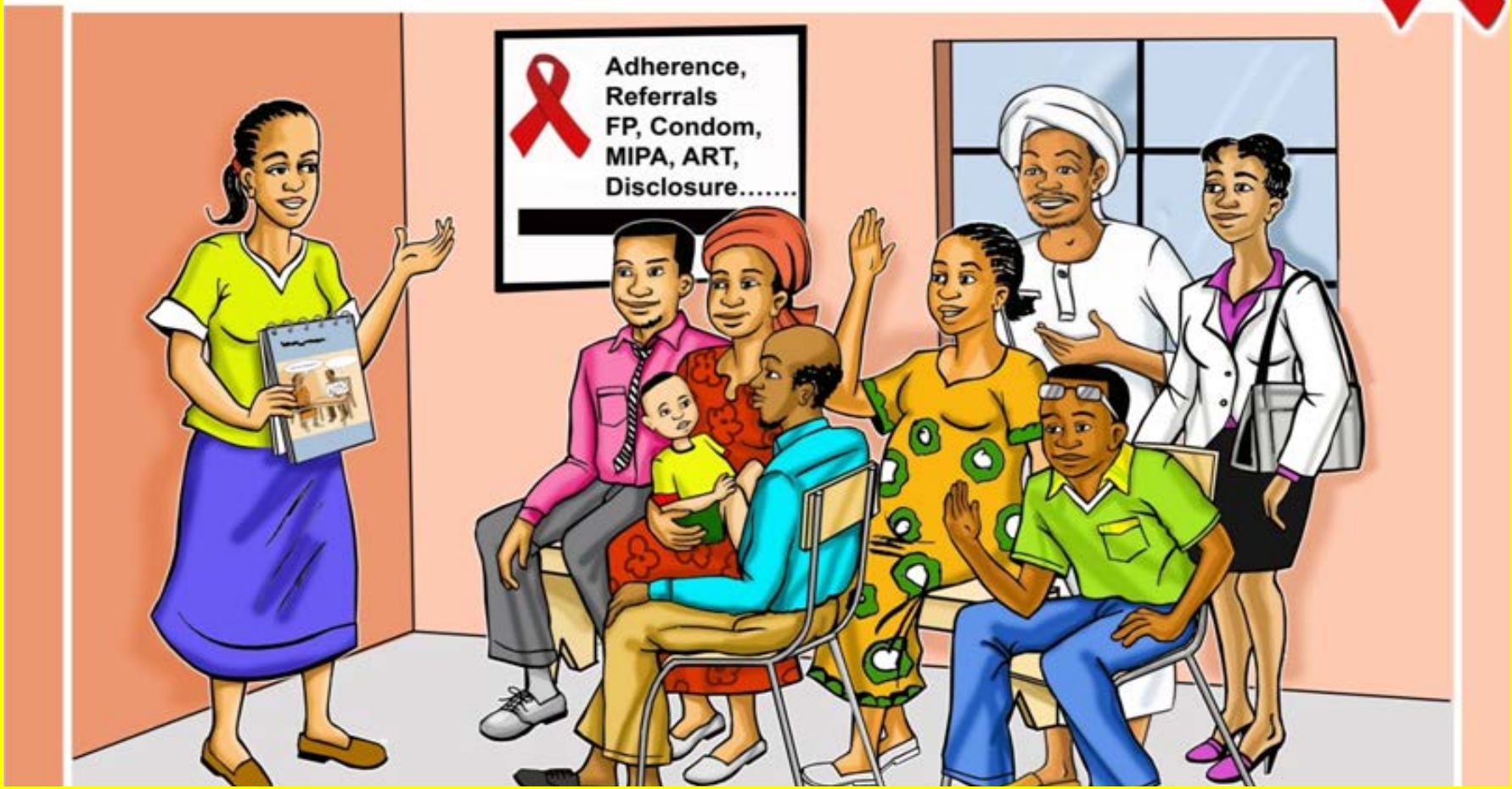
National Orientation Package for Community HIV Service Providers



TRAINING MANUAL

Accelerating Prevention among people living with HIV through Positive Health & Dignity

April 2011

CITATION

Citation

National Orientation Package for Community HIV Service Providers.

Trainers Manual

For more information refer to the following documents;

- National Guidance for HIV Prevention with Positive
- Management of Sexually Transmitted/Reproductive Tract Infections
- Adherence In HIV Care and Treatment - Trainers Manual
- National Guidelines on Prevention of Mother to Child Transmission of HIV
- HIV Testing and Counseling Guidelines

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FOREWORD

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Clinic
ART	Antiretroviral Therapy
CSW	Commercial Sex Worker
FBO	Faith-based Organization
FP	Family Planning
HIV	Human Immunodeficiency Virus
HTC	HIV testing and Counseling
MIPA	Meaningful involvement of PLHIV
M&E	Monitoring and Evaluation
MC	Male Circumcision
MCH	Maternal and Child Health
NACC	National AIDS Control Council
NASCOP	National AIDS and STI Control Program
OI	Opportunistic Infection
PASCO	Provincial AIDS and STI Coordinator
PITC	Provider-initiated Testing and Counseling
PLHIV	Persons Living With HIV
PWP	Prevention With Positives
SP	Service Providers
STI	Sexually Transmitted Infection
TB	Tuberculosis
VCT	Voluntary Counseling and Testing

GOAL OF THE COMMUNITY PWP TRAINING PACKAGE

The goal is to equip community HIV service providers with skills and knowledge to empower those who have tested HIV positive reduce risk of transmission of HIV and live more a productive life

LEARNING OBJECTIVES

By the end of this training the participant will be able to:

- Describe the importance of PWP in the context of HIV/AIDS in the community
- Discuss the PwP messages
- Apply communication skills in delivering PwP messages to different population targets
- Discuss appropriate linkages and referral points
- To use PwP community data tools

COMMUNITY PWP TRAINING PACKAGE

- This training package is to be delivered in five days for TOT and 3 days for Community service providers
- Materials for this training package include
  - A training manual in power point format that can be used in any community setting
  - An annex with definitions and explanatory notes for trainers
  - Well designed job aid containing interactive PwP messages to use with clients
  - Other IEC materials
- Critical information that providers need to remember in day-to-day practice is compiled onto a flipchart
- The participants of this training will be group leaders of support groups and members of support groups involved in supporting others live positively with HIV. They should be able to read and write in English

SELECTION CRITERIA FOR CPWP TRAINING

Training TOTs in Community PwP

- TOTs will comprise program managers and officers who oversee community HIV prevention programs, training coordinators of PLHIV networks, , Support group leaders.
- They should be able to read and write and be comfortable to share their HIV status, should be form four and above
- Total number of participants should not be more than 30 in a class
- There should be a minimum of three facilitators in a class

Training Community level PwP service providers

- Training for Community PwP service providers covers leaders of PLHIV support groups, CHW, Volunteers, peer educators and PLHIVs. They should be able to read and write and be comfortable to share their HIV status
- Total number of participants should not be more than 30 in a class

Note:

- As a trainer one ought to be prepared to deal with emerging psychosocial issues either through individual/group counseling or referral
- Service providers need to meet regularly for updates and psychosocial support sessions
- There should be a minimum of three facilitators in a class

USING CPWP TRAINING PACKAGE

Training TOTs in Community PwP

•TOT training is conducted for five (5) days – two an half days for theory and two and half days for practical teach-back

•Use **ALL** the modules of the training manual for theory and module 2 for teach-back sessions in groups of seven to ten participants

•Use the TOT training timetable to guide the training sessions

Training Community level PwP service providers

•The service providers training is conducted for five (5) days

•Use the training manual for theory and the Community PwP flipchart for practical sessions in delivering prevention messages

•Use the service providers timetable to guide the training

•The graduation package and daily working tools for CPwP service providers is the flip chart and CPwP flier

INTRODUCTORY SESSION

INTRODUCTION

- Welcome your audience.
- Introduce yourself.
- State your purpose:
  - Today, we are going to talk about things you need to know about HIV and AIDS.
- Tell people that they should only share information that they do not mind everyone knowing.

Participant Introductions

- Name
- Support group
- HIV courses attended
- Experience in training on HIV issues
- Expectations (at least 2) Ground Rules
- Housekeeping
- Parking Lot
- Icebreaker (optional exercise)

KNOWLEDGE ASSESSMENT

1. You can become infected with HIV from mosquito bites.
2. Anal sex is the riskiest form of sexual contact.
3. When used correctly, condoms can protect men and women from becoming infected with HIV.
4. Special medicines can cure HIV infection.
5. If you stay with only one partner, you cannot become infected with HIV.

KNOWLEDGE ASSESSMENT

6. People with STIs are at higher risk for becoming HIV-infected than people who do not have STIs.
7. A man can transmit HIV to his partner during sex, even if he withdraws before ejaculation.
8. You cannot contract AIDS by living in the same house as someone who has the disease.
9. You can always tell if a person has HIV by his or her appearance.
10. HIV can be transmitted from one person to another when sharing needles during drug use.

MODULE 1

UNDERSTANDING HIV PREVENTION IN THE COMMUNITY

UNDERSTANDING HIV PREVENTION IN THE COMMUNITY

Module objective:

By the end of this module, participants will be able to discuss HIV prevention in the community

Enabling objectives:

- Describe effects of HIV on the body
- Discuss the concept of PwP
- Outline pillars of PwP
- Discuss importance of MIPA in PwP

UNIT 1

HIV AND AIDS INFORMATION

WHAT YOU NEED TO KNOW ABOUT HIV AND AIDS

- HIV and AIDS is common in our community.
- You need to know many things about HIV so that you will be able to;
  - Protect Yourself,
  - Protect Your Partner,
  - And Protect Your Family.

WHAT IS HIV

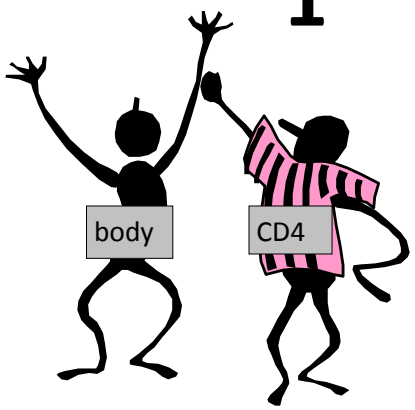
- HIV is a tiny germ (virus) that causes AIDS.
- When you have HIV, that means you have these tiny germs or viruses in your blood and other body fluids such as semen, vaginal secretions, or breast milk.
- Most people have HIV in their bodies for many years before they get sick.
- In fact, once you get HIV, the germ stays in your body for the rest of your life, but you can get treatment to prolong and improve your life.
- Even when people living with HIV feel and look healthy, they can pass HIV to others.

WHAT IS AIDS?

- Over time, people with HIV get weaker and need treatment. If the client does not get treatment, he may get AIDS.
- With AIDS, there are many HIV invaders in our bodies and almost no soldiers to defend us.
- We may experience many more strong illnesses because there is no defense at all.

How HIV Attacks the Body…1

1



The CD4 cell is a kind of white blood cell. The CD4 is the friend of our body.

2

Infections like cough try to attack our body, but the CD4 fights them to defend the body, his friend.

3

Infections like diarrhoea try to attack our body, but the CD4 fights them to defend the body.

How HIV Attacks the Body…2

4

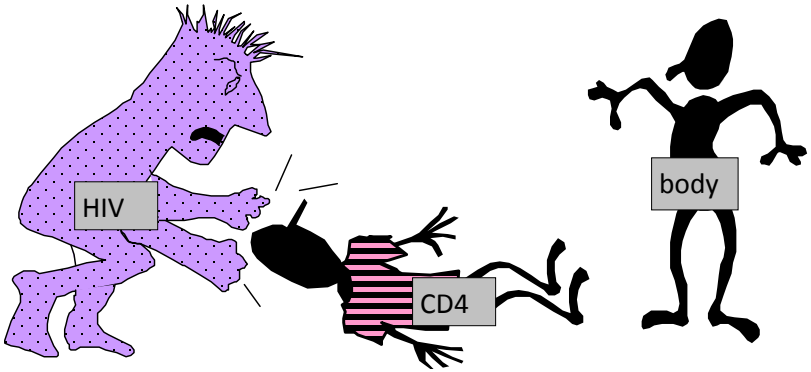
Now, HIV enters and starts to attack the CD4.

5

The CD4 notices he cannot defend himself against HIV!

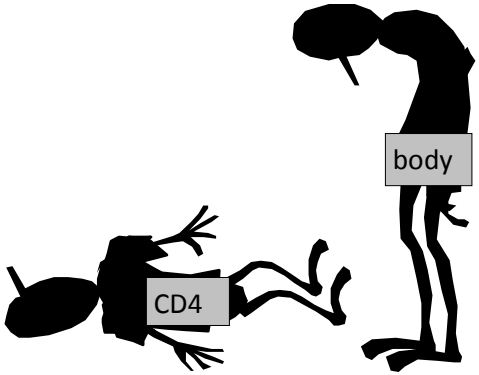
6

After some time, CD4 loses its force against HIV.



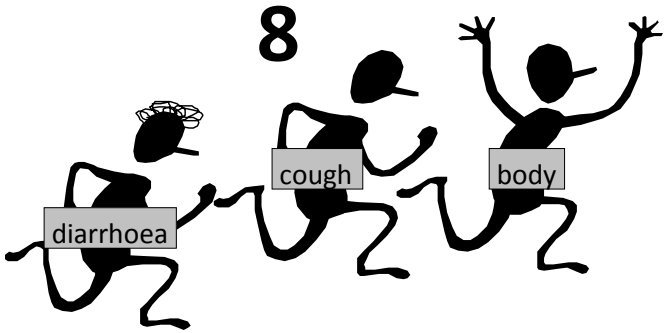
How HIV Attacks the Body ...1

7



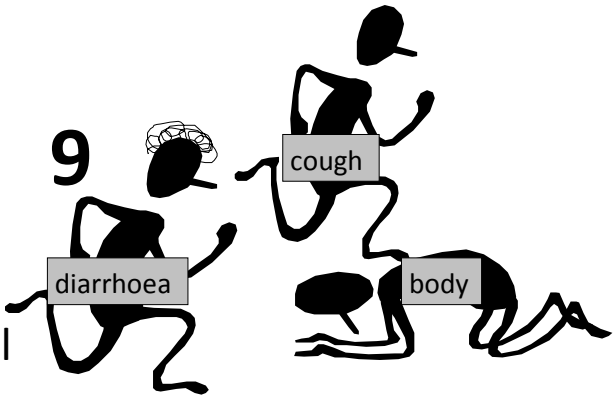
CD4 loses the fight. The body remains without defense.

8



Now, the body is all alone, without defence. All kinds of problems, like cough and diarrhoea take advantage and start to attack the body.

9



In the end, the body is so weak that all diseases can attack without difficulty.

WHAT HAPPENS INSIDE OUR BODIES?

- Inside our bodies, we have an army that protects our body from diseases. This army is called the immune system.
- The CD4 cells are the immune system's soldiers.
- They fight invading germs and viruses like HIV when they come into our bodies.

How does HIV make us sick?

- HIV attacks our army of CD4 cells and destroys them. Our army, or our immune system, is weakened.
- When the soldiers are destroyed, other illnesses like TB and malaria can pass through more easily and with more strength. We call these opportunistic infections.
- When you come to the clinic, the provider will do a blood test to see how many CD4 soldiers you have. This is called the CD4 count.

Instructions for Exercise

- There are signs that say ‘Agree’ ‘Disagree’ and ‘not sure’ on the walls sides of room
- The trainer will read a statement to the participants.
- The participants will go and stand next to the label that they believe is correct for them for each statement
- The facilitator will engage participant in their reason for decisions made
- Facilitator to summarize the exercise

Agree and Disagree exercise

Read the following statements

1. People with HIV should not share razors or other sharp objects with another person.
2. You can practice safer sex yourself
3. People with HIV should wash the bloody clothes or towels separately from the rest of the family's items.
4. People with HIV should not hug, kiss, share utensils with others
5. People with HIV should only have sex with people with HIV
6. People with HIV/AIDS have only themselves to blame
7. Even married people should be taught about safe and unsafe sexual behavior
8. clients have a right to tell their partners that they are HIV positive or not
9. An employee with HIV poses a health risk to other employees

How can people with HIV Stop/Prevent Transmission?

How HIV is spread

- HIV is spread from an infected person to an uninfected one
- Most people acquire HIV through unprotected sex between men and women, men and men, women and women

How HIV is spread

Other ways of acquiring HIV include:

- Penile/Anal sex
- Oral sex

Mother to Child transmission during :

- pregnancy
- delivery
- breastfeeding

Other modes of transmission:

- Blood transfusion
- Organ/tissue transplant
- Injection drug use
- Community / cultural practices e.g. tattooing,

Factors that Influence Transmission and Acquisition of HIV

- Viral Load/Concentration of Virus
  - Recent infection with HIV
  - Non adherence to ARVs
  - Advanced HIV disease (AIDS)
- Sexually Transmitted Infections (STIs)
- Types and Frequency of sexual contact
- Male circumcision

KNOWLEDGE OF HIV STATUS

- The only sure way of knowing that one has HIV is to take a test
- HIV testing acts as an entry point to treatment, care and support

CARE, TREATMENT & SUPPORT

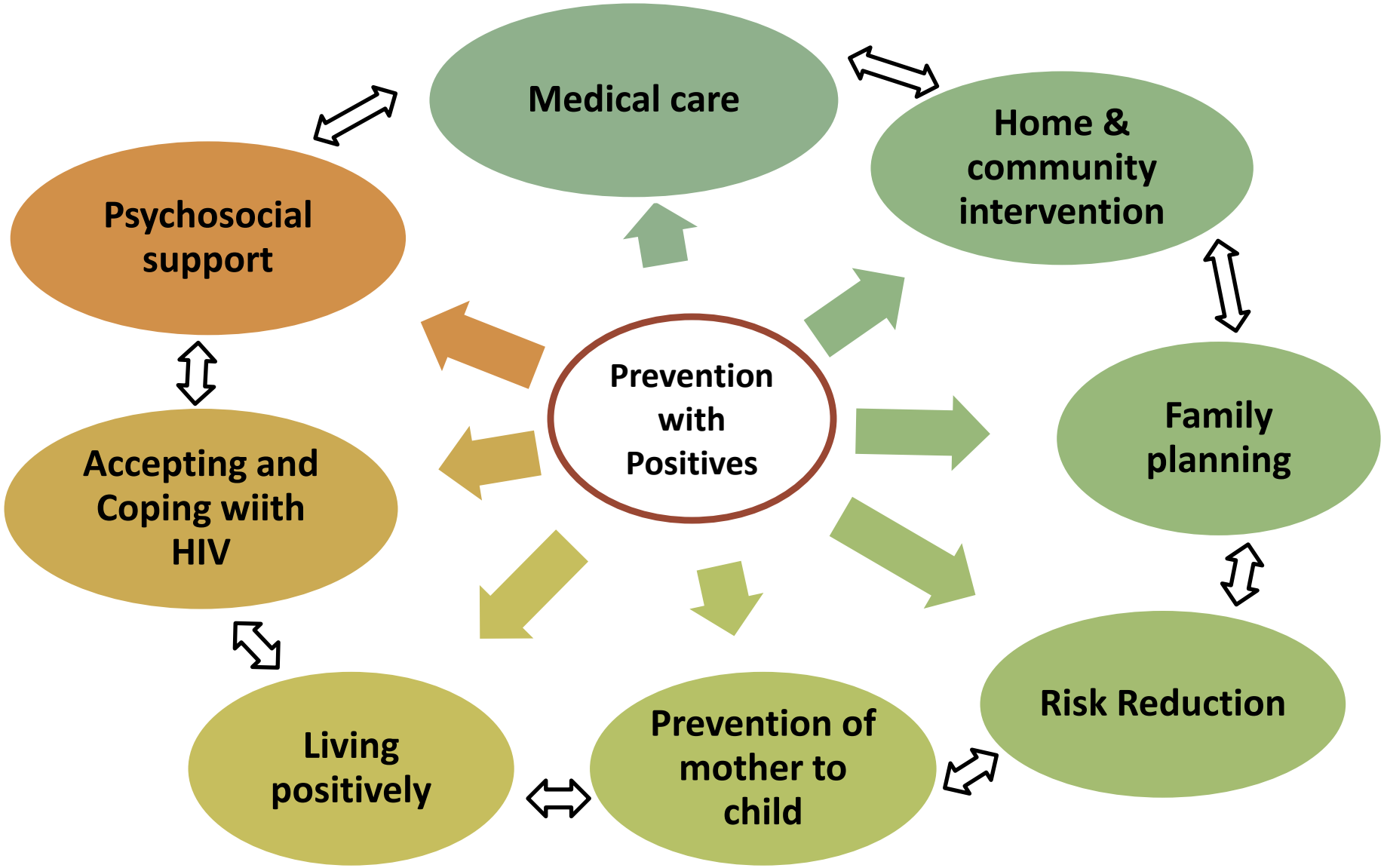
- Care, treatment & support facilitates positive living and improves quality of life
- ARVs (antiretrovirals) are medicines used to manage HIV and AIDS.
  - They work to support the immune system and they work against the virus ability to thrive in the body
- Clients must make a commitment to staying on ARVs medicines for the rest of their lives.

CARE, TREATMENT & SUPPORT

Other components of care and support are:

- Prompt management of opportunistic infections
- Good nutrition
- Safer sex
- Psycho social and family support
- Exercise
- Sleep and adequate rest

Diagram on comprehensive Care



Unit 2

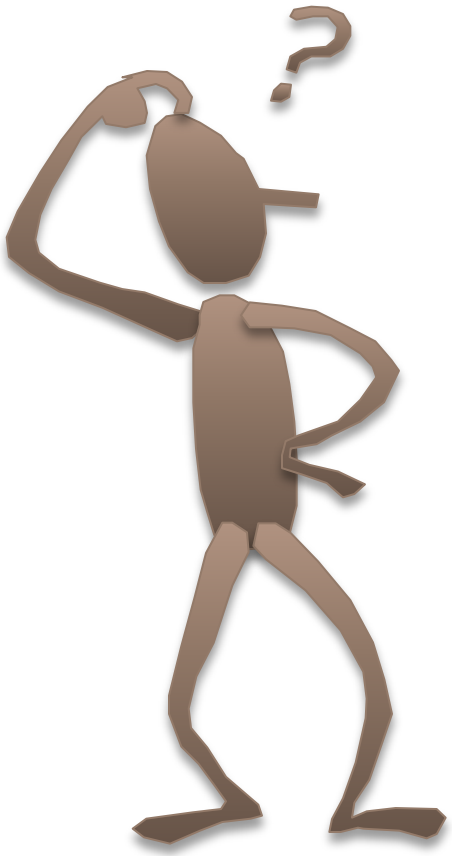
PREVENTION WITH POSITIVES (PWP)

What is Prevention with Positives (PwP)?

- PwP is an approach to HIV prevention programs targeting individuals who
  - Have already tested positive for HIV
  - Are at risk of transmitting the HIV virus
- Prevention with Positives programs aim to build self-esteem and enrich coping skills through supportive services

Knowledge of HIV status is an important element of PwP

WHAT IS PWP…



- Prevention with Positives

(PwP) or alternately called Positive Prevention refers to prevention **efforts** that support HIV-infected persons to reduce the risk of HIV transmission and re-infection

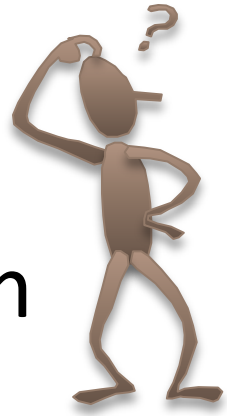
Why the Emphasis on Prevention with Positives?

- Every person infected with HIV was exposed by a person who was HIV positive.

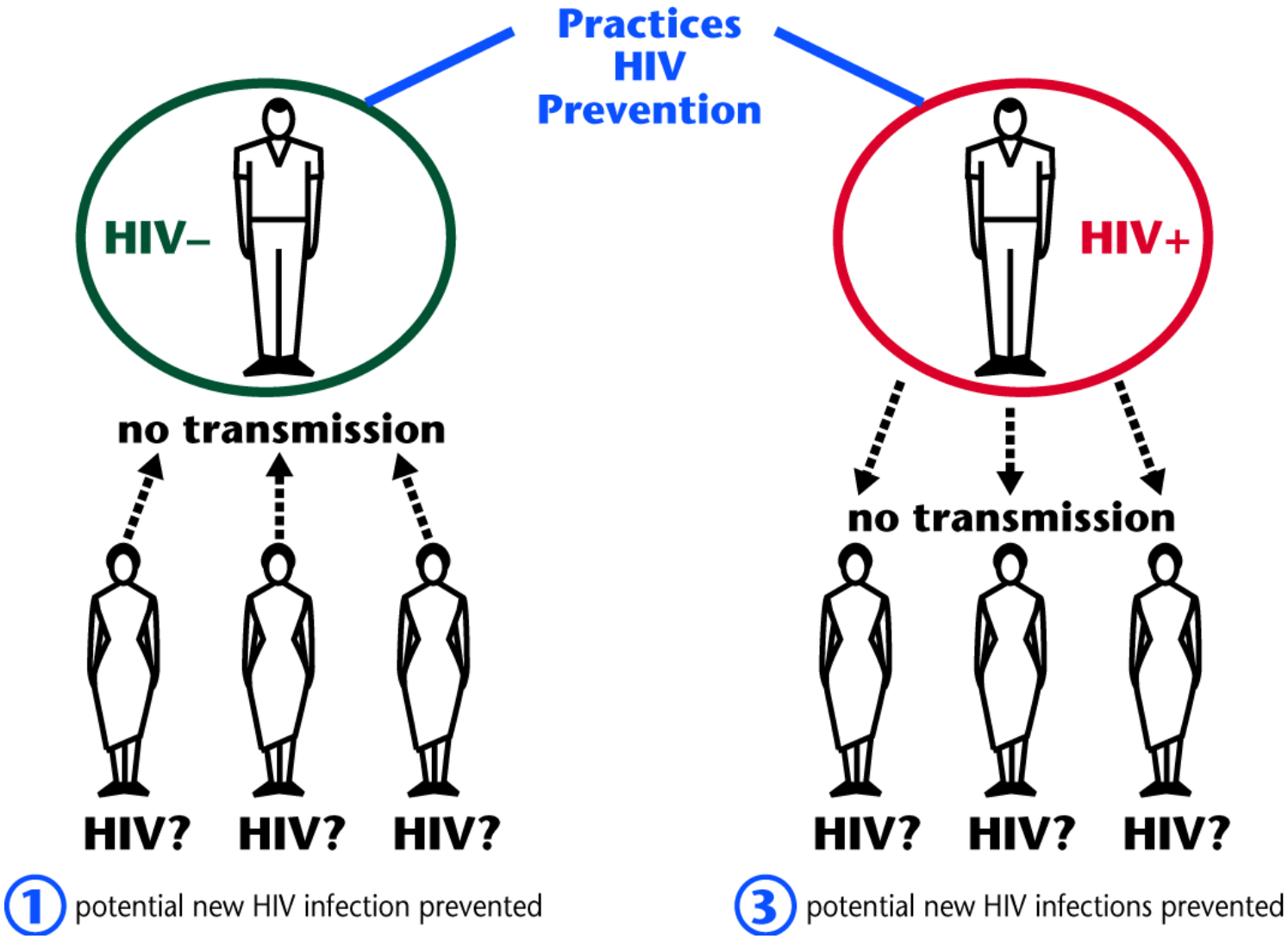
- Prevention with positives is therefore a highly efficient preventive intervention

Why Prevention With Positive Persons?

- People with HIV are often sexually active and desire healthy sexual lives
- When people who are very sick and get treatment, they often feel better and start having sex again
- Getting people with HIV to prevent the spread could protect many people from getting HIV



Positive Prevention: Making an Impact on HIV



WHAT PLHIV NEED FOR PWP

- Knowledge on their HIV status, Prevention with Positives and Beliefs about personal risks
- Means to protect themselves and others
- Skills on risk reduction
- Power to negotiate safer sex
- Responsibility for healthier lifestyles
- Support to access services

How Does PwP Work?

Individual or group-focused PwP activities assist PLHIV reduce their transmission rates through interventions which:

- Help PLHIV feel better about themselves
  - Peer-based workshops and focus groups
  - One-on-one transmission risk counseling
- Decrease the stigma associated with HIV
  - Psycho-social assessment and supportive Interventions
  - HIV positive support groups
- Empower PLHIV take responsibility for their lives and for stopping the spread of HIV

Unit 3

PWP PILLARS

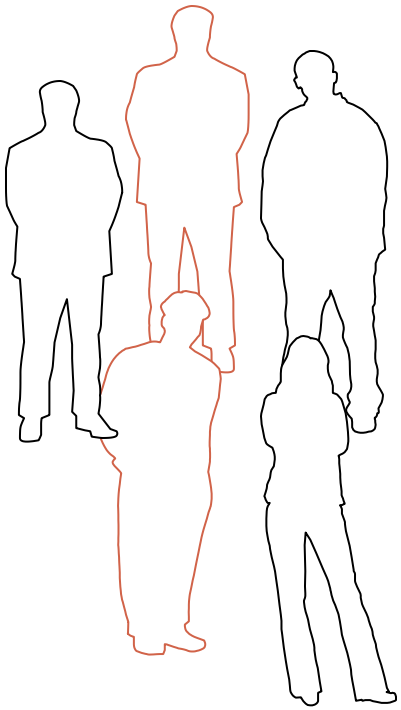
PWP STRATEGY PILLARS …1

- Diagnosing HIV infection
- Supporting disclosure
- Partner testing/child testing/Family and counseling
- Provision of care and ART including cotrimoxazole prophylaxis
- Behavioral interventions for HIV-positive persons and partners

PWP STRATEGY PILLARS …2

- Family planning services
- Universal access to PMTCT
- STI screening and treatment
- Promotion of leadership by HIV-positive individuals (MIPA)

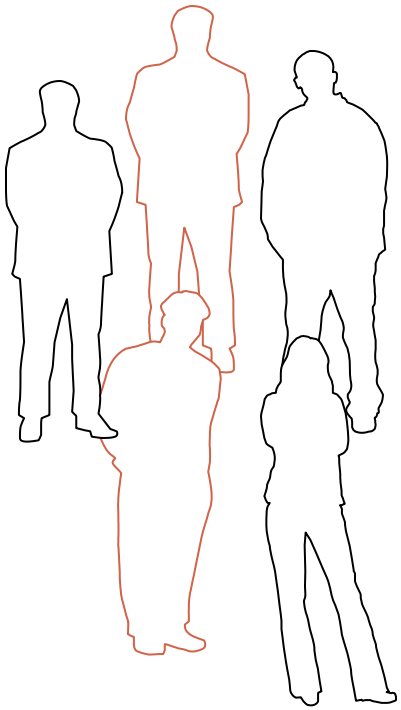
LEVELS OF PWP INTERVENTION…1



THE COMMUNITY LEVEL:

- Supporting the HIV infected to disclose status to their partners and relatives
- Couple/partner and/or family counseling and testing
- Reduction in HIV related stigma and discrimination
- Prevention of vertical transmission and of unintended pregnancies

LEVELS OF PWP INTERVENTION…2



Community

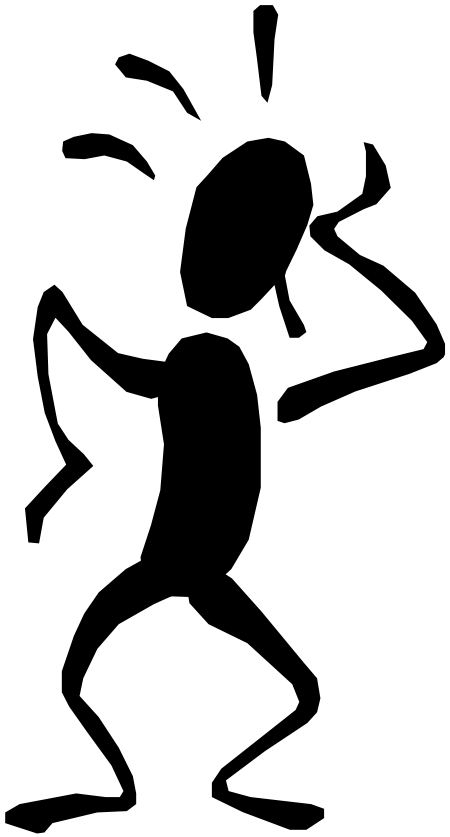
- Improving quality of life of PLHIV through;
  - supporting adherence to ART;
  - prevention, diagnosis and management of STIs and OIs including TB;
  - strengthening community-level service delivery to PLHIV;
  - sustaining risk reduction behaviors among the PLHIV.
- Meaningful involvement of PLHIV

LEVELS OF PWP INTERVENTION…3

THE CLINICAL SETTINGS:

- Knowledge of status
- Partner testing and identification of discordant couples
- Disclosure of status
- Adherence counseling
- Risk reduction / alcohol/substance abuse counseling/condom use
- FP counseling and services
- STI diagnosis and treatment
- Meaningful involvement of PLHIV in HIV control interventions.

ENERGIZER!!!



Time for a break?

Unit 4

MEANINGFUL INVOLVEMENT OF PLHIV (MIPA)

IMPORTANCE OF MIPA

- UNAIDS urges all actors to ensure that people living with HIV have the space and the practical support for their greater and more meaningful involvement.
- MIPA is a key element to achieving the goal of universal access to prevention, treatment, care and support services.
- PLHIV are better placed to counsel one another and to represent their needs in decision making and implementation of prevention, treatment, care and support programs

Group work on Meaningful involvement

- In groups the class discusses how they can be involved in MIPA

How to achieve MIPA

- Importance of setting, implementing and monitoring minimum targets for the participation of people living with HIV.
- Including women, young people, persons with disability and marginalized populations, in decision-making bodies.
- Involving people living with HIV in developing funding priorities
- Involving PLHIV in making choices, design, implementation, monitoring and evaluation of HIV programs from their inception.

Module 1 Summary

- HIV attacks the body and leaves it weak leading to attacks from other illnesses
- There are many ways how HIV is spread
- PwP is a new way of thinking about HIV programs to reduce new infections in the community
- Persons Living With HIV (PLHVI) have a key role in reducing the number of new infections

MODULE 2

HIV PREVENTION INTERVENTION MESSAGES

HIV Prevention Messages

Module objective :

- By the end of this module, participants will be able to explain PwP messages

PwP messages

Prevention message 1	Knowledge of Status – Pg 62
Prevention message 2	Partner and Family Testing – Pg 64
Prevention message 3	Child Testing- Pg 70
Prevention message 4	Discordance- Pg 72
Prevention message 5	Disclosure - 80
Prevention message 6	Risk Reduction/Factors- 88
Prevention message 7	condom Use- 96
Prevention message 8	Alcohol and Substance Abuse - 108
Prevention message 9	Adherence- 116
Prevention message 10	Sexually Transmitted Infections- 126
Prevention message 11	Family Planning- 138
Prevention message 12	PMTCT- 156
Prevention message 13	TB prevention in Community- 164

How to facilitate PwP messages

- PwP messages can be taught to a group, a couple or an individual
- Each interactive session with clients either group or individual, should not contain more than two messages
- For maximum effect the facilitator should interact as much as possible with their audience by asking questions, eliciting comments and allowing the clients to tell their stories

KNOWLEDGE OF STATUS

KNOWLEDGE OF STATUS

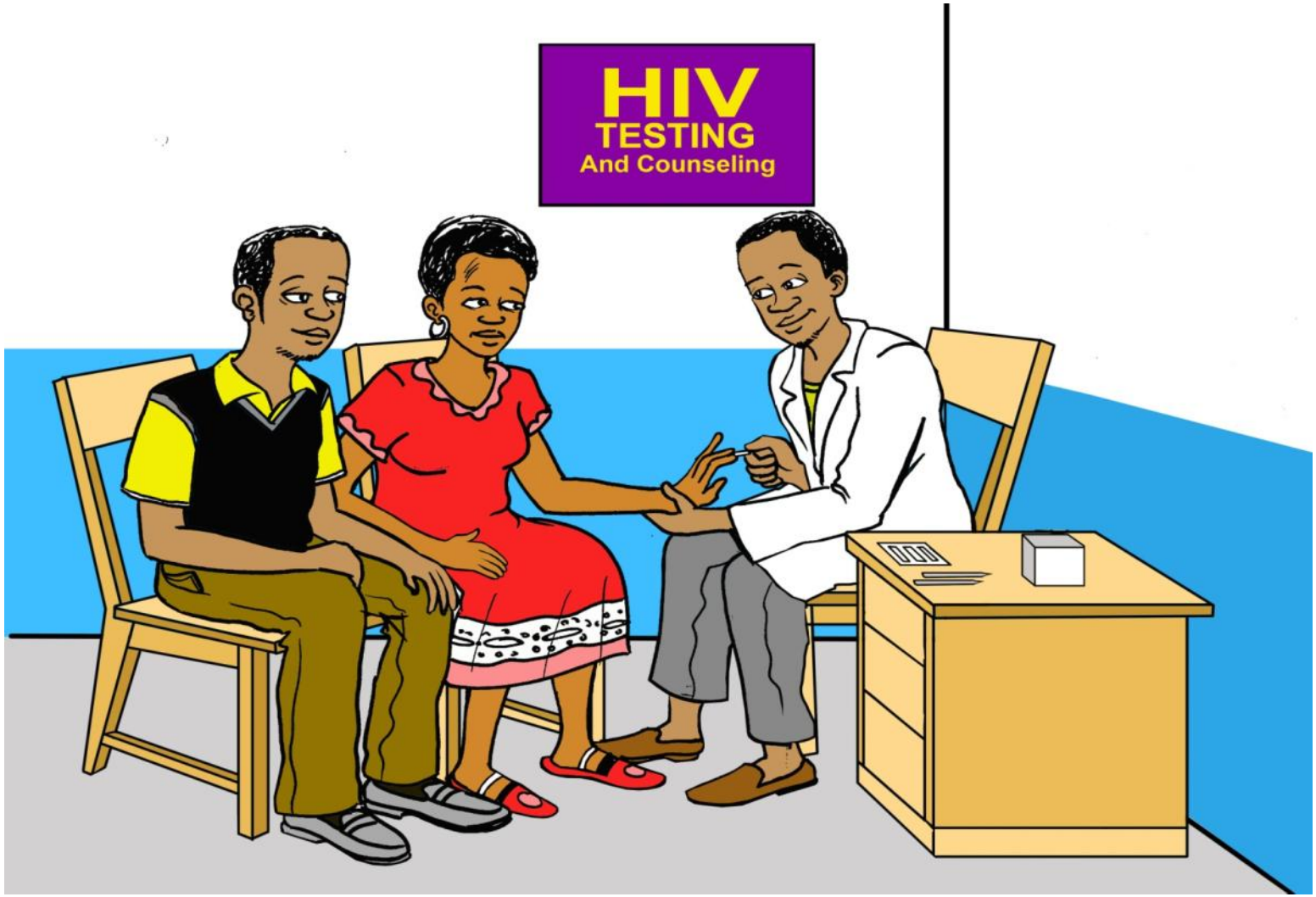
- Knowledge of status is the entry point to PwP services
- One can learn their HIV status by testing either at a hospital, a VCT centre, or at other testing opportunities, including outreaches and mobile services
- Knowledge of status facilitates access to prevention, treatment care and support services
- Everyone should be encouraged to know their HIV status

Benefits of HIV Testing for the Partner

Partner & Family Testing

- All persons who have tested for HIV should encourage their spouses/partners to get tested.
- Encourage all of your HIV infected clients to get their children tested.

PARTNER AND FAMILY TESTING



Benefits of HIV Testing for the Partner

- Partner can learn his or her HIV status.
- If the partner tests HIV negative, he or she can learn how to avoid getting HIV.
- If the partner is HIV positive, he or she can:
  - learn how to prevent transmitting HIV through sexual contact, mother-to-child transmission
  - go for HIV treatment, care and support which may result in living longer and having fewer illnesses.
- Spouse/partner is better able to support the other partner if they know about their HIV status .

ENCOURAGE PARTNER TESTING

ENCOURAGE PARTNER TESTING

If the client has disclosed:

- Have the client encourage his or her partner(s) to be tested by a counselor who will explain the benefits and importance of HIV testing to the partner.

If the client has <u>not</u> disclosed:

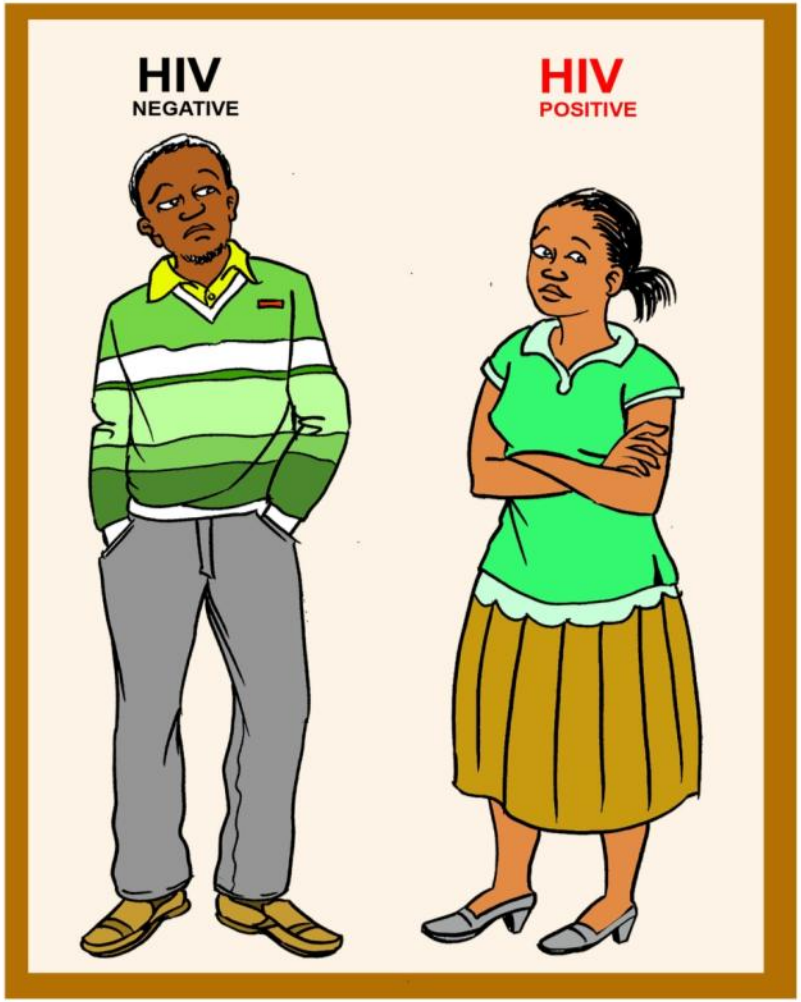
- Encourage the client to take his or her partner(s) for couples counseling and testing and give them the results of the test together

CHILD TESTING

CHILD TESTING

- Encourage all of your HIV-infected female and male clients to get their children tested.
- Encourage all men with HIV-positive female partners to have their children tested.
- Encourage all clients with partners of unknown status have their partners tested for HIV. If that partner tests HIV-positive it is important to test their children.

DISCORDANCE

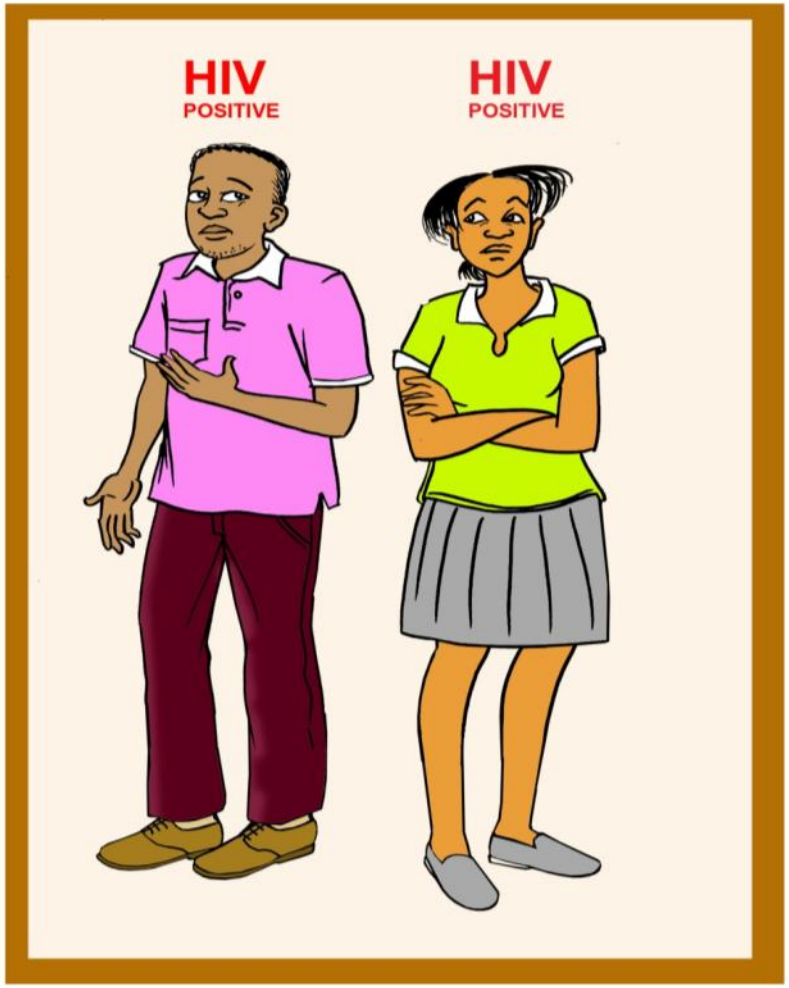


HIV DISCORDANCE

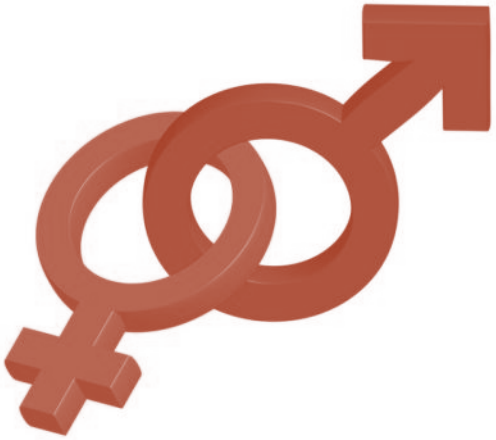
One partner is infected with HIV and the other partner is not.

- **Messages for the discordant couple:**
  - Couples are not protected by remaining faithful alone
  - If transmission did not occur in the past it does not mean that it cannot occur in the future
  - Couples need to use condoms to prevent transmission
  - Periodic testing is necessary to identify discordance

HIV CONCORDANCE



Both partners are infected with HIV



- **Message for the concordant couple:**
  - All persons who test HIV positive should enrol into care as a means of reducing chances of transmission
  - Couples need to use condoms to prevent transmission

Facts about Discordance

Facts about Discordance

- When couples are discordant, the HIV-positive person could have acquired HIV in different ways
- The positive partner may have:
  - Been infected before they became a couple.
  - Suffered rape or sexual abuse.
  - Had other partners outside the relationship
  - Used injection drugs or had a medical exposure.
  - Acquired HIV through mother-to-child-transmission and survived to sexual maturity.

SUMMARY

SUMMARY

Ask for any questions from the client(s) and address them.

- All persons who have tested for HIV should encourage their spouses/partners to get tested.
- They should also be encouraged to get their children tested.
- If one partner is infected with HIV and the other partner is not they can plan their lives better when this is known
- Persons who test HIV positive need to use condoms to protect their partners

DISCLOSURE

DISCLOSURE

- This is the revealing or sharing ones HIV status to others either by self or by a care provider
- In PwP self disclosure and provider assisted disclosure is strongly advocated
- Disclosure could be directed to different people and not only to the partner, including family, health care workers, religious/ spiritual leaders, peers, etc

Benefits of disclosure

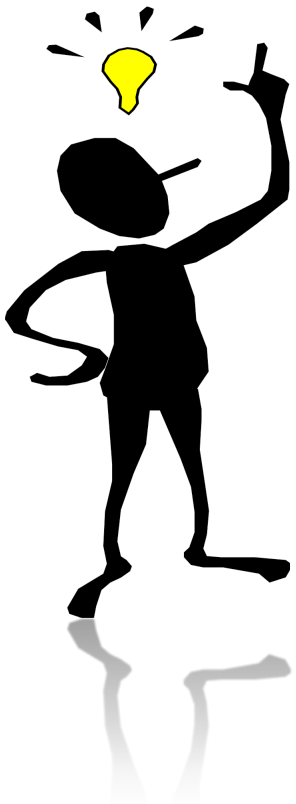
Benefits of Disclosure

- Facilitates early access to care and treatment
- Improves adherence to care, treatment and medication
- Enhances partner testing and prevention, including adoption of safer sex practices
- Helps HIV-infected individuals receive support from their partners and other systems available
- Facilitates stigma reduction by self and others

HOW TO DISCLOSE

How to disclose

- Assist client make a plan for disclosure
  - Who to tell
  - When to tell
  - Why to tell
  - Potential reactions
- If one cannot disclose, link them to a trained counselor to assist them in disclosure



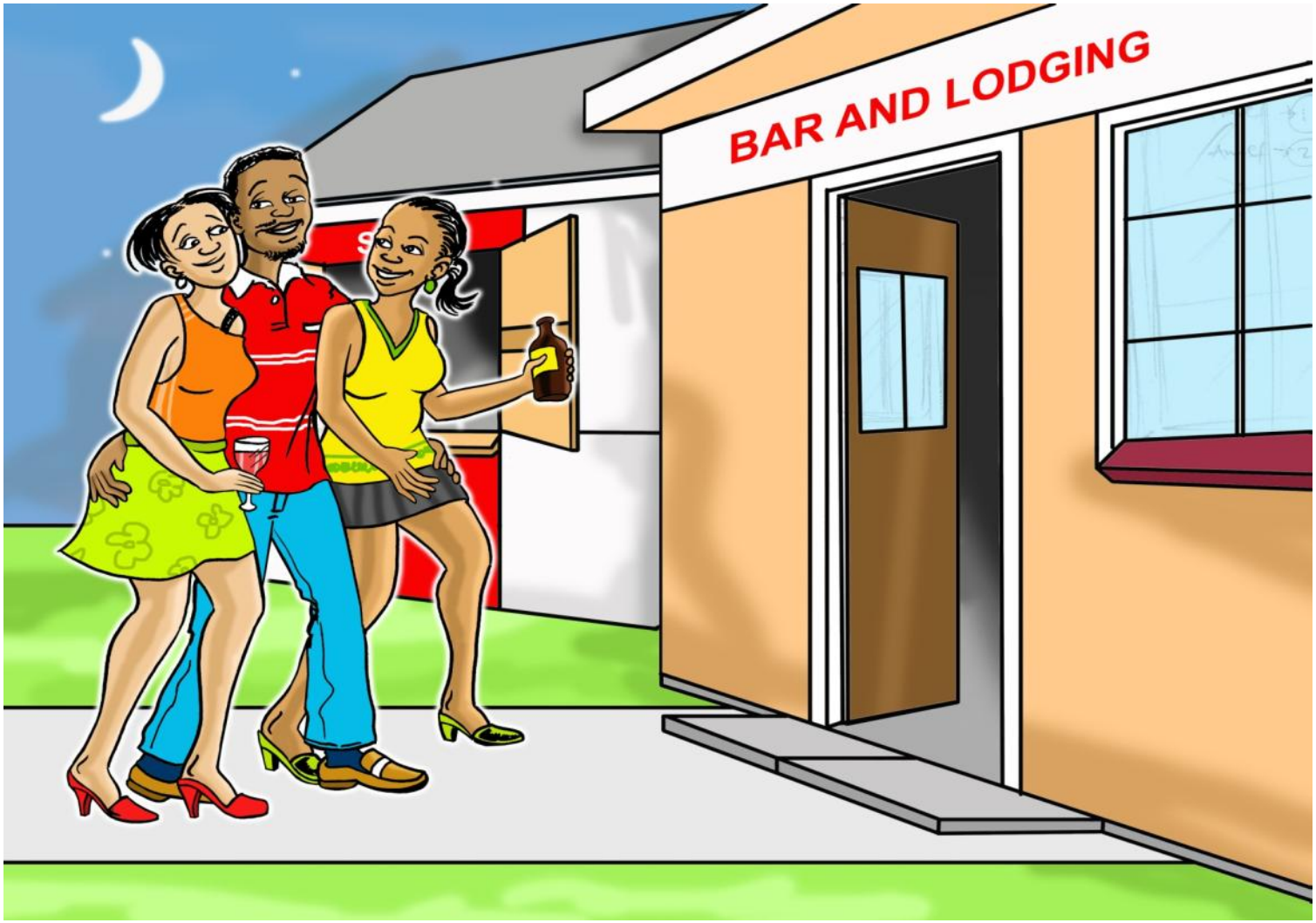
SUMMARY

SUMMARY

Ask for any questions from the client(s) and address them.

- Its important for persons who have HIV to discuss their HIV status with their partners
- Its important to disclose ones HIV status to health care providers
- Disclosure facilitates HIV infected individuals to receive support from their partners and other systems available

RISK FACTORS/REDUCTION



Risk Reduction

- Deliberate effort to minimize risk of transmission/acquisition of infection
- Risk reduction should start from within the Person Living with HIV (internal urge)
- It is important for persons living with HIV to take lead in reducing transmission (external action)

BENEFITS OF RISK REDUCTION

How Can HIV infected clients Protect Themselves and Others?

- Persons living with HIV should either:
  - abstain from having sex or
  - use a condom correctly and consistently every time they have sex
  - be faithful to one partner
  - reduce their number of sex partners

Benefits of risk reduction

BENEFITS OF RISK REDUCTION

- To protect one self from infections which include
  - HIV
  - STIs
  - Other opportunistic infections
- Reduces chances of unintended pregnancies
- Improve quality of life
  - Preserving immune system
  - Reducing number of hospital visits and admissions
  - Improving ones self esteem
- To minimize risk of transmission to others
- To reduce re – infection

SUMMARY

SUMMARY

Ask for any questions from the client(s) and address them.

- Persons who test positive for HIV should make deliberate effort to minimize risk of transmission/ acquisition of infections

CONDOM USE

Condom Use

- For persons who opt to engage in sex, condoms offer the best protection against transmission or infection of HIV and other sexually transmitted infections
- For proper condom use, sex has to be discussed and planned always

CONDOMS

Female condom

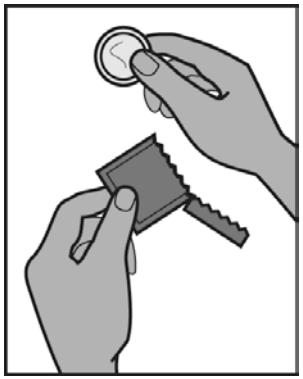
Male condoms

Benefits of Correct, Consistent Condom Use

- Protects one from other infections including STIs and HIV
- Reduces unintended pregnancies
- Empowers clients to negotiate safer sex
- Prolongs the sexual act

HOW TO USE A MALE CONDOM

❶



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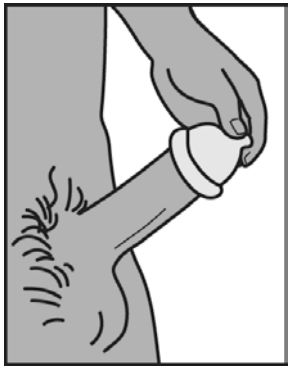

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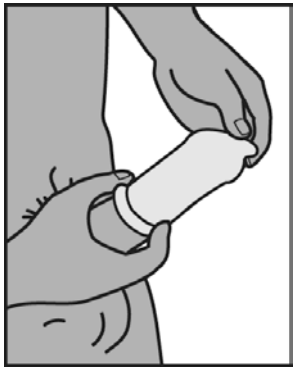

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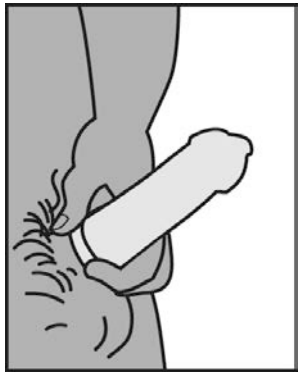

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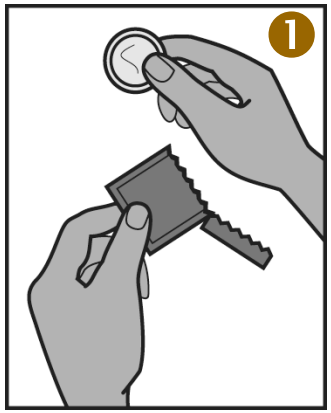
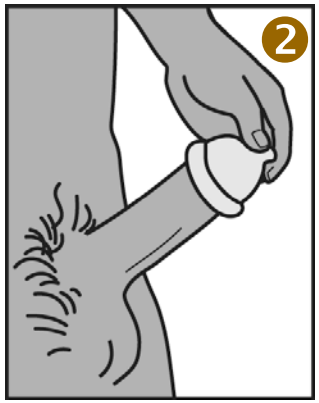
HOW TO USE A MALE CONDOM

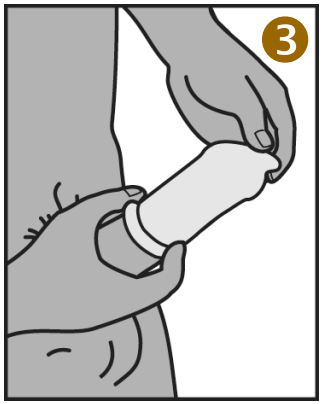


Use a new condom for each sex act.



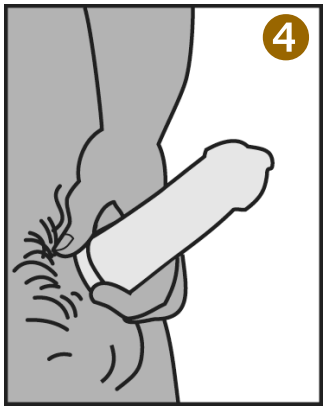
Before any contact, Pinch tip of condom and place it on the erect penis with the rolled side out.

If not circumcised, pull foreskin back.



Unroll the condom all the way to the base of the penis.

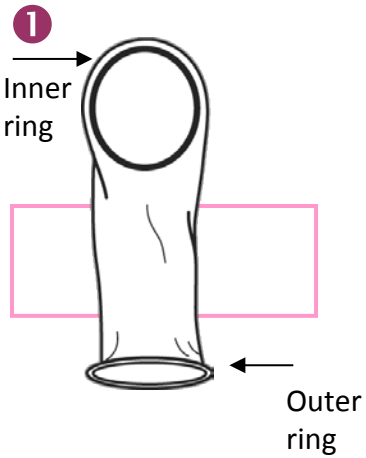
Continue pinching tip while unrolling condom to base of penis

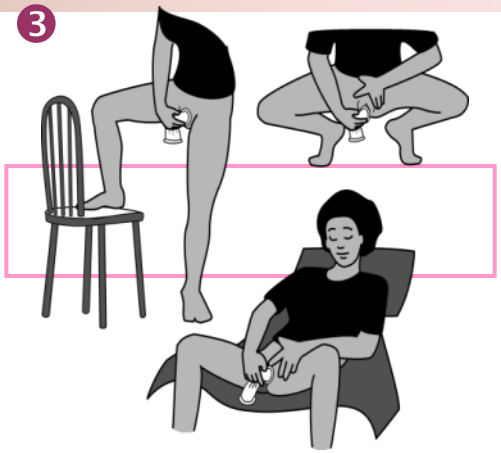


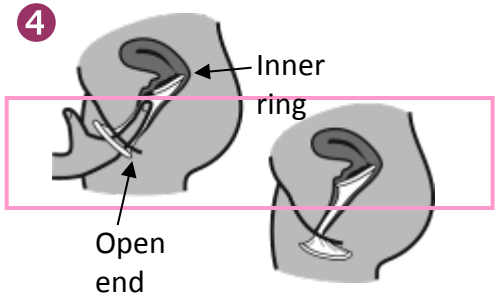
After ejaculation, hold the rim of the condom in place and withdraw the penis while it is still erect.

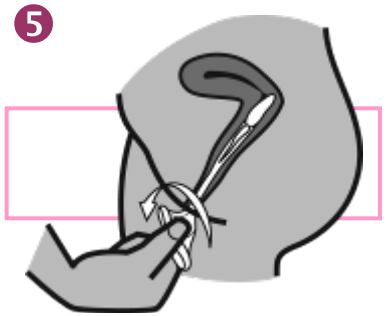
Throw the used condom away safely.

How to Use a Female Condom



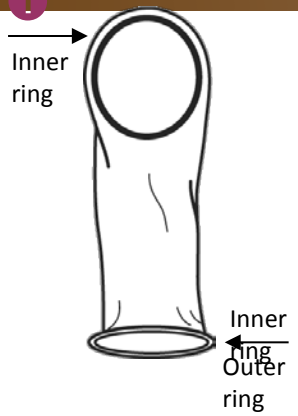






HOW TO USE A FEMALE CONDOM

1

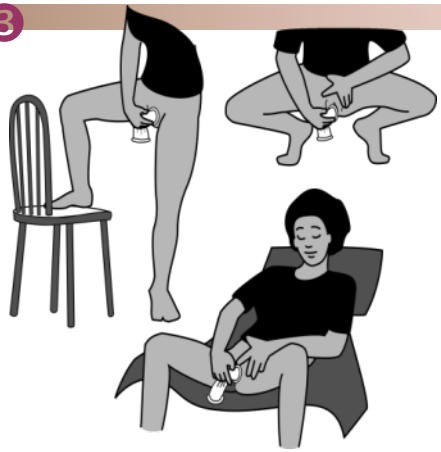


- Make sure the condom is well-lubricated inside.

2

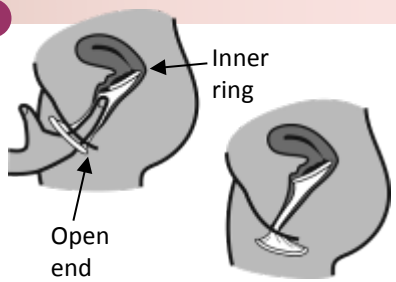
- Squeeze the inner ring at the closed end of condom.

3



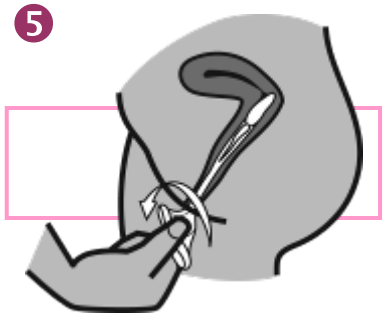
- Choose a comfortable position – squat, raise one leg, sit, or lie down.
- With the other hand, separate the outer lips of the vagina.

4



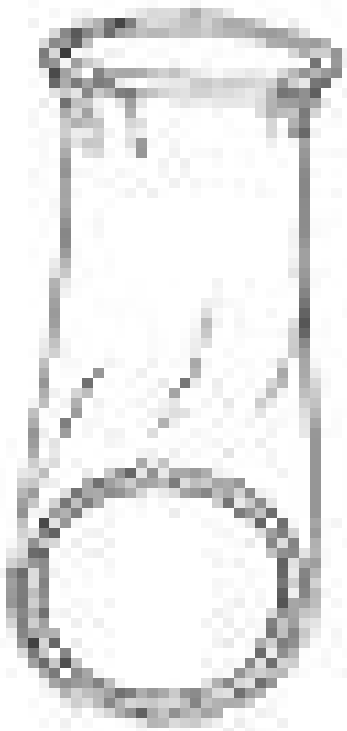
- Gently insert the inner ring into the vagina.
- Place the index finger inside the condom and push the inner ring up as far as it will go.
- Make sure the outer ring is outside the vagina and the condom is not twisted.
- Be sure that the penis enters the condom and stays inside it during intercourse.

5



- To remove, twist outer ring and pull gently.
- Reuse is not recommended.
- Throw used condom away safely.

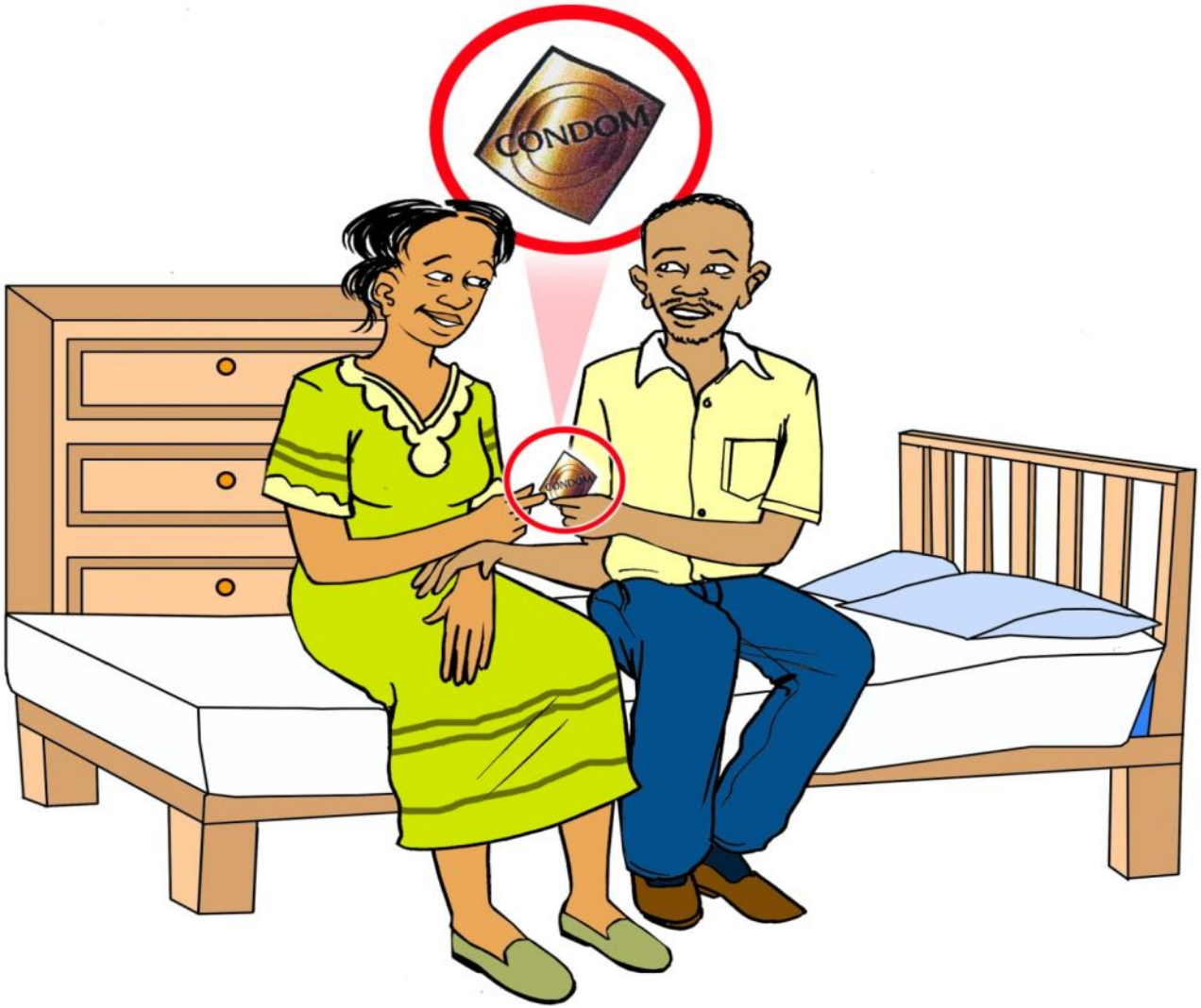
Correct Condom Use



Correct Condom Use

- Give the condom information at every contact, when possible.
- Conduct a condom demonstration using a penile model and female model for female condoms.
- If there are issues hindering correct, and consistent condom use, link clients to a counselor or another provider for further counseling.
- Give condom

SUMMARY



SUMMARY

Ask for any questions from the client(s) and address them.

- Persons with HIV should use a condom correctly and consistently every time they have sex
- For proper condom use, sex has to be discussed and planned always

ALCOHOL AND SUBSTANCE ABUSE

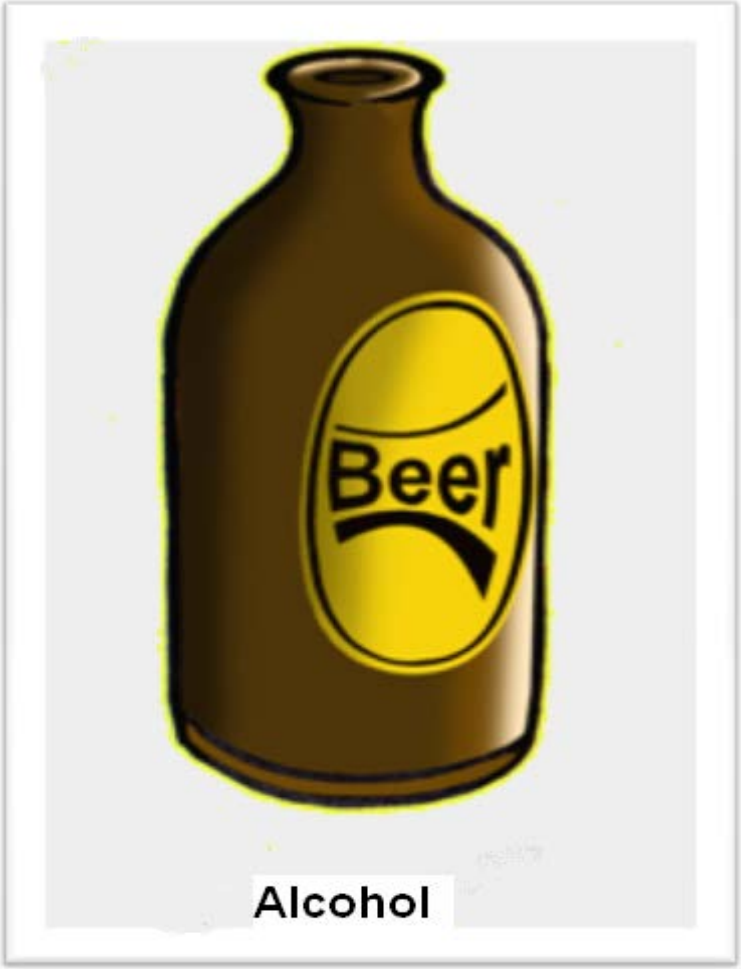
ALCOHOL AND SUBSTANCE ABUSE

- This is the excessive use of either alcoholic beverages and substances that alter the mind
- For HIV-positive individuals, it is not known whether <u>any</u> level of alcohol consumption is safe.
- There are no safe drinking levels for individuals on ARVs.
- Taking tobacco and illicit drugs while on ARVs is extremely dangerous

CONSEQUENCES OF ALCOHOL ABUSE

Alcohol

- Beer
- Wine
- Liquors
- Spirits
- Changaa
- Mnazi
- Busaa
- Muratina



CONSEQUENCES OF ALCOHOL ABUSE

- Alcohol misuse can:
- Decrease immune system functioning thus increasing the speed of HIV progression.
- Cause harmful reactions when consumed with ARV medications - EFZ, 3TC, d4T, Abacavir and ZDV/AZT
- Cause clients who use alcohol heavily to neglect their overall health and self-care.
- Cause clients with heavy alcohol use to be more likely to engage in risky sexual behaviors.
- Lead to non-adherence to HIV medications.

Assess for Alcohol Use

Assess for substance and Alcohol Use

- Do you sometimes drink beer, wine, or other alcohol beverages?
  - What do you drink?
  - How many days in a week do you drink?
  - When you drink, how many drinks do you usually have?
- Do you inject yourself?
  - What do you inject yourself with, how often?
- Do you sniff any substance?
- Do you smoke?
- Do you chew miraa?

SUMMARY

SUMMARY

Ask for any questions from the client(s) and address them.

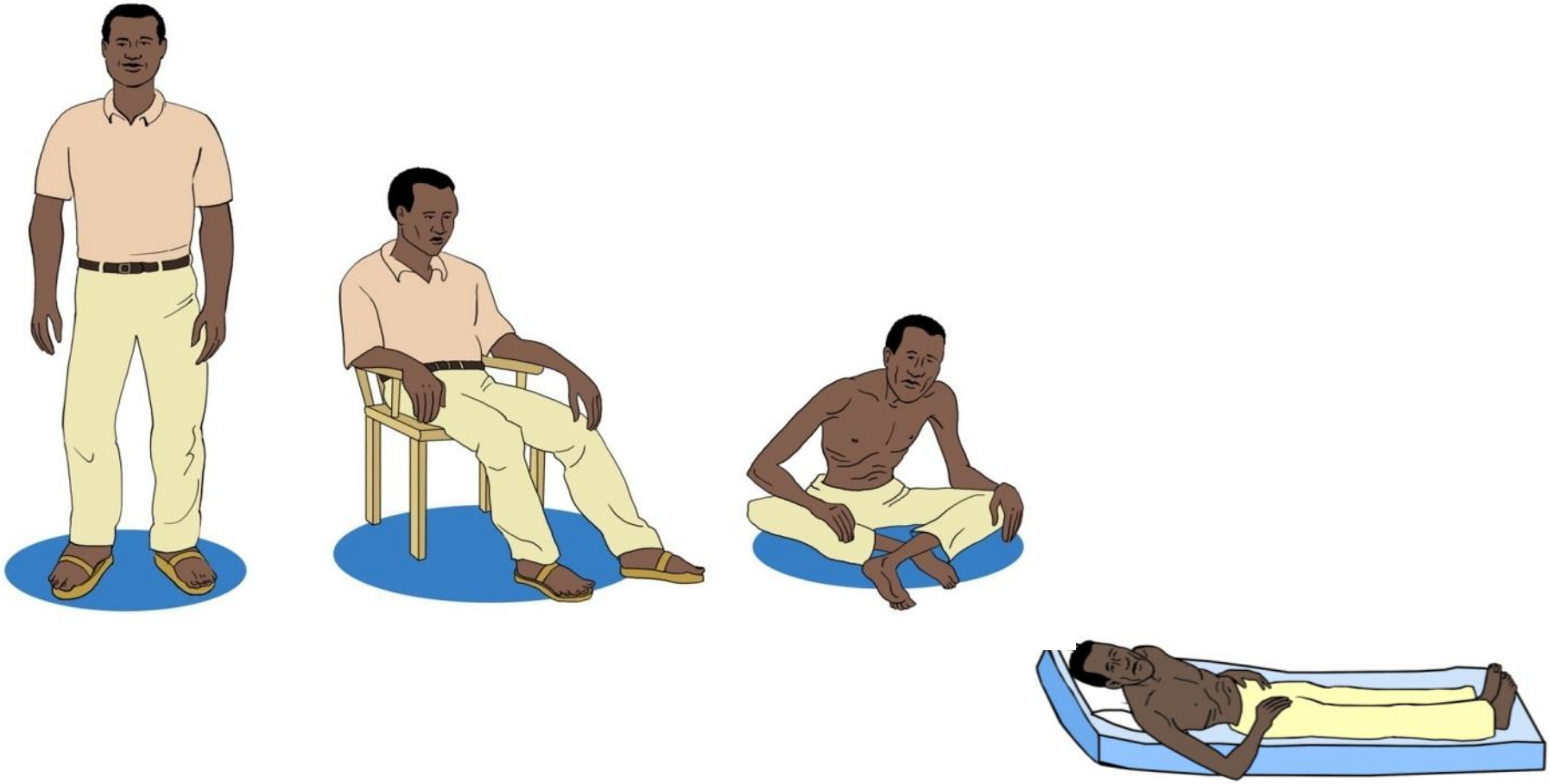
- Taking alcohol, tobacco and illicit drugs while on ARVs is extremely dangerous
- There are no safe drinking levels for individuals on ARVs.
- Support patients who are HIV positive and are using alcohol or other substances to stop or reduce intake
- Refer clients to health facilities for further counseling and support

ADHERENCE

ADHERENCE

- This means following doctors instructions with clear understanding and taking responsibility for their personal health
- It is strictly sticking to the dosage and the prescribed schedule of taking medication
- It also means sticking to other treatment schedule including hospital visits, doctors appointments, nutrition advice, etc

Consequences of Non-adherence to Antiretrovirals



Consequences of Non-adherence to Antiretrovirals

- Non-adherence stops ARVs from being effective.
- If a client is non-adherent, his or her viral load increases:
  - client may become more sick and get new OIs
  - client may be more likely to transmit HIV to others
- Non-adherence increases the risk of the virus developing resistance to medications.

Note :

- clients adherent to ARVs can still transmit HIV to others or become re-infected with another strain of HIV through unprotected sex.

Assessing Adherence

Assessing Adherence

- Are you on any medication?
- What medication do you take?
- Have you ever missed / skipped a dose in the past week/month?
- How many times did you miss a dose of this medication in the past week/month?
- When was the last time you missed a dose?
- What were the reasons that made you miss the dose?

Assist clients with Adherence

Assist clients with Adherence

- Discuss reasons for non adherence
- Refer for adherence counseling and support (if necessary)
- Engage treatment supporter or family member for assistance
- Use adherence aids where available

SUMMARY

SUMMARY

Ask for any questions from the client(s) and address them.

- It is important that all persons who have HIV adhere to treatment to improve their quality of life and prevent resistance

Sexually Transmitted Infections

Urethral Discharge

Genital warts

SEXUAL TRANSMITTED INFECTIONS

- These are infections that one may get as a result of sexual intercourse from someone who has them
- They generally affect the sexual organs but may also spread to other parts of the body
- They may be transmitted either from; man – woman, or man –man, woman-woman, mother-child,
- Poor hygiene may also lead one to get infected
- Other common names used for STIs include, venereal diseases, Sexual Transmitted Diseases (STDs),

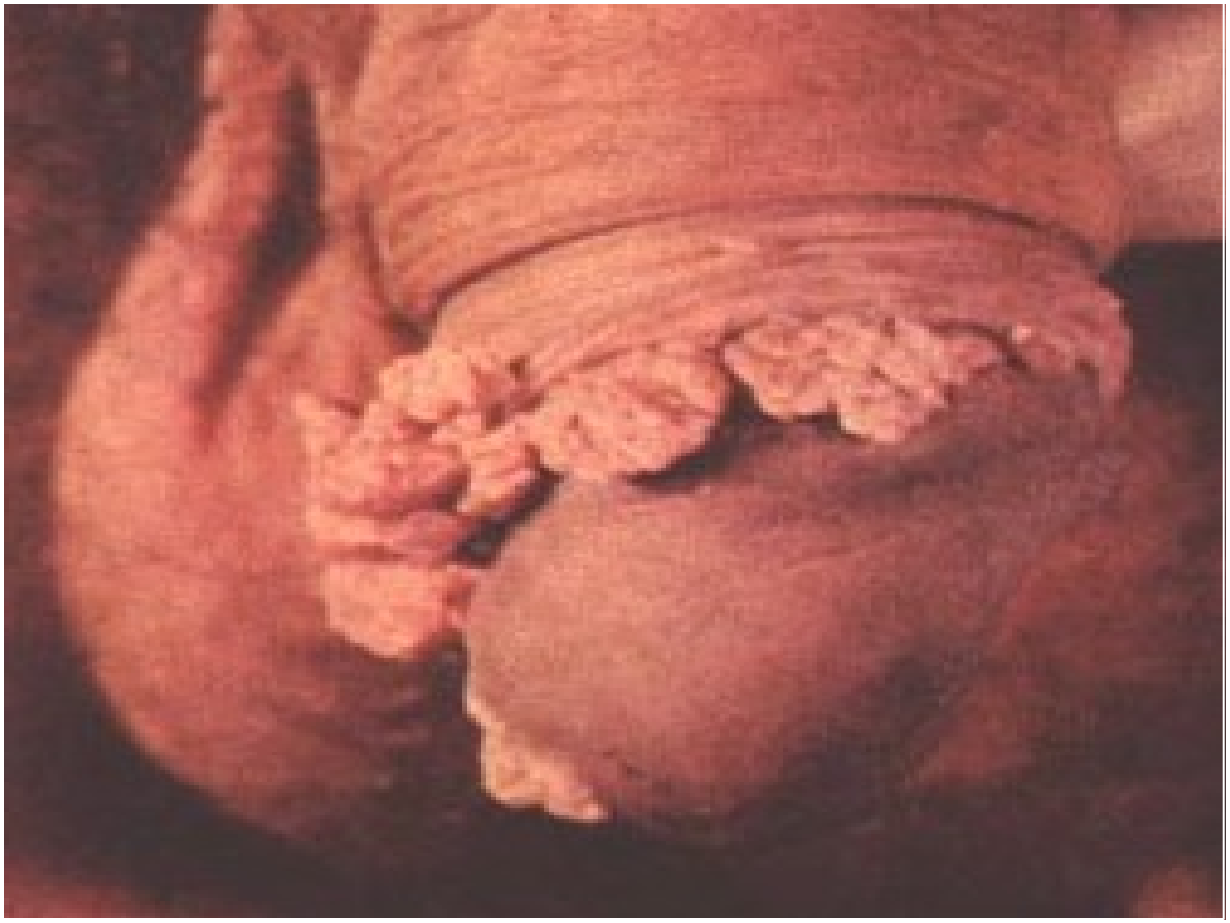
STIs PRESENTATION

Urethral Discharge

Common STI

- Gonorrhea
- Syphilis
- Chlamydia
- Chancroid
- Genital warts
- Herpes
- HIV
- Human Papilloma Virus
- Candidasis
- Herpes Simplex Virus

Genital warts



STI Management for HIV Prevention

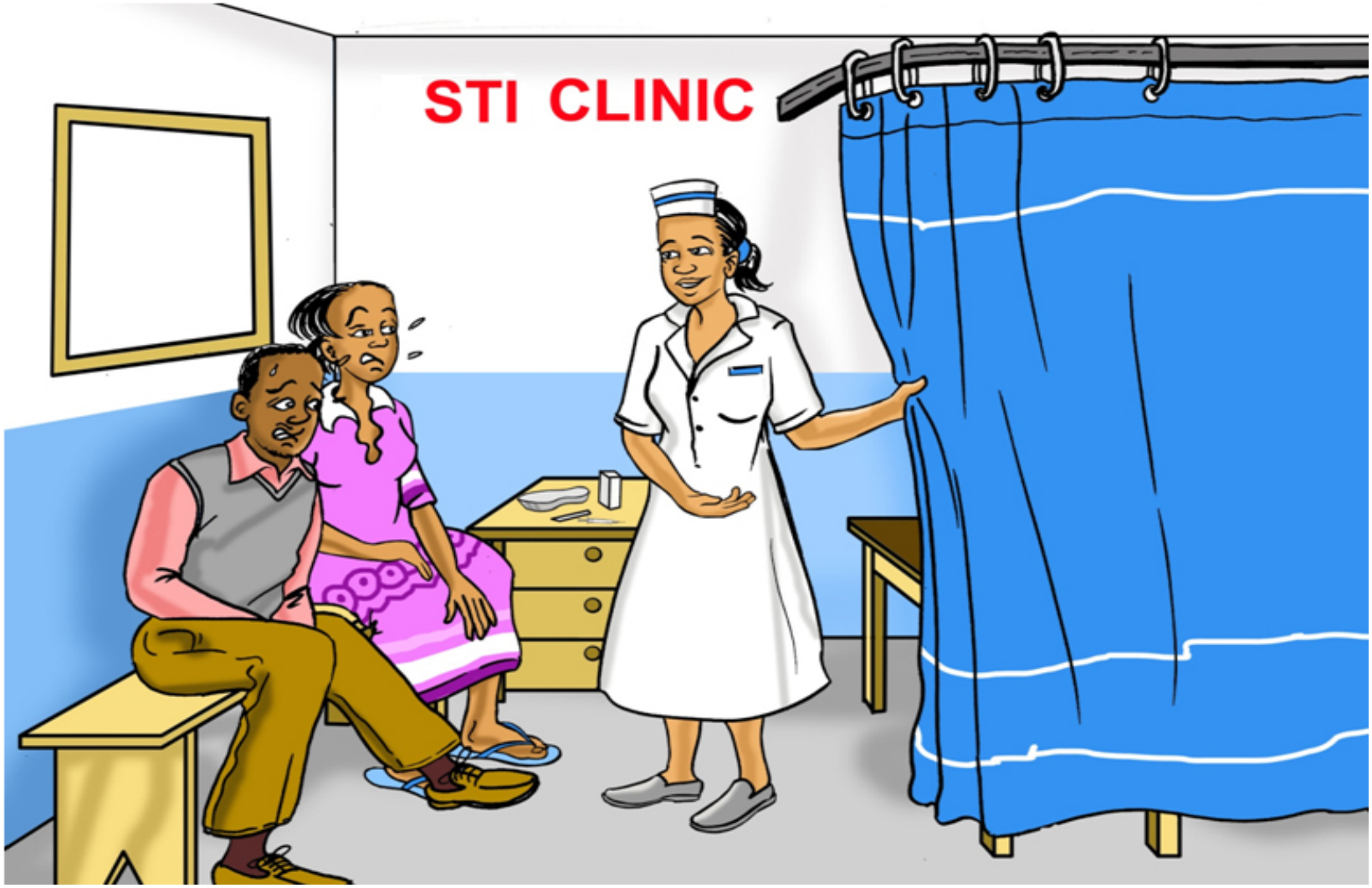
- Having an STI makes getting (other types of) HIV easy
  - This is due to the wounds caused by these infections
- Having an STI increases passing of HIV by infected individuals easy
  - Persons with STIs can more easily transmit HIV to others due to the wounds and the discharge
- Effective treatment of STIs reduces HIV transmission and acquisition

Genital warts

Assess for STIs

- **Males:**
  - Do you have any discharge from your penis?
  - Do you have any pain on urination?
  - Do you have any sores in your genital area?
  - Do you have any swelling
- **Females:**
  - Do you have any abnormal vaginal discharge?
  - Do you have any pain on urination?
  - Do you have any sores in your genital area?
  - Do you have any pain in your lower abdomen?
  - Do you have any rash
- If the answer to any of these questions is **YES** refer to a health care provider for treatment

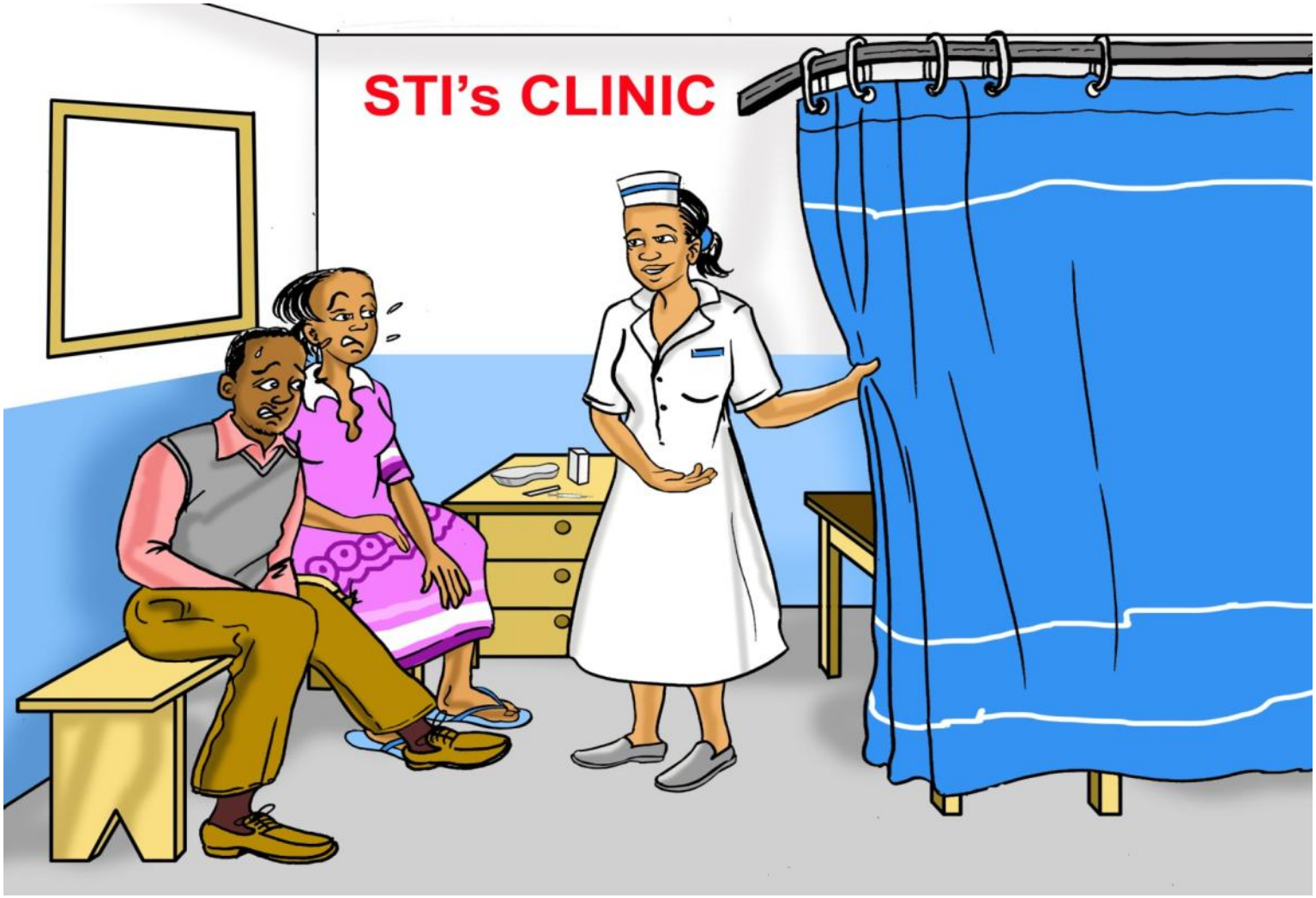
Managing STIs in HIV-Infected clients



Managing STIs in HIV-Infected clients

- All clients who have STI like symptoms should seek treatment immediately at a health facility
- Advice symptomatic clients to abstain from sex until after completion of treatment
- All clients should use condoms to prevent the possibility of transmitting or acquisition of STIs
- Support disclosure to and treatment of partner(s)
- Make a plan for follow up to ensure treatment adherence.
- Give condoms

SUMMARY



SUMMARY

Ask for any questions from the client(s) and address them.

- It is easier for persons with HIV to pass HIV to others or get other types of HIV if they have STIs
- All clients who have STI like symptoms should seek treatment immediately at a health facility
- Consistent and correct condom use will help prevent transmission or acquisition of STIs

FAMILY PLANNING

FAMILY PLANNING

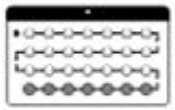
- Individuals /couples to anticipate and attain their desired number of children, spacing and timing.
- It is the decision of whether to have or not to have children
- Individuals and couples with HIV have a right to have children and have the same rights to reproduction
- HIV infected individuals need to be empowered to make informed decisions
- Individuals and couples with HIV have a right to access modern contraceptive methods

Benefits of family planning to HIV infected individuals

Benefits of family planning to HIV infected individuals

- Allow couples to plan safer pregnancies that
  - reduce the risk for sexual transmission of HIV or STIs to one another,
  - reduce the risk for mother-to-child-transmission, and
  - increase the chances of having a healthy pregnancy.
- Prevent mother-to-child-transmission by preventing unintended pregnancy in women who do not desire pregnancy.
- By preventing unintended pregnancies, the woman's health is not compromised

FAMILY PLANNING METHODS


Pills

Implants

IUCD

Injectables

Spermicides*

Hormonal Methods

Female Condoms

Male Condoms

Diaphragm*

Barrier Methods

Withdrawal

LAM

Lactation Amenorrhea Method

Fertility-Awareness Based Methods

Natural Methods

Vasectomy

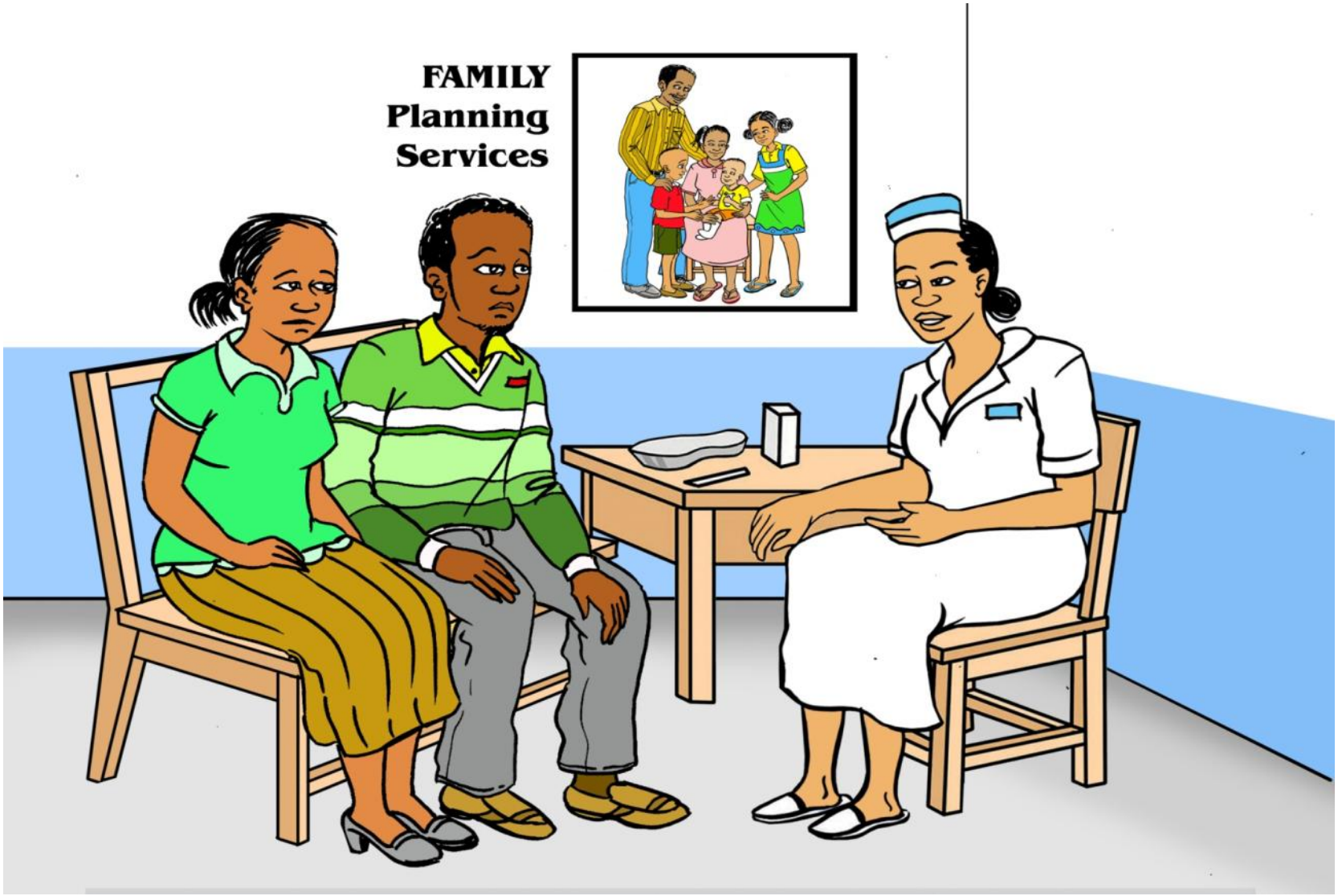
Female Sterilization

Permanent Methods

Family planning Methods

- Barrier methods – e.g. male and female condoms
- Oral contraceptive pills
- Injectables e.g. Depo provera
- Implants e.g. Jadell
- Intrauterine contraceptive device (IUCD) e.g. copper T
- Voluntary Surgical Contraception e.g. BTL, Vasectomy
- Lactational amenorrhea method (LAM)
- Fertility awareness-based methods – natural methods

Assessing Pregnancy Status and Intentions



Assessing Pregnancy Status and Intentions

For women:

- Ask if she is pregnant
- If she is not pregnant,
  - Is she on any contraceptives
  - does she desire contraceptives
- Ask about her pregnancy intentions
  - does she desire a pregnancy.
- Refer as appropriate

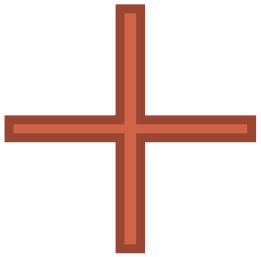
For men:

- Ask about the pregnancy status of their partners, and about their and their partners' pregnancy intentions and refer as appropriate.

FAMILY PLANNING OPTIONS FOR HIV INFECTED INDIVIDUALS

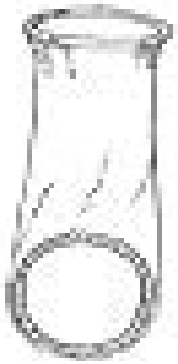
Condoms

Male Condoms



Pills

Fertility-Awareness Based Methods



Female Condoms

IUCD

Implants

FAMILY PLANNING OPTIONS FOR HIV INFECTED INDIVIDUALS

- Consistent and correct condom use will help protect against STIs and pregnancy
- Using condoms **and** another form of contraception is the most effective way of preventing both pregnancy and HIV and STI transmission.

WISHING TO HAVE A BABY

Wishing to have a child

- HIV-infected clients and their partners should have the opportunity to make informed and voluntary decisions about their childbearing desires.
- Those who want to have a baby need to talk to their providers first to be sure they are healthy enough
- PLHIV and their partners should provided with information on:
  - Contraception options
  - Transmission risks
  - Safer pregnancy options
  - Long term considerations
  - Referrals

HIV Positive Woman's Health Status

Considerations for the HIV+ Woman's health

Before getting pregnant, the client should be advised to:

- Be in good health and be enrolled into care
- Be counseled on
  - On risk reduction
  - Safer sex
  - Hygiene
  - Nutrition
  - Risk of other infection
  - Safe delivery of baby
  - Breast feeding options

Advise the client to delay pregnancy until the above measures are in place.

Advising HIV positive Women Who Are Pregnant

Advising HIV +ve Women Who Are Pregnant

- Couples should use condoms if they continue to have sex during pregnancy to avoid transmitting HIV or STIs to one another and the baby.
- Refer women who are already pregnant to prevention of mother-to-child transmission services.
- Advice them to deliver in a health facility
- If the woman is taking any medications (including herbs) they should be referred to a health provider as they may harm the fetus.

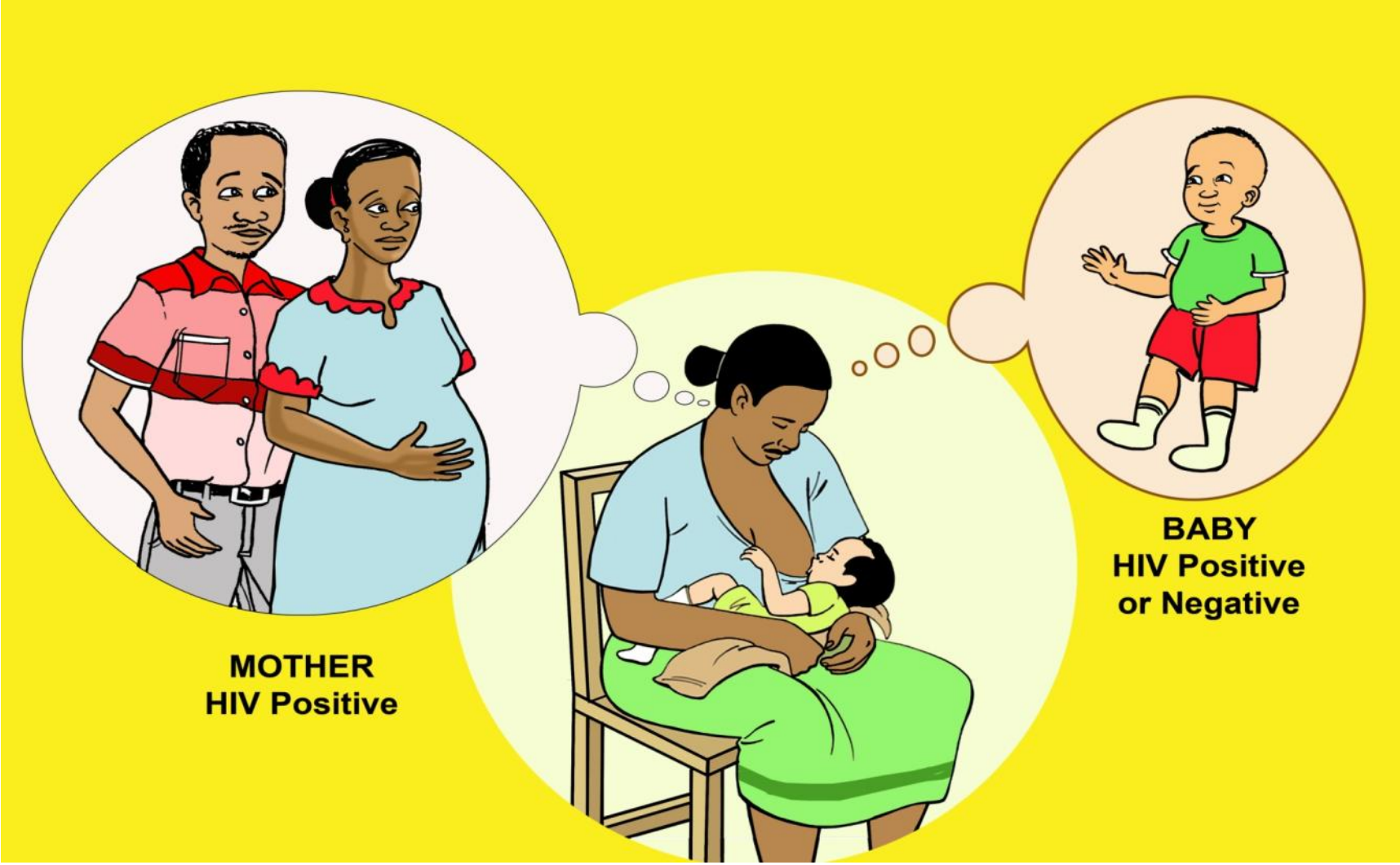
SUMMARY

SUMMARY

Ask for any questions from the client(s) and address them.

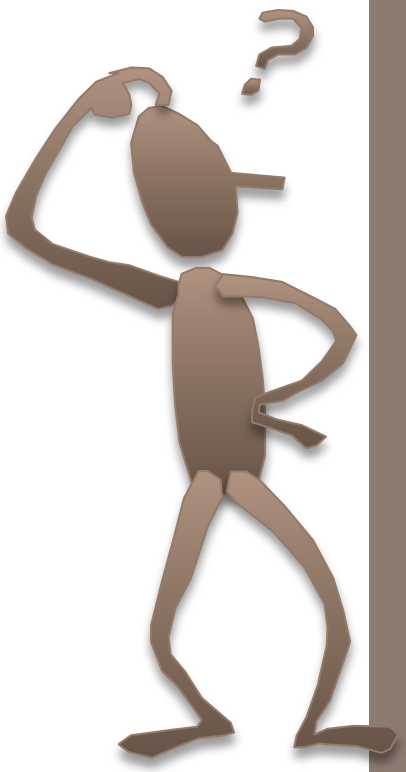
- Individuals and couples with HIV have a right in deciding whether to have or not to have children and if so when and how many
- For clients who want to prevent pregnancy, using condoms **and** another form of contraception is the most effective way of preventing both pregnancy and HIV and STI transmission.

Prevention of Mother To Child Transmission (PMTCT)

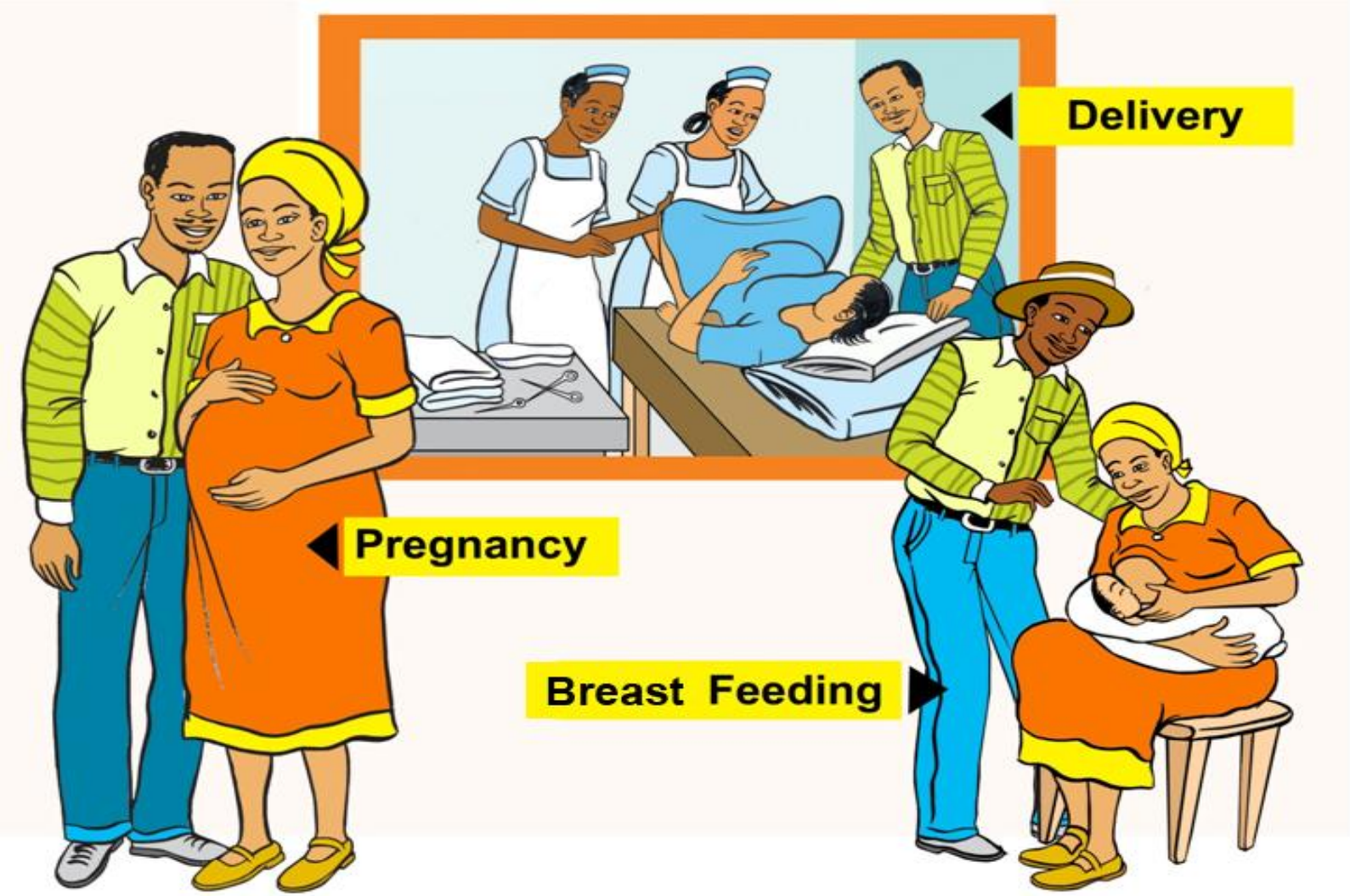


What is Mother to Child Transmission?

- Not all women who are HIV positive and get pregnant will have babies who are HIV positive
- 4 women out of every 20 HIV positive who give birth will have children who are HIV positive
- Another 3 babies may be infected during breast feeding
- It is important for all HIV positive women who want to have children to know how to stop infection from the mother to the child



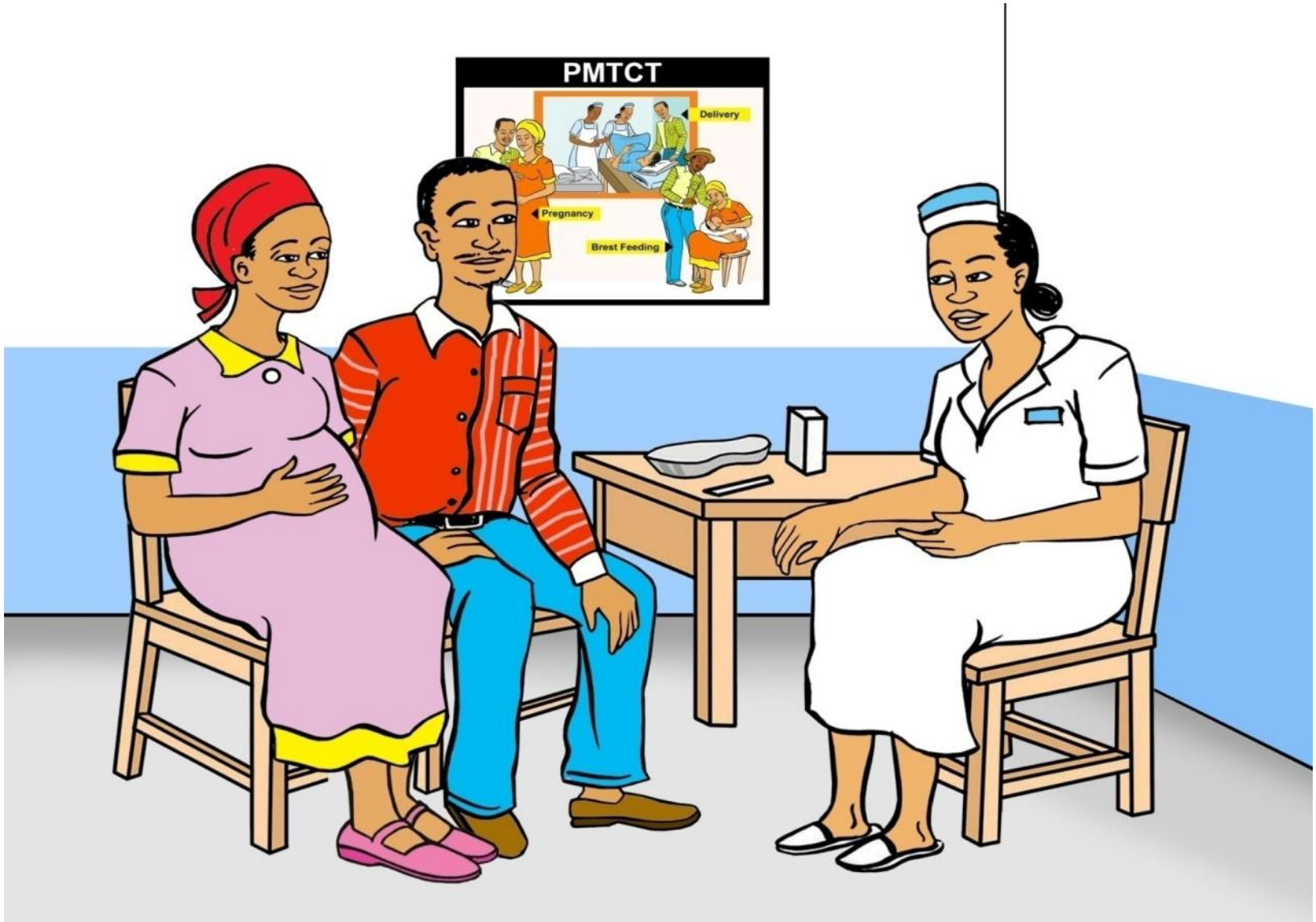
RISK FACTORS FOR MTCT



RISK FACTORS FOR MTCT

- In pregnancy
  - Due to a fall, infection e.g. anemia, malaria, fevers, STIs, high risk sexual practices, high viral load etc
- During delivery
  - Due to bruises, tears and cuts, prolonged labor, placental inflammation, STIs, etc
- Breastfeeding
  - Sore or cracked nipples, Mixed feeding, high viral load, prolonged breast feeding , sores in the baby's mouth etc

PREVENTION OF MTCT



PREVENTION OF MTCT

- All pregnant women should deliver in health facilities
- All HIV positive pregnant women and mothers should be linked to HIV services
- All children born to HIV positive mothers should be tested for HIV
- All pregnant women should attend Anti Natal Care Clinic and be provided with comprehensive mother and Child services,
  - immunization,
  - feeding options and counseling,
  - family planning services
  - Malaria prophylaxis and treatment
- All HIV positive pregnant women should continue to use condoms during pregnancy and breastfeeding

SUMMARY

SUMMARY

Ask for any questions from the client(s) and address them.

- It is important for all HIV positive individuals and their partners who want to have children to know about prevention of mother to child transmission
- All pregnant women should deliver in health facilities
- All HIV positive pregnant women and lactating mothers should be linked to HIV services

TUBERCULOSIS (TB)

TB PREVENTION IN COMMUNITY

- Tuberculosis (TB) is a chronic infectious disease caused by Mycobacterium tuberculosis
  - Most common disease form is in the lungs, only the lung form is contagious to others
  - May occur in any body part except teeth, hair and nails
  - Often causes systemic symptoms- cough, fever, loss of appetite, weight loss, night sweats, shortness of breath
- TB (lung) is transmitted through droplet infection from a person infected with TB to a healthy person through coughing, sneezing, talking, singing and laughing.
- TB is the most common cause of death in persons living with HIV/AIDS
- TB is a treatable disease

RISK FACTORS FOR TB

RISK FACTORS FOR TB

- HIV infection
- Malnutrition
- Overcrowding
- Chronic diseases (e.g. Diabetes)
- Immunosuppressive drugs (e.g. cancer drugs)
- Age (there is increased susceptibility in the very young and very old)
- Low social economic status
- Chronic alcoholism/smoking

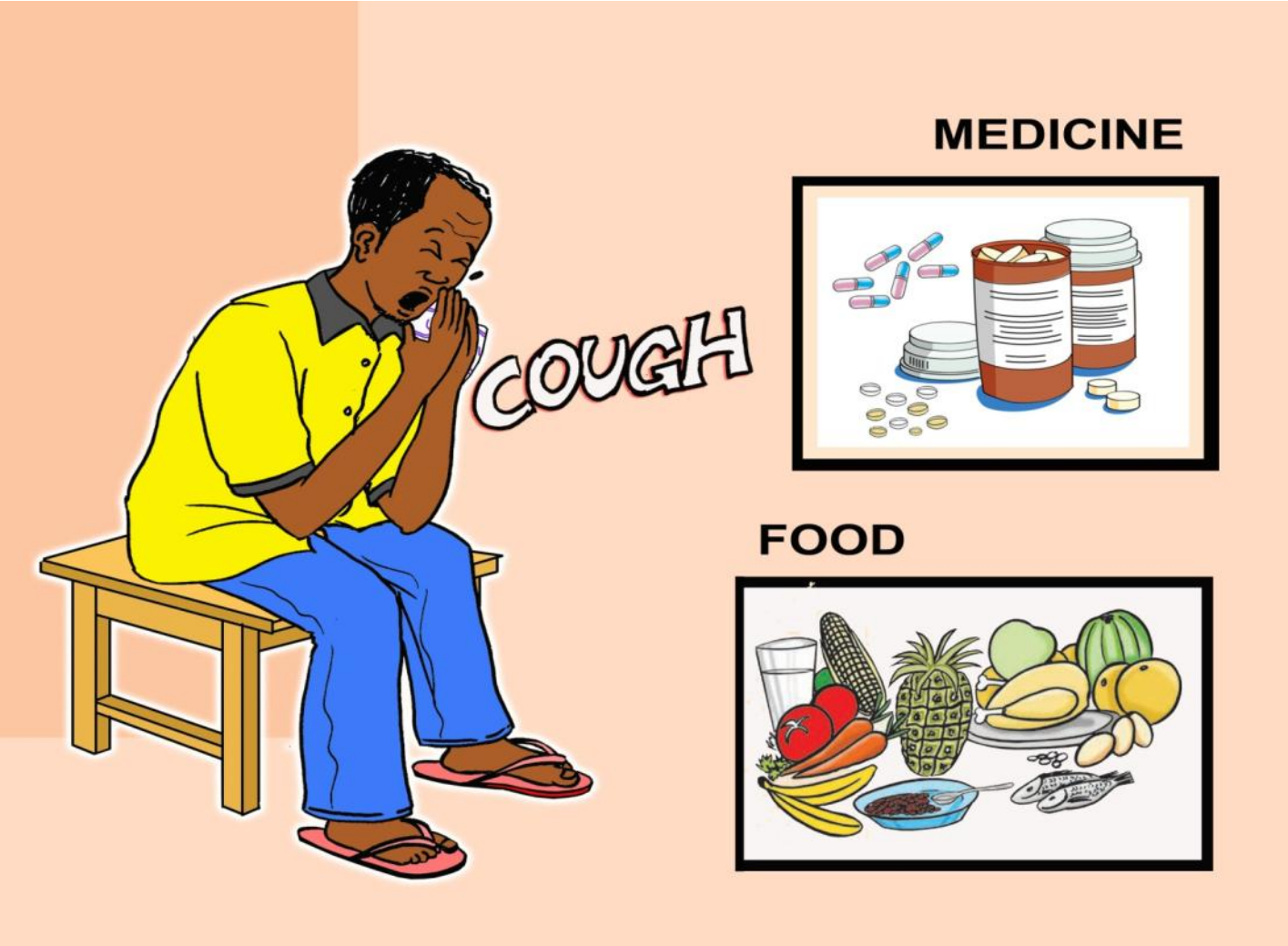
SIGNS AND SYMPTOMS OF TB

Signs and Symptoms of TB

- Persistent Cough over three weeks
- Night sweats
- Loss of appetite
- Weight loss
- Shortness of breath

NOTE
If above signs are present refer to health facility for assessment

Infection Prevention and Control of TB



INFECTION PREVENTION AND CONTROL OF TB

- People who are sick with TB can prevent spreading TB to others in their family and community by:
  - Going for treatment and adhere to TB medication.
  - Covering their mouth and nose when coughing and sneezing.
  - Refer family members for TB screening
  - Avoiding overcrowding and stay in a well-ventilated house.
  - Immunizing young children with BCG vaccine,
  - Eating a well-balanced diet, by using locally available food.

SUMMARY

SUMMARY

Ask for any questions from the client(s) and address them.

- TB is curable
- TB is a major cause of death among persons living with HIV
- All persons who have HIV and have been coughing for more than three weeks should go for TB screening
- All persons with TB should be tested for HIV and HIV positive people should be screened for TB

MODULE 3

HOW TO DELIVER HIV PREVENTION MESSAGES

How to deliver HIV Prevention messages

- **Module objective :**

  By the end of this module, participants will be able to use communication skills in delivering HIV prevention messages to different groups

- **Enabling objectives**

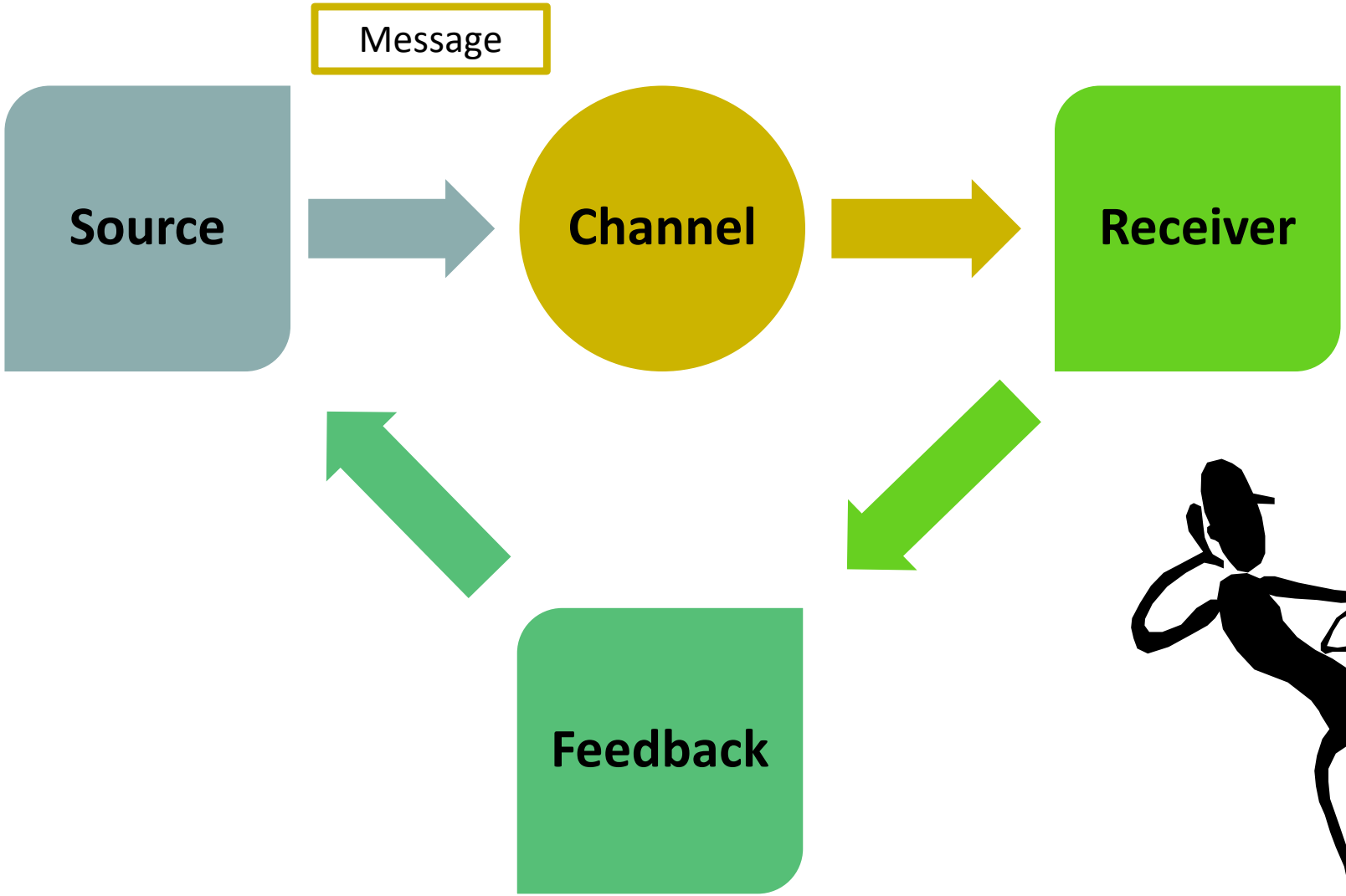
Unit 1

COMMUNICATION

WHAT IS COMMUNICATION

- This is the process of sending messages through a channel from a sender to a receiver and receiving feedback
- Effective communication is when what was received by the receiver was what was intended by the sender

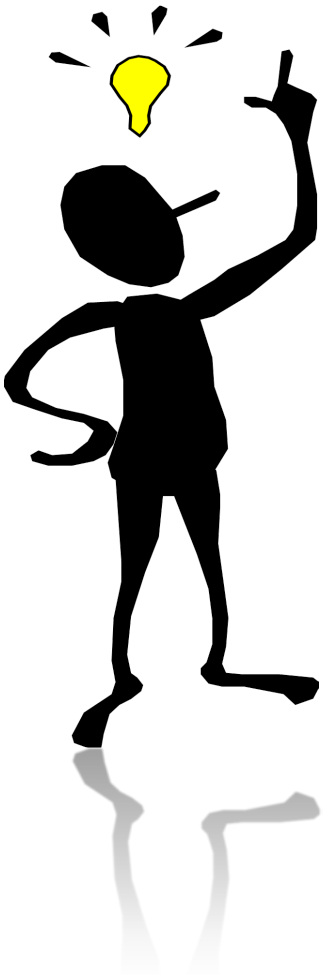
COMMUNICATION PROCESS



Barriers to effective communication

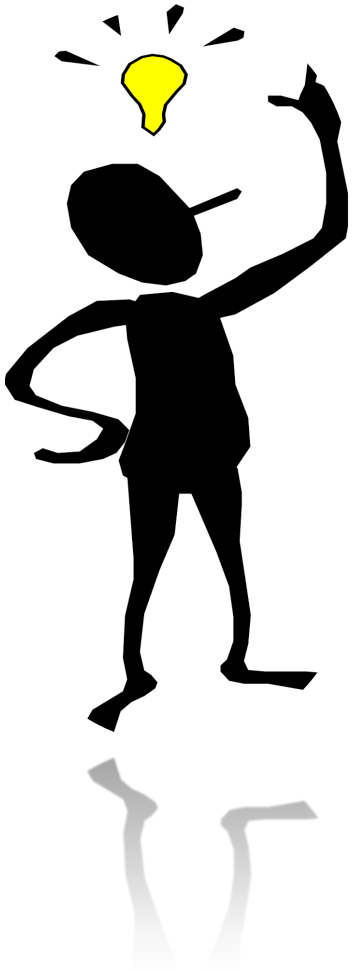
- Age difference
- Language, accent, vocabulary
- Sex, gender
- Culture
- Attitudes
- Medium, channel
- Timing
- Level of interest
- Physiological factors
- Level of understanding
- State of mind
- Environmental factors
- Clarity and audibility
- Emotional factors
- Distance from sender to receiver
- Packaging
- Audience
- Presentation
- Technology
- Venue

Do's & Don't in effective communication ...1



- Don't impose your values on the clients
- Don't let your religious beliefs interfere with your communication
- Don't be judgmental towards your clients.
- Be sensitive to client's culture and traditions

Do's & Don't in effective communication ...2



- Treat all clients with respect and kindness.
- Be sensitive to gender differences and culture, while still providing the most accurate information regarding health choices.
- Be aware of the changing needs of people at different ages and stages of life.

Purpose of Effective Communication to Clients with HIV/AIDS ...1

- Help clients understand prevention messages
- Assists clients cope with the emotions and challenges they face when diagnosed with HIV and thereafter.
- Help clients avoid transmission and acquisition of HIV or STIs by using safer sex practices.
- Aids in the prevention of re-infection as well as other factors that affect their health
- Promotes understanding about ARVs and enhances adherence.

Purpose of Effective Communication to Clients with HIV/AIDS ...2

- Help clients eliminate or reduce alcohol and substance use because they can interfere with both treatment and prevention.
- Facilitates clients to seek and receive support, including their partners and families.
- Help clients make choices and decisions that will prolong their lives and improve their quality of life.

Attributes for Effective Communication

- Friendly, attentive, interested in the client and his/her problems and challenges
- Non judgmental
- Trustworthy, able to maintain confidentiality
- Knowledgeable, helpful
- Kind, respectful
- Available and accessible
- Should be two way

Skills for effective communication

- Listens attentively
- Speaks clearly and audibly, avoids jargon
- Uses appropriate questions
- Observes body language
- Uses body language congruent with message
- Maintains proper eye contact
- Is able to summarize
- Uses a variety of participatory methods

EXERCISE ON COMMUNICATION SKILLS

1. Divide the class into groups of three or four
2. Each of the participants will practice the following opening session for a group talk in front of the other two people in their group.
3. The person who is the counselor should stand up.

Processing of the role play

- *What do you think [name] did well?*
- *What do you think s/he could have done better?*
- *Did s/he speak loudly and clearly enough?*
- *Was s/he engaging and energetic?*
- *Did s/he make eye contact with the audience?*
- *Did s/he smile or keep a neutral expression?*

SAMPLE SCRIPT

- Hi, I'm glad you all are here today.
- I'm [name], a counselor in this clinic.
- Today we are going to talk about things you need to know about HIV and AIDS. HIV and AIDS are common in our community. People with HIV/AIDS need to know many things about HIV so that they will be able to protect themselves, protect their partners, and protect their families.
- Please feel free to participate as much as you want and ask any questions you have.
- Please understand that these are public talks and you do not know who is present and may listen to what you are saying. Privacy cannot be guaranteed, so please only share personal information that you feel comfortable with everyone knowing.

Unit 2

COMMUNITY ADVOCACY

COMMUNITY ADVOCACY

WHAT IS COMMUNITY

- Community is a group of people who share beliefs, values, problems, needs, concerns, and may or may not share common geographical boundaries .

COMMUNITY ADVOCACY

- Community advocacy is described as a process by which community members become involved in the institutions and decisions that will have an impact on their lives.
- Advocacy assumes people have rights that they are entitled to which are enforceable.
- Advocacy works best when it is focused on identified/specific issues.
- Advocacy efforts must be based on data, have clear goals and objectives and be supported by the community.

COMMUNITY ADVOCACY STRATEGIES

- Advocacy strategies can build team spirit, increase membership, expand leadership and its experience, and build community power.
- These strategies include;
  - Personal visits to sensitize or lobby key decision makers and elected officials,
  - Rallies,
  - Telephone calls,
  - Campaigns to decision makers,
  - Letters to editors and media.

Community Entry Points

Step 1

- **Creating Awareness**
  - Create awareness among opinion leaders and gate keepers, other groups e.g. churches/mosques, schools and social welfare groups or meetings.

Step 2

- **Situation analysis**
  - Carry out a situation analysis using participatory methods.

Step 3

- **Planning actions for improving the health status**
  - The obtained and processed findings are used for designing communication strategies for households, villages and to prioritize issues and decide action.

Approaches to community Mobilization and Advocacy

- Group community talks
- Giving out of pamphlets etc
- Announcements through places of worship, social gatherings, barazas
- One to one (interacting one on one)

- Songs
- Role plays
- Drama
- Poems
- Narratives
- Illustrations
- Graphics/pictures
- Games

Stretch Time?

Group Exercise:

Let us spell the word COCONUT with our bodies.

Unit 3

COMMUNICATION SKILLS IN DEALING WITH DIFFERENT GROUPS

TARGET AUDIENCE

- People living with HIV/AIDS as individuals
- Their family members
- Anyone in a waiting area at clinical setting
- Support groups
- Post test clubs

Communicating with Individuals

- Discuss with clients their concerns to determine the appropriate information package
- Give the client information and recommendations about ways to protect his or her health, and protect their partners and families.
- Help the client develop a plan of action
- Schedule follow-up sessions

Communication in groups

- Determine membership of groups
- How long group sessions will last?
- How will you know what to say?
  - Use group education flip chart
- What activities will happen in the session?

Getting the Attention of Groups, Clients and Families

- Stand in front of the group.
- Speak loudly.
- Raise your hand to get attention.

COMMUNICATING WITH FAMILIES …1

- Let's talk about how you can live well and live better with HIV.
- To live well with HIV, one needs to do more than just take pills and go to the clinic.
- It's important to have family and friends that can help one get to access care
- HIV/AIDS increases the body's need for food.

COMMUNICATING WITH FAMILIES …2

- Physical activity helps stimulate appetite, improves mood, and helps strengthen heart and muscles.
- Short walks, knee bends, light gardening, stretching, leaning forward and back are all simple exercise that sick family member can do even if not very sick

COMMUNICATING WITH FAMILIES …2

- Living with HIV/AIDS can be hard for many reasons:
  - You can get sick a lot and not be able to take care of your family.
  - You may be worried about yourself and your family.
  - Other people may not treat you well.
- It's important to keep a good attitude because this will help in coping with illness in the family better.

IMPORTANCE OF COMMUNICATING TO A COUPLE

- Helps build trust and enhances communication and commitment to relationship
- Information is given to the couple together
- Couple is able to make informed decisions together.
- Couple is able to asses the need for risk reduction and discuss sexual behavior change
- Support that improves sense of value for family.
- Facilitates easier disclosure

COMMUNICATING WITH COUPLES …1

- Do not take sides
- Be supportive to their decisions
- Give the couple facts on HIV;
  - Spouse/partner may or may not have HIV and needs to be tested.
  - Spouse/partner can spread HIV even if they are taking ARVs
- Encourages spouse/partner to get tested for HIV.
- Spouse/partner is better able to offer support if they know about their HIV

Communicating with Couples ...2

- It's important for HIV-positive people to talk to their spouse/partner because the spouse/partner needs to get tested for HIV.
  - The spouse/partner may or may not have HIV even if the couple has been together for a long time.
  - If the spouse/partner does have HIV, they need to get medical care to keep from getting sick.

What if someone asks a question that I don't know the answer to?

- You can refer them to the healthcare provider or try to find out the answer yourself.
- You are not expected to know everything!

CLIENTS CONCERNS

IDENTIFYING CLIENT/CLIENTS CONCERNS

- Learn about the client, his or her situation
- Actively listen to the client
- Ask questions to understand the client and his or her needs.
- Get the client's permission to work on the issue during the communication session.

Approaches for dealing with clients/clients concerns

The 5As Approach

- Assessing – what is available
- Advising – on all available services
- Agreeing – On linking to available services
- Assisting – In accessing services
- Arranging –for referral & networking

Unit 4

SETTING SMART CLIENT GOALS

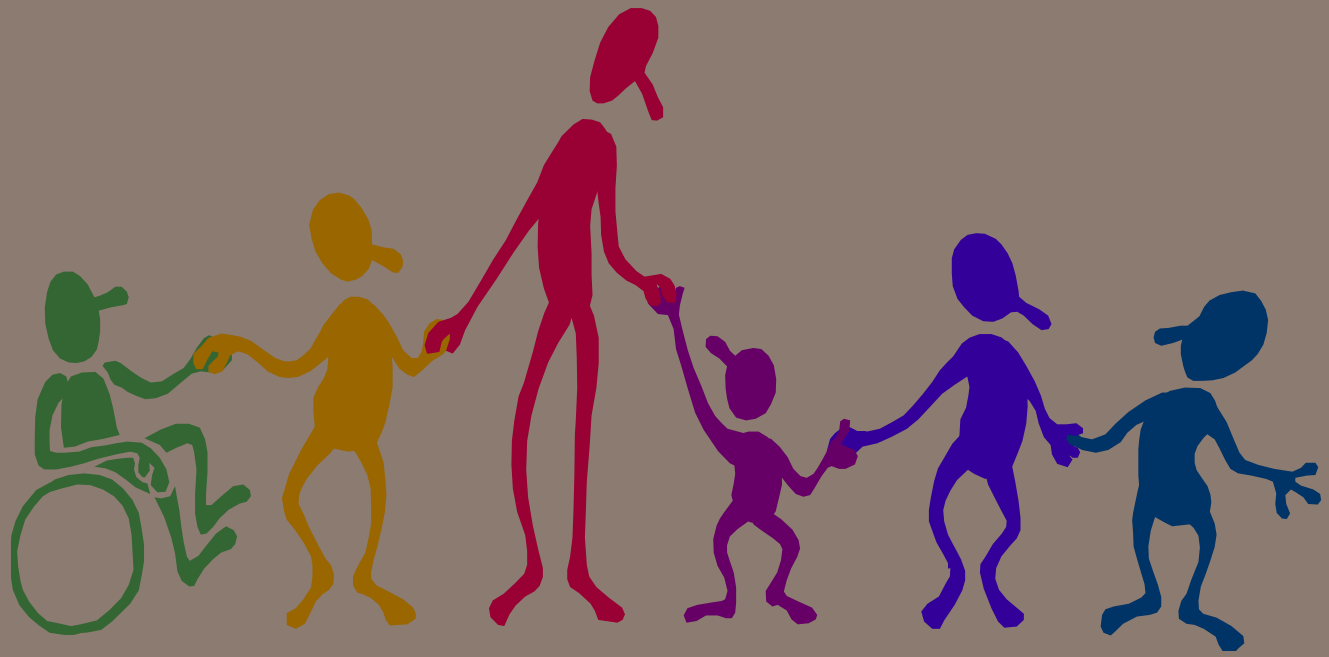
Setting Goals with the Client

- Set goals **WITH** the client not **FOR** the client
- Set one reasonable goal at a time,
- Set realistic goals with the client
- Goals should be:
  - Specific
  - Measurable
  - Attainable
  - Realistic
  - Time-based

Setting Goals for the Client

- Help the client make a plan for achieving his goals.
- Talk through the possible barriers to achieving the goal
- Arrange anything the client needs to follow the plan and meet the set goal.

MODULE 4



REFERRAL LINKAGES AND CARE OF THE COMMUNITY HIV SERVICE PROVIDER

Referral Linkages and Care of the Community HIV Service Provider

- **Module objective:**
- By the end of this module, participants will be able to identify service points for appropriate referrals to enhance the care of clients

- **Enabling objectives**

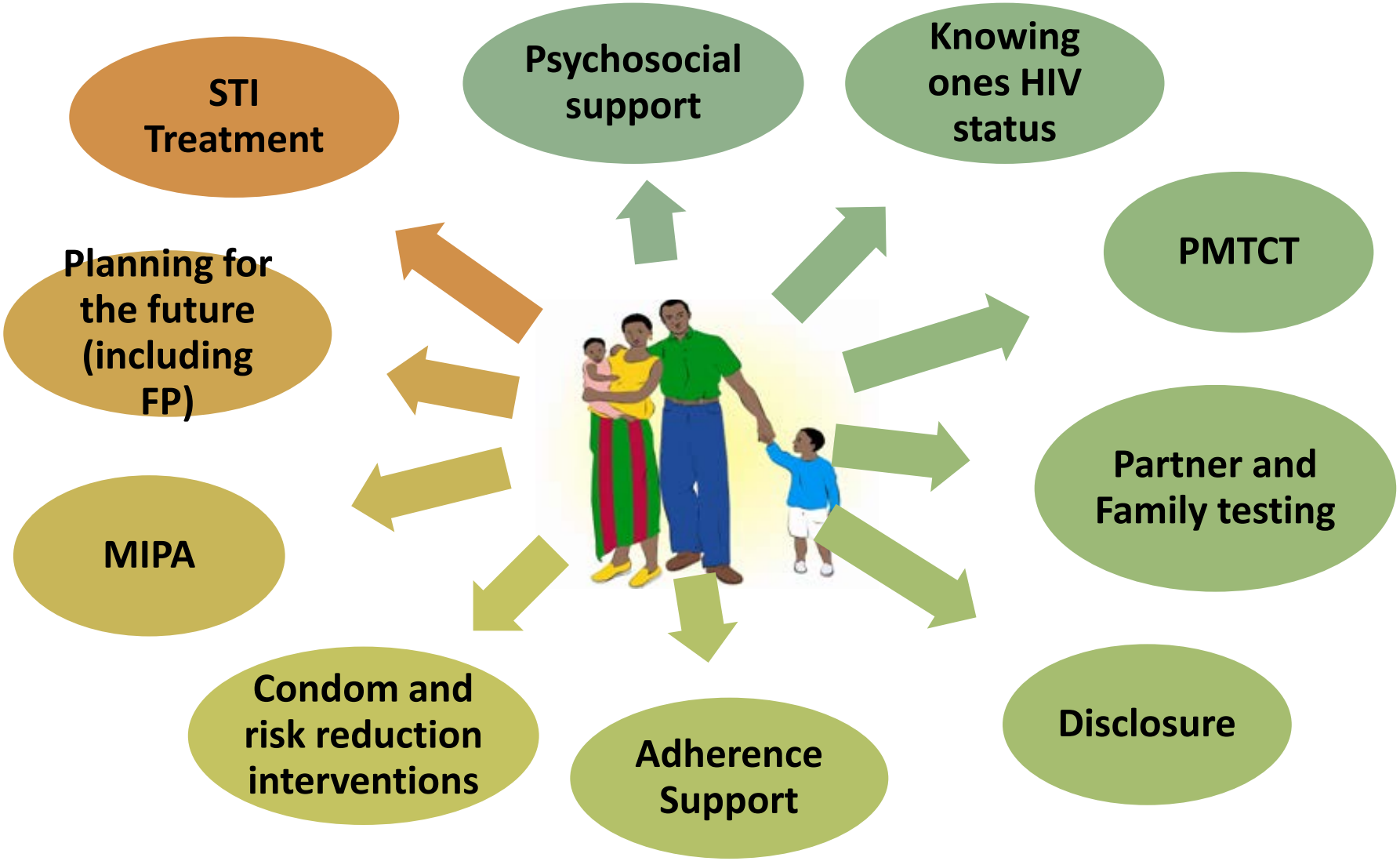
Unit 1

REFERRAL SYSTEMS

WHY A REFERRAL SYSTEM?

- When services or resources within reach are not able to meet the clients immediate need.
  - For specialized management in the next stage of care e.g. the PLHIV condition is deteriorating, for PMTCT, STI Treatment, etc
- For continuity of care from health facility downwards to the family or community, e.g. for adherence support, disclosure, support groups, etc
- When the caregiver has limitation in meeting certain needs of the PLHIV, e.g. emotional, spiritual, legal, economic, etc
- In cases where the acute phase of PLWHA's care has been dealt with and is deemed safe to transfer care to other caring services/organization within the community.

Points of Referrals



IDENTIFYING AVAILABLE REFERRAL POINTS

- Group participants from the same geographical area and identify the working referral sites as per the table below.
- Group presentation and plenary discussion
- Keep directory of all the identified working referral sites in their locality.

IDENTIFY AVAILABLE WORKING SITES IN YOUR LOCALITY

Org / CBO	Where situated	Service provided	Working time	Contact person	Telephone number

Unit 2

SUPPORT GROUPS

Support Groups

- It's a group of people coming together to share challenges, experiences and roles they have in common.
- Support groups create a safe and open space for people to come out of isolation and reduce stigma by giving infected and affected persons a place to come together and share
- It is an important driver to strengthening referrals between the community and health facilities
- Beneficiaries of HIV support groups are PLHIV, families and friends affected by it and workers caring for people living with the virus

Advantages of Support Groups

- A support group offers many advantages to its members including
  - Medical and clinical knowledge
  - Practical advice and experience sharing
  - Emotional and spiritual support
  - Promoting prevention, encourage healthy living, and can be classrooms where treatment literacy is cultivated
  - Allows members to come together to learn, to share and when necessary grieve and celebrate
- It's a good avenue to advocate and implementing PwP pillars

Roles of support groups in promoting PwP

- Advocates to each other and the community
- Directly and indirectly educate communities on PwP messages
- Supportive and willing to listen
- Respect personal differences, recognize commonalities and draw on collective strengths

Unit 3

CARE OF COMMUNITY HIV SERVICE PROVIDERS

CARE OF COMMUNITY HIV SERVICE PROVIDERS

Caring for a person with HIV or AIDS can make you feel good about yourself. But it can also cause stress. Too much stress can harm your own health. Here are some things you can do to manage the stress of care giving:

- **Watch for signs of stress.** These can include often feeling ;
  - Angry,
  - Nervous,
  - Depressed,
  - Having trouble sleeping.

- If you have any of these signs, talk with your healthcare provider

Managing Stress

- **Stay healthy.** Try to eat well, rest, and be physically active each day
- **Talk about it.** It can help to share your anger, fears, and sadness with someone who is not part of the situation. Sometimes it helps to talk with a friend, minister, rabbi, counselor, or health worker
- **Take time out.** Try to find someone to help so you can take a break. Get out on your own. Do something for yourself that you enjoy

MANAGING STRESS

- **Realize you are not alone.** Finding a support group for caregivers can help. It allows you to meet and talk with people who are going through many of the same things you are. They understand how you feel
- **Breathe deeply.** Take a few minutes to sit in a quiet room and think only about your breathing. Take some deep breaths. Listen to the sounds they make as you shut out all else from your mind. Doing this can help lower stress and worry. It's a small way to make a big difference
- **Stay active.** Exercise is good for the body and the soul. It lowers stress and boosts your energy. You don't have to go to a gym to exercise. You can stay active by walking each day. You can dance, ride a bicycle, work in a garden, or do anything else you enjoy that keeps you moving.

When to seek for help

- Unmanaged stress leads to burnout
- Some symptoms of burnout
  - Extreme and continuous exhaustion
  - Intense and prolonged sense of helpless and hopelessness
  - Withdrawing from society
  - Giving up about life
  - Deep and prolonged sadness
  - Apathy – lack of concern for self and others
- If any of the symptoms above are present one should seek specialized help from a professional counselor, or ones supervisor (for referral).

MODULE 5

COMMUNITY PWP MONITORING AND EVALUATION (M&E)

Module Objective

- By the end of this module the participants will be able to use PwP community data tools
- Participants will be able to implement participatory evaluation of PwP activities at community level

LEARNING OBJECTIVES

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

- Discuss the importance of good recording and reporting for PwP activities at community level
- Identify the main data collection and reporting tools for PwP activities at community level
- Discuss importance of data utilization for decision making
- Describe the information flow from community to national level MOH/NASCOP

Unit 1

MONITORING AND EVALUATION

Monitoring and Evaluation

Monitoring

- Monitoring is a routine process of tracking the program progress, it's a continuous process and advices the implementers/ Managers whether to change the strategies or not.

Evaluation

- Evaluation is a periodical process aimed at showing whether the interventions being implemented are making a difference and are achieving the diresed results

Importance of monitoring and Evaluation

- Demonstrating accountability
- Sharing progress and results with stakeholders
- Modification and discontinuation of interventions that are not effective or efficient
- Enable project personnel to plan effectively
- Motivate community and staff involved

Record Keeping

- Recording is a process of documenting information about provider's activities and services
  - Examples of records are dairies, registers, etc.
- Record keeping is the process of storing or keeping custody of information for planning and future reference

IMPORTANCE OF RECORDS

- It is difficult to keep all the information about a variety of clients and activities in one's head.
- Once recorded, information will help us communicate our activities to our supervisors and other stakeholders.
- This will support the identification of priority problems for planning purposes.
- Written records also provide evidence needed for monitoring and evaluating community health activities

CHARACTERISTICS OF GOOD RECORD KEEPING

- **Consistency** – maintain a standard format in recording and reporting
- **Accuracy** – ensure correct information is captured
- **Timeliness** – should be done immediately after an activity
- **Reliability** – providing actual information that can be validated

INFORMATION GATHERING PROCESS

The members of the community will provide most of the information we need.

Gathering that information requires:

1. **Listening** – Listen to what people say about their health and ask all you need to know about their health.
2. **Observation** – Observe health related issues e.g. food availability, nutrition status, stigma and discrimination and other health indicators
3. **Counting** - check and record services, commodities or events, e.g., how many condoms are distributed, No. of condom dispensers are in a given community, No. of support groups and enrolment

How to keep records

- Records can be kept using various ways and methods (tools). Among these are registers, notebooks and diaries, and computers.

A register is a book in which specific

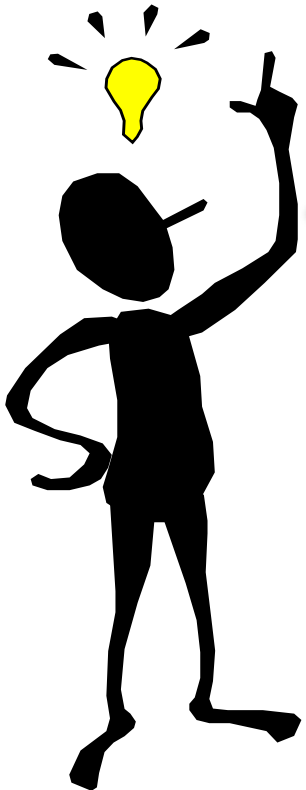
- Information and services provided are documented ,
  - e.g. age, sex, type of service provided.

Notebooks/diaries are books in which the

- CHWs write their daily schedules, activities
- Other observations made while providing services

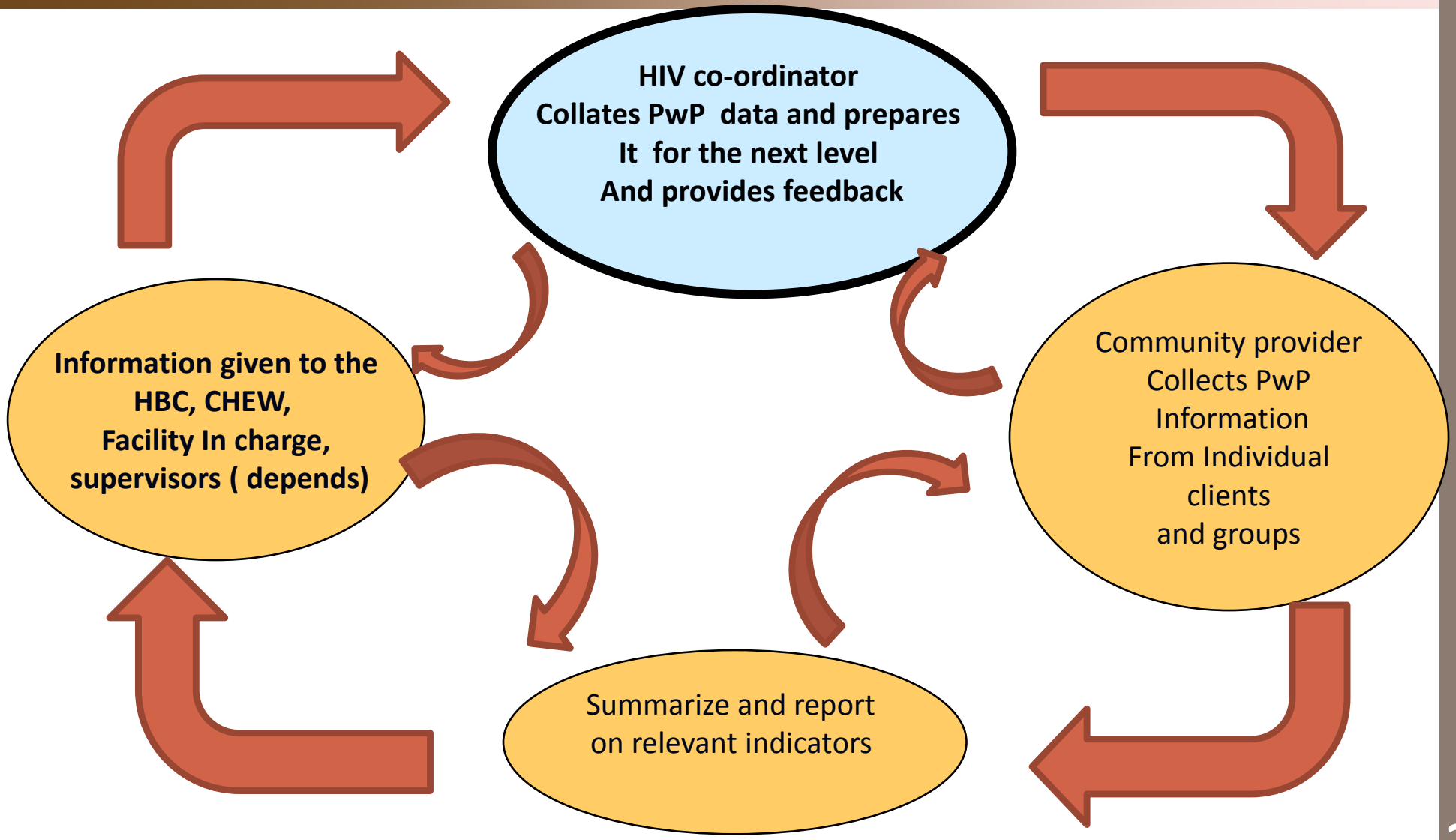
How to Keep Good Records

- A record is an important document that should be confidential and safe guarded at all times
- In order to achieve this records should be;
  - Safe guarded against unauthorized persons
  - Secured from damage by water, fire, rodents, termites, etc
  - Handled carefully to avoid unnecessary wear and tear and malicious damage
  - Made available to supervising authorities



Good record keeping helps in planning and assessment of performance

Documentation Process for Community PwP

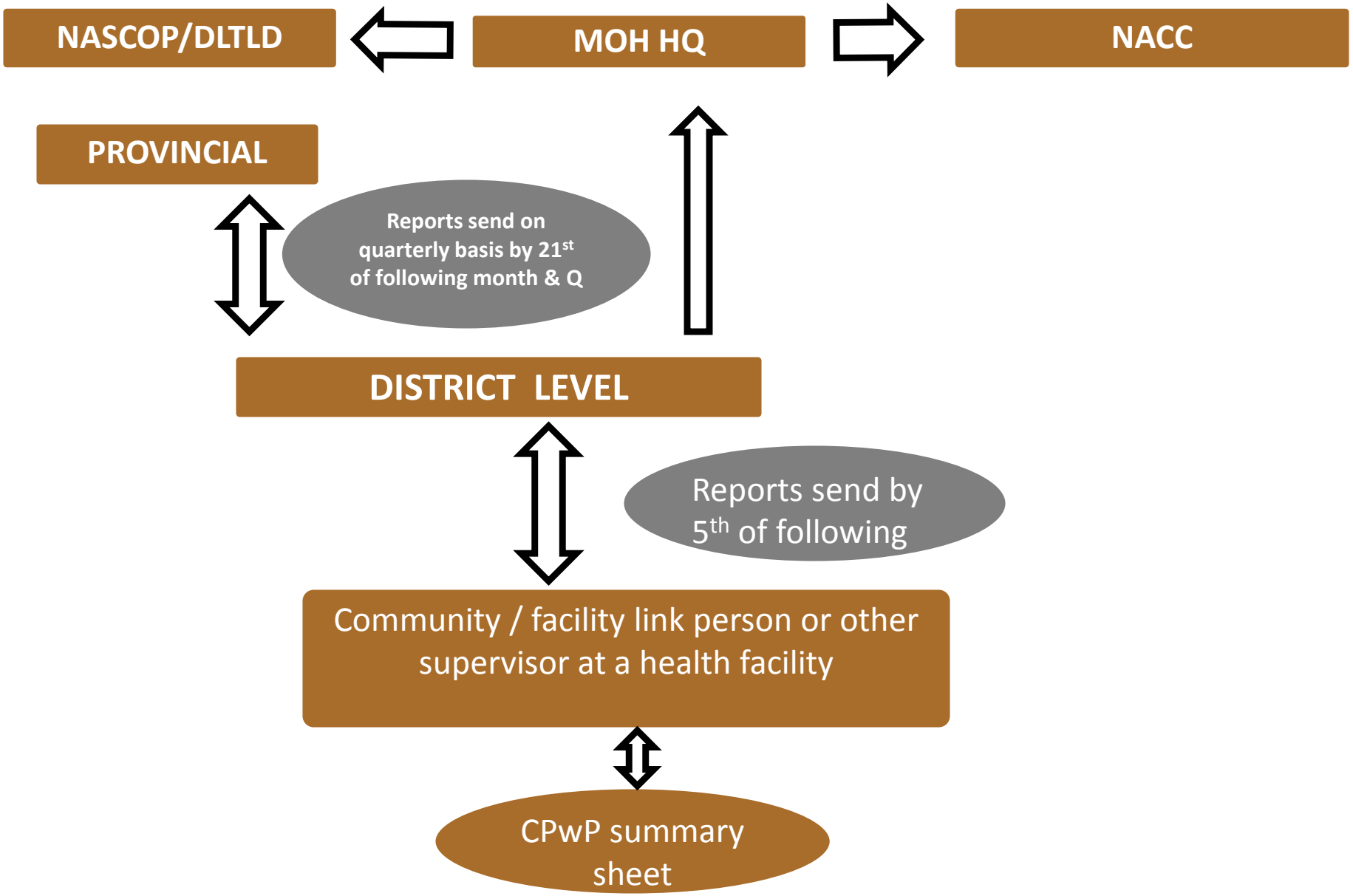


Important Recording & Reporting Tools

Tool	Information captured	Example
Registers	All clients accessing specific service from time of enrollment	CPWP, Pre-ART, ART, PMTCT, TB, VCT
Monthly reporting forms	Summary for all service provided each month	MOH 726:facility MOH 727:district
Referral forms	Link clients to specialized care	CCC, Community referral form, TB referral form

NOTE: It may be necessary to demonstrate some tools if available

DATA FLOW


NASCOP/DLTLD
MOH HQ
NACC
PROVINCIAL
Reports send on quarterly basis by 21st of following month & Q
DISTRICT LEVEL
Reports send by 5th of following
Community / facility link person or other supervisor at a health facility
CPwP summary sheet

What Information to collect?

- Number of individual PLHIV reached with PwP Messages
- Date
- Age
- Sex
- Group/individual/family/couple
- PwP services given
- No. of condoms given/ Were condom given?
- New clients/Old/ Revisit
- Referred to
- Remarks

Unit 2

PWP DATA TOOLS

HOME AND COMMUNITY CARE REGISTER

District _____ Division_____ Location _____S/Location _____
Name of community provider _____ Month _____

Date	Name	Age	Sex	Client seen as	New client /revisit	PwP service offered							Referred to	Remarks
						1	2	3	4	5	6	7		

PwP Services offered

1. Condoms
2. Adherence counseling
3. Supportive disclosure
4. FP
5. Risk reduction counseling
6. Tb screening
7. Referrals

All reports are to be submitted monthly to the supervisor before the 5th of every month

Date submitted _____

PwP MONTHLY REPORT FORM

- # of clients served by gender and age as reported by NASCOP
- # of services provided
  - FP
  - # referred by service points to
  - # provided with condoms
  - # screened for TB
  - # screened for STIs
  - # provided with adherence counseling
  - # partner family tested or referred for HIV
  - # of facilitated disclosure

HOME AND COMMUNITY GROUP SESSION REPORT FORM

District _____ Division_____ Location _____S/Location _____
Name of community provider _____ Month _____

Name of group																Total
Date																
Name of facilitator																
# present																
Age bracket of group																
Messages given																
Referrals																
Remarks																
IEC materials distributed																
No of condoms given																

Submitted by _____
Date _____

COURSE EVALUATION

- What topics, if any, should be added to improve this course? Why?
- What topics, if any, should be deleted to improve this course? Why?
- The course length of 5 days was: (*Tick One*)
  - 3.1: Too long
  - 3.2: Too short
  - 3.3: Just right
- What is your opinion on:
  - 4.1: The venue for this workshop
  - 4.2: Overall Course Coordination
  - 4.3 course content
  - 4.3.1 What should be included/removed
- Other Relevant Comments.

Action plan

Activity	When	Person responsible	Resources needed	Expected result

ToT TRAINING SCHEDULE

	Day 1	Day 2	Day 3	Day 4	Day 5
Session 1	Opening and welcome Introduction, expectations and norms logistics Course overview(goals objectives, schedule) Review course materials **Planning for a Training Course** - General planning issues - Participant selection criteria - Preparation of course materials - Classroom arrangements	**Module 1–HIV and aids information**	**Module 3 how to deliver prevention messages** **Module 4 referral networking**	Teach back	Teach back
Session 2	**Creating a Positive Learning Climate** - How people learn - Understanding group dynamics - Effective presentation skills - Introducing a presentation - Questioning techniques Summarizing a presentation **Using Audiovisual Aids** - Flipcharts - Computer and projection unit	**Module 2 prevention messages**	**Preparation for teach back** Teach back	Teach back	Teach back
Session 3	**Delivering Interactive Presentations** - Illustrated lectures - Small group activities - Case studies - Role plays - Brainstorming sessions Group discussions	**Module 2 prevention messages**	Teach back	Teach back **Preparation of Action plans**	Presentation of action plans Discuss next steps for implementation and integration Course evaluation Closing ceremony Departure

SERVICE PROVIDERS TRAINING SCHEDULE

	Day 1	Day 2	Day 3	Day 4	Day 5
Session 1 **8.30 – 10.30**	Introductions Icebreakers Administrative issues	Recap of day 1 **Module 1** Understanding HIV prevention in the community Goal and Objectives of PwP. Why PwP	Recap of day 2 **Module 2** HIV Prevention messages: Discordance Disclosure Risk reduction Condom use Practical sessions	Recap of day 3 **Module 3** How to deliver HIV Prevention messages; Practice sessions	Recap of day 4 **Module 4** Referrals, linkages and care of the community HIV
10.30 – 11am	***HEALTH BREAK***				
Session 2 **11 – 1.00pm**	Expectations norms Course objectives Value exercise	Communication skills for Community PwP	**Module 2** HIV Prevention messages: Alcohol & substance abuse Adherance Practical sessions	**Module 3** How to deliver HIV Prevention messages; Practice sessions	**Module 5** Community PwP Monitoring and Evaluation
1.00 – 2pm	***LUNCH BREAK***				
Session 3 **2 – 5 pm** **(Break** **4.00 -4.15 pm)**	**Module 1** Understanding HIV prevention in the community Basic HIV facts	**Module 2** PwP Pillars. HIV Prevention messages: Knowledge of HIV status, Partner, Child & Family testing	**Module 2** HIV Prevention messages: STIs, Family planning PMTCT, TB Group work	**Module 3** How to deliver HIV Prevention messages Practice sessions	Action plans; Preparation, Presentation Closing

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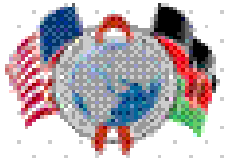

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