

# **Training**

## **Home-Based Caregivers to Take Care of People Living with HIV/AIDS**

**A Curriculum for Training  
Community-Based  
Health Service Providers in Uganda**



REPUBLIC OF UGANDA



Pathfinder  
INTERNATIONAL

**STD/AIDS Control Program  
Ministry of Health, Republic of Uganda**

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**Pathfinder International**

HOME-BASED CARE FOR PEOPLE  
LIVING WITH HIV/AIDS

TRAINING HOME-BASED CAREGIVERS TO  
TAKE CARE OF PEOPLE LIVING WITH  
HIV/AIDS

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**Wilson Kisubi**  
**Joy Mukaire**

STD/AIDS CONTROL PROGRAM  
MINISTRY OF HEALTH  
REPUBLIC OF UGANDA  
◆  
PATHFINDER INTERNATIONAL

**TRAINING HOME-BASED CAREGIVERS TO TAKE CARE OF PEOPLE LIVING WITH  
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**A Curriculum for Training Community-Based Health Service Providers in Uganda**

Developed under the direction of Wilson Kisubi and Joy Mukaire

Published by: Pathfinder International      and      Ministry of Health  
Africa Regional Office      Republic of Uganda  
PO Box 48147      PO Box 7272  
Nairobi, Kenya      Kampala, Uganda

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Printed by: The Regal Press Kenya Ltd  
PO Box 46166  
Nairobi, Kenya

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## **LIST OF ABBREVIATIONS AND ACRONYMS**

ACK	Anglican Church of Kenya
AIDS	Acquired immune deficiency syndrome
CBDAs	Community-based distribution agents
CBHW	Community-based health worker
CBRHSP(s)	Community-based reproductive health service provider(s)
COFAP	Consortium of Family Planning Organizations of Ethiopia
DMW	Diocese of Maseno West
FLEP	Family Life Education Program
FP	Family planning
HIV	Human immuno-deficiency virus
HBC	Home-based care
IEC	Information, education and communication
MOH	Ministry of Health
MYWO	Maendeleo Ya Wanawake Organization
PLW/A	Person (people) living with HIV/AIDS
PWA(s)	Person (people) with AIDS
RH	Reproductive health
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TASO	The AIDS Support Organization
USAID	United States Agency for International Development
WHO	World Health Organization

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## **ACKNOWLEDGEMENTS**

The preparation of this curriculum for training home-based caregivers to take care of people living with HIV/AIDS in Uganda benefited greatly from the technical and logistic contributions of a wide array of organizations and individuals, especially including the Ministries of Health in Kenya, Uganda, and Ethiopia.

In particular, Pathfinder International wishes to recognize the organizations and master trainers in Kenya and Ethiopia who contributed and field-tested the prototype curriculum from which the Uganda version was developed.

Sincere thanks go to Dr. Wilson Kisubi, Pathfinder Regional Senior Technical Adviser/ Reproductive Health, and Joy Mukaire, Pathfinder International Country Representative Uganda, who provided needed technical leadership and guidance at every stage in the development and field-testing of this curriculum. We are also grateful to Elizabeth Lule, Regional Vice President, for overall support and guidance, and to Charles Omondi in the Africa office and Ellen Israel and Cathy Solter at Pathfinder headquarters for their careful reviews.

We appreciate the efforts of the Ministry of Health Uganda, AIDS Control Program, under the leadership of Dr. Paul Waibale for the review and further strengthening of the document.

We salute The AIDS Support Organization (TASO), Family Life Education Program (FLEP), community-based service providers, community leaders, caregivers and persons living with HIV/AIDS in Jinja, Kamuli, Iganga, and Bugiri, who shared experiences with AIDS patients and the disease to make the document Uganda-specific.

We also salute the FLEP trainers, supervisors, and community-based health workers who participated in the pre-testing workshop and field activity, whose contributions helped the products to be tailored to specific needs of Uganda.

Special thanks go to Pathfinder International consultants Grace Ojirot and Lucy Asaba, who helped compile and adapt review findings, comments, and contributions, and incorporated them into the curriculum.

And specific thanks go to Margaret Crouch, who directed the editing, word processing, design, and assembly of the document.

Finally, this curriculum was made possible through financial assistance of the United States Agency for International Development (USAID), to whom Pathfinder is truly grateful.

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## FOREWORD

This curriculum is the product of a unique partnership between Pathfinder International, the Ministry of Health, The AIDS Support Organization (TASO), and other non-government organizations, forged to combat a scourge that threatens the very fabric of our society here in Uganda and throughout sub-Saharan Africa. The Government of Uganda was among the first in the region to recognize the potential threat of HIV/AIDS and initiated concerted efforts to fight the disease as early as the mid 1980s. Every scientifically sound measure was tried out as we climbed the ladders of prevention and control. In spite of these efforts, we continued to witness a rising incidence and prevalence of HIV-infection rates in our communities until the mid 1990s. Political commitment, openness, and perseverance over the entire period helped ensure the momentum of control efforts.

It is now globally known that Uganda has documented declining HIV prevalence and incidence trends. The MoH is committed to maintaining the descent of the curve through promotion of best practices and multi-sectoral control efforts. Unfortunately, HIV-related illness and AIDS are expected to increase over the years because of the relatively large number of persons already infected with HIV. We must prepare to care for our sick population at the health units, within the community, and at their homes. The infected people deserve good quality of life and protection of human dignity.

This curriculum, jointly developed by the GoU and NGOs to guide care at the community and in the homes, is a potent weapon in the arsenal against HIV/AIDS. The concept of home-based care embodies fundamental changes in attitude toward people living with HIV/AIDS and the disease itself. A diagnosis of HIV does not necessarily mean an immediate death sentence, and a person with HIV/AIDS is not a pariah. With proper care and appropriate support, HIV-positive persons can extend their productive lives for many years—"living positively" in the fullest sense of the word. The curriculum will further strengthen referral linkages between home-based care and the health unit based services.

Throughout the long struggle against AIDS, the GoU has worked in a dynamic, strategic, and productive partnership with NGOs and international agencies. The MoH particularly values its long association with Pathfinder International, since the early 1970s when the reproductive health focus was mainly on family planning. We recognize the important work of the indigenous Family Life Education Program, and through then the major contribution of the churches and other religious institutions on issues of health.

I offer all users of this curriculum our highest assurances and support.



*Dr. Elizabeth Madraa*  
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September 2000

## **INTRODUCTION - WHAT THIS CURRICULUM IS ALL ABOUT**

This is a prototype curriculum for training community-based reproductive health workers to train home-based caregivers—who may be relatives or other household members—to take care of people with AIDS. The curriculum is also suitable for training other community health workers who are interested in training relatives and friends of people living with HIV/AIDS (PLWHAs) at the community and home levels. Because the focus is on community-level training, the curriculum needs to be adapted to the special needs of the local community, translated into an appropriate language, and pre-tested.

The curriculum is prepared primarily for use in training community-based facilitators for home-based caregivers. It can also be adapted for training social workers, health workers, and other community workers who serve in community-based or non-clinical settings. The curriculum will develop competencies to perform the specified jobs and tasks of community-based care facilitators to support home-based caregivers and PLWHAs. The course requires 10 days of classroom time and 60 days of field practice. Upon satisfactory completion, the trainee is certified competent as a home-based care facilitator.

### **Why the Curriculum**

The quality of life of those who are infected with or affected by HIV/AIDS is determined in large measure by their access to the care they require. For many, hospital care is neither necessary nor desirable; among the alternatives is home-based care. The need for home and community care for persons with HIV/AIDS has been internationally recognized.

The growing numbers of patients, the need for continuity of care, the devastating economic and social impact of AIDS on families and societies, the limitations of hospital care and limited resources—all combine to severely restrict the availability of health care services. This means that access to appropriate health care is beyond the reach of most ordinary people and delivery of adequate care is beyond the capacity of most health care systems. The circumstances underscore the need to find comprehensive systems of home and community care for people with AIDS in resource-constrained regions, especially in sub-Saharan Africa, where the AIDS epidemic is the most virulent.

A needs assessment by Pathfinder International's Africa Regional Office revealed that sick people with AIDS are discharged from hospitals where there are trained professionals and sent home where they are usually cared for by untrained relatives with no professional backup support. These "primary" caregivers at home are most often women with no training in nursing the sick or in how to protect themselves and household members from infections arising out of handling materials like blood, diarrheal excreta, and septic wounds, or from other infectious diseases such as tuberculosis. Home and community care services are a way of bridging this gap and improving the quality of life for AIDS patients.

Within the communities, there are existing community-based health workers (CBHWs) whose tasks include providing education and information and giving advice to individuals and groups whose life style and behaviors put them at risk of contracting HIV/AIDS. Their tasks also involve contributing to a supportive environment including support for people with HIV/AIDS. The CBHW has knowledge in basic facts about HIV/AIDS, but lacks skills in aspects of nursing care and training others to provide home-based care services. The idea behind training community-based reproductive health service providers so that they, in turn, can train relatives and family members who take care of

people with AIDS at home, is to provide support that makes the link between the health professionals and the untrained primary caregivers at home. This will improve the quality of life for the person with AIDS and prevent the transmission of HIV and other infections such as TB to the caregiver and other family members.

## How the Curriculum Was Developed

This curriculum was derived from a Pathfinder prototype curriculum for training home-based caregivers. The adaptations/adoptions were made in order to make the curriculum suitable for and applicable to Ugandan communities.

The curriculum development process took the following steps:

- Assessment by Pathfinder of the need for home-based care.
- Development of prototype curriculum for training community-based reproductive health service providers so that they can in turn train primary home-based caregivers to take care of people living with HIV/AIDS at home, as well as PLWHAs themselves in self-care.
- Pre-testing of this curriculum in Kenya and Ethiopia.
- Review of the prototype by Uganda partners involved in home-based care (The AIDS Support Organization, TASO, Family Life Education Program, FLEP, and Ministry of Health, MOH).
- Interviews with CBHWs, primary caregivers, and PLWHAs on the concept and type of care to be provided.
- Incorporation of recommendations by Uganda partners and trainers and adaptation of the curriculum to the special needs of Ugandan communities.

## How the Curriculum Is Organized

Following this introductory section, the curriculum is arranged in eight modules, which are in turn divided into sessions.

### Module Components

The information for each session is presented in the following categories:

- **Objectives:** These are the expected outcomes of the training activity. They have been presented as specifically as possible for easy understanding.
- **Duration:** This is the suggested time that each session should take. Depending on the level of skills trainees already have, the sessions may take a longer or a shorter time.
- **Content:** The main concept and ideas that must be covered are summarized. The sequence of how these concepts and ideas should be presented to the learners is also suggested. This sequence can change depending on the prior knowledge of the trainees.

- **Learning/training activities:** A range of *activities* is suggested, not only because of their suitability for presenting certain information, but also for creating variations to hold the interest of the adult learner. The training activities are spelled out in specific steps so that even relatively inexperienced trainers can follow them easily and know what to do and how to proceed. Some activities require advance preparation by the trainer; these are flagged with the symbol ➡. The only *materials* needed for most sessions are newsprints or flip charts, marking pens, and pens and paper for trainees. Sessions that feature demonstrations of procedures will require the materials and resources (or appropriate substitutes) noted in *Home Care Handbook*.
- **References:** Each module contains a reference *handout* for the use of the trainees, and most have one or more *Notes for Facilitators*. These contain background material on the content. Facilitators need to become familiar with this material before beginning the course. The curriculum is complemented by the *Home Care Handbook*, a reference manual developed especially for home care facilitators. The *Handbook* includes step-by-step guides for nursing care, nutrition, support services, and other home-based care activities. Much of the content of this curriculum is based on the *Handbook*.

The handouts are intended for distribution to the persons being trained so that they have reference material available at home after they leave the training venue. They are designed and written to be readable by a lay person. Information in the handouts that is essential to the training curriculum is supplemented with background information that should be helpful to people at home.

The curriculum makes use of job descriptions developed by Pathfinder for community-based reproductive health service providers and home-based care facilitators; these are attached as annexes. Other useful additions to the curriculum are also included as annexes: a “get acquainted” exercise, a needs assessment form for persons living with HIV/AIDS, and a knowledge assessment guide that serves as both pre-and post-training test of trainee knowledge. A bibliography of reference materials for further reading and a glossary of terms used in the curriculum are also included.

## Overview of the Modules

**Module 1 – Introduction to the Course:** This module presents the purposes of the course and relates the course to the work of community-based health workers. It also affords the opportunity for determining the level of trainees’ knowledge of home-based care before training starts. Depending on the setting, the opening sessions may also be devoted to exercises that assist trainees and facilitators to become familiar with one another, share their expectations, and prepare to work as a team.

**Module 2 - Facts on AIDS and People Living with HIV/AIDS:** This module gives trainees opportunities to review/recall the facts already learned about HIV/AIDS and begin to see how to apply them in home-based care activities.

**Module 3 - Mobilizing the Community for Home-Based Care Services:** This module reorients the trainees to community mobilization. It also focuses on involving the community in the support of home-based care services for PLWHAs within their own communities.

**Module 4 - The Concept of Home-Based Care and Support:** This module introduces trainees to the concept of home-based care (HBC). It also focuses on the major home-based care skills for PLWHAs and the process of applying these skills in real situations. It also addresses other support groups/teams that are involved in HBC for PLWHAs and explores the possible linkages for support services.

**Module 5 - Self-Care for People Living with HIV/AIDS:** This module focuses on teaching persons living with HIV/AIDS who are still able how to take care of themselves to stay healthy longer and “live positively.”

**Module 6 - Assessing Learning Needs for Home-Based Caregivers and PLWHAs:** This module helps to develop the trainees’ skills in assessing learning needs for HBC givers and the PLWHAs they intend to train. It also equips trainees with skills to assess other needs that will enrich the training and make it realistic, for example, exploring the social context, locating locally available resources, and identifying caregivers who should be trained for a particular PLWHA.

**Module 7 - Skills in Training Home-Based Caregivers to Care for People Living with HIV/AIDS:** This module equips the trainees with the skill to transfer the nursing care skills to primary caregivers and PLWHAs. Skills are practiced during simulations in micro teaching sessions and feedback is given.

**Module 8 - Evaluating the Course and Planning the Way Forward:** This module gives trainees the opportunity to make plans for applying their skills back home and beginning home-based care services. The module also provides the trainer with the forum for testing the level of knowledge the trainees have gained, and gives trainees the opportunity to offer feedback on the course.

## **Facilitators/Trainers**

This curriculum is intended for use by competent health workers in the area of HIV/AIDS, community-based health care, and nursing. They need to be familiar with the use of participatory training methods and able to guide trainees to acquire skills. They should be well oriented to this curriculum before using it. The trainer/trainee ratio should be 1:4–10 for classroom sessions and 1:4 for field experience.

A course like this may be more productive if a team approach is taken to facilitation. That is, a team of two or more trainers may share the responsibilities of conducting the course. If this approach is taken, the training team should:

- Assign sessions according to expertise and aim at co-training.
- Follow the training activities in the session plan, but be prepared to make modifications depending on trainees’ previous knowledge, skills, and ability to learn.

## **Training Goals and Objectives**

The goals of this course are:

1. To develop the skills of community-based service providers in home-based care delivery and the transfer of nursing care skills to “primary” caregivers and to people living with HIV/AIDS to enable them to take care of themselves.
2. To improve the quality of life for PLWHAs by establishing a link between hospital/health professionals and the untrained “primary” caregivers at home.

By the end of the course, trainees will be able to:

1. Describe the basic facts of HIV/AIDS.
2. Describe the process of mobilizing the community to provide support for home-based care activities for PLWHAs.
3. Explain the concept of home-based care and the activities undertaken in home-based care.
4. Demonstrate home-based nursing care skills for PLWHAs.
5. Determine the process of identifying learning needs of home-based care givers and PLWHAs.
6. Explain the concept of training home-based caregivers to care for people living with HIV/AIDS.
7. Demonstrate skills necessary to transfer nursing care skills to home-based caregivers and PLWHAs in the classroom and in the field.
8. Evaluate the course.
9. Prepare a work plan for initiating home-based care services in their home areas.

## How to Use the Curriculum

The curriculum assumes that the facilitators are already well endowed with training skills and working experience. Its primary objective therefore is to provide guidelines to the facilitator(s) for:

- Supporting and assisting the learning process by, for example:
  - Making sure trainees understand how they are to work using the learning materials.
  - Answering the trainees' questions as they occur.
  - Making clear any information that the trainees find confusing.
  - Guiding group activities (small group discussions, plenary, demonstrations and return demonstrations, etc.) to ensure the learning objectives are accomplished.
  - Promptly evaluating each trainee's work and giving correct answers.
  - Identifying weaknesses in trainees' skills or understanding, and providing explanation or practice to correct them.
  - Helping the trainees to understand how to apply the concepts taught in the course to practical problems, and to actual situations in home-based care.
- Motivating learners by:
  - Complementing trainees on their answers, improvements, or progress.
  - Making sure that there are no major obstacles to learning.
- Managing the learning process by:
  - Making sure that trainees have access to the right supplies and materials when they need them.
  - Monitoring the progress of each trainee.
  - Organizing different learning approaches.
- Monitoring and assessing learning progress. A variety of evaluation techniques should be used to determine the progress being made by each trainee as the course continues.

## Training Philosophy

The curriculum is based on a training philosophy that emphasizes principles of adult learning. The methodology stresses active participation through group discussions, return demonstrations, brainstorming, lecturettes, or individual/group assignments (used singly or in combination). Learning by doing is emphasized throughout.

The following additional principles of learning will be the cornerstone on which learning will take place:

- Relevance to what is to be learned: Learning experiences will relate directly to developing skills to perform the job and tasks described, and to teach/facilitate relatives/others in HBC and PLWHAs in self-care.
- Use of a variety of training methods, practical experiences, and realistic examples.
- Provision of positive feedback.
- Treating trainees as individuals, with unique learning needs and experiences.

When planning for this course, the trainer(s) should:

- Identify and prepare the community, homes, and people living with HIV/AIDS for practicum purposes.
- Become familiar with the curriculum as a whole.
- Review the objectives, content outline, and trainer activities for each module. Note the items marked with ✎ because they require advance preparation.
- Use the appropriate reference materials to prepare newsprints.
- Reproduce enough handouts for all trainees.
- Identify and assemble (purchase if necessary) adequate supplies for skills practice in both the classroom and the community.

Time management is very important. However, if the number of trainees does not match the process in the existing plans of the sessions, it is advisable to review and modify training methods and materials. Trainers must meet to review the process at the end of each day in order to plan and prepare for the following day.

The assessment of competence in both the care skills and the transfer of skills constitutes the major component of trainee assessment in modules 3, 4, and 5 of the curriculum. The trainer should observe demonstration of skills in the performance of tasks in the classroom and in actual practice during home care. Trainers should plan for and provide simulated situations that offer the opportunity for trainees to practice and be assessed in the relevant skills. During the field practice, the trainer will take leadership in the first few skills demonstrations, and progressively encourage the community health worker to take over. Interventions by the supervising trainer during demonstrations should be kept to a minimum so as to help the health worker gain confidence.

## **Training Methodology**

A range of training techniques is used in the curriculum, to provide variety and stimulate adult learners. Techniques encompass lecture, group discussion, role plays, and others, as described below.

### ***Lectures/Lecturettes***

Lectures and lecturettes (brief, targeted lectures) are used in the modules to introduce new information and to review content that trainees may already be familiar with. The modules include a variety of materials for the trainers to use to make lectures as interesting as possible.

The trainers may wish to augment the lecture content included in the modules with information from other sources or simply follow the outline provided. In either case it will be important to prepare in advance for each lecture by reading the relevant content and reference materials, and by ensuring that resources for trainees (if required) are available.

### ***Discussions***

It is important to allow time for discussion at appropriate points during or at the conclusion of a lecture. This will provide an opportunity for trainees to ask questions about information that is unclear to them as well as to make contributions on the basis of their knowledge and experience. It

is also a chance for the trainer to assess the views and level of knowledge and understanding of the trainees.

### ***Group work and feedback (small group discussion/plenary)***

Many of the sessions in the modules involve group work, which is usually followed by a session in which feedback is provided to the class as a whole, on the outcome of the group work. The groups should be kept as small as possible (preferably not more than 6 trainees per group), the aim being to provide an opportunity for trainees to examine a specific issue or problem. It is important to ensure that there is sufficient space for the groups to meet without disturbing each other. Each group will need a facilitator who will be responsible for keeping the discussion going and ensuring that the group completes its work. In addition, each group will require a reporter who will take notes and provide feedback to the class as a whole. Specific instructions are provided in the sessions that involve group work.

### ***Practical exercises (demonstrations and return demonstrations)***

Practical exercises provide an opportunity for trainees to demonstrate their knowledge and skill related to a particular topic. It is important in these situations to provide clear instructions to the trainees about the exercises to be undertaken and to monitor and provide help when required.

### ***Community visits***

Community visits are intended to be both instructive and enjoyable experiences for the trainees. The visits are also aimed at helping trainees understand how the concepts in this module apply to the community. Community visits must, however, be planned and organized well in advance, including the choice of appropriate community homes, and contacting a key person in the community who is able to facilitate and support HBC services.

## **Evaluation and Certification**

The jobs and tasks of community home-based care facilitators in the support of home-based caregivers and people living with HIV/AIDS include the following:

1. Identify the learning needs of home-based caregivers and PLWHAs.
2. Plan and organize for transfers of knowledge and skills.
3. Transfer knowledge and skills in home-based care for PLWHAs.
4. Display caring attitude while supporting PLWHAs.
5. Link PLWHAs to other support organizations and referral places.
6. Provide first aid to PLWHAs.
7. Follow up caregivers, PLWHAs, and referral activities.
8. Assist families and individual PLWHAs to plan the future.
9. Mobilize community to support PLWHAs and their families.

In order for the community home-based care facilitators to be certified competent to perform these jobs, they must demonstrate skills in the field and be signed off by the supervising trainers. They will perform consistently well the following minimum practicum objectives 2–3 times, as indicated:

<b>ACTIVITY/OBJECTIVE</b>	<b>NUMBER OF TIMES</b>
1. Assess/identify learning needs of primary caregivers and PLWHAs	- 3
2. Orient community leaders and support groups of HBC services for PLWHAs	- 3
3. Train HBC givers and PLWHAs in the following skills	
▪ Care of the mouth	- 3
▪ Bathing the patient	- 3
▪ Treating pressure areas to prevent bed sores	- 3
▪ Treating pressure sores	- 3

- Dressing a wound - 3
  - Changing linen (from side to side or top to bottom) - 3
  - Making a bed - 2
  - Washing hair in bed - 2
  - Turning PLWHA in bed - 3
  - Handling soiled linen - 3
4. Prepare report on identified learning needs - 3
  5. Write a report on training conducted for primary caregivers and PLWHAs - 2

The CBHWs should be observed and signed off for the minimum specified objectives before they are left to train on their own.

## **MODULE 1: INTRODUCTION TO THE COURSE**

**OBJECTIVES:** By the end of the module trainees will be able to:

1. Relate trainee job descriptions and tasks in community-based reproductive health services to the jobs/tasks in home-based care services.
2. Describe the course goals and objectives.
3. Compare the course objectives with their own expectations and agree on their role in meeting the objectives.

**DURATION:** 2.5 hours

**REFERENCES:** Handout 1: Course Goals and Objectives  
Notes for Facilitators 1.1: Trainee Registration Form  
Notes for Facilitators 1.2: Trainee List  
Annex A: Developing a Climate for Learning  
Annex B: Knowledge Assessment Guide  
Annex C: Suggested Course Schedule  
Annex D: Job Description for Community-Based Reproductive Health Service Provider

### **CONTENT:**

#### 1.1 Getting started

- Welcome remarks
- Filling out registration forms
- Explaining course logistics, e.g., accommodation, meals, etc.

#### 1.2 Pre-test of trainees' knowledge

#### 1.3 Overview of the course

- Jobs and tasks of CBHW in reproductive health services related to HIV/AIDS
- Course goals Pre-test of trainees' knowledge and objectives
- Comparison of trainees' expectations with training objectives
- Sharing the schedule and process of the training
- The role of facilitator and participant in meeting training objectives

## MODULE 1: INTRODUCTION TO THE COURSE

### SESSION 1.1: GETTING STARTED

**Purpose:** To complete the following tasks:

1. Fill in registration forms and introduce each other.
2. Review course logistics.

*Optional: Getting acquainted exercise*

**Duration:** 30 minutes (*1 hour if getting acquainted exercise is included*)

**References:** Notes for Facilitators 1.1: Sample Registration Form  
Notes for Facilitators 1.2: Trainee List  
*Annex A: Developing a Climate for Learning*

OBJECTIVES	CONTENT	LEARNING/TRAINING ACTIVITIES
<i>Introduce the session</i>	Climate setting	<ol style="list-style-type: none"> <li>1. Greet and welcome participants.</li> <li>2. Briefly explain the purpose of the course.</li> <li>3. Inform them that there are registration forms that they will complete and tell them to whom the forms should be returned.</li> </ol>
1. Fill in registration forms and introduce each other	Registration and introductions	<p><b>In plenary</b></p> <ol style="list-style-type: none"> <li>1. Pass around the registration forms (as in Notes for Facilitators 1.1) and ask participants to fill in their names, designation, workplace, address, and other information.</li> <li>2. Collect the filled registration forms and compile into one list, as in Notes for Facilitators 1.2.</li> <li>3. Ask trainees to introduce themselves to the group and say where they are from (or use other introductory exercise as appropriate).</li> <li>4. Ask trainees to write their preferred name on a folded piece of manila and post it in front of them or write it on a tape and wear the name.</li> </ol>
2. Review course logistics	Logistics	<ol style="list-style-type: none"> <li>1. Explain to trainees the logistics related to the course such as arrangements for accommodation, meals, transportation, etc.</li> <li>2. Present newsprint with the day's schedule and explain what will be covered on day one.</li> </ol>
<i>Optional: Conduct getting acquainted exercise</i>	(Getting Acquainted - This is an optional segment, depending on the nature of the group of trainees. Refer to Annex A, Developing a Climate for Learning, for suggested content.)	<ol style="list-style-type: none"> <li>1. Follow the format in Annex A, or use other appropriate exercises.</li> </ol>

# HOME-BASED CARE FOR PEOPLE LIVING WITH HIV/AIDS

## MODULE 1: Introduction to the Course

### NOTES FOR FACILITATORS 1.1: Sample Registration Form

<b>COURSE REGISTRATION FORM</b>	
<b>TRAINING HOME-BASED CAREGIVERS TO TAKE CARE OF PEOPLE LIVING WITH HIV/AIDS</b>	
<b>NAME:</b>	<b>COURSE DATES:</b>
<b>ORGANIZATION:</b>	<b>TELEPHONE:</b>
<b>POSITION:</b>	<b>EMAIL:</b>
<b>ADDRESS:</b>	<b>PROJECT COVERAGE:</b>
<b>EXPERIENCE IN HOME BASED CARE, IF ANY:</b>	
<b>EMERGENCY CONTACT:</b> <b>Name:</b>  <b>Address:</b>  <b>Telephone:</b>	



## MODULE 1: INTRODUCTION TO THE COURSE

### SESSION 1.2: OVERVIEW OF THE COURSE

**Session Objectives:** By the end of the session, trainees will be able to:

1. Relate the CBHW jobs and tasks in reproductive health to HIV/AIDS.
2. Match the course objectives to the group's expectations.
3. Identify own role during the training to meet course objectives.
4. Generate norms to be followed during the course.

**Duration:** 1.5 hours

**References:** Handout 1: Course Goals and Objectives  
Annex B: Knowledge Assessment Guide  
Annex C: Suggested Course Schedule  
Annex D: Job Description for Community-Based Reproductive Health Service Provider

OBJECTIVES	CONTENT	LEARNING/TRAINING ACTIVITIES
<i>Introduce the session</i>	Climate setting	<ol style="list-style-type: none"> <li>1. Ask trainees what they have heard and know about the training.</li> <li>2. Inform trainees that the session will highlight what the course is about.</li> </ol>
	Session objectives	<ol style="list-style-type: none"> <li>1. ➤ Display newsprint with session objectives.</li> <li>2. Ask one trainee to read the objectives.</li> <li>3. Ask for clarification and clarify where necessary.</li> </ol>
	Pretest  Refer to Annex B, Knowledge Assessment Guide	<ol style="list-style-type: none"> <li>1. Explain to the trainees that you want to find out how much they already know about home-based care.</li> <li>2. ➤ Distribute copies of Annex B to all trainees and ask them to fill in the answers to the questions. Tell them not to worry if they don't know the answers.</li> <li>3. Allow about 30 minutes for this, then collect the papers. Use the information to adjust course content as needed.</li> </ol>
	Course schedule  Refer to Annex C, Suggested Course Schedule.	<ol style="list-style-type: none"> <li>1. ➤ Refer trainees to the training schedule (Annex C) and share what the course will focus on.</li> <li>2. Explain how the training will be conducted.</li> </ol>
1. Relate the CBHW jobs and tasks in RH to HIV/AIDS	<b>Job Description for Community-Based Health Worker</b> Refer to Annex D, Job Description for Community-Based Reproductive Health Service Provider	<b>Large group discussion</b> <ol style="list-style-type: none"> <li>1. Ask 1–2 trainees to mention the jobs and tasks in reproductive health related to HIV/AIDS.</li> <li>2. Make necessary elaboration or clarification.</li> </ol>
2. Match the course objectives to the group's expectations	<b>Course Objectives</b> Refer to Handout 1, Course Goals and Objectives	<ol style="list-style-type: none"> <li>1. Ask if there are any objectives that need clarification.</li> <li>2. Make necessary clarification.</li> </ol>

OBJECTIVES	CONTENT	LEARNING/TRAINING ACTIVITIES
3. Identify own role during the training to meet course objectives	<b>Trainee Roles</b>	1. Ask trainees what their role will be in meeting the training objectives. <i>Prompt for responses to include: full participation in all course activities, taking responsibility for own learning especially in groups, and carrying out individual assignments.</i>
4. Generate norms to be followed during the course	<b>Norms</b>	1. Ask trainees to generate and agree on course norms. 2. Record norms on newsprint.
<i>Evaluate the session</i>	Evaluation	1. Ask trainees for their reactions to the course as just explained and how it will be useful to them. 2. Find out what trainees anticipate gaining from the course. 3. Ask what trainees will do to implement what they have learned from the course. 4. Ask trainees what some of their concerns are.
	Summary/Closure	1. Summarize important points of the session, review objectives, and close session.

# HOME-BASED CARE FOR PEOPLE LIVING WITH HIV/AIDS

*HANDOUT 1:*

## Course Goals and Objectives

### Goals

The goals of this course are:

- To develop the skills of community-based service providers in home-based care delivery and the transfer of nursing care skills to “primary” caregivers and to people living with HIV/AIDS to enable them to take care of themselves.
- To improve the quality of life for PLWHAs by establishing a link between hospital/health professionals and the untrained “primary” caregivers at home.

### Objectives

By the end of the course, trainees will be able to:

1. Describe the basic facts of HIV/AIDS.
2. Describe the process of mobilizing the community to provide support for home-based care activities for PLWHAs.
3. Explain the concept of home-based care and the activities undertaken in home-based care.
4. Demonstrate home-based nursing care skills for PLWHAs.
5. Determine the process of identifying learning needs of home-based caregivers and PLWHAs.
6. Explain the concept of training home-based caregivers to care for PLWHAs.
7. Demonstrate skills necessary to transfer nursing care skills to home-based caregivers and PLWHAs in the classroom and in the field.
8. Evaluate the course.
9. Prepare a work plan for initiating home-based care activities in their home areas.



## **MODULE 2: FACTS ON AIDS AND PEOPLE LIVING WITH HIV/AIDS**

**OBJECTIVES:** By the end of the module, trainees will be able to:

1. Discuss the prevalence and impact of HIV/AIDS globally and nationally.
2. Examine common beliefs, values, and feelings about HIV/AIDS and people living with HIV/AIDS.
3. Describe HIV/AIDS infection, transmission, progression, and signs and symptoms.
4. Explain the relationships among HIV infection, AIDS, and STDs.
5. Discuss ways to prevent the spread of HIV/AIDS.

**DURATION:** 4 hours

**REFERENCES:** Notes for Facilitators 2.1: Prevalence and Impact of HIV/AIDS Globally, Regionally, and Nationally  
Notes for Facilitators 2.2: Common Community Beliefs and Feelings about AIDS and People with AIDS  
Handout 2: Facts on AIDS and People Living with HIV/AIDS

### **CONTENT:**

#### **2.1 Facts on HIV/AIDS**

- Prevalence and impact of HIV/AIDS globally, regionally, and nationally
- Common beliefs, values, and feelings about people with AIDS
- Definitions of
  - HIV
  - HIV infection
  - AIDS
- Main modes of HIV transmission
  - Unprotected sexual intercourse with an infected person
  - Blood
    - transfusion of unscreened blood
    - re-use of contaminated piercing instruments
  - From an infected mother to fetus during pregnancy or birth or with breastfeeding (perinatal)
- Phases in the progression of HIV infection in the human body:
  - HIV infection
  - HIV sero positive and asymptomatic
  - HIV positive and symptomatic (AIDS)
- Major and minor signs and symptoms of HIV/AIDS in adults and children

#### **2.2 Relationship between STDs and HIV/AIDS**

- HIV and STDs
- Ways to prevent the spread of HIV/AIDS

## MODULE 2: FACTS ON HIV/AIDS AND PEOPLE LIVING WITH HIV/AIDS

### SESSION 2.1: FACTS ON HIV/AIDS

**Objectives:** By the end of the session, trainees will be able to:

1. Discuss the prevalence and impact of HIV/AIDS globally and nationally.
2. Discuss common beliefs, values, and feelings about HIV/AIDS and people living with HIV/AIDS.
3. Define the terms HIV, HIV infection, and AIDS.
4. List the three main modes of HIV transmission.
5. Explain the phases in the progression of HIV infection in the human body.
6. Discuss the major and minor signs and symptoms of HIV/AIDS in adults and children.

**Duration:** 3 hours

**References:** Notes for Facilitators 2.1: Prevalence and Impact of HIV/AIDS Globally, Regionally, and Nationally  
 Notes for Facilitators 2.2: Common Community Beliefs and Feelings about AIDS and People with HIV/AIDS  
 Handout 2: Facts on HIV/AIDS and People Living with HIV/AIDS

OBJECTIVE	CONTENT	LEARNING/TRAINING ACTIVITIES
<i>Introduce the session</i>	Climate setting	1. Ask trainees to mention what they recall about HIV/AIDS, based on their RH training.
	Session objectives	1. Introduce the topic as a review of facts on HIV/AIDS. 2. Introduce the session objectives and ensure clarity.
1. Discuss the prevalence and impact of HIV/AIDS globally and nationally	<b>Prevalence and Impact of HIV/AIDS</b>  Refer to Notes for Facilitators 2.1, Prevalence and Impact of HIV/AIDS Globally, Regionally, and Nationally. Update the figures as necessary.	<b>Small group discussion</b> 1. Ask trainees what they have heard about the statistics regarding the prevalence of HIV/AIDS. 2. Present statistics you have available. 3. Ask trainees to discuss briefly how they see the overall impact in their communities.
2. Discuss common beliefs, values and feelings about HIV/AIDS and people living with HIV/AIDS	<b>Common Beliefs, Values, and Feelings about HIV/AIDS</b>  <b>Values clarification</b>  Refer to Notes for Facilitators 2.1, Common Community Beliefs and Feelings about AIDS and People with HIV/AIDS.	<b>Small group discussion</b> 1. Tell the trainees that in this session they will have the opportunity to explore and clarify their own beliefs, values, and feelings about HIV and AIDS. 2. Invite them to be as honest as possible and help them set ground rules for their discussion, e.g., honesty, being non-judgmental, willing to listen to others. 3. Divide the trainees into two small discussion groups of equal size. 4. Ask each group to select a leader and recorder to record group's ideas and report them back to class. 5. Present the list of statements reflecting common community beliefs and feelings about AIDS and people with AIDS. 6. Ask the groups to discuss each point, noting whether they agree or disagree and why.

OBJECTIVE	CONTENT	LEARNING/TRAINING ACTIVITIES
	<p><b>The stigma attached to AIDS</b></p> <ul style="list-style-type: none"> <li>• AIDS rouses issues connected with sexuality, morality, drug use/abuse, prejudice, and religion.</li> <li>• AIDS also affects families and communities.</li> <li>• People with AIDS may be discriminated against, for example losing friends or jobs.</li> </ul>	<p>7. Allow 20 minutes for this exercise.</p> <p><b>Discuss in plenary</b></p> <ol style="list-style-type: none"> <li>1. Call the groups back into plenary and ask each group to present one at a time</li> <li>2. After all the presentations, lead a discussion to identify common responses and differences, in order to come up with a common list of beliefs, values, and feelings and ways of addressing incorrect/negative beliefs.</li> <li>3. Ask the trainees: <ul style="list-style-type: none"> <li>→ What are the reasons for your feelings?</li> <li>→ How do these questions help you in dealing with AIDS patients?</li> </ul> </li> </ol> <p><b>Large group discussion</b></p> <ol style="list-style-type: none"> <li>1. Ask trainees how people feel when someone is suffering from a disease like malaria.</li> <li>2. Get a few responses.</li> <li>3. Ask why AIDS is different from other diseases.</li> <li>4. Ask how people/family members/community react to PLWHAs. <ul style="list-style-type: none"> <li>→ What are the reasons for such feelings?</li> </ul> </li> <li>5. Ask trainees what implications these negative feelings might have for a PLWHA.</li> <li>6. Summarize responses and explain to trainees that it is important to examine the reasons for the stigma attached to HIV/AIDS in a given community so that home-based caregivers can devise approaches for doing their work effectively.</li> </ol>
<p>3. Define HIV, HIV infection, and AIDS</p>	<p><b>What Is HIV/AIDS?</b></p> <p>AIDS is an illness for which there is presently no vaccination and no cure.</p> <p><b>Definition of HIV</b> HIV stands for "human immuno-deficiency virus." This is the germ or virus that causes AIDS. The virus works by reducing the ability of the body to defend itself against infections.</p> <p><b>Definition of HIV infection</b> HIV infection is the state that results when the HIV enters the body.</p> <p><b>Definition of AIDS</b> AIDS stands for "acquired immune deficiency syndrome." This is the stage when the person infected with HIV develops signs of repeated, often prolonged</p>	<p><b>Questions &amp; answers in plenary</b></p> <ol style="list-style-type: none"> <li>1. Continue with the session and ask the trainees to define HIV, HIV infection, and AIDS. Agree on one definition at a time.</li> <li>2. ➤ Put up correct definition of each and compare with trainees' response.</li> <li>3. Make necessary clarification.</li> </ol>

OBJECTIVE	CONTENT	LEARNING/TRAINING ACTIVITIES
	illness resulting from the body's lowered ability to defend itself against diseases.	
4. List the main modes of HIV transmission	<p><b>HIV Transmission</b></p> <p><b>Main modes of HIV transmission</b></p> <ul style="list-style-type: none"> <li>• Unprotected sexual intercourse (including oral and anal) with infected people.</li> <li>• Use of contaminated instruments, e.g., syringes, circumcision knives, and scarification and tattooing equipment.</li> <li>• Transfusion of infected blood products.</li> <li>• Mother to child: <ul style="list-style-type: none"> <li>- in the womb</li> <li>- during labor and birth</li> <li>- through breastfeeding</li> </ul> </li> <li>• Contact with infected blood, vaginal fluid, or semen, e.g., accidents, injuries, sharing drug needles.</li> </ul> <p><b>How HIV is not transmitted</b></p> <p>You can't get AIDS from:</p> <ul style="list-style-type: none"> <li>• Mosquitoes, flies, or insects</li> <li>• Sharing latrine or toilet</li> <li>• Food, drink, or cooking utensils</li> <li>• Holding hands or hugging</li> <li>• Shaking hands, dancing, swimming</li> <li>• Coughing, breathing</li> <li>• Living together</li> </ul>	<p><b>Brainstorming</b></p> <ol style="list-style-type: none"> <li>1. Ask trainees to brainstorm ways of transmitting HIV.</li> <li>2. List them on a newsprint.</li> <li>3. Make necessary clarifications to reinforce the major modes.</li> <li>4. Ask trainees how HIV is not transmitted.</li> <li>5. Confirm the responses.</li> <li>6. Add or delete from the list generated.</li> </ol>
5. Explain the 3 phases in the progression of HIV infection in the human body	<p><b>The 3 Phases of HIV in the Body</b></p> <p><b>Phase 1 - HIV infection</b> HIV in the blood but laboratory test does not detect. Lasts up to 6 months.</p> <p><b>Phase 2 - HIV-positive stage</b> HIV in the blood. Lab tests detect its presence but no signs or symptoms appear. Usually lasts from 2 months to several years; varies from person to person.</p>	<p><b>Questions and answers in large group</b></p> <ol style="list-style-type: none"> <li>1. Ask trainees what they know about how HIV infection progresses in the body.</li> <li>2. Write trainees' responses.</li> <li>3. Allow others to add and make corrections.</li> <li>4. Write down the correct phases and give a brief explanation about each phase.</li> <li>5. Allow trainees to ask questions.</li> <li>6. Clarify as needed.</li> </ol>

OBJECTIVE	CONTENT	LEARNING/TRAINING ACTIVITIES
	<p><b>Phase 3 - AIDS stage</b> HIV in the blood, lab tests detect its presence, and signs/symptoms appear.</p>	
<p>6. Discuss the major and minor signs and symptoms of HIV/AIDS in adults and children</p>	<p><b>Signs and Symptoms of AIDS in Adults</b></p> <p>The World Health Organization (WHO) has identified a set of major and minor signs of AIDS that are to be used as criteria for the diagnosis of AIDS in sub-Saharan Africa. The criteria are known as the Bangui criteria. They are given below:</p> <p><b>Major signs/symptoms</b></p> <ul style="list-style-type: none"> <li>• Severe weight loss for no apparent reason</li> <li>• Chronic diarrhea (for more than 1 month)</li> <li>• Prolonged fever (intermittent or constant, for more than 1 month)</li> </ul> <p><b>Minor signs/symptoms</b></p> <ul style="list-style-type: none"> <li>• Persistent dry cough</li> <li>• Generalized itchy skin</li> <li>• Recurrent herpes zoster</li> <li>• Thrush - mouth, tongue, throat, etc.</li> <li>• Generalized swollen glands that are painless unless there is an active infection (opportunistic infection)</li> </ul> <p>Note: A person should show at least 2 major and 1 minor signs/symptoms before thinking it might be AIDS. Nevertheless, the presence of generalized Kaposi's sarcoma (a cancer of the skin) or cryptococcal meningitis is by itself sufficient for the diagnosis of AIDS.</p> <p><b>Signs/Symptoms of AIDS That Are Specific to Children</b></p> <p>The Bangui criteria also include signs and symptoms of AIDS that apply specifically to children.</p>	<p><b>Small group discussion</b></p> <ol style="list-style-type: none"> <li>1. Divide trainees into 2 groups.</li> <li>2. Ask one group to identify and list signs and symptoms of AIDS in adults.</li> <li>3. Ask the other group to identify and list signs and symptoms of AIDS in children.</li> <li>4. Ask each group to write the responses on newsprint for presentation.</li> <li>5. Allow 15 minutes for the exercise.</li> </ol> <p><b>Discussion in plenary</b></p> <ol style="list-style-type: none"> <li>1. Call the groups back into plenary.</li> <li>2. Let one group present at a time.</li> <li>3. Allow other members from the group to ask for clarifications and make additions if necessary.</li> <li>4. Correct the lists, by adding or deleting.</li> <li>5. Summarize the signs and symptoms common in both adults and children.</li> </ol> <p><b>Large group discussion</b></p> <ol style="list-style-type: none"> <li>1. Find out how trainees feel about the review of facts on HIV/AIDS. → What are some of the issues or concerns?</li> <li>2. Ask trainees what the session has helped them recall that they had forgotten and how the information will be used back in their community work.</li> </ol>

OBJECTIVE	CONTENT	LEARNING/TRAINING ACTIVITIES
	<p><b>Major signs</b></p> <ul style="list-style-type: none"> <li>• Weight loss or abnormally slow growth</li> <li>• Chronic diarrhea (more than 1 month)</li> <li>• Prolonged fever (more than 1 month)</li> </ul> <p><b>Minor signs</b></p> <ul style="list-style-type: none"> <li>• Generalized swollen glands that are painless unless there is an active infection (opportunistic infection)</li> <li>• Thrush – mouth, tongue, throat, etc.</li> <li>• Repeated common infections (ear, throat, etc.)</li> <li>• Persistent cough</li> <li>• Generalized itchy skin</li> <li>• Confirmed maternal HIV infection</li> </ul>	
<i>Close the session</i>	Summary and Closure	<ol style="list-style-type: none"> <li>1. Summarize the session.</li> <li>2. Review the objectives.</li> <li>3. Close session, telling trainees that the next session will continue to review more facts on HIV/AIDS and people with AIDS.</li> </ol>

# HOME-BASED CARE FOR PEOPLE LIVING WITH HIV/AIDS

## MODULE 2: Facts on AIDS and People Living with HIV/AIDS

### NOTES FOR FACILITATORS 2.1: Prevalence and Impact of HIV/AIDS Globally, Regionally, and Nationally

#### The Global and Regional Impact of HIV/AIDS

- \* By 1999, a total of 18.8 million people globally had died of AIDS.
- \* Since the epidemic began, 13.2 million children around the world have been orphaned by AIDS; 90% of them are in sub-Saharan Africa.
- \* 24.5 million adults and children living with HIV/AIDS are in sub-Saharan Africa—almost 70% of the global total of 34.3 million.
- \* In 1999, 4 million of the 5.4 million new HIV infections were in sub-Saharan Africa.
- \* By 1998, 34 million of the global total of 47.3 million HIV infections had occurred in sub-Saharan Africa.
- \* In 1998, 200,000 people in sub-Saharan Africa died in wars; 2 million died of AIDS.
- \* Among children under 15, sub-Saharan Africa's share of new infections is 90%.
- \* For biological, cultural, and economic reasons, girls in sub-Saharan Africa are especially vulnerable to infection. Young women aged 15–24 years are 2 to 6 times more likely to be infected than are young men their age, suggesting that they are being infected by older men.
- \* In countries where just under 10% of the adult population is infected with HIV, almost 80% of all deaths in adults aged 25–45 are associated with AIDS. In any country where 15% or more of adults are currently HIV+, at least 35% of boys now aged 15 will die of AIDS.

#### HIV/AIDS in Uganda (end 1999)

Total population	21,209,000
Total number of adults and children living with HIV/AIDS	820,000
Women living with HIV/AIDS (age 15–45)	420,000
Adult prevalence rate	8.3%
AIDS orphans (cumulative)	1,700,000
AIDS deaths 1999	110,000
Estimated prevalence in young people, age 15–24, end 1999	
Females	6.65–8.99%
Males	2.56–5.12%

Source: UNAIDS (2000).

# HOME-BASED CARE FOR PEOPLE LIVING WITH HIV/AIDS

## MODULE 2: Facts on AIDS and People Living with HIV/AIDS

### NOTES FOR FACILITATORS 2.2: Common Community Beliefs and Feelings about AIDS and People with HIV/AIDS

#### Questions/Statements for Values Clarification Exercise

1. People with AIDS are to blame for bringing this disease on themselves.
2. Health workers should be able to refuse to care for a patient with AIDS.
3. People with AIDS should have the same rights as all other patients.
4. HIV is just punishment for immoral behavior.
5. All health workers should be tested for HIV and removed from practice if found to be positive.
6. Health workers should have no fears at all about caring for people with AIDS.
7. People with HIV who continue to have sex should be put in prison.
8. People with AIDS should be allowed to continue to work.
9. AIDS is mainly a problem of people with immoral behavior.
10. People with HIV infection should be isolated to prevent further transmission.
11. I would feel uncomfortable inviting someone with HIV infection into my house.
12. Prostitutes are largely responsible for spreading HIV.
13. AIDS patients should be cared for in hospitals and not in the community.
  
14. Is it possible for you to be HIV positive now?
  - If yes, how do you think you could have got it?
  - If you think not, why not?
15. Is it possible for your spouse to be HIV positive now?
  - If yes how would he/she have contracted it?
  - It you think not, why not?
16. If you found out this afternoon that you were HIV positive, whom would you tell?
17. If you found out this afternoon that you were HIV positive whom would you not want to find out about it?

## MODULE 2: FACTS ON AIDS AND PEOPLE LIVING WITH HIV/AIDS

### SESSION 2.2: RELATIONSHIP BETWEEN STDs AND HIV/AIDS

**Objectives:** By the end of the session, trainees will be able to:

1. Relate HIV infection to STDs.
2. Explain the different ways of preventing the spread of HIV/AIDS.

**Duration:** 1 hour

**References:** Handout 2: Facts on HIV/AIDS and People Living with HIV/AIDS

OBJECTIVE	CONTENT	LEARNING/TRAINING ACTIVITIES
<i>Introduce the session</i>	Climate setting	<ol style="list-style-type: none"> <li>1. Ask trainees to summarize what was discussed in the previous session on facts on HIV/AIDS.</li> <li>2. Explain that this session will continue to discuss more facts related to HIV/AIDS and STDs.</li> <li>3. Introduce the topic of the session.</li> </ol>
	Session objectives	<ol style="list-style-type: none"> <li>1. Introduce session objectives.</li> <li>2. Ask one trainee to summarize what will be covered in the session.</li> </ol>
1. Relate HIV infection to STDs	<p><b>The Relationship between HIV/AIDS and STDs</b></p> <p>There is a direct relationship between STDs and HIV:</p> <ul style="list-style-type: none"> <li>• The behavior that puts a person at risk of contracting STDs (e.g., substance abuse because it impairs judgment about sexual behavior, multiple partners, non systematic use of condoms) puts the same person at risk of contracting HIV infection.</li> <li>• A person who has a weakened immune system due to HIV infection has a higher risk of contracting STDs.</li> <li>• STDs with open/broken skin (e.g., sores, ulcerations, or inflamed/red and tender skin) make it easier for HIV to be transmitted from one person to the other.</li> <li>• Persons who are HIV+ have reduced immunity, which makes it difficult to treat STDs effectively.</li> </ul>	<p><b>Group discussion</b></p> <ol style="list-style-type: none"> <li>1. Ask trainees what they think is the relationship between HIV/AIDS and STDs.</li> <li>2. Record 3–4 answers on newsprint.</li> <li>3. Display prepared newsprint with the preferred reasons and compare the 2 lists.</li> <li>4. Discuss briefly the differences/similarities.</li> <li>5. Ask for questions and clarify as necessary</li> </ol>

<b>OBJECTIVE</b>	<b>CONTENT</b>	<b>LEARNING/TRAINING ACTIVITIES</b>
2. Explain the different ways to prevent the spread of HIV/AIDS	<p><b>Ways to Prevent the Spread of HIV/AIDS</b></p> <ol style="list-style-type: none"> <li>1. Abstaining from sex.</li> <li>2. "Zero grazing" (having only one partner whose only partner is you).</li> <li>3. Avoiding sex with casual partners.</li> <li>4. Avoiding multiple sex partners.</li> <li>5. Using condoms properly.</li> <li>6. Avoiding direct contact with any contaminated body fluids and material.</li> <li>7. Treating STDs promptly and properly.</li> <li>8. Disposing of contaminated wastes properly.</li> <li>9. Decontaminating contaminated objects.</li> </ol>	<p><b>Buzz groups</b></p> <ol style="list-style-type: none"> <li>1. Ask each trainee to turn to the next trainee.</li> <li>2. Instruct each pair to discuss together the ways of preventing the spread of AIDS.</li> <li>3. Ask each pair to present one way at a time while you record on a newsprint.</li> <li>4. ➡ Put up a pre-prepared newsprint with ways to prevent the spread of HIV/AIDS.</li> <li>5. Compare the two newsprints and note the similarities and differences.</li> <li>6. Make necessary clarification.</li> </ol>
<i>Evaluate the session</i>	Evaluation of the session	<p><b>In plenary</b></p> <ol style="list-style-type: none"> <li>1. Find out trainees' feelings about the session: ➔ What did they find useful and what did they find difficult?</li> <li>2. Clarify the difficult areas.</li> <li>3. Ask trainees what they have learned from the session. Ask for several responses.</li> <li>4. Find out how this information will be used when they are providing community-based care services.</li> </ol>
	Summary and closure	<ol style="list-style-type: none"> <li>1. Summarize the main points of the session.</li> <li>2. Review session objectives.</li> <li>3. Close session linking to the next.</li> </ol>

# HOME-BASED CARE FOR PEOPLE LIVING WITH HIV/AIDS

## HANDOUT 2:

# Facts on AIDS and People Living with HIV/AIDS

## 1. WHAT IS HIV/AIDS?

AIDS a fatal illness for which there is presently no vaccination and no cure.

### 1.1 HIV

HIV stands for **human immuno-deficiency virus**. This is the virus, or germ, that causes AIDS. The organism works by reducing the ability of the body to defend itself against infection.

### 1.2 HIV Infection

This is the state that results when the HIV enters the body and attacks the immune system.

### 1.3 AIDS

AIDS stands for **acquired immune deficiency syndrome**. This is a condition in which the person infected with HIV develops signs of repeated, often prolonged illnesses, resulting from the body's lowered ability (immune system) to defend itself against disease.

- **Acquired** is something you get.
- **Immune** is the resistance against infections.
- **Deficiency** is lack of, in this context lack of protection against infection.
- **Syndrome** is a collection of signs and symptoms.

## 2. MODES OF TRANSMISSION OF HIV

There are 5 modes of transmission of HIV:

- Unprotected sexual intercourse (including oral and anal) with an infected person. This is the most common mode of transmission.
- Use of contaminated instruments such as needles, syringes, knives, or blades that have not been decontaminated and sterilized. This includes instruments used in circumcision of both males and females, skin piercing, scarification, traditional healing, and other traditional practices.
- Transfusion of blood products from an infected person/donor.
- Contact with infected blood or other body fluids.
- From an infected mother to a child in the womb, during labor and birth, or with breastfeeding.

## 3. THE PHASES AND STAGES OF HIV

There are 3 major phases in the progression of HIV infection of the human body. Each phase is divided into 2 stages.

### 3.1 Phase 1

During this phase the HIV is present in the blood but laboratory tests cannot detect it for up to 6 months. This phase is divided into 2 parts:

- **Entry stage** - This is the time when the virus enters the body.
- **Window period stage** - During this time the HIV is multiplying in the body but cannot usually be detected by laboratory tests.

### 3.2 Phase 2

During this phase the HIV is in the blood and laboratory tests can detect its presence. It has no signs or symptoms for 2 months to several years.

The time varies from person to person. This is the HIV-positive (HIV+) stage. This phase includes:

- The ***seroconversion stage***, which means that the virus is present in large enough quantities to produce an immune response that laboratory tests can detect in the blood.
- The ***asymptomatic seropositive stage***, which means that the virus is in the body in large quantities but the person infected shows no signs and is not aware of the infection unless tested. The person can be in good health.

### 3.3 Phase 3

During this phase the HIV is in the blood, laboratory tests can detect the virus, and the person shows signs/symptoms of AIDS. This is the AIDS stage. This phase includes:

- The ***AIDS related illness stage***, during which infected persons show signs/symptoms such as diarrhea, weight loss, weakness and fatigue, loss of appetite, fever, night sweats, etc., but are still capable of taking care of themselves.
- The ***full-blown AIDS stage***, where the persons show more pronounced and more frequent signs/ symptoms of AIDS and often become too weak to take care of themselves. This is the advanced stage of AIDS.

## 4. DEFINITION OF HIV-POSITIVE (HIV+) PERSON AND PERSON WITH AIDS

### 4.1 HIV-Positive Person

A person who is HIV-positive (HIV+) is in phase 2, where laboratory tests detect the virus in the blood but the person does not show the signs/symptoms.

***During this phase the person is, feels, and looks healthy but will still transmit the virus.***

### 4.2 Person with AIDS

These are people in phase 3. Laboratory tests will detect the virus in the blood and the person will show signs/symptoms of AIDS.

### 4.3 Needs of HIV-Positive Person and People with AIDS

A person who learns about their HIV infection needs moral, psychological, and social support as well as intensive counseling.

People with AIDS also need moral, psychological, and social support as well as supportive counseling. As the state progresses, they will require more physical/nursing care.

In recent years people infected with HIV/AIDS have preferred to call themselves people living with HIV/AIDS, rather than simply people with AIDS. This shift emphasizes that with proper care (including self-care), they can expect to extend their productive lives and "live positively" for many years.

## 5. SIGNS/SYMPTOMS OF AIDS

Often a clinical officer has to reach a diagnosis of AIDS without any laboratory support. The World Health Organization, in a workshop at Bangui, Central African Republic, defined diagnostic criteria for Africa. These criteria are called the Bangui criteria. They group the signs and symptoms of AIDS into 2 categories, depending on the frequency and seriousness:

- Major signs/symptoms
- Minor signs/symptoms

According to the Bangui criteria, AIDS in an *adult* can be defined by the presence of at least 2 major signs associated with at least 1 minor sign. In *children*, AIDS can be defined by the presence of at least 2 major signs and 2 minor signs.

### 5.1 Major Signs/Symptoms in Adults

The 3 major signs/symptoms of AIDS in adults are:

- Rapid loss of more than 10% of the body weight without any apparent reason
- Chronic diarrhea for more than one month that does not respond to treatment
- Prolonged fever for more than a month that does not respond to treatment

**Note:** The presence of generalized Kaposi's sarcoma (a cancer of the skin) or cryptococcal meningitis (an inflammation of the covering of the

brain) are by themselves sufficient for the diagnosis of AIDS.

### 5.2 Major Signs/Symptoms Specific to Children

The Bangui workshop also determined major symptoms of AIDS that are specific to children:

- Weight loss or abnormally slow growth
- Chronic diarrhea for more than a month
- Prolonged fever for more than a month

### 5.3 Minor Signs/Symptoms in Adults and Children

AIDS also has some minor symptoms, such as:

- Persistent dry cough for more than a month
- Generalized itchy skin
- Recurrent multiple blisters that are filled with fluid and are painful. The pain persists even after the blister disappears (*Herpes zoster*).
- Chronic white coating of the mouth, tongue, and throat (thrush)
- Generalized swollen glands that are painless unless there is an active infection
- In children, repeated common infections (ear, throat)
- In children, confirmed maternal HIV infection

### 6. RELATIONSHIP BETWEEN STDs AND HIV INFECTION

There is a direct relationship between STDs and HIV:

- The behavior that puts a person at risk of contracting STDs (e.g., substance abuse because it impairs judgement about sexual behavior, multiple partners, non systematic use of condoms) puts the same person at risk of contracting HIV infection.
- A person who has a weakened immune system due to HIV infection has a higher risk of contracting STDs.

#### POINTS TO REMEMBER

**Unprotected sexual intercourse with an infected person is the most common way of transmitting HIV.**

**An HIV+ person is, feels, and looks healthy but will still transmit the virus.**

**The spread of AIDS can be prevented by preventing the spread of HIV.**

**The effort to prevent the spread of AIDS protects you as well as others.**

**People living with HIV/AIDS need moral, psychological, spiritual, and social support as well as supportive counseling. As the state progresses, they will need more physical/nursing care.**

- STDs with open/broken skin (e.g., sores, ulcerations, or inflamed/red and tender skin) make it easier for HIV to be transmitted from one person to the other.
- Persons who are HIV+ have reduced immunity, which makes it difficult to treat STDs effectively.

**YOU CAN'T GET AIDS FROM:  
Mosquitoes, flies, or other insects  
Sharing latrine or toilet  
Food or drink  
Cooking utensils  
Holding hands or hugging  
Shaking hands  
Dancing, swimming  
Coughing, breathing  
Living together**



## **MODULE 3: MOBILIZING THE COMMUNITY FOR HOME-BASED CARE SERVICES**

**OBJECTIVES:** By the end of the module, trainees will be able to:

1. Review the meanings of terms related to community mobilization:
  - Home-based care
  - Community-based health care
  - Community mobilization
2. Discuss the importance of mobilizing the community for HBC services.
3. Identify community resource persons/groups to work with in order to promote HBC activities for PLWHAs.
4. Discuss the roles of key community resource persons/groups in promoting HBC activities.
5. Discuss the role of community home-based care facilitator in initiating home-based care services for PLWHAs.
6. Explain the process of initiating home-based care activities for PLWHAs.
7. Demonstrate ability to initiate HBC services for PLWHAs in the community.

**DURATION:** 7 hours

**REFERENCES:** Handout 3: Community Mobilization for Home-Based Care Services for PLWHAs

### **CONTENT:**

#### 3.1 Introducing HBC services for PLWHAs in the community

- Review of meaning of home-based care
  - Community-based health care
  - Community mobilization
- Importance of mobilizing the community for HBC activities for PLWHA
  - Promotes awareness of existing problem
  - Community participation and involvement
  - Participatory decision making
  - Use of available resources
  - Community empowerment and ownership
  - Sustainability of the services
- Community resource persons/groups to work with to promote HBC activities
  - Community leaders
  - Organized groups in the community
  - Other community health workers, e.g., traditional birth attendants
  - Organizations/groups supporting PLWHAs or involved in HIV/AIDS programs
  - Health workers at referral points.
- Roles of key community resource persons/groups in promoting HBC activities
- Roles of community home-based care facilitator in initiating HBC services for PLWHAs

#### 3.2 Process of initiating HBC activities for PLWHAs

- Steps in initiating HBC activities in the community
- Practicum on initiating HBC activities

## MODULE 3: MOBILIZING THE COMMUNITY FOR HOME-BASED CARE SERVICES FOR PLWHAS

### SESSION 3.1: INTRODUCING HBC SERVICES FOR PLWHAS IN THE COMMUNITY

**Objectives:** By the end of the session, trainees will be able to:

1. Review the meaning of home-based care, community-based health care, and community mobilization.
2. Explain the importance of mobilizing the community for HBC activities for PLWHAs.
3. List community resource persons/groups to work with in order to promote HBC activities.
4. Discuss the roles of the key community resource persons/groups in promoting HBC activities for PLWHAs.
5. Agree on the role of community HBC facilitator in initiating HBC activities.

**Duration:** 2 hours

**References:** Handout 3: Community Mobilization for Home-Based Care Services for PLWHAs

OBJECTIVE	CONTENT	TRAINING/LEARNING ACTIVITY
<i>Introduce the session</i>	Climate setting	<ol style="list-style-type: none"> <li>1. Introduce the topic by reviewing what was done in the previous session and link to this session.</li> <li>2. Ask trainees what they remember or know is the goal of community-based health care approach.</li> </ol>
	Session objectives	<ol style="list-style-type: none"> <li>1. Display newsprint with session objectives.</li> <li>2. Ask one trainee to read</li> <li>3. Ask another one to summarize the objectives.</li> <li>4. Ensure clarity and understanding of the objectives.</li> </ol>
1. Review the meaning of home-based care, community-based health care, and community mobilization	<p><b>Meaning of Community-Based Health Care</b></p> <p><i>Community mobilization</i> is the process of gearing the community into action. Community-based health care occurs when community members take on the responsibility of initiating and sustaining their own health care. It implies the use of locally available resources and the community's full participation and involvement in decision making for the planning, organizing, implementing, monitoring, and evaluating of these services.</p>	<p><b>Questions and answers</b></p> <ol style="list-style-type: none"> <li>1. Ask trainees what they recall is the meaning of home-based care.</li> <li>2. Use the correct meaning to review.</li> <li>3. Ask trainees what they understand by community-based health care.</li> <li>4. Use newsprint to review the meaning of CBHC.</li> <li>5. Ask trainees what they remember as the meaning of community.</li> <li>6. Accept a few responses.</li> </ol> <p><i>Expected responses: Group of people in a given area, living together, sharing resources and common problems.</i></p> <ol style="list-style-type: none"> <li>7. Ask trainees, what is mobilization?</li> <li>8. Record key words on newsprint.</li> </ol> <p><i>Expected responses include: A process gearing community into action.</i></p>

OBJECTIVE	CONTENT	TRAINING/LEARNING ACTIVITY
2. Explain the importance of mobilizing the community for HBC activities for PLWHAs	<p><b>Reasons for Mobilizing the Community for HBC Activities</b></p> <ul style="list-style-type: none"> <li>• To gear the community into participatory action.</li> <li>• To create awareness of the problem of PLWHAs and the care needed.</li> <li>• To identify the problems and seek means of solving the problems together.</li> <li>• To gather information.</li> <li>• To establish a relationship with the community.</li> <li>• To motivate community members to adopt behaviors to prevent the further spread of HIV.</li> <li>• To encourage open, honest discussion about HIV/AIDS and so reduce the stigma of the disease.</li> </ul>	<p><b>Large group discussion</b></p> <ol style="list-style-type: none"> <li>1. Ask trainees in large group to generate the reasons why it is important to mobilize the community for HBC activities.</li> <li>2. List them on newsprint as they are mentioned.</li> <li>3. Use Handout 3 to reinforce trainees' responses.</li> </ol>
3. List community resource persons/groups to work with in order to promote HBC activities	<p><b>Key Resource Persons/Groups in the Community for Mobilizing Community for HBC for PLWHAs</b></p> <ul style="list-style-type: none"> <li>• Local Council leaders</li> <li>• Religious leaders</li> <li>• Organized groups, e.g., women, youth, religious</li> <li>• Related community health workers</li> <li>• Traditional healers</li> <li>• School teachers</li> </ul>	<p><b>Brainstorming</b></p> <ol style="list-style-type: none"> <li>1. Ask trainees to mention the key persons/groups that the community-based health facilitator will work with to promote HBC services.</li> <li>2. List them on newsprint.</li> <li>3. Add to the list.</li> <li>4. Ask trainees to individually list groups or organizations they know are involved in HIV/AIDS programs within their catchment area or district.</li> <li>5. Fill in gaps and give a summary.</li> <li>6. Ask trainees how the community can be mobilized for HBC activities.</li> </ol> <p><i>Expected responses:</i></p> <ul style="list-style-type: none"> <li>• Meetings with key persons, existing committees, and community groups</li> <li>• Home visits to talk to individuals and groups</li> <li>• Announcements through mosques, churches, temples, schools</li> <li>• Group talks</li> </ul> <ol style="list-style-type: none"> <li>7. Consolidate the discussion.</li> </ol>
4. Discuss the roles of the key community resource persons/groups in promoting HBC activities	<p><b>Roles of Key Community Resource Persons</b></p> <p>To be generated by trainees.</p>	<p><b>Small group work</b></p> <ol style="list-style-type: none"> <li>1. Divide participants into small groups.</li> <li>2. Distribute the list of key resource persons/groups among the small groups.</li> <li>3. Ask groups to discuss and write on newsprint the roles of the key persons in introducing HBC activities.</li> <li>4. Monitor and assist the groups.</li> </ol>

OBJECTIVE	CONTENT	TRAINING/LEARNING ACTIVITY
		<p><b>In plenary</b></p> <ol style="list-style-type: none"> <li>1. Ask each group to present the roles generated.</li> <li>2. Allow other group members to ask for clarification and contribute.</li> <li>3. Add other roles not mentioned by the groups.</li> </ol>
5. Discuss the role of HBC services for PLWHAs	<p><b>Role of Community HBC Facilitator</b></p> <p>To be generated by trainees.</p>	<p><b>Large group discussion</b></p> <ol style="list-style-type: none"> <li>1. In large group, discuss the role of the facilitator and compare with the roles of key players.</li> <li>2. Make a summary of the roles.</li> <li>3. Ask the group what we need to do in order to introduce the HBC services in our communities.</li> <li>4. Accept 3–4 responses and process the session.</li> </ol>
<i>Evaluate the session</i>	<p>Evaluation</p> <p>Summary and closure</p>	<ol style="list-style-type: none"> <li>1. Find out how trainees feel about the session.</li> <li>2. Ask what important points were learned from the session.</li> <li>3. Ask how they will use these learnings when they go back to their communities.</li> <li>4. Summarize the session main points.</li> <li>5. Review session objectives.</li> <li>6. Close and link to next session</li> </ol>

## **MODULE 3: MOBILIZING THE COMMUNITY FOR HOME-BASED CARE SERVICES FOR PLWHAS**

### **SESSION 3.2: THE PROCESS OF INITIATING HBC SERVICES**

**OBJECTIVES:** By the end of the session, trainees will be able to:

1. Identify the steps taken to initiate HBC activities in the community.
2. Demonstrate ability to initiate HBC services for PLWHAs in own catchment area.

**Duration:** 5 hours

**Reference:** Handout 3: Community Mobilization for Home-Based Care Services for PLWHAs

<b>OBJECTIVE</b>	<b>CONTENT</b>	<b>LEARNING/TRAINING ACTIVITY</b>
<i>Introduce the session</i>	Climate setting	<ol style="list-style-type: none"> <li>1. Ask trainees to share their experiences introducing the RH program in the community. → What steps did they take?</li> <li>2. Introduce the topic on the process of initiating HBC services in their respective communities.</li> </ol>
	Session objectives	<ol style="list-style-type: none"> <li>1. Introduce the session objectives.</li> <li>2. Ensure clarity.</li> </ol>
1. Identify the steps taken to initiate HBC activities in the community	<p><b>Steps to Take to Initiate HBC Services</b></p> <ul style="list-style-type: none"> <li>• Orient local leaders to the program.</li> <li>• Hold meetings with all leadership levels, from Local Council III to Local Council I.</li> <li>• Include influential leaders and organizations/groups that can participate and provide support to the HBC services.</li> </ul> <p>Refer also to <i>Home Care Handbook</i>, Section 6.4, Community Mobilization</p>	<p><b>Large group discussions/lecturette</b></p> <ol style="list-style-type: none"> <li>1. Ask trainees to explain the stages used when entering the community to introduce a program.</li> <li>2. Record the steps mentioned.</li> <li>3. Use a prepared newsprint to explain the steps to take at the <ul style="list-style-type: none"> <li>• Community level</li> <li>• Health unit level to establish linkages</li> </ul> </li> <li>4. Lead a discussion to clarify the steps and come to an agreement on what is applicable.</li> </ol>



# HOME-BASED CARE FOR PEOPLE LIVING WITH HIV/AIDS

## HANDOUT 3:

# Community Mobilization for Home-Based Care Services for PLWHAs

**Community mobilization** is the process of gearing the community into action. Community-based health care occurs when community members take on the responsibility of initiating and sustaining their own health care. It implies the use of locally available resources and the community's full participation and involvement in decision making for the planning, organizing, implementing, monitoring, and evaluating of these services.

1. Purposes/importance of mobilizing the community:
  - To gear the community into participatory action
  - To create awareness of the problem of PLWHAs and the care needed
  - To identify the problems and seek means of solving the problems together
  - To gather information
  - To establish a relationship with the community
2. Key mobilizers for HBC activities who can influence the introduction of HBC services:
  - Local Council officials
  - Religious leaders
  - Organized groups, e.g., women, youth, religious
  - Related community health workers
  - Traditional healers
  - School teachers
3. Ways of mobilizing the community for HBC services:
  - Meetings with key persons, existing committees, and community groups
  - Home visits to talk to individuals and groups
  - Announcements through mosques, churches, temples, schools
  - Group community talks
4. Steps to take to initiate HBC service:
  - Orient local leaders to the program
  - Hold meetings with all leadership levels, from Local Council III to Local Council I
  - Include influential leaders and organizations/groups that can participate and provide support to the HBC services



## MODULE 4: THE CONCEPT OF HOME-BASED CARE AND SUPPORT

**OBJECTIVES:** By the end of the module, trainees will be able to:

1. Discuss the concept of home-based care.
2. Explain the reasons for home-based care services.
3. Discuss the levels and key players in home-based care services for PLWHAs.
4. Describe the advantages of HBC to PLWHAs, family, community, and the health care system.
5. Discuss the major components of home-based care.
6. Outline the jobs and tasks of a community-based health care worker in home-based care.
7. Describe the activities undertaken in home-based care.
8. Discuss the safety precautions to be taken while providing home-based care for PLWHAs.
9. Display a caring attitude toward PLWHAs when carrying out home-based care activities.
10. Demonstrate ability to provide home-based care services.

**DURATION:** 27 hours

**REFERENCES:** Notes for Facilitators 4.1: Instructions for Role Play on Attitudes  
Notes for Facilitators 4.2: Arranging Demonstrations and Field Work  
Handout 4: Introduction to the Concept of Home-Based Care for People Living with HIV/AIDS  
Annex E: Job Description of Home-Based Care Facilitator  
*Home Care Handbook*

### CONTENT:

- 4.1 Introduction to home-based care concept
- Definition of the home-based care concept
  - Reasons for home-based care services
  - Levels of care, treatment at each level and key players in home-based care services
  - Advantages of home-based care:
    - For PLWHA
    - For family
    - For community
    - For health care system
  - Major components of home-based care services
    - Nursing care (including personal and general hygiene)
    - Nutrition
    - Sexual behavior
    - Support (e.g., counseling, links with other services)
    - Management of AIDS related conditions
    - Physical therapy
  - Jobs and tasks of community level home-based care facilitators to support caregivers in the home and people living with HIV/AIDS
    - Identify the learning needs of home-based caregivers and PLWHAs
    - Plan and organize for transfer of knowledge and skills
    - Transfer knowledge and home-based care skills to PLWHAs
    - Display a caring attitude while supporting people living with HIV/AIDS
    - Link PLWHAs with other support organizations and referral places
    - Provide first aid to people living with HIV/AIDS
    - Follow up caregivers, PLWHAs, and referral actions

- Assist families and individual PLWHAs to plan for the future
  - Mobilize community to support PLWHAs and their families
- 4.2 Home-based care activities for people living with HIV/AIDS
- Activities to be carried out in home-based care services (purpose, rationale, resources, steps):
    - Nursing care (including personal and general hygiene)
    - Nutrition services
    - Services promoting safe and positive sexual behavior
    - Support services
    - Services for managing AIDS related conditions
    - Physical therapy
  - Materials needed for each activity
  - Steps to follow for each activity
- 4.3 Displaying a caring attitude
- Caring/uncaring actions/behaviors
  - Factors affecting health workers' attitude and ways to maintain a caring attitude
  - Role of CBHW in building a caring attitude
  - Demonstrating a caring attitude
- 4.4 Conducting home-based care for PLWHAs
- Review of nursing skills
  - Demonstrations and return demonstrations
  - Simulations
  - Actual field practice
  - Safety precautions/measures to take while carrying out home-based care
- 4.5 Community-based support services for PLWHAs
- Definition of support services
  - Key players in HBC for PLWHAs
  - Organizations, groups, and individual that provide support services
  - Types of support services available
  - Linkages between PLWHAs and their families and the available support services

## MODULE 4: THE CONCEPT OF HOME-BASED CARE AND SUPPORT

### SESSION 4.1: INTRODUCTION TO HOME-BASED CARE CONCEPT

**Objectives:** By the end of the session, trainees will be able to:

1. Define the concepts of home-based care.
2. Explain the rationale for home-based care services.
3. List the levels and key players in caring for PLWHAs.
4. Explain advantages of HBC to PLWHAs, family, community, and health care system.
5. List the major components of home-based care.
6. Explain the jobs and tasks of community-based health workers in home-based care services.

**Duration:** 2 hours

**References:** Handout 4: Introduction to the Concept of Home-Based Care for People Living with HIV/AIDS  
Annex E: Job Description for Home-Based Care Facilitator

OBJECTIVE	CONTENT	LEARNING/TRAINING ACTIVITIES
<i>Introduce the session</i>	Climate setting	<ol style="list-style-type: none"> <li>1. Ask trainees to share their experiences of having seen or nursed someone with AIDS. → How easy/difficult was it?</li> <li>2. Introduce topic and link to the climate setting.</li> </ol>
	Session Objectives	<ol style="list-style-type: none"> <li>1. ➤ Display newsprint with objectives.</li> <li>2. Ask one trainee to read.</li> <li>3. Ensure clarity.</li> </ol>
1. Define the concept of home-based care for people living with HIV/AIDS	<p><b>Definition of the Concept of Home-Based Care</b></p> <ul style="list-style-type: none"> <li>• Home-based care for people with AIDS consists of selected services that are provided at home.</li> </ul> <p>The concept is not meant to address all people who are HIV positive, but refers only to those who have advanced to the AIDS stage. It concerns the 2 types of people with AIDS: those who have AIDS but are still able to help themselves, and those who are bedridden, unable to help themselves (may even be unconscious).</p>	<p><b>Large group discussion</b></p> <ol style="list-style-type: none"> <li>1. Ask 2–3 trainees to give their definition of home-based care for people with AIDS.</li> <li>2. Write the responses on newsprint.</li> <li>3. ➤ Display prepared newsprint with the definition.</li> <li>4. Note similarities/differences with trainees' responses.</li> <li>5. Ask for questions and clarify any discrepancies.</li> </ol>
2. Explain the rationale for home-based care services	<p><b>Reasons for Home-based Care Services</b></p> <p>The purpose of providing home-based care to people with AIDS is to:</p> <ul style="list-style-type: none"> <li>• Prevent problems when</li> </ul>	<p><b>Large group discussion</b></p> <ol style="list-style-type: none"> <li>1. Ask trainees to explain what they think are the reasons for home-based care services.</li> <li>2. Acknowledge 2–3 responses.</li> <li>3. Use Handout 4 to give the rationale/reasons for home-based care services for PLWHAs.</li> <li>4. Ensure understanding.</li> </ol>

OBJECTIVE	CONTENT	LEARNING/TRAINING ACTIVITIES
	<p>possible</p> <ul style="list-style-type: none"> <li>• Take care of existing problems</li> <li>• Enable people to know when to get help</li> </ul>	
<p>3. Explain the levels and key players in caring for PLWHAs</p>	<p><b>Levels and Key Players in Care for PLWHAs</b></p> <p><b>Levels</b></p> <ul style="list-style-type: none"> <li>• Home</li> <li>• Health unit/outpatient</li> <li>• Hospital</li> <li>• Others</li> </ul> <p><b>Institution-based support teams, including</b></p> <ul style="list-style-type: none"> <li>• Doctors</li> <li>• Nurses</li> <li>• Midwives</li> <li>• Social workers</li> <li>• Counselors</li> <li>• Physiotherapists</li> </ul> <p><b>Services offered in HBC to PLWHA</b></p> <p><b>AIDS support organizations to link with in HBC services, e.g., MOH, TASO, and FLEP</b></p>	<p><b>Questions and answers</b></p> <ol style="list-style-type: none"> <li>1. Ask trainees at what level can HIV/AIDS patients be cared for.</li> <li>2. Give a lecturette on the levels of care for PLWHAs and the type of treatment given.</li> <li>3. Ask trainees to mention the key players in the care of AIDS patients.</li> <li>4. Make a list of these and explain that these are the primary caregivers who will be trained.</li> <li>5. Discuss the reasons why they need to be trained.</li> <li>6. Using a pre-prepared newsprint explain the institution-based support teams as key players in providing HBC for PLWHAs.</li> <li>7. Discuss the services they offer.</li> <li>8. Allow trainees to ask questions.</li> <li>9. Find out how these support teams would link with community-based facilitators.</li> <li>10. Discuss the possible ways of linkage including training.</li> <li>11. Explain other AIDS support organizations the CBHC facilitators need to link with.</li> <li>12. Allow the trainees to generate names of local organizations involved in care of PLWHAs.</li> </ol>
<p>4. Explain the advantages of HBC to:</p> <ul style="list-style-type: none"> <li>• PLWHAs</li> <li>• Family</li> <li>• Community</li> <li>• Health care system</li> </ul>	<p><b>Why Is Home-Based Care for People with AIDS Important?</b></p> <p>Organized home-based care has many advantages for PLWHAs, families, the community, and the health-care system</p> <p><b>PLWHAs</b></p> <ul style="list-style-type: none"> <li>• Permits them to receive care in a familiar, supportive environment.</li> <li>• Allows them to continue participating in family matters.</li> <li>• Maintains sense of belonging to social groups.</li> <li>• Makes it easier for them to accept their condition.</li> <li>• Maximizes their emotional health.</li> </ul>	<p><b>Small group work</b></p> <ol style="list-style-type: none"> <li>1. Divide trainees into small groups: <ul style="list-style-type: none"> <li>• <b>Group 1:</b> Discuss advantages of HBC to PLWHAs.</li> <li>• <b>Group 2:</b> Discuss advantages of HBC to family.</li> <li>• <b>Group 3:</b> Discuss advantages of HBC to community.</li> <li>• <b>Group 4:</b> Discuss advantages of HBC to the health care system.</li> </ul> </li> <li>2. Allow 10 minutes for discussion.</li> <li>3. Call to plenary to present.</li> <li>4. Ask one group to present at a time while the rest ask for clarification and make additions.</li> <li>5. Use Handout 4 to strengthen the points discussed.</li> </ol>

OBJECTIVE	CONTENT	LEARNING/TRAINING ACTIVITIES
	<p><b>Family</b></p> <ul style="list-style-type: none"> <li>• Holds family together.</li> <li>• Helps family accept PLWHA's condition.</li> <li>• Makes it easier to provide care/support.</li> <li>• Can reduce medical costs.</li> <li>• Makes it easier for family members who provide care to PLWHA to attend to other responsibilities.</li> </ul> <p><b>Community</b></p> <ul style="list-style-type: none"> <li>• Promotes awareness about prevention of HIV/AIDS.</li> <li>• Helps community understand the disease and counteract myths and misconceptions.</li> <li>• Can reduce costs.</li> <li>• Makes it easier to provide support.</li> <li>• Can help the community maintain cohesiveness.</li> </ul> <p><b>Health system</b></p> <ul style="list-style-type: none"> <li>• Does not require the creation of extra services where resources/services are already inadequate.</li> <li>• Helps ease demand on health system.</li> <li>• Shifts responsibility to family and community.</li> </ul>	
5. List the major components of home-based care	<p><b>Components of Home-Based Care</b></p> <ul style="list-style-type: none"> <li>• Nursing care (personal and general hygiene)</li> <li>• Nutrition</li> <li>• Advice and promotion of safe sexual behavior</li> <li>• Support (counseling, links with other services, etc.)</li> <li>• Treatment of AIDS-related conditions</li> <li>• Physical therapy</li> </ul>	<p><b>Brainstorming</b></p> <ol style="list-style-type: none"> <li>1. Ask trainees to brainstorm the components of home-based care.</li> <li>2. Acknowledge responses from 2–3 trainees.</li> <li>3. Display newsprint with pre-written components of home-based care.</li> <li>4. Use handout to explain each component further.</li> <li>5. Refer trainees to Handout 4 for further reading individually.</li> </ol>

OBJECTIVE	CONTENT	LEARNING/TRAINING ACTIVITIES
6. Explain jobs and tasks of the community-based health worker in home-based care	<p><b>Jobs and Tasks of CBHW in Home-Based Care</b></p> <p>Refer to Handout 4, Sections 6 and 7, and Annex E.</p>	<p><b>Large group discussion</b></p> <ol style="list-style-type: none"> <li>1. Ask trainees to review the job description of a CBHW.</li> <li>2. Ask trainees to mention what jobs and tasks they think the CBHWs should do in HBC services.</li> <li>3. Acknowledge responses.</li> <li>4. Reinforce where necessary.</li> <li>5. Refer to Handout 4 and explain each job and task.</li> <li>6. Ask for any questions and clarify.</li> <li>7. Ask trainees to mention how home-based care relates to the current job description of CBHWs</li> <li>8. Summarize by using handout to stress the linkage</li> </ol>
<i>Evaluate the session</i>	Evaluation and closure	<ol style="list-style-type: none"> <li>1. Solicit trainees' feelings about the session.</li> <li>2. Ask them to mention what they have learned and how they will use the learning.</li> <li>3. Summarize the major points discussed, what trainees have learned, and the uses of the learning.</li> <li>4. Thank the trainees and link the session to the next one.</li> </ol>

## MODULE 4: THE CONCEPT OF HOME-BASED CARE AND SUPPORT

### SESSION 4.2: HOME-BASED CARE ACTIVITIES FOR PEOPLE LIVING WITH HIV/AIDS

**Objective:** By the end of the session, trainees will be able to:

1. Review the activities to be carried out in home-based care services.
2. Explain the purpose(s) of each activity.
3. List the materials needed to perform the nursing care activities.
4. Describe steps to follow when carrying out each service.

**Duration:** 3 hours

**References:** *Home Care Handbook*

OBJECTIVES	CONTENT	LEARNING/TRAINING ACTIVITIES
<i>Introduce the session</i>	Climate setting	<ol style="list-style-type: none"> <li>1. Ask trainees to review the common presentation of the patient with AIDS</li> </ol> <p><i>Expected responses to include: Sores in the mouth; conscious/unconscious bedridden; sick but able to move</i></p>
	Session objectives	<ol style="list-style-type: none"> <li>1. Display newsprint with session objectives.</li> <li>2. Ask one trainee to read.</li> <li>3. Ensure clarity.</li> </ol>
1. List the activities to be carried out in home-based care services	<p><b>Activities in HBC</b></p> <ul style="list-style-type: none"> <li>• Nursing care (including personal and general hygiene)</li> <li>• Nutrition services</li> <li>• Services to promote positive and safe sexual behavior</li> <li>• Support services</li> <li>• Management of AIDS related conditions</li> <li>• Physical therapy</li> </ul>	<p><b>Brainstorming</b></p> <ol style="list-style-type: none"> <li>1. Ask participants to recall the services/components of home-based care for PLWHA.</li> <li>2. Acknowledge 2–3 responses.</li> <li>3. Refer to the newsprint with pre-written list of components/activities to be provided during HBC to PLWHA.</li> <li>4. Explain each activity.</li> </ol>
<ol style="list-style-type: none"> <li>2. Explain the purpose(s) of each activity</li> <li>3. List the materials needed for each activity.</li> <li>4. Describe steps to follow when carrying out each activity.</li> </ol>	<p><b>Purpose of Each Activity</b></p> <p><b>Materials Needed for Each Activity</b></p> <p><b>Steps to Follow to Perform the Activity</b></p> <p>Refer to <i>Home Care Handbook</i> for details of objectives, materials, and steps.</p>	<ol style="list-style-type: none"> <li>1. Explain that each activity will be discussed under the following headings: <ul style="list-style-type: none"> <li>• What the activity is.</li> <li>• Purposes of the activity.</li> <li>• Resources needed to perform the activity and prior preparation needed before performing the procedure.</li> <li>• Steps to follow while carrying out the procedure/activity.</li> </ul> </li> </ol> <p><b>Small group discussions</b></p> <ol style="list-style-type: none"> <li>1. Explain to trainees that they will go into small groups to read about and orient themselves to the activities before attempting to practice them.</li> </ol>

OBJECTIVES	CONTENT	LEARNING/TRAINING ACTIVITIES
		<ol style="list-style-type: none"> <li>2. Divide participants into small groups.</li> <li>3. Give instructions for the group task.</li> <li>4. Distribute the <i>Home Care Handbook</i> to the trainees. Ask trainees to take turns reading the process of each activity.</li> <li>5. Monitor groups and participate to clarify as needed.</li> </ol> <p><b>Plenary</b></p> <ol style="list-style-type: none"> <li>1. Call trainees back into plenary and find out the difficulties and what can work within the home setting.</li> <li>2. Ask trainees to express their anticipated difficulties in performing these activities based on reading the process.</li> <li>3. Make necessary clarifications.</li> <li>4. Inform trainees that they will practice performing these procedures in the next session.</li> </ol>
<i>Evaluate the session</i>	Summary and closure	<ol style="list-style-type: none"> <li>1. Ask for lessons learned and how they will use the lessons.</li> <li>2. Review major lessons.</li> <li>3. Review objectives.</li> <li>4. Link to the next session.</li> </ol>

## MODULE 4: THE CONCEPT OF HOME-BASED CARE AND SUPPORT

### SESSION 4.3: DISPLAYING A CARING ATTITUDE

**Objectives:** By the end of the session, trainees will be able to:

1. Identify actions/behaviors that show caring and uncaring attitude of a caregiver toward PLWHAs.
2. Discuss factors that might affect the attitude of the health worker or caregiver and ways to maintain a caring attitude
3. Discuss the role of a community home-based care facilitator in building a caring attitude of home-based caregivers toward PLWHAs.
4. Demonstrate the ability to display a caring attitude while training home-based caregivers.

**Duration:** 3 hours

**References:** Notes for Facilitators 4.1: Instructions for Role Play on Attitudes

OBJECTIVES	CONTENT	LEARNING/TRAINING ACTIVITIES
<i>Introduce the session</i>	Climate setting  Review of communication skills <ul style="list-style-type: none"> <li>• Active listening</li> <li>• Using open ended questions</li> <li>• Reflecting feeling</li> <li>• Empathy</li> </ul>	<ol style="list-style-type: none"> <li>1. Ask trainees to recall the communication and counseling skills learned.               <ul style="list-style-type: none"> <li>→ What are some of those skills that facilitate discussion between the provider and client?</li> </ul> </li> </ol>
	Session objectives	<ol style="list-style-type: none"> <li>1. Introduce session objectives and ensure that they are understood.</li> </ol>
1. Identify actions/ behaviors that show caring and uncaring attitude of a caregiver toward PLWHA	<p><b>Displaying a Caring Attitude</b></p> <p><b>Actions/behaviors that show caring attitude</b></p> <ul style="list-style-type: none"> <li>• Respect, gentleness</li> <li>• Patience</li> <li>• Appropriate smiles</li> <li>• Attention, active listening</li> <li>• Responsiveness</li> <li>• Open ended questions</li> <li>• Positive body language</li> <li>• Treating each patient as an individual</li> <li>• Taking time to listen</li> <li>• Tone of voice that conveys respect, interest, concern</li> </ul> <p><b>Actions/behaviors that show uncaring attitude</b></p> <ul style="list-style-type: none"> <li>• Shouting, rudeness</li> <li>• Blaming language</li> <li>• Ignoring, indifference</li> <li>• Impatience</li> <li>• Negative body language</li> </ul>	<p><b>Small group work</b></p> <ol style="list-style-type: none"> <li>1. Introduce the small group work and give instructions for the small group exercise.</li> <li>2. Divide trainees into 2 groups.           <ul style="list-style-type: none"> <li>• <b>Group 1</b> - Discuss and agree on actions/behaviors that show caring attitude toward PLWHAs.</li> <li>• <b>Group 2</b> - Discuss and agree on actions/behaviors that show uncaring attitude toward PLWHAs.</li> </ul> </li> <li>3. Monitor the small groups.</li> </ol> <p><b>In plenary</b></p> <ol style="list-style-type: none"> <li>1. Call back the small groups.</li> <li>2. Let each group present their work.</li> <li>3. Allow comments and additions from others.</li> <li>4. Reinforce the presentations by adding own contributions.</li> </ol> <p><b>Role play</b></p> <ol style="list-style-type: none"> <li>1. Ask for volunteers to role play:           <ul style="list-style-type: none"> <li>→ Caring actions/behaviors toward PLWHA</li> <li>→ Uncaring actions/behaviors toward PLWHA</li> </ul> </li> <li>2. Let the trainees act out the two situations;</li> </ol>

OBJECTIVES	CONTENT	LEARNING/TRAINING ACTIVITIES
<p>2. Discuss factors that might affect the attitude of a health worker or caregiver and ways to maintain a caring attitude</p>	<p><b>Factors That May Affect the Attitude of Both Health Workers and Family Caregivers</b></p> <p>Sometimes a caring attitude is hard to maintain. Among the reasons are:</p> <ul style="list-style-type: none"> <li>• Working in isolation without supervision or assistance.</li> <li>• Burnout related to the emotional overload of caring for dying patients, especially those who are friends or relatives.</li> <li>• Heavy workload.</li> <li>• Loss of morale.</li> <li>• Stigma attached to PLWHAs.</li> </ul> <p>Health workers should be observant of signs of strain in families of PLWHAs. Similarly, health workers' supervisors should watch for signs of burnout in the health workers. Both care facilitators and caregivers should try to:</p> <ul style="list-style-type: none"> <li>• Find someone they trust to confide in.</li> <li>• Form peer support groups where they can share their problems, frustrations, and possible solutions to problems.</li> <li>• Take breaks from work from time to time.</li> </ul> <p>Refer to <i>Home Care Handout</i>, Section 9.12, When Caregivers Face Burnout.</p>	<p>after the role plays, lead a discussion about attitudes.</p> <p><b>Large group discussion/Lecturette</b></p> <ol style="list-style-type: none"> <li>1. Ask trainees what may affect the health worker's attitude while providing HBC services.</li> <li>2. Write these on newsprint.</li> <li>3. Discuss the factors with trainees, emphasizing that this can happen and patients/caregivers need to be made aware so that they do not misunderstand the HBC facilitator.</li> <li>4. Explain that this can also happen to the family caregivers themselves.</li> <li>5. Use <i>Home Care Handbook</i> Section 9.12 to reinforce the discussion.</li> <li>6. Ask trainees how a caring attitude can be maintained.</li> <li>7. Write contributions on newsprint.</li> <li>8. Emphasize that regular supportive supervision and understanding from the trainer is important, along with working hand-in-hand with the HBC giver and the PLWHA.</li> </ol>
<p>3. Discuss the role of a community home-based care facilitator in building a caring attitude of HBC giver toward PLWHAs</p>	<p><b>HBC Facilitator Role in Building a Caring Attitude toward PLWHAs</b></p> <p>Both family members and care facilitators need to learn to take deliberate steps to display a caring attitude toward PLWHAs.</p> <p>The health worker can teach the family caring attitudes and</p>	<p><b>Large group discussion</b></p> <ol style="list-style-type: none"> <li>1. Based on the small group work and role plays, ask trainees what they see as the role of the HBC facilitator in helping the caregiver develop a caring attitude toward PLWHAs.</li> <li>2. Allow several trainees to give their inputs.</li> <li>3. Record trainees' contributions on newsprint.</li> <li>4. Reinforce and discuss the facilitator's role.</li> <li>5. Stress the facilitator role of demonstrating the caring attitude while transferring skills to the caregiver and PLWHAs.</li> </ol>

OBJECTIVES	CONTENT	LEARNING/TRAINING ACTIVITIES
	behaviors through example and instruction: <ul style="list-style-type: none"> <li>• By displaying such behavior at every visit and in all interactions with family and PLWHAs.</li> <li>• By discussing with family caregivers how their actions may be perceived and how to take deliberate steps to behave in a caring manner</li> </ul> <p>Refer to <i>Home Care Handout</i>, Section 9.12, When Caregivers Face Burnout.</p>	
4. Demonstrate the ability to display a caring attitude while providing home-based care to PLWHA	<p><b>Demonstration of Caring Attitude</b></p> <p>Role play. Refer to Notes for Facilitators 4.1, Instructions for Role Play on Attitudes</p> <p>Evaluate the demonstrations</p>	<p><b>Demonstration in small groups</b></p> <ol style="list-style-type: none"> <li>1. Divide trainees into small groups of 5.</li> <li>2. In each group ask trainees to play different roles of:             <ul style="list-style-type: none"> <li>• The PLWHA</li> <li>• The home-based caregiver</li> <li>• The HBC facilitator</li> <li>• The observers</li> </ul> </li> <li>3. Together select an activity for skills transfer.             <ul style="list-style-type: none"> <li>→ The PLWHA acts to be in pain, depressed, and uncooperative.</li> <li>→ The caregiver performs uncaring behavior/actions.</li> <li>→ The HBC facilitator demonstrates caring attitude while transferring skill to the HBC giver and discussing with the caregiver the importance of a caring attitude.</li> <li>→ Observers take notes and give feedback to the one acting the facilitator role.</li> </ul> </li> <li>4. Change roles until all have played the facilitator role.</li> </ol> <p><b>In plenary</b></p> <p>When the practice is over:</p> <ol style="list-style-type: none"> <li>1. Find out trainees' experience in acting all the roles especially the facilitator and caregiver.</li> <li>2. Ask what was easy.             <ul style="list-style-type: none"> <li>→ What was difficult and why?</li> </ul> </li> <li>3. Together discuss the difficulties and make appropriate suggestions to improve on the difficulties.</li> </ol>
<i>Evaluate the session</i>	Evaluation	<ol style="list-style-type: none"> <li>1. Ask trainees what they have learned from this session and will always remember.</li> <li>2. Ask what they will do differently or the same way when training real caregivers.</li> </ol>
	Summary and closure	<ol style="list-style-type: none"> <li>1. Summarize session.</li> <li>2. Review objectives.</li> <li>3. Close session.</li> </ol>

# HOME-BASED CARE FOR PEOPLE LIVING WITH HIV/AIDS

## MODULE 4: The Concept of Home-Based Care and Support

### NOTES FOR FACILITATORS 4.1: Instructions for Role Play on Attitudes

You have visited home X where there is a PLWHA and a caregiver. You find the caregiver very rude—shouting at the patient, not responding easily or quickly to the patient, using blaming language, and obviously feeling it's a waste of time, after all the patient will soon die.

As you work with the caregiver you do actions that display caring attitude. You also take time to talk to the caregiver about a positive caring attitude toward PLWHA.

#### **Characters**

- A community level home-based care facilitator
- A home-based caregiver
- A PLWHA

#### **Role play setting**

- Patient's home while providing home-based care services

## MODULE 4: CONCEPT OF HOME-BASED CARE SERVICE AND SUPPORT

### SESSION 4.4: CONDUCTING HOME-BASED CARE FOR PLWHAS

**Objectives:** By the end of the session, trainees will be able to:

1. Review the care/skills to be provided to PLWHA during home-based care services.
2. Explain the precautions needed when providing home-based care for PLWHAs.
3. Demonstrate ability to perform the following selected HBC care skills for PLWHAs:
  - Care of the mouth
  - Bathing the patient
  - Preventing pressure sores
  - Treating pressure sores
  - Assisting the patient to exercise the limbs
4. Conduct home-based care activities for PLWHAs in the home setting

**Duration:** 16 hours

**References:** Notes for Facilitators 4.2: Arranging Demonstrations and Field Work  
 Handout 4: Introduction to the Concept of Home-Based Care for People Living with HIV/AIDS  
*Home Care Handbook*, Chapter 1

OBJECTIVE	CONTENT	LEARNING/TRAINING ACTIVITIES
<i>Introduce the session</i>	Climate setting	<ol style="list-style-type: none"> <li>1. Ask trainees to recall their experiences of having provided care/services at the homes during their jobs as CBHWs or as they read the procedures in previous session.               <ul style="list-style-type: none"> <li>→ What type of service?</li> <li>→ How easy/difficult was it?</li> </ul> </li> <li>2. Link to the topic.</li> <li>3. Explain to trainees that some of the services shared can also be provided to PLWHAs during home-based care.</li> </ol>
	Objectives	<ol style="list-style-type: none"> <li>1. Introduce the session objectives.</li> </ol>
<ol style="list-style-type: none"> <li>1. Review the nursing care skills to be provided to PLWHAs</li> <li>2. Explain the precautions needed when providing home-based care for PLWHAs</li> <li>3. Demonstrate ability to perform the following nursing care skills:</li> </ol>	<p><b>Nursing Skills</b></p> <p>Refer to <i>Home Care Handbook</i>, Chapter 1.</p> <p><b>Precautions when Providing HBC</b></p> <p>Refer to Handout 4, Section 7.</p> <p><b>Practicum in Simulation of Nursing Care Skills</b></p> <p>Refer to <i>Home Care Handbook</i> for the procedures.</p>	<p><b>Large group discussion</b></p> <ol style="list-style-type: none"> <li>1. Ask trainees to mention nursing skills to be provided to PLWHAs during home-based care.</li> <li>2. Acknowledge the responses.</li> <li>3. Give a brief explanation of why the nursing skills are important for PLWHAs.</li> <li>4. Ask trainees to mention precautions that should be taken while providing home-based care for PLWHAs.</li> <li>5. Record responses on newsprint.</li> <li>6. Use handout to add and reinforce explanations.</li> </ol> <p><b>Demonstration to large group</b></p> <ol style="list-style-type: none"> <li>1. Demonstrate the different nursing care skills.</li> <li>2. Allow trainees to observe and ask questions.</li> <li>3. Repeat if necessary.</li> </ol>

OBJECTIVE	CONTENT	LEARNING/TRAINING ACTIVITIES
<ul style="list-style-type: none"> <li>• Care of the mouth</li> <li>• Bathing the patient</li> <li>• Preventing pressure sores</li> <li>• Treating pressure sores</li> <li>• Assisting the patient to exercise the limbs</li> </ul>	<p style="text-align: center;"><b>Conduct Home-Based Care Activities for PLWHA in the Home Setting</b></p>	<p>3. Repeat if necessary.</p> <p><b>Small group work</b></p> <ol style="list-style-type: none"> <li>1. Introduce the small group work.</li> <li>2. Divide participants into groups.</li> <li>3. Give instructions for group task.</li> <li>4. ☛ Put up a list of nursing care skills to be performed.</li> <li>5. ☛ Ask the different groups to go to the designated places and follow the instructions they find displayed in their area.</li> <li>6. Give these instructions to the group: <ul style="list-style-type: none"> <li>→ Have one trainee act as the patient.</li> <li>→ Have another act as the caregiver who will provide the service.</li> <li>→ Have the rest act as observers who will give feedback to the caregiver.</li> <li>→ Change roles until every one has played the role of a caregiver.</li> <li>→ Use a model for practicing the skill (if available).</li> </ul> </li> </ol> <p><b>Time: 2 hours</b></p> <ol style="list-style-type: none"> <li>7. Monitor the small groups and provide feedback.</li> <li>8. Involve observers to give feedback to colleagues.</li> <li>9. Call to plenary.</li> <li>10. Ask trainees to share experiences of what worked well and what did not go well. <ul style="list-style-type: none"> <li>→ What difficulties do they foresee in performing these services?</li> </ul> </li> </ol> <p><b>Field experiences</b></p> <ol style="list-style-type: none"> <li>1. ☛ Explain to trainees that they will go to the field for one day to practice performing care activities in the actual home settings on real patients.</li> <li>2. Introduce the instructions to be followed: <ul style="list-style-type: none"> <li>→ Visit a home with PLWHA.</li> <li>→ Conduct nursing care skills according to the patient's identified needs.</li> </ul> </li> <li>3. ☛ Accompany trainees to the field.</li> </ol>
<p><i>Evaluate the session</i></p>	<p>Evaluation</p> <p>Summary and closure</p>	<ol style="list-style-type: none"> <li>1. Ask trainees what went well. <ul style="list-style-type: none"> <li>→ What should be done to improve the practicum experience.</li> </ul> </li> <li>2. Ask what they have learned and how they will use the lessons.</li> </ol> <ol style="list-style-type: none"> <li>1. Summarize the major points discussed.</li> <li>2. Review the objectives.</li> <li>3. Thank the trainees.</li> </ol>

# HOME-BASED CARE FOR PEOPLE LIVING WITH HIV/AIDS

## MODULE 4: The Concept of Home-Based Care and Support

### NOTES FOR FACILITATORS 4.2: Arranging Demonstrations and Field Work

Practical exercises provide an opportunity for trainees to demonstrate their knowledge and skill related to a particular topic. It is important in these situations to provide clear instructions to the trainees about the exercises to be undertaken and to monitor and provide help when required.

Community visits are intended to be both instructive and enjoyable experiences for the trainees. The visits are also aimed at helping trainees understand how the concepts in this module apply to the community. Community visits must, however, be planned and organized well in advance, including the choice of appropriate community homes, and contacting a key person or organization in the community who is able to facilitate and support HBC services.

#### **Demonstrations**

- Refer to *Home Care Handbook* for the lists of materials and resources for each nursing care skill that will be demonstrated or practiced. Make sure that all equipment is available for the practicum.
- Practice the demonstration yourself before the session to ensure that all materials, supplies, equipment, etc., are in order., and that you are familiar with the procedure.
- Be sure there are sufficient supplies (e.g., towels) so that each team member can participate fully.
- Allow adequate space for teams to operate.

#### **Field Work**

- Plan and organize well in advance.
- Contact community members who may advise on participating homes.
- Choose the homes.
- Visit the homes to ensure willingness and appropriateness for training.
- Make appointments.
- Arrange transport for trainees if necessary.
- Follow up to thank household members for their assistance.

## MODULE 4: THE CONCEPT OF HOME-BASED CARE AND SUPPORT

### SESSION 4.5: COMMUNITY-BASED SUPPORT SERVICES FOR PLWHAS

**Objective:** By the end of the session, trainees will be able to:

1. Define support services and their purpose.
2. List key players in HBC services for PLWHAs.
3. List organizations, groups, and individuals that can be approached to provide support services to PLWHAs at home.
4. Discuss support services the key players, organizations, groups, and individuals can provide to PLWHAs.
5. Discuss the process of linking PLWHAs and their families to support services.

**Duration:** 3 hours

**References:** Handout 4: Introduction to the Concept of Home-Based Care for People Living with HIV/AIDS  
*Home Care Handbook*, Chapter 6

OBJECTIVES	CONTENT	LEARNING/TRAINING ACTIVITIES
<i>Introduce the session</i>	Climate setting	<ol style="list-style-type: none"> <li>1. Ask trainees what support the PLWHA needs. → Where can such support come from?</li> <li>2. Introduce the topic of community-based support organizations to which PLWHAs should/can be linked.</li> </ol>
	Session objectives	<ol style="list-style-type: none"> <li>1. Display newsprint with session objectives.</li> <li>2. Ask one trainee to read them.</li> <li>3. Find out if they are clear and make necessary clarifications.</li> </ol>
1. Define support services and their purposes	<p><b>Definition and Purpose of Support Services</b></p> <p>Refer to <i>Home Care Handbook</i>, Chapter 6.</p>	<p><b>Brainstorming</b></p> <ol style="list-style-type: none"> <li>1. Ask trainees to define support services for PLWHA.</li> <li>2. Accept a few responses and write on newsprint.</li> <li>3. Ask trainees what are the purposes of support services.</li> <li>4. Explain the definition and purposes of support services.</li> </ol>
2. List key players in HBC services for PLWHAs	<p><b>Key Players in HBC Services</b></p> <p>The key helpers in the care of AIDS patients are:</p> <ul style="list-style-type: none"> <li>• <b>The patient</b>, providing own care, if not very sick</li> <li>• <b>Family members</b>, relatives, friends and community members:</li> </ul>	<p><b>Small group work</b></p> <ol style="list-style-type: none"> <li>1. Divide trainees into 2 groups.</li> <li>2. Give assignment for each group: <ul style="list-style-type: none"> <li>• <b>Group 1:</b> Discuss, agree, and list on newsprint the key players in home-based care services.</li> <li>• <b>Group 2:</b> Discuss, agree, and list on newsprint the groups, organizations, and individuals that can provide support services to PLWHAs.</li> </ul> </li> <li>3. Monitor groups and assist the trainees.</li> </ol>

OBJECTIVES	CONTENT	LEARNING/TRAINING ACTIVITIES
	<p>these need education and counseling especially in home nursing care, psychosocial and material support, patient-caregiver interaction and positive communication, and protective wear and other clinical supplies.</p> <ul style="list-style-type: none"> <li>• <b>Health workers</b> such as community-based health workers, traditional healers, and staff of non-government and community-based organizations.</li> </ul>	<p>4. Call the groups back to plenary and ask each group to present their work.</p>
<p>3. List organizations, groups, and individuals that can provide support services to PLWHAs at home</p>	<p><b>Organizations, Groups and Individuals that Provide Support Services to PLWHAs</b></p> <p>These are health workers from AIDS support organizations, e.g., TASO, who go to the homes of PLWHA and provide them with medical care. These teams include doctors, nurses, midwives, clinical officers, social workers, and counselors.</p>	<p><b>In plenary</b></p> <ol style="list-style-type: none"> <li>1. After each group presentation, use own pre-prepared list to compare with that of the group.</li> <li>2. Briefly discuss the key players and the different support groups, emphasizing institution-based support teams.</li> <li>3. Encourage trainees to list key players and their support groups in own communities.</li> </ol>
<p>4. Discuss support services the key players and support groups provide or can provide to PLWHAs</p>	<p><b>Support Services Key Players and Support Groups Provide or Can Provide to PLWHAs</b></p> <ul style="list-style-type: none"> <li>• Medical care – treating AIDS related conditions</li> <li>• Family education on HIV/AIDS</li> <li>• Voluntary HIV testing</li> <li>• Supportive counseling</li> <li>• Material support</li> <li>• Training of home-based caregivers</li> </ul>	<p><b>Small group work</b></p> <ol style="list-style-type: none"> <li>1. Ask trainees to return to their small groups.</li> <li>2. Tell both groups to discuss and agree on the services the key players can provide to PLWHAs.</li> <li>3. Refer to the generated list.</li> <li>4. Assist the groups.</li> </ol> <p><b>In plenary</b></p> <ol style="list-style-type: none"> <li>1. Allow each group to present their work.</li> <li>2. Reinforce the discussion by adding the services missed.</li> </ol>
<p>5. Discuss the process of linking PLWHAs and their families to support services</p>	<p><b>Linkage Process</b></p> <ol style="list-style-type: none"> <li>1. Assist PLWHAs and their families to identify the support that is needed.</li> <li>2. Identify groups/agencies/ individuals that can provide the support.</li> <li>3. Inform the PLWHA about the existence of the</li> </ol>	<p><b>Large group discussion</b></p> <ol style="list-style-type: none"> <li>1. Lead a discussion with trainees on the possible process of linkage between support services and PLWHAs and their families.</li> <li>2. Ensure that the process proposed is realistic and applicable at community level.</li> <li>3. Discuss resources that may be involved and the process steps to follow.</li> <li>4. Remind trainees that they will be expected to apply such linkage to referral centers,</li> </ol>

OBJECTIVES	CONTENT	LEARNING/TRAINING ACTIVITIES
	agencies/individuals and the services they provide. 4. Introduce the identified groups/individuals to the PLWHAs and their homes. 5. Help the PLWHAs to evaluate the groups/individuals who provide the support. 6. Allow PLWHAs to choose the agency/individuals to meet own needs. 7. Help plan for transportation if needed, or help set up home visits. 8. Follow up to assure coordination of services.	voluntary HIV counseling centers, counselors, spiritual leaders, lawyers, churches, mosques, temples, TASO, and individuals such as neighbors and friends. 5. Allow trainees to share their concerns if any.
<i>Evaluate the session</i>	Evaluation  Summary and closure	<b>In plenary</b> 1. Ask trainees how they feel about the session. → How useful is it to the HBC jobs and tasks? 2. Find out about their learning. 3. Review major points of the session and the learning. 4. Review session objectives. 5. Close session and link to the next.

# HOME-BASED CARE FOR PEOPLE LIVING WITH HIV/AIDS

HANDOUT 4:

## Introduction to the Concept of Home-Based Care for People Living with HIV/AIDS

### 1. WHAT IS HOME-BASED CARE?

Home-based care for people living with HIV/AIDS consists of selected services that are provided at home. The services are in the areas of:

- Nursing care (personal and general hygiene)
- Nutrition
- Advice and promotion of positive safe sexual behavior
- Support (e.g., counseling, links with other services)
- Treatment of AIDS-related conditions
- Physical therapy

The concept is not meant to address the people who are HIV positive, but refers only to those who have advanced to the AIDS stage. It concerns the two types of people with AIDS: those who have AIDS but are still able to help themselves, and those who are bedridden and unable to help themselves (may even be unconscious).

### 2. RATIONALE FOR HBC

With the growing numbers of people infected or affected by HIV/AIDS many things have come to the knowledge of individuals and nations:

- Sick people with AIDS are discharged from the hospitals where there are trained professionals and are sent home where they are usually cared for by untrained relatives with no professional back up support.
- These caregivers at home are most often women with no training in nursing the sick or in how to protect themselves or other family

members from infections arising from handling infected material (e.g., body fluids).

- The PLWHAs need continuity of quality care to prolong their lives and reduce suffering.
- There are limitations on hospital care, including limited resources, that affect the care that can be given to PLWHAs.

All these concerns mean that PLWHAs cannot get the appropriate care they need.

Home-based care has been noted to be the way to ensure that quality care can be continuously provided for PLWHAs outside the health unit level.

The purpose of providing home-based care to people with AIDS is to:

- Prevent problems when possible
- Take care of existing problems
- Enable people to know when to get help

### 3. ADVANTAGES OF HBC

Home-based care cannot be overrated. It affects the socioeconomic, psychosocial, and medical well-being of the patient, the family, the community, and the health care system.

#### 3.1 For the PLWHA

Home-based care has many advantages to the person with AIDS. These range from the comfort of familiar surroundings to a sense of belonging to the family.

#### *Familiar environment*

A patient who is nursed in a familiar environment usually suffers less stress and

**Points to remember:**

**Home-based care for people with HIV/AIDS has important advantages for:**

- **The PLWHA**
- **The family**
- **The community**
- **The health care system**

anxiety than one who is far from home in a strange hospital or clinic. This makes the illness more bearable.

***Family responsibility***

The home environment also allows the PLWHA to continue participating in family matters. This would not be the case if the person was hospitalized in an institution away from home. For a man, this means that he still acts as head of the family and for a woman that she still holds her role.

***Sense of belonging***

A PLWHA nursed at home is in close contact with family members, friends, and the community as a whole and this promotes a sense of belonging.

***Acceptance of one's condition***

Being in constant contact with family members, friends, and relatives helps PLWHAs to accept the disease. (It is a disease like any other.)

**3.2 For the Family**

Good basic care can be given successfully at home and it is usually less expensive for families to care for PLWHAs at home than in hospital. For example, there are no hospital bills, transport to and from hospital, etc. Moreover, nursing a PLWHA at home helps hold family members together and makes it easier to coordinate family activities.

Information and education on HIV/AIDS will help family members to understand and accept the PLWHA's condition.

**3.3 For the Community**

Training in home-based care helps community members become more aware of HIV/AIDS, helps counteract myths and mistaken beliefs

about the disease, and encourages people to take steps to prevent infection. Nursing a PLWHA at home reduces the community's cost of reaching a PLWHA and encourages community participation in the care of PLWHAs.

Home-based care also helps maintain community cohesiveness in responding to community members' needs.

**3.4 For the Health Care System**

The essence of HBC is that it does not require the creation of extra services where none exist. Sometimes hospital care is simply not possible.

Home-based care also helps to ease the demand on the health system. Home care can mean that hospitals will be less crowded, so that doctors, nurses, and other hospital staff can give better care to those who really need to be in hospital.

**4. THE MAJOR COMPONENTS OF HOME-BASED CARE SERVICES GIVEN TO PLWHAS**

This section briefly describes the services given at home in the areas of nursing care, nutrition, sexual behavior, support, management of AIDS-related conditions, and physical therapy. For details on the delivery of the services, refer to the *Home Care Handbook*.

**4.1 Nursing Care (including Personal and General Hygiene)**

Good personal hygiene (keeping the body clean) and clean surroundings help prevent infections and the spread of diseases. A person with AIDS who does not maintain cleanliness is more likely to be infected by various diseases.

Services in this area are provided to PLWHAs in:

- Personal hygiene, e.g., body care
- Housekeeping, e.g., handling contaminated utensils and bedding
- Environmental hygiene, e.g., cleaning the compound

**4.2 Nutrition**

Good nutrition is essential for good health. A person needs to eat different kinds of food to build and maintain the body. Good nutrition also helps the body's defense system fight infections

and diseases by increasing white blood cells in the body.

Nutrition services are services provided to PLWHAs in terms of preparation and service of food from the three food groups (energy giving, protective, body building). The purpose is to ensure a proper and balanced diet of foods that are well cooked and served in an appetizing way.

#### **4.3 Advice and Promotion of Positive Sexual Behavior**

These are services provided to people with AIDS in terms of:

- Information and education on STIs/HIV/AIDS
- Information and education on safer sex
- Provision of condoms in order to promote responsible/safer sexual behavior and prevent the spread of HIV/AIDS and other STIs where penetrative sex is practiced

#### **4.4 Support**

Support services are services in the areas of social, spiritual, emotional/psychological, and material support.

##### ***Social support***

PLWHAs usually suffer from anxiety, anger, guilt, or distorted imagination. They therefore need a lot of assurance that they are accepted by others including family members. If PLWHAs are able to move about, caregivers should be encouraged to include them in day-to-day activities. This can be eating while socializing with the rest of the members of the family. This improves their mental status and brings a sense of belonging.

##### ***Spiritual support***

Because of the feelings noted above, PLWHAs should be encouraged to trust in God as a source of rest for the mind. Forgiveness and reconciliation replace anger and guilt. Caregivers can invite or ask some religious person to introduce the knowledge of God to the person with AIDS. Encourage reading scripture or *suras* and sharing about God.

##### ***Emotional and psychological support***

AIDS causes emotional as well as physical and psychosocial pains to the person with AIDS. Some of the stress stages are:

- Shock, fear, denial

- Acceptance, withdrawal, depression, suicide
- Accepts help, makes plans for self and family, talks about it, decides to help others
- Becomes ill and weak
- Anger, despair, sadness; may hurt self

Caregivers need to identify the specific needs of each individual person with AIDS. Counsel them, listen to them, be patient with them, and provide them with basic needs or with emotional and psychological support.

##### ***Material support***

Because of reduced movement due to physical weakness PLWHAs need a lot of material support for their basic needs. These include finances, food, clothes, etc. The caregiver and PLWHA can discuss these needs with other family members, relatives, or others who may be willing to assist.

#### **4.5 Management of AIDS-Related Conditions**

These are services given to PLWHAs in terms of:

- Home traditional treatment, e.g., care of wounds and sores, drug administration, and control of diarrhea
- Referral for medical treatment for:
  - Diagnosis
  - Prescription
  - Supply of drugs

#### **4.6 Physical therapy**

Physical therapy services include physical exercises and massage for the person with AIDS to help blood circulation, improve digestion, ease stiffness of joints, and prevent any secondary infections. They also help relieve stress by helping the patient relax.

### **5. WHAT SAFETY PRECAUTIONS ARE NEEDED IN PROVIDING HBC?**

For the safety of both the patients and themselves, home-based caregivers must follow certain precautions.

#### **5.1 Protection for PLWHA**

PLWHAs need protection from other infections because:

- AIDS gradually destroys the body's immune system.

- People with AIDS may have no immunity to infections that caregivers may be carrying.
- Even relatively mild infections, such as a cold, may cause a PLWHA to become very ill.

## 5.2 Protection for Care Provider

Caregivers need to protect themselves because:

- The HIV virus is spread through contact with body fluids from AIDS patients.
- The PLWHA may be having active tuberculosis.
- AIDS is a fatal illness and there is presently no known cure for it.

## 5.3 Types of Protection Required

Infection and cross-infection can be prevented by:

- Observing good personal hygiene habits.
- Keeping the PLWHA's surroundings clean.
- Avoiding exposing the PLWHA to persons with other diseases.
- Wearing gloves or other protective hand coverings to prevent contact with wounds/body fluids.
- Covering broken skin, sores, or cuts with waterproof dressing such as elastoplast.
- Strictly following procedures for decontaminating equipment, utensils, soiled bedding, etc.
- Screening and treating PLWHA and caregiver for tuberculosis.

## 6. WHAT ARE THE JOBS AND TASKS OF THE CBHW IN HOME-BASED CARE?

In addition to the jobs and tasks performed as CBHW, the CBHW will perform the following specific jobs and tasks while conducting home-based care services for PLWHA.

- Mobilizing the community for HIV/AIDS education sessions.
- Providing first aid to patient.
- Linking PLWHA to other support organizations.
- Transferring knowledge and skills to the family members/caregivers.
- Conducting home visits and group discussions.
- Assisting families and individual PLWHAs to plan the future.

### 6.1 For PLWHA

For people living with HIV/AIDS, the CBHW:

- Establishes linkages with institutions dealing with PLWHAs (to identify those needing HBC), including health institutions.
- Provides HBC services.
- Provides information and education on STI/HIV/AIDS and family planning.
- Refers/links PLWHA with specialized care/support services: social groups, counseling, health centers.
- Follows up PLWHA to assure services are appropriate and adequate.

### 6.2 For the Caregiver

For the caregiver, the CBHW provides:

- Training
- Supervision
- Assistance in establishing linkages with institutions serving PLWHAs—hospitals, counseling services, and social groups.

## 7. HOW DOES HOME-BASED CARE FIT INTO THE CBHW JOB DESCRIPTION?

### 7.1 Review of CBHW Job Description

The CBHW job description shows a number of community-based tasks and functions that have links with home-based care activities.

#### *Functions*

- Provision of RH health IEC
- Provision of selected RH services
- Management of RH activities

#### *Tasks*

- Provide community-based IEC services
  - Home visits
  - Group talks
  - Individual talks
- Provide selected health services
  - Referral
  - Training
  - Follow-up
  - Distribution of contraceptives

### 7.2 Review of CBHW tasks in HBC

#### *For PLWHAs*

- Train PLWHAs in ways to take care of themselves
- Refer PLWHAs for specialized care, e.g., treatment, counseling, emotional/spiritual support.





## **MODULE 5: SELF-CARE FOR PEOPLE LIVING WITH HIV/AIDS**

**OBJECTIVES:** By the end of the module trainees will be able to:

1. Describe the concept of self-care for PLWHAs.
2. Explain the different activities undertaken in self-care.
3. Describe the process steps in providing the self-care activities.
4. Demonstrate ability to teach PLWHAs self-care.

**DURATION:** 6 hours

**REFERENCES:** Handout 5: Living Positively - What People Living with HIV/AIDS Need to Know to Stay Healthy Longer  
*Home Care Handbook*

### **CONTENT:**

#### 5.1 Introduction to the self-care concept

- Concept of self-care for PLWHAs
- Purposes and advantages to PLWHA of self-care
- Different activities undertaken in self-care
  - Hygiene
  - Nutrition
  - Rest and relaxation
  - Taking medication as prescribed and seeking medical help
  - Exercises
  - Safer sexual behavior
  - What to do when symptoms arise
  - What to avoid
- Process steps in providing self-care activities

#### 5.2 Practice skills in self-care for PLWHAs

## MODULE 5: SELF-CARE FOR PEOPLE LIVING WITH HIV/AIDS

### SESSION 5.1 INTRODUCTION TO THE SELF-CARE CONCEPT

**Objectives:** By the end of the session, trainees will be able to:

1. Establish common understanding of the self-care concept.
2. List the purpose and advantages of self-care for PLWHAs.
3. List at least five different activities undertaken in self-care.
4. Discuss the process taken in doing each activity.

**Duration:** 2 hours

**Reference:** Handout 5: Living Positively - What People Living with HIV/AIDS Need to Know to Stay Healthy Longer

OBJECTIVE	CONTENT	LEARNING/TRAINING ACTIVITIES
<i>Introduce the session</i>	Climate setting	<b>In plenary</b> <ol style="list-style-type: none"> <li>1. Ask trainees their experiences with how people with AIDS live.               <ul style="list-style-type: none"> <li>→ What are they able to do for themselves?</li> <li>→ What are their expectations of other people they live with?</li> </ul> </li> <li>2. Introduce the topic, explaining the importance of the session on self-care.</li> </ol>
	Objectives of the session	<ol style="list-style-type: none"> <li>1. Display newsprint with session objectives.</li> <li>2. Ask one trainee to read the objectives.</li> <li>3. Ask if clear and clarify if necessary.</li> </ol>
1. Establish common understanding of the self-care concept	<b>Concept of Self-Care</b>  The care PLWHAs can give themselves or the things they can do to help improve the quality of their lives.	<b>Brainstorming</b> <ol style="list-style-type: none"> <li>1. Ask trainees what they understand by self-care.</li> <li>2. Take a few responses.</li> <li>3. Explain self-care in relation to a person with AIDS. Explain that a patient living with HIV/AIDS should be encouraged to live a normal life, and that this will help build self-esteem.</li> </ol>
2. List the purposes/advantages of self-care for PLWHA	<b>Purposes/Advantages of Self-Care for PLWHA</b> <ul style="list-style-type: none"> <li>• Makes patient feel self-reliant</li> <li>• Removes feeling of hopelessness</li> <li>• Promotes healthy and positive living with HIV/AIDS</li> <li>• Helps relieve anxiety and depressing</li> <li>• Gives a feeling of going on and reduces the fear of dying</li> </ul>	<b>Buzz groups</b> <ol style="list-style-type: none"> <li>1. Ask trainees in trios what are the purposes of or good things about self-care.</li> <li>2. Let each trio write the purposes or good things on a small piece of paper.</li> <li>3. Ask each group to present their purposes.</li> <li>4. List them on newsprint.</li> <li>5. Add what is missing and briefly discuss to reinforce the purposes.</li> </ol>

OBJECTIVE	CONTENT	LEARNING/TRAINING ACTIVITIES
3. List at least 5 different activities undertaken in self-care	<p><b>Activities in Self-Care</b></p> <ul style="list-style-type: none"> <li>• Hygiene</li> <li>• Nutrition</li> <li>• Rest</li> <li>• Taking drugs and seeking medical help</li> <li>• Exercises</li> <li>• Safer sexual behavior</li> <li>• What to do when symptoms arise</li> <li>• What to avoid</li> </ul>	<ol style="list-style-type: none"> <li>1. Repeat the same process as in objective 2.</li> <li>2. Explain what they will discuss, what process to take for each activity, and what the patient needs to do.</li> </ol>
4. Discuss the process for doing each activity	<p><b>Process Taken for Each Activity</b></p> <p>Refer to Handout 5.</p>	<p><b>Large group discussion</b></p> <ol style="list-style-type: none"> <li>1. Distribute Handout 5 on the activities in self-care.</li> <li>2. Discuss activities one at a time.</li> <li>3. Involve trainees in reading and sharing their experiences.</li> <li>4. Ensure the trainees understand the process.</li> <li>5. Inform the trainees that they will practice to pass the self-care skills to PLWHAs.</li> </ol>
<i>Evaluate the session</i>	Evaluation	<ol style="list-style-type: none"> <li>1. Ask trainees what they feel about the session on self-care. What are the difficulties?</li> <li>2. Clarify difficulties if any.</li> <li>3. Ask trainees what they have learned from the session (lessons should address all objectives).</li> <li>4. Find out how they will use this knowledge.</li> </ol>
	Summary and closure	<p><b>In plenary</b></p> <ol style="list-style-type: none"> <li>1. Summarize the session.</li> <li>2. Review session objectives.</li> <li>3. Close session linking it to the practicum on self-care.</li> </ol>

## MODULE 5: SELF-CARE FOR PEOPLE LIVING WITH HIV/AIDS

### SESSION 5.2 PRACTICE SKILLS IN SELF-CARE FOR PLWHA

**Objective:** By the end of the session, trainees will be able to:

1. Review the activities in self-care for PLWHAs.
2. Demonstrate ability to transfer skill in self-care to PLWHAs.

**Duration:** 4 hours

**References:** Handout 5: Living Positively - What People Living with HIV/AIDS Need to Know to Stay Healthy Longer  
*Home Care Handbook*

OBJECTIVES	CONTENT	LEARNING/TRAINING ACTIVITIES
<i>Introduce the session</i>	Climate setting	<b>In plenary</b> 1. Ask trainees what they recall from the previous practicum sessions. → What happened? 2. Introduce the practicum on self-care.
	Session objectives	1. ➤ Display the newsprint with session objectives. 2. Ensure objectives are clear to trainees.
1. Review the activities in self-care for PLWHAs	<b>Review of Activities</b>	<b>Brainstorming</b> 1. Ask trainees to recall the activities in self-care discussed in Session 5.1. 2. ➤ Use a pre-prepared newsprint with activities to review
2. Demonstrate the ability to transfer skills in self-care to PLWHAs	<b>Demonstrations</b>	<b>Simulations - Role play in small groups</b> 1. Introduce the practicum. 2. Inform trainees that they will practice skills transfer in self-care. 3. Divide trainees into groups of 3. 4. Direct each group to select one self-care activity → One trainee acts the role of CBHW, the other as a PLWHA, and the third as an observer. → The CBHW demonstrates/discusses a selected activity with a PLWHA. → The observer takes notes of how the CBHW is transferring the skills to PLWHA, the correctness of the information, and the attitude portrayed. → The observer gives feedback at the end of the role play or demonstration. → The trainees change roles and pick a different activity until all have practiced the role of CBHW. 5. Make rounds and observe each group; help and give feedback. 6. Encourage groups to practice as many activities as possible.
<i>Evaluate the practicum</i>	Processing the practicum	<b>In plenary</b> 1. Ask trainees how they found the practice. → What was easy? → What was difficult?

OBJECTIVES	CONTENT	LEARNING/TRAINING ACTIVITIES
		<ul style="list-style-type: none"> <li>→ What attitude was displayed?</li> <li>2. Allow trainees to share their experiences and observations in the different roles.</li> <li>3. Make necessary clarifications or additions.</li> <li>4. Ask trainees what they have learned from the practice as a CBHW and as a PLWHA.</li> <li>5. Ask trainees how this practice will help them with skills transfer to actual patients with AIDS.</li> <li>6. Ask what difficulties are anticipated and how they can be dealt with.</li> </ul>
<i>Evaluate the session</i>	Evaluation and closure	<ul style="list-style-type: none"> <li>1. Wrap up the session.</li> <li>2. Review the objectives.</li> <li>3. Close the practicum and encourage trainees to continue practicing on their own after class.</li> <li>4. Link up the actual skills transfer in the field.</li> </ul>

# HOME-BASED CARE FOR PEOPLE LIVING WITH HIV/AIDS

## HANDOUT 5:

# Living Positively - What People Living with HIV/AIDS Need to Know to Stay Healthy Longer

## 1. KEEP YOUR BODY WELL FED

Our bodies need well balanced and wholesome food. Over 90% of diseases that attack our bodies are food related. Eating a variety of whole grains, legumes, fruits, vegetables, and animal protein restores health.

People with AIDS need enough good food. A well balanced diet will strengthen your body's defense system, thus protecting against infections. It will repair worn out body cells, provide energy to the body, and improve the well-being of the body and spirit.

### 1.1 What to Eat

Strive for a well balanced diet of wholesome foods that provide all the essential elements your body needs. Your diet should include:

- Proteins such as meat, chicken, fish, groundnuts, beans, eggs, milk/cheese, and soy beans. These are the body's "building blocks."
- Carbohydrates such as potatoes, *matooke*, *posho*, millet, rice, cassava. These are essential for providing energy to the body.
- Fruits and vegetables such as oranges, pineapples, papayas, mangoes, greens (*nakati*, *dodo*), pumpkins. These foods provide important vitamins that protect the body against infections and help restore health.

### 1.2 How to Eat

The way you eat your food is as important to your mental health as what you eat is to your physical health. When you eat:

- Eat small regular meals that include complete nutrition.
- Eat while socializing. This improves your mental status and brings a sense of belonging.
- Choose foods you like and prepare them or ask someone to prepare them for you in nutritionally balanced manner.
- Take small amounts at a time; eat often if you are hungry.
- Always wash your hands before and after handling food to avoid food poisoning.
- Wash food before preparation and raw vegetables before serving them.
- Drink a lot of water or juice with your meals and at any other time. You can also use oral rehydration drinks that you can make yourself.
- Drink a lot of milk if you can afford it.

## 2. PRACTICE RESPONSIBLE SEXUAL BEHAVIOR

Responsible sexual behavior is necessary to:

- Protect the health of others, e.g., spouse or partner.
- Protect yourself against sexually transmitted diseases (STDs), which may add health complications and increase the amount of HIV in the body.

You should avoid promiscuous sexual behavior as well as strenuous sexual activities.

If you have another STD seek medical treatment immediately.

## 2.1 How to Protect Yourself and Your Partner

Safer sex is any sexual practice that reduces the risk of transmission of HIV. Some safer sex practices are:

- Use of condoms for vaginal, oral, or anal sex.
- Non-penetrative sex (as long as there is no bloody discharge or sores on genitals or hands of either partner).
- Mutual masturbation
- Body sex (thigh sex)
- Other activities that are appropriate to your community.

If you can't give up sex, use a condom every time you have sex to reduce the risk of passing on HIV, getting other STDs, or infecting your partner. If you decide to use condoms you will need to discuss it with your partner first. Do not force the other person to do what you want.

It is very important to use the condom correctly. If you do not know how, ask a health worker or a counselor. You can get condoms from pharmacies, drug shops, social marketing agents, health workers, and clinics.

Remember that sexual intercourse is not the only way to show love and to be intimate. You can hug, hold someone in your arms, touch, and kiss if you have no sores or cuts in your mouth. You can also think about other ways of showing love.

Remember the special things your partner likes, listen and talk to each other, spend time together. Comfort and console each other.

## 2.2 For Women Living with HIV/AIDS

- Protect yourself from pregnancy; remember pregnancy makes the condition worse by further suppressing your immunity.
- Be aware that the baby can also be infected during childbirth and breastfeeding.
- Remember a baby needs healthy parents to bring it up through its life.

### HOW TO USE A CONDOM

1. Open condom packet and take the condom out. Place the condom on the tip of an erect penis (if you are not circumcised, pull the foreskin of the penis back before putting on the condom) while pressing its teat to allow a small empty space to hold semen; this prevents the condom from breaking easily.



Figure: Put a condom on an erect penis



Figure: Unroll the condom to the end of the penis; leave a teat at the top.

2. Immediately you finish the sexual act, while the penis is still erect, hold on to the condom and remove the penis from the vagina. Be careful not to spill the semen.



Figure: Remove the condom after the sexual act.

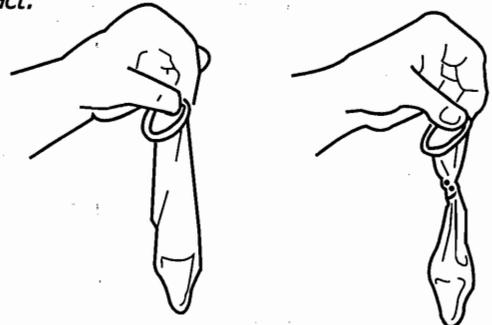


Figure: Tie a knot to avoid spilling the semen. Dispose of properly; wrap in paper and burn or put into the latrine.

### 3. KEEP YOURSELF CLEAN

Maintaining personal hygiene, that is, cleanliness of the body, teeth, hair, and clothes, will improve your health status. Good hygiene helps prevent diseases that could worsen your condition. Your body is already weak; maintain a high standard of personal hygiene to help prevent further problems. Some of the things you should do are:

- Bathe regularly to keep the body clean and refreshed.
- Trim the nails short and keep them clean to reduce collection of germs and self-injury. This will also raise your morale.
- Brush your teeth daily, after waking up and before going to bed, to keep your mouth clean and fresh. Take particular care when there are sores or thrush. Apply Vaseline/glycerin to keep lips moist.
- Keep bedding and clothes clean and tidy to prevent infection and improve your well-being.
- Always wash hands before and after cooking or eating.
- Always wash hands after defecating.
- Wash dishes with soap and clean water.
- Wash linen and clothes with soap and clean water.
- Cover the mouth when coughing.
- Always spit into something that can be burned like a tissue or a leaf or a container with a cover. Empty the sputum container as necessary.
- Always wash hands after touching blood or other body fluids.

### 4. EXERCISE AS MUCH AS POSSIBLE

Regular and moderate exercises and outdoor activities make our blood circulate well. When we sweat some toxic substances from the body are flushed out. Exercise makes our lungs work better and our hearts beat stronger. Exercise keeps the limbs from being stiff.

Exercise can relieve stress, improve your mood, and reduce anxiety and depression. Gainful exercise, e.g., performing income-generating activities, brings a feeling of productiveness, which will make you independent. Some other things to remember about exercise are:

- Exercising the body and limbs should be done daily.

- The exercises should be simple and not straining. Select which exercises you can do.
- Exercises should be done in the open to give enough air to breathe.
- Sunbathe in the morning and the afternoon. This will help to kill the germs on the surface of the body that may cause infection and will also help to strengthen the bones.

### 5. WORK

It is good to work as long as you can. Work earns money. It keeps you active and gives you the opportunity to see friends and colleagues at the work place. Being around people and working helps you to forget your worries.

If you start to feel too tired to do your normal duties, think about finding another job that is less demanding or try to work less. Talk to your employer to reduce your hours of work. Avoid working too long even at home.

At home you can try your hand at small-scale projects that can contribute to your income and nutrition, e.g., raising chicken or rabbits.

### 6. REST AND RELAX

Rest is very important to PLWHAs. It will be easier to keep your body strong if you don't let yourself get too tired. Remember:

- Stress slows down the body and increases wear and tear.
- Your body needs rest, so try to get at least 8 hours sleep every night.
- Rest whenever you feel tired.
- It is also good to relax; you can listen to music, or read newspapers, novels, or religious books:
- You can relax with people you love, spend time with your children and your partner, talk with friends.

### 7. TAKE CARE OF YOUR HEALTH

#### 7.1 What You Can Do at Home

People living with HIV/AIDS often have health problems that can be treated at home. It is important for you to be able to recognize such conditions, take necessary precautions to prevent them from getting worse, and control new infections.

### **Fever and flu**

Fevers may be caused by infections such as malaria and tuberculosis (TB) can be treated effectively.

If you have fever or flu:

- Wash the body in cool water or wipe the skin with wet cloths.
- Take 2 aspirin or paracetamol every 4 hours.
- If the fever is due to malaria take a full course of anti-malarial drugs such as Chloroquine.
- Drink more than usual: water, tea, or juice.
- Use any local remedies that reduce the fever.
- Try to keep the condition from getting worse. Seek medical help early.

### **Skin problems**

PLWHAs usually have itching skin. Others may get herpes zoster (*Kisipi*).

- **For open sores**
  - Wash with soap and water.
  - Keep the area dry and apply gentian violet solution.
  - Dress the wounds with cloth strips that have been washed and dried in the sun.
  - If the wound becomes infected and produces pus, handle soiled bandages with care. Soak bandages/strips of cloth in a solution of 1 part Jik to 6 parts water for 10 minutes before washing.
  - Go to the health unit for additional treatment.
- **For rashes**
  - Apply local remedies or calamine lotion to relieve itching.
- **For herpes zoster**
  - Take 2 aspirin or paracetamol every 4–8 hours (depending on severity of pain).
  - Apply local remedies.
  - If the pain is very bad, or the sores become infected, go to a health facility for stronger pain medicine and for dressing.
- **For diarrhea related problems**
  - Wash the skin with warm water and soap after each bowel movement.
  - Keep the skin clean and dry.

### **Cough or difficulty breathing**

Some lung infections that people with AIDS can get, such as pneumonia and TB, can be

treated effectively with modern medicine. TB is contagious if it is not treated.

- Take 2 aspirin or paracetamol every 4–8 hours. (*With aspirin take small amounts of food first.*)
- Drink lots of fluids especially if there is fever.
- Move about and turn in bed frequently.
- Sit up when possible.
- Use any local medicines that are soothing.
- Sleep on high pillows or raise the head of the bed on blocks to assist breathing.

### **Chronic diarrhea**

People with AIDS may have diarrhea that does not go away. If this happens to you:

- Drink much more than usual: lots of water, tea, broth, and juice. Take oral rehydration solution.
- Continue eating solid foods including porridge, soup, and fruits such as bananas.
- Wash and dry the skin around the anus and buttocks after every bowel movement.
- Watch for danger signs of dehydration: the tongue is dry, the eyes are sunken, and the skin goes back slowly when pinched.

**Note:** If you become dehydrated, get help quickly to go to the nearest health facility.

### **Sore mouth and throat**

This normally occurs in persons with AIDS. It should be prevented if possible, or treated quickly when it occurs because it will make it hard for you to eat. If you lose weight, your immunity will be reduced even more. To keep your mouth healthy:

- Rinse your mouth with warm water mixed with a pinch of salt.
- For white patches, suck a lemon to ease sores on the lips and mouth.
- Eat soft foods as able.
- Apply gentian violet solution to sores on lips and mouth.
- Use any local remedies that are soothing.

### **Pain**

- For adults take 2 aspirin or paracetamol every 4–8 hours. (*Take small amounts of food before taking aspirin.*)
- Use any local remedies that ease pain.
- If lying in bed, change position frequently.
- For swelling, raise legs or swollen body parts on pillows.
- Ask someone to rub and gently massage your sore muscles. Use oils or lotion if possible.
- Ask for help if needed. Avoid straining yourself.

### ***Tiredness, weakness***

- Rest as needed. Learn to accept help from others.
- Find ways to make activities easier. For example, sit rather than stand to wash.
- Ask for help if needed such as washing, going to the toilet or latrine, getting in and out of bed, eating.

## **7.2 When to Get Medical Help**

Some health problems cannot be treated at home but will need advice and care of medical practitioners. It is important for you to recognize these conditions and to go to a qualified health worker as soon as you feel sick. Getting treatment early will help you live longer. For example, if you have a cold seek treatment. Do not let it develop into something serious like pneumonia or tuberculosis. Getting treatment early will make you feel better and can prevent the problem from getting more serious.

## **7.3 Taking Medication**

Modern medications help to fight infection when used correctly. Antibiotics in particular are extremely useful and important medicines.

Different medicines work in different ways against specific infections or complaints. You should never take medication unless it has been prescribed by a health care worker for a specific reason.

Drugs like antibiotics kill bacteria. But not all bacteria are harmful, and sometimes PLWHAs develop fungal infections of the mouth, skin, or vagina because the antibiotics they are using have destroyed the bacteria that were keeping the fungus under control. If this happens it is necessary to take steps to control the fungus, but generally you should continue taking the antibiotic—the bacterial infection is likely to be more dangerous than the fungal infection. When you have other reactions to particular medicine, however, stop the medicine and inform the caregiver or the community-based health worker. For example:

- Skin itching or rashes
- Drowsiness
- Abdominal pain

Do not use leftover drugs to treat new infections. Take all the drugs as prescribed for the full length of time and at the right times. When drugs are used incorrectly, they become less effective. Pay particular attention to drugs that are treating tuberculosis; make sure you take them daily as prescribed. Store your drugs in a safe place and away from children.

## **7.4 Herbalism/Traditional Medicine**

Some people living with HIV/AIDS believe that herbs help against some of the sickness that comes with AIDS, for example to relieve coughing and itching. Some herbal treatments are in fact useful, but there are several points PLWHAs should know about traditional medicine:

- There is no herb that can cure AIDS.
- Some herbs are very expensive; it may be better to spend your money on nutritious food and other social needs.

Sometimes traditional medicine will require making cuts on the body. Remember that some traditional doctors do not sterilize the blades they use for cutting. This can transmit HIV, which may worsen your condition.

## **8. AVOID THESE TROUBLEMAKERS**

Some substances or activities are likely to suppress your immunity even further and cause more complications. Avoid:

- Alcohol
- Tobacco
- Excessive medication other than the prescribed drugs in appropriate doses. Avoid self-medication
- Sexual promiscuity
- Anxiety and depression
- Straining from too much work or exercise



## **MODULE 6: ASSESSING LEARNING NEEDS FOR HOME-BASED CAREGIVERS AND PLWHAS**

**OBJECTIVES:** By the end of the module trainees will be able to:

1. Describe the concept of assessing learning needs.
2. Explain the reasons and different ways of assessing learning needs of home-based caregivers and PLWHAs.
3. Describe the process of assessing learning needs.
4. Assess and compile learning needs for home-based caregivers and PLWHAs in own communities.

**DURATION:** 8 hours

**REFERENCES:** Handout 6: Assessment of Learning Needs for Home-Based Caregivers and People Living with HIV/AIDS  
Annex F: PLWHA Needs Assessment Form  
Notes for Facilitators 6.1: Role Play on Assessing Learning Needs  
Notes for Facilitators 6.2: Practice Exercises for Assessing Learning Needs  
Notes for Facilitators 6.3: Format for Compiling Learning Needs

### **CONTENT:**

- 6.1 Identifying learning needs of home-based caregiver and PLWHAs
  - Concept of assessing learning needs
  - Purposes of identifying learning needs
  - Ways of assessing learning needs
    - Asking questions or discussion with caregivers, PLWHAs, family members (interview)
    - Observing the patients' condition and surroundings
    - Asking the caregiver to demonstrate a skill
  - Process of assessing learning needs
  - Use of assessment in planning training
- 6.2 Practicum on identifying learning needs of home-based caregivers and PLWHAs
  - Classroom demonstration
  - Real field situation in own communities

## MODULE 6: ASSESSING LEARNING NEEDS FOR HOME-BASED CAREGIVERS AND PLWHAS

### SESSION 6.1: IDENTIFYING LEARNING NEEDS OF HOME-BASED CAREGIVERS AND PLWHAS

**Objective:** By the end of the session, trainees will be able to:

1. State the meaning of learning needs.
2. List the purposes of identifying learning needs before training home-based caregivers and PLWHAs.
3. Identify at least 3 ways of assessing the learning needs of home-based caregivers and PLWHAs.
4. Explain the process of conducting a learning needs assessment for HBC givers and PLWHAs.
5. Discuss how to use the identified learning needs to make decisions on what skills to teach.

**Duration:** 2 hours

**Reference:** Handout 6: Assessment of Learning Needs for Home-Based Caregivers and People Living with HIV/AIDS  
Annex F: PLWHA Needs Assessment Form

OBJECTIVE	CONTENT	LEARNING/TRAINING ACTIVITIES
<i>Introduce the session</i>	Climate setting	<ol style="list-style-type: none"> <li>1. Refer to the previous session on introduction to the concept of training home-based caregivers.</li> <li>2. Ask trainees what they remember.</li> <li>3. Introduce the session and its importance.</li> </ol>
	Session objectives	<ol style="list-style-type: none"> <li>1. Introduce the session objectives.</li> <li>2. Find out if they are clear and understood.</li> <li>3. Clarify as necessary.</li> </ol>
1. State the meaning of assessment of learning needs	<p><b>Meaning of Assessment of Learning Needs</b></p> <p>This is an activity done by trainers/facilitators before a training activity to determine or assess the gaps in knowledge, skills, and attitude of the trainee in relation to the trainee jobs and tasks.</p>	<p><b>Brainstorming</b></p> <ol style="list-style-type: none"> <li>1. Ask trainees to mention what they understand by assessment of learning needs.</li> <li>2. Write down their responses on newsprint.</li> <li>3. Put up pre-prepared newsprint with the meaning of assessment of learning needs.</li> <li>4. Ask a trainee to read, and find out if it is understood.</li> <li>5. Elaborate and clarify as needed.</li> </ol>
2. List the purposes of identifying learning needs before training home-based caregivers and PLWHAs	<p><b>Purposes of Identifying Learning Needs</b></p> <ul style="list-style-type: none"> <li>• To determine amount of knowledge and skills trainees have on the job for which you want to train them.</li> <li>• To identify the gaps in each trainee's knowledge, skills, and attitude.</li> </ul>	<p><b>Buzz groups</b></p> <ol style="list-style-type: none"> <li>1. Divide trainees into pairs.</li> <li>2. Ask each pair to write down 2 purposes for assessing learning needs before training.</li> <li>3. Allow at least 5 minutes.</li> <li>4. Ask each pair to mention 2 purposes as you record them on newsprint.</li> <li>5. Add to the list purposes not mentioned.</li> <li>6. Acknowledge their contributions.</li> </ol>

OBJECTIVE	CONTENT	LEARNING/TRAINING ACTIVITIES
	<ul style="list-style-type: none"> <li>• To identify the behavior or attitudes that may hinder the trainee from performing the job.</li> <li>• To get acquainted or identify available resources so that training is made realistic to match the trainees' usual resources and social context.</li> <li>• To identify what nursing care skills you will need to teach the caregiver or the PLWHA.</li> <li>• To identify and build on what the trainee already knows or does well.</li> </ul>	
<p>3. Identify at least 3 ways of assessing the learning needs of home-based caregivers and PLWHAs</p>	<p><b>Methods/Ways of Assessing Learning Needs of Home-Based Caregivers and PLWHAs</b></p> <ul style="list-style-type: none"> <li>• Holding discussions with family members and other caregivers using set questions: <ul style="list-style-type: none"> <li>- PLWHAs who are willing to be talked to</li> <li>- Staff from referral centers</li> <li>- Other people already involved in home-based care services or training caregivers.</li> </ul> </li> <li>• Observing the caregiver or PLWHA perform certain home-based care activities</li> <li>• Asking the caregiver or PLWHA to demonstrate a certain skill.</li> <li>• Observing the condition of the patient and identifying what care the patient needs.</li> </ul>	<p><b>Question and answer</b></p> <ol style="list-style-type: none"> <li>1. Ask trainees what they did to find out about health problems in their communities after RH training.</li> <li>2. Allow 2–3 responses.</li> <li>3. Share the different methods of assessing learning needs of home-based caregivers and PLWHAs.</li> <li>4. Discuss briefly the importance of assessing a trainee's training needs such as: <ul style="list-style-type: none"> <li>• Ensuring that training addresses the trainee's problems.</li> <li>• Helping the trainee do a better job</li> <li>• Identifying the additions that need to be introduced.</li> </ul> </li> <li>5. Emphasize the importance of maintaining confidentiality of patient's condition.</li> <li>6. Discuss the PLWHAs' needs assessment form (Annex F).</li> <li>7. Together with trainees, agree on the questions to use during the interview.</li> </ol>
<p>4. Explain the process of conducting a learning needs assessment for HBC givers and PLWHA</p>	<p><b>Process of Assessing and Identifying Learning Needs</b></p> <p>Refer to Handout 6.</p>	<p><b>Large group discussion</b></p> <ol style="list-style-type: none"> <li>1. Using a pre-prepared newsprint, explain the process the trainee will follow to assess HBC givers and PLWHA learning needs.</li> <li>2. Explain other factors to find out, such as: <ul style="list-style-type: none"> <li>• Social context of the patient</li> <li>• The caregivers to be trained, how many, and their relationship to the patient</li> <li>• Groups, individuals, or organizations that support or can support PLWHAs</li> </ul> </li> </ol>

OBJECTIVE	CONTENT	LEARNING/TRAINING ACTIVITIES
5. Discuss how to use the learning needs to make decision on what skill to teach	<p><b>Using Identified Learning Needs to Make Decisions about What Is to Be Taught</b></p> <p>Refer to Handout 6.</p>	<p><b>Large group discussion</b></p> <ol style="list-style-type: none"> <li>1. Ask trainees what they would do with the learning needs identified.</li> <li>2. Explain the process of using the learning needs to prepare a training plan; e.g., identify the training resources necessary: <ul style="list-style-type: none"> <li>• Reviewing the <i>Home Care Handbook</i> to make sure you know how to perform the skill yourself.</li> <li>• Making arrangements with the trainee when you can teach the skill.</li> </ul> </li> <li>3. Use an example. <i>If the patient has sores in the mouth, then you will need to teach the skills on mouth care, how to prevent further sores from occurring, and diet.</i></li> <li>4. Allow trainees to ask questions.</li> <li>5. Discuss the format for compiling learning needs.</li> <li>6. Emphasize that the training plan for each caregiver and PLWHA should be made together depending on their time.</li> <li>7. Explain to trainees that sometimes a skill may be demonstrated there and then as you assess the needs, depending on the urgency.</li> </ol>
<i>Evaluate the session</i>	Evaluation	<ol style="list-style-type: none"> <li>1. Find out trainees' reactions to the session.</li> <li>2. Ask what they have learned and how they will use the lessons.</li> </ol>
	Summary and closure	<ol style="list-style-type: none"> <li>1. Summarize the session.</li> <li>2. Review objectives.</li> <li>3. Link to next session on simulation on identifying learning needs.</li> </ol>

## MODULE 6: ASSESSING LEARNING NEEDS FOR HOME-BASED CAREGIVERS AND PLWHAS

### SESSION 6.2: PRACTICUM ON IDENTIFYING LEARNING NEEDS FOR CAREGIVER AND PLWHAS

**Objectives:** By the end of the session trainees will be able to:

1. Demonstrate ability to identify learning needs for home-based caregivers and PLWHAs based on role plays.
2. Demonstrate ability to compile findings and identified learning needs and make a training plan for home-based caregivers and PLWHAs.

**Duration:** 6 hours

**References:** Handout 6: Assessment of Learning Needs of Home-Based Caregivers and People Living with HIV/AIDS  
 Notes for Facilitators 6.1: Role Play on Assessing Learning Needs  
 Notes for Facilitators 6.2: Practice Exercises for Assessing Learning Needs  
 Notes for Facilitators 6.3: Format for Compiling Learning Needs for PLWHA and HBC Giver  
 Annex F: PLWHA Needs Assessment Form

OBJECTIVE	CONTENT	LEARNING/TRAINING ACTIVITIES
<i>Introduce the session</i>	Climate setting	<ol style="list-style-type: none"> <li>1. Refer to previous session.</li> <li>2. Ask trainees what they recall about assessing learning needs. → What are the important aspects to identify?</li> <li>3. Introduce topic on practicum to assess learning needs.</li> </ol>
	Session objectives	<ol style="list-style-type: none"> <li>1. Display newsprint with session objectives.</li> <li>2. Read the objectives and explain them.</li> </ol>
1. Demonstrate ability to identify learning needs of home-based caregivers and PLWHAs based on role play	<p><b>Demonstration and Practice</b></p> <p>Refer to Notes for Facilitators 6.1 and Annex F.</p>	<p><b>In large group</b></p> <ol style="list-style-type: none"> <li>1. Review the process of conducting needs assessment.</li> <li>2. Make necessary clarifications.</li> <li>3. Explain that trainees will practice identifying learning needs using role plays.</li> <li>4. Review again the different methods used for assessing learning needs.</li> <li>5. Explain that trainees will first watch a demonstration in large group, then later divide in small groups to practice.</li> </ol> <p><b>Role play</b></p> <ol style="list-style-type: none"> <li>1. Introduce the role play.</li> <li>2. Ask for volunteers to act the roles of → PLWHA → Caregivers (2, one in each home) → HBC facilitator</li> <li>3. Brief the players.</li> </ol>

OBJECTIVE	CONTENT	LEARNING/TRAINING ACTIVITIES
	<p align="center"><b>Processing the Session</b></p>	<p>4. Give observers instructions to identify the learning needs of PLWHAs and the caregivers.</p> <p><b>After the role play – in plenary</b></p> <ol style="list-style-type: none"> <li>1. Ask the observers to point out learning needs identified from the role play.</li> <li>2. List them on newsprint as they are mentioned.</li> <li>3. Ask the players to add to the list the learning needs not mentioned.</li> <li>4. Ask the players what was easy and difficult in identifying learning needs.</li> <li>5. Release the players from the role play.</li> <li>6. Ask the trainees what else the HBC facilitator could have done to identify more learning needs.</li> <li>7. Find out trainees' reactions to the role play and process of identifying learning needs.</li> <li>8. Review the methods the players used to assess the learning needs.</li> </ol>
<p>2. Demonstrate ability to identify learning needs of HBC givers and PLWHAs</p>	<p><b>Practice Exercises on Identifying Learning Needs</b></p> <p>Refer to Notes for Facilitators 6.2, Practice Exercises for Assessing Learning Needs.</p>	<p><b>Simulations in small groups</b></p> <ol style="list-style-type: none"> <li>1. Divide trainees into small groups.</li> <li>2. Give them different situations for assessing learning needs.</li> <li>3. Let the trainees role play different situations.</li> <li>4. Assist the groups and give feedback.</li> </ol> <p><b>In plenary after the practice</b></p> <ol style="list-style-type: none"> <li>1. Call back the trainees and find out their reactions to the role plays and compiling learning needs. <ul style="list-style-type: none"> <li>→ What was easy?</li> <li>→ What was difficult?</li> </ul> </li> <li>2. Make clarifications on the difficulties. Allow adequate time for clarifications.</li> <li>3. Inform trainees that they will go back into the small groups to practice compiling the learning needs identified from the role play.</li> <li>4. Introduce the format for compiling and explain what to do giving an example.</li> </ol>
<p>3. Demonstrate ability to compile findings, identify learning needs, and make a training plan for HBC givers and PLWHAs</p>	<p><b>Practice on Compiling Information Gathered during the Assessment Exercise</b></p> <p>Refer to Notes for Facilitators 6.3, Format for Compiling Learning Needs for PLWHA and Caregiver</p>	<p><b>Small group work</b></p> <ol style="list-style-type: none"> <li>1. Review the format for compiling findings and learning needs.</li> <li>2. Have trainees work together to compile data about the patient, caregivers, surroundings, and learning needs in terms of skills or other necessary services.</li> <li>3. Assist the groups to compile the data.</li> </ol> <p><b>In plenary</b></p> <ol style="list-style-type: none"> <li>1. Find out what was easy or difficult and why.</li> <li>2. Make necessary clarification and ensure understanding of the format.</li> </ol>

OBJECTIVE	CONTENT	LEARNING/TRAINING ACTIVITIES
<i>Evaluate the session</i>	Evaluation	<ol style="list-style-type: none"> <li>1. Find out what important points were learned from the session.</li> <li>2. Ask what they will do to make the exercise on identification of learning needs a success.               <ul style="list-style-type: none"> <li>→ What difficulties do they anticipate and how can they be overcome?</li> </ul> </li> </ol>
	Summary and closure	<ol style="list-style-type: none"> <li>1. Summarize major points of the session.</li> <li>2. Review session objectives.</li> <li>3. Close session linking to skills transfer.</li> </ol>

# HOME-BASED CARE FOR PEOPLE LIVING WITH HIV/AIDS

## MODULE 6: Assessing Learning Needs for Home-Based Caregivers and PLWHAS

### NOTES FOR FACILITATORS 6.1: Role Play on Assessing Learning Needs

#### Role Play Objective

By the end of the role play, trainees will be able to identify learning needs for a PLWHA and caregivers.

#### Role Play Situation

Health worker	-	Lucy
Project Area	-	Bugembe
Home 1	-	Caregiver – Mrs. Kakaire
	-	PLWHA – Mr. Kakaire
Home 2	-	Caregiver – Mrs. Lutta
	-	PLWHA – Mary, Mrs. Lutta's daughter

#### Observers' Instructions

- Listen and observe the role play about Lucy, the community-based health worker, visiting 2 homes.
- Note the learning needs for the caregivers in each home.
- Write them down on pieces of paper.
- Be ready to share in large group.

#### Role Play Script - The Community-Based Care Facilitator

##### *Home Visit 1*

You are CBHW Lucy. You have gone to the home of Mr. Kakaire, who is an AIDS patient. He has been sick and at home for the last 6 months. He is being nursed by his wife, Mrs. Kakaire. Mr. Kakaire sometimes is able to bathe himself and clean his teeth, but usually he has no appetite. He gets fever frequently that burns his tongue. Right now he has a sore in the mouth. He was also cut by a stone as he walked in the compound and now has a wound on the foot. The wound needs to be dressed daily, but they are not able to go to the health unit every day. Mrs. Kakaire tells you that they don't have assistance and often have no money to buy drugs and other needs. This worries Mr. Kakaire a lot because he can no longer provide for his family.

##### *Home Visit 2*

You also visit the home of Mrs. Lutta. Mrs. Lutta is 55 years old and nursing her 30-year-old daughter Mary, who was brought from the capital city, Kampala, 2 months ago when she was very sick. For 2 weeks Mary has been unable to get out of bed or do anything for herself. She is now being fed while in bed. She is also not able to turn herself. On your observation, Mary's hair is looking very untidy, her nails are very long, and she appears dehydrated.

Mrs. Lutta usually gets help from her grandchildren when they come back from school, but during the day her neighbor helps her to change the patient.

As you continue discussion, you find out that Mary has diarrhea and passes it out in bed. Mrs. Lutta doesn't know how to handle the soiled linen.

## **Caregivers**

### ***Home Number 1 Caregiver***

You are Mrs. Kakaire, nursing your husband with AIDS for the last 6 months. Mr. Kakaire is able to help himself a little but not all the time. Of late Mr. Kakaire gets fever frequently. He now has a wound on the tongue. He also has a wound on the foot that needs daily dressing. He was cut by a stone.

Now you are not able to buy most of the drugs and provide for many things. Mr. Kakaire is usually very depressed and becomes very rude and rough with everybody.

### ***Home Number 2 Caregiver***

You are Mrs. Lutta, 55 years old. You are nursing your daughter Mary, 30 years. She has AIDS and you know. Mary has not been able to get out of bed for two weeks now. You feed her and turn her in bed. Your grandchildren and your neighbor help you turn the patient. Mary also has diarrhea and you are the one who washes the clothes. You don't have enough bed sheets to change.

# HOME-BASED CARE FOR PEOPLE LIVING WITH HIV/AIDS

## MODULE 6: Assessing Learning Needs for Home-Based Caregivers and PLWHAs

### NOTES FOR FACILITATORS 6.2: Practice Exercises for Assessing Learning Needs

#### 1. Mr. Kakembo

##### ***HBC Facilitator***

You visit Mr. Kakembo's home. You know his wife died of AIDS 3 months ago. Mr. Kakembo is sick on and off but is still able to take care of himself. You want to help him learn self-care so that he is able to stay healthy and live longer.

##### ***PLWHA***

You are Mr. Kakembo, living with your 5 children. Your wife died 3 months ago. You believe she was bewitched. You used to be a driver in an important company in the city. You have been sick with fever on and off, and a heavy cough. You get diarrhea very frequently; it makes you weak and you stay in bed for several days. Your children are the ones taking care of you. You are very worried you may die soon and do not know who will take care of the children.

#### 2. Mrs. Kisitu

You are Mrs. Kisitu, a full-time housewife. Your son David, 27 years and unmarried, has been sick for the last 3 months. He is unable to help himself. You are taking care of him and the rest of the family. David wets the bed and has developed a sore on his back. You are overworked with other household chores. David usually lies alone in the house. You don't know what to do.

#### 3. Salongo Magazi

##### ***HBC Facilitator***

You have been asked by the Local Council Chair to visit the home of Salongo Magazi, who is very sick.

##### ***PLWHA***

Salongo Magazi, you are married to 2 wives and have been bedridden for the past 2 months. You are being nursed by your wives. You don't want to eat or drink because you feel a lot of pain on swallowing. You can no longer help yourself. You feel very weak.

##### ***HBC Givers***

You are both nursing your husband who is very sick. You have to move him in bed, change his bedding and lift him onto the floor in order to bathe him. It is difficult to feed him since he cannot sit up or hold a cup. There is no money to take him to hospital. He gets high temperature in the evening and is coughing a lot.

#### **4. A Daughter with AIDS**

##### ***HBC Giver***

You are nursing your daughter, 30 years old. You know she has AIDS and will die. However, you sometimes feel it's a problem to you. Her sister helps you care for her, but it is a lot of work. Your daughter is completely bedridden and you have to do everything for her. Her hair is very long. She cannot move herself at all. She recently developed bed sores because of lying in bed.

# HOME-BASED CARE FOR PEOPLE LIVING WITH HIV/AIDS

## MODULE 6: Assessing Learning Needs for Home-Based Caregivers and PLWHAs

### NOTES FOR FACILITATORS 6.3: Format for Compiling Learning Needs of PLWHA and HBC Caregiver

DATE OF ASSESSMENT: \_\_\_\_\_  
 VILLAGE: \_\_\_\_\_ PARISH: \_\_\_\_\_  
 SUBCOUNTY: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

NAME OF PLWHA: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_  
 NAME OF CAREGIVER: \_\_\_\_\_  
 RELATIONSHIP TO PLWHA: \_\_\_\_\_

Condition/Problem of the PLWHA	Care the Patient Needs or Knowledge/Skills to Teach

# HOME-BASED CARE FOR PEOPLE LIVING WITH HIV/AIDS

*HANDOUT 6:*

## Assessment of Learning Needs for Home-Based Caregivers and People Living with HIV/AIDS

### 1. MEANING OF ASSESSMENT OF LEARNING NEEDS

This is an activity done by trainers/facilitators before a training activity to find out the gaps in knowledge, skills, and attitudes of the trainees in relation to what they will do after the training (jobs and tasks).

### 2. PURPOSES OF IDENTIFYING LEARNING NEEDS

- To determine the amount of knowledge and skills trainees have about the job you want to train them for.
- For each trainee, to identify the gaps in knowledge, skills, and attitude.
- To identify the behaviors or attitudes that may hinder the trainees' job performance after training.
- To get acquainted or to identify available resources so that training is made realistic in the context of the trainee's usual environment.
- To identify what nursing care skills you need to teach the trainees.
- To identify and build on what the trainees already know or do well.

### 3. WAYS OF IDENTIFYING TRAINING NEEDS

- Discussing with/interviewing
  - Family members and other home-based caregivers.
  - People living with HIV/AIDS who are willing to be talked to.
  - Staff from referral centers – if the patient had been admitted there.

- Other people experienced in training home-based caregivers.
- Leaders such as local administration officials.
- Observing the caregiver or PLWHA providing care to a PLWHA, or PLWHA's self-care.
- Asking the caregiver or PLWHA to demonstrate a specific skill.
- Observing the social conditions and the environment in which the patient lives.
- Also identifying
  - Opportunities and hindrances within the social context of the patient.
  - The appropriate caregivers to train and the numbers.
  - Organizations/groups or individuals who, or can provide support to PLWHAs.

### 4. PROCESS OF ASSESSING LEARNING NEEDS

1. Apply the principles of conducting a home visit:
  - Introduce self and others to the people in the home
  - Explain the purpose of the visit and what you intend to do while there
2. Use the method of assessment that is applicable to the situation you find in the home.
3. Demonstrate any skills that you find most needed at that time (if necessary).
4. Make decision about what needs to be done for the patient.
5. At the end of the visit: Thank the patient, caregivers, and other family members.
6. Make appointment/arrangement to come back.
7. In your home, write up the details of what you found:



## **MODULE 7: SKILLS IN TRAINING HOME-BASED CAREGIVERS TO CARE FOR PEOPLE LIVING WITH HIV/AIDS**

**OBJECTIVES:** By the end of the module, trainees will be able to:

1. Appreciate the concept of training home-based caregivers and PLWHAs and the role of CBHW in skills transfer to primary caregivers and PLWHA.
2. Identify primary caregivers and people with AIDS to be trained during home visits.
3. Explain the principles of learning and teaching non-literate adults.
4. Plan, organize, and transfer home-based care skills for primary caregivers and people with AIDS.
5. Use appropriate evaluation techniques to assess the learning process during and after the lesson.
6. Demonstrate ability to transfer skills to primary caregivers using the content in the curriculum and *Home Care Handbook*.

**DURATION:** 12 hours

**REFERENCES:** Handout 7: Understanding the Process of Training Home-Based Caregivers to Take Care of People Living with HIV/AIDS  
Notes for Facilitators 7.1: Observers Checklist for Micro Skill Training

### **CONTENT:**

- 7.1 Introduction to the concept of training home-based caregivers to care for PLWHAs
  - Operational definition of training home-based caregivers
  - Role of CBHW in transferring nursing care skills to home-based care provider and PLWHA
  - Primary home-based caregivers for people living with HIV/AIDS
  - Principles of teaching non-literate adults
    - Important conditions between the facilitator and the student
    - The 5 S's
- 7.2 Planning, organizing, and transfer of nursing care skills
  - Planning training for home-based caregivers
    - Selecting components of the curriculum that are relevant to the training needs of the individuals/potential trainees
    - Identifying locally available materials to conduct the training.
    - Preparing session materials
    - Identifying finances involved
    - Making a training plan/schedule with the trainee
  - Organizing the training
    - Confirming appointment
    - Putting together training materials
    - Organizing self and trainee, at the home
    - Setting the place for training
    - Conducting the training session
    - Setting objectives for the lesson
    - Demonstrating the skill to the trainee
    - Giving opportunity to the trainee to practice the skill (return demonstration)

- ▶ Monitoring learning in both knowledge and skill
- ▶ Applying the principles of teaching adult learners
- Evaluating learning during and after the lesson
  - ▶ Purpose of evaluating learning
  - ▶ Ways of evaluating
    - asking questions
    - observing the return demonstration of the skill
    - observing during regular and supervisory follow up visits
    - recording the lesson taught

### 7.3 Practice training of primary home-care givers for PLWHAs

- Preparing a training session
- Conducting and evaluating a training session
- Demonstrating a caring attitude

## MODULE 7: SKILLS IN TRAINING HOME-BASED CAREGIVERS TO CARE FOR PEOPLE LIVING WITH HIV/AIDS

### SESSION 7.1: INTRODUCTION TO THE CONCEPT OF TRAINING HOME-BASED CAREGIVERS TO CARE FOR PEOPLE LIVING WITH HIV/AIDS

**Objective:** By the end of the session, trainees will be able to:

1. State the meaning of training home-based caregivers to care for PLWHAs.
2. Identify the role of a CBHW in transferring nursing care skills to home-based caregivers and PLWHAs.
3. List the primary home-based caregivers for PLWHAs.
4. Discuss the principles of teaching non-literate adults and the important conditions between the facilitator and the learner that facilitate learning.

**Duration:** 2 hours

**References:** Handout 7: Understanding the Process of Training Home-Based Caregivers to Take Care of People Living with HIV/AIDS

OBJECTIVE	CONTENT	LEARNING/TRAINING ACTIVITIES
<i>Introduce the session</i>	Climate setting	<ol style="list-style-type: none"> <li>1. Ask trainees if any of them have ever helped someone to learn to do something new. → What and how did they do?</li> <li>2. Allow trainees to share experiences especially those related to home-based care.</li> <li>3. Introduce topic, explaining how this session will assist the trainee to acquire nursing skills and transfer them to home-based caregivers and PLWHAs.</li> </ol>
	Session objectives	<ol style="list-style-type: none"> <li>1. ➤ Display newsprint with session objectives.</li> <li>2. Ask one trainee to read them.</li> <li>3. Ask if they are clear, and make necessary clarifications.</li> </ol>
1.State the meaning of training home-based caregivers for PLWHAs	<p><b>Operational Definition of Training Home-Based Caregivers for PLWHAs</b></p> <p>See operational definition of training home-based caregivers to care for PLWHAs. Refer to Handout 7, Understanding the Process of Training Home-Based Caregivers to Take Care of People Living with HIV/AIDS.</p>	<p><b>Brainstorming</b></p> <ol style="list-style-type: none"> <li>1. Ask trainees: How do you think caregivers should be trained?</li> <li>2. Write their responses on newsprint.</li> <li>3. ➤ Present the meaning of training home-based caregivers using a pre-prepared newsprint.</li> <li>4. Compare with trainees' responses.</li> <li>5. Use handout to reinforce the explanations.</li> </ol>
2.Identify the role of a CBHW in transferring nursing care skills to home-based caregivers and PLWHAs	<p><b>Role of a CBHW Facilitator in Skills Transfer</b></p> <p>Refer to Handout 7.</p>	<p><b>Buzz groups</b></p> <ol style="list-style-type: none"> <li>1. Ask trainees in pairs to write on a piece of paper one role of a CBHW facilitator in transferring skills to home-based care providers and people living with HIV/AIDS.</li> <li>2. Allow a few minutes and then ask each pair</li> </ol>

OBJECTIVE	CONTENT	LEARNING/TRAINING ACTIVITIES
		<p>to state their responses.</p> <ol style="list-style-type: none"> <li>3. Record them on newsprint.</li> <li>4. Add to the list to complete and delete any that are not correct roles.</li> <li>5. Make a brief elaboration on their roles, mentioning specific differences between their usual job description as a CBHW in reproductive health activities.</li> </ol>
<p>3. List the primary home-based caregivers for PLWHAs</p>	<p><b>Primary Home-Based Caregivers for PLWHA</b></p> <p><b>Who they are</b></p> <ul style="list-style-type: none"> <li>• Immediate family members</li> <li>• Extended family members</li> <li>• Friends and relatives</li> <li>• Health workers</li> <li>• Community members</li> </ul> <p><b>How to identify those to be trained</b></p> <ul style="list-style-type: none"> <li>• Consulting with willing PLWHAs</li> <li>• Making home visits</li> <li>• Getting referrals from health facilities</li> <li>• Getting referrals from other extension workers</li> <li>• Making a community survey</li> </ul>	<p><b>Brainstorming</b></p> <ol style="list-style-type: none"> <li>1. Ask trainees: Who are primary home-based caregivers for PLWHA that need to be trained?</li> <li>2. Record responses on newsprint.</li> <li>3. Complete the list.</li> <li>4. Allow them to share own experiences on what they have found during home visits.</li> <li>5. Ask trainees: How can you identify those people who need training in home-based nursing care skills?</li> <li>6. Allow responses.</li> <li>7. Add to ensure understanding.</li> </ol>
<p>4. Discuss the principles of teaching non-literate adults and the important conditions between the student and facilitator that facilitate learning</p>	<p><b>Principles of Teaching Non-Literate Adults</b></p> <p>Refer to Handout 7, Section 6.</p> <p>The 5 S's</p> <ul style="list-style-type: none"> <li>• Keep it <b>S</b>imple</li> <li>• Keep it <b>S</b>hort</li> <li>• Build on what they <b>S</b>ay</li> <li>• <b>S</b>tart where they are</li> <li>• Go at their <b>S</b>peed</li> </ul>	<p><b>Lecturette/Discussion</b></p> <ol style="list-style-type: none"> <li>1. ➤ Display a newsprint with principles of teaching non-literate adults.</li> <li>2. Ask a trainee to read one principle at a time while you make necessary elaboration.</li> <li>3. Allow trainees to ask questions.</li> <li>4. Repeat the same process to present conditions between facilitators and students that facilitate learning.</li> <li>5. Summarize by presenting the 5 S's.</li> </ol>
<p><i>Evaluate the session</i></p>	<p>Evaluation</p>	<ol style="list-style-type: none"> <li>1. Ask trainees how they feel about the session. ➔ What were difficult areas?</li> <li>2. Make necessary clarifications</li> <li>3. Find out important points learned.</li> <li>4. Ask trainees how they will use this information when training PLWHAs and home-based caregivers. ➔ What are their fears?</li> </ol>
	<p>Summary and closure</p>	<ol style="list-style-type: none"> <li>1. Summarize the session.</li> <li>2. Review objectives.</li> <li>3. Close session, linking to the next.</li> </ol>

## MODULE 7: SKILLS IN TRAINING HOME-BASED CAREGIVERS TO CARE FOR PEOPLE LIVING WITH HIV/AIDS

### SESSION 7.2: PLANNING, ORGANIZING, AND TRANSFER OF NURSING CARE SKILLS

**Objectives:** By the end of the session, trainees will be able to:

1. Explain the process of planning and organizing training sessions for home-based caregivers and PLWHAS.
2. Discuss the process of conducting a training session.
3. Discuss the process of evaluating a training session.

**Duration:** 2 hours

**References:** Handout 7: Understanding the Process of Training Home-Based Caregivers to Take Care of People Living with HIV/AIDS

OBJECTIVE	CONTENT	LEARNING/TRAINING ACTIVITIES
<i>Introduce the session</i>	Climate setting	<ol style="list-style-type: none"> <li>1. Ask trainees what they recall about the principles of teaching.</li> <li>2. Accept a few responses.</li> <li>3. Ask them to recall the purpose/reasons for assessing learning needs.</li> <li>4. Introduce the session and explain that this session focuses on one of their jobs of transferring skills.</li> </ol>
	Session objectives	<ol style="list-style-type: none"> <li>1. Introduce session objectives and ensure they are understood.</li> </ol>
<ol style="list-style-type: none"> <li>1. Explain the process of planning and organizing training sessions for home-based primary caregivers and PLWHAS</li> </ol>	<p><b>Process of Planning and Organizing Training Session</b></p> <p><b>Planning the session</b></p> <ul style="list-style-type: none"> <li>• Use learning assessment findings to determine what skills to teach.</li> <li>• Identify the skills in the curriculum that match the identified learning needs.</li> <li>• Prepare a timetable and set date, time, and duration of the sessions based on trainees' (PLWHA, caregivers) convenience (discuss and agree with trainees).</li> <li>• Identify materials and prepare demonstrations you will need at the trainee's home.</li> </ul>	<p><b>Lecturette/Discussion</b></p> <ol style="list-style-type: none"> <li>1. Using pre-prepared newsprint, explain the process of planning and organizing training sessions.</li> <li>2. Allow trainees to ask questions.</li> <li>3. Make necessary clarifications and ensure understanding.</li> <li>4. Ask 1 or 2 trainees to summarize the process of planning and organizing training.</li> </ol>

OBJECTIVE	CONTENT	LEARNING/TRAINING ACTIVITIES
	<p><b>Organizing the session</b></p> <ul style="list-style-type: none"> <li>• Confirm appointment with trainee.</li> <li>• Mobilize training materials.</li> <li>• Review the skill process.</li> <li>• Go to the home at the right appointment time.</li> </ul>	
<p>2. Discuss the process of conducting the training session</p>	<p><b>Conducting training session</b></p> <ul style="list-style-type: none"> <li>• Ask the trainees questions about what they know about the topic and how they have been providing the care.</li> <li>• Introduce to the trainee the skill that is going to be taught and the importance of learning the skill.</li> <li>• Demonstrate the skill as you explain the steps (use steps in the guideline).</li> <li>• Help trainee do return demonstration of the skill.</li> <li>• Allow the trainee to ask questions, helping to make further clarification and repeating demonstration if necessary.</li> <li>• Evaluate yourself and the trainee.</li> <li>• Close the session.</li> </ul>	<p><b>Large group discussion</b></p> <ol style="list-style-type: none"> <li>1. Ask trainees to share own experience on what they would do to teach someone else a skill.</li> <li>2. Building on what they say, explain that the main technique of transferring skills to the primary caregivers and PLWHAs is through demonstrations.</li> <li>3. Stop to ask questions as you explain.</li> </ol>
<p>3. Discuss the process of evaluating a training session</p>	<p><b>Meaning of Evaluation</b></p> <ul style="list-style-type: none"> <li>• Comparing what was before with what is now to find out if you met your objective of teaching the skill.</li> </ul> <p><b>Purpose of evaluating session</b></p> <ul style="list-style-type: none"> <li>• To assess the learners' progress in acquiring the skill.</li> <li>• To allow trainee to assess own progress and gain self-confidence,</li> <li>• To ensure quality of care.</li> <li>• To assess own capabilities in transferring the skill.</li> </ul> <p><b>Ways of Doing Evaluation</b></p> <ul style="list-style-type: none"> <li>• Ask trainee questions.</li> <li>• Observe the trainee perform the skill.</li> <li>• Ask trainee to do a</li> </ul>	<p><b>Questions/Answer/Discussion</b></p> <ol style="list-style-type: none"> <li>1. Ask trainees what they understand by evaluation.</li> <li>2. Write down their responses</li> <li>3. Explain briefly that evaluation is comparing what was before and what is now.</li> <li>4. Give an example to describe the meaning.</li> <li>5. Ask what are the purposes of evaluating your session and trainees.</li> <li>6. Put up a list of purposes and go through with trainees.</li> <li>7. Ask trainees how they would evaluate a training session.</li> <li>8. Go through the ways of doing evaluation.</li> <li>9. Explain that it is important to tell the trainee how well they are doing and help to ensure the skills is acquired and maintained.</li> <li>10. Also explain that during routine home visits/supervisory visits, the CBRHW needs to check if the skill is maintained and being done correctly.</li> <li>11. Allow trainees to ask questions.</li> <li>12. Share importance of assessing self. Go through the self-assessment tool. (See</li> </ol>

OBJECTIVE	CONTENT	LEARNING/TRAINING ACTIVITIES
	return demonstration using self-assessment tool.	Handout 7, Section 5.) 13. Ask trainees if they have understood the process of conducting a training session. 14. Find out what is not clear and clarify as necessary. 15. Ask one trainee to summarize the process of conducting a session and another about the process of self-assessment. 16. Find out what trainees have learned and how they will use the learning.
<i>Evaluate the session</i>	Evaluation  Summary	<b>In plenary</b> 1. Summarize major points of the session. 2. Review session objectives. 3. Close, linking to the practice session on skills transfer.

## MODULE 7: SKILLS IN TRAINING HOME-BASED CAREGIVERS FOR PEOPLE LIVING WITH HIV/AIDS

### SESSION 7.3: PRACTICE TRAINING OF PRIMARY HOME-CAREGIVERS FOR PLWHA

**Objective:** By the end of the session, trainees will be able to:

1. Demonstrate skills to prepare a training session
2. Demonstrate ability/skills to conduct and evaluate a training session
3. Demonstrate caring attitude to PLWHA as he/she transfer skills to the caregivers

**Duration:** 8 hours

**References:** Handout 2: Review of Facts on AIDS and People Living with HIV/AIDS  
 Handout 7: Understanding the Process of Training Home-Based Caregivers to Take Care of People Living with HIV/AIDS  
 Notes for Facilitators 7.1: Observers' Checklist for Micro Skill Training Practices

OBJECTIVE	CONTENT	LEARNING/TRAINING ACTIVITIES
<i>Introduce the session</i>	Climate setting	1. Introduce the session, explaining that trainees will use the modules on nursing care skills and prepare topics to teach HBC providers.
	Session objectives	1. Explain that each trainee will prepare a lesson and practice to present it.
1. Demonstrate skills to prepare a training session	<b>Preparation of a Training Session Using Appropriate Modules</b> <ul style="list-style-type: none"> <li>• Facts on HIV/AIDS</li> <li>• Nursing care skills</li> </ul>	<b>Large group discussion</b> <ol style="list-style-type: none"> <li>1. Inform trainees that they will select a topic of their choice from Module 3. They will:           <ul style="list-style-type: none"> <li>• Identify materials needed and prepare themselves to deliver that session.</li> <li>• Prepare sample review questions to ask the trainees to assess learning or any other way they will use to evaluate their session.</li> </ul> </li> <li>2. Allow trainees ample time to prepare themselves for practice sessions.</li> </ol>
2. Demonstrate ability to conduct and evaluate a training session  3. Demonstrate caring attitude toward PLWHA while transferring skills to caregivers	<b>Demonstrating Skills Transfer on HBC Activities</b>  <b>Demonstrating Caring Attitude toward PLWHA</b>	<b>Practice training in 2 small groups</b> <ol style="list-style-type: none"> <li>1. Divide trainees into 2 teams</li> <li>2. Ensure all trainees have opportunity to present a session using their prepared lesson.           <ul style="list-style-type: none"> <li>→ Facilitators and colleagues will act as observers.</li> <li>→ Other trainees act as HBC givers being trained.</li> </ul> </li> <li>3. Give guidelines for observers (Notes for Facilitators 7.1) and give the trainee feedback for each training practice session, starting with self-assessment observers (trainee) and finally the trainer.</li> <li>4. Summarize the observation points.</li> </ol>

OBJECTIVE	CONTENT	LEARNING/TRAINING ACTIVITIES
<i>Evaluate the session</i>	Evaluating the practice training session	<b>In plenary</b> <ol style="list-style-type: none"> <li>1. After the practice training, ask trainees to share               <ul style="list-style-type: none"> <li>→ What was easy</li> <li>→ What was difficult</li> <li>→ What attitudes were displayed</li> </ul> </li> <li>2. Clarify the difficulties.</li> <li>3. Find out what important points they have learned from the micro-teaching and what they need to do to improve the skills.</li> </ol>
	Summary and closure	<b>Summary and closure</b> <ol style="list-style-type: none"> <li>1. Summarize the session</li> <li>2. Review session objectives.</li> <li>3. Close the session.</li> </ol>

# HOME-BASED CARE FOR PEOPLE LIVING WITH HIV/AIDS

## MODULE 7: Skills in Training Home-Based Caregivers for People Living with HIV/AIDS

### NOTES FOR FACILITATORS 7.1: Observers Checklist for Micro Skill Training Practice

WHAT TO ASSESS/OBSERVE	DONE	NOT DONE	COMMENTS
<b>A. Beginning of session</b> <ul style="list-style-type: none"> <li>• Greets and introduces self to the learner.</li> <li>• Introduces the topic/skill that is going to be taught.</li> <li>• Introduces the purpose of teaching the skill.</li> <li>• Asks what the trainee knows about or has been doing on the skill.</li> </ul>			
<b>B. Demonstration of the skill</b> <ul style="list-style-type: none"> <li>• Introduces the materials needed for doing the skill.</li> <li>• Demonstrates the skills step by step to the trainee.</li> <li>• Explains each step as it is demonstrated.</li> <li>• Allows the trainee to ask questions.</li> <li>• Repeats some difficult steps.</li> </ul>			
<b>C. Return demonstration</b> <ul style="list-style-type: none"> <li>• Asks trainee to do return demonstration of the skill.</li> <li>• Helps the trainee during return demonstration.</li> </ul>			
<b>D. Evaluation</b> <ul style="list-style-type: none"> <li>• Assesses self correctly.</li> <li>• Assesses the trainee and gives feedback on performance.</li> <li>• Thanks the trainee and closes the session.</li> </ul>			

# HOME-BASED CARE FOR PEOPLE LIVING WITH HIV/AIDS

HANDOUT 7:

## Understanding the Process of Training Home-Based Caregivers to Take Care of PLWHAs

### 1. OPERATIONAL DEFINITION OF TRAINING HOME-BASED CAREGIVERS TO TAKE CARE OF PLWHAS

Home-based care training is a one-to-one process by which members of the family/community (caregivers) acquire knowledge, skills, and attitudes necessary to provide home-based care to PLWHAs. The training should be done at the home where the patient and the caregiver are based, using resources that are available and affordable to the family. The training of the individual caregivers will vary depending on identified needs (of the caregiver and the PLWHA). To be most effective training should start in hospital before the patient is discharged and continue at home where the care will be provided.

### 2. THE ROLE OF THE COMMUNITY-BASED HEALTH WORKER AS A FACILITATOR FOR HOME-BASED CAREGIVERS AND PLWHAS

The 8 roles of the community-based health worker as a facilitator in home-based care are:

1. To identify the home-based caregivers and PLWHAs who need to be trained.
2. To identify what to teach (the learning needs of) the home-based caregivers and PLWHA.
3. To plan, organize, and implement training activities for home-based caregivers and PLWHAs.
4. To teach the home-based caregivers in knowledge, skills, and attitudes necessary to provide home-based care services for PLWHAs.

5. To evaluate the learners and the training provided.
6. To keep a register of trained home-based caregivers and PLWHAs.
7. To supervise the trained home-based caregivers and PLWHAs.
8. To supervise the trained facility-based caregivers and PLWHAs.

It is important to follow up caregivers in order to:

- Provide support to continue learned activities
- Help in problem solving and care management
- Supply feedback on patient referrals
- Foster continuing education

In addition to other records submitted, the community-based health worker should submit home-based care records.

### 3. OVERVIEW OF THE TRAINING PROCESS

#### 3.1 Planning for Training

- Use learning assessment findings to determine what skill to teach.
- Use the *Home Care Handbook* to identify the skill to be taught in the guide that matches the identified learning needs.
- Prepare a timetable and set date, time, and duration of the session based on trainee's convenience. Discuss and agree with the trainee.

#### 3.2 Organizing the Training

- Confirm appointment with trainee.

- Mobilize training materials and other resources with the caregivers/PLWHA.
- Review the nursing care skill to ensure you understand the steps.
- Go to the home on appointment date and time.

### 3.3 Conducting a Training Session

- Ask what the trainee knows about the topic and how they have been providing the care.
- Introduce the skill that will be taught in the session and the importance of learning it.
- Demonstrate the skill, explaining each step.
- Help the trainee do a return demonstration or practice the skill.
- Allow the trainee ask questions. To help ensure understanding, repeat the demonstration of the skill if necessary.
- Evaluate yourself and the learner.
- Close the session.

### 3.4 Evaluating the Session

The purposes of evaluating the session are:

- To assess the learner's progress in acquiring the skill
- To allow trainee to assess own progress and gain self-confidence
- To ensure quality of care
- To assess own capabilities in skills transfer

Ways of evaluating a session include:

- Asking trainee questions
- Directly observing the trainee perform a skill
- Asking the trainee do a return demonstration
- Using self-assessment to determine how effective you have been.

## 4. STEPS IN TRAINING HOME-BASED CAREGIVERS

### 4.1 General Steps

The steps in training home-based caregivers are:

- Identify trainees
- Identify training needs
- Use the curriculum to:
  - plan the training
  - organize the training
  - conduct the training
  - evaluate the training
- Wind up training

### 4.2 Detailed Steps

Identify members of families in your community who need to acquire knowledge, attitude, and skills necessary to provide home-based care for PLWHAs.

Do this by:

- Consulting with PLWHAs who are willing to participate
- Making home visits
- Getting referrals from health facilities
- Getting referrals from other extension workers
- Making a community survey

## 5. USING THE CURRICULUM

The curriculum is the foundation of the training. Use the curriculum to:

- Plan the training
  - Identify the components of the curriculum that are relevant to the training needs of the individuals/potential trainees
  - Identify alternative locally available materials to enable the trainee to conduct training
  - Identify any finances necessary for training
  - Set date, time, and duration of the training based on trainee's convenience
- Organize the training
  - Make appointment with trainee
  - Mobilize the training materials
  - Inform any other people involved in the training
  - Move to the home of the trainee and make sure everything is ready for training
- Conduct the training
  - Introduce yourself if need be
  - Call for introduction of trainee if need be
  - State the purpose/objective of the session and the link to their need
  - Make the session practical and focused
  - Give the trainee the opportunity to practice through return demonstrations
  - Evaluate the session
- Evaluate the training
  - Observe the return demonstrations
  - Ask questions to make sure the trainee has correct information
    - > to reinforce correct information
    - > to complete and/or correct incomplete and/or incorrect information

- > to reinforce agreed upon decisions, e.g., next steps
- Observe during regular follow-up visits
- Observe during routine supervision to assess the practical application of the skills acquired
- Wind up by thanking the trainee and PLWHA for availing themselves for the session. • Assemble training materials and prepare to leave.
- Enter the relevant data in the appropriate records (explain what you are doing and why, if you are recording this information in the presence of the trainee/PLWHA):
  - Date
  - Venue
  - Time
  - Trainee's particulars
  - What you trained on (topics)
  - Next steps you agreed on

## 6. PRINCIPLES OF TEACHING NON-LITERATE ADULTS

Repetition is extremely important in educating anyone, but especially so for non-literate persons. People who can't read or write have no way to write the information down to look at it and review it later. In essence, they must repeat something until it is committed to memory. This is also why it is very important to present the material with as much participation by caregivers as possible. The more the caregiver's senses are involved (ears, eyes, mouths, hands), the more the information will be learned. Each new lesson should begin with a review of the previous one.

Other principles of teaching non-literate adults are:

- Teaching requires the facilitator to work with the learner as an active participant.
- Facilitators must present/demonstrate skill clearly and be sure to clarify any misunderstandings.
- Teaching requires patience.
- Teaching should be directed and purposeful and have content (facilitators must know who they are teaching, what is to be taught, how to teach it, and how it fits in with what the learner already knows).
- Teaching requires selecting the right method to fit the learners' needs, and patience and support for the learners.
- The facilitator must know material well, be able to apply it to practice, and be a good role model.

- The facilitator should repeat information in several ways and evaluate what is taught/learned.
- The facilitator must explain what the learner is responsible for learning.
- The facilitator needs to understand the nature of human beings and respect the learner as an individual.
- Teaching requires the reinforcement of desired behaviors and feedback on progress and the need for encouragement.
- The facilitator must provide the opportunity for responsible and self-directed behavior.

## 7. IMPORTANT CONDITIONS BETWEEN THE FACILITATOR AND THE LEARNER

- Be honest and frank with each other.
- Trust each other.
- Work to develop friendly relationships.
- Do not impose your personal ideas on each other.
- Seek information from each other.
- Accept ideas without criticizing them, but be able to discuss and challenge ideas, new information and thought-provoking questions.

### Adult Education – The 5 S's

Keep it **simple**  
 Keep it **short**  
 Build on what they **say**  
**Start** where they are  
 Go at their **speed**



## **MODULE 8: EVALUATING THE COURSE AND PLANNING THE WAY FORWARD**

**OBJECTIVES:** By the end of the module trainees will be able to:

1. Evaluate the course through verbal reactions.
2. Share learning insights from the course.
3. Plan to integrate home-based care activities into community based reproductive health services.

**DURATION:** 5

**REFERENCES:** Annex B: Knowledge Assessment Guide  
Notes for Facilitators 8.1: Trainee Reaction Form  
Handout 1: Course Goals and Objectives  
Handout 8: Format for Work Plan for Initiating Home-Based Care Services

### **CONTENT:**

- 8.1 Sharing reactions about the course
  - Major learning insights
  - Individual opinions of the training
- 8.2 Planning the way forward to integrate home-based care activities in community-based reproductive health services
  - Key linkages
  - Complementary activities
  - Synergy
  - Advocacy for HBC

## MODULE 8: EVALUATING THE COURSE AND PLANNING THE WAY FORWARD

### SESSION 8.1: SHARING REACTIONS ABOUT THE COURSE

**Objective:** By the end of the session, trainees will be able to:

1. Share major learning insights of the course.
2. Express own opinion about the training activity.

**Duration:** 2.5 hours

**References:** Annex B: Knowledge Assessment Guide  
Handout 1: Course Goals and Objectives  
Notes for Facilitators 8.1: Trainee Reaction Form

OBJECTIVES	CONTENT	LEARNING/TRAINING ACITIVITIES
<i>Introduce the session</i>	Climate setting	<ol style="list-style-type: none"> <li>1. Inform trainees that evaluation of training is still continuing.</li> <li>2. Introduce the topic and inform trainees that the post-test and verbal reactions are a way to evaluate training by finding out what trainees learned and how they feel toward the course.</li> <li>3. Remind trainees of the course objectives.</li> </ol>
	Session objectives	<ol style="list-style-type: none"> <li>1. Introduce session objectives.</li> </ol>
1. Share major learning insights of the course	<p><b>Post-Test: Major Learning Insights of the Course</b></p> <p>Refer to Annex B, Knowledge Assessment Guide</p>	<p><b>In plenary</b></p> <ol style="list-style-type: none"> <li>1. Explain to the trainees that you want to find out how much they have learned in the course.</li> <li>2. Distribute copies of Annex B to all trainees and ask them to fill in the answers to the questions.</li> <li>3. Allow about 30 minutes for this, then collect the papers.</li> <li>4. Use the exercise as a springboard for discussion by asking trainees what learning insights they gained from the course.</li> <li>5. Paraphrase and record on newsprint.</li> <li>6. Summarize the lessons and thank the trainees.</li> <li>7. Remind trainees of major learning points not mentioned.</li> </ol>
2. Express own opinion about the training activity	<p><b>Verbal Reactions about the Course</b></p> <p>Refer to Notes for Facilitators 8.1, Trainee Reaction Form</p>	<p><b>In plenary</b></p> <ol style="list-style-type: none"> <li>1. Ask trainees to think about what happened during the training from the beginning up to now.</li> <li>2. Guide the trainees to express what went well, what did not go so well, and what they think needs to be done differently.</li> <li>3. Record trainees' responses on newsprint.</li> <li>4. Summarize them and include them on the activity report, as an appendix.</li> </ol>

## MODULE 8: EVALUATING THE COURSE AND PLANNING THE WAY FORWARD

### SESSION 8.2: PLANNING THE WAY FORWARD

**Objective:** By the end of the session, trainees will be able to:

1. Suggest the way forward to begin integrating home-based care activities into community based reproductive health services.
2. Develop a work plan for initiating home-based care in the community.

**Duration:** 3 hours

**References:** Handout 8: Format for Work Plan for Initiating Home-Based Care Services

OBJECTIVES	CONTENT	LEARNING/TRAINING ACTIVITIES
<i>Introduce the session</i>	Climate setting	<ol style="list-style-type: none"> <li>1. Remind trainees of the course objectives.</li> <li>2. Remind trainees of their role as home-based care facilitators.</li> </ol>
1. Suggest the way forward to begin integrating home-based care activities into community based reproductive health program.	<p><b>The Way Forward</b></p> <p>To be generated by trainees.</p>	<p><b>Brainstorming in plenary</b></p> <ol style="list-style-type: none"> <li>1. Ask trainees what they will do to begin HBC activities when they go back.</li> <li>2. Together discuss the way forward as the foundation of individual work plans.</li> <li>3. Note pertinent suggestions on newsprint.</li> </ol>
2. Develop a work plan for initiating home-based care in the community.	<p><b>Back-Home Work Plan for Initiating Home-Based Care Activities</b></p> <p>To be generated by trainees.</p>	<p><b>Small groups</b></p> <ol style="list-style-type: none"> <li>1. Distribute Handout 8, the work plan format.</li> <li>2. Divide trainees into groups of 3–4, preferably keeping together those from the same general locality.</li> <li>3. Instruct the groups to brainstorm the needs and resources in their localities and prepare a work plan for introducing HBC activities based on the needs and resources.</li> <li>4. Tell them to ensure the plan is realistic by including such points as: <ul style="list-style-type: none"> <li>• Informing the community leaders</li> <li>• Identifying PLWHAs and caregivers</li> <li>• Assessing learning needs</li> <li>• Contacting supervisors</li> <li>• Incorporating available resources</li> <li>• Setting realistic targets</li> </ul> </li> </ol>
<i>Close the session</i>	<b>Next Steps</b>	<ol style="list-style-type: none"> <li>1. Inform trainees that the actual field training will begin after agreeing with the supervisor and ensuring materials and PLWHAs are ready.</li> <li>2. Inform the groups that they will be able to fine-tune their work plans after the field training, to incorporate the new skills and insights they have gained.</li> </ol>

# HOME-BASED CARE FOR PEOPLE LIVING WITH HIV/AIDS

## MODULE 8: Evaluating the Course and Planning the Way Forward

### NOTES FOR FACILITATORS 8.1: Trainee Reaction Form

Title of Course ..... Date: .....

For every statement below please tick the answer that explains your feelings about the course you have just attended. Give reasons for your answers in the space provided (continue on the reverse if necessary).

	YES	NO	NOT SURE
1. The objectives of the course were clear.			
2. Materials (e.g., handouts, exercises done) used for the course were related to the course and were useful.			
3. The amount of topics covered and the length of the course was enough for the course.			
4. The information and skills learned in this course will help me in the work that I am going to do or the work I am already doing.			
5. All arrangements made for the course were good. (accommodation, meals, transport arrangements, field and classroom exercises, etc.)			
6. The trainers for this course were very helpful.			
7. Please feel free to write down any recommendations that could make the course better.			

# HOME-BASED CARE FOR PEOPLE LIVING WITH HIV/AIDS

*HANDOUT 8:*

## Format for Work Plan for Initiating Home-Based Care Services

<b>Constraint</b>	<b>Objective</b>	<b>Activities</b>	<b>Resources</b>	<b>Implement- ation schedule</b>	<b>Monitoring</b>	<b>Evaluation</b>



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## GLOSSARY

**Abstinence** - Avoiding sexual activity altogether

**AIDS** - Acquired immune deficiency syndrome, a progressive, usually fatal condition (syndrome) that reduces the body's ability to fight certain infections. Caused by infection with human immunodeficiency virus (HIV).

**Analgesics** - Medicines for pain

**Antacids** - Medicines for pain in the lower chest and upper abdomen caused by too much acid in the stomach

**Antibiotics** - Medicines for treating infections caused by bacteria

**Antidiarrheics** - Medicines for diarrhea

**Antitussives** - Medicines for cough

**Asymptomatic** - Not having any symptoms, even though infected with a disease

**Bacteria** - Micro-organisms; some are helpful to body functions, but many cause diseases

**Concept** - An idea

**Condom** - A rubber sheath worn on an erect penis during sexual intercourse to prevent pregnancy and sexually transmitted diseases

**Community-based health worker** - A trained person, often a volunteer, who works within a community to teach people about health practices, provides some simple treatments, and refers sick people to clinics/medical centers for other necessary treatment

**Contamination** - The process of introducing harmful substances, such as germs

**Counseling** - Communication between two people in which one person has a problem and the other is trying to help solve the problem

**Decontamination** - The process of removing or destroying harmful substances such as germs

**Diagnosis** - A doctor's or medical practitioner's conclusion about what a sick person is actually suffering from

**Diary** - A book in which community-based health workers record their activities in the community

**Draw sheet** - A bed sheet, usually used with a waterproof pad, that is placed on the bed of an incontinent patient to protect the other bedding

**Drug administration** - The manner in which medicines are given to the sick

**Environmental hygiene** - Keeping the surroundings, houses, compound, etc., clean

**General hygiene** - Keeping the body and surroundings fresh and clean

**Home-based care** - Services given at home to people who are ill. Services to people with AIDS focus on nursing care (personal and general hygiene), nutrition, sexual behavior, support, treatment of AIDS-related conditions, and physical therapy

**Immune system** - The part of the body's structure and function that fights against infections

**Infection** - Invasion and multiplication in the body of disease-causing germs

**Integrated** - In this context, combining services to prevent/manage sexually transmitted infections (including HIV) with services for family planning and mother/child health care

**Linen** - Sheets, blankets, pillowcases, quilts, and other bedding

**Massage** - Treatment by rubbing or kneading parts of the body to improve circulation, muscle tone, etc.

**Mode of transmission** - The way a disease spreads from one person to another

**Module** - In this context, a specific part of a training curriculum

**Mouthwash** - A solution to freshen the mouth

**Nutrition** - Food, feeding; providing a balanced diet

**Operational definition** - The meaning of terms according to the way they are used in a particular curriculum, book, etc.

**Opportunistic conditions** - Infections and diseases that take advantage of HIV-weakened immune system

**Oral rehydration salts** - Medicines given to people having diarrhea and/or vomiting to replace the lost water and salts

**Peer assessment** - Evaluation and comments from colleagues about a colleague's performance or knowledge

**Physical therapy** - Treatment through physical means such as exercises, massage, etc.

**Prescription** - A written order by a doctor or health worker indicating the name(s) of medicine(s) a specific sick person should take and how they should be taken

**Procedure** - The specific way something is done

**Quality control of training** - Making sure that training is of the required standard

**Referral** - Sending sick person from the home or community to a health facility (hospital, health center, dispensary) or from the health facility to the community

**Sedatives** - Medicines given to people having problems with getting to sleep

**Self-assessment** - Making your own comments about an activity you have performed

**Semen** - Fluid containing sperms that is produced by men during sexual intercourse

**Sexually transmitted infections/diseases** - The term given to a group of diseases affecting both men and women and generally transmitted during sexual activity

**Signs** - What the health worker finds when examining a sick person

**Soiled linen** - Bedding having sick person's feces, urine, pus, blood, etc.

**Spatula** - A wooden or metal instrument used for examining the throat

**Symptoms** - The aches, pains, or other problems a sick person describes to a health worker

**Unscreened blood** - Blood that has not been tested for HIV

**Virus** - The smallest disease-causing organism

**Vitamins** - Substances found in food that are essential for the proper functioning of the body

**White blood cells** - The part of the blood that guards the body against disease-causing organisms

**Zero grazing** - Restricting your sexual activity to one sexual partner whose only partner is you

## **ANNEX A: DEVELOPING A CLIMATE FOR LEARNING**

### **HELPING TRAINEES GET ACQUAINTED**

Experienced facilitators are aware that training courses are often more successful when they start with exercises to help trainees get acquainted with each other. Similar exercises are helpful even in settings where the trainees may already know each other. These kinds of exercises are known as "ice breakers." They help everyone relax and focus more on the training. This annex presents a get acquainted exercise that can be used in both types of situation. It is called "Supportive Pairs Introduction." It will introduce trainees who are strangers to each other, and it will help trainees who already know each other to get better acquainted.

Facilitators may use this exercise or others they are familiar with that they think are more appropriate.

### **DIRECTIONS FOR USING THE SUPPORTIVE PAIRS INTRODUCTION EXERCISE**

1. Introduce the supportive pairs exercise in which each person takes a turn as speaker and as silent listener.
2. Explain that instead of a conversation the 2 will share the time equally, with each person having half the time talking and half the time learning.
3. ➤ Put up newsprint with instructions for the supportive pair introduction exercise.
4. Introduce the exercise.
5. Monitor the time for the first round and ask trainees to go through the same process but change the roles as speaker and listener and the topic for the speaker.
6. Participate in the exercise if trainee numbers do not form complete pairs.
7. At the end of the second round ask the trainees to reconvene in plenary.
8. Invite sharing on what it was like to do the exercise.
9. Encourage sharing from different trainees with different experiences as speakers, as listeners, and for on-the-job experiences.
10. Ask trainees how the exercise helped them.
11. Draw out the pairs' expectations and record them on newsprint.
12. Ask what important points trainees gained from the supportive pair introduction exercise. Record responses on newsprint and summarize the generated list.
13. Ask trainees how they will use the learning and experience of the introduction exercise.
14. Summarize and explain to trainees that in real life we do not normally separate the positive and negative aspects in our jobs and lives. They can be 2 sides of the same coin. Usually this illustrates that we are not skilled when we have positive feelings and that negative feelings can have effects in many areas.

## **THE SUPPORTIVE PAIRS INTRODUCTION**

### **First round**

- Pair with a person you don't know well.
- Find your own space in the room and sit together.
- Let one act as speaker and the other as listener.
- Introduce yourselves briefly, including:
  - Names
  - The name you prefer to be called
  - What you do and where you work
- Speaker, tell your listener about the things that you enjoy or find satisfying or experiences you consider positive in your job.
- Listener, communicate supportive attention without interrupting (use non-verbal clues).
- Speaker, take only 3 minutes.

### **Second round**

- Change roles of speaker and listener.
- Speaker, tell your listener about the things you dislike or find dissatisfying, or experiences you consider negative in your job.
- Listener, communicate supportive attention without interrupting (use non-verbal clues).
- Speaker, take only 3 minutes.

Share and agree together on 1–2 expectations of this course.

***Total time is 10 minutes***

## ANNEX B: KNOWLEDGE ASSESSMENT GUIDE

This guide can be used by facilitators for both pre- and post-training tests of trainee knowledge. It should be administered during Module 1 as a pre-test, and during Module 8 as a post-test.

1. What do you understand by the word HIV?  
\_\_\_\_\_  
\_\_\_\_\_
2. List 4 ways how HIV is **not** transmitted
  - (a) \_\_\_\_\_
  - (b) \_\_\_\_\_
  - (c) \_\_\_\_\_
  - (d) \_\_\_\_\_
3. Name 3 major signs/symptoms of AIDS in adults
  - (a) \_\_\_\_\_
  - (b) \_\_\_\_\_
  - (c) \_\_\_\_\_
4. What are main reasons for mobilizing the community for HBC activities for PLWHA (List 4)
  - (a) \_\_\_\_\_
  - (b) \_\_\_\_\_
  - (c) \_\_\_\_\_
  - (d) \_\_\_\_\_
5. Write the 3 main steps to initiate/introduce HBC services in the community
  - (a) \_\_\_\_\_
  - (b) \_\_\_\_\_
  - (c) \_\_\_\_\_
6. Why is home-based care for people with AIDS important to:
  - (a) PLWHAs  
\_\_\_\_\_  
\_\_\_\_\_
  - (b) Family  
\_\_\_\_\_  
\_\_\_\_\_
  - (c) Community  
\_\_\_\_\_  
\_\_\_\_\_

7. List the nursing care skills to be taught to home-based caregivers.

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8. Write down the six tasks of CBHW in home-based care

(a) \_\_\_\_\_  
(b) \_\_\_\_\_  
(c) \_\_\_\_\_  
(d) \_\_\_\_\_  
(e) \_\_\_\_\_  
(f) \_\_\_\_\_

9. List the five purposes/advantages of self-care for PLWHA

(a) \_\_\_\_\_  
(b) \_\_\_\_\_  
(c) \_\_\_\_\_  
(d) \_\_\_\_\_  
(e) \_\_\_\_\_

10. List at least 3 ways of assessing the learning needs of home-based care givers and PLWHA

(a) \_\_\_\_\_  
(b) \_\_\_\_\_  
(c) \_\_\_\_\_

11. Name four primary home-based care givers for PLWHA that need to be trained

(a) \_\_\_\_\_  
(b) \_\_\_\_\_  
(c) \_\_\_\_\_  
(d) \_\_\_\_\_

12. What are the activities you should do when planning/organizing a training session for HBC giver

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13. What are the important things to do when conducting a training session for HBC giver or PLWHA

(a) \_\_\_\_\_  
(b) \_\_\_\_\_  
(c) \_\_\_\_\_  
(d) \_\_\_\_\_  
(e) \_\_\_\_\_  
(f) \_\_\_\_\_

## ANNEX C: SUGGESTED COURSE SCHEDULE

### WEEK ONE

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
8:00 AM	All assemble					
8:30-9:00	Getting started	Home-based care activities for PLWHA	Introduction to self-care concept	Practicum on assessing learning needs	8:30 - 9:30 AM Planning, organizing and transfer of nursing care skills 9:30 - 10:30 AM Preparation for micro skills training	Micro skills teaching practice
9:00-10:00AM	Trainer/Trainee introductions					
10:00-11:00AM	Overview of the course; pre-test					
11:00-11:30 AM	<b>TEA B REAK</b>					
11:30 - 1:00 PM	Facts on HIV/AIDS and people with AIDS	11:00-12:00PM as above 12:00-1:00PM Introducing HBC services for RH/FP in the community	Practice skills in self-care and home-based care activities	Displaying caring attitude	11:00-12:00PM 12:00-1:00PM  Practice training	Micro skills teaching practice
1:00 - 2:00PM	<b>L U N C H</b>					
2:00 - 3:00PM	Relationship between HIV infection and STD/AIDS	2:00-3:00PM as above 3:00-4:00PM Simulations on introducing HBC services for PLWHA in the community	As above	Introduction to the concept of training HBC givers and PLWHA	Micro teaching sessions in small groups	As above  3:00-4:00PM  Introduction to field experience
4:00 - 4:15PM	<b>TEA B REAK</b>					
4:15-5:15PM	As above	As above Assignment to practice community mobilization to HBC activities	Assessing learning needs of HBC givers and PLWHAs	Planning, organizing, and transfer of nursing care skills	As above	Preparation for field experience

**WEEK TWO**

<b>TIME</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	
8:00-10:30AM	Field experience: -Introducing HBC concept -Identifying HBC givers and PLWHA	Field experience: Assessing learning needs of PLWHA and care givers	Field experience: Skills transfer (training) HBC givers and PLWHA	Field experience: Skills transfer to HBC givers and PLWHA	Back-home skills application work plans	
10:30 - 11:00AM	<b>TEA BREAK</b>					
11:00-1:00PM	Field experience	As above	As above	As above	Workshop evaluation	
1:00-2:00PM	<b>LUNCH</b>					
2:00-4:00PM	Field experience	As above	As above	Processing the field experience	Closure	
4:00-4:30PM	<b>TEA BREAK</b>					
4:30-5:30PM	Sharing field experiences	Compiling learning needs and planning for skill transfer	Sharing field experience	Post-training knowledge assessment		

## **Annex D: JOB DESCRIPTION FOR COMMUNITY-BASED REPRODUCTIVE HEALTH SERVICE PROVIDER (CBRHSP)**

### **JOB SUMMARY**

Promote the use of reproductive health services through information, education, communication (IEC), and counseling.  
Provide selected community-based reproductive health services.

### **FUNCTIONS**

Provide community-based reproductive health information, education, and communication (IEC).  
Provide selected community-based reproductive health services.  
Manage community-based reproductive health activities.

### **DUTIES/TASKS**

**A. Information, Education, Communication/Counseling through:** home visits, group talks, individual talks

#### **A.1 *Family Planning***

- A.1.1 Conduct IEC activities for members of the community in which they are operating who are non-users of family planning services in order to get them to use these services.
- A.1.2 Conduct IEC activities targeted at members of the community in which they are operating who are users in order to get them to continue using the services.
- A.1.3 Conduct IEC and counseling activities targeted at members of the community in which they are operating who discontinue using the services in order to get them to re-use the services.
- A.1.4 Provide information on emergency contraceptive pill.

#### **A.2 *Reproductive Tract Infections***

- A.2.1 Conduct IE activities and provide advice for individuals and/or groups whose lifestyle behaviors put them at risk of reproductive tract infections to get them to seek services.
- A.2.2 Conduct IE activities and provide advice for individuals and/or groups whose lifestyle behaviors put them at risk of reproductive tract infections to get them to change these risky lifestyles/behaviors.

#### **A.3 *HIV/AIDS***

- A.3.1 Conduct IEC activities targeted towards affected families and communities to create a supportive environment, including support for home-based care for people with AIDS.
- A.3.2 Participate in community level HIV/AIDS related advocacy to create a supportive policy environment.
- A.3.3 Conduct IEC activities and provide advice for individuals and/or groups whose lifestyles/ behaviors put them at risk of contracting HIV/AIDS to change their risky behavior.
- A.3.4 Conduct IEC activities and provide advice for individuals and/or groups whose lifestyles/ behaviors put them at risk of contracting HIV/AIDS to get them to seek services.

#### **A.4 *Maternal Health and Child Health***

- A.4.1 Conduct IEC activities for pregnant and post-natal women in order get them to use MCH services.
- A.4.2 Conduct IEC activities for parents with children under 5 years of age in order to get them to use MCH services.

#### **A.5 *Traditional Reproductive Health Practices***

- A.5.1 Conduct IEC activities for members of the community within which they operate to promote and/or reinforce beneficial traditional reproductive health practices.
- A.5.2 Conduct IEC activities for members of the community within which they operate to discourage harmful traditional reproductive health practices.

### **B. Community-Based Health Services**

#### **B.1 *Contraception***

#### **B.2 *Reproductive Tract Infections***

### **B.3 *HIV/AIDS***

- B.3.1 Refer individual who may need or ask to be referred to the appropriate referral points based on their need.
- B.3.2 Provide training to care givers in home-based care for persons with AIDS.
- B.3.3 Provide training in home-based care for people with AIDS.
- B.3.4 Follow up persons with AIDS and home-based care providers.

### **B.4 *Maternal Health and Child Health***

- B.4.1 Refer women in need of maternal health services to the appropriate service delivery point.
- B.4.2 Follow up referred women to ensure effective referrals.
- B.4.3 Refer children in need of child health services to the appropriate service delivery point.
- B.4.4 Follow up referred children to ensure effective referrals.

### **B.5 *Traditional Reproductive Health Practices***

- B.5.1 Refer members of the community with complications linked to harmful traditional reproductive health practices to the appropriate service delivery point.

## **C. Management**

### **C.1 *Conduct a community survey in their catchment area***

- C.1.1 Plan a community survey.
- C.1.2 Organize the community survey.
- C.1.3 Conduct community survey.
- C.1.4 Analyze information collected.
- C.1.5 Prepare a catchment area register for families and individuals eligible for reproductive health services.
- C.1.6 Prepare a catchment area map as a tool to help manage activities.
- C.1.7 Update catchment area register and map.

### **C.2 *Prepare a Plan of Activities***

- C.2.1 Prepare a list of community reproductive health problems based on the updated register and map.
- C.2.2 Set priorities.
- C.2.3 Set targets.
- C.2.4 Develop work plan to respond to the priorities.

### **C.3 *Organize the Activities***

- C.3.1 Share the work plan with the community and the supervisor.
- C.3.2 Revise and update the shared work plan to reflect the result of the discussion with the supervisor and the community.
- C.3.3 Ensure that needed resources are available.

### **C.4 *Implement the Planned Activities***

- C.4.1 Conduct IEC activities.
- C.4.2 Provide reproductive health services.

### **C.5 *Manage Supplies and Equipment Using the Logistics System***

- C.5.1 Forecast needs in supplies and equipment.
- C.5.2 Procure supplies and equipment.
- C.5.3 Store supplies and equipment.
- C.5.4 Dispense supplies and use equipment.
- C.5.5 Fill out forms/maintain inventory.

### **C.6 *Manage Funds/Income Generated through Project Related Activities***

- C.6.1 Manage income/funds generated through the sale of contraceptives and services.
- C.6.2 Manage income/funds generated through other income-generating activities within the project/program.

### **C.7 *Implement the Management Information System***

- C.7.1 Collect information.
- C.7.2 Record information.
- C.7.3 Maintain records.
- C.7.4 Write and submit reports as appropriate.

### **C.8 *Monitoring and Evaluation***

- C.8.1 Monitor implementation of activities.
- C.8.2 Monitor use of resources.
- C.8.3 Review progress on achievement of targets.
- C.8.4 Participate in project evaluation activities.

### **RELATIONSHIPS**

Answer to the supervisor for the technical and non-technical aspects of the work.  
Liaise and collaborate with local authorities and resource people on all aspects of the work.  
Collaborate with other community-based extension workers, e.g., traditional birth attendants, social workers, traditional healers, etc.

### **QUALIFICATIONS/QUALITIES**

Mature person.  
Able to read and write English and the local language.  
A resident of the community.  
Committed to community development.  
Respected by the community.  
Open minded/flexible.

### **SELECTION PROCEDURES**

Share selection criteria with community.  
Ask community to propose at least 3 candidates per position.  
Within the project, select among proposed candidates.  
Finalize choice with the community.

### **TRAINING AND DEVELOPMENT**

Initial training  
2 – 3 months field experience under close supervision  
Completion of the initial training after the field practice  
Update/refresh training annually  
On-the-job training

### **APPRAISAL OF CBRHSP**

On a continuing basis through routine supervision  
Annually by the management

### **CBRHSP INCENTIVES**

The CBRHSP are volunteers.

CBRHSP should be rewarded annually for their performance.

Since the functions of a CBRHSP are becoming more technical and complex in nature and also require more time, there is need for monetary and other kinds of incentives.

The incentives will come from funds generated by the project as service charges and other income-generating activities or any other available funding source.

## **ANNEX E: JOB DESCRIPTION FOR HOME-BASED CARE FACILITATOR**

### **FUNCTIONS/JOB**

In addition to duties as a community-based reproductive health care provider, the home-based care facilitator will perform the following functions:

1. Mobilize the community for home-based care services for persons living with HIV/AIDS.
2. Transfer knowledge and nursing care skills to the primary home-based caregivers and self-care skills to people living with HIV/AIDS.
3. Provide supportive follow-up to trained primary caregivers and PLWHAs.
4. Provide links/referral of PLWHA to specialized care/support services.
5. Provide first aid care to PLWHAs.

### **DUTIES/TASKS**

1. Mobilizing the community for home-based care services for PLWHA
  - 1.1 Conduct information and education activities for affected families and communities to create a supportive environment for home-based care for people living with HIV/AIDS.
  - 1.2 Participate in community level, home-based care related advocacy to create a supportive policy environment.
  - 1.3 Encourage the community to initiate home-based care activities for PLWHAs.
2. Transferring knowledge and nursing care skills to the primary home based caregivers and self-care skills to PLWHAs
  - 2.1 Identify the learning needs of home-based caregivers and PLWHAs.
  - 2.2 Plan and organize the transfer of knowledge and skills.
  - 2.3 Conduct the transfer of knowledge and nursing care skills to caregivers and self-care skills to PLWHAs.
  - 2.4 Maintain a caring attitude throughout home-based care services.
  - 2.5 Document and maintain records related to home-based care activities, e.g., list of trained primary caregivers, supportive services/organizations available, key players in HBC for PLWHAs.
3. Providing supportive follow-up to the trained primary home-based caregiver and PLWHAs
  - 3.1 Conduct follow-up visits on regular basis to the trained caregivers and PLWHAs to ensure services are adequate and provided appropriately.
  - 3.2 Assist to address emerging needs within this scope of work, e.g., referral/linkage to other support services or counseling/problem solving.
  - 3.3 Keep record of follow-up findings and actions taken.
4. Providing links/referral for PLWHAs to specialized care/support services.
  - 4.1 Assist the PLWHAs and families to identify the type of support needed.
  - 4.2 Identify the individuals/groups/organizations that can provide the support and inform the PLWHA and/or family.
  - 4.3 Link the PLWHA/family to the identified support group/individual.
  - 4.4 Help plan for transportation if needed or help set up home visits.
  - 4.5 Follow up to assure coordination of services.
5. Providing first-aid care to PLWHAs
  - 5.1 Identify the immediate medical care needed.
  - 5.2 Assess the severity of the patient's condition for referral if necessary.
  - 5.3 Provide the care needed (according to the scope of work).
  - 5.4 Refer for further management to appropriate places.
  - 5.5 For institution-based support teams/persons:
    - Identify the care needed
    - Provide the care, e.g., setting up IV drips if patient is dehydrated
    - Refer for further management, e.g., hospitalization

## **ANNEX F: PLWHA NEEDS ASSESSMENT FORM**

The PWA or the caregiver can answer the questions in this form. After filling the form decide what the PLWHA's needs are, which one you will train the 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

**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.)  
 Dressing  
 Using the toilet  
 Doing housework (cleaning, washing clothes, garbage disposal, etc.)  
 Other: \_\_\_\_\_

### **Nutritional Concerns**

**7. Do you need any help with preparing your meals?**

- I'll prepare them myself       Yes, I'd like help now       I might want help later

**8. Have you noticed any changes in your appetite that you would like the care team to know about?**

- Less than normal       More than normal  
 Normal       Never the same

**9. Do you have any difficulties with eating food or drinking fluids? What help would you like?**

**Symptom Control**

**10. Do you have any problems with pain? If so, where and what makes it better?**

**11. Do you have any specific physical symptoms for which you need help? Check all that apply.**

- Nausea
- Constipation
- Incontinence
- Thrush or sores (mouth or throat)
- Fatigue or weakness
- Chills
- Night sweats
- Vomiting
- Diarrhea
- Skin
- Other .....
- Fever
- Seizures
- Breathing problems

**12. Do you have any mental or psychological concerns that you would want help with? Check all that apply.**

- Confusion
- Depression
- Memory loss or forgetfulness
- Other: .....

**Financial, Legal, and Other Concerns**

**13. Have you prepared a will? Have you designated someone as the executor of your estate?**

- Yes
- No, and I'll take care of that myself
- No, and I'd like some help now

**14. Do you need any help with managing your financial affairs (banking, paying the rent and bills)?**

- I'll take care of them myself
- Yes, I'd like help now
- I have given someone power of attorney who is helping me

**15. Do you have any insurance policies that might help with your care?**

- Yes, and I'll take care of that myself
- Yes, and I'd like help now
- I don't know any one and would like some help finding out

**16. Do you need help with contacting your priest, imam, or traditional healer?**

- Yes, and I'll take care of that myself
- Yes, and I'd like help now
- I don't know any one and would like some help finding out



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