

USAID/E Preventive Care Package for HIV/AIDS Project

Community Agents' Reference Manual (Second Edition)

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List of Acronyms

| | |
|----------------------------|---|
| AIDS | Acquired Immuno-deficiency Syndrome |
| ART | Antiretroviral Therapy |
| ARVs | Antiretroviral Drugs |
| BPCP | Basic Preventive Care Package |
| CA | Community Agents |
| DACA | Drug Administration and Control Authority |
| CPT | Cotrimoxazole Preventive Therapy |
| GO | Governmental Organization |
| HIV | Human Immunodeficiency Virus |
| IEC | Information, Education and Communication |
| IPC | Interpersonal Communication |
| IPT/INH Prophylaxis | Isoniazid Prophylaxis Therapy |
| ITN | Insecticide Treated Nets |
| LLIN | Long Lasting Insecticide Treated Nets |
| MSG | Mother Support Group |
| NGO | Non-Governmental Organization |
| OI | Opportunistic Infections |
| ORS | Oral Re-hydration Salt |
| PLHIV | People Living with HIV |
| PMTCT | Prevention of Mother to Child Transmission |
| PSI | Population Services International |
| STI | Sexually Transmitted Infections |
| SWS | Safe Water System |
| TB | Tuberculosis |
| VCT | Voluntary Counseling and Testing |

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How to Use This Manual

This manual is designed to help Community Agents¹ (CA) educate People Living with HIV (PLHIV) about preventing Opportunistic Infections (OIs) using the products and information provided with Basic Preventive Care Package (BPCP).

The overall objectives of this manual are the following:

- To increase knowledge of CAs on prevention of common OIs using the BPCP approach
- To provide CAs the necessary skills on the use of BPCP kit components for prevention of common opportunistic infections
- To equip CAs with Interpersonal Communication (IPC) skills and enable them to facilitate discussions with PLHIVs and promote the benefits of BPCP products and services

The manual is arranged into Five Chapters, namely;

| | |
|----------------|---|
| Chapter One: | HIV and Opportunistic Infections |
| Chapter Two: | BPCP for Prevention of Opportunistic Infections |
| Chapter Three: | Products in the BPCP kit |
| Chapter Four: | Other Prevention Practices for PLHIV |
| Chapter Five: | Interpersonal Communication for BPCP |

Each session will provide the following;

- Demonstrations of proper usage of products in BPCP kit for prevention of OIs
- Activities to allow interaction and participation during distribution and IPC sessions
- Important notes to remind Community Agents on areas of emphasis or clarification

¹ The term 'community agent' refers to various groups of peer counselors or educators affiliated with partner NGOs, Government organizations, or PLHIV associations that the BPCP program works with

Chapter I- HIV/AIDS and the Immune System

What is HIV?

Human Immunodeficiency Virus (HIV) is a disease that attacks the body's immune cells so that the body is no longer able to fight off infection. HIV is the cause of Acquired Immunodeficiency Syndrome (AIDS). To date, there is no cure for HIV.

What is AIDS?

AIDS is the acquired immune deficiency syndrome.

AIDS is caused by HIV.

AIDS is the stage of infection when the body can no longer fight off infection and becomes ill.

At this point, there is no cure for AIDS.HIV and Immune system

HIV suppresses the immune system by killing the body's living CD4 cells and preventing them from reproducing. The reduction of CD4 cells lowers the body's ability to fight infections, leaving the HIV positive individual more vulnerable to various opportunistic infections, and even death.

Opportunistic infections (OIs)

Opportunistic infections are infections caused by germs that usually do not cause disease in a healthy immune system. A compromised immune system, however, presents an "opportunity" for the pathogens to cause disease.

Some examples of common opportunistic infections affecting PLHIV in Africa include:

- Diarrhea
- Malaria
- Intestinal parasites
- Pneumonia
- Candidiasis (oral and vaginal)
- STIs
- Tuberculosis

Causes of Opportunistic Infections

Opportunistic Infections are caused by bacteria or viruses and mainly as a result of improper hygiene, unclean environment, improper diet, and/or compromised immunity.

Prevention of opportunistic infections

Since the body's ability to fight off OIs is compromised among PLHA, great care should be taken to prevent the development of disease before it occurs. Prevention of OIs includes:

1. Maintaining good personal hygiene
2. Drinking clean water
3. Sleeping under long lasting insecticide treated nets (LLINs) every night (for people in malarious areas)
4. Using condoms correctly and consistently every time one has sex

5. Eating balanced meals prepared with foods which have been properly cleaned and cooked
6. Adhering to appropriate clinical services and treatment as prescribed.

Chapter 2 - Basic Preventive Care Package for Prevention of OIs

What is Basic Preventive Care Package?

Basic Preventive Care Package (BPCP) is a compilation of goods, services, trainings and communication elements needed to prevent opportunistic infections among PLHIV. BPCP is designed to help PLHIVs and family prevent the most common OIs affecting them.

The BPCP includes the following goods:

- Six bottles of WuhaAgar, a water disinfectant, which kills germs that can be found in water;
- Twenty Four sachets of PUR, a water purifier and disinfectant;
- Four bars of soap to aid proper hand washing, and to improve consistent hand washing behavior;
- One 20 Liter water vessel (jerry can) to store safe drinking water
- Two long lasting insecticide treated mosquito nets for malaria prevention
- A pack of condoms to prevent STIs including HIV and pregnancy
- Four de-worming tablets
- Two sachets of oral rehydration salts (ORS) to prevent dehydration due to diarrhea

The BPCP also includes fact sheets, brochures and training materials on the following topics:

- Benefits and use of the goods provided in the BPCP
- Proper steps of hand washing for prevention of diarrheal disease
- Healthy diet practices for prevention of malnutrition and OIs
- Benefits of adherence for positive living

Benefits of Basic Preventive Care Package

Although many PLHIV use antiretrovirals, opportunistic infections are the leading causes of sickness and death among PLHIV. Thus the use of ARVs has to be complemented with other healthy practices that will contribute to the quality and longevity of life among PLHIVs

Accordingly, the BPCP is important to:

- minimize additional and preventable illnesses
- reduce hospitalizations and deaths
- enable PLHIV to have better and healthier lives
- lessen the progression of HIV infection
- avoid more costly curative services

Chapter 3 – BPCP Kit Components

A. Safe Water System for Prevention of Diarrhea

Diarrhea and PLHIV

Diarrhea is the passing of loose, watery stools three or more times per day. Diarrhea is a common symptom of various opportunistic infections and a common cause of severe illness and even death among PLHIV. Diarrhea can be particularly severe, frequent and sometimes dangerous for PLHIV because the body's immune system is weak and unable to fight the germs that cause diarrhea.

Common sources of germs that cause diarrhea are:

- Unclean water
- Poor personal, environmental and food hygiene

Safe Water System (SWS)

Safe Water System (SWS) is a household-based water quality intervention that is inexpensive, simple to use, and an effective way to make water safe to drink. The safe water system has the following components:

- WuhaAgar and WuhaAgar Tellel (PUR) which are home based water treatment chemicals
- A 20 Liter safe water storage container with a narrow mouth and a tight fitting lid to prevent recontamination from dirty hands, dipping of cups or other exposure;
- Information on healthy practices such as hand washing, water treatment, and safe storage

WuhaAgar (WaterGuard)

The Basic Preventive Care Package kit contains WuhaAgar, a water disinfectant which is inexpensive, easy to use and most importantly kills off all disease causing germs while leaving water clean and safe to use for the whole family.

WuhaAgar is a 1.25% sodium hypochlorite solution (diluted bleach) that is used to disinfect water and make it safe for drinking without boiling.



WuhaAgar is available at the following places:

- Distributed free to eligible PLHIV at selected health centers as part of the BPCP kit
- Sold in kiosks, pharmacies, drug shops and other retail outlets

Storing/keeping bottle of WuhaAgar

- Out of sunlight, in a cool dry place
- Out of the reach of children

When to use WuhaAgar

Water should be treated with WuhaAgar every time the water container is refilled and throughout the year. Even piped water should be treated before storage because it can be contaminated after collection and/or during storage.

How to use WuhaAgar

- Add 1 capful of WuhaAgar to 20 liters of water
- Mix the WuhaAgar and water by shaking the container
- Let the treated water sit for 30 minutes
- After 30 minutes, the water is safe to drink

One bottle of WuhaAgar can treat water for 4-6 weeks in an average family of five.

Dosing instructions for WuhaAgar

- For 20 liters of clear water: 1 capful
- For 20 liters of cloudy/turbid water: 2 capfuls

Important

a. It is important to explain that even if water looks clear, it doesn't mean it is safe to drink; rather it can still carry germs that can cause serious disease.

b. The dosing instructions should be multiplied depending on the size of the container (for example: 2 capfuls for 40 liters of clear water, 4 capfuls for 40 liters of cloudy/turbid water)

c. WuhaAgar should only be used in home storage containers and is not suitable for treating water in large water storage tanks, wells or boreholes

Session Activity- Demonstration on treating water with WuhaAgar

If time allows, do a demonstration of water treatment with WuhaAgar as appropriate for the area/community. Use the safe water vessel for demonstration.

WuhaAgar Tellel (PUR)

WuhaAgar Tellel (PUR) is a small sachet which consists of powder chemical. WuhaAgar Tellel is made to treat cloudy water especially found in rivers, ponds, and rural areas to improve the water quality and make it safe to drink.

WuhaAgar Tellel is different from WuhaAgar in its capability to isolate mud and other insoluble particles from turbid water. WuhaAgar Tellel is often used in areas where there is no piped water system.

How to use WuhaAgar Tellel

- Open the sachet using scissors or razor blades
- Add the contents to an open bucket containing 10 liters of water
- Stir for 5 minutes to mix water and chemical thoroughly
- Let the solids settle to the bottom of the bucket
- Strain the water through a cotton cloth into a second clean container
- Wait 20 minutes for the chemical to kill disease causing microorganisms
- Now the water is safe to drink

Precautions when using WuhaAgar Tellel

- Keep the sachet out of reach of children
- Properly dispose of the plastic cover to avoid toxicity of children
- Don't contaminate the powder with foods and other ingested materials
- Don't touch your eyes and mouth area with PUR contaminated hands
- Do not use Tellel (PUR) sachet if it is expired or busted
- Don't inhale or ingest the PUR powder
- In case of ingestion consult a doctor (bring the sachet for reference)
- In case of contact with skin or eye, rinse thoroughly with water

Session Activity- Demonstration on treating water with WuhaAgar Tellel

If water source in the area has turbid water, make sure to do a demonstration of water treatment with WuhaAgar Tellel as the proper steps of using WuhaAgar Tellel maybe not clear to all audience members.

Safe Water Storage

It is important to keep treated water in a clean, safe place, so that new bacteria don't get into it.

Safe Water Vessel: Drinking water should be stored in a clean and designated safe water vessel. A safe water vessel should also have the following: a lid, a narrow mouth, and a spigot to prevent recontamination once the water has been treated.



Advantages of the 20 liter safe water vessel

- Available to PLHIVs through BPCP
- Narrow mouth and spigot reduce risk of recontamination
- Easy to clean
- Durable
- Standard volume simplifies WuhaAgar dosing

Demonstration: Finding and hooking the spigot

Unscrew the vessel top and detach the spigot. Fix the spigot to the mouth of the vessel.

Note: This is an important demonstration because many people can't find the spigot when they first look at the vessel because it is attached under the cap.

Cleaning Recommendations for the safe water storage

- The vessel should be washed out each time it is emptied and before new water is added.
- The vessel should be kept away from direct sunlight to prevent damages that cause it to crack.

B. Proper hand washing for prevention of OIs

Benefits of Hand washing

Washing both hands properly at certain times throughout the day helps prevent diarrhea and other OIs. It is important to use soap and clean water when washing hands to prevent diarrhea. Hand washing, particularly after using the toilet, after changing a baby's diaper, before preparing food, before and after eating, after caring for animals and after looking after anyone who is sick, is necessary to prevent diarrhea.

Proper Hand Washing Steps



Place your hands together under water (warm water if possible)



Use soap



Rub your hands together for at least 10-15 seconds. Wash all surfaces thoroughly, including wrists, palms, backs of hands, fingers, and under the fingernails



Scrub forearm to just below elbow



Clean the dirt from under your fingernails



Rinse forearms and hands

Session Activity- Proper hand washing steps

If possible provide soap and water and ask volunteer participants to show the group proper hand washing steps. Participants then can comment on the steps used and pick a 'winner'.

c. Oral Re-hydration Solution (ORS) for prevention of dehydration due to Diarrhea

As stated earlier, diarrhea is a common opportunistic infection and common cause of sickness and death among PLHIV. Diarrhea can be particularly severe, frequent and sometimes dangerous for PLHIV by causing dehydration. To prevent this kind of dehydration one should take Oral Re-hydration Salt (ORS) even before medical examination.

What is Oral Re-hydration Salt (ORS)?

- ORS is a salt like solution that is widely used to treat dehydration caused by acute diarrhea in children and adults
- ORS helps reduce the impact of severe diarrhea and vomiting, the number of hospitalizations, the need for costly treatment and the length of illness
- ORS is inexpensive and readily available in nearby drug outlets and can be purchased without a prescription

How to use ORS

- Fill one liter jug with a clean water (it should be treated water)
- Check the expiry date and pour the entire packet of ORS powder in the jug
- Stir the water with clean spoon until the ORS is diluted. (Try not to contaminate the solution with hand and other dusty particles)
- Drink the solution using a glass or cup

Note: The diluted ORS solution should be used within 24 hrs.

D. De-Worming for Prevention of Intestinal Worms

Parasitic infections contribute to a range of health problems including malnutrition, anemia, and slow cognitive development. Parasitic infections are prevalent in our communities.

Regular de-worming even without visible symptoms allows people to avoid the worst effects of chronic worm infections particularly in PLHIVs. Thus, adult PLHIV and children 12 months or above who have not been de-wormed in the previous six months should be encouraged to take de-worming tablets without stool examination.

What are de-worming tablets?

There are two main types of de-worming tablets, namely:

- Mebendazole 500mg (for children 12 months and above, and adults)
- Albendazole 400mg (for children 2 years and above, and adults)

These tablets have been fully approved for use in Ethiopia by the Drug Administration Control Authority (DACA). Albendazole is part of the BPCP Kit.

Recommended dosage for de-worming using Albendazole

One 400mg Albendazole tablet should be taken once or twice a year by PLHIV even without symptoms of worms (parasites)

Children above two years are also advised to de-worm twice a year.

Pregnant women should consult with their health provider before taking de-worming tablets.

It is important to de-worm regularly due to the likelihood of re-infection. De-worming regularly is specially advised for school age children and PLHIV.

Shelf-life and packaging for Albendazole in the BPCP program:

Tablet shelf-life for Albendazole is up to 4 years. The tablets are packed in individual tablet packs, and in multi-packs with four tablets for those families with many children. Each pack will have an illustrative insert including instructions and prevention messages.

Important

-Four de-worming tablets are included in the BPCP kit for an average family of four. All family members are encouraged to take it to avoid co-infection.

-PLHIV should take de-worming tablets without symptoms, lab exams or prior to consultations with health providers

E. Long Lasting Insecticide Treated Nets (LLINs) for prevention of Malaria

How is malaria transmitted?

- Malaria is a disease caused by parasites called Plasmodium.
- A certain type of female anopheles mosquito transmits malaria parasites
- The mosquitoes that carry malaria bites only at night

Symptoms of malaria

Some of the symptoms of malaria are;

- fever
- headache
- loss of appetite
- general weakness
- joint pain

When malaria is not prevented or treated early it can get complicated to cause;

- impaired consciousness
- convulsions
- high temperature
- difficulty breathing
- shock
- jaundice
- anemia

Children and adults who have HIV/AIDS are more likely to experience severe malaria requiring hospitalization and the risk of death.

Malaria contributes to a temporary increase in viral load among HIV-infected people which may worsen clinical diseases and increase mother-to-child transmission and transmission in adults.

Importance of malaria prevention

Prevention of malaria using Long Lasting Insecticide Treated Nets (LLITN) is the best way to avoid complications associated with severe malaria. In all malaria prone areas PLHIV are advised to use LLINs every night all year round.

Long Lasting Insecticide Treated Nets (LLITNs)

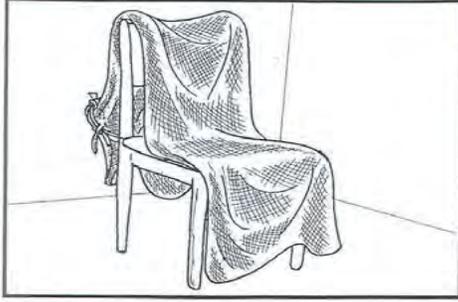
LLINs are mosquito nets that are treated with insecticide to kill and repel mosquitoes that cause malaria. The LLITN acts as a barrier to mosquitoes (stops the mosquitoes from physically getting you), but also repels, and kills any mosquitoes that come near the net.

The LLITNs that are in the BPCP kit are treated with insecticide and are resistant to multiple washes up to 20 times. They are effective for the life of the net (about 3-4 years) and do not require re-treatment. It is important to sleep under the net every night of the year, even when it is not raining.

Important

- The nets provided in BPCP kit are rectangular in shape. Discuss with participants where and how they can hang it in their homes

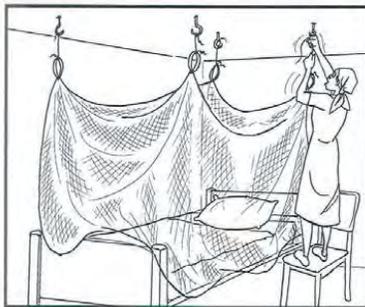
How to use LLIN



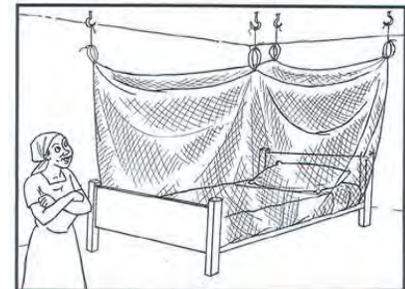
Step 1. Unpack carefully, not to tear a hole into the net.



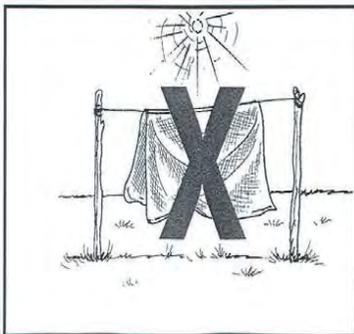
Step 2. Tie the strings provided into the loops at the corners of the net



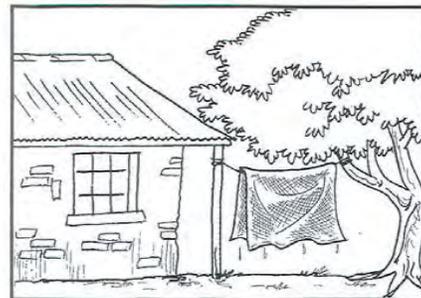
Step 3. Tie the strings to the walls/roof,



Step 4. Allow the net to hang low enough or to a stable support. to enable you to tuck it in.



Step 5. When you wash your net, hang it out to dry in the shade. Do not hang it out under direct sunlight.



F. Correct and Consistent Use of Condoms for Prevention with Positives

One of the most important methods of preventing HIV infection is using condoms correctly and consistently. Correct and consistent condom use means using condoms following the instructions and precautions whenever one has sexual intercourse.

The most common mode of transmission of HIV in our community is through unprotected sex with an infected person including those who may not know their status. In order to prevent HIV/AIDS transmission, it is important that people especially those who live with HIV practice safe sex by using condoms correctly and consistently.

Benefits of correct and consistent use of Condom to PLHIV

Latex condoms, when used correctly and consistently, are highly effective in preventing transmission of HIV, many STIs and pregnancy

How to Use a Condom



1. Carefully open package and Remove the condom. (Do not use teeth)



2. Put the condom on the tip of the erect penis



3. Pinch the tip of the condom to remove any air from the tip.



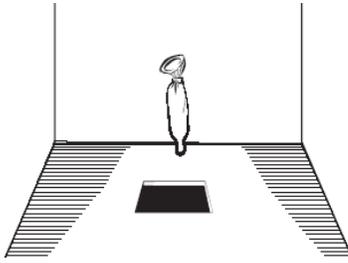
4. Unroll the condom to the base of the penis



5. Now you can have sex



6. After ejaculating, hold the base of the condom and withdraw from your partner



7. After sex, throw away the condom in a place where children will not find it. Do not reuse it.

Session Activity- Myths and Misconceptions about condoms

Discuss myths and misconceptions about condoms in your community. Assure participants most misconceptions are not true and condoms are still the most effective protection for PLHIV who choose to engage in sexual activity

Examples of Misconceptions/myths about condoms

| Misconception | Response |
|---|---|
| The lubricant on condoms has HIV | This is not true. The purpose of the lubricant is to make the sexual contact smooth and to protect both partners from laceration which can occur due to friction. |
| Condoms cut off the natural body to body sweetness | Those who use condoms say that while there is some change in sensation with a condom, sex is just as pleasurable for both partners. The condom also adds peace of mind as there is less of a need to worry about infection or unwanted pregnancy. |
| Condoms have holes where fluid and HIV virus can pass through | Fluids and viruses can not pass through condoms. This can be demonstrated by filling a condom with water. All batches of condoms sold in Ethiopia are tested in by the manufacturer and by the DACA |
| Condoms should only be used by HIV negative people | Condoms should be used by all those who are sexually active to prevent STIs including HIV. . PLHIV who engage in sexual activity should use condoms to protect partners and themselves |

Chapter 4 - Other Prevention Practices for PLHIV

A Healthy Diet for Healthier and Longer Life

A healthy diet helps the body take care of itself and strengthens it to fight diseases. Eating the right food can help the body not catch and/or fight off diseases. A healthy diet is especially important for PLHIV as the immune system, the body’s army to fight diseases, weakens. Many people in our community are not sure about what healthy diet is. One does not have to spend a

lot of money to eat the right foods to keep healthy. The right combination of food can be found in an everyday diet.

There are three main food groups the body needs and these are; carbohydrates, proteins and fats. Carbohydrates and fats are for energy and energy storage, while protein helps to build muscles, like the bricks used to build up your body. Everyone needs all of these groups to stay healthy as well as eating fruits and vegetables and drinking lots of treated water.

Links between HIV/AIDS and Nutrition

Malnutrition and HIV/AIDS exacerbate one another. PLHIV are more likely to become malnourished because of the following:

- Reduced food intake resulting from appetite loss and difficulty eating, possibly as a result of infections, side effects of medication, or depression
- Poor absorption of nutrients that may be the result of recurrent or chronic diarrhea and HIV-caused intestinal cell damage
- Increased energy needs as a result of virus replication and opportunistic infections
- Changes in the way the body uses the nutrients it receives or has stored
- Malnutrition makes the body vulnerable to frequent illness and increases its energy and nutrient demand, thereby accelerating disease progression

Characteristics of HIV-related Malnutrition

The following symptoms are commonly observed in PLHIV in the later stages of the disease:

- Weight loss (often described as "slim disease") and eventually severe wasting
- Progressive muscle wasting and fat loss under the skin which causes accelerated aging
- Reduced immune competence which leads to increased susceptibility to infections
- Hair changes, especially thinning and loss
- Diarrhea and poor absorption of nutrients
- Poor response to treatment

Prevention of malnutrition

Eating enough food, and the right foods, to maintain proper body weight and keep the body strong can make a real difference in staying healthy. Generally, people with HIV/AIDS should try to eat a diet that contains proteins, fats, and carbohydrates in equal proportion and eat 3-5 vegetable servings and 2-4 fruit servings every day.

| Carbohydrates | Proteins | Fats | Vegetables | Fruits |
|---------------|-------------|-------------|--------------|-----------|
| Barley | Meat | Oil | Tomato | Orange |
| Sorghum | Chicken | Butter | Carrots | Banana |
| Potato | Fish | Eggs | Green pepper | Apple |
| Rice | Eggs | Ground nuts | Cabbage | Pineapple |
| Wheat | Ground nuts | Breast milk | | Mango |
| Maize | Beans | | | Papaya |
| Oats | Lentils | | | |
| Breast milk | Breast milk | | | |
| False banana | Cow milk | | | |

HIV-positive people need higher amounts of protein in order to maintain good muscle mass and build the immune system. Food items that are high in protein include meats, fish, poultry, and eggs. We can also find protein from nuts, legumes (beans, lentil and peas) and milk products.

Carbohydrates and fats are also important because HIV increases the body's energy need. Legumes and whole grains such as whole wheat, oats, barley, sorghum, corn and rice are better sources of carbohydrate than starchy roots such as false banana and potato.



Session Activity- *What do we eat and in which food group do they belong?*

This activity will help participants to analyze their local community's diet so they can recommend the improvements required

- 1. Divide the participants into four small groups. Name the Groups as B, S, L, and D.*
- 2. Group B to analyzes the breakfast commonly eaten by the local community; Group S to analyze the snacks; Group L to analyze the lunch; and Group D to analyze the dinner.*
- 3. Instruct each group to base their discussion on what they have actually seen their folks eating in the past, or at present.*
- 4. Let each group record the types of food items usually eaten during each meal; the approximate amount eaten; and the nutrients obtained from these meals.*
- 5, Each group should analyze the chart to determine whether the recommended food groups are consumed in the various meals and if not make suggestions on how to improve each meal*
Finally, give time for their presentation & return to next session part presentation

Adherence to Clinical Services for Healthier and Longer Lives

In order for medicines to be effective a person should take them exactly as they are prescribed. This is called adherence. It means taking the correct doses of the medication every time a patient is supposed to take them. If drugs are not taken correctly or for the entire treatment, the drugs may not work correctly. PLHIV should adhere to the medicines and other services prescribed by health care providers including; Anti Retroviral Therapy (ART), Cotrimoxazole Preventive Therapy (CPT), INH Preventive Therapy (IPT), Prevention of Mother to Child Transmission (PMTCT) and ongoing counseling services. The persons whom the drugs are prescribed should be the only one taking them and drugs should not be shared with other persons.

Adherence to Anti Retroviral Treatment (ART)

Despite the many advances in HIV drug treatment (such as fewer side effects, less restrictions, and easier dosing) taking HIV drugs is a daily, lifelong treatment. This can make adherence challenging for many people, but the benefits are well worth the effort.

When someone takes a drug, it gets processed by the body and enters into the blood stream. The HIV drugs need to stay in the blood at certain levels to fight HIV. Taking the pills on schedule keeps the right level of the drugs in the body. If the patient does not take the drugs on schedule, its level in the blood will drop. This will allow HIV to make copies of it and even make changes (mutations). These mutations can help the virus survive, even when the patient takes the HIV medication. This is called resistance. This may lead to an increase in viral load and a decrease in CD4 cell count.

Resistance to one drug can sometimes cause resistance to other drugs the patient has not been taking. Resistance affects treatment choices in the future because fewer drugs will work well against the virus.

It is also very important to find out what to do if a dose is missed. This happens to everyone from time to time. When it occurs, follow health care provider's instructions and then get right back on track with better adherence.

Cotrimoxazole Prophylaxis Therapy (CPT)

Cotrimoxazole (Bactrim) is used to prevent many opportunistic infections that are frequent causes of illness and death among PLHIV including:

- Pneumonia
- Diarrhea
- Toxoplasmosis
- Malaria

Cotrimoxazole Prophylaxis Therapy (CPT) is indicated to:

- All patients with tuberculosis who are HIV positive
- Adults and adolescents (above 13 years of age) with AIDS symptoms

PLHIV who are taking cotrimoxazole should take them every day to prevent the various OIs stated above.

In rare cases, there are possible serious side effects that make the skin burn and peel off (also known as Stedens-Johnson Syndrome). Patients with symptoms of burning and itching of the skin should consult with their health care provider as soon as possible.

Adherence to INH Prophylaxis Therapy (IPT)

It is very important for PLHIV to get screened for TB since they are at higher risk of developing active TB from a latent TB infection and sometimes without manifesting symptoms. PLHIV with TB infection can be given treatment that can prevent them from developing active TB disease. The treatment for latent TB infection usually involves an anti-TB drug, Isoniazid (INH). Taking the full course of treatment correctly is very important in preventing active TB in HIV infected individuals so that they may lead a longer, disease free life. It also helps to prevent further transmissions of TB in the community.

PLHIV with active TB should be referred to TB clinic for treatment that includes a combination of drugs. Again, taking the full regimen is important to avoid complications associated with active TB.

Adherence to Prevention of Mother to Child Transmission (PMTCT)

PMTCT refers to a series of interventions that help reduce the risk that an HIV positive mother will pass on the HIV infection to her newborn baby. From 100 mothers 15 – 45 of them transmit the virus to their babies, with the highest in developing countries like Ethiopia.

Knowledge of PMTCT is very low in Ethiopia. A study shows that from 100 individuals only 10 or less know about the possibility of mother-to-child-transmission of HIV and the availability of preventive medication.

If a woman is HIV positive and becomes pregnant, there is a risk that her child will contract HIV during the pregnancy, more commonly during childbirth or while breast feeding. If an HIV positive woman takes no steps to protect her child from HIV and does not breast feed, there is a 15- 30 % chance that her child will contract HIV. If she also breast feeds, the risk of transmission increases to 20-45%. However, if an HIV positive woman follows her health care provider's instructions, which will include use of appropriate antiretroviral medications; it is possible to reduce the risk of the child contracting HIV.

When women are found to be living with HIV they receive a course of combination therapy for antiretroviral prophylaxis during their pregnancy and during delivery. Their babies are treated within 24 hours of birth. But treatment is only part of the Package. PMTCT services also include psychosocial support, family planning and information on nutrition and infant feeding options to reduce the risk of transmission during breast feeding. In general, mother to child transmission of HIV is preventable when PLHIV follow the prevention strategies by consulting with their health care providers and adhere to PMTCT services.

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Barriers to Adherence

Many PLHIV find it difficult to adhere to their HIV medication for the following reasons:

- A busy lifestyle
- Not having disclosed their HIV status to work colleagues, friends, lovers, or family
- Depression, a leading cause of non-adherence
- Other life stresses, such as childcare or parenting issues
- Current or past problems with side effects
- Active substance use or alcoholism

Overcoming Barriers

It's important to tell a health care provider about the number of times a patient has missed a dose or did not take it correctly. He or she may suggest a change in dosing schedule or drug regimen that makes it easier. Newer HIV drugs require fewer pills per day and have fewer food restrictions.

Side effects are an important factor in determining whether PLHIV continue on their HIV drugs. While all of the HIV drugs can cause side effects, not everyone will experience them. It is a good idea to find out what side effects to expect before starting ARTs. Being mentally prepared can make side effects easier to manage if they occur. If the problem persists, the patient should speak to a health care provider about other solutions, including switching drugs.

Session Activity-Identifying barriers to adherence

Ask participants what barriers they believe they face while trying to adhere to their medicines and other clinical services.

How do they overcome these barriers, discuss.

Adherence Tips

The following are useful adherence tips for PLHIV:

- Believe that the medications will help fight the virus and stay well. If you don't think so, you won't bother taking your pills right. If you have any doubts, speak to your health care provider.
- Use a daily activity, one that you do every day without fail (like waking up in the morning or going to bed at night), to remind you to take your pills. When it's time to do that activity, you will know that it's also time to take your pills.
- If you don't want others to see you taking your pills, quietly slip away to a secluded area or the bathroom. If that won't work, say the medications are for another health problem or that they are vitamins.
- If you suspect substance use or mental health issues are preventing you from taking your medications correctly, talk to your health care provider or case manager so they can get you help.
- Plan ahead for refills or trips so you don't run out of any medications.

Chapter 5 - Interpersonal Communication (IPC) and BPCP

Interpersonal Communication (IPC) is one-to-one or small group communication facilitated by the trained facilitator or community agent. The main purpose of IPC in BPCP is not only to provide factual information but to motivate recipients, in this case PLHIV to adopt healthy standards and behaviors towards preventing OIs by using the products and services provided in the BPCP kit.

IPC is different from mass media in that it is personal, and targeted towards individual's issues and contexts to better enhance behavior change to a given risky behavior.

Community Agents as Effective IPC facilitators

Being an effective IPC facilitator isn't easy. Having knowledge about health topics is only one part of being IPC facilitator/community agent. Strong CAs communicate with their peers effectively, and this takes practice and preparation.

Community agents as IPC facilitators play an important role in promoting and influencing behaviors towards preventing of OIs among PLHIV. Community Agents help break barriers (lack of information, misinformation, misconceptions, lack of confidence etc.) that do not allow the adopting of healthy behaviors.

One of the most important characteristic for community agents is being a facilitator rather than just a didactic educator. A good facilitator is able to provide space for people to contemplate what is happening to them, to stop and reflect upon past events in a new way. Allowing members to explore their problems and realize what is stopping them from making the necessary changes to protect themselves and those around them is the first step in guiding them towards a healthier lifestyle.

Thus, being effective community agent requires a variety of skills including;

- Guiding and managing group interaction
- Fulfilling the role of a respected guide
- Understanding recipients' learning needs, styles, and values
- Building recipients' confidence
- Analyzing issues accurately and rapidly
- Staying focused on the goal of the IPC exercises and achieving desired outcome
- Active listening, observing, clarifying, and elaborating
- Giving and receiving feedback

Basic Guidelines for Interpersonal Communication for BPCP

1. **Work with small, homogeneous groups of participants.** Working with fewer groups of 6-10 and catering the discussion as per their needs will allow them to engage better and help the discussion focus on issues they want addressed. For example, discussion on use of condoms with a group of young women can be more effective and interactive than with a group that includes men and/or older participants. Although large audiences can be ideal for raising awareness of reproductive health issues, they are not always suitable for intensive interpersonal activities.
2. **Use participatory techniques and encourage audience members to personalize information.** Participants can gain confidence and will be encouraged to practice new

behavioral skills when their questions and concerns are addressed and communications are tailored to their needs. When conducting participatory discussion agents can use questions, cues and activities listed in the previous chapters to encourage audience participation. It is also important to remember participatory discussion requires the IPC facilitator to be a good listener as well.

3. **Be clear on messaging.** Prepare and focus on the overall theme as well as specific messages on the intended use of products and services of BPCP towards preventing OIs. Messages should be convincing and highlight the risks and benefits of the behavior change.
4. **Allow maximum exposure to messages.** The amount of exposure an individual has to the intended message greatly affects the process of behavior change. Because behavior change is a slow process, the higher the exposure, the more likely behavior change will occur. Exposure can be increased in the following ways;
 - a. **Repeated interaction with recipients.** One contact with an IPC agent does not usually result in the desired behavior change, reaching them more than once is ideal for fundamental behavior change. Example: During home to home visits and other encounters, discuss steps taken by PLHIV to prevent OIs
 - b. **Allow reasonable time for each message to be communicated,** especially on issues that are relatively new to recipients. Example; Many PLHIV are not aware that they should regularly de-worm for prevention of intestinal worms. Community agents should use flip charts as a guide to properly convey messages on each method of prevention.
 - c. **Communicate messages through multiple channels:** Benefits of prevention through BPCP should be communicated to PLHIV outside of distribution sites as well. Outreach activities, PLHIV associations, and counseling sessions with health providers are opportunities that can be utilized to reinforce prevention messages.

Suggested Methods of Communicating BPCP Messages in Different Settings

a. During BPCP Kit distribution – Ensure passing of basic/core messages

During BPCP kit distribution the settings may not allow for full extended discussions that will allow maximum interaction and individual participation. It is recommended that CAs be methodical in organizing and conducting their IPC sessions during distribution. In such scenarios, it is suggested the CA ensures basic/core messages in the BPCP are communicated to the participants using the following steps:

- Step 1:** Set the flip chart in a visible place (table) in front of participants with the images facing audience
Use the flipchart to communicate messages by showing them the images while slowly reading the messages on the flip side
Check if participants have understood the messages, or if they have questions or concerns after each set of messages
Spend a minimum of 5 minutes on each set of messages
Allow extra time for questions, concerns, elaborations, etc.
- Step 2:** Open the BPCP kit (box) and show participants all the contents of the kit including the booklet

Reinforce previous messages by showing the intended use of the product and information

Step 3: Do a demonstration on the use of the water vessel. Attaching the spigot on the water vessel for the first time, and opening and closing it during use is new to many people. Take time to show them.

Step 4: Do a demonstration on the use of WuhaAgar Tellel (PUR) in areas where people are likely to use WuhaAgar Tellel (PUR). Showing the transformative effect of Tellel on turbid water is the most effective way to convince people on its benefits.

Note: Throughout these steps make sure you stop and check to see if participants have understood the practices they are encouraged to adopt, how it benefits them, and how and when they should practice these behaviors.

b. Small Group Sessions – Extended discussions, ideal for participation, interaction, and demonstrations.

Small group discussions such as those facilitated in coffee ceremonies, Mother Support Group (MSG) events, and peer discussions in PLHIV associations are ideal settings for extended discussions allowing participants to ask questions and reflect on their past actions in a new way. Setting the environment appropriately can also enhance the transfer of information, allow for focus on the right messages, and help participants interact without restraint or distraction. Recommendations for conducting small group sessions are the following:

- Make the number of individuals few at a time to allow and encourage questions, and personalize the information provided
- Conduct the session indoors or in a quiet place to minimize distraction and help the group to focus and have confidence to express concerns and issues
- Conduct all Session Activities and Demonstrations highlighted in the previous sections of this CA Facilitation Manual by involving participants in role playing, conducting demonstrations, and asking and answering questions. The activities include;
 - o treating water using WuhaAgar and WuhaAgar Tellel,
 - o proper hand washing steps,
 - o Where and how to hang LLINs (where applicable)
 - o Myths and misconceptions about condoms
 - o What do we eat and in which food group do they belong
 - o Identifying barriers to adherence
- Have Teaching and demonstration materials visible to all participants during the discussions.
- Allow maximum participation by encouraging participants to raise concerns and issues, and listening

c. One-to-One Sessions – Personalize communication as per clients needs

One to one sessions such as home base care visits and adherence for new clients allow opportunities to cater messages according to the needs of the clients. Here the CA should use judgment to understand the needs of the client, emphasize on certain messages, and encourage clients to continue practicing healthy behaviors promoted by the BPCP. One-to-one sessions are also ideal to follow-up on and help address individuals' issues and concerns.

Teaching Tools for IPC

The following teaching tools are provided for IPC facilitators of the BPCP project;

1. Flipchart: A flipchart with key OI preventive messages, and corresponding images will be available in each health facility to be used during kit distribution and demonstration as described above
2. Counseling Cards: A set of counseling cards for each trained CA will be available to be used in IPC events outside of distribution sites
3. Bags for easy transport of counseling cards:
4. Other demonstration material including;
 - Buckets, stirring sticks, and filtering cloth for PUR demo
 - SWS vessel (jerry can) for WuhaAgar demo
 - Hand washing sets (common plastic basin, jag, soap and towel)
 - Penile model for proper condom use demonstration
 - LLINs for demonstration on proper hanging

Pre-Test Questions

1. Choose "Yes" or "No" for the following statements.

| | Yes | No |
|--|-------|-------|
| HIV and AIDS are the same. | _____ | _____ |
| It is important to stay healthy when you are HIV positive. | _____ | _____ |
| When you get HIV, you die immediately. | _____ | _____ |

2. Which one of the following is not an opportunistic infection among HIV positive people?

- A. Malaria
- B. Diarrhea
- C. Tuberculosis(TB)
- D. Sexually transmitted infections(STIs)
- E. Epilepsy

3. Choose only those statements that you think are true about malaria and HIV.

- A. Malaria is not dangerous
- B. You get malaria from the female anopheles mosquitoes
- C. You can only get malaria during the night
- D. You get malaria by having sex with an infected person
- E. There is no way to protect yourself from malaria
- F. Once you have had malaria, you cannot get it again

4. Times when you need to wash your hands.

- A. Before and after eating, preparing food
- B. Before using the toilet
- C. If taking care of sick
- D. After coughing, blowing your nose, sneezing
- E. Before touching animals, garbage

5. Which one is a better and cost effective water treatment option?

- A. Boiling the water
- B. Chemical treatment (i.e. using Wuhagar)
- C. Pour the water through cloth
- D. Sit the water so the bacteria sink to the bottom

6. After I treat my water I can store it wherever I like even using wide mouthed buckets.
A. True B. False
7. Having a diet with all the food groups and eating three meals a day doesn't help to stay healthy and prolong life.
A. True B. False
8. To stay healthy we should have a plan to eat _____.
A. Fruits B. Vegetables C. Proteins like beans, nuts and meat
D. Carbohydrates like potato and rice E. Only vegetables F. All except "E"
9. What would you advise if someone is HIV positive and his partner is negative?
A. Abstain or use a condom
B. Use family planning to prevent unintended pregnancy
C. If you become pregnant, use Prevention of Mother to Child Transmission (PMTCT)
D. See doctor about having children
E. All
10. Match the advantages in column "B" with those interventions listed in "A" that result positive living among people who are HIV positive.

| A | B |
|---|-----------------------|
| i. Treating your drinking water using Wuhagar | I. Malaria |
| ii. Washing your hands properly | II. HIV reinfection |
| iii. Sleeping under insecticide treated net | III. Diarrhoea |
| iv. Getting your loved ones tested | IV. Having -ve Baby |
| v. Getting PMTCT services | V. Water born diseaes |
| vi. Taking De-worming tablet ones in six months | VI. Parasites |