Mobilize the community to prevent HIV and fight stigma against PLWHA.
- ◆ Refer people for VCT.
- ◆ Link PLWHA and families to community resources.
- ◆ Support PLWHA self-help groups.
- ◆ Help orphans, vulnerable children, and widows to find support.



Remember:

Part of your job is to help everyone in the community work together!



UNIT 4: OUR BODIES AND SAFER SEX

Sex is a normal part of life. CHWs need to be open to talking with people about sex. To keep families and communities healthy, everyone must know how to prevent diseases and viruses passed through sex, like HIV.

What is Sex?

“Sex” means different things to different people, and people have different sexual behaviors, such as:

- ◆ Vaginal sex (when the penis or fingers go in the vagina).
- ◆ Anal sex (when the penis or fingers go in the anus).
- ◆ Oral sex (when a person kisses or licks their partner’s penis, vagina, or anus).
- ◆ Inserting fingers or objects into the vagina or anus.
- ◆ Masturbation (either alone or with a partner).
- ◆ Having sex with men, women, or both men and women.



Remember:

You do not have to agree with a client’s sexual behaviors, but you should be able to help people reduce their risk of HIV!



Remember:

It is never ok to judge someone because of their sexual behaviors.



Sexual and Reproductive Body Parts

CHWs should know the parts of the body involved in sex and how they work.

In Women

Outside, you can see 3 openings:

- ◆ The **urethra** where urine (pee) passes out from the bladder.
- ◆ The **vagina** where the penis or fingers enter during sex and where a baby comes out.
- ◆ The **anus** where stool passes from the body and where the penis or fingers enter during anal sex.

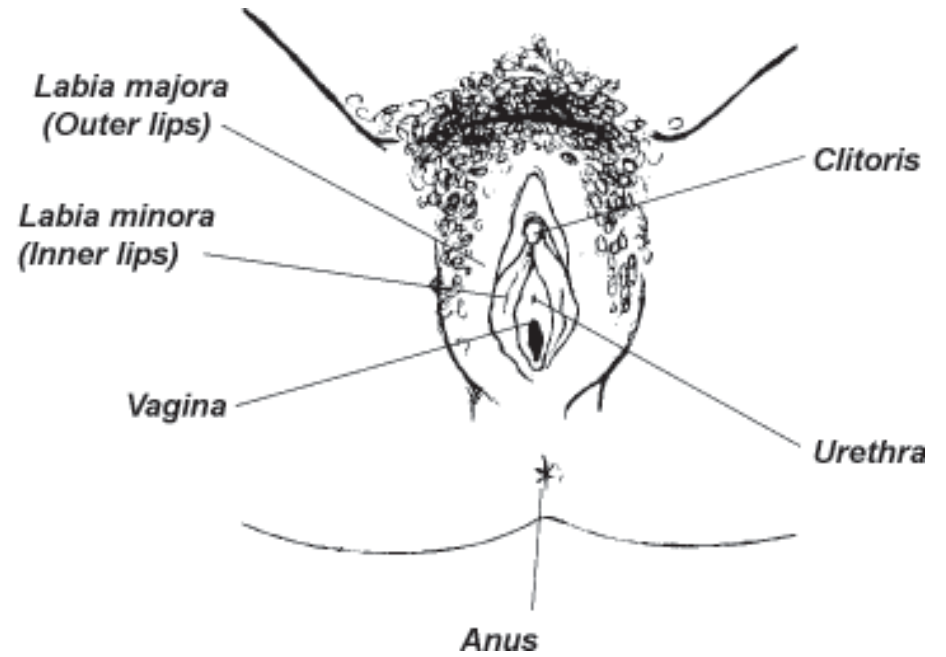
You can also see:

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

For women who have had genital cutting, the clitoris and lips may have been removed. The vagina may also have been sewn up.



Remember:
All of these areas can
be infected by STIs!

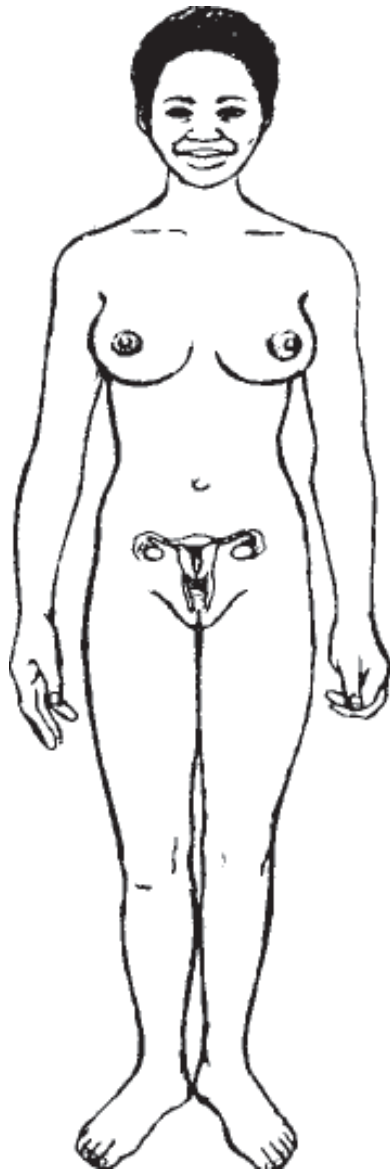




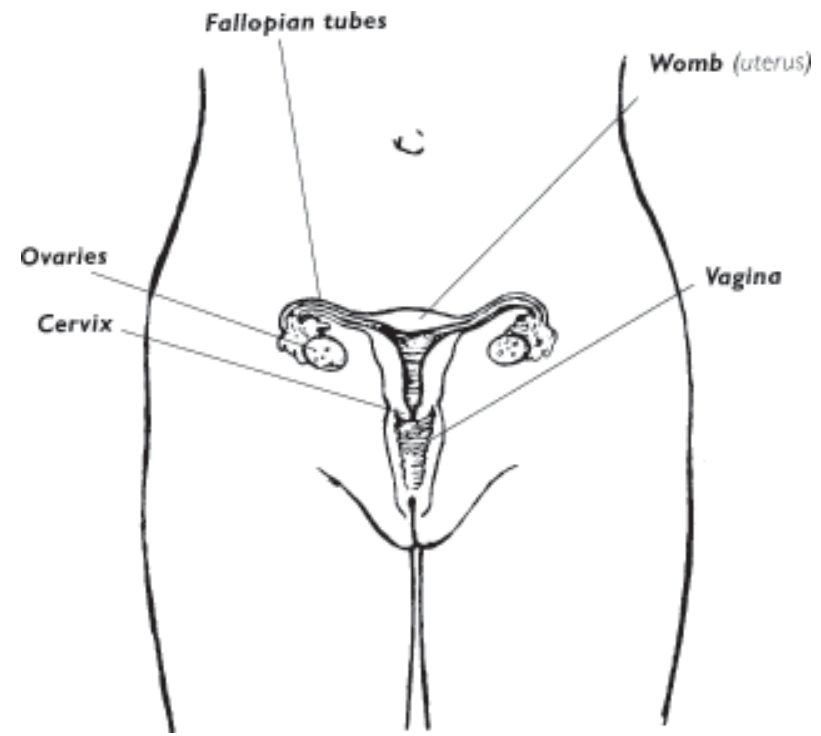
In Women (continued)

Inside, 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.
- ◆ The **fallopian tubes**, which are attached to the uterus, and the eggs travel through them to get to the uterus.
- ◆ The **cervix** (or mouth of the uterus), where sperm enters the uterus or womb and where the baby passes out of the uterus.



Remember:
All of these areas can
be infected by STIs!





In Men

Outside, you can see:

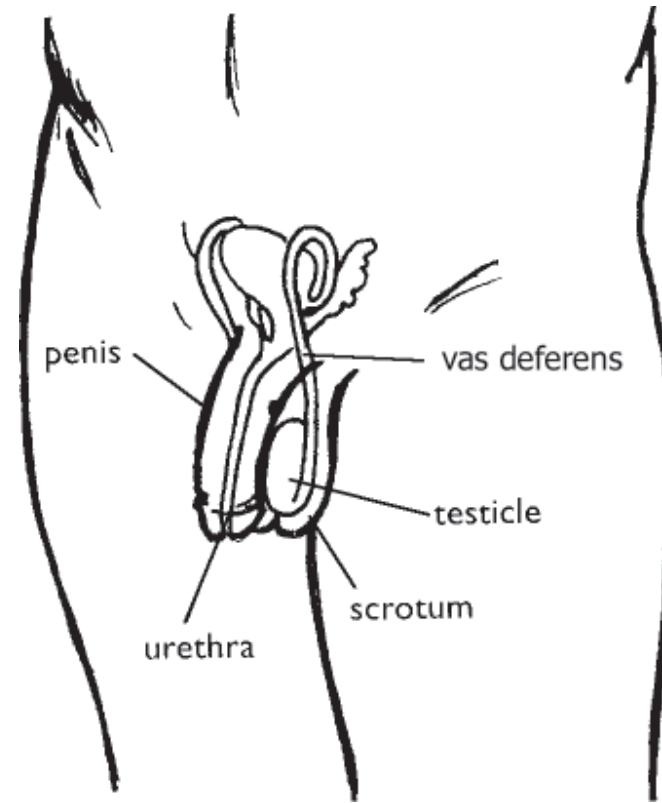
- ◆ The **penis** is the main body part for sex and pleasure. It also delivers the sperm that can make the woman pregnant during sex. The outside tip of the penis has foreskin. Some men do not have foreskin because they have been circumcised and have had the foreskin removed.
- ◆ The **scrotum** is the sack of skin that holds the testicles (or balls).
- ◆ The **urethra** is the opening from where the man urinates (pees). This is also where semen and sperm leave the body during sex. (The urine, as well as the semen and sperm, 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, 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** are tubes attached to the testicles, and the sperm travel through them to get out through the urethra.



Remember:
All of these areas can
be infected by STIs!





Safer Sex

Safer sex is any kind of sex that lowers the chances of passing STIs or HIV from one person to another.

Safer sex is important because:

- ◆ You might not know if your partner is infected.
- ◆ Many people do not show any signs of STIs or HIV/AIDS, even when they are infected.

Remember:

**Sex is never 100%
“safe,” but you can
help people learn how
to make sex as safe as
they possibly can!**





Ways to Practice Safer Sex:

- ◆ 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, touching, massage, rubbing, dry kissing, and hugging.
- ◆ Use a condom for all kinds of sex (in the anus, vagina, and/or mouth).
- ◆ Avoid “dry sex” (using products or herbs to dry the vagina before sex).
- ◆ Avoid sex when either partner has open sores or signs of STIs. (If either partner has a STI, they should both seek medical testing and treatment).
- ◆ Try oral sex. 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.
- ◆ Do not have sex at all.
- ◆ Delay the first time young people have sex.
- ◆ Never force another person to have sex.





Women and Safer Sex

Often, women in the community do not have control over when and how they have sex because men usually make those decisions.

You can:

- ◆ Help women learn to bargain for safer sex with their partner.
 - ▶ Try to make it an issue of safety and not of trust.
 - ▶ Make safer sex fun and pleasurable.
- ◆ Talk to men in the community about safer sex and condoms.
- ◆ Get men who are practicing safer sex to talk to other men in the community.
- ◆ Get local leaders to talk in public about safer sex and condoms.

Remember:

Forced sex is never OK, even if it is a husband forcing his wife to have sex.





Vulnerable Groups

There are many risky behaviors that increase the chances of getting HIV, like not using a condom every time you have sex. But some groups of people are less protected from HIV/AIDS because of things outside of their control. People in these groups often face a lot of stigma and cannot get good health information and services. CHWs should work to reach these groups with HIV/AIDS prevention, care, and support. Everyone has a right to good health information and services, so they can protect themselves from HIV/AIDS!

These things can make a person more vulnerable to HIV/AIDS:

- ◆ Having a STI
- ◆ Being poor
- ◆ Being female
- ◆ Being young
- ◆ Being forced to leave their home because of war, not enough food, disaster, or other danger
- ◆ Selling sex for survival (sex for food, shelter, school fees, or money)
- ◆ Being an injecting drug user (and sharing needles)
- ◆ Men having sex with other men (and not using condoms)
- ◆ Getting beaten or raped





How to Use Condoms

It is very important that everyone in your community knows how to use a condom. Condoms are only effective if they are used the right way **every time** a person has sex. When condoms are used the right way, they can protect against HIV, STIs, and pregnancy. CHWs should give out condoms in the community and show people how to use them. Condoms are important for young people, men, women, and PLWHA. No one should be afraid to talk about or use condoms!

Remember:

Knowing how to use a condom correctly is a life-saving skill that every person should have!





Key Points About Condoms

- ◆ Always use latex condoms because others do not protect against HIV.
- ◆ Use lubricated condoms if possible.
- ◆ Use a new condom every time you have sex.
- ◆ Store condoms in a cool, dark, and dry place. Do not keep them in your wallet, pocket, or in the sun.
- ◆ Look at the condom packet to make sure it is not damaged or too old. (Check the date on the packet.)
- ◆ Roll the packet between your fingers to make sure there is air inside. If it feels dry or sounds crinkly, throw it away.
- ◆ If you need extra wetness during sex, use spit, KY jelly, lubricant, or water. Do not use petroleum jelly (Vaseline) or other oils.
- ◆ If the condom tears or breaks during sex, stop right away and put on a new condom.
- ◆ Do not use more than one condom at a time.



Remember:
People should have
plenty of condoms
before they need them!





How to Use a Male Condom

Before Sex:

- ◆ Open the condom packet carefully along one side and take the condom out.
- ◆ Be careful not to tear the condom—do not use your teeth!
- ◆ Put a condom on only when the penis is hard.
- ◆ Pinch the tip of the condom to keep a small empty space with no air to hold semen. This helps to keep the condom from breaking.
- ◆ Hold the condom so that the nipple is facing up and it can be rolled down easily.
- ◆ Place the condom on the tip of a hard penis. (If the penis is not circumcised, pull the foreskin of the penis back before putting on the condom.)
- ◆ Unroll the condom all the way to the bottom of the penis.



Remember:
**Use a new condom every
time you have sex.**



**After Sex:**

- ◆ Right away after sex, hold on to the rim of the condom while the man carefully removes the penis.



- ◆ The condom must be taken off while the penis is still hard so that the condom does not slip off.

- ◆ Remove the condom away from your partner.



- ◆ Tie the used condom in a knot so that the semen does not spill.



- ◆ Throw the condom away in a latrine, burn it, or bury it.
Do not put it in a flush toilet.





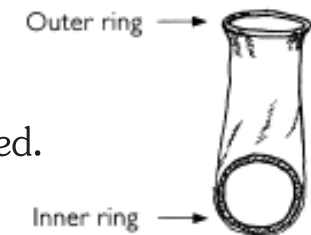
How to Use a Female Condom

Some women really like the female condom because they do not have to rely on their partner and it can be put in any time before sex. It should not be used at the same time as the male condom, because they are both more likely to tear if used together.

A new female condom should be used every time you have sex. But, if there are no other condoms available to use, you can wash a female condom very well with soap and water and use it again. You need 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 all the way. Soap and water will not get rid of all of the virus. You should only use a female condom again if there is no other choice.

Before Sex:

- ◆ Carefully open the packet.
- ◆ Find the inner ring at the bottom, closed end of the condom. The ring is not attached.
- ◆ Squeeze the inner ring between the thumb and middle finger.





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



During Sex:

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



After Sex:

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





NOTES

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UNIT 5: COMMUNICATION

An important part of caring for PLWHA is communicating. Good communication can help people to understand and solve their problems.

You need good communication skills when you:

- ◆ Give information that the client needs.
- ◆ Give emotional and psychological support.
- ◆ Help reduce fear and anxiety.
- ◆ Promote positive living.
- ◆ Help clients make informed decisions (for example, about getting tested).
- ◆ Help resolve family conflicts that may be related to stigma, planning for death, or inheritance.





You can be a good communicator and show a caring attitude by:

- ◆ Using simple words.
- ◆ Talking **and** listening.
- ◆ Letting people ask questions.
- ◆ Showing a person how to do a task.
- ◆ Using pictures or flipcharts (like this handbook).
- ◆ Asking open-ended questions.
- ◆ Listening carefully and repeating back to make sure you have understood correctly.
- ◆ Never sharing personal information with others.
- ◆ Never giving wrong information.
- ◆ Finding answers to questions that you do not know.
- ◆ Using good body language.
- ◆ Showing a caring attitude.





Body Language and Communication

Our bodies can show how we feel about something, even when we are not speaking. CHWs should know their own body language, and notice the body language of their clients.



Good Body Language:

- ◆ Leaning towards a person
- ◆ Facial expressions that show interest or concern
- ◆ Looking someone in the eye
- ◆ Smiling
- ◆ Nodding your head

Remember:
Clients and
community
members will
notice your body
language! Practice
good body
language!



Bad Body Language:

- ◆ Not making eye contact
- ◆ Looking at your watch or clock
- ◆ Frowning
- ◆ Fidgeting
- ◆ Sitting with arms crossed
- ◆ Leaning away from a person
- ◆ Speaking softly or stuttering



Active listening helps show a caring attitude. This means:

- ◆ Paying attention.
- ◆ Listening to **what** they are saying.
- ◆ Listening to **how** they are saying it.

You can build trust with your client by:

- ◆ Giving the client time to get to know you.
- ◆ Showing understanding.
- ◆ Being willing to help.
- ◆ Admitting when you do not know the answer.
- ◆ Supporting the client's decisions.
- ◆ Not judging the client.
- ◆ Showing skill and confidence in your work.
- ◆ Keeping your client's information confidential.





Privacy and Confidentiality

Privacy is very important to the relationship between CHWs and their clients.

- ◆ Make a special space to talk with your clients. You should be away from other people who may hear or see your conversation.
- ◆ Never share the discussions, conversations, or concerns of a client with anyone else unless the client wants you to. CHWs and clients should have a **confidential** relationship. (*Confidential* means that all of a client's information is kept private from others).
- ◆ 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.
- ◆ Recognize the humanity, dignity, and rights of PLWHA to make their own decisions.

Remember,
CHWs can support
their clients by:

- ◆ **Listening**
- ◆ **Understanding**
- ◆ **Accepting**





Communicating with Clients who Cannot See, Hear, or Speak

Even if people have trouble seeing, hearing, talking, or remembering things, they can still communicate the ways they are feeling.

If a client has:

- ◆ **Hearing problems:** try written communication, pictures, or sign language.
- ◆ **Sight problems/blind:** try spoken/verbal communication.
- ◆ **Speaking problems:** try using pictures to communicate.
- ◆ **Memory problems:** try leaving written instructions or pictures to help them remember key skills.

Remember:

Use all of your communication skills together to show a caring attitude and help your clients live healthy, positive lives!





UNIT 6: CHBC IN YOUR COMMUNITY

CHBC can help everyone in your community—not only people living with HIV/AIDS.

CHWs should teach all types of people in the community how to protect themselves from HIV/AIDS, how to support people living with HIV/AIDS, and how to reduce stigma. There are many untruths and myths about HIV/AIDS that make it hard to stop the epidemic. You can help by teaching your community the facts!

Remember:

People will respect your opinion because of your knowledge and skills in caring for people with HIV/AIDS.





Behavior Change

CHWs can help people in the community stop the spread of HIV/AIDS by helping them change risky behaviors.

CHWs can help by:

- ◆ **Talking openly** about sex.
- ◆ Teaching the **facts** about HIV/AIDS.
- ◆ Helping people change their behavior in **small steps**.
- ◆ Teaching people about **safer sex**.



Remember:

Changing behavior is very hard—it takes a lot of support from communities, programs, and other people!



Talking About Prevention

CHWs should talk to people one-on-one, in small groups, and in larger groups about HIV/AIDS. You can talk to people at a church group, school, or workplace. People in the community need to know that **ANYONE CAN GET HIV**. It is helpful to start by asking what people already know and think about HIV/AIDS, and then add to what they know.

You can use these messages to teach people about HIV/AIDS:

- ◆ Use a condom every time you have sex.
- ◆ Stay in a faithful relationship where both partners have been tested for HIV and are negative.
- ◆ Wait to have sex (for young people).
- ◆ Get tested for STIs and HIV.
- ◆ Be abstinent (do not have sex at all).
- ◆ Learn how to use condoms correctly.
- ◆ Practice safer sex.
- ◆ Choose sex partners carefully.
- ◆ Clean tools for piercing ears, making tribal markings, cutting corns on feet, and shaving heads with a bleach solution.
- ◆ Look for STIs and treat them right away.
- ◆ Ask partners to get tested for STIs and HIV before having sex.
- ◆ Avoid drug and alcohol abuse.
- ◆ Stop harmful traditional practices.
- ◆ Stay clean and healthy.

Remember:

Telling people that abstinence is the only way can cause more harm than help. Tell people about all the ways to prevent HIV, like using condoms, being faithful, and abstinence.





Teaching PLWHA about Prevention

CHWs need to teach PLWHA the facts about HIV/AIDS and how it is spread, so that they do not pass on the virus, become more sick, or get sick faster.

CHWs can teach PLWHA:

- ◆ How HIV is spread by sex, and how to prevent it.
- ◆ How HIV is spread in other ways (like from mother-to-child, coming in contact with infected blood, and others).
- ◆ Abstinence is the best way to prevent infections, but may not be possible for most people.
- ◆ Condoms must be used every time PLWHA and their partners have sex.
- ◆ Try to have only one mutually faithful sexual partner, with whom you use condoms every time.
- ◆ Even if they are on Anti-Retroviral Therapy (ART), there is still HIV in the body that can be passed to others during sex.



Remember:

PLWHA, their families, and caregivers need information on prevention too. Talk to people at the right time and place—your message may not be heard if the other person does not feel comfortable!



Voluntary Counseling and Testing (VCT)

VCT is a very important part of preventing HIV and helping people get the care and treatment they need. CHWs should help people in their communities get tested for HIV.

CHWs should know where the VCT centers in their communities are, and check to be sure that the VCT centers are private and can help people get support and medical services. They can help people know what to expect when they go for VCT.

VCT includes 3 steps:

- ◆ Pre-test counseling
- ◆ Blood draw
- ◆ Post-test counseling



Remember:

It is important for people to talk to a skilled counselor before and after their HIV test!



Reasons to Get Tested for HIV

It is important for the CHW to explain to people in the community why it is good to go for VCT, no matter what the result of the test.

For people who test positive, VCT can help you:

- ◆ Protect sexual partner(s) and unborn baby (if pregnant).
- ◆ Seek medical care and access support and care programs (such as CHBC, ART, Prevention of Mother-to-Child Transmission (PMTCT), support groups, Income Generating Activities (IGA), post-test clubs, and more).
- ◆ Plan for the family's future, including children that may become orphaned.
- ◆ Take steps to lead a healthy and positive life.

For people who test negative, VCT can help you:

- ◆ Feel relieved.
- ◆ Make healthy decisions about getting married or having a baby.
- ◆ Learn to protect yourself from getting infected in the future.
- ◆ Join post-test clubs for support and information about staying HIV-negative.
- ◆ Learn the facts about HIV/AIDS and how to help protect family and friends.





Telling People about HIV Test Results

- ◆ Talking about HIV test results can be very hard.
- ◆ It helps to talk about the results with family and close friends.
- ◆ Sometimes, talking about HIV test results can be risky.
- ◆ CHWs can help support people to talk about their HIV status.
- ◆ CHWs can also work in the community to fight stigma.



Remember:

**Fighting stigma in the community
will make it easier for everyone to
talk about their HIV status!**



Good reasons to talk about HIV test results:

You can:

- ◆ Explain to partners why you want to use condoms.
- ◆ Feel better about getting medical help.
- ◆ Get support from family, friends, and support groups.
- ◆ Tell your sex partners or family and friends to get tested.



Risks of telling people about HIV test results:

You could:

- ◆ Be treated badly by some people.
- ◆ Face being beaten or getting thrown out of your home.
- ◆ Lose your job.





Community Mobilization

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

Some of the Effects of HIV/AIDS in the Community are:

- ◆ People cannot earn money to support their families.
- ◆ Children become orphaned or are not cared for because their parents are sick.
- ◆ Women and/or child heads-of-households cannot manage.
- ◆ Families and caregivers have a hard time giving all the care and support PLWHA need.
- ◆ The health system cannot provide services to all the PLWHA who need them.





CHWs can mobilize the community to take action to support PLWHA and prevent HIV.

You can:

- ◆ Speak at gatherings, meetings, and events about HIV/AIDS.
- ◆ Talk to community leaders, business people, religious leaders, and community groups about supporting PLWHA.
- ◆ Do home visits to talk with families about HIV prevention, and care and support of PLWHA.
- ◆ Talk with youth about HIV/AIDS, other STIs, and pregnancy. Help youth to get involved and teach their peers.
- ◆ Involve all kinds of people in your community in CHBC and HIV prevention. They can bring food, care for an orphan, help buy school uniforms for affected families, and much more.
- ◆ Help PLWHA form support groups to talk and help each other.
- ◆ Work with vulnerable groups in your community (like street youth, sex workers, drug users, men who work away from home, and others) to help them practice safer behaviors.





Resource Mapping

CHWs should have or help create a list of places, people, and organizations in the community where PLWHA, caregivers, and CHWs themselves can get help when they need it. Work with other CHWs to map all of the resources in the community.

Remember:

**You can convince people that
change can happen, so that
PLWHA and their caregivers do
not have to suffer!**





NOTES

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UNIT 7: POSITIVE LIVING

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.

Remember the recipe for positive living:

Healthy Mind +

Healthy Body +

Healthy Soul

= A Long, Healthy Life





Feelings about Living with HIV/AIDS

People will have different feelings about being HIV+, such as:

- ◆ **Shock:** A person may feel confused and not know what to do.
- ◆ **Denial:** A person may not believe that they are HIV+ or that they have AIDS. They may say, “The doctor must be wrong,” or “It cannot be true—I cannot have AIDS.” Denial is dangerous because the person may not take care of him/herself or protect others from HIV/AIDS.
- ◆ **Anger:** A person may be angry when they find out they are HIV+. They may try to blame the person who they think passed HIV to them.
- ◆ **Bargaining:** A person may try to bargain with their God, by saying things like, “If you will take this virus away, I will never drink alcohol or be unfaithful again.”
- ◆ **Loneliness:** PLWHA often feel alone in the world, especially if they are keeping their status a secret.
- ◆ **Fear:** PLWHA may fear many things such as pain, loss of job and home, other people treating them badly, leaving their children, and death.
- ◆ **Self-Consciousness:** Sometimes PLWHA feel that everyone can see that they are HIV+ and they may want to hide. They may feel rejected or isolated by the community, or guilty and ashamed.





Anxiety and Depression

It is common for PLWHA to feel some anxiety and depression, but these feelings can be dangerous if they last a very long time, become very strong, or keep a person from doing the things they normally do. Being anxious or depressed can make a person more likely to get infections and make it harder to heal.

Anxiety is a feeling of nervousness, fear, and dread. **Depression** is a feeling of sadness and hopelessness.

Signs of Anxiety:

- ◆ Do not feel like eating.
- ◆ Trouble breathing.
- ◆ Shaking, sweating, or feeling faint.
- ◆ Feeling like the heart is pounding.
- ◆ Feeling “tingling” in the body.
- ◆ Not sleeping.
- ◆ Fast heartbeat.
- ◆ Feeling out of control.
- ◆ Cannot concentrate.
- ◆ Feeling jumpy or angry.
- ◆ Feeling very worried.



Signs of Depression:

- ◆ Feeling hopeless or helpless.
- ◆ Feeling tired all the time.
- ◆ Not finding joy in things.
- ◆ Easily angry with no reason.
- ◆ Sleeping too much or not enough.
- ◆ Eating too much or not wanting to eat at all.
- ◆ Not doing normal social activities.
- ◆ Not wanting to have sex.
- ◆ Saying that they feel useless or want to kill themselves.



To help PLWHA fight anxiety and depression, CHWs and caregivers can:

- ◆ Link them with other PLWHA who are living healthy, positive lives, like through support groups.
- ◆ Link them to community resources, such as support groups or spiritual counseling.
- ◆ Discourage the use of drugs and alcohol.
- ◆ Spend time with the person.
- ◆ Listen and help them talk about their feelings. Let them know that their feelings are normal.
- ◆ Help them feel loved and accepted.
- ◆ Help them plan daily and weekly activities.
- ◆ Help them continue any religious or spiritual activities that they like to do.
- ◆ Involve them in family activities.
- ◆ Help them relax—both their body and their mind.
- ◆ Help them get enough rest and eating well.
- ◆ Help them get help from a counselor, when needed.



Seek help when:

- ◆ The client talks about suicide.
- ◆ The client can no longer eat or sleep.
- ◆ There is an emotional crisis.

Remember:
Families and caregivers may also be depressed and need help!



Getting Feelings Out

You can teach clients and caregivers some simple things that can help them feel better and have less stress and anxiety.

Get the feelings out!

If a client is having trouble talking about their feelings, they can try to:

- ◆ Write a letter to a person (such as people who reject them or the person that infected them with HIV) and then burn it.
- ◆ Talk to a picture about how they feel.
- ◆ Punch or scream into a pillow to let out anger.



Talk to the virus!

Clients can try to talk with the virus inside of them when they do not want to talk to anyone else.

You can tell your clients:

- ◆ Close your eyes and pretend you see the virus.
- ◆ Give the virus a name and imagine that it can talk back.
- ◆ Tell the virus how you feel about it being in your body.
- ◆ Make a deal with the virus, such as, “I will eat good food and stay healthy if you do not make me sicker.”



Breathe!

Breathing is a good way to relax and feel better. Teach clients to use this breathing exercise when 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.
- ◆ 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 nostril closed, and breathe out for 5 seconds.
- ◆ Keep the left nostril closed and breathe in for 5 seconds.
- ◆ Close both nostrils again and hold your breath for 5 seconds.
- ◆ Open the left nostril, keep the right nostril closed, and breathe in for 5 seconds.
- ◆ Repeat until you feel better.



Finding Hope and Joy

Giving emotional support to PLWHA is very important, because it helps people to live and think positively.

Having 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.

Action Plans

CHWs can help clients make an action plan to reach their goals and find the will to live.

- ◆ Ask clients what they want from life related to their bodies, their health, their families, their friends, or their community.
- ◆ Help clients choose 5 of these wants that they can actually achieve, and help them make an action plan for how to reach these goals.



Remember:
Having hope gives people the strength to deal with illness and challenges, and it helps people fight HIV/AIDS and live longer!





Memory Books and Boxes

Many PLWHA worry that they will not be around to see their children grow up. PLWHA can make “memory books” or “memory boxes” for their children and families. PLWHA can put things in them that will tell their children or families about themselves, and their dreams and hopes for their children. The CHW can help families and PLWHA make memory books or boxes. If a person cannot write, they can draw pictures, or the CHW or a friend can help.

Memory books or boxes can have:

- ◆ Family background and history.
- ◆ What the children were like when they were small, or small objects that a child used or liked.
- ◆ Photos or drawings of themselves, their home, and their children.
- ◆ Letters to each person in the family.
- ◆ Important documents, such as family health history, children’s medical records or inheritance information (what the children or spouse is entitled to when the person dies).
- ◆ Hopes and dreams for their children, how they will grow up, and the values they will hold.



Remember:

Memory books and boxes do not need to be fancy—the important thing is that they provide children with a record of their parent’s life and an object that represents their love.



Helping Clients be Healthy

CHWs should help their clients follow healthy behaviors and avoid unhealthy ones.

Healthy Behaviors:

- ◆ Keep busy and active.
- ◆ Get enough sleep.
- ◆ Talk about feelings.
- ◆ Join a support group.
- ◆ Eat healthy foods and take vitamins.
- ◆ Use clean water for drinking and cooking.
- ◆ Keep the house clean.
- ◆ Breathe fresh air and go outside into the sun every day.
- ◆ Exercise or have someone help do physical therapy.
- ◆ Take medicines as directed by the doctor.
- ◆ Tell the CHW or doctor if there are changes in health.
- ◆ Use condoms plus another family planning method (like pills or injectables) if they do not want to get pregnant.
- ◆ Go to a health facility regularly—especially if pregnant.
- ◆ Get STIs and TB treated right away.
- ◆ Always wash hands after going to the toilet, and also before touching food.





Unhealthy Behaviors:

- ◆ Smoking.
- ◆ Drinking too much alcohol.
- ◆ Using drugs.
- ◆ Sharing medicines with other people or stopping medicines without talking to the doctor.
- ◆ Having sex without condoms.
- ◆ Becoming isolated from others (being alone too much).





Healthy Eating and Food as Medicine

The most important parts of being healthy are good food, vitamins and minerals, and clean water. There is lots more about this in *Unit 8: Nutrition*.

Some foods and herbs can be used to help prevent or treat common problems for PLWHA. They CANNOT cure more serious illnesses like TB, malaria, STIs, and cancer. For these, the CHW should refer the client to a clinic or hospital.

Remember:

Do not tell clients to use special foods or herbs as medicines unless you are sure they are safe!

Some examples of common foods and herbs that can be used as medicine:

Basil can help with nausea and digestion when added to food. It can help with mouth sores if it is chopped up, mixed with clean water, and gargled.

Raw carrots can help clear up worms and parasites. They also have Vitamin A, which is important to help the body fight HIV.

Cayenne pepper helps with appetite, fights infections, and heals ulcers and inflammation in the intestine. Add a pinch of cayenne peppers to food, or add to fruit juice or water for an energizing drink.

Cloves improve appetite and help digestion, diarrhea, nausea, and vomiting. Use cloves in soups, stews, warmed fruit juice, and tea.





Some examples of common foods and herbs that can be used as medicine (continued):

Garlic helps prevent infections (like ear infections and yeast infections) and cleans the stomach of worms and parasites. It is best to eat 2–3 raw cloves of garlic a day, chopped into small pieces.

Ginger helps with digestion, diarrhea, and appetite and can help with cough, sore throat, and nausea. Can be added to food, chewed raw, or made into tea by crushing it in clean water and boiling for 10 minutes. (Tea should be strained before drinking it).

Lemons and limes fight bacteria, help digestion, and help dry mouth. Add the juice to foods or drinks, or suck on a raw piece of lemon/lime.

Mint helps digestion and mouth sores. Use as a tea or gargle for mouth sores. For digestion, chew mint leaves.

Neem can help with fever. Cut a fresh twig from a neem tree. Remove the leaves and boil the bark in water. Drink as a tea, or chew the bark.

Parsley stimulates the stomach, and helps with appetite. Add parsley to raw or cooked food.

Pumpkin seeds help clean the gut of worms and parasites. Dry the seeds out in the sun and eat a handful once a week to help clean the stomach.

Thyme helps with cough, digestion, and growing good bacteria in the gut. It can be used as a gargle or mouthwash, or as a tea.





UNIT 8: NUTRITION

Good Nutrition is VERY Important for PLWHA:

- ◆ PLWHA need to eat enough food because HIV attacks the immune system, and the body needs lots of energy and nutrients to fight back.
- ◆ Eating healthy foods can help prevent AIDS-related illnesses and help PLWHA stay healthy longer.
- ◆ Pregnant women with HIV/AIDS and women who are breastfeeding need to eat foods with a lot of iron and Vitamin A, eat more food than usual, and have lots of protein every day.
- ◆ PLWHA who are on anti-retroviral therapy (ART) need to take many of their drugs with food so that they have less side effects (like nausea or acid stomach).



Remember:

Prevention is better than a cure! The earlier a client starts to eat a healthy and balanced diet, the healthier s/he will stay!



Food Groups—Go, Grow, and Glow

Eating a balanced diet means eating many different foods because no one food contains all the nutrients we need. There are 3 main groups of food that we should eat from every day:

GO foods give us energy.

These include rice, ugali, cassava, and other starches. Whole grains or cereals are best because they have more nutrients.



GROW foods have protein and help make us strong.

These include meats, fish, beans, peas, lentils, groundnuts, and dairy products.



GLOW foods have a lot of vitamins and help keep the immune system strong.

These include all kinds of fruits and vegetables.





Fats/Oils and Sugars/Sweets:

- ◆ Fats and sweets can give PLWHA energy and help them gain (or keep) weight.
- ◆ But, they do not contain many nutrients and should not be eaten in place of other healthy foods (Go, Grow, Glow).
- ◆ There are some “good fats,” like avocados, nuts, and palm oil that clients should eat often.



Water and other Liquids:

- ◆ PLWHA should drink at least 2 liters of water or other liquids each day.
- ◆ Drinking water **MUST** be boiled (rolling boil for 10 minutes) to prevent other illnesses, like diarrhea.
- ◆ PLWHA can also drink juice, soups, and milk.
- ◆ Coffee and tea are OK, but not with meals, because they prevent the body from taking in important nutrients.





Vitamins and Minerals

If PLWHA eat a healthy diet with go, grow, and glow foods, they should get enough vitamins and minerals to protect against infection. These are some of the most important vitamins and minerals for PLWHA.



Vitamin A: Protects against diseases and infections, such as diarrhea.

Found in vegetables and fruits that are dark green, red, yellow, and orange, and in red palm oil, egg yolks, liver, orange and yellow sweet potatoes, and yellow maize.

Vitamin C: Protects against infections and helps the body heal from infections.

Found in citrus fruits such as lemons, grapefruits, oranges, and mandarins, and tomatoes, guavas, mangoes, and potatoes.

Vitamin E: Protects against infections and helps the body heal from infections.

Found in vegetable oils (like sunflower oil), peanuts, egg yolks, and green leafy vegetables.

Vitamin B Group: Helps the immune system and nervous system stay healthy.

PLWHA need extra Vitamin B when they are taking Tuberculosis (TB) medicine.

Found in whole grain breads and cereals, potatoes, fish, meat, chicken, white beans, seeds, watermelon, maize, nuts, avocados, broccoli, and green leafy vegetables.



Iron: Helps to prevent anemia (“thin blood”), which is a common in women and children.

Found in green leafy vegetables, seafood, red meat, chicken, liver, fish, eggs, seeds, whole grains, millet, sorghum, dried fruit, beans, and alfalfa.

Selenium: Helps the immune system fight infection.

Found in whole grains, dairy products (milk, yogurt, and cheese), peanut butter, nuts, beans, meat, fish, poultry, and eggs.

Zinc: Helps the immune system and increases the appetite.

Found in meat, fish, poultry, shellfish, whole grain cereals, maize, beans, peanuts, milk, and dairy products (yogurt and cheese).





Preparing a Healthy Meal

- ◆ Try to prepare food that the client likes.
- ◆ Pick foods from each food group—Go, Grow, and Glow—that are grown in the local area.
- ◆ Wash hands before and after touching food.
- ◆ Wash cooking and eating utensils and dishes well.
- ◆ Wash and dry all raw vegetables and fruits with clean water. It is best to peel the skin off before serving or cooking. (You can also mix $\frac{1}{2}$ teaspoon of bleach with 1 liter of water and soak fruits and vegetables for 15 minutes. Then rinse them off with clean (boiled) water and let them dry).
- ◆ Wash and cook all meat until no blood, pink meat, or red meat shows.
- ◆ Do not use the same space or cutting board for raw food and cooked food.
- ◆ Hard boil or cook eggs well. Do not eat soft-boiled or runny eggs.
- ◆ Do not cook vegetables for too long, because heat destroys their nutrients. You should steam, fry, or boil them for about 5 minutes to keep the nutrients in.
- ◆ Cover food to keep it hot and protect it from flies.
- ◆ Serve food right after it is cooked.
- ◆ If you eat leftovers, store them in a refrigerator and heat the food again to kill bacteria.





Feeding a Client:

- ◆ Help the person sit up.
- ◆ Let client feed themselves as much as possible.
- ◆ Give small amounts of food so they can chew easily.
- ◆ Encourage PLWHA to eat as much as they can.
- ◆ Give boiled water or juice to drink and to rinse the mouth.
- ◆ Keep the client company.
- ◆ Feed the person small meals, many times each day.





Common Nutrition Problems and Solutions

Severe Weight Loss:

- ◆ Eat:
 - ▶ Small, frequent meals. Good snacks are nuts, fruit, yogurt, peanut butter, and bread.
 - ▶ “Go foods” or starches like rice, maize, or bread.
 - ▶ “Grow foods” like meat, fish, eggs, beans, cheese, milk, or groundnuts. If dairy products cause stomach problems or rashes, do not eat them.
 - ▶ Fatty foods (such as avocados and nuts) or use more oil. If a client has diarrhea, avoid eating too much fat/oil.
- ◆ Add sugar, honey, or jam to food.
- ◆ Add dry milk powder to porridge, cereals, and sauces.
- ◆ Rinse the mouth out before eating.
- ◆ Share meals with family or friends.
- ◆ Do light exercise to increase the appetite.





Anemia (due to lack of iron and protein in the diet, or from malaria, hookworm, or other parasites):

- ◆ Eat more meat, beans, fish, eggs, dried fruit, and whole grains (like millet).
- ◆ Do not drink coffee, tea, milk, or cocoa during a meal. It prevents the body from taking in iron.
- ◆ Eat fruits and vegetables with Vitamin C (such as oranges, and green leafy vegetables).
- ◆ Treat any malaria or parasite infection.
- ◆ Take multivitamins with iron or take iron tablets.

Diarrhea:

- ◆ Do not stop eating.
- ◆ Drink at least **8** glasses of fluids (Oral Rehydration Solution (ORS), water, tea, thin soup, coconut juice) a day.
- ◆ Eat soft, mashed foods (rice, porridge, bananas, papaya, cooked squash, cooked carrots, pumpkin).
- ◆ Eat many small meals.
- ◆ Avoid:
 - Spicy foods, acidic fruits (like oranges), or deep fried/very oily foods.
 - Whole grains and foods that make gas (like beans, broccoli, cabbage, onions, and green peppers).
 - Coffee, tea, and alcohol.



**Nausea:**

- ◆ Sit up when eating and do not lay down right after eating.
- ◆ Eat:
 - ▶ Small amounts of food throughout the day.
 - ▶ Dry bread or biscuits.
 - ▶ Soups, unsweetened porridge, and fruits.
 - ▶ Sour or salty foods.
- ◆ Avoid:
 - ▶ Greasy, spicy, or very sweet foods.
 - ▶ Foods with strong smells.
 - ▶ Coffee, tea, and alcohol.
- ◆ Take small sips of fluids.
- ◆ Drink ginger tea or hot water with lemon juice.





Sore Mouth:

- ◆ Eat soft, mashed, or moist foods (avocado, papaya, bananas, yogurt, or eggs).
- ◆ Add liquids to dry foods to make them softer.
- ◆ Chew small bits of green mango or green papaya.
- ◆ Avoid:
 - ▶ Salty or spicy foods.
 - ▶ Foods that need a lot of chewing.
 - ▶ Very hot food or food that is acidic or very sour (lemons or pineapple).



Oral Thrush:

- ◆ Follow the advice given above for sore mouth.
- ◆ Drink lemon water or suck on a lemon.
- ◆ Avoid sugary foods and alcohol.
- ◆ Eat plain, unsweetened yogurt, sour milk, sour porridge, and garlic.

Remember:

Clients with thrush in the mouth or yeast in the vagina or other parts of the body should avoid sugar or sugary foods because they can make it worse!

**Dry Mouth:**

- ◆ Take small sips of water throughout the day.
- ◆ Suck on small pieces of crushed ice.
- ◆ Suck on or eat citrus fruits (oranges, lemons, limes). They can help make spit so it is easier to chew.

Taste Changes:

- ◆ Change the taste of food by adding sugar, salt, jam, lemon, herbs, or spices.
- ◆ Eat more fish, chicken, lentils, beans, or split peas. Meat can often have a metallic taste.
- ◆ Brush or clean your teeth after eating.



When There is Not Enough Food

Food can be more important than medicine because it helps the body stay strong and fight infection. CHWs can help to mobilize the community to help PLWHA and their families get the food that they need.

Some Ways to Help Get Food to PLWHA and their Families:

- ◆ Link with food security or nutrition programs/organizations.
- ◆ Make gunny sack gardens with a sack, soil, rope, seeds, and water. See *Advanced Unit 15: The Expanded Role of the CHW* for more on this.
- ◆ Start a community garden or a school garden with other people.
- ◆ Organize market women or store owners to donate food.
- ◆ Organize community members to help tend the gardens and farms of PLWHA.
- ◆ Work through churches or community groups to organize a food bank where people donate food that is given to PLWHA and their families.





Remember the “Golden Rules” of Healthy Eating:

- ◆ Eat **whole** foods. (These are unrefined foods.)
- ◆ Eat **natural** foods. (These are unprocessed foods.)
- ◆ Eat **local** foods that are in season.
- ◆ Eat a **variety** of foods from each food group.
- ◆ Drink **clean** water. (Boil it for 10 minutes if needed)
- ◆ Eat **little and often** (5 times a day).





UNIT 9: BASIC NURSING CARE

You, the CHW, will teach PLWHA and their caregivers key nursing skills. Then, you will follow-up and support them to provide home-based care. When there is no caregiver, you may have to provide some of the nursing care yourself.

You can help clients and caregivers to:

- ◆ Use supplies in the CHBC kit.
- ◆ Handle body fluids to prevent HIV infection.
- ◆ Prevent other infections in PLWHA.
- ◆ Keep good personal hygiene.
- ◆ Prevent and care for pressure sores.
- ◆ Do physical therapy for PLWHA.
- ◆ Give care and support in the final stages of life.





The CHBC Kit

The CHBC kit contents can change based on what is locally available and the needs of clients. Some of the items are for the CHW to use, and some are for the CHW to give to PLWHA and their caregivers to keep.

Kit items include:

- ◆ Soap
- ◆ Bleach
- ◆ Plastic sheeting
- ◆ Condoms
- ◆ Gauze and cotton wool
- ◆ Bandages
- ◆ Clean pieces of cloth
- ◆ Adhesive tape
- ◆ Gloves/plastic bags
- ◆ Petroleum jelly (Vaseline)
- ◆ Nail clippers and scissors
- ◆ Waste disposal bags



It is also useful to have some of these items:

- ◆ Thermometer
- ◆ Talcum powder
- ◆ Toilet paper
- ◆ Umbrella and gum boots
- ◆ Apron
- ◆ Bucket for mixing bleach disinfectant solution

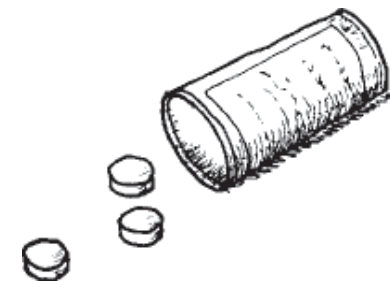


Medicines in the CHBC Kit

Your supervisor will help teach you how to use the medicines in your CHBC kit.

The CHBC kit should have these medicines (depending on your national CHBC guidelines):

- ◆ Oral Rehydration Solution (ORS) packets (to prevent and treat dehydration for people with diarrhea or vomiting).
- ◆ Aspirin and/or paracetamol (for pain relief).
- ◆ Gentian violet, hydrogen peroxide, and/or potassium permanganate (to rinse the mouth and keep skin clean).
- ◆ Antibiotic skin ointment (to treat skin infections).
- ◆ Calamine lotion (to ease itchy skin and sores).
- ◆ Anti-malaria tablets (to treat malaria).
- ◆ Sodium benzoate (to treat oral thrush).
- ◆ Anti-fungal medicines like nystatin, clotrimazole or fluconazole/Diflucan (to treat yeast infections).
- ◆ Cotrimoxazole (to prevent some Opportunistic Infections (OIs) and treat infections).
- ◆ Multivitamins (to help clients stay healthy).
- ◆ Iron tablets (for clients with anemia and pregnant women).
- ◆ Hydrocortisone ointment (for itchy skin and eczema).
- ◆ Nystatin oral drops (to treat oral thrush in children).
- ◆ Saline eye drops (to soothe dry or infected eyes).





Infection Prevention

It is important for the CHW to know how to prevent infections among their clients and caregivers.

How to prevent infections in people:

- ◆ Wash hands often.
- ◆ Keep nails short and clean.
- ◆ Keep the body clean.
- ◆ Keep clothes and bed sheets clean.
- ◆ Wash skin cuts and scrapes well with soap and water.

How to prevent infections in the household:

- ◆ Store food carefully.
- ◆ Wash and dry dishes well.
- ◆ Clean towels, bedding, and floors.
- ◆ Clean the latrine/toilet area.
- ◆ Keep animals and insects away from dishes and food.

How to prevent infections in the compound or living area:

- ◆ Remove animal droppings.
- ◆ Burn or bury waste.
- ◆ Cover water supply.
- ◆ Fill pools of standing water with dirt.





When to Use Gloves

Wear gloves (or plastic bags if you do not have gloves) when handling any type of body fluid or waste.

Gloves or plastic bags are needed when:

- ◆ Handling body fluids or waste, like blood, pus, feces, and urine.
- ◆ Throwing away dirty gauze/bandages.
- ◆ Throwing away sanitary pads.
- ◆ Handling fluids or waste during childbirth.
- ◆ Any time the client or CHW has sores or cuts.

It is also important to protect and disinfect materials, surfaces, and other areas that come into contact with body fluids, such as your feet when fluids spill on the floor.





How to Clean/Disinfect with Bleach

Any materials that clients want to keep and re-use (like bed sheets) must be disinfected with bleach and cleaned regularly.

Steps to Follow:

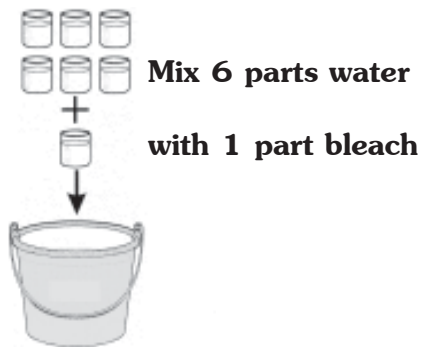
- ◆ Mix a bleach solution of liquid or powdered bleach with water.
- ◆ Different kinds of bleach need to be mixed with different amounts of water, depending on how strong they are.
- ◆ Check with your supervisor and the diagram on the next page on how to use the bleach that is common in your location.
- ◆ Soak the materials in it for at least **10** minutes, then rinse well.
- ◆ Afterwards, stir any fabric and cloth in boiling water for **20** minutes, rinse with clean water, and hang in the sun to dry.



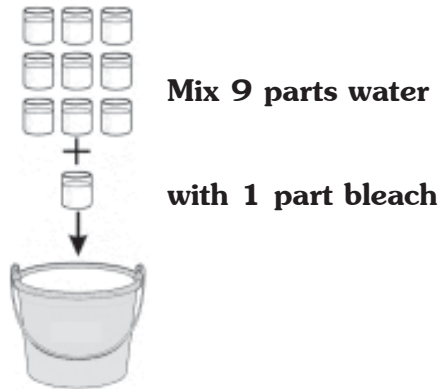


MAKING 0.5% BLEACH SOLUTION

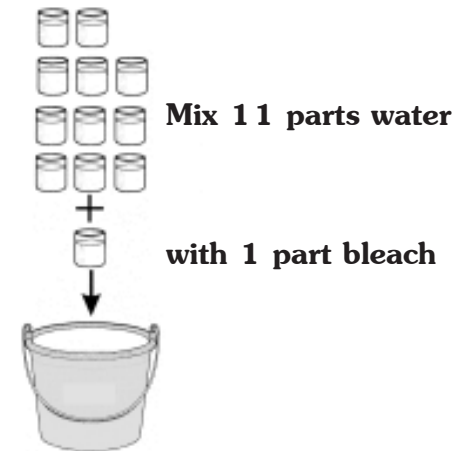
3.5% Chlorine: JIK, Robin Bleach
Ajax



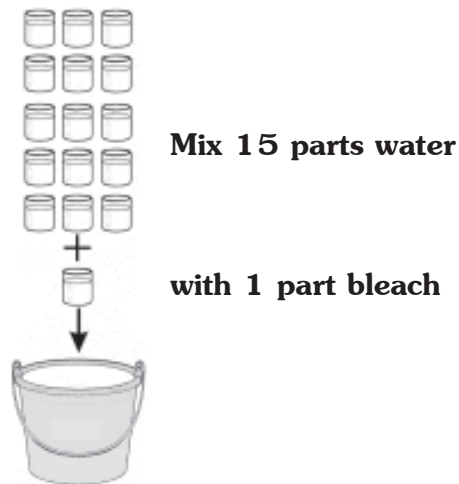
5% Chlorine: Household bleach, Clorox
ACE, Jif, Red & White, Odex, Eau de
Javel-15°



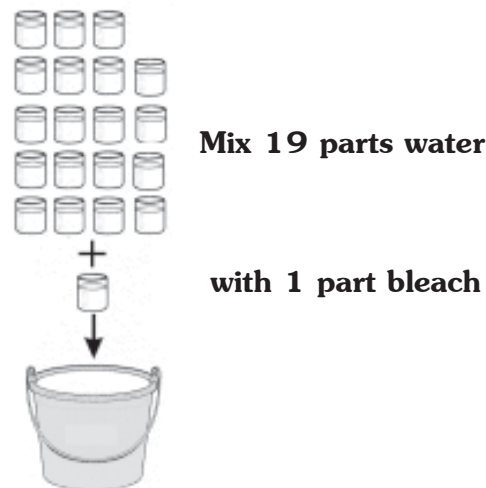
6% Chlorine: Blanqueador, Cloro, Hypex



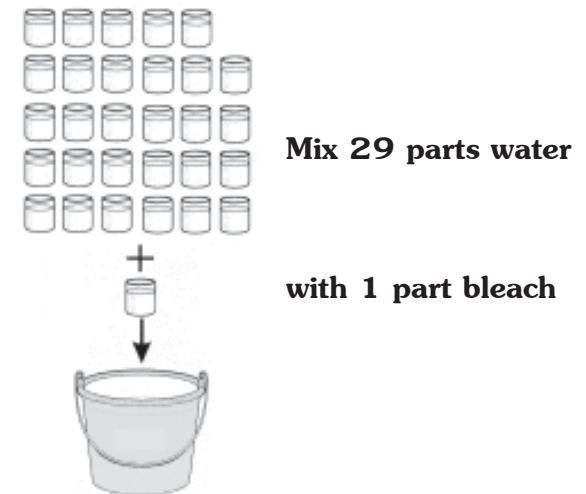
8% Chlorine: Lavandina



10% Chlorine: Chloros, Liguria



15% Chlorine: Extrait de Javel-48°, Chloros





Nursing Basics

For all types of nursing care you do directly or teach PLWHA and caregivers to do, remember to always:

- ◆ Encourage the client to do as much of their own care as possible.
- ◆ Discuss with the client what should be done and how they would like to do it *WITH* you.
- ◆ Keep nursing care as simple as possible, to save time, materials, and to preserve the dignity and comfort of the client.





How to Give a Bed Bath

Being clean is very important for the health, dignity, and well-being of PLWHA. Sometimes PLWHA are too sick to get out of bed to take a bath. But, with some training, the caregiver can learn to give a bed bath.

Bed bath for a client who is able to move some:

- ◆ Let the client do as much as they can by him/herself.
- ◆ Close the windows and make sure there is privacy.
- ◆ Uncover only the area you are washing.
- ◆ Help the client into a good position, sitting if possible.
- ◆ If there are sores, the caregiver should use gloves or plastic bags.
- ◆ 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 needed.
- ◆ Help the client with hard to reach areas and pressure sores.
- ◆ Help the client into clean clothes and make the bed.
- ◆ Dry the area and pour away the water.





Bed bath for a client who is unconscious or too weak to move:

- ◆ Follow the same steps as previous page.
- ◆ Wash the client with soapy water from top to bottom, starting with the cleanest part of the body and ending with the dirtiest part. The order should be: face, chest, abdomen, hands, back, legs, and then feet.
- ◆ Dry each part as you finish washing it.
- ◆ Wash hair if needed. To do this, get help to carefully move the person 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, and be sure to support the head the whole time.
- ◆ Wash the private parts last, always the genitals first and the anus or butt after.
- ◆ Treat the pressure areas as described below during the bath.
- ◆ Cut fingernails and toenails.
- ◆ Dress client in clean clothes, put down padding to soak up the client's urine and stools, and make the bed.
- ◆ Comb or brush hair.
- ◆ Leave client in a comfortable position that will help prevent pressure sores.





Care of pressure areas during bathing:

- ◆ Massage the body lightly (starting at the head and ending at the feet) and look to see if pressure sores are developing.
- ◆ Look at each pressure area (e.g., elbows, shoulders, buttocks, back, ankles, heels).
- ◆ During the bath, with a soapy hand or cloth, gently massage each pressure area in a round movement to improve blood circulation (you can slowly count to **10** as you do each part).
- ◆ While you are massaging, cover other parts of the body.
- ◆ Use a wet cloth to rinse each part and pat it dry.
- ◆ When the client is dry, massage the bony areas with lotion, petroleum jelly (Vaseline), or talcum powder. Use a circle motion with gentle pressure and count slowly to **10** for each area.
- ◆ Talk with the client and make sure you are not causing pain or discomfort.



Remember:
Tell your supervisor if
the client's skin is
discolored, blistered, or
broken. They may need
hospital care.



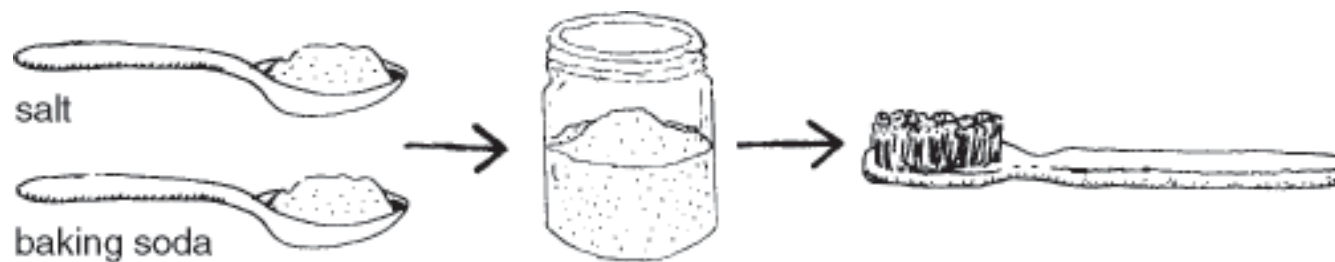
Mouth Care

Keeping the mouth clean helps prevent tooth decay and sores in the mouth. A healthy mouth also makes it possible to eat without pain and get good nutrition. Mouth care should be done twice or more each day.

To help a client with mouth care, it is good to have a toothbrush or tooth sticks and toothpaste. If there is no toothpaste, you can use salt water or help the client and caregiver learn how to make a baking soda mixture that is also good for mouth care.

Making Salt and Baking Soda Solution

- ◆ You can mix equal parts of salt and baking soda in a jar or cup.
- ◆ Add a small amount of water, mix, and use on the toothbrush.





Mouth care for a conscious client:

- ◆ Wash and dry your hands.
- ◆ Explain to the client what you are going to do and how they can help.
- ◆ Help the client sit up, or prop the client up.
- ◆ Place a towel or piece of cloth across client's chest and under the chin.
- ◆ 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 the teeth, gums, tongue, and roof of the mouth gently.
- ◆ If there are mouth sores, the person can swish with a small amount of hydrogen peroxide.
- ◆ Give the client another small container to spit into while rinsing the mouth.



**If the client is conscious, but too weak to do mouth care without help:**

- ◆ Put on gloves or plastic bags.
- ◆ Put a little 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 and 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.
- ◆ Rinse the mouth with water.
- ◆ Apply petroleum jelly (Vaseline) to the lips if they are dry.
- ◆ Throw away used cotton swabs.
- ◆ Wash and dry your hands.





Nail Care

Keeping fingernails and toenails clean and neatly trimmed helps the client feel better and prevents them from causing scratches or bleeding with their nails. Most people already know how to cut nails, but here is a quick review.

Steps to follow:

- ◆ Talk to the client about how they can help.
- ◆ Wash each hand with soap and water and scrub nails with a brush, if available.
- ◆ Rinse and dry the hands.
- ◆ Trim the nails gently, taking care that you do not hurt the client or draw blood.
- ◆ Massage hands with petroleum jelly (Vaseline) or lotion.
- ◆ Repeat for the feet.
- ◆ Collect nail cuttings into a piece of paper or any container to be thrown away in a pit latrine.
- ◆ Wash and dry your hands.





Helping Clients Go To the Toilet

The most important things to remember when helping clients go to the toilet are to:

- ◆ Prevent infection.
- ◆ Help clients maintain their dignity.
- ◆ Provide as much privacy as possible.

You can:

- ◆ Help clients with their balance by holding them up from above as they go to the toilet, such as giving them an arm to lean on.
- ◆ Encourage the person to rinse with clean water or wipe with toilet paper or a clean cloth after going to the toilet.
- ◆ Always remind female clients to wipe front to back after going to the toilet so stool/poop does not get into the vagina and cause infection.





Pressure Sores

People sometimes become so ill they can not move in the bed, and they develop pressure sores (also called bed sores). The sores may start out as a patch of red, purple, or blue skin. They can turn into blisters or open sores if they are not treated.

The CHW should train clients and caregivers how to prevent bed sores:

- ◆ Keep the skin clean and dry.
- ◆ Make sure the client drinks plenty of fluids and eats healthy and enough food. Vitamins might also help.
- ◆ Help the client turn over and change position every 1 or 2 hours: face up, face down, on the side, on the other side.
- ◆ Put cushions under the person so the bony parts rub less.
- ◆ Pay special attention to the buttocks, back, shoulders, elbows, ankles, and heels—these are all common places for pressure sores.
- ◆ Massage the skin with baby oil, lotion, or petroleum jelly (Vaseline) during and after baths. 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.





How to turn a client in bed to prevent pressure sores:

- ◆ It is easiest if there are 2 people to help turn the client.
- ◆ Explain to the client what you are going to do and talk about 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.
- ◆ Adjust the pillow under the client's head, also between or under the knees and behind the back. Ask if the client is comfortable.
- ◆ Make the bed and leave the client comfortable.





Physical Therapy

Daily exercise, massage, and basic physical therapy help to:

- ◆ Improve blood circulation which keeps skin, muscles, and organs healthy and helps prevent blood clots in the legs.
- ◆ Prevent stiff and locked joints.
- ◆ Prevent the muscles from getting smaller because they are not used enough.
- ◆ Prevent pneumonia (lung infection) because the person breathes more deeply and exercises the lungs.
- ◆ Relax the person and make them feel good.



Remember:

The most important thing is to move each part of the body every day and make sure the client is comfortable!



Physical Therapy for Clients Who Are Able to Lift Themselves

Ask the person what exercises feel good and what is uncomfortable. Exercises should be done slowly and evenly, without jerky movements or muscle strain.

Show clients and caregivers to do these exercises and add other exercises that feel good.

Remember:
The client should exercise every day to stay healthy, preferably for at least a half hour!

Exercises for the neck and head:

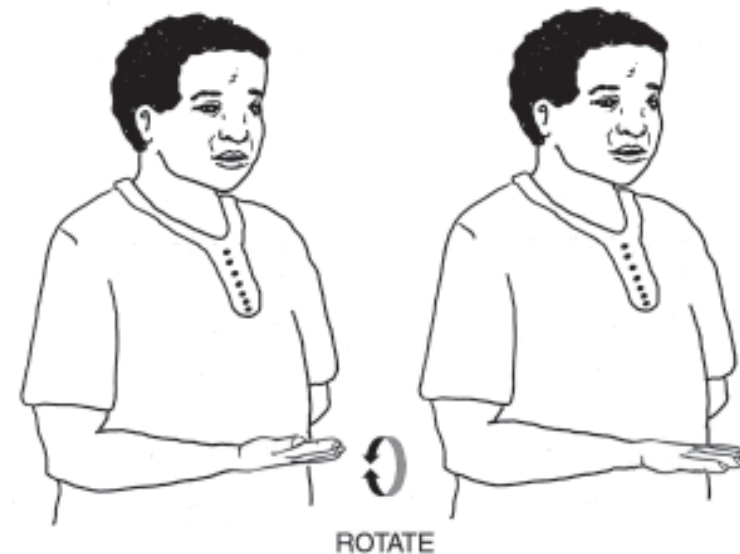
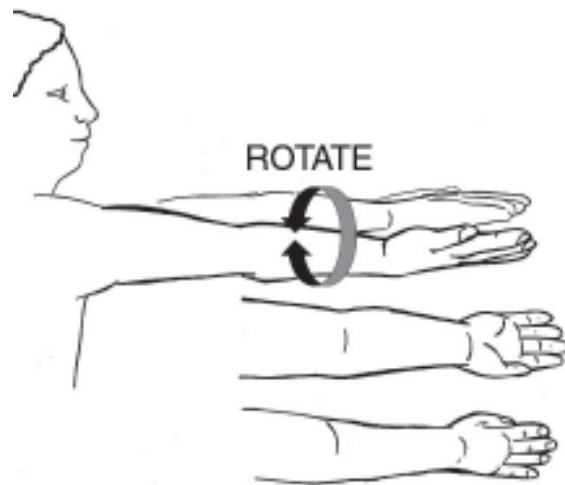
- ◆ Rotate head slowly from back to front and from side to side.
- ◆ Do this at least 10-15 times every day, as long as the client is comfortable and not feeling pain.





Exercises for the arms and wrists:

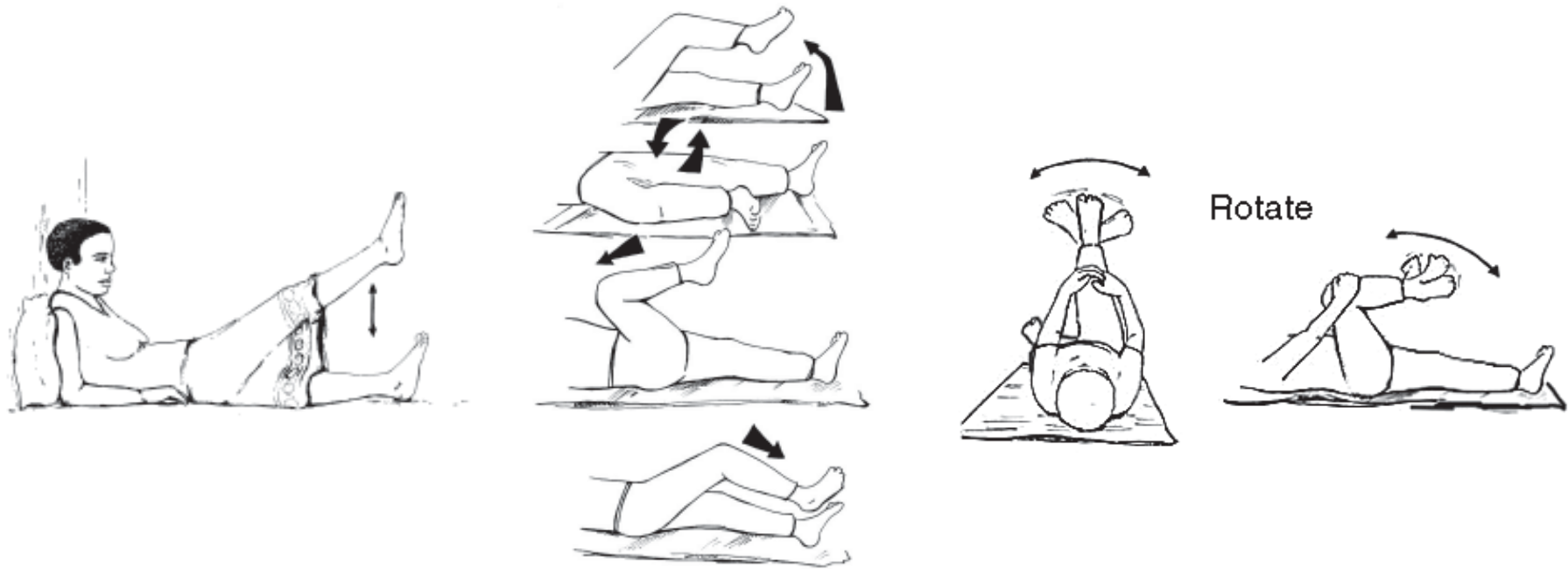
- ◆ Lift arms up and down.
- ◆ Bend arms at elbow and move forearm up and down.
- ◆ Rotate extended arm inward and outward to loosen the shoulders.
- ◆ Rotate hands in a circle (one way, and then the other), and then move them up and down.
- ◆ Do each 10-15 times every day, as long as the client is comfortable and not feeling pain.





Exercises for the 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 every day, as long as the client is comfortable and not feeling pain.





Exercises for the back and torso:

- ◆ Bring knees to chest one at a time and then together to stretch the lower back.
- ◆ Twist upper body while sitting to get blood flowing.
- ◆ Do each 10-15 times every day, as long as the client is comfortable and not feeling pain.



Twist



Stretch



Physical Therapy for Clients Who Cannot Lift Themselves

If a client cannot move on his/her own, the CHW and other caregivers need to exercise their muscles and joints. Get feedback from the client to make sure it feels good and is not too much.

Steps to follow:

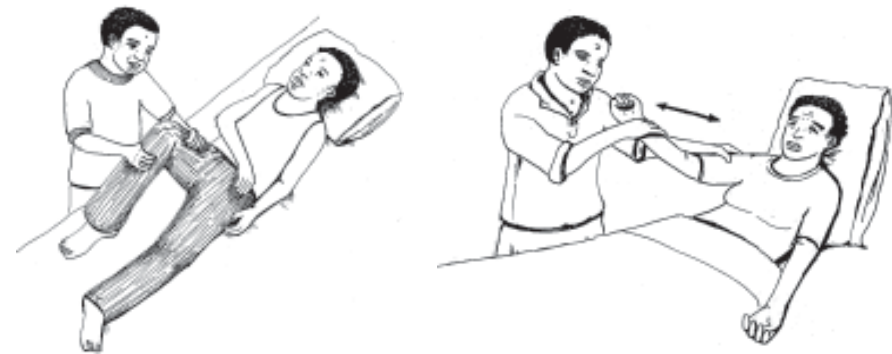
- ◆ Show the client and caregivers how to do leg lifts and knee bends.
- ◆ Carefully lift the person's legs, one at a time. Bend and extend the legs gently and rotate them in a circle. Make sure the client is comfortable the whole time.
- ◆ Show caregivers how to exercise the arms by lifting, bending, and extending them—one at a time.

Caregivers should help the client do these exercises every day—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.

Remember:

Do not lift more than you are able—get help from another person when possible, and lift with your whole body. Your knees should be bent and your body balanced over your legs.





Providing Support During the Final Stages of Life

One of the hardest parts of being a CHW is when a client dies. CHWs play an important role helping the family and the client during the final stages of life.

You may be able to tell when a client is nearing death if s/he:

- ◆ Sleeps more and is hard to wake up.
- ◆ Becomes confused about where they are, the time, the date, or who other people are.
- ◆ Loses control of urine and stool.
- ◆ Seems restless, pulling at the sheets and seeing things that are not there.
- ◆ Has trouble seeing or hearing.
- ◆ Has cool or clammy skin.
- ◆ Loses consciousness, stops eating, or breathes noisily.
- ◆ Stops passing urine.
- ◆ Is not getting any better with medical treatment.
- ◆ Says they are ready to die.





The CHW should help caregivers provide physical comfort to loved ones.

If the client...	Help caregivers to...
Sleeps more	Talk to them and do things with them during their more alert times.
Is confused	Tell them where they are, the time and date, and who the people are with them.
Loses bladder and bowel control	Clean and dry them off, and use petroleum jelly (Vaseline) or lotion to prevent rashes.
Has cold skin	Keep them covered with warm blankets and give gentle massage.
Has trouble seeing or hearing	Keep talking with them and never ignore them when talking with others.
Is restless	Speak calmly, remind them gently who you are and where they are. Keep touching, holding hands, hugging, and massaging as the client desires.
Stops eating and drinking	Wipe mouth with wet cloth and keep lips wet with moisturizer or petroleum jelly (Vaseline).
Stops passing urine	Talk with a nurse or doctor because they may need a catheter.
Breathes heavily	Put extra pillows under the head, turn them to the side so fluids can flow out, and put a wet washcloth on the lips.



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.





Supporting the Dying Person and the Family

If the client wants to remain at home, you can assist the caregiver to help them to 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.
- ◆ 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 put aside guilt and fear.
- ◆ Help the family plan for their future, especially for the children.
- ◆ Continue to follow-up with the caregivers and encourage them to use their CHBC skills in the community.





Care of the Body after Death

Even after a person has died, HIV can still be alive in the body for 24 hours. During that time, practice infection prevention as you would for a client that is alive.

Preparing the body after death:

- ◆ Let the family say goodbye.
- ◆ Help to make funeral arrangements, if needed.
- ◆ Provide privacy and treat the body respectfully.
- ◆ Try to follow the traditional practices when preparing the body, **as long as careful infection prevention is followed.**
- ◆ Put on gloves and make sure you avoid direct contact with fluids from the body.
- ◆ Clean and 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.
- ◆ Keep the body covered and ready for burial or cremation according to local customs.
- ◆ Clear away the materials used to care for the client, safely clean or throw them away, and arrange the room so it is orderly.



Helping the family after the death of a loved one:

- ◆ Comfort the family and help them grieve.
- ◆ Help the family to inform other people like village and religious leaders, friends, and family.
- ◆ Be sure to follow-up with the family after the death to provide emotional support. Other family members may also need CHBC or linkages to community services. If there are children left behind, you can help them find community services, like food, schooling and vocational training, and legal support.





UNIT 10: MANAGING AND TREATING AIDS-RELATED CONDITIONS

HIV/AIDS weakens a person's immune systems. PLWHA get many opportunistic infections (OIs) that can make AIDS worse and cause death. But, the CHW plays a key role in preventing, identifying, and treating OIs.

This unit of the CHBC Handbook covers:

- ◆ Preventing and identifying common OIs.
- ◆ Treating and referring for common OIs.
- ◆ Taking a temperature.
- ◆ Making ORS and gentian violet and potassium permanganate solutions.
- ◆ Giving medicines.
- ◆ Basics of anti-retroviral therapy (ART).



Remember:

There is a lot that can be done to prevent OIs from happening in the first place!

Remember:

Make sure the treatments and remedies you choose are safe for clients. If there is any question, ask your supervisor before you use them.



Preventing OIs

- ◆ There are many different OIs that are common in PLWHA. CHWs can help their clients prevent OIs before they start.
- ◆ Many OIs can be prevented by:
 - ▶ Keeping clean and healthy.
 - ▶ Eating food that is good for the body.
- ◆ Some OIs can be prevented by taking drugs like cotrimoxazole (Septrin).

CHWs should:

- ◆ Help clients practice positive living. (See *Unit 7: Positive Living* for more information.)
- ◆ Refer clients to the clinic for OI prevention drugs (like cotrimoxazole) if they are available.
- ◆ Help clients take OI prevention drugs the right way.
- ◆ Know about common OIs, and what signs to look for in their clients.
- ◆ Teach clients and caregivers how to prevent, care for, and/or treat certain OIs at home.
- ◆ Refer clients to the clinic to treat OIs if needed.





Skin Problems

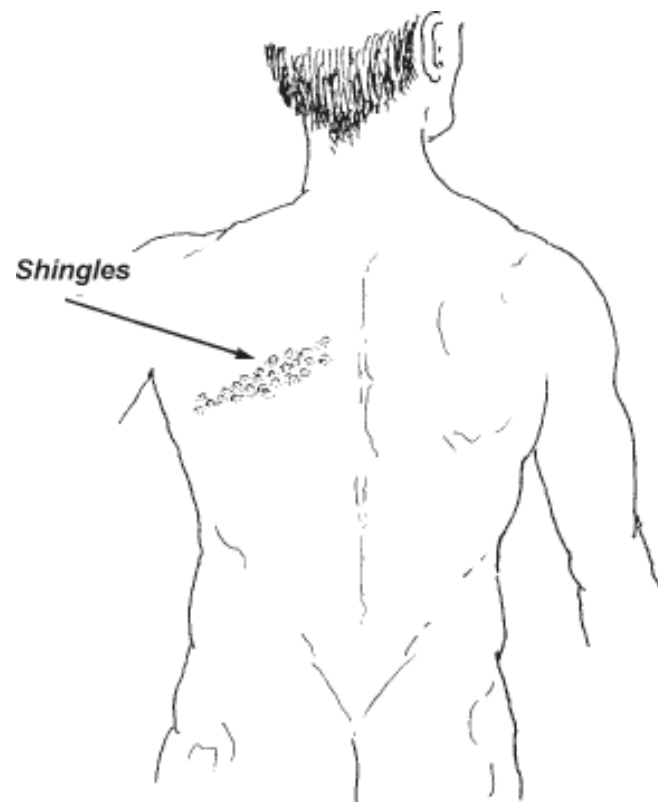
PLWHA can have many skin problems, such as:

- ◆ Rashes.
- ◆ Itchy skin.
- ◆ Painful sores.
- ◆ Dry skin.
- ◆ Slow healing of wounds.
- ◆ Boils and abscesses.

For **open sores**, wash with soap and water, keep the area dry, and apply gentian violet solution using cloth strips that have been washed well and dried in the sun.

For **rashes**, apply safe local remedies or calamine lotion.

For **herpes zoster, or shingles** (large area of sore skin on one side of the body), adults should take 2 paracetamol every 6 hours or 3 aspirin every 4 hours to help with the pain. Use local remedies to sooth the itching.





Skin Problems

What to teach the client and their caregiver:

- ◆ Keep the skin clean and dry.
- ◆ Wash with soap and water.
- ◆ Wear shoes.
- ◆ Keep fingernails short and clean.
- ◆ Use the flat part of the hand to rub if skin is itchy, and do not scratch with the fingernails.
- ◆ Cool the skin with water or a fan.
- ◆ Apply calamine lotion on sores to help dry them up (but do not use it on open, bloody sores).
- ◆ Use any local herbal remedies that are safe and effective.
- ◆ Apply petroleum jelly (Vaseline) or glycerin if the skin is dry.
- ◆ For a child or a confused adult, put soft gloves or socks on their hands to stop them from scratching too much.
- ◆ Rub the pressure areas during bathing and through massage.
- ◆ If you use powder on the skin, CHWs, caregivers, and clients should try not to breathe the powder in through the nose or mouth. Also, do not use it on any open sores on the client.



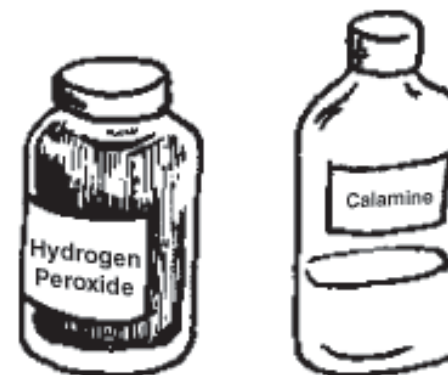


Medicines for Skin Problems:

- ◆ **Calamine lotion** may be rubbed on the skin to soothe itching or irritation. It should never be taken by mouth.
- ◆ **Gentian violet** helps fight skin infections and can be applied with clean cloths. (see next page)
- ◆ **Potassium permanganate** makes a good antiseptic (germ-killing) solution for soaking infected sores. Apply with clean cloths and repeat **5 to 7** times for each area you are treating. (see next page)
- ◆ **Hydrogen peroxide** helps to clean deep infected wounds on the skin. It comes as a liquid and should be kept in a dark bottle. You can apply it with a clean cloth or drip it directly on the wound or sore. Apply until the bubbling goes away.

Refer when:

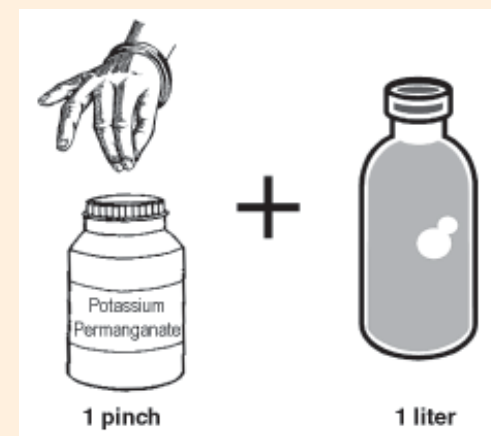
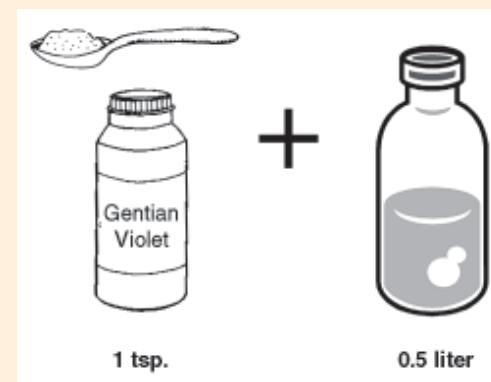
- ◆ **The sores are large, red, very swollen, and tender.**
- ◆ **You think there is a serious skin infection that is not getting better with treatment.**





Making Gentian Violet and Potassium Permanganate Solution

- ◆ **Gentian violet** comes as a ready-made solution or as dark blue crystals.
- ◆ Dissolve 1 teaspoon of the crystals in $\frac{1}{2}$ of a liter of clean water to make a 2% solution. This is good for treating skin problems. When using the solution to treat thrush in the mouth, use $\frac{1}{2}$ a teaspoon of the crystals for $\frac{1}{2}$ a liter of clean water.
- ◆ **Potassium permanganate** comes as dark red crystals.
- ◆ Add a pinch (the amount you can hold between your thumb and first finger) of the crystals to 1 liter of clean water or 1 teaspoon of crystals to a 4-5 liter bucket of clean water for soaking infected sores.





Tiredness and Weakness

HIV/AIDS can make a person feel very tired and weak. This can be from:

- ◆ AIDS-related illnesses or the HIV infection itself.
- ◆ Poor nutrition and loss of appetite.
- ◆ Sores in the mouth that prevent the person from eating.
- ◆ Lack of food.
- ◆ Depression.
- ◆ Anemia (not enough iron in the blood).
- ◆ Difficulty breathing.



Refer when:

- ◆ **The client feels much more tired than usual, or the caregiver notices a big change.**
- ◆ **They cannot swallow or eat enough to maintain strength.**
- ◆ **They are so depressed they cannot do anything.**
- ◆ **They show signs of anemia.**



Tiredness and Weakness

What to teach the client and their caregiver:

- ◆ The client should rest as 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 strong.
 - ▶ Eat healthy foods, enough food, and frequently.
 - ▶ Use a cane or other support for walking.
 - ▶ 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.
- ◆ Caregivers should look for problems that may contribute to the tiredness, such as poor nutrition. When the pink part under the lower eyelid is whitish, the client probably has **anemia**. S/he 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 at the health facility.





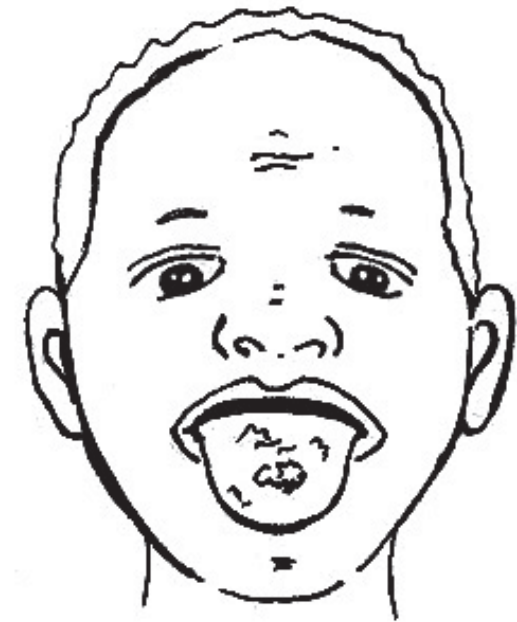
Sore Mouth and Throat

Mouth and throat problems can be from:

- ◆ 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).
- ◆ Bad nutrition, which causes cracks and sores in the mouth.
- ◆ Kaposi's sarcoma of the mouth or throat (small to large brown spots).
- ◆ Dental (teeth) problems.

What to teach the client and their caregiver:

- ◆ Rinse the mouth with warm salt water.
- ◆ 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.
- ◆ Use a straw for liquids and soups.
- ◆ Take cold foods, drinks, or ice to numb the mouth.





Medicines for thrush:

- ◆ Try cleaning the mouth with a soft toothbrush then rinsing with salt water or lemon juice.
- ◆ Use **gentian violet** or **potassium permanganate** solution to rinse out the mouth. Do not swallow the solution.
- ◆ Antifungal agents, such as **nystatin** or **clotrimazole**, can help if the first 2 steps are not working. 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.



Refer when:

- ◆ **The person cannot swallow.**
- ◆ **There is burning pain in the chest or deep pain when swallowing.**



Pain

PLWHA often suffer from a variety of aches and pains, like headaches, muscle pains, joint pains, and generalized pain. Some pains are a sign that the client has another illness, like TB, pneumonia, or heart problems.

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. Paracetamol is better to use than aspirin. 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 positions often.
- ◆ 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 up as much as possible.
- ◆ Rub and gently massage sore muscles. Use oils or lotion.
- ◆ Talk with the person. Try to help them forget the pain, by telling a story or playing music.
- ◆ Try to keep the client's room and house quiet and calm.





Medicines for pain:

Paracetamol is the best medicine to use for pain and fever. It does not cause stomach problems and should be given to children instead of aspirin. Paracetamol usually comes in tablets of 500mg and should be given **every 6 hours** (3-4 times each day) as follows:

- ◆ Adults: 1 or 2 tablets (500 or 1000mg)
- ◆ Children 8-12 years: 1 tablet (500mg)
- ◆ Children 3-7 years: $\frac{1}{2}$ tablet (250mg)
- ◆ Children 6 months-2 years: $\frac{1}{4}$ tablet (125mg)
- ◆ Babies under 6 months: $\frac{1}{8}$ tablet (62mg)

Note: For children under 1 year, crush the tablet and mix with a small amount of boiled water.



Refer when:

- ◆ The pain is new, different, and strong.
- ◆ The pain does not respond to paracetamol.
- ◆ The pain makes it hard to breathe.



Fever

Fever means that the body temperature is too high/hot. Fever is a sign that something is wrong in the body. Fever may mean the person has another infection, like tuberculosis (TB), pneumonia, malaria, or typhoid.

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 clinic fast.



Refer when:

- ◆ The client has a fever over 40°C for a long time, and you cannot bring it down.
- ◆ The person has a fever with severe weight loss and coughing.
- ◆ The client is pregnant, or has just had a baby, and has a fever.



Fever

What to teach the client and their caregiver:

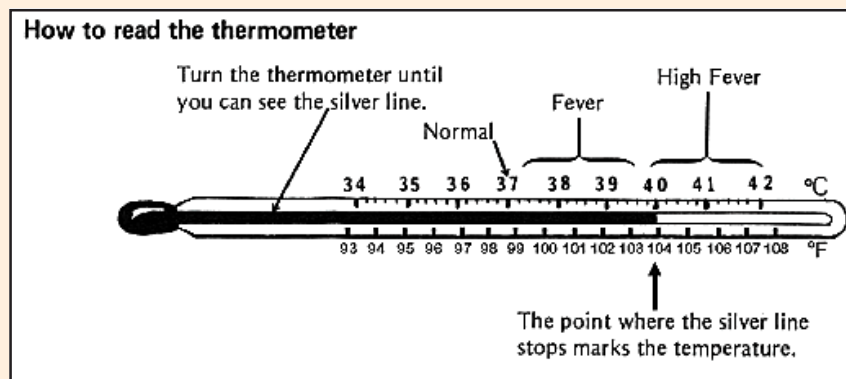
- ◆ You can tell if someone has a fever by putting the back of your hand on the person's forehead or neck, and your other hand on your own forehead or neck. Compare the two. You can also use a thermometer.
- ◆ Watch for dehydration. (Eyes look sunken into the head; if you pinch the skin on the arm gently 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.) If the client cannot drink enough, s/he may need to get fluids put in their body through a special tube at the clinic.
- ◆ Wash the body in cool water or wipe the skin with cool, wet cloths.
- ◆ Dress the person in light, cool clothing.
- ◆ For adults, take 2 tablets of paracetamol (500 mg) every 6 hours, or 3 tablets of aspirin (300 mg) every 4 hours.
- ◆ Drink more fluids (water, tea, broth, and juice) than usual.
- ◆ Use any safe local remedies that reduce the fever.
- ◆ Help keep the person clean and dry.





Using a Thermometer

- ◆ The normal temperature for the human body is 37°C or (98.6°F).
- ◆ Each CHBC kit should have a thermometer.
- ◆ There are two ends of the thermometer—one end has a bulb where the mercury sits.
- ◆ You need 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 .
- ◆ Put the thermometer in the client's armpit against the skin and with the arm firmly against the side of the body. Hold it there for **3-4** minutes then take the reading.
- ◆ The thermometer can also be used in the mouth, under the person's tongue. But, it is better to take a temperature in the armpit.
- ◆ 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.





Diarrhea

The most common causes of diarrhea are:

- ◆ Infections from food or water that is not clean and fresh.
- ◆ OIs related to AIDS.
- ◆ Side effects of some medicines, especially some ARVs.
- ◆ HIV itself.

What to teach the client and their caregiver:

- ◆ Prevent infection from food and people by always washing your hands, cooking and storing food well, and drinking clean water. (See *Unit 7: Positive Living* for more information.)
- ◆ Get cotrimoxazole (Septrin) from the clinic to prevent some types of diarrhea.
- ◆ Drink much more than usual—lots of boiled water, tea, broth, and 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.
- ◆ Look for skin irritation around the buttocks and anus that may need medicine.





What to teach the client and their caregiver (continued):

- ◆ Give ORS, along with lots of water, soup, and juice.
- ◆ Watch for danger signs of dehydration.

Medicines for 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.
- ◆ Antibiotics should not be used routinely to treat diarrhea. They may be useful for the treatment of dysentery, cholera, and some infections, but a nurse or doctor should decide this.
- ◆ In addition to ORS, the most common medicines to slow diarrhea down are **kaolin, pectin, and activated charcoal.**

Refer when:

- ◆ **The client is very thirsty but cannot eat or drink.**
- ◆ **There are many, very watery stools.**
- ◆ **The client is not peeing/urinating much.**
- ◆ **There is blood in the stool.**
- ◆ **There is high fever, stiff neck, or yellow color in the eyes.**
- ◆ **The client is unconscious or having convulsions.**
- ◆ **The client is pregnant or has just delivered.**
- ◆ **The client is vomiting and cannot keep fluids down.**



Making ORS

From a packet:

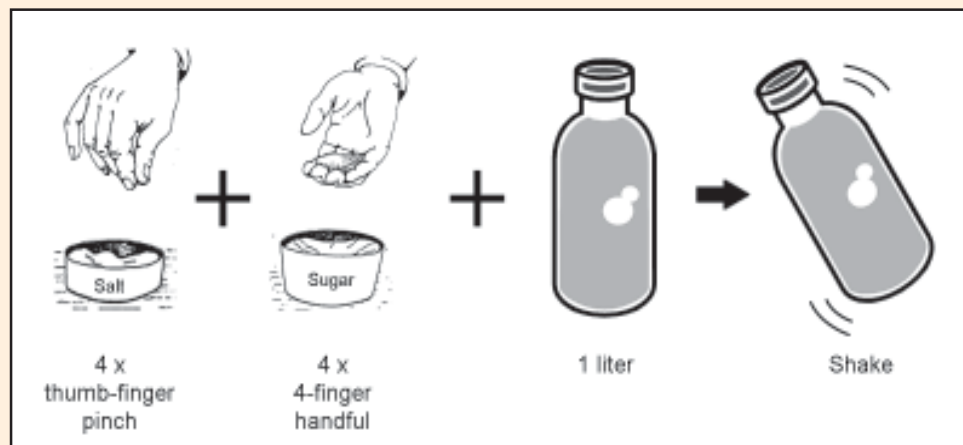
- ◆ Wash hands.
- ◆ Add the packet contents to the amount of clean water stated in the packet instructions (usually it is 1 liter of water).

With sugar and salt:

- ◆ Wash hands.
- ◆ Fill a clean 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 ½ 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 ½ 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 ½ 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.





Nausea and Vomiting

Nausea and vomiting may be caused by:

- ◆ The HIV infection itself.
- ◆ Reaction to some medicines, like pain medicines or ARVs.
- ◆ Eating food that is not fresh, clean, or not cooked long enough.
- ◆ Blood in the stomach from ulcers.
- ◆ Infections like yeast, malaria, and other OIs.

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).
- ◆ Take small sips of fluid, weak tea, or ORS often.
- ◆ Take small amounts of food often.

Medicines for nausea and vomiting:

Medicines (like Phenergan) might be needed if the nausea and vomiting go on for a long time. They should only be prescribed by a nurse or doctor.



Refer when:

- ◆ 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 has blood in it, or the client has a swollen belly.



Genital Problems

The common signs of genital infections include:

- ◆ Strange fluid (usually white, yellow, or greenish) from the vagina or urethra (where pee comes out).
- ◆ Pain when urinating (peeing).
- ◆ Open sores in the genital, groin (the inside of the thighs), or rectal (around the anus) areas.
- ◆ A rash inside or around the genital area.
- ◆ Warts in the genital area or around the anus.
- ◆ Swollen glands in the groin.



Remember:

For women, the signs and symptoms of STIs are often hard to see!

Refer when:

- ◆ It is painful to urinate (pee).
- ◆ There are genital warts 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 monthly bleeding or it is not regular.
- ◆ There is swelling or pain in the scrotum (where the testes are in a man).



Genital Problems

What to teach the client and their caregiver:

- ◆ Use condoms to prevent STIs and protect partners.
- ◆ Tell all partners if you have an STI; they need to be treated too.
- ◆ Take all medicine given by the doctor, even if you feel better.
- ◆ For women:
 - ▶ Know that normal discharge (fluid from the vagina) is usually white and thin. If the fluid is yellow or green, or there are white clumps that look like curds or the fluid smells bad, there may be an infection.
 - ▶ Keep the whole genital and anal areas clean.
 - ▶ After going to the toilet, wash the anus in a backward direction, away from the vagina.
 - ▶ Do NOT wash out the vagina after sex (douche) or put anything (leaves or herbs) inside unless advised by a nurse or doctor.



Medicines for genital problems:

- ◆ **Antifungal agents** (creams or suppositories) may be given to cure vaginal yeast infections.
- ◆ **Antibiotics** are used to treat many STIs. They are given by a doctor or nurse.



Cough and Difficulty Breathing

PLWHA often have problems with breathing or in their lungs, like pneumonia or tuberculosis (TB).

The most common causes are:

- ◆ Colds and flu.
- ◆ Bronchitis.
- ◆ Pneumonia.
- ◆ Tuberculosis (TB).
- ◆ Heart problems.
- ◆ Asthma.



Refer when:

- ◆ **There is a fever.**
- ◆ **The client develops severe pain 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 lasts for more than 3 weeks.**
- ◆ **If children develop faster breathing than normal, fever, and do not want to eat or drink.**



Cough and Difficulty Breathing

What to teach the client and their caregiver:

- ◆ Ask at the clinic if OI prevention medicines like cotrimoxazole or isoniazid (INH) should be taken to protect the client from some types of TB or pneumonia.
- ◆ For adults, take 2 tablets of paracetamol (500 mg) 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 cloth when coughing so germs do not get in the air and infect other people.
- ◆ Spit into something that can be burned such as a piece of paper, leaf, or paper box so 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 scary.





Tuberculosis (TB)

About half of all people with AIDS will develop active TB, a disease spread through coughing and sneezing.

Signs of TB include:

- ◆ 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.
- ◆ Shortness of breath.
- ◆ Weight loss.
- ◆ Fever or night sweats.



Lab testing is needed to make sure a person has TB. It is good for PLWHA to be tested for TB, and for people with TB to get tested for HIV since the two often go together.



Prevention and Treatment of TB:

- ◆ The TB vaccine (called BCG) is an important vaccine for everyone to have. But having the vaccine does not mean that a person will never get TB.
- ◆ It is important for babies to get the TB vaccine (BCG).
- ◆ Ask at the clinic if isoniazid (INH) should be taken to prevent TB. INH can help prevent TB in HIV+ people. It is very good to use in communities where there is a lot of TB.
- ◆ People who have TB should get treatment (TB drugs) from the clinic.

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. With Directly Observed Treatment, Short-Course (DOTS), someone watches the client take their medicine each day. This person can be a CHW, a trained family member, or a nurse.





Tuberculosis (TB)

What to teach the client and their caregiver:

- ◆ For people who have major signs of TB, or people who are in their first 2 months of treatment for TB:
 - ▶ Sneeze, cough, and spit into a paper or leaf, then put it in a latrine, burn it, or bury it.
 - ▶ Spend time outside where there is fresh, moving air.
 - ▶ Keep windows open and lots of fresh air coming in.
 - ▶ Do not let babies stay in the same room, even if the client who has TB is the baby's mother.
 - ▶ Do not sleep next to other people, especially babies.
- ◆ Take medicines every day at the right time.
- ◆ Take medicines for as long as the clinic tells you to (even a whole year).
- ◆ Take some spit/sputum (the stuff that comes up when you cough) to the clinic in a clean, closed container for a doctor or nurse to look at.
- ◆ Make sure that the client's treatment card is filled out by a TB DOTS health worker at the clinic.
- ◆ Some people may have side effects with TB medicines.
- ◆ Help the person with TB feel good about their treatment. Give them moral support.
- ◆ To prevent pregnancy, women who are taking TB drugs and Oral Contraceptive Pills (OCP) for family planning should use a back-up method (condoms) as long as they are taking the TB drugs.

Refer when:

- ◆ **A client has yellow color in eyes or skin, vision problems, or shortness of breath.**
- ◆ **The client is experiencing other serious medical problems.**



Malaria

Malaria is passed to people from infected mosquitos. PLWHA are more vulnerable to malaria because of their weakened immune systems. Having malaria also increases the chance of a mother passing HIV to her unborn child.

Signs of malaria include:

- ◆ High fever.
- ◆ Head and body aches.
- ◆ Chills and sweats.
- ◆ Nausea.
- ◆ Itchy skin.



Medicines for malaria:

Treatment is usually in the form of **antimalarials**, given by a nurse or doctor after a blood test. CHWs should make sure the medicine is taken the right way.



Malaria

What to teach the client and their caregiver:

- ◆ Use bed nets while resting or sleeping. It is best to use nets that have been treated/dipped with insecticide.
- ◆ Use insecticide sprays to protect the home and body from mosquito bites.
- ◆ Pregnant women and young children should take extra care to prevent malaria.
- ◆ Fill standing puddles of water around the house or compound with dirt or sand.



Refer when:

- ◆ **The client has any of the signs of malaria listed.**



Eye Problems

PLWHA often get infections in their eyes that can hurt a lot. If a client does not get treatment for some eye infections, s/he could become blind.



Signs of eye problems:

- ◆ If the white part of the **eye is very red and the eyes are producing pus**, this is probably **conjunctivitis**. There is no treatment because conjunctivitis is a virus, but you can help make it go away 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. 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 his/her eyes**, or the **eyes are very sensitive to the sun**, s/he could have a serious eye infection that **needs treatment by a doctor**.

What to teach the client and their caregiver:

- ◆ Prevent eye and vision problems by keeping healthy and eating good foods.
- ◆ Keep the household clean and free of dust.
- ◆ Wash your hands and do not touch your own eyes.
- ◆ Make sure fans are not blowing directly into the person's eyes.
- ◆ If the person has conjunctivitis (white or yellow pus in the eye), clean the eyes with clean compresses of hot, clean water.

Refer when:

- ◆ **The client has vision loss, changed vision, or when they see floating dark spots.**
- ◆ **The client gets spots or blisters on the lids of their eyes.**



Confusion

Confusion is common in people who are very sick with full-blown AIDS.

Confusion can be caused by:

- ◆ Side effects of many medicines. A change of medicine may help.
- ◆ Other OIs.
- ◆ Bad depression (feeling very sad).
- ◆ Head injury from falling.



What to teach the client and their caregiver:

- ◆ Move loose or dangerous objects out of the way.
- ◆ Help the person to stand and walk around.
- ◆ Try not to leave the person alone for a long time.
- ◆ Talk with the person and try to bring them back to reality by telling family stories, talking about the client's day-to-day life, or telling a joke.
- ◆ Keep medicines out of the way so the person does not take them the wrong way.
- ◆ 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.

Refer when:

- ◆ **There is a sudden change in the client's ability to think or move.**
- ◆ **If there is high fever or trouble breathing.**



Making Referrals

There is a lot that the CHW and the caregiver can do to treat or manage the common problems and illnesses that PLWHA face. But sometimes, the CHW will need to refer the client to a clinic or other health facility.

Steps for Making a Referral

- ◆ Identify what the problem is and if a referral for more care is needed.
- ◆ Decide where the client can get the care needed. Help the client get transportation.
- ◆ Give the client a referral slip 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.
- ◆ Know which medicines the client has been given, so you can make sure the client takes them the right way.
- ◆ Talk with the facility providers about what care you have provided and what additional care is needed.
- ◆ After client goes to the clinic, it is helpful if the provider tells the CHW about the client's problem and follow-up care. If this does not happen, the CHW should still visit the client after the referral and provide any follow-up care as needed.



Remember:

A facility provider cannot tell a CHW if a person is HIV+ or HIV- 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!



Sample CHBC Referral Form

A copy of the sample CHBC Referral Form can be found at the end of this *Handbook* in the *Useful Forms and Checklists* section.

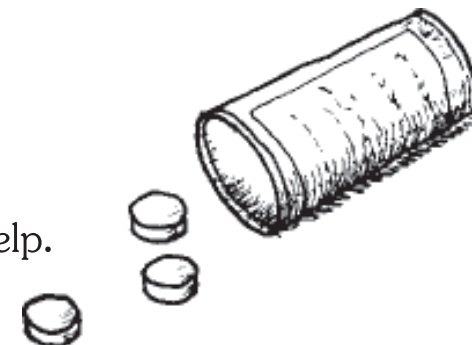
FOR CHW TO FILL OUT AND GIVE TO THE CLIENT TO TAKE TO THE FACILITY	
Date: _____	Referred by: _____
Name of Client: _____	Signature: _____
Referred to: _____	
Referred for (✓ all that apply):	
<input type="checkbox"/> VCT	
<input type="checkbox"/> STI	
<input type="checkbox"/> Opportunistic infection (specify) _____	
<input type="checkbox"/> TB	
<input type="checkbox"/> ARVs	
<input type="checkbox"/> Counseling	
<input type="checkbox"/> ANC/PM/TC/T	
<input type="checkbox"/> Condoms and/or family planning	
<input type="checkbox"/> Youth-friendly services	
<input type="checkbox"/> Support group	
<input type="checkbox"/> 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: _____	



Helping Clients With Their Medicines

The CHW, caregiver, and client should know:

- ◆ Instructions for taking medication and how to follow them.
- ◆ Dose (how much and when) the client is supposed to take.
- ◆ 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 should be taken in the morning and others before bedtime).
- ◆ **How often** to take the medicine during the day is also important.
 - ▶ If the instructions say to take the medicine “**3 times a day**,” take the medicine every **8** hours. For example, take it when you first wake up in the morning, mid-afternoon, and right before sleeping.
 - ▶ If it is “**2 times a day**,” that is every **12** hours. Take the medicine when you first wake up or with your morning meal, and then in the evening (e.g., **7 a.m.** and **7 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. You may have to wake from sleep to take this dose.



Helping Clients With Their Medicines

What to teach the client and their caregiver (continued):

- ◆ The **amount** of medicine a person takes is important.
- ◆ **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, taking *chai*, or drinking tea with milk. The milk will stop these medicines from working well.
- ◆ **Some medicines need to be taken with food.** If a person has an upset stomach, s/he should take the medicine with starchy foods such as bread, pounded yam/cassava, plantains, or ugali.
- ◆ **The medicines may have “side effects.”** Some side effects are not very bad and will stop when the medicine is finished. Other side effects may actually be worse than the problem the medicine is treating. People should tell the doctor about any side effects and remember the name of any medicine they have a bad reaction to so that they can tell a health care worker in the future.



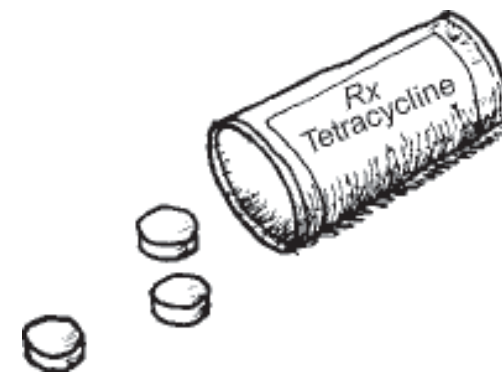


Antibiotics

Antibiotics are important to fight infections in PLWHA.

Common antibiotics taken by PLWHA are:

- ◆ **Cotrimoxazole** (Septrin) to prevent some types of pneumonia and diarrhea.
- ◆ **Isoniazid** (INH) to prevent/treat TB.
- ◆ **Fluconazole** (Diflucan) to prevent yeast infections in the body.



What to teach the client and their caregiver:

- ◆ **Never take an antibiotic unless it has been prescribed by a nurse or doctor.**
- ◆ Leftover antibiotics should not be used to treat a new infection.
- ◆ If the antibiotic causes a skin rash, itching, difficulty in breathing, or reaction that does not seem normal, stop using it and contact a doctor or nurse.
- ◆ Take the right dose—no more, no less.
- ◆ Finish taking the whole course of antibiotics even if you feel better.
- ◆ PLWHA develop fungal infections of the mouth, skin, or vagina when taking antibiotics. This is because the antibiotics kill the bacteria that help keep the fungus under control in the body.
- ◆ Certain antibiotics may cause diarrhea.



Anti-Retroviral Therapy (ART)

AIDS can be treated with Anti-Retroviral (ARV) drugs. CHWs play a key role in getting clients on ART, making sure they take the drugs the right way, and treating or referring clients when they have side effects from the drugs. For more information on ART, see *Advanced Unit 18: Anti-Retroviral Therapy*.

What to teach the client and their caregiver:

- ◆ Only PLWHA who are pregnant or who have AIDS need to take ARVs. A doctor can do a blood test or tell by talking to you about your symptoms if you should be on ARVs.
- ◆ ARVs are best used in combinations of at least **3** different kinds of drugs. Sometimes the **3** are taken together in a single pill, and sometimes they are taken separately.
- ◆ ARVs should be taken **exactly** as they are prescribed every day so they work well.
- ◆ ARVs need to be taken every day for life.
- ◆ It is good to plan a daily routine for taking all of the prescribed drugs and to have a “buddy” that can help the client remember.
- ◆ If the client has side effects they should see a nurse or doctor who is trained in ART.
- ◆ HIV can still be passed on to others when a person is on ART.

Remember:

ARVs are not a cure for HIV/AIDS!



Good things about ARVs:

- ◆ They can help the body to fight off OIs.
- ◆ People on ART can live longer, healthier lives.
- ◆ People on ART may not feel as sick, and may not have to go to the clinic or hospital as much.

Difficult things about ARVs:

- ◆ ARVs are not a cure for AIDS and may raise false hopes.
- ◆ HIV can still be spread when a person is on ARVs.
- ◆ ARVs need to be taken every day for the rest of a client's life.
- ◆ PLWHA need a stable home and food to be able to keep up with the drug schedule.
- ◆ Some ARVs are hard to take at the right times every day.
- ◆ People on ARVs can have some side effects, like nausea and vomiting.
- ◆ If resistance to the drug develops, the drugs will no longer work well.
- ◆ In some places, ARVs cost a lot of money and are hard to get.

Remember:

CHWs should help clients remember to take ARVs the right way every day!





ARVs for HIV Prevention

To Prevent Mother-to-Child Transmission (PMTCT):

- ◆ When a pregnant woman is HIV+, she has a **30% to 40%** chance of passing the virus to her baby if she does not work to prevent mother-to-child transmission of HIV.
- ◆ **Nevirapine** is usually the drug given to the mother at the beginning of labor and given to the infant in the first **3** days after birth. If a mother takes Nevirapine, the baby will be much less likely to be born HIV+.
- ◆ Sometimes, a drug called AZT, or another combination of ARVs, are also used for PMTCT.
- ◆ The CHW should look for pregnant women in the community and be sure they seek antenatal care (ANC) and VCT, have a safe delivery, and take Nevirapine at the right time (for mother and baby).
- ◆ It is also important for the CHW to follow-up with the woman to make sure she uses condoms, seeks ARVs, and safely feeds the baby.
- ◆ See *Advanced Unit 17: PMTCT* for more information.





At Work:

- ◆ Health workers can be accidentally exposed to HIV-contaminated blood through:
 - ▶ A cut.
 - ▶ A needle stick.
 - ▶ A splash in the eyes (e.g., during surgery or while assisting a delivery).
- ◆ By immediately starting treatment with ARVs, the chances of getting HIV can be reduced.
- ◆ Health care workers can take ARVs for a short time; they are very effective in preventing infection.

Rape:

- ◆ ARVs may also prevent HIV infection after rape, if given right away.
- ◆ 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 ART in *Advanced Unit 18: Anti-Retroviral Therapy (ART)*.





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: ½ tablet. Children aged 6 months-2 years: ¼ 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.



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: ½ 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.
Diflucan*	Use for vaginal or yeast infection.	Adults: 1 tablet.	Take any time of day with or without food.



Drug Name	Use	Doses/Instructions	Remarks
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.





UNIT 11: TRANSFERRING SKILLS TO CLIENTS AND CAREGIVERS

One of the CHW's most important jobs is to teach self-care and support caregivers in the home to give the best care possible.

The main steps in transferring CHBC skills to clients and caregivers are:

- ◆ Find out who should be taught (client, caregivers, or both).
- ◆ Find out what they need to learn.
- ◆ Teach skills to the client and/or caregiver.
- ◆ Evaluate the skills transfer.
- ◆ Put this data in your records.
- ◆ Give ongoing support to the learner.



Remember:

Transferring CHBC skills to clients and caregivers helps the client get the best care, and also helps CHWs avoid burnout!



Assessing Needs of Clients and Caregivers

Care Needs

- ◆ Each client will have their own set of needs.
- ◆ Assessing the care and support needs of each client is important.
- ◆ This will help make a care plan with the client and/or caregiver.
- ◆ CHWs can use the *Client Needs Assessment Form* (at the end of this *Handbook* in the Useful Forms and Checklists section).

Learning Needs

- ◆ Find out who needs to be taught—clients, caregivers, or both.
- ◆ If clients do not have caregivers, the CHW can help to choose them.
- ◆ Find out what clients and caregivers know already, and what they still need to know so that they can provide good care.
- ◆ Find out what materials are available in the home (like a bucket, pillow, or others) that the client/caregiver has to work with.





Doing a Learning Assessment

Ask the learner:

- ◆ What do you know about HIV/AIDS?
- ◆ How have you been doing care so far, and what skills do you already have?
- ◆ What do you know about nutrition needs of PLWHA?
- ◆ What do you know about infection and infection prevention?
- ◆ What do you know about OIs?
- ◆ What do you think you need to learn to be a good caregiver (or do good self-care)?

Besides asking questions, CHWs can:

- ◆ Watch the learner giving care to the client, or watch the client doing self-care.
- ◆ Ask the caregiver or client to show you a skill and watch them do it.
- ◆ Think about the client's living conditions, and how that might make learning easier or harder.
- ◆ Look at the caregiver's attitudes about giving care and support.



Remember:

It is important to think about the health of the client, the client's situation at home and in the community, and who the caregivers are when you are assessing care and learning needs!



Teaching Adults

Adults learn best when:

- ◆ Lessons remind them of their own experiences.
- ◆ They are involved and ask questions.
- ◆ They can use their senses (hearing, seeing, and touching).
- ◆ They get helpful feedback.

A good teacher:

- ◆ Works as a partner with the learner.
- ◆ Learns from the learner, and shares information both ways.
- ◆ Knows that “no question is a stupid question.”
- ◆ Helps learners think about what they already know first, and then fills in what they do not know.
- ◆ Sets a good example by showing good knowledge, skills, and attitudes.
- ◆ Does not make people feel stupid for not knowing something.
- ◆ Does not lecture people or talk for a long time.



Remember:
Hands-on learning is best!



Transferring CHBC Skills

Plan and organize the training:

- ◆ Figure out how much time it will take to teach people—it does not have to all happen on the same day.
- ◆ Get the materials ready beforehand (in the home or from the CHBC Kit).
- ◆ Review the care skills and practice showing the skills before you are in the home.



Teach the client and caregiver:

- ◆ Ask the learner if they have questions or worries.
- ◆ Explain 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, and build on what they know.
- ◆ Show the skill while you explain the steps.
- ◆ Help the learner show you what they learned and/or practice the skill.
- ◆ Let the learner ask questions and discuss as much as they want.
- ◆ Show them the skill again if needed.
- ◆ Tell the learner “good job” when they do a skill the right way.

Remember:

**It is important to train people
in the homes where they will
be providing the care!**



Evaluating Skill Transfer

It is important to figure out how much and how well the client and/or caregiver learned. This helps:

- ◆ Make sure that the client or caregiver has learned a skill well enough.
- ◆ You learn how you can become a better teacher.



For the client or caregiver(s):

- ◆ Ask the learner questions about what they should do, how they should do it, and why they should do it that way.
- ◆ Ask the learner to show you how to do the skills.
- ◆ Watch the learner doing the skill.

For the CHW:

- ◆ Do a self-assessment to see how well you are teaching (there is a *Self-Assessment Questionnaire* at the end of the *Handbook* in the *Useful Forms and Checklists* section).
- ◆ Give feedback to each other.





Supporting Learners

CHWs need to give ongoing support to learners by:

- ◆ Checking in to find out how they are managing with the new skills.
- ◆ Showing them the steps again when they are having a hard time.
- ◆ Helping them make notes or draw pictures to remind them how to do a skill.
- ◆ Asking if they are having other problems, and if they need to learn new skills.
- ◆ Linking them with other people in the community that have been trained, so that they can support one another.

Remember:

When they get good training, clients and caregivers can pass information and skills onto others. When you train one person, you will be helping many people!





NOTES

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UNIT 12: TAKING CARE OF YOURSELF

CHBC is hard work, and CHWs may have other responsibilities to themselves and their families, as well as their clients.

Sometimes, CHWs can get tired, feel stressed, and get “burned out” from the work that they do. If we cannot meet the needs of our own families and keep up with all of our CHBC work, we can feel sometimes like we cannot keep doing CHBC. But, CHWs can learn to take care of themselves and each other.



Remember:

Taking care of yourself will help you take care of PLWHA, their families, and your community!



Burnout

Burnout is when we feel mentally or physically tired because we have been under so much stress and pressure.

We may be “burned out” when we:

- ◆ Feel stressed.
- ◆ Have headaches or body aches.
- ◆ Feel like no one appreciates our hard work.
- ◆ Do not sleep or eat well.
- ◆ Have low energy and feel unhappy or hopeless.
- ◆ Feel helpless because we can not meet all the needs of PLWHA and families.
- ◆ Feel angry at PLWHA and their families because of their needs and demands.
- ◆ Need special support.



CHW supervisors, local NGO partners, and other CHWs should know the signs of burnout, look for them in each other, and step in to help when needed.



Support

Your community NEEDS the work that you do and the skills and information that you bring to them.

But CHWs have needs, too.

From supervisors and NGOs, you need:

- ◆ Good CHW training, supervision, and support.
- ◆ Ongoing training, and new information and skills.
- ◆ Recognition of your skills and your hard work.
- ◆ Time to meet with other CHWs, and with doctors and nurses in your community.
- ◆ Job aids and handbooks to help do your work well.
- ◆ Trained counselors for support and help with problem solving.
- ◆ CHBC Kit supplies, plus other materials for CHBC clients like food and blankets (if possible).
- ◆ Transport allowance and/or other ways to reach clients' homes.



**You also need:**

- ◆ Enough rest and healthy food.
- ◆ Understanding, respect, and support from your family.
- ◆ Help to meet your family's needs.
- ◆ Time to talk about problems and find answers with your peers and other CHWs.

**Remember:**

**To be supportive, you
need to feel supported!**



Setting Limits and Meeting Clients' Needs

CHWs cannot meet all of the needs that PLWHA, Orphans and Vulnerable Children (OVC), and their communities have. Your clients may need things that you cannot give them. It is important to set limits when you start your CHBC work, and tell families and PLWHA exactly what a CHW can and cannot give them.

Even though you may not be able to give PLWHA everything they need, you can help them find the help they need.

As a CHW, you can directly give:

- ◆ Nursing skills.
- ◆ Training and support for caregivers and families.
- ◆ A small amount of supplies from the CHBC Kit.
- ◆ Health and prevention information for clients and the whole community.
- ◆ End-of-life care and support.



**As a CHW, you can help people find:**

- ◆ Other support, such as food, rent, clothes, schools, and more.
- ◆ Legal help (for example, to help widows or children claim their inheritance).
- ◆ Income Generation Activities (IGA) training and microcredit resources.
- ◆ Funeral planning.
- ◆ Resources for OVC.





Help for CHWs

CHWs can find support, take care of themselves and support each other. CHWs should not feel like they are doing this difficult work alone!

You can find personal support from:

- ◆ Supervisors.
- ◆ Trained counselors attached to the project.
- ◆ Religious counselors.
- ◆ Support groups.
- ◆ Your family and friends.





CHWs can support each other by:

- ◆ Meeting regularly.
- ◆ Joining other groups of people doing similar work in a larger network.
- ◆ Taking breaks from CHBC work and covering for each other.
- ◆ Visiting clients with another CHW.
- ◆ Forming or joining support groups for PLWHA.
- ◆ Supporting CHWs who are living with HIV/AIDS.
- ◆ Helping and supporting each other after a client dies.



Remember:

CHWs should help each other to keep the candle burning bright!





UNIT 13: RECORD KEEPING

An important part of the CHW's job is to keep good records of what you do each day, how many clients you see, and what services you give. These records help show others what you do, improve your work, and make reports to your supervisor each month. There are sample forms at the end of this *Handbook* in the Useful Forms and Checklists section.

CHWs need to record:

- ◆ Names and addresses of clients.
- ◆ Sex and age of clients.
- ◆ Number of children and caregivers a client has.
- ◆ Health status of each client.
- ◆ Services provided during home visits.
- ◆ Training you give to caregivers.
- ◆ Referrals made and when to follow-up.
- ◆ Date for re-visit.
- ◆ Number and type of community events or meetings you lead.
- ◆ The number and type of CHBC kit supplies you use/need.

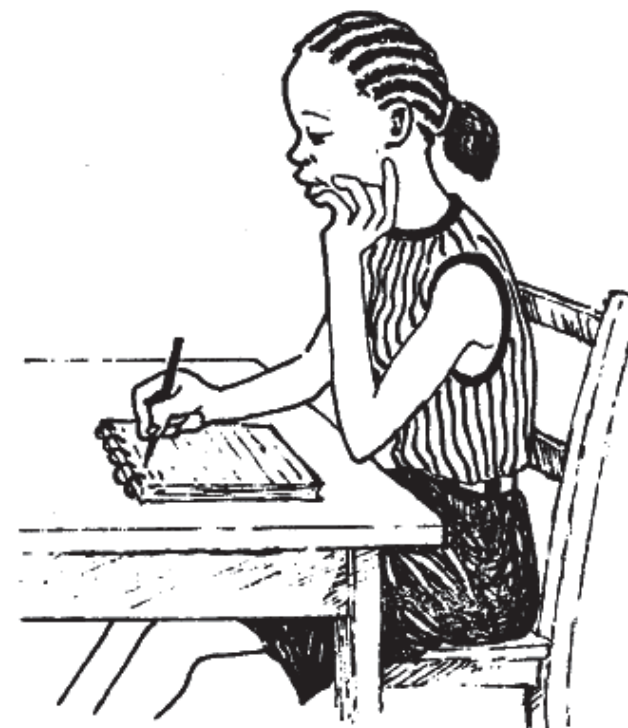


Remember:

Each CHW's records make a difference. If we all get in the habit of record keeping and help each other, it will seem much easier!

**You can use the records with 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 the case for more CHWs, more community support, or more funding.
- ◆ Add to national CHBC records.
- ◆ Plan how to meet the needs of your clients and their families.
- ◆ Remember all of the jobs you are supposed to do.
- ◆ Make sure you have enough supplies in your CHBC kit.
- ◆ Plan community events and meetings.
- ◆ 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.

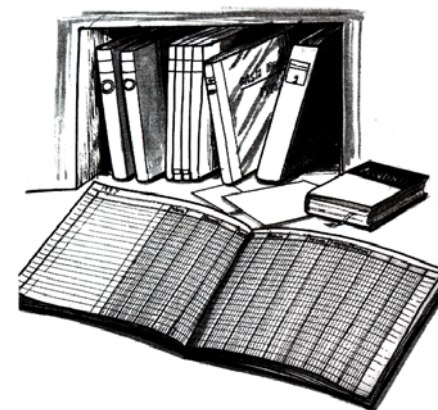




CHW Recording and Reporting Forms

The CHW Client Register

- ◆ This is the form on which you will record information about all of the clients you see.
- ◆ On this form, you record each client's name, age, sex, number of children, and address.
- ◆ Every time you take a new client, s/he 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.
- ◆ Keep this register with you, but show it to your supervisor every month.



Activity Log or Activity Diary

- ◆ This is the form on which you record what you do every day.
- ◆ 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 (e.g., provide services, make a referral, train caregivers).
- ◆ You can also write when you plan to visit the client again.
- ◆ Start with a new form each month and give it to your supervisor at the end of every month.



The Community Mobilization Log

- ◆ This is the form on which you record how many home visits you did and how many community meetings you went to.
- ◆ On this form, you record what you talked about, what types of people you talked with, and how many people came to the meeting.
- ◆ Start with a new form each month and go over it with your supervisor at the end of every month.

Remember:
You should make and keep a copy of all of the forms you hand in to your supervisor. Keep them in a safe, dry place!

Referral Slips

- ◆ Most referral slips have 2 sections: one that the client will give to his/her health provider to keep, and one that the client will take to the health provider and return to you.
- ◆ On this form, you record who you referred, where you referred them, and why.
- ◆ Show your referral slips to your supervisor each month and use them to plan follow-up visits.

FOR CHW TO FILL OUT AND GIVE TO THE CLIENT TO TAKE TO THE FACILITY

Date: _____ Referred by: _____
 Name of Client: _____ Signature: _____
 Referred to: _____

Referred for (✓all that apply):
 VCT
 STI
 Opportunistic infection (specify) _____
 TB
 ARVs
 Counseling
 ANC/PM/CT
 Condoms and/or family planning
 Youth-friendly services
 Support group
 Other (specify) _____

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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, revisit): _____
 Date of Next Visit: _____
 Name of Service Provider: _____
 Signature: _____



Record Keeping Challenges and Solutions

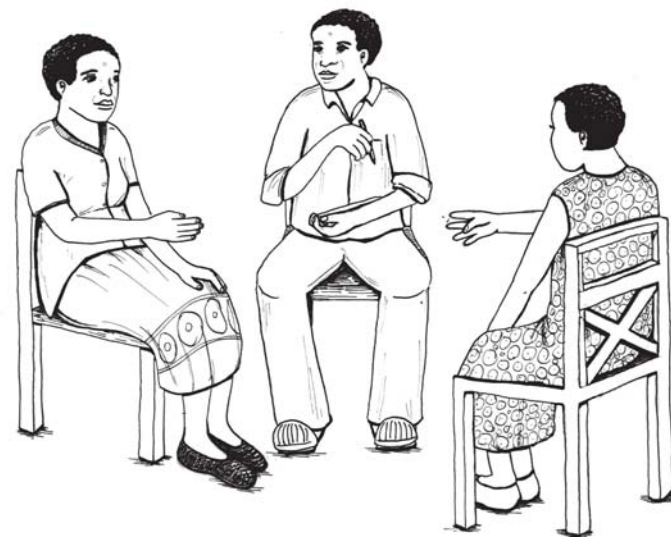
It is easy to feel overwhelmed when you have too much work and too many forms to fill out.

Tips to make record keeping easier:

- ◆ Make it a habit to fill out the forms each time you visit a client or do an activity in the community.
- ◆ Ask another CHW or your supervisor to help you fill out the forms.
- ◆ Use pictures to remind yourself of the different things you need to record.
- ◆ Keep the forms in a folder or notebook and carry them in your CHBC kit, so you always know where they are.
- ◆ 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 if this is easier.
- ◆ Remind clients that their personal information will not be shared with other people in the community.

Remember:

What is most important is that you and your supervisor make a system that works for you to show all of the great work you are doing in your community!





NOTES

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UNIT 14: CHBC PRACTICUM

During your practicum, remember to:

- ◆ Use this *Handbook* as a tool to help you remember skills and teach skills to others.
- ◆ Plan ahead, for the home visits and the community practicum. Think about what supplies you will need, what skills you will use, and what you want to talk about.
- ◆ Ask for clients' permission to watch them receiving care or give them care. The client has the right to say no. If they say that they do not want people to watch them get care, they should still receive care from the CHW or trainer in privacy.
- ◆ Explain to the client the role of every person inside the home (such as the CHW, trainer, and other participants).
- ◆ Involve clients in their own care as much as possible.
- ◆ Explain what you are doing every step of the way.
- ◆ Respect clients' privacy.
- ◆ Ask your trainer or supervisor if you have any questions about a skill at any time.
- ◆ Practice skills until you feel comfortable doing them on your own.



Remember:

The practicum is an important part of learning how to put all of the understanding and skills you have learned together and then practice them with real people, families, and communities.



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ADVANCED UNIT 15: EXPANDED ROLE OF THE COMMUNITY HEALTH WORKER

CHBC is much more than giving nursing care to clients in their homes. PLWHA need support so that they and their families can live as well as possible. Communities need to know how to prevent HIV/AIDS, and also how they can work together to support PLWHA and their families.

CHWs can help to:

- ◆ Change the way people think about HIV/AIDS, so that people know the truth about HIV/AIDS and there is less stigma in the community.
- ◆ Organize the community to find resources to help PLWHA and their families, like food, ways to make money (IGA), and legal, spiritual, and financial support.
- ◆ Find leaders and powerful people in the community who can help get support for PLWHA (like business leaders, political leaders, religious leaders, traditional leaders, and teachers).

Remember:

Your role as CHW is to help the community provide support, and help PLWHA work together to support each other, not to give all the support on your own!





Support Groups and Self-Help Groups

CHWs can help PLWHA in their communities find or form support groups. These groups can be an important way for clients to help each other to live well with HIV/AIDS. PLWHA need to believe in themselves, and know that they have worth as people.

Support groups can help PLWHA to:

- ◆ Face the disease.
- ◆ Be open about their HIV status.
- ◆ Speak out about HIV/AIDS.
- ◆ Share information and resources with each other.
- ◆ Work together to get better care and treatment from local government services.
- ◆ Work together to find ways to make money and get food.



There are many kinds of support groups. Sometimes, special groups (like post-test clubs or groups for HIV+ mothers) can be the best way for clients to get support and information.



Tips for PLWHA Support Groups

The best support and self-help groups are organized. Some tips for having an organized support group are:

- ◆ Having a person lead the meetings (taking turns or having one chairperson).
- ◆ Making clear goals and activities for the group.
- ◆ Talking about privacy and knowing who does not want their HIV status talked about in the community.





Having Enough Food

It is very important for PLWHA to get good food and nutrition to be and stay healthy (especially if they are taking medicines). Sometimes it can be very hard for CHBC clients to find, buy, or grow food. The community can help make sure that PLWHA and their families have enough to eat.

Food relief is food that is given to a family when they do not have enough to eat. It is short-term, and could come from a community food bank. In places where there is very little food for a whole community, large international agencies or churches/mosques often provide food relief. CHWs can help their clients find food relief if they need it.

Food security means helping clients and their families have sources of food that they can rely on for a long time, like kitchen gardens or community gardens. CHWs can help their clients make a plan for how they can grow their own food. When CHBC clients are able to grow their own food, they can feed themselves and their families. They can also sell the food they grow to make money.





CHWs can get the community to help with food security by:

- ◆ Asking local officials, business people, or churches to give land for a community garden and supply seeds and tools.
- ◆ Getting youth groups to help grow gardens with PLWHA and their families.
- ◆ Helping IGA groups grow food for eating and selling, get loans, or start raising animals as a group.
- ◆ Asking store owners, market sellers, hotels, or restaurants to give the food that they cannot sell to PLWHA.
- ◆ Organizing a food bank that community members can give food to, which will be given out to PLWHA when they need it.





Home Gardens

Gardens are a very good way for PLWHA and their families to grow food at home. CHWs can teach their clients how to make a sack garden. The sack gardens can be grown outside in a yard or compound, on a balcony, or near a window in the house. They can also be brought into the house at night to keep them safe.

What you need for a sack garden:

- ◆ Large woven sack (made out of hemp, jute, burlap, or woven plastic), about 1.5 meters tall. This can be a sack that rice or grain comes in.
- ◆ Small stones—enough to fill a quarter to half of the sack.
- ◆ Soil/dirt mixed with compost or animal manure—enough to fill the sack.
- ◆ A can that is hollow with no bottom (like a coffee tin).
- ◆ Young vegetable and fruit plants that have already sprouted. (If there are no young plants, they can be started from seeds in small plastic bags with dirt, and put in the sack garden after they have started to grow.)
- ◆ 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 empty plastic tins/bottles)
- ◆ Gloves (if you have them)
- ◆ Knife or sharp stick for making holes in the side of the sack



How to make a sack garden:

1. Roll down the sides of the sack until it is as tall as the hollow can. Place the can in 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 the dirt in tightly around the can.
3. Pull the can up, letting the stones fall out of the bottom so that the stones are in the middle of the dirt.
4. Put the can on top of the stones in the sack and fill it with more stones. Unroll the sack up, and pack more dirt in tightly around the can.
5. Keep putting stones and dirt in the sack in this way until the whole sack has been filled with stones in the center and dirt on the outside. The stones in the middle will help the water to get through the whole sack garden.
6. Plant some of the young plants in the dirt in the top of the sack. Make small holes with a knife or stick in the sides of the sack garden, and plant more young plants in the sides of the garden. Heavy plants (like tomatoes or peppers) should be planted in the top of the sack garden, and lighter plants (like greens, herbs, or peas) are better in the side holes.
7. Always water the sack garden from the top of the sack, pouring the water into the stones in the middle of the sack. If it is raining, the sack can be put outside to get water. If there is no rain, the sack garden needs water (kitchen or bath waste water is fine) every day.





How to make a sack garden:



Fill bag with stones and dirt.

Roll the sides of the bag up as you go.



Make holes in the bag.

Plant seedlings or seeds.



Water and grow.

Sack gardens can be used to grow plants during one growing season. After the plants die, the dead plants and roots should be taken out of the dirt. The sack can be emptied. The stones should be taken out of the dirt, and any dead roots that are in the dirt should be taken out. The sack garden can be made again for the next growing season using the same instructions. The old dirt should be mixed with new manure, compost, or fertilizer.

Remember:
Sack gardens need
enough sunlight and
water to grow!



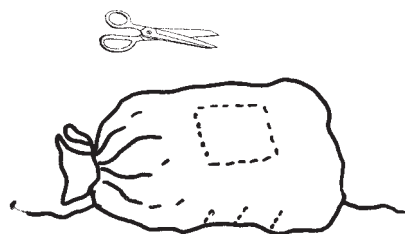
If clients have a small bit of land outside their home, they can also grow plants in small sacks or old tires.

Small Sack Gardens

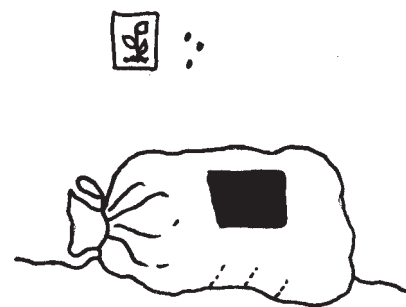
1. Use a feed sack made of woven plastic.
2. Fill the sack with soil and manure/compost. Tie the top of the sack closed.
3. Cut a few small slits in the side of the sack near the bottom.
4. Put the sack on its side lying flat.
5. Cut 5 cm holes where you want to put the plants. The number of holes that you cut depends on the kind of plant you are growing and how much space it needs.
6. Plant young plants inside the holes.
7. Put the garden in a sunny place and remember to water it if there is not enough rain.



Fill bag and tie.



Cut holes.



Plant seeds.



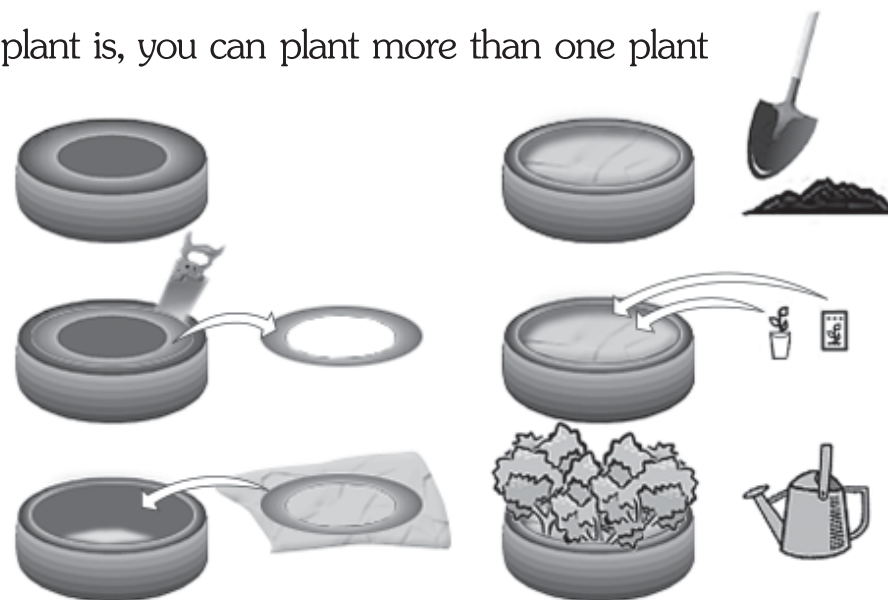
Water and grow.





Tire Gardens

1. Find an old used tire and clean it very 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. Make sure that the ring you cut out stays in shape.
3. Put a heavy piece of plastic or feedsack inside the tire. Take the inner ring (that you cut out of the tire) and put it on top of the plastic/feedsack. This will be the floor of the container. (If you are using plastic, you will need to cut a few holes in the bottom so that water can drain.) Cut the edge of the plastic to just under the top of the tire. (If you cut too much and try to lift the tire, the bottom will fall out.)
4. Fill the tire with soil and compost/manure.
5. Plant young plants in the soil. Depending on how big the plant is, you can plant more than one plant inside. (For example, you can plant several greens or bean plants in one tire.)
6. Put straw or old leaves on top of the soil to keep the roots cool and moist.
7. Make sure to put the tire garden in a sunny place and remember to water it if there is not enough rain.
8. If you have to move the tires, be sure to bend your knees so that you do not hurt your back.





Economic Support

CHBC clients and their families may need help with their economic or financial needs. Many times, PLWHA and their families cannot earn as much money, or may lose their jobs, because they are sick or have to care for their sick family members. They may also have high medical care costs. CHWs can help their clients find economic and financial support.

Income Generation Activities (IGA)

IGA are ways to make money. They can be done by people on their own, or by families or groups of people. IGA usually work best when they are done by groups working together.

Some examples of IGA:

- ◆ Growing a small crop.
- ◆ Making crafts to sell.
- ◆ Selling something at the market.
- ◆ Raising animals for milk, eggs, or meat.
- ◆ Raising animals to sell at the market.



Remember:

Everyone—including CHWs and CHBC clients—needs a way to pay for basic living needs like housing, food, clothing, and transport.





- ◆ Farming a large plot of land and selling the vegetables or fruits.
- ◆ Selling food (like collecting and bottling honey).
- ◆ Sewing clothes or blankets to sell.
- ◆ Making CHBC kits to sell to the CHBC project.

IGA groups can be made up of:

- ◆ PLWHA and their families.
- ◆ A mix of PLWHA, CHWs, and/or other community members.
- ◆ Adolescents and/or older OVC.

Groups often need some money or other help to get their IGA project started. CHWs can help IGA groups find banks, churches, or other groups in their area that can give microcredit, loans, or skills training to IGA groups. Usually, a group takes out a loan together and pays it back together.





Death and Inheritance

Preparing for death is very important for clients and for their families, children, and friends. PLWHA can make plans for after their death. Having a plan can help them say goodbye to their loved ones, be sure that any money, property, or goods that they have go to the right people, and be sure that their children will have a good caretaker. Some ways to plan for death are by writing a will and making a memory box/ memory book.

Wills

It is very important for PLWHA to write down how they wish their property and goods to be given to their children and family members when they die. The best way to do this is by writing a will. A will is a legal paper which tells people how someone's property, home, money, or other belongings should be passed down when they die, and who should get them. A will can also tell a person's wishes about who will take care of their children after they die.



Writing and talking about a will with the family will help everyone to know the wishes of the person who is sick. After death, those people can get any money, property, belongings, or goods that they have been promised.



Because a will is a legal paper, it is important to make sure that it is written the right way so that the wishes of the PLWHA are protected. CHWs can help their clients find legal aid, lawyers' associations, or law students who can help write a will. Usually, wills must be signed in front of community leaders and/or family members so that they are considered true legal documents.

Memory Books and Memory Boxes

Memory books and memory boxes are special things for PLWHA to give to their children, families, and loved ones. They can have photos, drawings, notes, audio or video tapes, letters, important family history, health history, and inheritance and custody wishes. More information about Memory Books and Memory Boxes is in *Unit 7: Positive Living*.



Remember:

Memory books and memory boxes cannot replace a legal will in terms of inheritance or custody wishes!





Orphans and Vulnerable Children (OVC)

HIV/AIDS affects everyone, but children can have a very difficult time. It is common for children affected by HIV/AIDS to care for sick adults, care for their brothers and sisters, or to have HIV themselves. Sometimes, children lose their parents to AIDS, and then become heads of households with younger children.

Orphans and vulnerable children (OVC) are children 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 (such as street children or handicapped children).



OVC have special needs. It is difficult for communities to support all of them. CHWs can help by finding children in need, and linking them to the groups who can give them help. Some places that OVC can get help are churches and mosques, community groups, local government (departments of health, education, or child welfare), and legal aid.



**Some problems that OVC may face are:**

- ◆ Loss of shelter/house
- ◆ No education
- ◆ Not enough food
- ◆ Not enough clothing
- ◆ Being a caretaker for their family
- ◆ Abuse and neglect
- ◆ HIV infection

CHWs can help all OVC find:

- ◆ A home and caring guardians
- ◆ Food and clothing
- ◆ School fees, uniforms, and books
- ◆ Health services (including immunizations)
- ◆ Psychosocial support

Remember:
Calling children “AIDS orphans” makes the problem of stigma worse!





When OVC are older (teenagers or young adults), they can use special help with:

- ◆ Livelihood and life skills training (finding a job, IGA, skills and information to take care of themselves)
- ◆ Support as heads of household
- ◆ Information about STI prevention and treatment, and HIV prevention
- ◆ Education and money for school
- ◆ Peer activities
- ◆ Help dealing with gender issues (like sexual abuse, or neglect of girls)

OVC face a lot of stigma. It is important that CHWs and other community members help to protect OVC rights, so that they are safe from harm, can go to school, and have the food, clothes, financial support, medical care, and housing that they need.

Remember:

**It is best for OVC to stay in
their own communities and
live normal lives!**





Mobilizing Community Support for PLWHA and Their Families

CHWs can learn to be advocates for PLWHA and their families. An advocate is someone who talks to groups, individuals, and community leaders and gets them to help support PLWHA and prevent HIV/AIDS. PLWHA can also be great advocates in the community, because they can help people know what it is like to live with HIV/AIDS.

Advocates can work to:

- ◆ **Change ideas** about HIV/AIDS and the people who live with the disease. This helps to fight stigma and discrimination!
- ◆ **Help find resources** for PLWHA (like food, clothes, housing, money for rent, work, school, and/or counseling).
- ◆ **Change laws and policies** that harm or discriminate against PLWHA and their families, or that make some groups of people more vulnerable.





When you are talking to people to mobilize them or to try to change how they think, it is important to:

- ◆ Be very clear about what your goal is and what you are trying to do.
- ◆ Talk about only one or two important things.
- ◆ Keep your talk very simple and easy to understand.
- ◆ Help people see how this affects their lives and why they should care about the issue.
- ◆ Speak clearly and loudly (so you can be heard). Speak so that others know that you really believe what you are saying—be strong and inspire others to change.

Remember:
**Include PLWHA in
community mobilization
work as much as you can!**





Linking Clients and Caregivers with Community Support and Resources

“Mapping resources” means finding out what resources PLWHA can get in your area. They can be things like food or shelter. They can also be things like support groups, IGA groups, or counseling. Making a list of resources and sharing it with clients can help in two ways. It will be a good way to show clients where they can get help. It will also help CHWs and the community see which services or resources are missing. CHWs, PLWHA, and other people can be advocates for other resources and services that are needed in the community. It is important to remember that some clients may not be able to read, so all of the services and the information on how to use them should be given in other ways.

Resources and services might include:

- ◆ Medical Services
- ◆ Revolving Drug Fund
- ◆ Transportation to hospital/health facility for emergency care
- ◆ Psychological counseling
- ◆ Food relief
- ◆ Food security (like seeds, fertilizer, or tools for gardening)
- ◆ Spiritual support





- ◆ Shelters for women who have been beaten or raped
- ◆ Child services
- ◆ Educational Support for OVC
- ◆ Hospice care (care for someone who is very, very sick)
- ◆ Legal aid
- ◆ Funeral/death arrangements
- ◆ Home-based care
- ◆ Any other kinds of support that are available in your community!



Remember:

If an important resource for PLWHA is not available, you can work with people in the community to make it!



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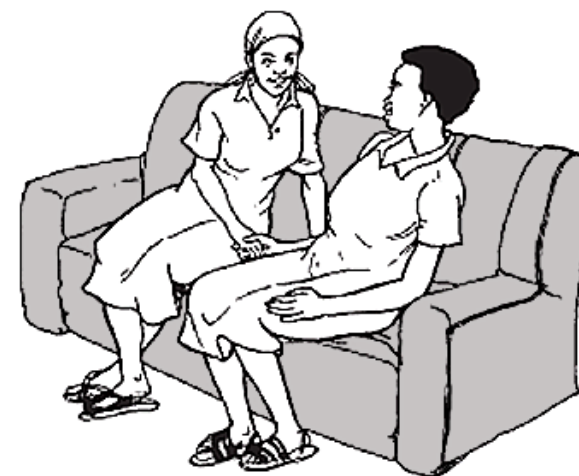
ADVANCED UNIT 16: FAMILY PLANNING

The CHW can help clients and others in the community by:

- ◆ Explaining how women get pregnant (conception).
- ◆ Giving them:
 - ▶ Family Planning (FP) information.
 - ▶ FP counseling.
 - ▶ FP methods (like condoms and pills) that do not need a visit to the clinic or health facility.
 - ▶ All of the information about FP and HIV/AIDS so they can choose to get pregnant or not get pregnant.
- ◆ Helping clients get good health care and VCT.
- ◆ Making sure clients are happy with the FP method they are using.
- ◆ Helping clients with any FP side effects and giving referrals to a health facility.

Remember:

Family planning is very important for PLWHA so that they can prevent spreading HIV from mother to baby (PMTCT) and make choices about having babies that are right for them.



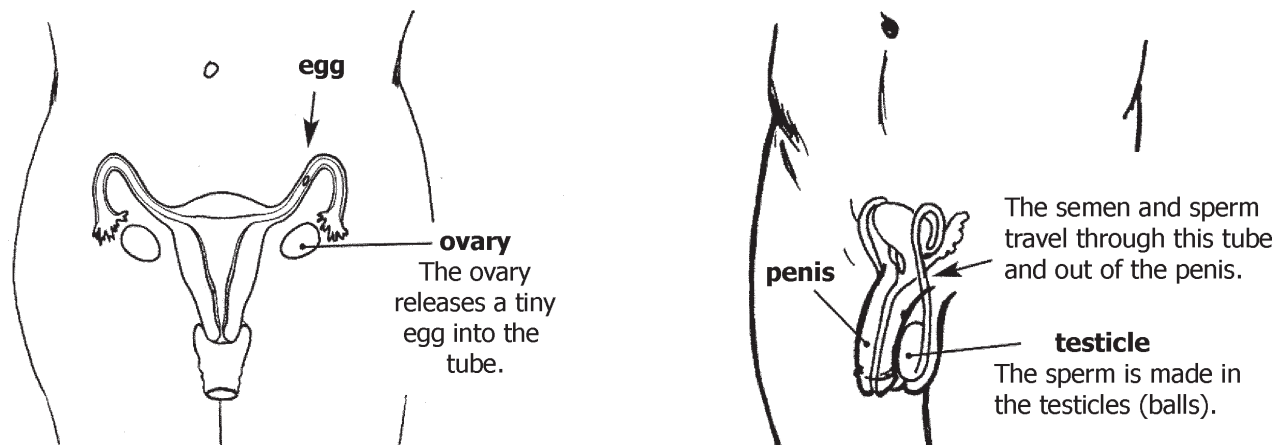


Conception and Family Planning

Conception

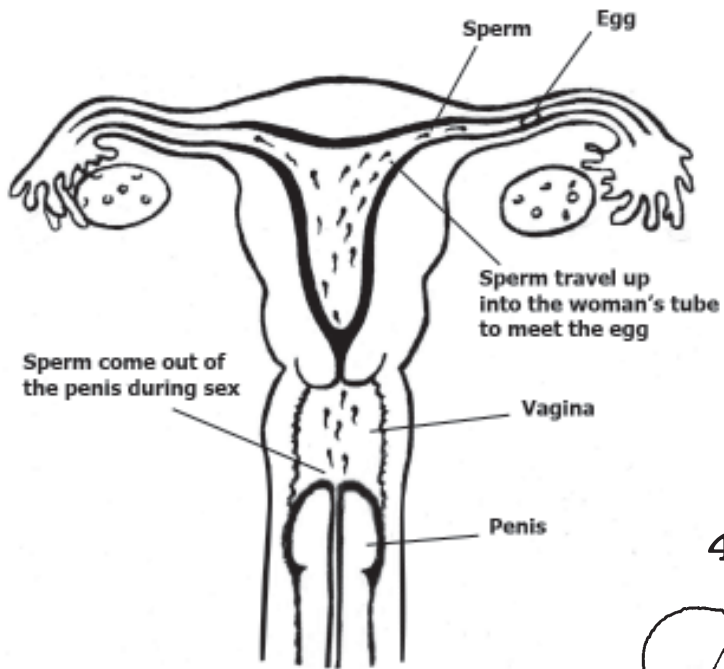
Conception means getting pregnant. It happens when a woman and a man have sex, and his sperm joins with her egg. Getting pregnant happens through these steps:

1. Ovulation and Production of Sperm

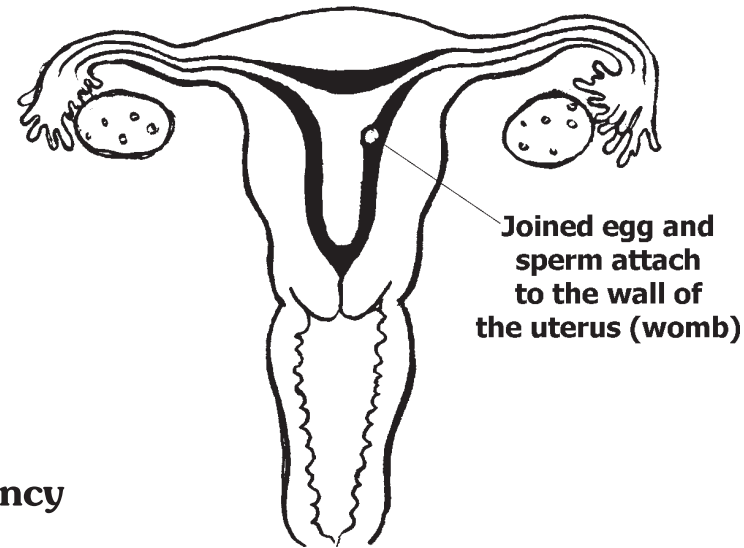




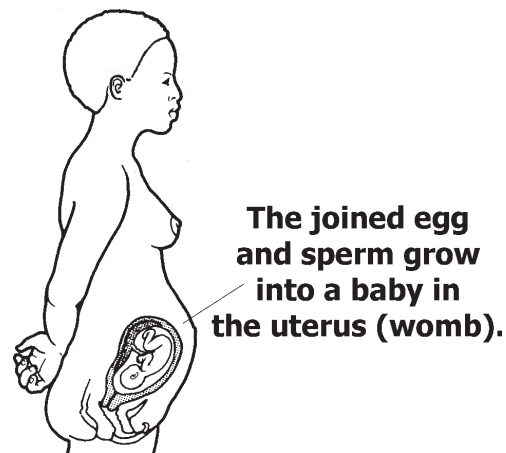
2. Sex during the fertile period



3. Sperm and egg join together



4. Pregnancy





Monthly Bleeding: If the woman's egg is not joined with a man's sperm, the egg will pass out of her body about 2 weeks later with her monthly bleeding. There is no monthly bleeding during pregnancy because the woman's body needs that blood to feed the baby in the womb.

Family Planning (FP) 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 a method such as condoms or pills.

Birth spacing: For the health of the mother and the baby it is best to wait 2 years between the last birth and trying to get pregnant again.





Choosing to Have a Baby

PLWHA, like all other people, have the right to decide whether to have children or not. It is very important not to judge a person living with HIV/AIDS who wants to have children. If you judge someone, s/he may not listen to you when you tell them how to have a healthy pregnancy.

To help the client decide if s/he wants to have a child, the CHW should talk with the client about how:

- ◆ A baby needs healthy parents to give it food, clothes, love, and a safe place to live.
- ◆ If an HIV+ woman has a baby, her baby may be born with HIV. HIV+ babies need more care from the family and more health services.
- ◆ A baby born to HIV+ parents is more likely to get sick, die young, or be orphaned (even if the baby is not HIV+).
- ◆ If a client wants to have a baby, she should protect the baby from getting HIV. (There is more information in *Unit 17: Preventing Mother-to-Child Transmission (PMTCT) of HIV.*)
- ◆ If a client does not want to have a baby, she can use FP methods to prevent pregnancy.





Family Planning Methods

There are different kinds of FP methods:

- ◆ Methods that have to be used **every day** (like the pill) or **every time you have sex** (like condoms).
- ◆ Methods that last for a **short time** (like injectables). These have to be put in a woman's body by a health worker at a clinic or hospital.
- ◆ Methods that last for a **long time** (like implants or IUDs). These have to be put in a woman's body by a health worker at a clinic or hospital.
- ◆ **Natural** methods that work just with a woman's body, and do not need anything else (like only breastfeeding for 6 months after giving birth, or the standard days method and mucus method for knowing when your body is fertile). Sometimes, the methods that help you know when you are fertile are hard to follow, and do not work as well as other methods.
- ◆ **Permanent** methods, that last forever (like getting your tubes tied). These must be done by a health worker at a clinic or hospital.





Side Effects of FP Methods

Sometimes, FP methods may have **side effects**. This is when a FP method causes a person some discomfort or a problem. Many people will not have any side effects. But, there are some side effects that are more common with certain methods.



Remember:
CHWs can and should give
condoms, pills, and Emergency
Contraceptive Pills (ECP) to anyone
in the community who needs them.



FP Referrals and Follow-Up

CHWs should:

- ◆ Know what health clinics in their community can give these methods.
- ◆ Refer clients to the right clinic.
- ◆ Follow-up to find out if the client is happy with her FP method or if the client is having side effects.
- ◆ Remind the client that most side effects are normal.
- ◆ Know FP warning signs and refer to the clinic if they are having bad side effects or warning signs.





Condoms

For more information on how to use male and female condoms, see *Unit 4: Our Bodies and Safer Sex..*

Protection against pregnancy:

VERY GOOD



Protection against STIs/HIV:



Sometimes condoms do not cover sores or ulcers on the outside body parts, which means that STIs can be spread to a partner. People who have sores or ulcers on their reproductive body parts that are not covered by a male or female condom should not have sex until they have healed.

Possible side effects:

Usually none. A few people may be allergic to latex (male condoms only) and have bad itching, skin bumps, or difficult breathing.





Things to know about condoms:

- ◆ Condoms should only be used one time.
- ◆ Male latex condoms are the most common kind of condom. If a person is allergic to latex, they can use condoms made of polyurethane. (Condoms made of lamb's skin will NOT protect against STIs and HIV!)
- ◆ Lubricants (spit, KY Jelly, or glycerin) can be used with condoms. 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. But if there are no other condoms are available, a female condom can be washed carefully with soap and water and re-used.
- ◆ To wash a female condom:
 - ▶ Wash off all the old lubricant on the outside of the condom with soap and water.
 - ▶ Turn the condom inside out and wash the other side.
 - ▶ Let both sides dry all the way.
 - ▶ Soap and water does not always get rid of all the virus, so you should only re-use a female condom (with new lubrication) when there are no other condoms available.

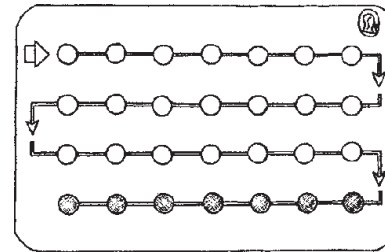


Remember:

Even if someone is using another method to prevent pregnancy, CONDOMS SHOULD BE USED EVERY TIME DURING SEX to prevent STI/HIV infection or HIV re-infection.



Oral Contraceptive Pills (OCPs)



Protection against pregnancy:

BEST
★ ★ ★ ★

Protection against STIs/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). Combined Oral Contraceptive (COC) pills may cause more side effects for some women than for others.





Things to know about the pill:

- ◆ Women must take their pill every day at about the same time. 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. She should choose another method. Some ARVs and other medicines (like anti-seizure medicine) also make the pill not work as well. CHWs and clients should talk to a doctor at the health facility before any woman who is taking medicine to treat AIDS or seizures starts taking OCPs.
- ◆ Other antibiotic medicines are OK to take along with the pill, unless the woman is having a hard time taking the pill because of vomiting.
- ◆ Most pills CANNOT be used during breastfeeding because they stop a woman from making enough milk for her baby. (If a woman is breastfeeding and wants the pill, she should go to the clinic to get the type of pills that can be used when breastfeeding.)
- ◆ If a woman stops taking the pill, she can get pregnant very soon (even after a few days).
- ◆ It is NOT safe for PLWHA to use pills if they have:
 - ▶ Breast cancer.
 - ▶ Liver problems.
 - ▶ Heart problems or high blood pressure.
 - ▶ Very bad headaches with eye/sight problems.
 - ▶ TB, and take TB medicine.
 - ▶ Seizures and take medicine for their seizures
- ◆ It is important to ask women some questions to find out if they can take the pill safely. CHWs should use the checklist at the end of this *Handbook* in the Useful Forms and Checklists section to know if a client can take OCPs.





How to take the pill:

1. Take the first pill on:

- ▶ The first day of the monthly bleeding, or
- ▶ Any of the next 5 days, or
- ▶ Any other time the woman is pretty sure she is not pregnant.

2. Take one pill every day, at the same time of day.

3. For 28-day pill packets: When the woman finishes one packet, she should take the first pill in the next packet on the next day.

For 21-day pill packets: When the woman finishes one packet, she should wait 7 days. Then take the first pill in the next packet on the next day. (Usually, a woman will start her monthly bleeding during the 7 days when she is not taking pills. But, if she does not get her monthly bleeding, she should still start a new pill packet on the 8th day.)

4. If a client forgets to take a pill, she can get pregnant.

- ▶ If she misses any pills, she should take 2 pills as soon as she remembers, and keep taking 1 pill each day at the regular time.
- ▶ If she misses 3 or more pills, she should use another FP method (like condoms) or not have sex for the next 7 days.
- ▶ If she misses 3 pills in the 3rd week of her cycle, she should throw away the rest of her pills and start a new packet right away.

Remember:
The pill does not protect against STIs and HIV, so condoms should always be used along with pills.



Warning Signs for the Pill

The CHW should refer the client to the health facility if she has any of these side effects after starting the pill:

- ◆ **Abdominal pain**—pain in the belly that goes on a long time without stopping.
- ◆ **Chest pain**—pain in the chest that goes on a long time without stopping and is very bad.
- ◆ **Headaches**—pain in the head that goes on a long time without stopping, are very bad, and make it hard to speak or move an arm or leg.
- ◆ **Eye problems**—seeing things that are blurry, seeing more than 1 of the same thing, or seeing flashing lights or zigzag lines.
- ◆ **Severe leg pain**—pain in the leg that goes on a long time without stopping or does not go away (usually in the lower leg).



Also refer the client if:

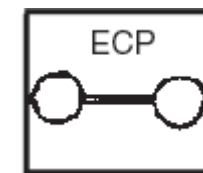
- ◆ She is very sad for a long time or her mood changes quickly,
- ◆ She has yellow skin or eyes,
- ◆ She misses 2 periods (monthly bleeds), or
- ◆ She has signs of pregnancy.

Remember:
Tell the client to come and see you if she has a problem, or if she needs more pills.



Emergency Contraceptive Pills (ECP)

Women can take ECPs to prevent pregnancy **AFTER** having unprotected sex (for example, if a condom breaks, or if sex is forced or not planned).



CHWs should:

- ◆ Get ECPs and learn how to get them from their supervisor or CHBC program.
- ◆ Give ECPs to anyone who needs it.
- ◆ Tell clients how to take ECP the right way.
- ◆ Refer clients to a health facility right away if the CHW does not have any ECPs left.

Protection against pregnancy: **GOOD**
★ ★

- ◆ If taken within 120 hours (5 days) after unprotected sex.
- ◆ ECPs should not be used as a regular FP method because they do not work as well as other methods.

Protection against STIs/HIV: 

Possible side effects:



None at all, or nausea, vomiting, monthly bleeding may be off by a few days after taking ECP.

Remember:
**ECP should be taken as soon after
 unprotected sex as possible!**



How to take ECP:

1. Only use ECP within **120** hours (or **5** days) after unprotected sex.
2. Take the pills:
 - ▶ If using a special product for ECP (like Postinor), take both pills together as soon after unprotected sex as possible.
 - ▶ If using pills that have been prepared by a nurse or doctor, take the first dose (usually **4** pills) as soon after sex as possible. Take the second dose **12** hours later.
 - ▶ Take the pills with food.
 - ▶ If the woman vomits within the first **2** hours, take another dose right away with some food, and take the second dose **12** hours later.
3. There will not be any signs that show if the ECP worked. The monthly bleeding should come on time.
4. If monthly bleeding is more than **1** week late, or there is any problems, go to the clinic.

Make sure to talk to the client about other FP methods, **and help her choose a method. This way she will not have any more unplanned pregnancies or have to use ECP again.**



Spermicides



Protection against pregnancy:

SOME



Protection against STIs/HIV :



- ◆ Spermicides can irritate the woman’s vagina and make it easier for a woman to get infected or re-infected with HIV.

Possible side effects:

Skin allergy.



Remember:
Spermicides work best to prevent pregnancy if they are used with condoms.

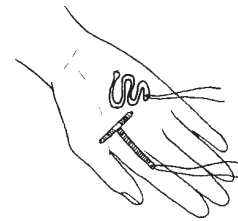




Intrauterine Device (IUD)

Protection against pregnancy:

BEST
★ ★ ★ ★



Protection against STIs/HIV:



Possible side effects: Heavy and painful monthly bleeding in the first 6 months.



Things to know about the IUD:

- ◆ The woman must have an IUD put in by a health worker.
- ◆ Once in the womb, an IUD can stay for at least **10** 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 IUD will not move from the womb to other parts of the woman's body.
- ◆ The woman does not have to do anything before having sex and no one can tell she is using a FP method.
- ◆ An HIV+ woman can get an IUD if: she does not have STIs, she is not likely to get STIs, and if she is on ART.



Warning Signs for IUDs:

The client should go to the clinic if she has:

- ◆ Late or missed monthly bleeding.
- ◆ Spotting (light bleeding) that is not normal between her monthly bleeding.
- ◆ Pain in the belly that does not go away.
- ◆ Pain when she is having sex.
- ◆ Signs of infection (bad smell in the vagina, discharge, fever, chills, feeling ill).
- ◆ IUD strings get shorter or longer, or are missing.
- ◆ IUD comes out of her body.





Injectables

Protection against pregnancy:

BEST
★ ★ ★ ★



Protection against STIs/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.



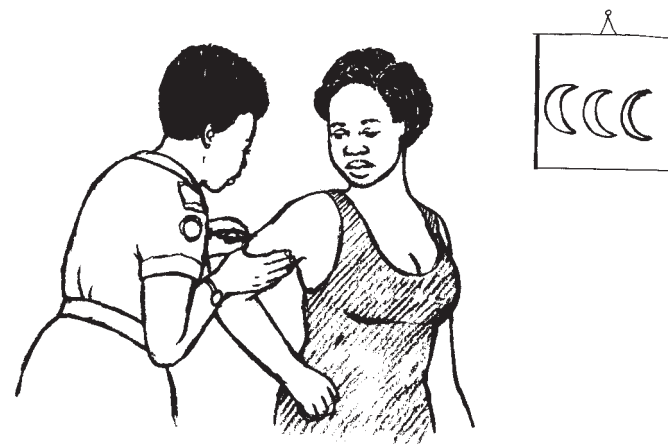
Things to know about injectables:

- ◆ The woman does not have to do anything before sex and no one will know she is using a FP method.
- ◆ It is safe during breastfeeding.
- ◆ It might take up to 1 year for a woman to get pregnant once she stops getting the injections.
- ◆ One injection lasts 2–3 months.
- ◆ They do not cause babies to be born with bad health problems (birth defects).
- ◆ They do not stop a woman from getting pregnant once she stops getting the injections.

Warning Signs for Injectables

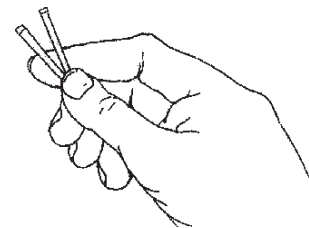
The woman should go to the clinic if she:

- ◆ Has headaches that happen often, and are very painful.
- ◆ Gets much more fat (more than 2 kilos in the first year).
- ◆ Has heavy monthly bleeding.





Implants



Protection against pregnancy:

BEST
★ ★ ★ ★

Protection against STIs/HIV:



Possible side effects:



None at all, or weight gain, sore breasts, nausea, and monthly bleeding that is not normal. After the first year, there may be no monthly bleeding at all, but this is not dangerous.



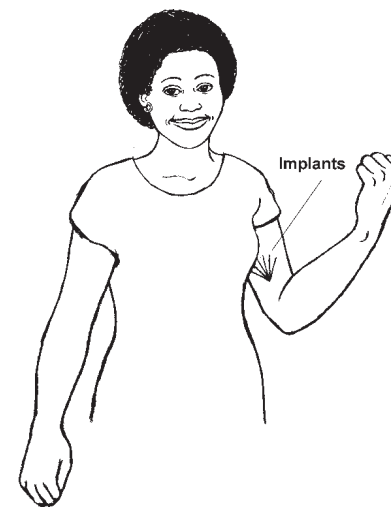
Things to know about implants:

- ◆ No one can tell the woman is using a FP method.
- ◆ Implants can be used during breastfeeding.
- ◆ A woman must get new implants at a clinic after 3 to 7 years.
- ◆ If a woman wants to get pregnant, she should go to the clinic to get the implants taken out.
- ◆ Implants will not break and move around in a woman's body.
- ◆ Implants will not give a woman cancer.
- ◆ They do not cause babies to be born with bad health problems (birth defects).

Warning Signs for Implants:

The woman should go to the clinic if she has:

- ◆ Heavy bleeding from her vagina.
- ◆ Very bad headaches.
- ◆ Yellow skin or eyes.
- ◆ Bad pain in her belly.





Diaphragm



- ◆ Women must get one from a trained health worker in the clinic that is the right fit for her body. But, they are not available in most places.

Protection against Pregnancy: VERY GOOD



Protection against STIs/HIV: SOME



Possible side effects:



None.

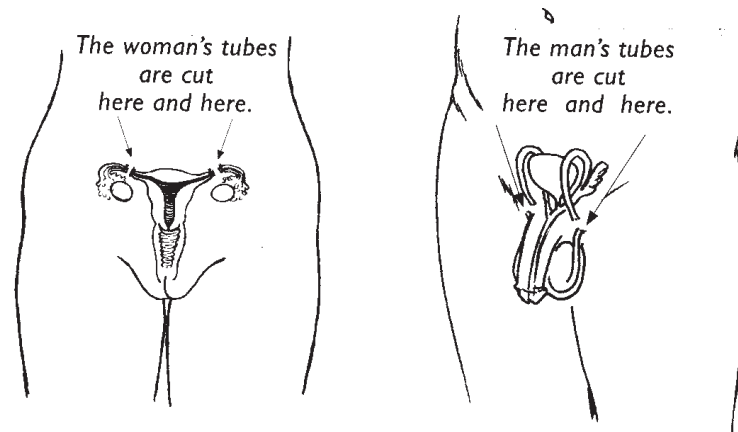


Sterilization

Protection against Pregnancy:

BEST
★ ★ ★ ★

Protection against STIs/HIV:



Things to know about sterilization:

- ◆ Women and men can have the tubes in their bodies tied so that they can never have a baby.
- ◆ It is safe.
- ◆ It is permanent.
- ◆ It is an easy operation.
- ◆ It is done in a clinic or hospital.
- ◆ Women and men can take medicine for the operation so that they do not feel much pain.
- ◆ Women and men can still have sex and feel pleasure with sex after the operation.
- ◆ For men, it takes about 3 months after the operation for all of his sperm to be gone. He should use condoms during that time.



Natural FP Methods

Lactational Amenorrhea Method (LAM)

Women can prevent pregnancy by only breastfeeding for 6 months. The woman is protected from getting pregnant if **ALL** of these things are true:

- ◆ She is giving the baby *only* breast milk whenever the baby is hungry and thirsty.
- ◆ She is breastfeeding at least every 4 hours during the day and every 6 hours during the night.
- ◆ The baby is less than 6 months old.
- ◆ Her monthly bleeding has not returned since the baby was born.

If any one of these things is NOT true, the woman can get pregnant and needs to use another kind of FP method.

Protection against Pregnancy:

BEST



Protection against STIs/HIV:



Remember:

Women who are HIV+ should ALWAYS use condoms if they are using LAM, so that they will not get re-infected with HIV and pass it to the baby through the breast



Fertility Awareness

- ◆ A woman cannot get pregnant every day. She can only get pregnant during the days in her monthly bleeding cycle that the egg is in the tube (ovulation).
- ◆ If a woman does not have sex in that time, she will not get pregnant.
- ◆ Women can use the **mucus method** or the **standard days method** to know what days they could get pregnant.
- ◆ These methods can be very hard to follow.
- ◆ Counting days will not work if a woman's monthly cycle is not the same every month.

Protection against Pregnancy:

VERY GOOD



Protection against STIs/HIV:



Remember:

A woman's sex partner must agree to not have sex on the days when the woman can get pregnant.



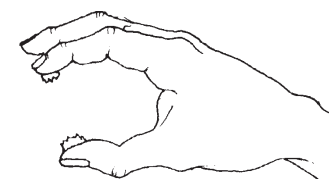
Mucus Method

A woman can know which days she could get pregnant by watching the mucus (the wet fluid) inside her vagina every day. She should:

- ◆ **Look** at the mucus on her fingers,
- ◆ **Touch** the mucus to see if it is stretchy and slippery, and
- ◆ **Feel** how wet she is in her vagina.



CAN get
pregnant



CANNOT get
pregnant

She should:

1. Start checking the mucus the day after her monthly bleeding ends.
2. Check her mucus at the same time every day (making sure that she checks before having sex).
3. Not have sex (or use a condom) if the mucus is clear, slippery, and stringy.
4. Not have sex (or use a condom) until 4 days after the last day she has clear, stringy, slippery mucus.
5. Not douche, or wash the vagina out, because the mucus will be washed away.

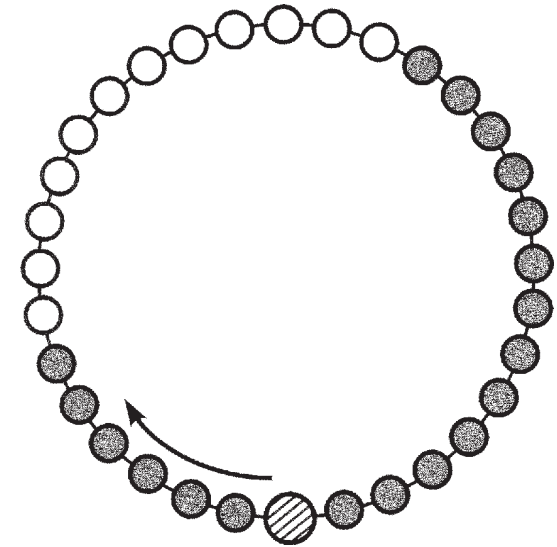
Remember:
The mucus method
works best if it is used
with condoms or other
FP methods.



Standard Days Method (SDM)

A woman can know what days she will get pregnant by counting the days of her cycle. Women can use “CycleBeads” (a string of 32 different colored beads) to help count the days of their cycle when using this method.

1. 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.
2. She should then move the ring forward (toward the white beads)—one bead each day.
3. On days 1 through 7 (the brown beads), unprotected sex is OK.
4. 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.
5. Between day 20 to the end of her cycle (until the first day of the next monthly bleeding), unprotected sex is OK. These days will be marked with brown beads.
6. 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 she should use a different FP method.
7. On the first day of the next monthly bleeding, she should move the small ring to the red bead and start again.



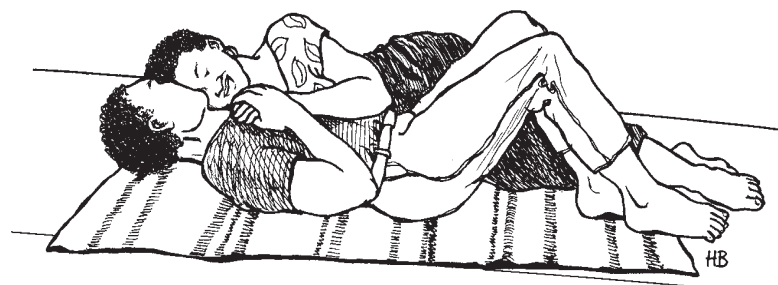
Remember:

SDM works best if it is used with condoms or other FP methods.



Other Ways to Prevent Pregnancy during Sex:

- ◆ Oral Sex (low risk for passing HIV)
- ◆ Sexual touching (low risk for passing HIV)
- ◆ Anal sex (low risk for passing HIV if a condom is used, high risk for passing HIV/STIs if a condom is not used)
- ◆ Pulling out the penis from the vagina before the man cums (ejaculates). This is very hard to do, because a small bit of semen will come out of the man's penis before he cums. This should only be used for FP if there is **NO OTHER WAY** to protect from pregnancy.



Things that DO NOT prevent pregnancy:

- ◆ Wearing charms, saying prayers, and/or doing spells.
- ◆ Peeing (passing urine) after sex.
- ◆ Washing out the vagina after sex (douching). This can harm the vagina.
- ◆ Other local traditional methods.

Remember:

It is hard for many people to not have penis-vagina sex, so it is important to use other FP methods (like condoms).



Dual Protection

- ◆ Dual protection means protecting against TWO things at the same time:
 - ▶ STIs/HIV
 - ▶ Pregnancy
- ◆ For dual protection, people should **ALWAYS USE CONDOMS.**
- ◆ Condoms can be used alone, or with another FP method.
- ◆ The best protection is when condoms are used at the same time as another FP method.



Remember:
CHWs should teach all of their clients about how condoms can help them prevent pregnancy, STIs, and HIV!



Counseling Clients about FP

CHWs should:

- ◆ Help clients learn about all the FP methods that they can choose from.
- ◆ Let the client (and their partner) choose the method that they want to use.
- ◆ Give *all the information* about every FP method to the client before they make their choice (this is called “informed choice”).

Privacy is very important when talking about FP. CHWs should not talk about a client and her/his FP choices with anyone. (Sometimes it is OK to talk to a doctor or nurse at the health facility if they are caring for the client.)

When talking about a FP method, the CHW should tell their client:

- ◆ What the FP method is.
- ◆ How to use the FP method.
- ◆ How well it protects from pregnancy.
- ◆ How well it protects from STIs/HIV.
- ◆ About possible side effects.
- ◆ When to go to the clinic for follow-up.

Remember:
**When counseling, KEEP IT
SIMPLE, CLEAR, AND
PRIVATE!**



ADVANCED UNIT 17: PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT) OF HIV

Home-based care and preventing mother-to-child transmission of HIV go together. Mothers and families getting PMTCT services need the support of CHWs.

- ◆ HIV can be passed from mothers to babies during pregnancy, labor and birth, and infant feeding.
- ◆ With no prevention, about 1 out of 3 babies of HIV+ women will get HIV.
- ◆ CHWs can do many things so that even fewer babies get HIV.
- ◆ Healthy babies are important to everyone, but mothers and families also need a lot of good care and support after the baby is born.





PMTCT before Pregnancy

CHWs can help women and couples prevent pregnancies that they do not want, and help them stay healthy and safe if they are pregnant.

To prevent mother-to-child transmission before pregnancy, the CHW can:

- ◆ Make sure that everyone knows about and has Family Planning (FP), especially male and/or female condoms.
- ◆ Make sure that people know about Emergency Contraceptive Pills (ECP) that they can use if they have unprotected sex.
- ◆ Get people to go for VCT so they can make healthy decisions about getting pregnant and getting PMTCT services.
- ◆ Help PLWHA and their partners protect themselves from getting pregnant, or if they decide to get pregnant, help them prevent transmission and re-infection.
- ◆ Teach the community about PMTCT and how to support mothers and families.



Remember:

All women have the right to decide if they want to have children, no matter what their HIV status!

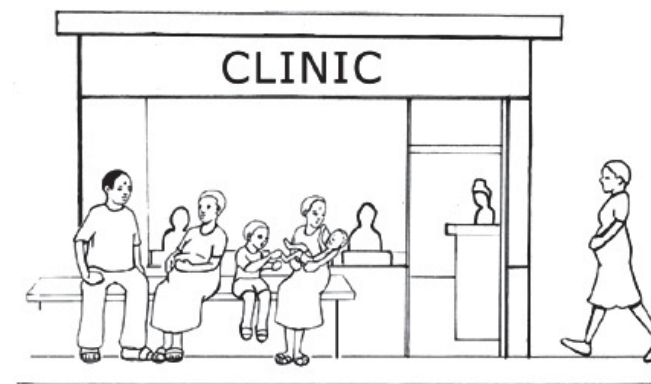


PMTCT during Pregnancy

A baby is more likely to get HIV if the mother has other infections, anemia, poor nutrition, or if she gets full blown AIDS while she is pregnant. If a mother has unprotected sex with an infected person while pregnant, she will have even more of the virus in her body, and the baby will be more likely to get HIV.

To prevent mother-to-child transmission during pregnancy, the CHW can:

- ◆ Find pregnant women in the community and get them to the clinic for at least 3 Antenatal Care (ANC) visits and VCT.
- ◆ Help explain the information that women get in an ANC visit.
- ◆ Help couples understand their risk for HIV and why PMTCT is important.
- ◆ Help women eat healthy, get tetanus shots, practice safer sex, and get treated right away if they are sick.
- ◆ Give iron and multivitamin tablets to pregnant women.
- ◆ Help prevent malaria by getting clients to use treated bed nets and teaching them to drain still water from around the household.
- ◆ Give out condoms and tell women and men why it is important to use them during pregnancy.
- ◆ Help women and their families plan a safe birth in a facility, or with a midwife trained in PMTCT.
- ◆ Make sure that the mother has ARVs for herself and the baby.
- ◆ Give CHBC, including home visits and referrals for resources and support.
- ◆ Help form support/self-help groups for pregnant women.



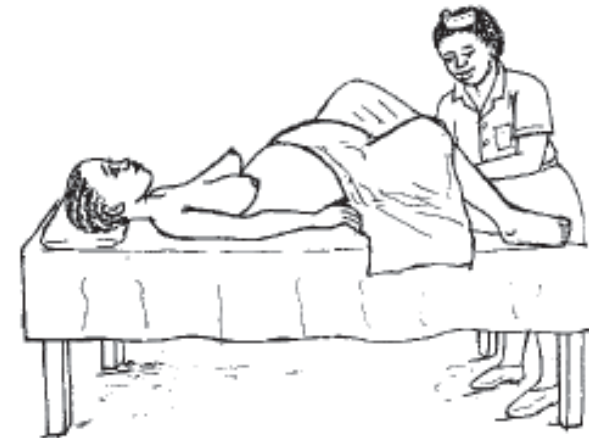


PMTCT during Labor and Birth

It is important to have a normal birth to keep the mother healthy and prevent HIV in the baby.

Before and during labor and delivery, CHWs can:

- ◆ Make sure the woman has a birth plan, including where she will deliver, and who will be assisting her. The birth plan should also include a back-up plan to get the mother to the hospital if there is an emergency.
- ◆ 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.
- ◆ Make sure infection prevention is practiced during home deliveries.
- ◆ 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 his/her dose within 72 hours after birth.



Remember:

It is important to avoid infection by delivering on a clean surface, washing hands, wearing gloves, and disinfecting instruments.



PMTCT during Infant Feeding

There is HIV in breast milk. HIV can be passed to the baby through breastfeeding. The safest way to prevent transmission is to not give any breast milk to the baby. But for many women, breastfeeding alone is the best choice because it is very healthy, does not cost money, and prevents a lot of other diseases that could kill the baby.

Mixed Feeding

The most HIV transmission happens when a baby is fed with both breast milk and other milk, formula, food, and/or fluids. This is called mixed feeding.

Mixed Feeding can cause more HIV transmission because:

- ◆ Breast milk alone is clean, has no germs, does not cause allergies, and keeps the baby's stomach healthy.
- ◆ When germs from water and food get into the stomach, it causes small openings in the stomach lining and the virus can get into the baby's blood.
- ◆ There are also things called allergens in food and water that cause bad reactions and can increase HIV transmission.

Remember:

It is very important for HIV+ mothers to feed the baby *only* breast milk or *only* formula for the first 6 months! Mixed feeding can cause more HIV.





Support during Infant Feeding

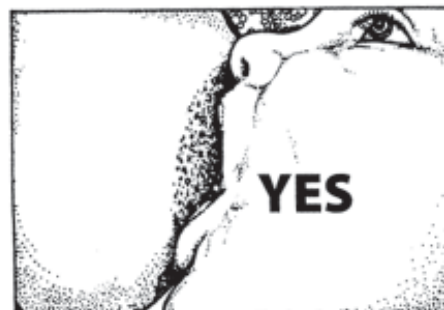
To prevent MTCT during infant feeding, CHWs can:

- ◆ Tell everyone that mixed feeding can be the most dangerous for the baby.
- ◆ Visit often and help the woman in her home to correctly, exclusively and more safely feed the baby.
- ◆ Teach everyone in the family how to feed the baby the right way (using this *Handbook*).

Breastfeeding

When breastfeeding, CHWs can teach the women and family members to:

- ◆ Start breastfeeding within one hour of birth.
- ◆ Correctly latch the baby onto the nipple:
 - ▶ Mouth is wide open.
 - ▶ Lower lip is curled out.
 - ▶ Chin touches the breast.
 - ▶ Baby takes slow, deep sucks.
 - ▶ There should be no pain for the mother.





Breastfeeding (cont.)

- ◆ Make sure the baby and mother are in the right 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.
 - ▶ Baby's whole body is supported.
 - ▶ Mother should be relaxed, sitting or lying down, with back and arm support.



**Also, teach the woman and family members:**

- ◆ To rub the nipple on the baby's mouth, and when the baby opens wide, point the nipple at the roof of the mouth.
- ◆ After the baby stops feeding on one breast, give the second breast for as long as the baby will keep sucking.
- ◆ For the next feed, start on the second breast first.
- ◆ Feed when ever the baby wants, but at least **10** times a day and through the night.
- ◆ If the mother is ill, she should continue to breastfeed because 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.
- ◆ The mother should drink lots of juice, milk, tea and other liquids, and eat plenty of healthy food.
- ◆ To use condoms while breastfeeding.
- ◆ To join breastfeeding support groups in the community.

**Remember:**

The baby should feed every 2-3 hours when it is small!

Pacifiers and dummies should not be used—they might cause infections!



Breast Infections and Thrush

CHWs should look out for breast infections in the mother and thrush in the baby and get them to the facility right away!

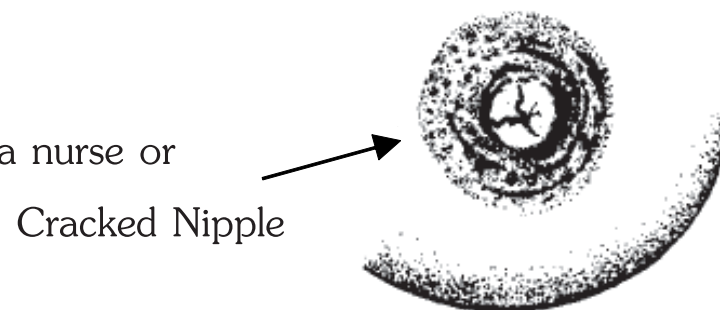
Thrush (also see *Unit 10: AIDS-Related Conditions*):

- ◆ 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: 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."
- ◆ Signs are painful lumps in the breast; hot, red, sore areas; aches and pains; and fever.
- ◆ There might also be pus coming from the nipples.
- ◆ Breast infections must be treated with antibiotics by a nurse or doctor right away!





Breastfeeding Once Babies Begin Eating Solid Food

- ◆ Babies should start eating solid food at around 6 months old.
- ◆ CHWs should talk with HIV+ mothers about when to stop breastfeeding their baby.
- ◆ Mothers who are HIV+ and have only fed their baby with breast milk should think about if they can give enough healthy food to the baby without breast milk after the baby starts eating food.
- ◆ They can:
 - ▶ Keep breastfeeding after the baby begins to eat solid food, because the baby may need breast milk to stay healthy; OR,
 - ▶ Stop breastfeeding before the baby begins eating solid food if there is enough food to keep the baby healthy, because the baby will have less risk of getting HIV.



Remember:

Babies need good nutrition to be healthy and prevent HIV. For some families, mixed feeding after 6 months may be the best choice. For others who have plenty of healthy foods for the baby, weaning may be best.



◆ **If the mother decides to wean the baby, she should:**

- ▶ Push milk out of both breasts (called *expressing milk*) into a clean cup for 1 feed a day and feed the baby from a cup. (She can breastfeed as usual for the other feeds.)
- ▶ After 2–3 days, express 2 feeds, one at night and one during the day, and breastfeed for the other feeds.
- ▶ Every 2–3 days express for another feed until the baby is used to the cup.
- ▶ Once all of the feeds are by cup, stop all breast milk and start other milk, prepared safely, and begin to introduce other safe weaning foods.
- ▶ Once the baby is off the breast milk, s/he should not be put back on the breast.
- ▶ Do not use bottles and nipples because they are hard to clean and can have lots of germs.
- ▶ Be sure the mother has started a family planning method, including dual protection with condoms, by the time she stops giving the baby only breast milk.





Feeding Babies Formula or Animal Milk

Feeding babies with formula or animal milk will help prevent HIV, but **ONLY** if:

- ◆ There is enough formula or animal milk close by to meet the baby's needs for as long as it needs.
- ◆ The mother can feed the baby many times a day with clean water, clean cups and spoons, and the mother can face the stigma of not breastfeeding.
- ◆ The formula does not cost too much money.
- ◆ Clean water is available, the cup and spoon can be cleaned well, and there is enough fuel to boil water many times each day.
- ◆ There is enough to last for as long as the baby is not eating solid foods or drinking other fluids.

If any of the things are not true, the mother should ONLY BREASTFEED for 6 months using no other water, formula, fluids, or food.

Remember:

Women who feed their babies with formula or animal milk need a lot of support from CHWs in the home!



For formula feeding, teach the client and family members to:

- ◆ Wash hands and all utensils, cups, and spoons with soap and water and rinse with clean water.
- ◆ Read or have someone read instructions on the tin of formula.
- ◆ Boil clean water for **20** minutes and store for the whole day in a clean, covered container.
- ◆ Measure the amount of milk powder for one feed and mix with the correct amount of cooled, boiled water.
- ◆ Feed the infant from a cup. They need about **150** ml per kg of baby weight at least **6-8** times a day (e.g., if the baby is **5** kg., s/he needs **5** times **150** ml, or **750** ml during each feed).
- ◆ Do not add extra water to the formula to stretch it because the baby will not get enough nutrition.



Remember:

NEVER give a baby sweetened condensed milk, skim milk, fruit juice, or sugar water for replacement feeding. They do not have enough nutrition for the baby!



For feeding with animal milk (like from a cow, goat, buffalo, camel, or sheep), teach the client and family members to:

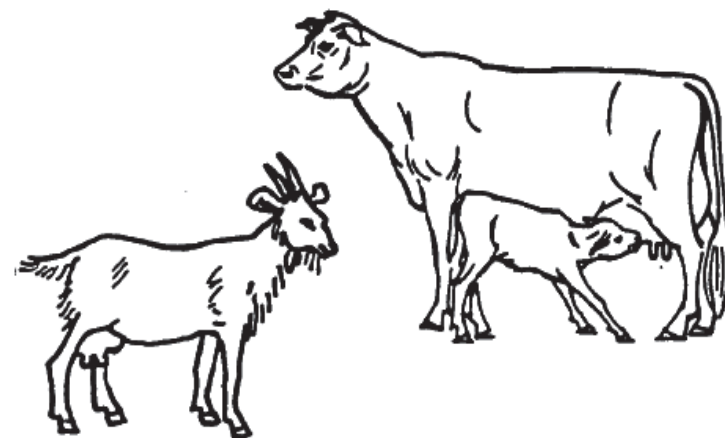
- ◆ Wash hands and utensils with soap and water and rinse well.
- ◆ Boil water for **20** minutes, and store in a clean covered container for the day.
- ◆ Measure the right amounts of water, sugar, and milk needed and mix in a clean container.
- ◆ Bring the mixture to a boil and remove it right away from the heat.
- ◆ Prepare fresh at each feed unless the client has a refrigerator.
- ◆ Feed the infant from a cup.

Cow, goat, and camel milk:

- ◆ For **100** ml milk, add **50** ml boiled water and **10** g (2 teaspoons) of sugar.

Sheep and buffalo milk:

- ◆ These have more fat, energy and protein.
- ◆ Mix **50** ml of milk with **50** ml of boiled water, and add **5** g (1 teaspoon) of sugar.





How to feed a baby with a cup:

- ◆ Hold the infant sitting up 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 on the his/her 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.
- ◆ Measure how much the infant eats at each feeding over the whole 24 hours of one night and one day.





Care after Birth (Postpartum Care)

CHWs should visit the woman and baby:

- ◆ The day of the birth.
- ◆ The day after the birth.
- ◆ Every other day during the first week.

Refer the mother to the clinic right away when there is:

- ◆ **Too much bleeding:** If she has more than a regular period (monthly bleeding) on day 1 and 2, or heavy, bright red bleeding after day 3.
- ◆ **Infection:** If she is warm to the touch, feels like she has a fever, and has body aches, and/or there is a bad smell from the vagina.
- ◆ **Fits:** If she is shaking and falling down and seems out of control.

These are all emergencies and she must go to the clinic!

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.





PMTCT+: 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+ is:

- ◆ Nutrition and links to food support.
- ◆ Medicines to prevent and treat opportunistic infections (OIs), like cotrimoxazole.
- ◆ Counseling and emotional support.
- ◆ Infant feeding counseling and support.
- ◆ Regular checkups and lab tests.
- ◆ ARVs for the mother and the whole family, if needed.
- ◆ A plan to take the ARVs the right way every day.
- ◆ Help managing side effects of ARVs and other medicines.
- ◆ Family planning counseling and supplies.
- ◆ Help with other health needs, even if they do not have to do with HIV/AIDS.
- ◆ Links to PLWHA support groups.
- ◆ Links to CHBC and other community support services.





PMTCT+ also means care and support for babies.

The CHW can:

- ◆ Make sure the baby goes to the clinic for immunizations and growth checkups.
- ◆ Look for signs of HIV/AIDS in the baby.
- ◆ Make sure the baby gets medicines to prevent OIs.
- ◆ Make sure the baby gets enough good food.
- ◆ Help the family find dipped bed nets to prevent malaria.
- ◆ Make sure the baby **gets tested for HIV at 18 months.**



Signs of HIV/AIDS in Children

- ◆ See *Unit 2: Facts About HIV/AIDS* in this Handbook.

Remember:

If you think a child may have AIDS, talk with the parents about getting the child to a clinic to see a doctor and get VCT.



Working in the Community to Promote PMTCT+

It is important that people know about mother-to-child transmission, how to keep mothers and babies healthy, and how to fight stigma and support mothers and babies. Young people also need a lot of support, especially if they are unmarried, HIV+, and pregnant all at the same time.

Working with Men in PMTCT+

CHWs should work with men to:

- ◆ Practice safer sex, like being faithful or using condoms outside of the relationship.
- ◆ Help their partner to go for ANC visits—and go with her to the clinic.
- ◆ Go for VCT.
- ◆ Help the mother stay healthy and support her to care for the baby and go to the health facility when needed.
- ◆ Talk to other men in the community about PMTCT, why it is important to get VCT and use condoms, and why women should get good care during and after pregnancy.
- ◆ Form men's support groups.





Working with TBAs and Mothers-in-Law

TBAs, midwives, and mothers-in-law often have very special roles in a family or community when it comes to pregnancy and childbirth. In many places, most births happen at home with TBAs/midwives.

CHWs should work with TBAs to:

- ◆ Teach them about PMTCT.
- ◆ Teach them about safe delivery and good infection prevention.
- ◆ Teach when and how to give ARVs to mothers and babies.
- ◆ Know how to protect themselves and others in the family.
- ◆ Refer women for ANC and VCT.

CHWs should work with mothers-in-law to:

- ◆ Help them to form groups to prevent HIV and mother-to-child transmission.
- ◆ Help them support exclusive breastfeeding or replacement feeding, and family planning.
- ◆ Understand the dangers of mixed feeding.
- ◆ Support HIV+ mothers, babies, and families.





ADVANCED UNIT 18: ANTIRETROVIRAL THERAPY (ART)

Many PLWHA will start to get Opportunistic Infections (OIs) related to AIDS after a few months or a few years. These infections can wear the person down and make him/her very sick. But, there are ways to prevent and treat many of these OIs which can keep most people healthy for a long time before they have to start ART. These are:

- ◆ Treating OIs right away.
- ◆ Taking special medicines like cotrimoxazole (also called Septrin) every day to prevent OIs.
- ◆ Eating enough healthy food.



Remember:

Positive living, eating well, and OI prevention can help PLWHA stay healthy for a long time!



Antiretroviral Therapy (ART)

There is no cure for HIV or AIDS.

For some PLWHA, prevention and treatment of OIs, healthy food, and positive living will not always be enough to stay healthy. In this case, there are drugs that PLWHA can take that will help make the HIV in their body weaker. (The drugs will NOT get rid of all the virus, kill the virus, or make it go away.)

These drugs are called anti-retrovirals (ARVs). They can make it easier to live with HIV/AIDS. When a person is taking these drugs, it is called Antiretroviral Therapy (ART).

Anti—this means that it fights against something

Retroviral—this is the family of viruses that HIV is a part of

Therapy—this means treatment





CHWs can help PLWHA with ART. They can:

- ◆ Refer clients to the clinic for ART.
- ◆ Support clients who are starting ART.
- ◆ Help clients take ART the right way.
- ◆ Help clients go to all of their visits at the health facility.
- ◆ Help clients with side effects of ART.

CHWs can also work in their communities to get ART for everyone who needs it. CHWs and PLWHA can talk to community leaders, health centers, and other people in their communities about ART.



Remember:

**ART should not just
be for rich people—
everyone has a right
to the treatment s/he
needs!**



Myths and Facts about ART

Many people do not have the right information about ART. When people hear things about ART that are not true, they may not want to take ART. They may take ART in the wrong way, which can make the HIV in their bodies get stronger. CHWs can help people know the facts about ART.

CHWs should tell people:

- ◆ ART does not cure HIV/AIDS.
- ◆ ART will not kill people faster.
- ◆ ART should not be stopped if a person starts to feel better—s/he needs to keep taking it.
- ◆ ART will not make people want to have sex more.
- ◆ People on ART should still use condoms, because they can still give HIV to others.

Remember:

**When people know the truth about ART, it
will help them make good choices!**



Who Needs ART?

Not all PLWHA need ART. Only a trained doctor or nurse can tell if a person with HIV/AIDS needs ART. All clients should go for regular visits at the health facility to see if their health has changed. Usually, only people who are very sick from AIDS need ART.

To see if a person needs ART, doctors will look at all the signs of AIDS to see what stage a client is in. People with advanced AIDS should be on ART. They can also do a special blood test, called a CD4 count, to see how well a person's body can fight the virus. The blood test can also tell doctors if a person should be on ART.

ARVs can also be used by women who are pregnant to prevent HIV spreading to their babies.



Remember:

If a CHW thinks that one of their clients should be taking ART, they should refer their client to a health facility.

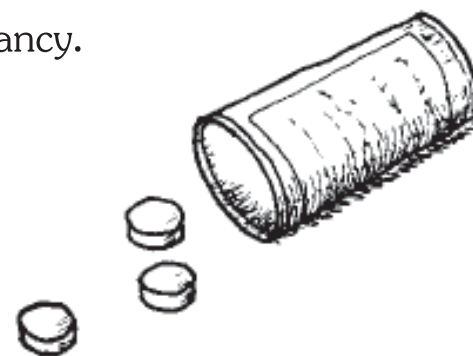


Deciding about ART

Taking ART is a big decision. There are good things and bad things about being on ART that every person should think about before s/he decides to start taking it. CHWs should make sure that their clients and families know about these things.

Good things about ART:

- ◆ PLWHA can live healthier and longer lives.
- ◆ Children get to spend more time with their HIV+ parents.
- ◆ PLWHA can keep working, farming, or stay in school.
- ◆ Family members do not have to give as much care to the person living with HIV/AIDS.
- ◆ Fewer babies are born with HIV when ARVs are used during pregnancy.
- ◆ PLWHA have fewer OIs and other symptoms of AIDS.





Difficult things about ART:

- ◆ Many places do not have enough ARVs in stock for everyone who needs them.
- ◆ ART costs a lot of money.
- ◆ There are many difficult side effects of ART.
- ◆ ART may mean taking many pills every day.
- ◆ ARVs must be taken at the same time every day. Sometimes this is hard to remember.
- ◆ If the client stops taking ARVs, does not take the right number of pills, or does not take them at the right time, it is very bad. It can make the type of HIV virus s/he has stronger, and the ARVs will not work anymore.
- ◆ Some ARVs must be taken with food. But, many PLWHA do not have enough food to eat. After a while, it is possible that the drugs will stop working.
- ◆ 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 money.
- ◆ It is hard for a client to be on ART and not tell other family members about his/her HIV status. PLWHA on ART need support from the whole family to take ART the right way and to go to the health facility for regular visits.

Remember:
**You have to take ART for
your whole life!**



Helping Clients Get Ready for ART

Before the client starts ART, s/he will meet with a provider at the clinic or health facility. The doctor will give the client ART counseling. Together they will decide if ART is a good choice.

Before PLWHA start ART, it is important that the client:

- ◆ Trusts their care team at the health facility.
- ◆ Knows where to get social support (friends, family, support groups, CHWs, and others).
- ◆ Knows how HIV/AIDS works, and what stage s/he is at with the disease.
- ◆ Knows his/her treatment plan and when follow-up visits are needed.
- ◆ Knows the possible side effects of the treatment.
- ◆ Promises to follow the treatment plan.
- ◆ Knows why it might be hard for him/her to follow the treatment plan, and how to succeed.
- ◆ Sees how s/he can make their treatment plan part of his/her everyday life.

Remember:

**ART does not stop HIV/
AIDS! People on ART
must use condoms and
have safer sex!**





ART Treatment Plans

Every person on ART needs a **treatment plan**. The treatment plan will say:

- ◆ What drugs to take.
- ◆ When to take them.
- ◆ How much to take (or how many pills to take).
- ◆ If take the pills should be with food.

Sometimes, treatment plans also say:

- ◆ What side effects a client may have.
- ◆ When to come back to the health facility for visits.
- ◆ Where the pills should be stored.



Every client should have a **care team**, made up of a doctor, nurse, and nutritionist, and the CHW (if possible). Together, this group of people will work with the client to make a treatment plan. The care team can also support the client to follow his/her treatment plan.



ART Drug Packages

Clients on ART usually have to take a group of pills every day. This group of pills is called a drug package or *drug regimen*. Some countries have national standard drug packages for people on ART. It is important to know about the ART drug packages in your country.

Usually, there are 3 drugs in the plan:

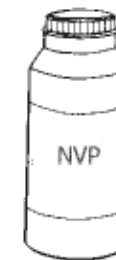
Zidovudine (ZDV) or Stavudine (D4T)

and

Lamivudine (3TC)

and

Nevirapine (NVP) or Efavirenz (EFV)



In many places, you can get these drugs in pills that are already combined (usually with the name Triomune). This is good for clients, because they do not have to take as many pills every day.

Only trained doctors and nurses can decide with the client which drugs are best for him/her. For children or babies who need ART, they will have to take a smaller amount of the drug because their bodies are smaller.



Women who are pregnant and clients with TB need special information about ART. CHWs should know that:

- ◆ Some ARVs (like EFV) should NOT be taken by pregnant women or women who may become pregnant because the drugs are very bad for babies. The CHW should give FP counseling and methods 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 health facility to talk about the ARVs that she is taking.
- ◆ For clients who have TB and also need ART, it is best to treat the TB before starting ART.



Remember:

PLWHA on ART must take the pills the right way, in the right dose, and at the same time every day! If a client forgets to take their pills, s/he should take them as soon as s/he remembers.



Special Needs of Clients on ART

People on ART have many other needs besides ART. Without these things, clients will not be able to take ART the right way and there is a chance their health can become worse. CHWs should help clients find or link to the following:

- ◆ Enough healthy food to eat.
- ◆ Clean drinking water.
- ◆ Enough pills to last a long time, and a clean, dry, safe space to store them.
- ◆ Regular follow-up and testing at the hospital or health facility.
- ◆ Medicines to prevent and treat OIs (like TB) and side effects.
- ◆ Community home-based care (CHBC).
- ◆ Family planning counseling and methods, especially condoms.
- ◆ STI testing and treatment.
- ◆ Health care while pregnant and after having the baby.
- ◆ Help for clients experiencing violence or abuse.
- ◆ Help telling family about their HIV status.
- ◆ Support from family, friends, and ART support groups.
- ◆ Counseling from a social worker or other trained counselor to avoid depression.

Remember:

ART is only one part of CHBC. CHWs should link all clients to the services and support they need.



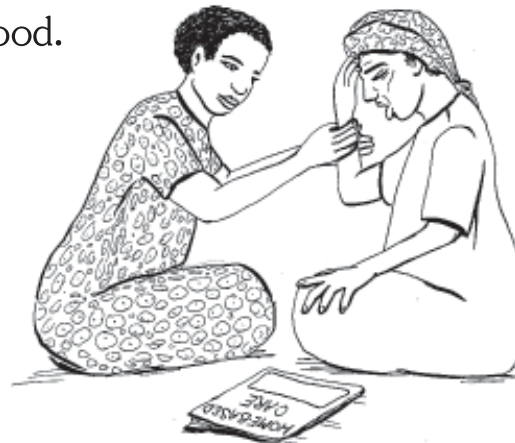


Following the Treatment Plan

One of the most important ways that a CHW can work with clients on ART is to help them follow their treatment plan. This is called **adherence**.

ART will only help PLWHA if they follow their treatment plans correctly. This means that even missing 1 pill in a week will stop the treatment from working well. It can make clients' AIDS get worse. Their bodies can also become resistant to the drugs. CHWs can:

- ◆ Help clients remember to take their ARVs the right way.
- ◆ Keep clients' spirits up.
- ◆ Answer questions from clients and client's families.
- ◆ Help clients with side effects.
- ◆ Help clients get enough healthy food.



Remember:
People taking ART must follow their treatment plans very carefully!

Remember:
CHWs should always ask clients on ART about their treatment plans!



The CHW can help a client follow their treatment plan better in some of these ways:

Teaching and Counseling about ART:

- ◆ Help clients understand HIV/AIDS, ARVs, and the side effects.
- ◆ Help clients feel good about treatment. They need to believe that “I can do it!”
- ◆ Help clients see how their treatment plans can fit into their daily lives.
- ◆ Tell clients again how to take the ARVs, at what times, and with which foods. Use drawings to make it easier.
- ◆ Help clients think of things that will remind them to take their pills (like when the sun comes up or goes down). Alarm clocks and watches can also be a big help if the client has them. S/he can set them to go off as a reminder to take ARVs.





Getting ARVs:

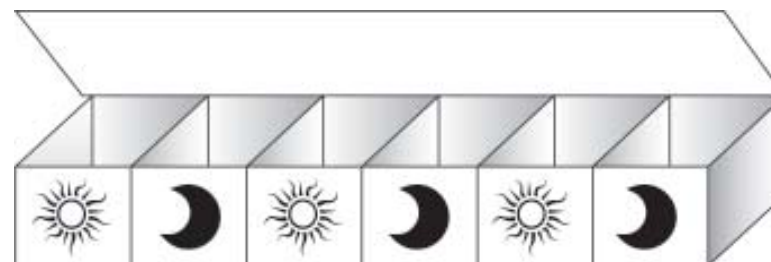
- ◆ Work with the care team to make sure clients have enough ARV pills. Then clients will not run out.
- ◆ Help clients understand where, when, and how to get their ARVs. Go with them to pick them up if needed.
- ◆ Help clients find a way to store their ARVs where they are safe, dry, and out of the sun.





Pill boxes:

- ◆ Clients can make and use a box with for their pills. Each part of the box can hold each dose of pills (like morning and evening). They can put the pills in the parts of the box before they have to take them (like at the beginning of the week).
- ◆ Help clients fill their pill boxes.
- ◆ If the client cannot read, mark the pill box with drawings like a sun and moon.



Medicine diaries:

- ◆ Help the client keep a written record in a diary or book of which ARVs s/he takes, and when and how to take them. If reading is a problem, they can use pictures and checkmarks instead.
- ◆ Help the client note which pills s/he takes, at what time, when doses were missed, and any side effects.





Treatment “buddies”:

- ◆ Help clients find a treatment buddy such as a peer, friend, family member, or CHW.
- ◆ A buddy is someone who takes on the special role of helping a client with ART.
- ◆ The buddy should learn about the ARVs and help the client take them the right way.
- ◆ The buddy can help the client remember pills, feel good about taking pills, and help the client go to all visits at the health facility.
- ◆ The buddy can watch the client take each dose. S/he can also remind the client and help the client get more pills when they need them.



Support groups:

- ◆ Help link PLWHA to support groups and special groups for people on ART.
- ◆ Support groups can help clients follow treatment plans, give emotional support, and help clients deal with side effects.
- ◆ Support groups can also help clients deal with the stigma they may face.





Directly Observed Therapy (DOT):

- ◆ Someone in the community, like the CHW or a nurse, could watch the client take at least 1 dose of pills every day. This helps make sure the client is taking the ARVs. The CHW should talk with health facility staff and decide what kind of DOT is needed.
- ◆ The CHW or another treatment buddy can watch the client take at least 1 dose every day for the first few months s/he is on ART.
- ◆ The CHW and care team can decide if the client is ready to take the ARVs the right way on their own.



Remember:

**What works for one client may
not work for others.**



Follow-up Visits

CHWs should talk with health care providers in their communities to see how often people on ART come to the health facility for follow-up visits.

It is usually like this:

- ◆ For the first 8 weeks on ART, the client should go to the health facility 1 time each week.
- ◆ After the first 8 weeks on ART, the client should go back for a checkup 1 time each month.

Remember:

It is important that CHWs know when their clients are scheduled for follow-up visits. Then CHWs can remind clients to go, or even go with them to the health facility, if needed.

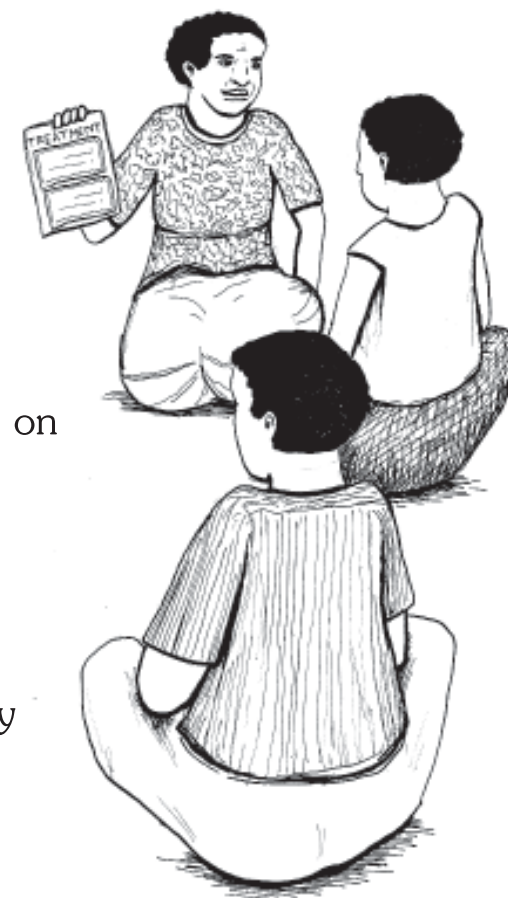




Referrals

Tips for Referrals:

- ◆ When referrals work well between CHWs and the health facility, it is a big help to the client.
- ◆ CHWs should refer clients to the health facility when they need medical care.
- ◆ Health facility workers should tell CHWs when their clients miss appointments.
- ◆ CHWs and health facility workers should talk to each other to keep clients on track with ART and their health care.



To help clients with their visits to the health facility, CHWs can:

- ◆ Help clients on ART plan ahead for their visits to the health facility so they do not miss the visit.
- ◆ Help the family save money for transportation.
- ◆ Help the family find someone to help at the house while the client is away.
- ◆ Make sure the client takes their ARV drugs with them so that they do not miss a dose.



ART Side Effects

One hard part about 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 can help clients with their side effects.

Here are some common side effects of ART and what to do about them. ART is made up of very strong drugs and everyone who takes them will have at least some side effects at first. Most side effects will stop after about 1 to 2 months of taking ART, but the client should keep taking his/her pills every day!

If the side effects are very painful and difficult for the client, s/he should go to the doctor to see if s/he can change ARVs.



Remember:

Clients need to talk to their doctors before stopping any medicines—they should not stop on their own, and CHWs should never tell them to stop taking ART.



Helping with Side Effects

Below are some of the normal side effects with ART.

Nausea and vomiting

- ◆ Take medicine with food, if allowed in the treatment plan.
- ◆ Eat smaller meals, more times in the day.
- ◆ Try not to eat greasy, spicy, and fatty foods. Try foods like rice, soup, bananas, and biscuits.
- ◆ Drink a lot of clean water, weak tea, lemon water, or fresh ginger tea.

The CHW should refer to the health facility in case of: fever, vomiting (throwing up) many times in a day, very bad pain, trouble breathing, or confusion.





Headaches

- ◆ Rest in a quiet, dark room.
- ◆ Place a cold cloth over eyes and forehead.
- ◆ Try not to drink strong tea or coffee.
- ◆ Take paracetamol.

The CHW should refer to the health facility in case of: very bad headache, fever, vomiting (throwing up), blurred vision, or fits (shaking).



Diarrhea or upset stomach

- ◆ Eat small meals more times per day.
- ◆ Try not to eat greasy, spicy, and fatty foods. Try foods like rice, soup, bananas, and biscuits.
- ◆ Drink a lot of clean water, weak tea, or lemon water.

The CHW should 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 or weak soaps.
- ◆ Drink lots of water.
- ◆ Use calamine lotion or get medicines to stop the itching.

The CHW should refer to the health facility in case of: skin peels or blisters.



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 a time.

The CHW should refer to the health facility in case of: very bad weakness or if the client cannot walk.





Problems sleeping, nightmares, anxiety/nerves

- ◆ Common with Efavirenz (EFV)—it helps to take EFV before sleeping.
- ◆ Try not to eat big meals before sleeping.
- ◆ Try not to drink alcohol, use drugs, smoke cigarettes, or chew tobacco.
- ◆ Talk about feelings with friends or family.

The CHW should refer to the health facility in case of: very bad depression or if the client thinks about killing themselves.

Tiredness

- ◆ Avoid alcohol and drugs, including smoking cigarettes or chewing tobacco.
- ◆ Try moving around more and getting exercise.
- ◆ Eat lots of fruits and vegetables.

The CHW should refer to the health facility in case of: very bad depression.

Changes in hair or body

- ◆ Use petroleum jelly (Vaseline) to soothe dry skin or lips.
- ◆ Keep hair and skin clean.





NOTES

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ADVANCED UNIT 19: CHBC FOR GROUPS NEEDING SPECIAL ATTENTION

Everyone has the right to good HIV/AIDS prevention, support, care, and treatment. But, in every community, there are some groups of people who cannot get the help they need. CHWs should try to reach all people in the community with CHBC.

These are some groups of people who may need extra help to get good HIV/AIDS services:

- ◆ Men who have sex with men (MSM)
- ◆ Drug users who use needles (IDUs)
- ◆ Sex workers (SWs) or people who have sex for food or other basic needs
- ◆ Young people
- ◆ Armed forces, people who work far from their home, and people who drive buses or trucks
- ◆ Poor married women

Remember:
**Leaving some people
out of CHBC hurts the
whole community.**

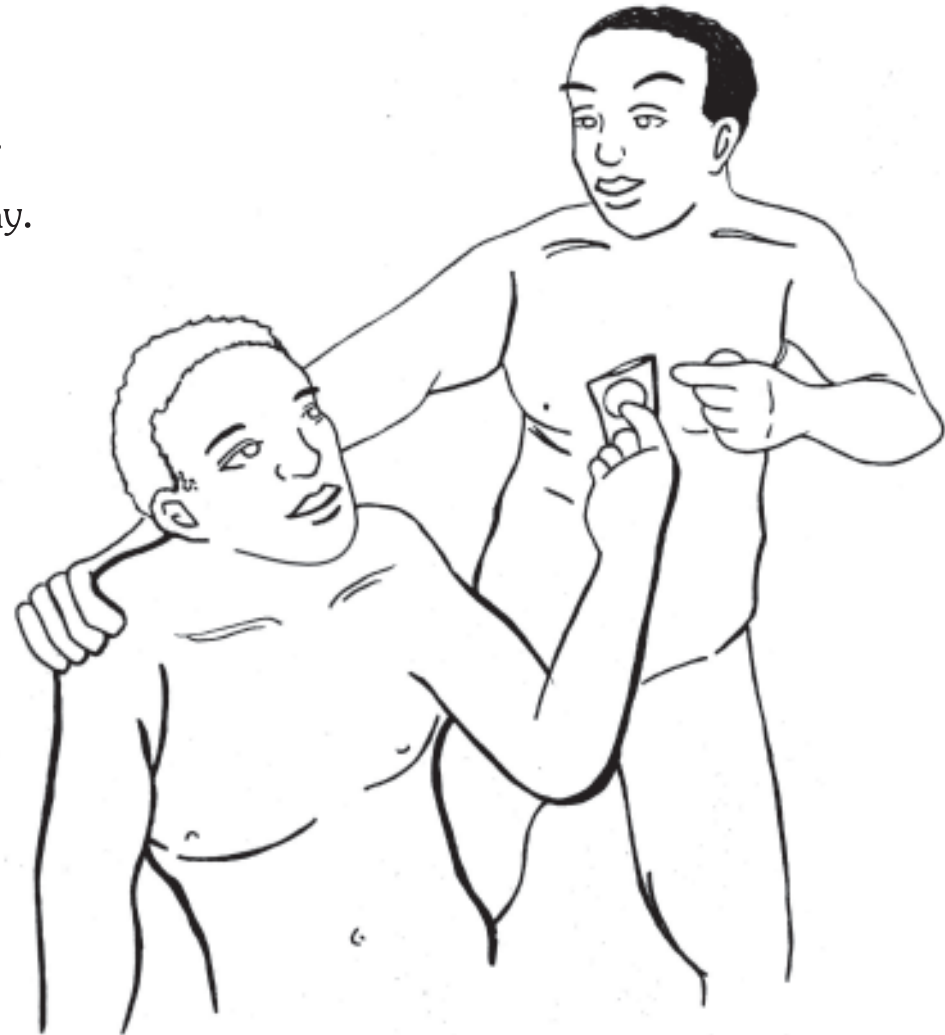
It is hard for these groups to get support in the community. This is because of stigma, or because they are cut off from the community. Some of these people do not have very much power in their community or family.



Men who have Sex with Men (MSM)

Men who have sex with men:

- ◆ Are often married to women and have children.
- ◆ Sometimes do not think about themselves as gay.
- ◆ Often hide that they have sex with men.
- ◆ May not know they are at risk for HIV.
- ◆ Are in every community.





To help MSM, CHWs can:

- ◆ Talk about how to prevent HIV to all men in the community.
- ◆ Help all men go for VCT and get tested and treated for other STIs.
- ◆ Help MSM get condoms and lubricants.
- ◆ Teach MSM how to use condoms correctly.
- ◆ Talk to the community about stopping stigma and bad treatment of MSM.
- ◆ Help MSM find or make support groups.
- ◆ Tell people to use condoms when having anal sex.
- ◆ Give CHBC to MSM who are HIV+.



Remember:

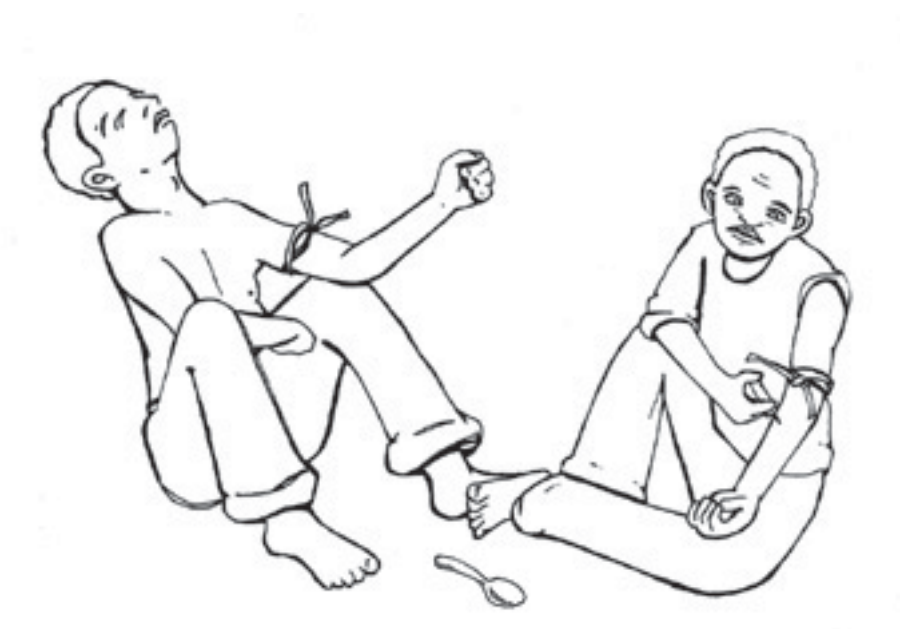
You do not have to agree with who a client has sex with or how s/he has sex, but you should help everyone reduce their risk of HIV!



Drug Users Who Use Needles (IDUs)

Drug users (IDUs):

- ◆ Are at high risk of HIV if they share unclean needles.
- ◆ Can make bad decisions about sex and condoms when they are “stoned” or “high.”
- ◆ Can have trouble with the police or health center, because using drugs is often against the law.
- ◆ Have a very hard time stopping drugs without help from a drug counselor.





To help IDUs, CHWs can:

- ◆ Talk to IDUs about the risk of passing HIV through sharing unclean needles.
- ◆ Give information about centers that help people stop using drugs.
- ◆ Give information on how to prevent HIV and STIs.
- ◆ Help IDUs get condoms and lubricants.
- ◆ Teach IDUs how to use condoms correctly.
- ◆ Help IDUs go for VCT and get tested and treated for other STIs.
- ◆ Talk to the community about stopping stigma and bad treatment of IDUs.
- ◆ Give CHBC to IDUs who are HIV+.
- ◆ Help IDUs find or make support groups.
- ◆ Give special help to IDUs who are on ART, because they may have a very hard time taking ARVs the right way.





Sex Workers (SWs) and People who have Sex for Food, Shelter, or Other Basic Needs

Sex Workers (SWs):

- ◆ Use sex to meet their basic needs and support their families.
- ◆ Often do not have the power to make their clients use a condom.
- ◆ Often get beaten and/or raped by a client or police.
- ◆ Often face a lot of stigma and bad treatment from the community and health workers.
- ◆ Can have trouble with the police or health center, because sex work is often against the law.





To help SWs, CHWs can:

- ◆ Speak in the community about sex work to stop stigma and bad treatment of SWs.
- ◆ Teach SWs how to use condoms correctly, including the female condom.
- ◆ Help SWs find or make support groups.
- ◆ Talk to SWs about using condoms every time with clients and regular sexual partners.
- ◆ Help SWs get condoms and lubricants, including the female condom.
- ◆ Tell SWs not to use lemon or lime juice in their vaginas to prevent HIV. (Lemon and lime juice hurt the skin in the vagina and make it easier for HIV to enter the body.)
- ◆ Link SWs to food security, IGA, and savings groups.
- ◆ Help SWs go for VCT and get tested and treated for other STIs.
- ◆ Talk to brothel owners to help SWs get good health services and have safer sex.
- ◆ Ask community leaders to talk to police about SWs. Police should not be mean, or beat, or rape SWs.
- ◆ Talk to community leaders about supporting prevention programs for SWs in the community.
- ◆ Give CHBC to SWs who are HIV+.



Remember:

Sometimes we all take risks to support ourselves and our families.



Young People

Young people:

- ◆ Have different feelings and needs than adults.
- ◆ Have sexual feelings.
- ◆ Do not often know they are at risk.
- ◆ Can get HIV and STIs more easily, especially girls because their vaginas are not fully grown.
- ◆ Often have a hard time getting condoms.
- ◆ Often have a hard time using condoms because they do not know how to use them.
- ◆ Often do not know how to talk about safer sex with the person they have sex with.





To help young people, CHWs can:

- ◆ Speak in the community about the needs of young people (like preventing pregnancy, STIs, and HIV).
- ◆ Help parents, religious leaders, and teachers talk to young people about safer sex and waiting to have sex.
- ◆ Talk to young people about staying in school and waiting to have sex.
- ◆ Teach young people about safer sex and why it is important.
- ◆ Teach them how to use condoms correctly, including the female condom.
- ◆ Help them get condoms and lubricants.
- ◆ Teach them how to ask for safer sex.
- ◆ Help them go for VCT and get tested and treated for other STIs.
- ◆ Talk to them about becoming a CHW themselves and giving CHBC.
- ◆ Help young people find or make support groups.
- ◆ Giving CHBC to young people who are HIV+.





Poor, Married Women

Poor, married women:

- ◆ Could not provide for their families if they were alone so they need to stay married.
- ◆ Are sometimes beaten or raped by their husbands or other family members.
- ◆ Often have to care for sick family members, which can make it hard for them to get the rest and care that they need.
- ◆ Have a very hard time asking their husband to use a condom.
- ◆ Often do not have information about HIV.
- ◆ Can be blamed for bringing HIV into her family if she is HIV+.
- ◆ May be more at risk for HIV than unmarried women because they usually have sex with no condom.





To help poor, married women, CHWs can:

- ◆ Work with women's groups to prevent HIV prevention and use condoms.
- ◆ Help poor, married women get condoms and lubricants.
- ◆ Link them to IGA and food security.
- ◆ Talk to religious leaders and community leaders about supporting condom use and being faithful.
- ◆ Teach married men and women to use condoms correctly, including the female condom.
- ◆ Help them go for VCT and get tested and treated for other STIs.
- ◆ Help poor, married women who are HIV+ to tell their husbands.
- ◆ Help poor, married women who are HIV+ get FP methods and PMTCT services.
- ◆ Give CHBC to poor, married women who are HIV+.





Armed Forces, People who Work Far from Home, and People who Drive Buses or Trucks

People in the armed forces/military, who work far from home, and who drive buses or trucks:

- ◆ Are often away from home.
- ◆ May have sex with many people, including SWs.
- ◆ May make bad choices about having sex with no condom when they are drunk.
- ◆ May use their power to force women to have sex with them.
- ◆ May think that their risk for HIV is not important because their everyday work has more risk.
- ◆ May have bad access to prevention, care, and support because they travel for work or work in places with no health center.





To help people in the armed forces/military, who work far from home, and who drive buses or trucks, CHWs can:

- ◆ Give people who are away from home HIV and STI prevention information, like using condoms all the time.
- ◆ Help them go for VCT and get tested and treated for other STIs.
- ◆ Teach them how to use condoms correctly.
- ◆ Give condoms and information on how to prevent HIV in places where they spend time (like truck stops, military housing, or camps).
- ◆ Talk to them about being CHWs and giving CBHC.
- ◆ Give CHBC to people who travel a lot and people who are from other communities.





NOTES

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APPENDIX: USEFUL FORMS AND CHECKLISTS FOR CHWs

There are certain forms and checklists that may be very useful in your work. Some of these forms are included here for you to photocopy and use. Do not forget to check in with your supervisor to talk about these forms.

In the next few pages, you will find:

1. Client Referral Form
Use this form if you are referring a client to a health facility (see Unit 10).
2. Client Needs Assessment Form
Use this form to find out the care and support needs of a client (see Unit 11).
3. Self-Assessment: “How Well Do I Teach?”
Use this form to evaluate how well you teach clients and caregivers (see Unit 11).
4. CHW Client Register
Use this form to keep a list of all of your CHBC clients (see Unit 13).
5. CHW Daily Activity Log
Use this form to keep track of your day-to-day CHBC activities (see Unit 13).
6. CHW Monthly Community Mobilization Log
Use this form to keep track of your work in the community (see Unit 13).
7. Screening Checklist for Pills (Combined Oral Contraceptives)
Use this form to find out if female clients can use contraceptive pills for family planning (see Unit 16).



Client 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 to: _____

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) _____

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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 _____

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
6. Do you need any help with the following tasks? (Check all that apply).
 Personal hygiene (bathing, mouth care, hair care, etc.)
 Getting dressed
 Using the toilet
 Doing housework (cleaning, washing clothes, throwing out garbage, etc.)
 Other: _____

Client Needs Assessment Form (continued)

Nutritional Concerns

7. Do you need any help preparing your meals?
- No, I prepare them myself. Yes, I'd 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 you currently using a family planning method?
- Yes No
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 (dual protection: preventing pregnancy and STIs/HIV)?
- Yes No

Client Needs Assessment Form (continued)

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?
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)
- Genital Problems Bad cough Other: _____
-

Emotional and Psychosocial Support

20. Do you often feel... ? (Check all that apply.)
- Confused Memory loss or forgetfulness
- 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?

Client Needs Assessment Form (continued)

23. Would you like to talk with others who are also in the same situation as yourself?

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 I 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 I would like some help finding out.

Self-Assessment: 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.
- Demonstrate materials and make sure they understand.

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 a good teaching sessions.
- Listen openly to feedback from learners and supervisors on your teaching.

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						

Screening Checklist for Pills (Combined Oral Contraceptives [COCs])

Ask the client the questions below to find out if she can use the pill for family planning.

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, veins, 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

Screening Checklist for Pills (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

Screening Checklist for Pills (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.



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