Community Based Positive Prevention Training for Community Home Based Care Providers

Facilitator's Guide

Family Health International

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Abbreviations and glossary

Term	Definition
Adherence	Adherence is the ability of a client who is on ART to take the all of his/her drugs appropriately and attend all medial appointments.
AIDS	Acquired Immune Deficiency Syndrome: the late stage of HIV disease. A person is diagnosed with AIDS when his or her CD4 cell count is below 200 per ml^3 of blood or he/she has experienced certain illnesses (AIDS-defining illnesses).
ART	Antiretroviral therapy: the combination treatment for HIV using more than two antiretroviral drugs.
ARV	Antiretroviral: a drug or combination of drugs used to fight the HIV virus; together, as ART, they make it difficult for the virus to multiply.
CBPP	Community-Based Positive Prevention
CD4	A type of immune cell that fights certain infections. These cells are the primary target of the HIV virus. How well the immune system is functioning can be determined by counting the number of CD4 cells in the blood.
CHBCP	Community Home Based Care Provider
CXT or Cotrim	Cotrimoxazole
Comprehensive care	A multidisciplinary approach used to assist people living with HIV and their families.
First-line	The combination of drugs that is usually used first for ART.
FP	Family Planning
HPV	Human Papillomavirus
OI	Opportunistic Infection: an infection that occurs in a person with a weak immune system.
PHDP	Positive Health, Dignity and Prevention
PLHIV	Person/People Living with HIV
PMTCT	Prevention of mother to child transmission of HIV
Prophylaxis	Treating an infection before it occurs.
Resistance	The ability of HIV virus to change and resist the ability of some drugs to work against it.
SDA	Small doable actions
Second-line	The combination of drugs that is usually used to treat HIV once treatment with first-line drugs has failed.
Side effects/toxicities	Symptoms or problems caused by taking drugs; symptoms may range from minor to major.
STD/STI	Sexually transmitted diseases or infections.
Viral load	A blood test that counts the amount of HIV virus in the blood. A higher viral load indicates that there is more virus in the person‘s blood and the person is sicker.
WASH	Water, sanitation, and hygiene

Window period	The period of time after a person is infected with the HIV virus during which he or she still tests negative (about 3 months).

Introduction to Community-Based Positive Prevention Training for Community Home-Based Care Providers

For people living with HIV/AIDS, care and support programs provide essential services for achieving optimal health and quality of life. Additionally, antiretroviral treatment (ART) helps restores immune function to those who are in need. For both people on ART and those yet to need it, promotion of health and prevention of illness are of the utmost importance in managing HIV as a chronic disease.

By working in the community, and especially in the home, we can better understand the needs of people and households living with HIV. Additionally, we can work with them to find creative and personal solutions to their health challenges.

Community-based positive prevention is based on these important concepts:

- Prevention of onward transmission of HIV
- Prevention of opportunistic infections and other illnesses in people living with HIV and their household members
- Promotion of positive living including health maintenance, nutrition and psychosocial support for people living with HIV and their household members

The goal of this training is to give Community Home Based Care Providers (CHBCPs) the knowledge and tools they need to practice community-based positive prevention with their clients. It provides a review of HIV disease, ART, sexual transmission of HIV and prevention of mother to child transmission of HIV (PMTCT). It also explores how to build a helpful relationship with clients and how to help them manage behavior change related to positive prevention. Further sessions explore how to assist clients to live more positively including: disclosure of HIV status, condom use, partner testing, family planning, healthier living, and adherence to medications and clinic visit schedules.

At the end of the training, CHBCPs should understand community-based positive prevention and feel prepared to assist their clients and household members to integrate positive prevention into their own lives.

How To Use This Facilitator's Guide

The goal of this guide is to assist facilitators to present materials and lead participants in discussions and exercises. For each session, the purpose, objectives, timeframe and preparation and supplies needed are listed. The content of the session slides is also included as text or graphics. Facilitator's notes follow the content or exercises and are in *italics*. Facilitators are encouraged to modify language, content, or exercises based on the needs of their group.

The curriculum includes group and pair work. Facilitators are encouraged to be creative in group and pair assignments so participants have the opportunity to work with different people. The start of each training day should include a wrap-up of the previous day and icebreakers to encourage group cohesion.

The training can be presented over the course of 3 full days or broken up into a series of shorter sessions. If the sessions are to be spread out over a longer period, each new day should include a short review of the previous day's material and ice-breaker exercises to assist the group in feeling comfortable with each other.

IMPORTANT MESSAGE:

This training includes difficult and sensitive topics.

Discussing sexual behavior, condom use, STIs and other issues covered in the training can be embarrassing for some people. Others may be fearful—about disclosing their HIV status, about HIV testing of partners, about wanting to use condoms or prevent pregnancy. Stigma about HIV infection remains high in many communities. For this training on Positive Prevention to achieve optimal outcomes, it is important for facilitators to be comfortable with discussing these difficult topics. Two suggestions are relevant:

First, facilitators should demonstrate confidence when sharing information and discussing sexual behavior and related topics while also being sensitive to the concerns of others; and

Second, facilitators should spend extra time as needed to ensure that participants not only know the facts about the topics included in this training, but also develop skills and confidence in addressing them.

Course Description

Session	Modules and Topics	Purpose of session and rationale
Introductory	• Official opening • Introductions • Review agenda • Introduction to the training • Ground rules of course • Discussion about why participants are involved • Pre-training knowledge assessment • Introduction to positive prevention • Discussion about how CHBCPs can work with clients on positive prevention	Introduce participants to each other and positive prevention. Participants will set ground rules for the training and discuss their expectations for the training. They will learn what positive prevention is and how CHBCPs can play an important role in supporting clients to practice positive prevention. It also gives participants a chance to get to know each other and build cohesion amongst the group.
1	HIV basics	Reviews important topics of HIV, including HIV testing, progression, transmission, and treatment. Also includes discussions on HIV myths and discordance/concordance.
2	HIV care and ART basics	Introduces comprehensive HIV care, TB/HIV co-infection, why Cotrimoxazole prophylaxis is important and topics of ART treatment including how ART works, goals, classes and side effects of ART.
3	Review of sexual transmission of HIV	Outlines what clients need for prevention of sexual transmission of HIV. Reviews how sexual transmission occurs and can be prevented. Discusses male circumcision. Includes discussions to promote comfort in talking about sexual topics with clients.
4	Review basics of PMTCT	Reviews how HIV is transmitted from mother to baby. Explores what couples need to think about before getting pregnant, advice for couples already pregnant and steps to take if woman is already pregnant. Lists how couples

		can avoid getting pregnant and presents issues related to infant feeding.
5	How to build helpful relationships with clients	Introduces participants to the basics of communication, including body language, communication barriers and good communication skills. Explores how to create a good working relationship with clients.
6	How to help clients practice positive prevention	Discusses difficulties of behavior change. Introduces a framework to help CHBCPs work with clients on behavior change needed for positive prevention.
7	How to help clients with disclosure	Discusses disclosure issues including goals of disclosure, benefits and consequences of disclosure and how to help clients make a disclosure plan.
8	How to help clients increase condom use	Discusses the importance of condoms, reasons people may not use condoms and how CHBCPs can help clients to increase their condom use.
9	How to assist clients with partner testing	Provides an overview of partner testing issues and reasons partners may not have been tested. Outlines how CHBCPS can assist client in partner testing.
10	How to assist clients to live healthier	Educates participants on healthier living for people with HIV. Provides client education messages on how to live healthier with HIV. Discusses how CHBCPs can help clients to live healthier lives.
11	How to help clients improve their WASH practices	Raises awareness of the importance of improved WASH practices for PLHIV and their families, builds skills on how to negotiate improved WASH practices in the home, and teaches caregivers how to provide WASH care to PLHIV at the household level.
12	How to help clients with family planning	Includes basic information about childbearing and contraception for clients living with HIV. Presents considerations regarding pregnancy for PLHIV, facts about contraceptive methods, and strategies for supporting clients and partners in making

		decisions regarding family planning.
13	How to help clients with adherence	Discusses concepts of adherence to ART including benefits and consequences of adherence, readiness for ART and how CHBCPs can help clients adhere.
Wrap-up	Review Post-training knowledge assessment Training evaluation	Reviews major concepts of the training. Gives facilitator the opportunity of evaluating participant knowledge gain. Gives participants the opportunity to provide feedback.

Introductory Session:

Purpose of Session

The purpose of the session is to introduce participants to each other and positive prevention. Participants will set ground rules for the training and discuss what brought them there. They will learn what positive prevention is and how CHBCPs can play an important role in supporting clients to practice positive prevention.

Objectives

- Get to know one another.
- Understand the goals of this training.
- Set ground rules for the training.
- Discuss positive prevention.
- Discuss what role CHBCPs can have in positive prevention.

Estimated time

Welcome	10 minutes
Introductions	10 minutes
Review agenda	10 minutes
Two items exercise	10 minutes
Why are you here exercise	15 minutes
Setting ground rules exercise	15 minutes
Pre-training knowledge assessment	20 minutes
Present content	10 minutes
Total Time	1 hour 30 minutes

Advance Preparation

Prepare flipchart with heading —Why are you here?"
Prepare flipchart with heading, —Ground rules"

Supplies needed

- Copies of course agenda for all participants
- Copies of the pre-training knowledge assessment for all participants
- Prepared flipcharts
- Pens for flipchart
- Tape to post flipchart paper on walls

Content

Two Items Exercise (ice-breaker)

Ask participants to take two items out of their pockets or purses that tell something about them. Ask participants to introduce themselves and tell about the two items. Ask them to share:

- *What these items mean to me. OR*
- *What these items say about me.*

Ice-breakers such as this one are important in building cohesion and comfort amongst the group. Encourage participation and sharing.

Why are you here exercise

Ask participants to get into groups and discuss the following:

- *Why are you here?*
- *What motivates you to work as a CHBCP?*
- *What goals do you have for the training?*

Ask for volunteers to share with the group.
Record their answers on a flipchart and post it in the room for the duration of the training.

Setting ground rules exercise

Ask participants to brainstorm some ground rules they think should be used throughout the training.
If they are faltering, give suggestions such as:

- *Arrive on time.*
- *Return promptly from breaks.*
- *Don't discourage others from making comments.*
- *Participate in activities.*
- *Turn off cell phones.*

After all rules have been mentioned, ask them which rules are the most important. Circle those rules on the paper, and post it in the room for the duration of the training.
Tell participants:

- *These rules will be posted throughout the training.*
- *These are your rules and you may enforce them as you feel appropriate.*

Pre-training knowledge assessment exercise

Pass out copies of the pre-training knowledge assessment to each participant.

- *Ask them to complete it to the best of their ability.*
- *Tell them it is not a test, but it will help you tailor the course to their knowledge level. It will also be compared with the post-training knowledge assessment at the end of the course to evaluate how much the group learned.*

What is Community-Based Positive Prevention? (1)

- Positive prevention is supporting persons with HIV and the members of their households to:
    - Prevent onward transmission of HIV
    - Prevent illnesses
    - Protect their health
        - Practice healthy living for the household members with HIV and also for the household members who do not have HIV.

What is Community-Based Positive Prevention? (2)

- By working in the community, we can
    - Reach people who can't access facility-based ART services
    - Reach family and household members
    - Reach those in early stages of HIV (not needing ART yet)
    - Provide services that are unique to the community and household levels
    - Support and encourage fellow members of our community
    - Reinforce clinic-based prevention services

What can CHBCPs Do To Support Positive Prevention? (1)

- Educate clients
- Observe household situation
- Help clients and household members understand the importance of prevention in their lives
- Discuss the situation of the household in regards to positive prevention
- Help and support them to think about their current circumstances

Heath workers who visit the home have an advantage that they can see the situation of household members in the home. They also are able to get to know household members and visit them repeatedly to support them.

What can CHBCPs Do To Support Positive Prevention? (2)

- Help clients to think about what changes they can make to improve their situation
- Help them make a plan
- Provide supplies
- Link to services
- Reinforce messages at each visit
- Monitor the client's health

What we will learn in the training

- Review key concepts for our work
    - HIV
    - TB/HIV co-infection
    - ART
    - Sexual transmission of HIV
    - PMTCT
- Positive prevention:
    - How to build a helpful relationships with clients
    - How to help clients change behavior
    - Working with clients on disclosure
    - Working with clients on condom use
    - Working with clients on partner testing
    - Working with clients on healthy living
    - Working with clients on family planning
    - Working with clients on adherence
    - Working with HIV-infected youth on practicing positive prevention

Introduction: key points

- Positive prevention is supporting persons with HIV to:
    - Prevent onward transmission of HIV
    - Prevent illnesses
    - Protect their health and live a healthy lifestyle
- In this training we will:
    - Review technical knowledge about HIV
    - Explore ways that CHBCPs can support clients and members of their household in their efforts to practice positive prevention.

Session One: Review the Basics of HIV

Purpose of Session

This session reviews the basics of HIV and HIV disease progression, including what is HIV, stages of HIV, transmission of HIV, prevention of HIV transmission and HIV treatment.

Objectives

- Describe how HIV attacks the body and progresses over time.
- Explain how HIV is and is not transmitted.
- Discuss how HIV-infected persons can protect themselves and others.
- Discuss discordance and concordance.

Estimated time

Review Objectives	5 minutes
Present Content	60 minutes
Activities and Discussion	25 minutes
Total Time	1 hour 30 minutes

Advance Preparation

Prepare a flipchart page with the title: myths about HIV

Supplies needed

- Prepared flipchart page
- Pens for flipchart

Content

What is HIV?

- A very tiny virus that attacks the immune system (the body‘s way to fight infection).
- People with HIV have the virus in their blood and other body fluids (semen, vaginal fluid, breast milk).
- HIV attacks CD4 cells (cells in the immune system that help the body fight disease).
- HIV stays in the body for life, even with treatment.
- People with HIV can spread the HIV virus even when they are healthy.

What is AIDS?

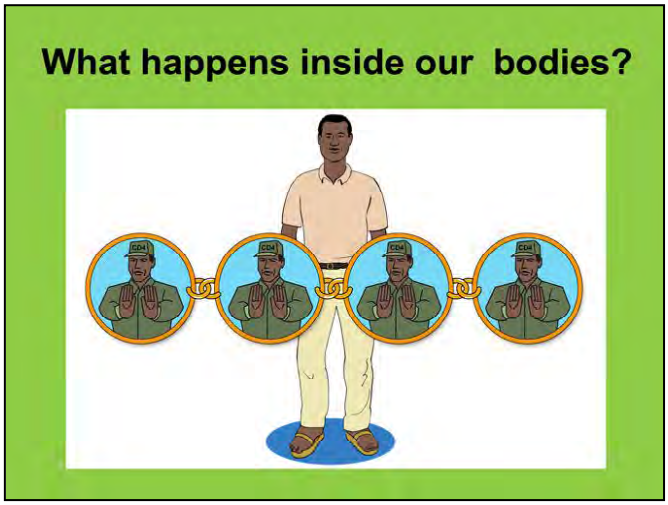
- A person has AIDS when the HIV virus has severely damaged his or her immune system and they can no longer fight infections effectively.
- HIV infection progresses to AIDS when:
    - A person has certain illnesses (—AIDS-defining illnesses")
    - His or her CD4 count is less than 200 cells per ml^3 of blood

Over time, people with HIV get weaker and need treatment. If they don't get treatment, the disease advances to AIDS. With AIDS, there are many HIV viruses in our bodies and almost no soldiers to defend us, so we experience many more strong illnesses. Providers in the clinic will do a CD4 test (blood test) to learn how the patient is doing and whether the patient needs medications.

Can children get AIDS?

Children can get AIDS just like adults. When children get HIV they get sick faster than adults because their army or immune system is not as strong as the immune system of adults. Children with HIV must be treated quickly, or they will get AIDS and die at a very young age.

What happens inside our bodies?



The immune system is the army inside our body that protects us from disease. CD4 cells are soldiers in our army. They fight invading germs and viruses like HIV, when they come into our body. HIV attacks our army of CD4 cells and destroys them, so that our army (immune system) is weakened. When there are fewer soldiers (CD4 cells), opportunistic infections like TB and pneumonia can come into our bodies more easily and with more strength.

CD4 count

- CD4 cells are cells of the immune system that help fight infections. They are like the soldiers of our army.
- HIV attacks these cells.
- When the number of CD4 cells decreases, the person with HIV becomes sicker
    - If there are fewer soldiers, the army cannot fight as well.
- A blood test can be used to count the number of CD4 cells in the body.

Stages of HIV and AIDS

- HIV comes into the body and gets into blood and body fluids.

- The person is infected, but feels healthy because their immune system is strong.
- After some years, HIV defeats the body‘s defenses and makes the person sick.
- Over time, HIV kills most of the CD4 cells, and the person gets weaker and needs treatment.
- Without treatment, the disease will advance to AIDS.

During the early stages of infection, called “the window period,” a person can have HIV but still have a negative HIV test result.

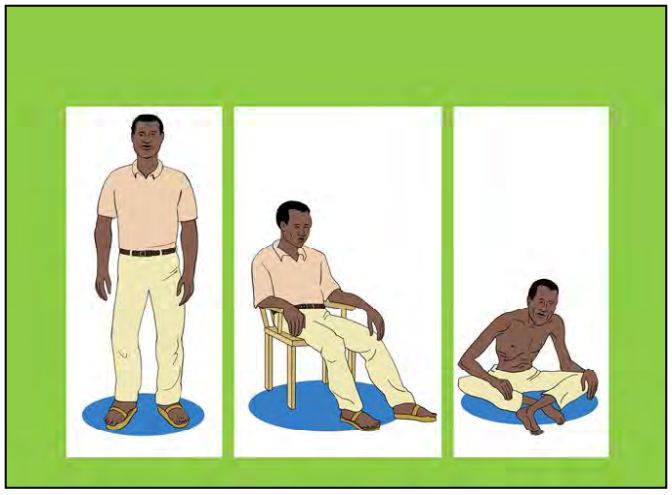
Progression of HIV:

Usually, the first few years after a person gets HIV, they are healthy and do not need treatment.

After a few years, the person will start to get OIs and feel ill. They may take cotrimoxazole to prevent certain illnesses.

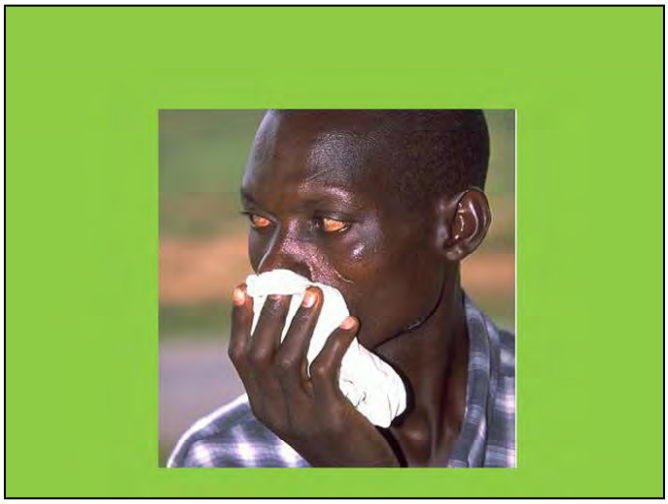
When the body’s defenses (army) are too weak to fight HIV, the person will need to start taking ARVs.

At all stages, if a person tests positive for HIV, they should go to the clinic regularly to monitor their health.

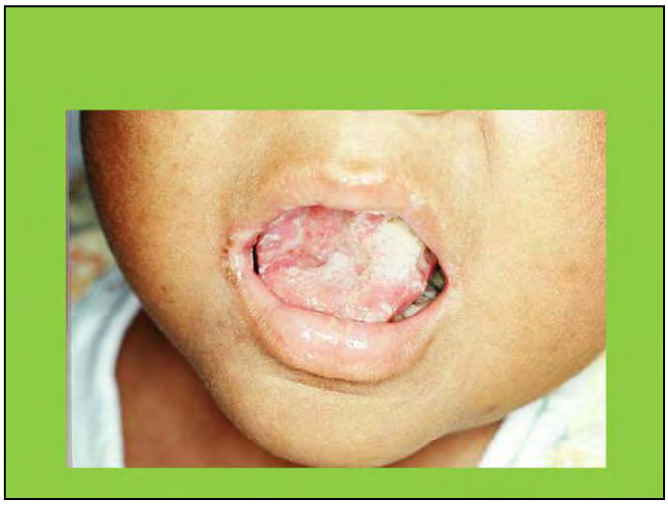


Opportunistic Infections

Certain diseases that attack people with HIV who have insufficient CD4 cells and a weakened immune system. Following are a few examples of opportunistic infections.

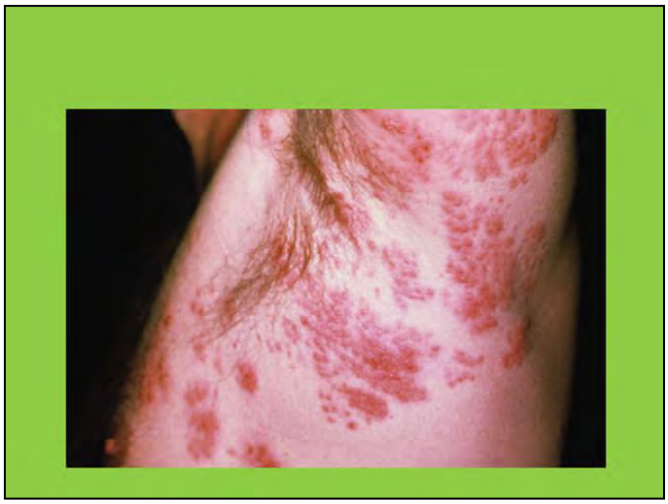


This picture is of a man coughing. A serious illness including cough in a person with HIV could be a pneumonia or TB. Pneumonia can be caused by many types of germs and needs treatment with medication. If your client has an illness with a cough, they need to go to the clinic.



Oral yeast infection is caused by another type of germ that can get into your body. It can cause white patches on the tongue, lips and inside of the mouth, pain when eating and swallowing.

If your client has white patches in their mouth area, they need to go to the clinic.



Although people without HIV can get rashes, people with HIV tend to get very bad rashes. Some of these rashes can be painful.

If your client has a painful or growing rash, they need to go to the clinic.

Wasting: often people with HIV have low appetite, nausea and bad diarrhea. Their bodies also do not use the food they eat well. Weight loss that leads to wasting is common with HIV.

Your clients need information on eating healthy and hygiene. We will go over these topics in a later session. If they have bad diarrhea for several days, feel weak or dehydrated, they need to go to the clinic.

Focus on Tuberculosis and HIV

Tuberculosis (TB)

- TB is caused by a germ that gets in the lungs.
- It is spread through coughing or sneezing by a person who is infected with TB. People such as household members are particularly vulnerable to TB when in close contact with a TB-infected person.

TB and HIV

- Not all people with TB have HIV.
- But people with HIV are at an increased risk of getting TB.

Primary Symptoms of TB: any or all may be present

- Cough for 2 weeks or more

- Coughing up bloodstained sputum
- Fevers for 2 weeks or more
- Excessive sweating at night for 2 weeks or more
- Noticeable weight loss

Treatment of TB (1)

- TB is treated by taking several medications (usually 4 different drugs) for several months (usually 6 months)
- Treatment commonly includes 4 drugs that are combined into one or two pills as "Fixed Dose Combinations." These drugs are called:
  - Isoniazid
  - Rifampicin
  - Pyrazinamide
  - Streptomycin
- Another drug that may be used is Ethambutol.

Treatment of TB (2)

- Resistance to TB drugs can develop when the patient is not taking them everyday as prescribed
- When the person is diagnosed with TB and placed on treatment, support her or him in adhering to the TB drugs.
  Because of drug interactions, clients on ART take a preferred/recommended regimen of ARV drugs who they are also taking TB drugs. This is discussed in Session Two: Review of the basics of ART.

Role of CHBCP

- When you visit a client at home, check if s/he has any new symptoms that suggest TB.
- If symptoms of TB are present, immediately refer the client to the clinic for diagnosis and as necessary, assist the client to access the nearest TB service.
- Teach the client to cover their mouth and nose when they are coughing and/or sneezing, using a cloth or the sleeve of the shirt they are wearing.
- Remind the client to wash their hands with soap and water after coughing or sneezing.
- Do not stand or sit within 10 feet of a client who is coughing or sneezing to minimize contracting the germ. Practice good hand-washing routinely.
- If the client is diagnosed with TB, support her or him in adhering to the TB treatment.
- For a client who is diagnosed with TB, assist household members and others who may have been in direct contact with the client to access the TB service and test for TB infection.

How can you find out if you have HIV?

It is important for people to be tested for HIV. One of the major benefits of knowing your HIV serostatus is that if you are HIV-infected, you can seek care and treatment that will help to keep you healthy and enjoy a quality of life.

Most people are tested using a rapid test kit like the one shown here. Blood is collected and put in the kit. Results of the test can usually be returned in less than one half of an hour.

What do HIV Test Results Mean?

- Negative:
  - The person does not have HIV **OR**
  - The person may have HIV and be in the early stages of infection. This is called "the window period."
    - A person newly-infected with HIV may initially get a negative test result.
    - It may take several weeks to three months until they have a positive test result even though they have the virus.
- Positive:
  - The person needs to go to HIV clinic to access care and other services as needed.

How do you get HIV?

Now we will talk about some ways HIV is and is not transmitted. It is important for your clients and household members to understand them.

The most common way people get HIV is by having sex without using a condom with someone who has HIV.

Women with HIV can pass it on to the baby during pregnancy.

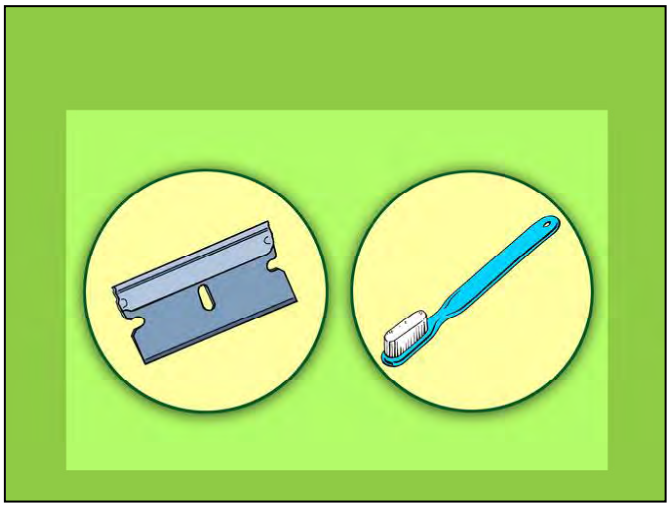
HIV can also be passed on to a baby during the delivery of the baby.

Mothers with HIV can also pass HIV on to their babies through their breast milk.

You can also get HIV if the blood of someone who has HIV comes in contact with a break in your skin. This could be a cut, a needle stick or other injuries to your skin.

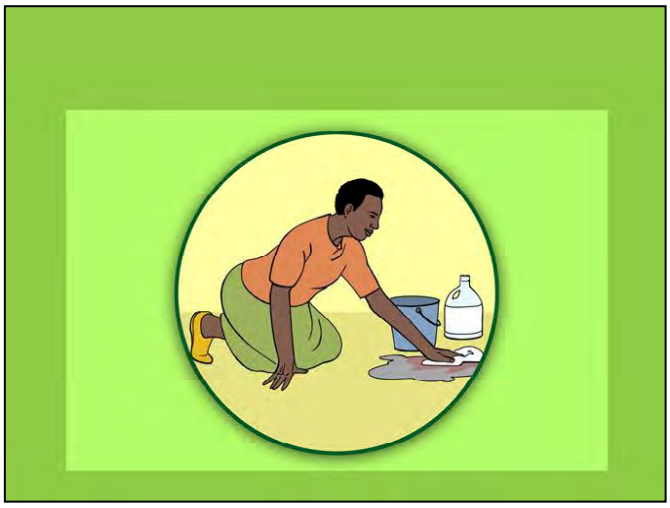
HIV can also be transmitted if the blood of someone who has HIV comes in contact with what we call mucosal areas of the body including the inside of the mouth, eyes, genital area or anus.

We will now go over some low risk ways to transmit HIV. These are called low risk because HIV is only transmitted this way if the blood that contains HIV comes into contact with broken skin or the mucosa.



Low risk ways HIV is transmitted:

You can get HIV by sharing razors (for shaving) or by sharing toothbrushes with someone who has HIV. This is because they can allow the HIV virus to come into the body by contact with broken skin or mucosa.



You can get HIV by cleaning up blood on the floor or on the clothes of someone with HIV. Again, because the blood may contain HIV virus and the virus can get into your body through breaks in your skin or mucosa.

You can get HIV if you get the blood of someone with HIV on your skin. This is another example of how blood that contains HIV virus can come into contact with broken skin or mucosa.

Getting HIV from these low risk ways is very rare.

Client Messages: HIV transmission

- People with HIV should not share toothbrushes, razors or other sharp objects with another person.
- If a person with HIV spills their blood on the floor, clean it up with bleach and do not touch the blood or fluids.
- People with HIV should cover any open sores or cuts with bandages to keep their blood from getting onto another person.
- Wash the bloody clothes or towels of persons with HIV separately from the rest of the family‘s items.

Discussion point: Myths about HIV
• Many stories exist about HIV and how it is transmitted. • What are some myths you have heard about HIV in your community? *Ask participants to list common myths in the community about how HIV is transmitted. Record their answers on the prepared flip chart.* *Discuss each myth and try to determine why it is held.* • *Is there truth in any part of it?* • *How can we help dispel the myth with our clients?*

How HIV is not transmitted

- HIV is not transmitted by sharing food or meals.
- You cannot get HIV through the air from a person who is coughing or sneezing.
- You cannot get HIV from holding hands or hugging a person with HIV.
- You cannot get HIV from washing linens and clothes used by a person with HIV that do not have blood on them.
- Also, HIV is not transmitted on surfaces, or by insect bites, including the mosquito that causes malaria.
- It can't be transmitted by urine, saliva or tears unless they contain visible blood.
- Children playing together cannot transmit HIV.
- HIV is not transmitted by witchcraft.

What is the most common way people get HIV?
Having unprotected sex with someone who has HIV.

What is the only way to avoid transmitting HIV during sex?
Using condoms correctly is the only way to avoid transmitting HIV during sex.

What should people with HIV do to keep from giving HIV to others during sex?
Always use condoms when having sex. Apply condoms correctly so that condoms keep the sexual fluids from getting from one person to another. Always use a new condom with each sexual contact—never re-use condoms.

What is unprotected sex?
Unprotected sex means having sex without using a condom, so the sexual fluids of the HIV-infected person mix with the sexual fluids of the HIV-uninfected person.

We also talk about sex in terms of safety and risk. Having sex with a condom is considered "safe sex" while unprotected sex (sex without using a condom) is considered risky sex.

HIV-Concordance and HIV-Discordance

- HIV-concordance: Both partners are infected with HIV.
- HIV-discordance: One partner is infected with HIV and the other partner is not.
- It is important to give prevention recommendations to HIV-positive individuals in HIV-concordant and HIV-discordant couples.

Why do some partners get HIV after only one unprotected sex act and others do not get it after many?

Explaining HIV—Concordance and Discordance

- There are many factors that can influence whether the virus is passed from one person to another.
- It may be confusing to clients. One way to explain it to clients is using the analogy of pregnancy:

- Sometimes a couple becomes pregnant the very first time they have sex. For other couples, it takes several years for them to become pregnant. Similarly, HIV can be transmitted after only one episode of unprotected sex or it may be years with many episodes of unprotected sex before infection occurs.

Factors that increase chance of HIV transmission

- High viral load (the person has more HIV virus in their blood)
- Another sexual infection
- Tears or scratches in the genital tract
- Uncircumcised man
- Anal sex (the penis in the anus)
- Dry sex
- The number of times an HIV-negative person has unprotected sex with an HIV-infected person.

Viral load *is the amount of HIV virus in the blood. Viral load, or amount of copies of the HIV virus in the blood, can be measured. If the viral load is high, the person has more HIV in their blood and they are sicker. Having more HIV in their blood increases the chances that they will pass the virus on to others. However, even if a person has a very low viral load, they still can pass the virus on to others.*
Dry sex *is the practice of using powders or other substances to dry out the fluids of the vagina before sex.*

Discussion Point: discordance
• What is a discordant couple? • Can one partner still be HIV-negative if the couple has been having sex for a long time? • Does this mean that the negative partner will NEVER get HIV? *Ask the group to review the main points of discordance and concordance.*

Are condoms only useful for protecting the partner who does not have HIV?
Is condom use important for the person with HIV?
Ask the group to discuss.

Why Condom Use Is Important for People with HIV

- People with HIV can get other sexual infections that could be harmful to them.
- They could get other types of HIV that might make their disease worse.
- Couples who do not use condoms can get pregnant. This means that women with HIV who get pregnant could spread HIV to their infants.

Condoms: Client Messages

- It is important for people with HIV to always use condoms:
    - To protect their own health

- To prevent the spread of HIV to others

How can people with HIV keep from giving it to others?

- Stop having sex.
- Explore other forms of sexual pleasure (masturbation, massage, touching, hugging).
- Use a condom every time they have sex and use the condom correctly.
- Stay faithful to one partner who has been tested for HIV and always use a condom.
- Limit number of partners.

We will discuss this further in the session on How to Help Clients Increase Condom Use.

Disclosure of HIV Status and Partner Testing

The only way for the partner of a person with HIV to know their status is to be tested. They will not know they should be tested unless the partner with HIV discloses their status. There are many reasons why individuals may not want to tell their spouse/partner that they have HIV. Disclosure of HIV status and partner testing will be discussed in later sessions.

Do adolescents in our community have sex?

Many people start having sex when they are adolescents.
Many young people are being infected with HIV at young ages.
Many adolescents do not think about the fact that if they have sex they could get pregnant or get HIV.

Should parents talk to their adolescent children about sex?

Adolescents may learn about sex and HIV prevention at school or from friends. The information they get may not be correct. Talking to your adolescent child yourself is the only way to ensure they are getting the right information.
Parents can tell teens that it is ok to say no to unwanted sex. If they are sexually active, using condoms is the best way to avoid pregnancy, sexually transmitted infections and HIV.

HIV basics: key points

- HIV is a virus that attacks the immune system.
- HIV disease progresses over time.
- HIV is transmitted in different ways via blood and body fluids, especially unprotected sex.
- HIV-infected persons can protect their health and prevent passing on the virus to others.

Exercise: HIV basics

In pairs discuss how you would explain the following topics to a client:

- What is HIV?
- What is a CD4 cell?
- What is the difference between HIV-concordance and discordance?
- What measures should household members take to avoid HIV transmission in the home?

Divide the group into pairs.
Ask one member to be the client and the other the CHBCP. Ask the CHBCP to use common words to explain the listed topics and the client to ask questions based on their understanding of the explanation.

After 10 minutes, ask for volunteers to share their work.

Session Two: Review the Basics of HIV Care and ART

Purpose of Session

The purpose of this session is to review topics of HIV care and antiretroviral treatment including what comprehensive HIV care is, why Cotrimoxazole prophylaxis is important, how ART works, goals of ART, classes of ART and side effects of ART. The session also discusses advantages and challenges of ART.

Objectives

- Review the components of comprehensive HIV care
- Explain Cotrimoxazole prophylaxis
- Describe how ARVs work.
- List the goals of ART therapy.
- Understand the general benefits and challenges in using ARVs.
- List symptoms that should be referred to the clinic.
- Understand how CHBCPs can discuss side effects and management of them with clients.
- Discuss why it is important for clients on ART to practice positive prevention

Estimated time

Review Objectives	5 minutes
Present Content	35 minutes
Activities and Discussion	20 minutes
Total Time	60 minutes

Advance Preparation

None

Supplies needed

None

Content

Comprehensive Care of HIV

- Testing and counseling
- Regular medical care
- OI treatment and prophylaxis

- ART
- Adherence counseling and support
- Social work
- Nutrition counseling and support
- Psycho-social support
- Economic support
- Peer support
- Positive prevention support
- Palliative care

Comprehensive care is a way of assisting people living with HIV and their families by involving many different types of disciplines and caregivers. The types of support listed above illustrate care that may be required to meet their needs. ART is part of comprehensive care for HIV.

Medicines to Treat HIV

- **Cotrimoxazole (or cotrim)**
    - Prevents infections that are common in people with have HIV.
    - A health care provider will determine when a person with HIV should start taking it as prophylaxis (to prevent common infections in HIV-infected people).
    - Adherence needs to be 100% for cotrim to be effective.

- **ART (or ARVs): antiretroviral drugs**
    - Fight the HIV virus from growing in the body.
    - A health care provider will determine when a person with HIV should start taking it.
    - Treatment is lifelong and adherence needs to be 100%.

What is antiretroviral therapy? (1)

- ART is a combination of drugs used to treat clients with HIV.
- ART does not completely destroy the virus and does not cure the disease.
- ART reduces the amount of virus in the body (also called viral load) by stopping it from multiplying.

What is ART? (2)

- With less virus in the body, the immune system can become stronger and resist infections better. Thus, the client gets sick less often.
- Clients taking ART must continue taking it for the rest of their lives.
- It is important to take all doses of the drugs at the same time everyday.
- ART drugs must never be shared with others.

Using the army analogy, ART is like an additional group of soldiers that work with your immune system to attack the HIV.

How does ART work?

- The drugs work by making it difficult for the virus to multiply.

- Different types of ART drugs (classes) do this in different ways.
- A combination of several classes should be used to reduce the level of virus in the blood and prevent development of resistance to the medications.
- Standard combinations (first-line/second-line) of drugs are used.

ART drugs target different stages of multiplication

- Classes of ART drugs stop multiplication of HIV at different stages.

It is not important to know all the stages of multiplication, but that the different classes of drugs work at different stages during the multiplication of the HIV virus and by working together are more effective in stopping this replication.

ART, HIV and CD4 cells

- What happens when a client with HIV starts taking ART?
    - The amount of HIV virus in their blood decreases.
    - The number of CD4 cells in their blood increases.
    - They get fewer illnesses.
    - They feel stronger and healthier.

How do health care providers know when clients need to start taking ARVs?

Counting CD4 cells is one way to measure how sick a person with HIV is. The person becomes sicker as the CD4 count drops. When the CD4 level decreases to a certain level, the person will need to start taking ARVs.

What opportunistic infections a person has also contributes to the decision to begin antiretroviral therapy.

A viral load test can measure the amount of HIV virus in the person's blood. The person becomes sicker as the viral load rises, and this is another indicator of the need to start ART.

Who needs to take ART?

- Not all people with HIV need to take ART.
- ART treatment should start when the virus has damaged the immune system to a certain level.
    - This damage is determined by finding out if the client has developed certain infections and by measuring the level of CD4 cells.
    - The health care provider will also do blood tests to check for anemia or liver disease.
    - The health care provider will decide if the client would benefit from ARV treatment—but the health care provider and the client decide <u>together</u> if the client is ready to start.

ART and Client Commitment

- The drugs can have side effects, leading to short- and long-term physical problems.
- Clients must take 100 percent of scheduled doses for the drugs to work effectively.

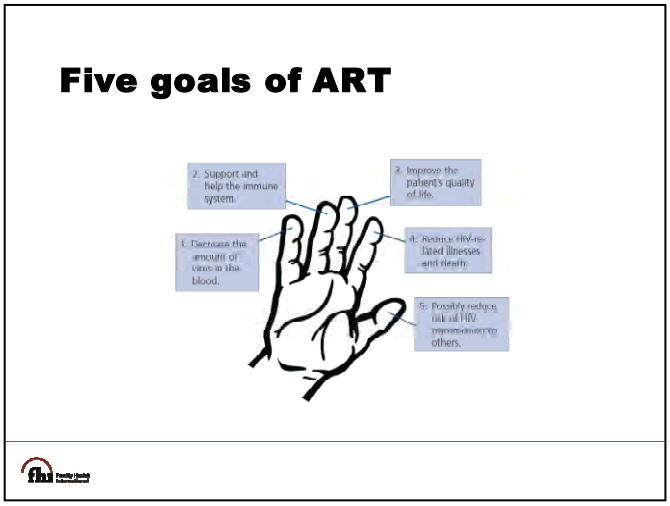
- If ART is not taken properly, the virus may become resistant to the drugs and they will not work.
- Therefore, clients need to be prepared and committed to taking ART.
- Clients need to make a plan for taking the drugs properly and safely. We will discuss this further in the session on **Adherence.**

Exercise: Readiness to start ART

- Together with a colleague discuss the following case study:
- You are a CHBCP helping a client who is taking ART. The client's sister tells you that she just tested positive. She says she's heard of ART and thinks she should also start taking it.
    - How would you explain ART to her?
    - How would you describe how ART works?
    - What would you tell her regarding when the body is ready for ART treatment?
    - What would you suggest she do?

Divide the group into pairs. Ask them to discuss the case.
After 10 minutes, ask for volunteers to share their group's findings.

Five goals of ART



Goals of therapy (1)

- Goal #1: Decrease the amount of HIV virus in the blood.
    - The goal is to reduce the amount of virus in the blood.

Goals of therapy (2)

- Goal #2: Support and help the immune system.
    - When the client is on ART, the immune system should get stronger and the CD4 cell count should rise.
    - The immune system can then fight infections better.
    - A client should get sick less frequently and his or her sickness should be less severe with ART.
    - If the client is already sick with OIs, the infection is treated, but in addition, the course of the infection may be shortened or made less severe by the ARV drugs.

Goals of therapy (3)

- Goal #3: Improve the client's quality of life.
    - Clients often gain weight, are less fatigued, and generally feel better when taking ART.
    - Often, they can return to work and to their other usual activities; hope is restored.

Goals of therapy (4)

- Goal #4: Reduce HIV-related illness and death.
    - Taking ART usually slows or stops the progression of HIV.
    - Development of new OIs is less likely; also, clients are less likely to require hospitalization or to die from AIDS.
    - ART has been shown to benefit both adults and children.

Goals of therapy (5)

- Goal #5: Possibly reduce transmission of HIV to others.
    - People on ART can still transmit the virus to others. Even though ART decreases the amount of virus in the blood, it is still possible to transmit the HIV virus.
    - ART decreases the risk of mother-to-child transmission of HIV. It is important for a pregnant woman with HIV infection to receive PMTCT services which provide ARVs to reduce the transmission of HIV from the mother to the baby.
    - There is still a need to take steps to prevent transmission (for example, by using a latex condom during each sex contact).

Discussion Point: Goals of ART
• With the five goals of ART in mind, how would you tell clients what they can hope to achieve by taking ART? *Ask participants to us their own words (words they think clients will understand) to describe the five goals of therapy.*

Antiretroviral Treatment

- Advantages: It works!
- Challenges:

- High level of adherence is required
- Needs to be taken for a lifetime
- Side effects/toxicities
- Drug interactions
- Cost of treatment

Even though ART drugs are free in many settings, there may be other costs including transportation to the clinic or pharmacy, time off from work to get a drug refill, etc.

The advantages of ART (1)

- If taken correctly
  - ART increases the number of CD4 cells.
  - ART allows the body to better fight infections by restoring immunity.
  - ART can reduce illness and the number of hospitalizations.

The advantages of ART (2)

- If taken correctly, ART can also
  - Allow people to live longer and care for children and family.
  - Help people gain weight and feel more energetic.
  - Decrease the risk of (but not prevent) transmission of HIV.
  - Improve quality of life.

Challenges of ART

- Adherence: Drugs need to be taken correctly (take all of the pills on time for a lifetime).
- Side effects/toxicities: Drugs have side effects that range from minor (nausea) to major (liver damage).
  - Side effects vary. Some can be managed at home and some require medical attention.
  - Some occur after the drugs have just been started and some after taking the drugs for months or years.
- We will discuss how you can help support adherence to ART in a later session.

Exercise: Advantages and Challenges of ART

Discuss the following case study with a colleague:
• A friend who has HIV tells you she has just heard about a "wonder drug" called ART that cures HIV.
  o What would you tell her about the benefits and challenges of ART?
  o What are the most important things for her to understand?
  o Help her determine how the challenges would affect her life.
Divide the group into pairs. After 10 minutes, ask for volunteers to share their findings. Ask the group to give feedback on their answers.

Classes of ART drugs (1)

- Three types (classes) of ART drugs are used most often:
  - Nucleoside reverse transcriptase inhibitors (NRTIs)

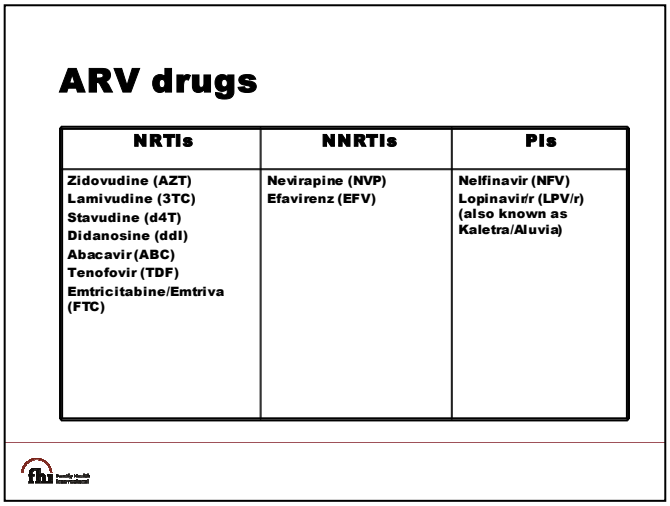
- Non-nucleoside reverse transcriptase inhibitors (NNRTIs)
- Protease inhibitors (PIs)

- A client needs to take several of these drugs in combination.
- Clients may take several different pills or one pill containing several drugs.

Classes of ART drugs (2)

- Standard combinations of ARV drugs exist (called first-line and second-line).
- Clients are initially prescribed a three-drug combination as first-line therapy.
- The health care provider will decide which combination of drugs will be best for the client depending on certain factors (including pregnancy and TB).
- If first-line drugs do not work, or if the client experiences side effects, the health care provider can change one drug in the combination or select a second-line therapy.

ARV drugs



First-Line Regimens in Tanzania

- AZT (Zidovudine) + 3TC (Lamivudine) + EFV (Efavirenz)
  - Women of childbearing age take NVP (Nevirapine) instead of EFV
- d4T (Stavudine) + 3TC (Lamivudine) + EFV (Efavirenz) ***or*** NVP (Nevirapine)
- TDF (Tenofovir) + 3TC (Lamivudine) ***or*** FTC (Emtricitabine) + EFV (Efavirenz) ***or*** NVP (Nevirapine)

Fixed-drug combinations

- One pill contains multiple drugs
  - ZDV/3TC (Combivir)
  - d4T/3TC (Lamivir-s)
  - ZDV/3TC/NVP (Duovir-n)
  - d4T/3TC/NVP (Triomune 30 or 40)
  - Lopinavir/Ritonavir (LPV/r) = Kaletra/Aluvia

- TDF/FTC (Truvada)
- TDF/FTC/EFV (Atripla)

For clients with both HIV and TB (1)

- Because clients with TB have special concerns (such as drug interactions), there is a preferred/recommended ART regimen for clients who have both HIV and TB and are being treated for both at the same time.
- The regimen chosen depends on the client's pregnancy status (or potential for pregnancy), when the client is diagnosed with TB and how the drugs are affecting them (such as liver function).
- Clients with both HIV and TB should be closely monitored for side effects and for adherence.

For clients with both HIV and TB (2)

- ART regimens for clients being treated for TB include:
  - Stavudine (d4T) (NRTI) + Lamivudine (3TC) (NRTI) + Efavirenz (EFV) (NNRTI)
  - Zidovudine (ZDV) (NRTI) + Lamivudine (3TC) (NRTI) + Efavirenz (EFV) (NNRTI)

Side effects of ARV drugs (1)

- All medicines can cause side effects.
- These unwanted effects can vary from minor (nausea) to major (liver damage) and may be temporary or last a long time.
- Most clients do not experience many side effects and many clients experience very few or none.

Side effects of ARV drugs (2)

- Side effects are a concern because
  - They can interfere with drug adherence.
  - They can lessen quality of life.
  - They can cause long-term health conditions.
  - They can be life threatening (in rare cases).

Side effects of ARV drugs (3)

- Part of an CHBCP's responsibilities include
  - Monitoring clients for side effects.
  - Teaching clients about side effects.
  - Referring clients to the health facility if their side effects need medical attention.

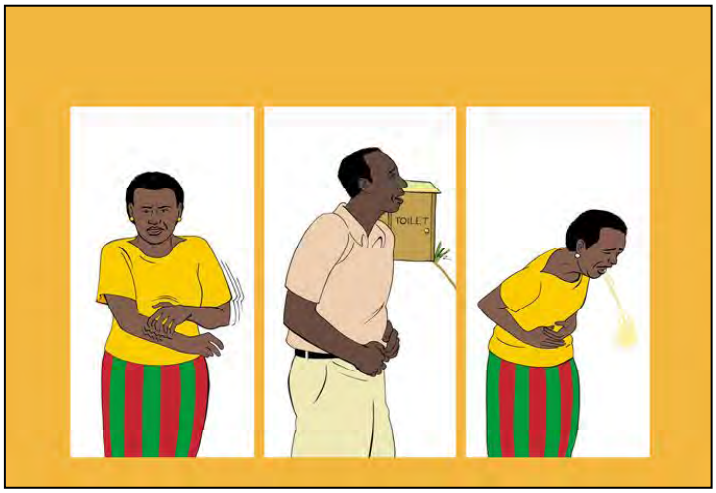
Monitoring clients for side effects

- At all client visits, ask about side effects.
- Ask the client if side effects are new or established.

- For minor side effects, ask how the client currently deals with them and suggest ways to manage them.
- Report serious side effects to the clinic or help the client get immediate medical attention if needed.

Teaching clients about side effects

- Clients have better adherence to ART when he or she knows side effects to expect and how to manage them.
- Clients should be taught about side effects before he or she starts ART and as they continue to take the drugs.
    - This teaching should include how to manage minor side effects and how to recognize when they need to seek medical attention.



Side Effects: Client Messages (1)

- Side effects are symptoms that can occur once clients start ART. They usually become less intense or go away as the body gets used to ART. It may take up to six weeks, but it could take longer.
- However, they can also occur after the client has been taking ARV drugs for months or even years.
- There are ways to manage side effects at home, but some require medical attention.

Side Effects: Client Messages (2)

- Clients should report any new side effect at each clinic visit and each meeting with their CHBCP.
- Clients should not stop taking ART, even if they experience side effects.

Symptoms for immediate referral to the clinic (1)

- Difficulty breathing
- Abdominal pain
- Red rash that is intensifying and that may occur with fever, blistering, and mucous membrane involvement (eyes, mouth)

- Persistent vomiting (lasting two to three days)

Symptoms for immediate referral to the clinic (2)

- Persistent diarrhea (lasting two to three days)
- Moderate to severe numbness/tingling/burning in hands and feet
- Severe headache with neck stiffness
- Thoughts of suicide or increasing depression
- Seizure

Client education on mild to moderate side effects (1)

Side effect	What a client can do	When a client should seek help/go to the clinic
Fatigue	Get up and go to bed at same time each day. Exercise. Keep easy-to-prepare foods in house.	The client is too tired to eat or move. The client cannot swallow or eat enough to feel strong.
Headache	Rest in a quiet, dark place. Place cold cloths on the eyes. Rub the base of the head and temples with thumbs Take a warm bath. Avoid coffee, Coca-Cola, tea and other foods with caffeine. Take paracetamol.	The client‘s vision becomes blurry or unfocused. Paracetamol does not relieve the pain Headaches are frequent or very painful. The client‘s neck is stiff.

Client education on mild to moderate side effects (2)

Side effect	What a client can do	When a client should seek help/go to the clinic
Tingling or pain in feet and hands	Wear loose-fitting shoes and socks. Keep feet uncovered in bed. Walk a little, but not too much. Soak feet in cold water. Rub feet and hands.	The tingling does not go away or gets worse. The pain is so intense the client cannot walk.

Dry mouth	Rinse mouth with clean water. Suck on crushed ice or sip clean water. Avoid sweets, soft drinks, and coffee.	The client also has white or red spots on the tongue or in the mouth.

Client education on mild to moderate side effects (3)

Side effect	What a client can do	When a client should seek help/go to the clinic
Diarrhea	Eat frequent, small meals. East easy foods: bananas, rice and toast. Avoid milk. Don‘t eat spicy or greasy foods. Peel fruits and vegetables before eating. Drink lots of clean water and tea. Take oral rehydration salts (ORS).	There is blood in the stool The client also has a fever. The client has more than four watery or soft bowel movements per day. The client is thirsty, but cannot eat or drink properly.
Nausea, vomiting and low appetite	Take ART drugs with food. Eat frequent, small meals. Eat bland foods (rice, porridge). Take sips of tea or ORS until vomiting stops. Don‘t eat greasy or spicy foods.	The client has sharp stomach pains. The client also has a fever. The client is vomiting blood. Vomiting lasts more than one day. The client is thirsty, but cannot drink or eat.

Client education on mild to moderate side effects (4)

Side effect	What a client can do	When a client should seek help/go to the clinic
Hair loss	Protect hair from damage—don‘t dye, straighten, or plait. Don‘t use products that promise to grow hair back.	
Anemia	Increase foods such as fish, meat, chicken, spinach, dark leafy greens, and lima beans.	The client has been feeling tired for three to four weeks and it is worsening. Both of the client‘s feet are swelling.

Client education on mild to moderate side effects (5)

Side effect	What a client can do	When a client should seek help/go to the clinic
Dizziness	Sit down until it goes away. Try not to lift anything heavy or move quickly. Take Efavirenz right before going to sleep. Avoid driving a car, motorcycle, or bicycle when dizzy.	The dizziness lasts more than two weeks.
Unusual or bad dreams	Try to do something that creates happiness and calmness right before going to sleep. Avoid alcohol and street drugs. Avoid food with a lot of fat.	The client cannot sleep for three or more nights.

Client education on mild to moderate side effects (6)

Side effect	What a client can do	When a client should seek help/go to the clinic
Feelings of sadness or worry	Talk about feelings with others (family, friends or other PLHIV).	The client experiences intense sadness or very worrying thoughts. The client is thinking of harming himself or herself. The client is very aggressive or very scared.
Difficulty concentrating	Use reminders (notes to self or help from family members) for important tasks. Allow extra time for activities.	

Client education on mild to moderate side effects (7)

Side effect	What a client can do	When a client should seek help/go to the clinic
Skin rash	Keep the skin clean and dry. Wash with unscented soap and water. Use calamine lotion for itching. Avoid hot baths or showers. Avoid the sun.	Rash is accompanied by general ill feeling, fever, muscle or joint aches, blisters or mouth sores, inflammation of the inside of the eyelids, swelling of the face or tiredness.

ART: CHBCP Role

- Educate clients and family members about ART
- Assist those on ART with:
  - Adherence support
  - Side effect education and monitoring
  - Referring and accompanying them to the clinic (if needed)

HIV Care and ART: Key Points

- People with HIV need comprehensive care to help with their medical, economic and psycho-social needs.
- Cotrimoxazole prophylaxis is important for preventing infections that are common in people living with HIV.
- HIV is treated with ARVs when the person with HIV needs it.
- ART is a combination of drugs used to reduce the amount of HIV virus in the blood.
- The drugs need to be taken according to a strict schedule for the rest of the client‘s life.
- Clients need to be prepared to start taking the drugs and need continuing support.
- Side effects may occur and can range from mild to severe. Clients need to be educated about side effects and side effect management.
- Clients on ART need to practice positive prevention including using condoms to prevent the sexual transmission of HIV.

Session Three: Review of Sexual Transmission of HIV

Purpose of Session

The purpose of this session is to review the concepts of sexual transmission of HIV. It outlines what clients need for prevention of sexual transmission of HIV, reviews how sexual transmission occurs and can be prevented, and includes discussions to promote comfort in talking about sexual topics with clients.

Objectives

- Understand the basics of sexual transmission of HIV.
- Describe how to prevent sexual transmission of HIV.
- List benefits and consequences of using condoms.
- Understand some reasons why people may not be using condoms and how to discuss those reasons with clients.
- Increase ability and level of comfort in talking about sexual topics with clients.

Estimated time

Review Objectives	5 minutes
Present Content	30 minutes
Activities and Discussion	35 minutes
Total Time	60 minutes

Advance Preparation

Prepare card for ―How to start talking about sex" exercise

Supplies needed

- Card for ―How to start talking about sex" exercise
- Cards for participants
- Tape

Content

Exercise: How to Start Talking About Sex

Tape a card with the work "sex" in the middle of the wall.
Give each person a blank card. Ask them to write down the first thing they think of when they hear the word sex.
Ask participants to bring their cards up and tape them to the wall around the "sex" card.

Explore all the words on the wall. Ask participants what this tells us about how people think about sex.

From Understanding and Challenging HIV Stigma: Toolkit for Action. CHANGE Project. Washington D.C., 2003

Exercise: Exploring Our Feelings About Sex

Ask participants to get into pairs and discuss the following topics:

- *What has influenced your attitudes and feelings towards your sexuality?*
- *Whom can you talk to about intimate feelings? Is it easy?*
- *Why did you choose that person?*
- *Whom would you find it difficult to talk to?*

Ask for volunteers to discuss the answers to their questions. Remind participants that there are many beliefs and people who influence what we think about sexuality. Issues around sexuality are sometimes difficult to discuss, especially with strangers. Clients feel the same way. Think about how you can make them feel more at ease.

Comfort in discussing sexual topics

- Many people feel uncomfortable discussing sex. But…
    - It is important to share accurate information
    - Communicate support to your client even if your feelings differ from theirs
    - Ensure privacy when talking about sex
    - Do not judge another person's behavior or beliefs

We will discuss communication skills further in ***Session 5.***

Why is Practicing Prevention of Sexual Transmission of HIV Important?

- People with HIV may be sexually active and desire healthy sexual lives.
- When people who are very sick with HIV get treatment, they often feel better and start having sex again.
- Preventing the spread of HIV to sexual partners can protect many people from getting HIV.

What Clients Need to Practice Prevention:

- Knowledge
- Beliefs about personal risk
- The means to protect themselves and others
- Skills
- Empowerment and self-assurance
- Support

Knowledge

- Knowledge on how HIV is spread and how it can be prevented (including condom use)
- But…
    - Giving a brochure is not enough.
    - Educating them about HIV transmission is not enough, we must go beyond education.

Beliefs about personal risk

- Some people think they don‘t need to use condoms for various reasons:
    - Their partner has tested negative.
    - They don‘t want to believe that they are at risk.
        - This is especially important with adolescents

Means to protect themselves and others

- Clients need consistent access to condoms and need to know how to use them correctly and consistently.

Skills

- Clients need the skills to use condoms and how to negotiate condom use.

Ask if they need to learn how to use condoms. Work with them on condom negotiation skills. We will discuss condom use and negotiation skills in session 9.

Empowerment

- Clients may not be in control of whether or not they have safe sex.

As you get to know your client, this is important to understand. Discussing how they need to use condoms over and over is not effective when they are in a relationship in which they cannot control whether or not they have safe sex. If the client feels is would be helpful, an intermediary (friend, counselor or healthcare worker) can discuss safe sex with the partner. If a client is in an abusive relationship, assist them to access local services if desired.

Support

- Clients require support from spouses or partners to practice safe sex.
- CHBCPs are also an important source of support for clients and household members.

What is the most common way to transmit HIV?

Ask participants to answer and discuss. Unprotected sex is the answer.

Sexual transmission: client messages

- The HIV virus is in the blood and sexual fluids of an HIV-infected person.
- During sex, two people share their sexual fluids with each other via vaginal, oral or anal sex.
- The HIV in the sexual fluids of the HIV-positive person can infect the sexual fluids of the uninfected person.
- When you use a condom correctly, these sexual fluids do not come in contact with each other and this prevents the HIV from getting from one person to the other.
- The presence of STIs increases susceptibility to infection with HIV
- Even when taking ARVs, an HIV-infected person can transmit HIV during sex. So they should always use a condom.

These messages need to be conveyed clearly and consistently. It is not always easy to discuss sexual topics with clients. It is important to practice using terms to become comfortable with them.

The facts on HIV and STIs

- STIs increase susceptibility to HIV by:
    - creating breaks in the genital track lining or skin (genital ulcers) or
    - increasing the concentration of cells in genital secretions that can serve as targets for HIV, such as CD4+ cells (non-ulcerative STIs)

- STIs contribute to increased infectiousness
    - An HIV-positive person who is also infected with another STI has an increased likelihood of transmitting HIV through sexual contact than is an HIV-positive person who is not co-infected with another STI

- For HIV-positive persons, contracting other STIs (such as syphilis or the human papillomavirus which is also called HPV) can contribute to immuno-suppression and progression of HIV disease if not treated.

Can a person taking ARVs transmit HIV to others during sex?

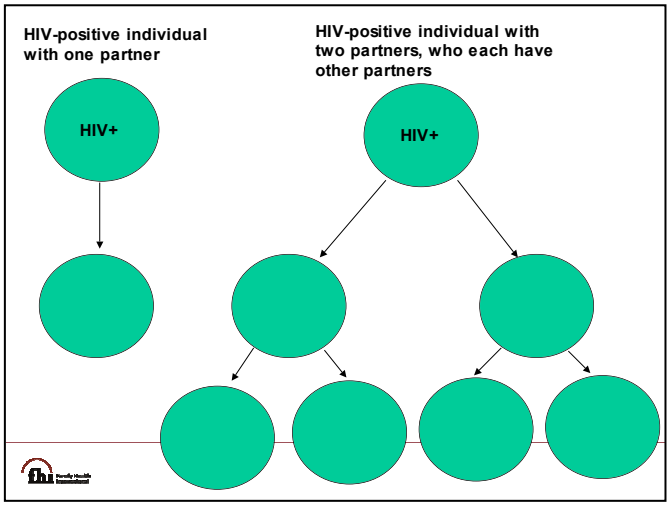
Yes, even when taking ARVs, an HIV-infected person can transmit HIV during sex. ARVs reduce the amount of HIV virus in the blood, but do not completely eliminate it. Condoms should always be used.

How can people with HIV prevent transmitting it to others?

Ways for Patients with HIV to Prevent Transmitting HIV: Client Messages

- Stop having sex.
- Explore other forms of sexual pleasure (masturbation, massage, touching, hugging).
- Always use condoms when having sex.
- Stay faithful to one partner who has been tested for HIV and always use condoms.
- If patients cannot be faithful, reduce their number of sex partners.

It is important for people with HIV/AIDS to always use condoms when having sex. We will discuss how to talk about using condoms in a later session.



Reducing the number of partners means fewer people will be at risk of getting HIV.

People with HIV/AIDS should be faithful to one partner or reduce the number of partners they have.

Focus on Male Circumcision

Circumcision of HIV-negative men

- Circumcision can help keep men from getting HIV during vaginal sex.
    - Research studies indicate that medical circumcision lowers the risk of HIV transmission from an HIV-infected woman to an HIV-negative man by about 60%. The decrease in HIV risk among circumcised men may be explained by the removal of the vulnerable foreskin.
    - Because male circumcision is not completely protective against HIV, circumcised men should still use condoms.
    - Circumcision of HIV-infected men does not appear to reduce HIV transmission to their uninfected female sexual partners.
    - Being circumcised also appears to reduce (but not eliminate) a man's risk of acquiring herpes and other conditions that cause genital sores as well as another STI, the human papillomavirus (HPV).
- Not recommended for men who already have HIV.
- Men without HIV who want circumcision should talk to their health care provider.
- Circumcision should only be performed by trained health care providers.

This can be difficult for clients to understand. The main point is that circumcision can help reduce (not eliminate) the chance that a man can contract HIV from a partner. If a man is not circumcised and wants to be, he should talk to his health care provider.

Sexual transmission of HIV: key points and client messages

- Condoms are the only way to prevent HIV transmission. We will learn more about supporting clients in condom use.
- It is important for HIV-positive persons to talk to their spouse/partners about HIV. Spouses/partners need to be tested.
- It is important for HIV-positive persons to be faithful to one partner or reduce the number of partners they have.
- Circumcision of HIV-negative men reduces, but does not eliminate the risk of acquiring HIV from an HIV-infected female partner.

CHBCP role in prevention of sexual transmission (1)

- Educate your clients on sexual transmission of HIV and consequences of not using safer sex practices.
- Assist the client to understand their present circumstances regarding sexual practices and child bearing.
    - Are they sexually active?
    - Do they use condoms? What are their barriers to condom use?
    - Do they use contraceptives?
    - Is she pregnant?

CHBCP role in prevention of sexual transmission (2)

- Assist clients understand their preferred circumstances:
  - Do they use condoms correctly and consistently?
  - Do they want to use contraceptives?
  - Do they want children in the future?
  - Do HIV-negative male clients want to access circumcision services?
- Help clients make a plan:
  - If they have not disclosed their HIV status to their spouse/partner, discuss what would be the best approach to disclose their status and encourage the partner to be tested
  - Refer to ANC, family planning clinic, HIV clinic, male circumcision services as needed
  - Help them get a consistent supply of condoms
- Provide follow-up support.

*We will talk further about family planning in **Session Eleven** and condom use in **Session Eight.***

Sexual Transmission: Key Messages

- The HIV virus is in the blood and sexual fluids of an HIV-infected person.
- During sex, two people share their sexual fluids with each other via vaginal, oral or anal sex.
- The HIV in the sexual fluids of the HIV-positive person can infect the sexual fluids of the uninfected person.
- When a condom is used correctly, these sexual fluids do not come in contact with each other and it prevents the HIV from getting from one person to the other.
- Even when taking ARVs, an HIV-infected person can transmit HIV during sex. So they should always use a condom.

Session Four: Review the Basics of PMTCT

Purpose of Session

The purpose of this session is to review how HIV is transmitted from mother to baby. Participants will explore what couples need to think about before getting pregnant, advice for couples already pregnant and steps to take if the woman is already pregnant.

Objectives

- Understand how HIV is transmitted from mother to child
- Understand why couples need information to make informed decisions about having children
- Explain the steps couples should take if a woman is already pregnant
- Discuss optimal infant feeding if the mother is HIV-positive
- Understand what a CHBCP can do to assist clients with issues related to mother to child transmission

Estimated time

Review Objectives	5 minutes
Present Content	55 minutes
Activities and Discussion	
Total Time	60 minutes

Advance Preparation

None

Supplies needed

None

Content

Introduction and overview

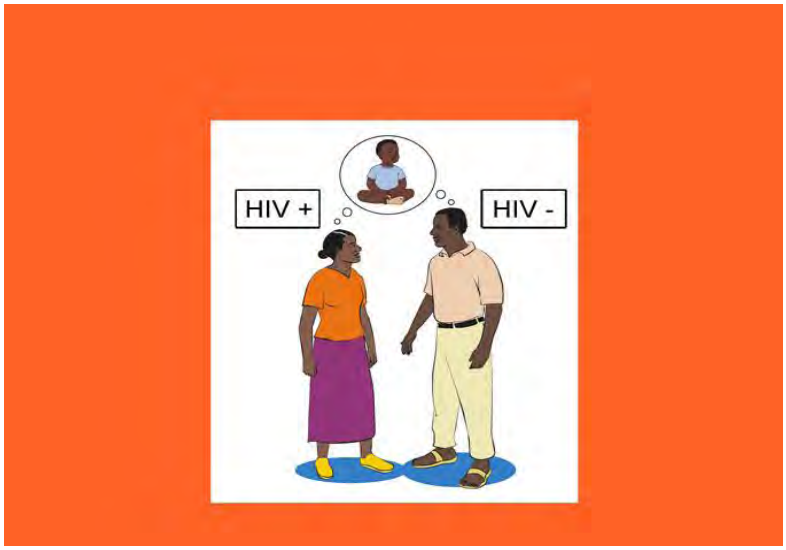
- People with HIV should have the opportunity to make well-informed decisions about whether or not they want to have children.
- Couples who want to have children need to know about the risks of spreading HIV and how those risks can be minimized.
- Women who are already pregnant need special services and advice from HIV and maternal and child health providers.

Things to Think About Before Getting Pregnant

- Regardless if one or both of the members of the couple are infected, clients need to ask themselves:
    - Do I want to take the risk of having a baby with HIV?
    - Do I want to take the risk of passing HIV to my spouse?
    - Am I healthy enough to go through pregnancy and breastfeed my baby?
    - Am I strong enough to take care of my baby until he grows up?
    - Who will take care of my baby if something happens to me?

For Couples Who Want to Get Pregnant

- Health care providers can work with clients on:
    - How to minimize the risk that the spouse will get infected.
    - The safest time for women with HIV to get pregnant.



The Safest Time for HIV-positive Women to Get Pregnant

- When there is a low level of HIV in the body
    - For example, after a woman has been taking ART for at least 6 months and adhering to the medications faithfully.
- When the woman's CD4 count is high (>200)
- When she does not have other illnesses such as TB
- When she has been evaluated for treatment and is taking ARVs, if needed, and is taking cotrimoxazole to keep other infections away
- When her health care provider has determined that none of her medications are harmful to her baby

What Should Couples do if They Don't Want to Get Pregnant?

If Couples do not Want to Get Pregnant:

- Condoms can prevent pregnancy, but do not work as well as some other things.
- —Contraceptive" pills and injections are better ways to prevent pregnancy.

- They are often available in the family planning clinic, women's clinics or even some HIV clinics.
- Couples with HIV who do not want to have children and who do not want to spread HIV should use both condoms and another method to prevent pregnancy.
- Advise your peers to talk to their providers about the best way to prevent pregnancy.

Many myths about pregnancy prevention exist. It is important to help your client obtain accurate information. Additional information is provided in Session 11 on ***Family Planning.***

Does HIV Affect Pregnancy?

- Pregnancy does not make the progression of HIV worse.
- Women with advanced HIV disease may have more complications during their pregnancy.
- Women with HIV who become pregnant should seek antenatal care.

Access to PMTCT Services

- Women who are already pregnant need special services and advice from HIV and maternal and child health providers.
    - ART drugs for prevention of MTCT during pregnancy and labor
    - ART drugs for her health if her immune status is weak (e.g., low CD4 count)
    - Safe delivery practices
    - Breastfeeding and infant feeding counseling
    - Infant testing for HIV

Health care providers will be talking to their clients about these topics
You can help by making sure that clients have all the information they need.

If a Woman is Pregnant

- Refer her to PMTCT, ANC and HIV clinics.
- If she is taking ART:
    - She may need to change the type of drugs she is taking.
    - She may experience more adherence challenges.
- She should continue to use condoms during sex.

Always refer pregnant women to wherever PMTCT counseling and treatment is provided (PMTCT, HIV or ANC clinic).

How is HIV Transmitted from Mother to Child?

- We know that HIV can be spread from mother to child during:
    - Pregnancy
    - Delivery
    - Breastfeeding

Again, health care providers will be talking to their clients about these topics.
You can help by making sure that clients have all the information they need and are being seen by health care providers.

What increases the risk that a baby will get HIV during pregnancy or delivery?

- High maternal viral load (new infection or AIDS)
- Other diseases such as Malaria
- STIs
- Rupture of membranes for longer than 4 hours
- Delivery practices such as episiotomy or artificial rupture of membranes
- Pre-term delivery
- Low birth weight

How to Reduce the Risk that a Baby will get HIV during Pregnancy or Delivery (1):

- Taking ARV drugs during pregnancy
    - For mother‘s health
    - For PMTCT
- Taking ARV drugs during labor
- Safer breastfeeding practices
- The earlier a pregnant woman seeks care, the better

How to Reduce the Risk of Transmission during Pregnancy and Labor (2):

- Seek PMTCT care early in the pregnancy.
- If the woman is taking ART:
    - The type of drugs she is taking may need to be changed.
    - Additional drugs may be needed during delivery.
    - More adherence challenges may be experienced.
- If the woman is not taking ART:
    - She should take drugs for PMTCT during pregnancy, labor and the postnatal period.

How to Reduce the Risk of Transmission during Pregnancy and Labor (3):

- Care for the woman‘s health during pregnancy.
    - Use condoms if she continues to have sex
    - Quickly treat any STIs or other illnesses
- Deliver in a facility that provides PMTCT services.
    - Seek care early in labor.

What increases the risk that a baby will get HIV during breastfeeding?

- High maternal viral load (new infection or AIDS)
- Duration of breastfeeding
- Mixed feeding (giving water, other liquids or solid food in addition to breast milk)
- Breast infections or sores
- Oral diseases in the baby (thrush or sores in the mouth)

How to Reduce the Risk of Transmission Related to Breastfeeding (1):

- Get counseling on safer infant feeding practices and infant testing.
- Practice safer infant feeding options:
    - Do not breast feed and give only replacement milk

        - This must be acceptable, feasible, affordable, and safe.
    - Feed the baby ONLY breast milk for six months, then wean over a period of three days to three weeks and give replacement foods.
- These options should be discussed with a trained nurse or counselor while the woman is pregnant and again after the baby arrives.

How to Reduce the Risk of Transmission Related to Breastfeeding (2):

- If the woman is breastfeeding:
    - Get prompt medical attention for any breast problems during breastfeeding.
    - Care for her own health during breastfeeding.

How is the baby tested for HIV?

- Babies can be tested to see if they have the antibodies for HIV (the standard HIV test)
    - This is not accurate until all the mother's antibodies are out of the baby's blood (around 18 months).
- Babies can also be tested to see if they have the HIV virus in their blood through Dried Blood Testing (DBS).
    - DBS testing is increasingly available. A small blood sample is taken from the baby and sent to a laboratory with special equipment. It is accurate for babies less than 18 months.

Remember, antibodies are like the soldiers who fight HIV. If they are in the blood, it means that the HIV virus is there also.

Infant Feeding

- Women with HIV have two options for feeding their infants:
    - Option 1: Do not breast feed and give only replacement milk. For this option to be viable, replacement milk must be acceptable, feasible, affordable, and safe.
    - Option 2: They can feed their baby ONLY breast milk for six months, then wean over a period of three days to three weeks and give replacement foods.

Infant feeding is a complicated issue. Always refer women to a trained nurse or counselor in the Maternal Child Health clinic for infant feeding counseling.

Option #1 may be very difficult for many women and may lead to giving breast milk in public mixed with other feeding in private. Mixed feeding is very risky. Women also have be able to afford the infant formula or foods and have access to clean water and the ability to maintain hygienic conditions necessary for bottle-feeding.

Always refer women with newborns or young infants to a trained nurse or HIV provider who can counsel them on how best to feed their babies.

PMTCT: Key Points (1)

- HIV can be transmitted during pregnancy, labor or breastfeeding.
- There are many things a couple with HIV needs to think about before they get pregnant.

- It‘s important that they be provided with information that allows them to decide whether and when to have children and what to do if they are already pregnant.
- For the couple who decides on pregnancy, it is important that a health care provider talk with them about minimizing risk to the partner and baby.
- Your role as CHBCP will be to help families get referred to these services and encourage them to seek care.

Session Five: How to Build Helpful Relationships with Your Clients

Purpose of Session

The purpose of the session is to introduce participants to the basics of communication, including body language, communication barriers and good communication skills and help them explore how to create a good working relationship with clients.

Objectives

- Discuss why good communication and relationship skills are important for positive prevention.
- Explain how communication works between two people.
- Discuss how to use good communication skills and recognize barriers to communication.
- Discuss how to develop good working relationships.
- Discuss how to try to understand the feelings and needs of their clients.

Estimated time

Review Objectives	5 minutes
Present Content	50 minutes
Activities and Discussion	65 minutes
Total Time	2 hours

Advance Preparation

Prepare a flip chart with the title ―qualities of a good helper"

Supplies needed

Flipchart paper
Pens for flipchart

Content

Communication skills

Why should CHBCPs understand Communication and Relationship Skills for Positive Prevention?

- Working with clients on positive prevention involves discussing difficult and sensitive topics.
- When discussing such topics, it is important to communicate clearly and develop a strong, trusting relationship with clients.

- Practicing talking about sensitive topics can help to increase skills and comfort in discussing them.

Communication is the sharing of:
- Information
- Ideas
- Beliefs and opinions
- Feelings and emotions

Channels of Communication
- Messages are sent by verbal and nonverbal communication.
- The majority of information occurs nonverbally in the form of body language.
- When working with clients, it is important to notice their body language and be aware of your own body language.

How can I communicate better with my clients?
- Recognize body language
- Practice good communication skills
- Avoid barriers to good communication

Through Body Language
- Body language consists of:
    - Eye movements
    - Facial expressions
    - Nod of head
    - Posture
    - Gestures
    - Arm and leg positioning
    - Physical distance between the people
    - Touch

Good communication skills
- Attend and listen to client
- Use appropriate language level and practice using client messages
- Be aware of body language
- Use impersonal statements
- Ask open-ended questions
- Use non-directive approach
- Repeat information

Since helping people with HIV involves sensitive topics, it is important to learn how to communicate well with clients. There are specific skills that can be used to improve communication.

Attend and Listen (1)
- Give clients your full attention.

- Your feelings on certain subjects or lifestyles may differ from theirs.
    - Don‘t judge them, just listen.
- Listen with a purpose.
    - You are there for a reason: to assist the client and household members with their home based care needs.

Attend and Listen (2)

- Pay attention to the client‘s:
    - Experience
    - Behavior
    - Feelings
    - Problems/worries
    - Viewpoint
- Pay attention to your own body language.
- Let them know you are listening by nodding or saying something brief and encouraging like ―tell me more.”

Use appropriate language

- Communicate in client‘s native language if possible.
- Avoid using medical or technical terms.
- Ask the client if they understand what you are saying.
- Evaluate their understanding by asking them to repeat your message in their own words.
- Practice the words and messages you use with clients.

Body Language (1)

- Tips
    - Face the person with your whole body.
    - Make eye contact, but don‘t stare.
    - Lean forward toward the speaker slightly to show interest.
    - Try to be relaxed, but alert.

Body Language (2)

- Indications that the client is disinterested or annoyed:
    - Crossing his or her arms or legs.
    - Turning their body away from the speaker.
    - Looking down and avoiding eye contact.
    - Moving slowly when assigned a task or activity.

Use impersonal statements

- When discussing a difficult topic, using the third person can decrease the chance of the client feeling accused or defensive
- Some examples:
  - —Sometimes clients have difficulty taking their medications at the prescribed time. Do you find yourself having this problem?"
  - —Often people think that once they take ART drugs, they are not able to infect others with the virus. Do you think this is true?"

Ask open-ended questions (1)

- Asking questions that require more than a simple —yes" or —no" will give more information and encourage the person to talk as well as develop rapport with you.
- Some examples:
  - How: —How do you think your family can help you to take your medications on schedule?"
  - What: —What do you think you can do to prevent spreading the virus to others?"

Ask open-ended questions (2)

- Examples continued:
  - Who: —Who is the one person who will be of most assistance to you in taking your medications?"
  - Why: Asking why can quickly make the client feel defensive. Avoid using why unless it is in a positive way. For example, —You told me that you have been to all your clinic appointments for the past 6 months. That is great. Why do you think it has gone so well?
  - —Tell me more about your relationship with your husband."

Exercise: Open or Closed

- Sometimes we need very specific information and open-ended questions are not appropriate.
- Should we use open or closed ended questions when asking about the following?
  - Barriers to condom use
  - Reasons for missing pills or medical appointments
  - Side effects experienced from ARVs
  - Traditional remedies taken in addition to ARVs
  - Problems the client has outside of medical issues

Ask the group to discuss the topics and how to best approach discussing them with clients.

Use a non-directive approach

- Remember you are in a partnership with the client and are not telling them what to do
- Avoid statements such as, "you must…"
- Give the client options along with the meanings of each
- For example: "It is important to take all your medications on schedule. Some people use a diary, others link medication taking to mealtime or daily activities such as prayers. We can work together to determine some ways that will work for you."

Repeat information (1)

- HIV issues are complicated and come with misinformation, emotion and stress.
- You may need to discuss topics several times with clients and family members before they truly understand.

Repeat information (2)

- A good tool for repeating information is to rephrase the client's statements. For example:
  - Client states: "I cannot tell my family about my HIV!"
  - CHBCP says: "So, you find it difficult to talk to your family about your HIV status?"
- Repeating information that the client has told you back to them is also a good way to be sure you have understood the client.

Barriers to Communication

1. Premature evaluation
2. Language
3. Status
4. Information overload
5. Pre-occupation
6. Physical environment

We have discussed a number of tools for good communication. Now let's discuss a few barriers to communication that we don't want to use in our dealings with clients.

Barrier: Premature Evaluation

- Premature evaluation is listening to only part of the message, or answering before the client finishes speaking.
- Always let the client finish speaking before you respond.
  - It is important to truly hear the client and not decide that you know what he or she is going to say.
  - It is also important that you not miss valuable information that they may fear telling you.

Barrier: Language

- Communication in a second language or using technical terms is difficult and may involve misunderstandings
    - Communicate in the client's native language when possible.
    - Avoid technical or medical terms; use the appropriate level of language (not too difficult).
    - Encourage the client and family to ask questions if they do not understand something you tell them.

Barrier: Status

- The status or power held by CHBCPs (age, gender, race, economic status) may influence how you communicate with clients or how they communicate with you.
- Clients may hold CHBCPs in high-status positions.
- Always be respectful toward clients.
    - Try to recognize when they may be feeling intimidated and take steps to make them comfortable.
    - Do not abuse your privileged access.

Barrier: Information Overload

- Giving the client too much information at once may make him or her confused and uncomfortable.
- You are in a unique position to help clients understand information that they may not have understood from the doctor or nurse.
- Be clear.
- Ask client how well they understand before giving more information.
    - To know if the client has understood, one technique is to ask them to tell you what information they just heard.

Barrier: Worry

- An individual who is focusing on their internal thoughts or feelings may not communicate clearly or understand what is being said.
- Try to recognize when you or your clients are worried or overwhelmed. Explore what they are thinking or feeling - they may be worried about specific issues that you can discuss with them.

Barrier: physical environment (1)

- The physical environment (lack of privacy, noise, weather) can affect how well we communicate.
- Try to make the place in which you are working comfortable for communication with clients.

Barrier: physical environment (2)

- Privacy guidelines:
    - When on a home visit, ask the client: "is this a good place to talk?" Try to go to a quiet area that has some privacy.

Exercise: Communication skills

Work in pairs to evaluate the following statements made to a client by an CHBCP:

- —You have been feeling ill for some days. You may have an OI."
- —Why in the world don't you take your ART drugs on time?"
- —I don't understand why someone like you doesn't use condoms!"

Lead a discussion on each statement. What is inappropriate about the statements? How could the statements be changed to be more appropriate?

Communication skills: key points

- Communication is sharing of information between two people.
- It can involve verbal and nonverbal messages.
- Using good communication skills can improve our relationships with clients.
- Being aware of and working to avoid communication barriers can also improve communication with clients.

Relationship skills

What is a good working relationship?

- CHBCPs should offer time, attention and respect to each client.
- Remember, CHBCPs are not there to be friends, but to encourage clients and support them as they work to solve their problems.

Supporting a Client

- CHBCPs should help the client:
    - Effectively cope with their concerns, issues, problems.
    - Develop skills and access resources.
    - Make informed choices and implement these choices.
    - Understand his or her needs and feelings.

Inappropriate CHBCP behaviors (1)

- Engaging in casual conversation (this work is not simply about people exchanging information and opinions).
- Disagreeing with or debating with clients.
- Interrogating clients.
- Emphasizing personal viewpoints.
- Passing moral judgment or encouraging clients to make confession.

Inappropriate CHBCP behaviors (2)

- Giving diagnoses.
- Ordering the client to do something.
    - CHBCPs can give suggestions, however.
- Working independently.
    - CHBCPs should work together with clients.

Exercise: Being a Good Helper

- Who helped you in a difficult time?
- What were the qualities and characteristics of that person?
    - Were they wise?
    - A gossip?
    - Did they do all the talking?
    - Did they allow you to talk?

Record the qualities and comments identified by participants on the flipchart.
Ask the group, "Which of these characteristics do you think are important for a CHBCP?"

Qualities of Good Helper (1)

- A good helper should be:
    - Thoughtful and a good listener.
    - Empathic, and be able to "put themselves in another's shoes."
    - Unbiased and nonjudgmental.
    - Able to guide clients, not just direct them.
    - Objective (not emotionally involved or seeing things only from a personal viewpoint).

Qualities of a Good Helper (2)

- A good helper should also be:
    - Realistic (not expecting the impossible or perfection).
    - Authentic or genuine (making sure that what he or she does corresponds with what he or she says).
    - Open minded (not defensive).
    - Warm and friendly.
    - Patient.
    - Self-controlled and professional.

Forming a Good Relationship

- Demonstrate your own interest in and respect for client's issues and concerns
    - Show respect and do not judge the client.
    - Present common goals (for example, the client feeling better).
    - Use good verbal and nonverbal communication skills.
    - Establish mutual trust.

Ensure Privacy and Confidentiality

- Giving the client privacy and ensuring confidentiality is very important in the relationship.
- A client cannot feel safe or comfortable without privacy.

Show Respect

- All health-related behaviors are uniquely personal, especially those related to HIV care and treatment.
- Respect client's experiences and choices without regard to gender, race, ethnicity, religion, sexual orientation, disability or socio-economic status.
- Be nonjudgmental.

Some Guidelines for Showing Respect

- Help client make informed decisions without telling them what to do.
- Keep appointments and apologize if you are late or have kept the client waiting.
- Be a guide, not a preacher.
- Show concern for the client's welfare.
- See each client as unique.
- Help clients identify and cultivate their own resources.
- Provide encouragement and support.

Exercise: Respect

As a group discuss:

- How do people show their respect for you?
- What are some ways that you would show someone that you do respect them? That you do not respect them?
- How do you feel when you think someone is not treating you with respect?

Lead the group in a discussion about showing respect. Ask them to share their feelings with the group. It is important for clients to feel respected and for us to be aware of how we show respect for them.

Demonstrate Genuineness

- Guidelines for being genuine with clients:
    - Do not overemphasize your role.
    - Remain open and not defensive even when feeling threatened.
    - Be consistent.
    - Be willing to share your experiences with clients when it is appropriate and you feel comfortable.

Show Empathy

- Empathy is the ability to imagine how the other person feels even if their situation is different from your own.
- Try to imagine how you would feel if you had to deal with the client's realities.
- Ask yourself:
    - What is the client expressing to me?
    - What experiences underlie these feelings?
    - What is most important in what the client is saying to me?

Empathy vs. Sympathy

- Sympathy is feeling pity or sorrow for the other person.
- Expressing sympathy means you feel sorry for the client.
- Expressing empathy means you try to understand their situation from their point of view.

Acknowledge Difficult Feelings

- Often clients express feelings or describe difficult situations.
- It is natural to want to try to fix the feelings or resolve the problems.
- It is better to acknowledge such feelings with statements such as ~~–t~~hat must have been difficult for you" or "that sounds difficult."

Offer Acceptance

- For a client to be open and honest, the client must feel accepted.
- Do not react to hostility or anger that seems directed at you.
- Recognize client feelings in a direct, non-emotional way such as ~~–Y~~ou seem to be feeling angry about what just happened."

Exercise: Relationship skills

- In a group, discuss how a CHBCP could best use the relationship skills just discussed to respond to the following statements.
    - It really makes me mad when my family talks about me like I am not here.
    - My husband died last year from AIDS and now I have it.
    - All you health care workers care about is whether I take my drugs or not.

Ask for volunteers to discuss how they would respond to the statements and which communication or relationship skills they are using.
Ask for multiple volunteers per statement to demonstrate how different the responses can be. During discussion remind participants that a CHBCP may respond in many different ways. There is no perfect message. The most important thing is to use good relationship skills.

Good relationships: key messages

- To develop good working relationships with clients, CHBCPs should:
    - Understand the qualities of a good helper.
    - Avoid inappropriate behaviors.
    - Understand and practice good relationship skills.

Session Six: How to Help Clients Practice Positive Prevention

Purpose of Session

The purpose of this session is to discuss behavior change related to positive prevention and introduce participants to a framework to help CHBCPs work with clients on positive prevention.

Objectives

- List reasons why practicing positive prevention may be challenging for clients.
- Discuss what is needed for clients to be able to practice positive prevention.
- Explain how CHBPCs can assist clients to practice positive prevention.

Estimated time

Review Objectives	5 minutes
Present Content	25 minutes
Activities and Discussion	30 minutes
Total Time	60 minutes

Advance Preparation

Prepare 3 pieces of a flipchart paper with titles at the top: present, preferred and plan.

Supplies needed

Prepared flipchart paper
Pens for flipchart
Tape

Content

The Challenges of Behavior Change

- To practice positive prevention, people may need to change some of their behaviors.
- Many people find it difficult to change their behaviors, such as sexual practices or alcohol use.
- Adopting new behaviors can be a slow challenging process.
- People have different needs and priorities, and these needs and priorities change over time. These changes can impact their behaviors.
- Clients may not be ready to adopt new behaviors, and may not follow your recommendations.

What does it take for clients to be able to change their behavior?

- Knowledge
- Skills
- Motivation
- Resources
- Support

Knowledge

- Clients need accurate knowledge and understanding of HIV prevention, as well as care and treatment.
- They receive knowledge from many sources including health care providers, friends, educational materials, radio, etc.
- You are an important source of knowledge for your clients.

Skills

- Clients must have the skills to carry out their positive prevention practices.
- They must feel confident in their ability to practice prevention effectively and live a healthy lifestyle.
- You can help them learn these skills.

Motivation

- Clients must feel personal motivation to practice positive prevention.
- Many clients want to ~~–d~~o the right thing", but face barriers to doing so.
- CHBCPs can provide encouragement and praise.

Resources

- Clients also have to have the needed resources and materials to practice positive prevention.
- Examples: condoms, contraceptives, medications.
- You can help them access the resources they need.

Support

- Clients must receive the needed support -- whether emotional, social or in terms of resources to carry out positive prevention.

Support can come from many sources such as health care providers, the clinic, the community, their families, and partners.
Community sources of support can include: community-based organizations, faith-based organizations, post-test clubs, peer counselors, PLHIV groups and other support groups. As CHBCPs you should be aware of sources of support for your clients.

Ways CHBCPs Can Support Clients with Behavior Change for Positive Prevention

- Discuss importance of positive prevention and consequences of risks to their health and well-being and the health and well-being of their spouse/partner.
- Assist client to understand their present circumstances.

- Assist clients to understand the circumstances they would prefer.
- Help clients make a plan.
- Provide follow-up support.

Clients' situations and attitudes may change between visits.
Remember, situations and attitudes may change between visits and this is natural. CHBCPs must be able to adapt to how the client needs support in their current situation.

Assist client to understand their present circumstances (1)
- Help the client tell his or her story, using appropriate communication and relationship skills
    - For example, "Tell me about how you practice positive prevention."
- Determine:
    - The nature and severity of the problem.
    - Other problems that are not being discussed.
    - The impact of the client's environment on his or her problems.
    - Personal and interpersonal resources belonging to the client.
    - Ways in which problems could be opportunities.

Assist client to understand their present circumstances (2)
- Use helpful relationship skills
- Address lack of knowledge.
- Correct misinformation.
- Help the client overcome blind spots and develop new perspectives on his or her problem situation.

Assist client to understand their present circumstances (3)
- Work with clients, but do not tell them how to act or feel.
    - For example, "Some people have tried working with their spiritual leader when they are worried about disclosing to their family. Would this be an option for you?"
- With the client, clarify the problem, issue, or concern in terms of specific experiences, behavior, feelings, or emotions.
    - For example, "It sounds like you feel your family would support you if you fell ill, but you are still worried about telling them about your status."

Exercise: Understand the present circumstances

As a group, read the following case study and use the techniques just discussed to help the client understand his present circumstances related to preventing sexual transmission of HIV (one member of the group will play the role of Joshua).

Joshua is a 43 year-old man who was diagnosed with HIV 3 years ago. He is married to a woman in his village. He has not disclosed to his wife that he has HIV and she has not been tested. They do not use condoms. He travels to the city for two weeks per month for his business. He also has a girlfriend in the city. They also do not use condoms when they have sex. She has not been tested for HIV.

- What questions would you ask Joshua to determine what is influencing his health?
- What is the impact of his home and situation?
- Does he have any resources or opportunities to help him?
- Develop a new perspective:
- How would you help Joshua understand his present circumstances?
- Is there any part of his problem that you think he is not seeing?

Ask for a volunteer to play the role of Joshua and creatively answer the questions. Use 3 pieces of a flipchart labeled at the top: present, preferred and, plan to make notes of the input.

Remind participants of the goals of positive prevention:

- *Prevent onward transmission of HIV*
- *Prevent illnesses*
- *Live a healthy lifestyle*

For this role play we will work on preventing onward transmission of HIV by using condoms.

Assist client to understand their preferred circumstances

- Help the client develop a range of possibilities for the future.
- Help the client translate preferred circumstances into possible solutions.
    - Goals should make sense. They should be specific, measurable, attainable, and realistic.
    - Set a deadline for reaching goals.
- Help clients identify the kinds of incentives that will enable them to commit to their goals. Focus on ways to reduce the client‘s crisis or pain.

Use imagination to help find ideas to empower clients.

Exercise: Understand Preferred Circumstances

- How would you help Joshua identify some preferred circumstances?
- How would he like his life to be?
- Could referrals to any services help him?

Ask participants to discuss the answers to the questions. Note them on the flipchart.

Assist Client to Make a Plan

- A plan is a set of actions that will achieve a goal.
    - Help the client brainstorm a range of strategies for reaching his or her goals. Ask them, ―How can you get where you want to go?"
    - Remember to help the client choose a set of strategies that best fits his or her environment and resources.
    - Finally, help the client formulate a plan (a step-by-step procedure) for accomplishing each goal.

Exercise: Make a Plan and Follow-up

- Help Joshua make a plan to accomplish his goals that is in line with his preferred circumstances.
- What strategies can he use that fit his lifestyle?
    - How can he implement these strategies step-by-step?
    - How will you as a CHBCP help him implement these strategies?
- How would you provide follow-up support?

Ask participants to make a plan for Joshua to increase his use of condoms and that is in line with his preferred circumstances. As the CHBCP, how would you follow up with him? Record their answers.

How to Help Clients Practice Positive Prevention: Key Messages

- In order to practice positive prevention, clients may need to change some of their behaviors.
- Behavior change, especially related to positive prevention and HIV, may be challenging for clients.
- Clients need knowledge, skills, motivation, resources and support to change behavior.
- CHBPCs can use the approach discussed to help clients identify and address their problems related to practicing positive prevention:
    - Discuss importance of positive prevention and consequences of risks.
    - Assist client to understand their present circumstances.
    - Assist clients to understand their preferred circumstances.
    - Help clients make a plan.
    - Provide follow-up support.

Session Seven: How to Help Clients With Disclosure

Purpose of Session

The purpose of this session is to discuss issues of disclosing HIV status including goals of disclosure, benefits and consequences of disclosure and how CHBCPs can help clients make a disclosure plan.

Objectives

- Explain disclosure of HIV status.
- List the benefits and consequences of disclosure.
- Understand how to assist a client in dealing with spouse/partner reactions to being told about HIV.
- Understand how to assist a client in making a plan for disclosure.

Estimated time

Review Objectives	5 minutes
Present Content	25 minutes
Activities and Discussion	30 minutes
Total Time	60 minutes

Advance Preparation

Make two copies of the *How to Assist Clients with Disclosure Role Play Scenarios* handout. Cut apart the scenarios so there is one scenario per slip of paper.

Supplies needed

Two copies of each slip of paper with a scenario from the *How to Assist Clients with Disclosure Role Play Scenarios* handout

Content

Goals of Disclosure in Positive Prevention

- Client has talked with spouse/partner about having HIV.
- Spouse/partner has been tested for HIV.
- HIV-positive spouse/partner is getting care and treatment.
- HIV-negative spouse/partner is getting retested every year and knows how to protect against HIV.

As a CHBCP, you should support the client with their goals.

Importance of Protection

- If everyone with HIV protects their sexual partners, fewer people will get HIV.

- Protection is using condoms, encouraging partners to be tested for HIV and consistently practicing positive prevention.
- Clients have difficulty getting partners to use condoms or be tested if they have not told them about their HIV status (disclosed).
- CHBCPs can assist clients with disclosure.

What is Disclosure?

- Disclosure, or telling the spouse/partner about being infected with HIV, is a major step in prevention.
- It enables discussion about safer sex and condom use.
- It is a very sensitive issue due to stigma, discrimination and violence.
- There are many reasons why someone may not have disclosed.
    - These are personal and very important.

CHBCP role in disclosure (1)

- Discuss importance of disclosure and consequences of nondisclosure.
- Assist client to understand their present circumstances:
    - Have they disclosed to their spouse/partner?
    - If not, what difficulties do they face in disclosing?

CHBCP role in disclosure (2)

- Assist clients understand their preferred circumstances
    - If they want to disclose, help them think about possible partner reactions and what to say.
- Help clients make a plan for disclosure.
- Provide follow-up support

Talking to the Client

- Clients might be more willing to talk to their spouses/partners once they understand the importance, benefits, and consequences of disclosing their HIV status.

Importance of Disclosure

- Ask the client to think about why disclosing to his/her spouse/partner is important.
    - Spouse/partner may have HIV and may need care and treatment.
    - Spouse/partner might not have HIV and may need to be protected.

Benefits of Disclosure

- It may prompt the spouse/partner to get tested.
- If spouse/partner knows the client has HIV they can:
    - Provide emotional support to the client.
    - Help the client when they are ill.
    - Help the client remember to take medicines.
- Makes it easier to introduce safer sex and condom use into the relationship.
- The couple can make better-informed decisions about having children.

- HIV-positive women may get support for delaying or avoiding pregnancy by using contraception.

Consequences of not disclosing

- If the client does not disclose, their spouse/partner may:
    - not get tested for HIV
    - not get care and treatment if HIV positive
    - get sick and not be able to take care of the client or children
    - not know they need to use condoms, or the importance for agreeing to use condoms
    - get HIV from client
    - pass HIV on to unborn children

Difficulties of Disclosure

- Fear of anger and rejection
- Fear of verbal or physical abuse
- Fear of abandonment and financial problems
- Feelings of shame
- Stigma and discrimination in the community

Disclosure and Children

- Disclosure to an HIV infected child may start as early as 5-7 years old.
- It must be done gradually with consideration for the child‘s development, cultural and community norms.
- Disclosure needs to be gradual and at the child‘s level of understanding.
- Older children and adolescents may participate more in their care if they know.
- Adolescents need counseling on prevention including safer sex.

Disclosure plan

- Having a plan can help the client be more confident and successful.
- CHBCPs can help the client create a plan for disclosure.

Choosing a time and place

- Clients should:
    - Choose a quiet and safe place
    - Pick a time when the spouse/partner is not stressed or drinking.
- CHBCPs can assist by discussing with clients the day of the week, situations and best places to talk.

Spouse/Partner reactions (1)

- Discuss with client how partner may react:
    - Fear
    - Anger
    - Concern
    - Sadness

- Discuss ways to handle the reaction.

Spouse/Partner reactions (2)

- Spouse/partner may become violent, abusive, or throw the client out.
- Client safety is your first concern.
- If violence is a concern, a client should:
    - Consider having a person with them when s/he discloses
    - Plan a safe place to go
    - Know who will be available for support

Discuss ways to handle reactions

- Help the client know how to start the conversation.
- Help clients know what to say
- Role-play with them if needed.
- Give the partner some time to think about the news.
- Be prepared to answer questions.
- Offer comfort and support.
- Link them with a peer supporter who has disclosed.
- Refer them to peer support groups in the community.

Dialogue examples to start the disclosure discussion

- —This is really hard for me to tell you. I have not been feeling well recently, so my health care provider recommended an HIV test. I am HIV-positive."
- —HIV is very common in our community, so I went for an HIV test. I am HIV-positive."
- —At the ANC clinic, they recommended that all pregnant women get tested for HIV. I am HIV-positive."

Clients who cannot tell

- Some clients may still be afraid or uncertain.
- CHBCPs should not try to influence client's decisions about disclosure.
- You should support whatever they decide.
- Some options:
    - They may have a counselor tell the spouse/partner for them.
    - They may get tested together with their spouse/partner and receive results together.

Disclosure: Key Messages

- It is important to assess the client's circumstances regarding disclosure to spouse/partners.
- Clients should understand the importance, benefits, and consequences of disclosure.
- Client safety is the most important concern.
- CHBCPs can assist the client in making a plan for disclosure.

Exercise: disclosure role-play

As a CHBCP assist the client on disclosure:

- What are their present circumstances related to disclosure?
- What is the client‘s preferred circumstances?
    - Is the client likely to disclose?
    - What is the partner‘s reaction likely to be?
    - How can the client handle the reaction?
    - What can the client say to start the conversation?
- Assist the client to make a plan for disclosure.
- How should the CHBCP follow-up?

Ask for pairs of volunteers. Give each pair a slip of paper with a scenario from the How to Assist Clients with Disclosure Role Play Scenarios handout *and ask them to act it out as a CHBCP and client.*

Ask the rest of the group to observe their interactions and answer the questions above together.

Session Eight: How to Help Clients Increase Condom Use

Purpose of Session

The purpose of this session is to discuss the importance of condoms, reasons people may not use condoms and how CHBCPs can help clients to increase their condom use.

Objectives

- List the benefits and consequences of using condoms.
- Understand some reasons why people may not be using condoms and how to discuss those reasons with clients.
- Discuss how CHBCPs can work with clients on condom use.

Estimated time

Review Objectives	5 minutes
Present Content	25 minutes
Activities and Discussion	30 minutes
Total Time	60 minutes

Advance Preparation

- Make copies of the *Negotiating Condom Use* handout and *How to Assist Clients Increase Their Condom Use Role Play Scenarios* for each participant.

Supplies needed

- Copies of both handouts for each participant
- Male and female condoms (if available)

Content

Importance of Condom use: Client Messages

- It is important to always use condoms so that people with HIV:
    - Do not transmit HIV to others.
    - Do not get other sexually transmitted infections or another form of HIV that could make them sicker
- Condoms need to be used correctly and each time the client has sex.
- It is especially important for discordant couples.
- Concordant couples should use them also to protect against STIs and other types of HIV.
- If the client is having trouble using condoms all the time, the CHBCP can try to help.

Reasons Clients May Not Use Condoms

- Client thinks that spouse/partner is already infected.
- Client may be having trouble talking about it/may not know what to say.
- Couple may want to have a baby.
- Client may not know where to get condoms.
- Client may not know how to use condoms.
- Using condoms may be against their religious or cultural beliefs.
- Client may forget.
- Client may drink alcohol and have sex without condom.

We will discuss each of these reasons in more depth.

Client Thinks their Partner Is Already Infected

- Some couples think that since one member of the couple has HIV, the other member must already be infected.
- Find out for sure if the spouse/partner has been tested in the past year and knows his/her status.
- Couples should still use condoms even when both members have HIV. If one of the members has sex with someone else, they could get another infection or another form of HIV that could be passed to the other member of the couple.
- By using condoms, each member of the couple does not have to worry about getting other infections.

We will discuss partner testing further in a later session.

Client Thinks They Cannot Transmit HIV When Taking ARVs

- People who are on treatment can still transmit HIV.
- ARVs do not cure HIV or remove all of the HIV virus from the body.

Difficulty Talking About Condoms (1)

- One way to help clients deal with these concerns is to help them think about what to say to their spouse/partner about using condoms.
    - —HIV is common in our village. I think we should use condoms to make sure we are both protected."
    - —We should both get an HIV test. Until we get tested, I think we should use condoms for protection".
    - —We have agreed not to have more children. I think we should use condoms so that you/I don't get pregnant."

Asking a spouse or sex partner to use condoms may be difficult, especially for a couple who has been having unprotected sex for a long time.

Difficulty Talking About Condoms (2)

- Some clients may want to ask for condom use without disclosing.
  - —Before we were married, I had another sex partner. I want to tell you this because I am concerned for our health. I think we should use condoms and both get tested for HIV."
  - —You are my only sex partner, but one of us could have an infection and not know it. I think we should use condoms and get tested together."
  - —I saw the nurse/doctor today. He said that everybody should use condoms until they have an HIV test. I think we should both get an HIV test, but we should use condoms until we get tested."

Couple Wants to Have a Baby (1)

- Some couples do not want to use condoms because they want to have a baby.
- It is very important for clients to talk to their health care providers before they decide to get pregnant or if they are pregnant.
  - The uninfected member might get infected while trying to get pregnant.
  - The mother could transmit HIV to the baby if she is positive.
  - The pregnancy might be hard on the woman if she is sick.
  - Who will care for the child if the parents are ill?

Couple Wants to Have a Baby (2)

- Advise the couple to use condoms until they can talk with the health care provider about getting pregnant.
- If the woman is already pregnant, make sure that she is attending the antenatal clinic, is receiving PMTCT services and the couple uses condoms during pregnancy to prevent spreading HIV and other infections.

Doesn't Know Where to Get Condoms

- Some people are willing to use condoms, but don't know where to get them.
- These clients need information on where they can get condoms.
- If you have condoms, remember to give enough condoms to your client to last until your next visit.
- Identify other sources of condoms in your community and be able to tell clients about them.

Against Religion or Culture

- Some churches do not agree with condoms for birth control, but will allow their use for HIV prevention, especially for discordant couples.
- You may need to discuss how to balance the risk of spreading HIV with the beliefs of their religion or culture.
- An alternative might be for the client to stop having sex.

Doesn't like condoms

- You need to explain the consequences of not using condoms:
    - The HIV-negative partner might get HIV.
    - The HIV-positive partner can get STIs and other strains of HIV that will make him/her sick.
    - If both members have HIV, they might infect each other with other strains of HIV or STIs.
- Ask the client if she/he has talked to his/her spouse/partner about these possible consequences.

Forgets to Use Condoms

- Once you and the client have discussed why she/he forgets, go over some ways to help.
    - Keep condoms by the bed for easy access.
    - Take condoms in your pocket whenever you think you might have sex away from home.

Doesn't Know How to Use Condoms

- Provide information on how to use them.
- Demonstrate how to properly use condoms.
- Evaluate how well the client understood.

How to Use the Male Condom

- Check the expiration date. If ok:
    - Carefully open and remove the condom.
    - Use the condom when the penis is hard.
    - Press air out of the tip of the condom.
    - Unroll the condom to the base of the penis.
    - When the condom is in place, the couple may have sex.
    - Hold the condom in place during withdrawal from intercourse.
    - Remove the condom and dispose of in trash.
    - Do not reuse condoms.

How to Use the Female Condom

- Check the expiration date. If ok:
    - Before any physical act, insert the condom into the vagina.
    - With one hand, grasp the ring at the closed end and squeeze it so it becomes narrow. Separate the outer lips of the vagina.
    - Gently push the inner ring into the vagina as far as it will go.
    - When sex is over, hold outer ring, twist to seal in fluids, and gently pull out.
    - Do not reuse condoms.

Female condoms are not available everywhere and can be expensive. We are discussing how to use them in case any of your clients have access to them.

Forgets to Use Condoms When Drinking

- Tell the client that drinking alcohol can be harmful to his/her health, particularly when large amounts are consumed or drinking occurs on a daily basis.
- When people use alcohol, they tend to be less careful.
- They also can forget to use condoms.
- If clients drink alcohol, they should be counseled to either cut back or stop drinking entirely.

We will discuss alcohol use more in the session on ***How to Help Clients to Live Healthier.***

Condoms: CHBCP role (1)

- If the client is sexually active, or wants to be sexually active, discuss importance of condom use and consequences of not using condoms.
- Assist client to understand their present circumstances regarding condom use:
    - Do they know about safer sex?
    - Do they know how to use condoms?
    - Do they use condoms all the time?
    - What keeps them from using condoms?
    - Where do they get them? Is the supply consistent?

Condoms: CHBCP role (2)

- Assist the client to understand their preferred circumstances:
    - How can they increase condom use?
    - Help them access condoms.
- Help them make a plan.
- Provide follow-up support:
- At your next visit, discuss if they met their goal: ―At my last home visit, you said you wanted to try to use condoms consistently for the next month. How has it been for you?"

Condom use: Key Points

- Condoms are the best way to prevent sexual transmission of HIV.
- There are many reasons why people do not use condoms all the time.
- CHBCPs can support a client's use of condoms.

Exercise: Condom use role play

First, discuss the Negotiating Condom Use handout. Ask for volunteers to read each of the motivations and sample dialogue. Ask the group for feedback on the dialogue.

Next, divide the group into 5 groups (or less if group is smaller). Assign each pair a scenario from the Session 8: How to Assist Clients Increase Their Condom Use Role Play Scenarios. Ask them to act out the role play as a CHBCP and client. Tell them to use the dialogue from the negotiating condom use handout. Ask for volunteers to share their experiences and answer the questions below for the scenario:

- *What factors influenced the couple's ability/motivations to use condoms?*
- *What client message(s) would be most appropriate with this client?*
- *How can a CHBCP best work with the client?*

Session Nine: How to Assist Clients with Partner Testing

Purpose of Session

The purpose of this session is provide participants with an overview of issues in partner HIV testing and reasons partners may not have been tested. The session will also outline how CHBCPs can assist clients with partner testing.

Objectives

- Discuss the importance of spouse/partner testing.
- Understand how CHBCPs can assist clients in their partner testing efforts.

Estimated time

Review Objectives	5 minutes
Present Content	30 minutes
Activities and Discussion	25 minutes
Total Time	60 minutes

Advance Preparation

Make copies of the *Partner Testing Role Play Scenarios* handout for each participant

Supplies needed

Copies of the handout for each participant

Content

Partner Testing: CHBCP Role

- Your role as a CHBCP is to assist clients with their needs related to partner testing.
    - Discuss reasons for testing and consequences of not testing.
    - Help them understand their present and preferred circumstances in relation to partner testing.
    - Help them make a plan for partner testing and follow-up.

Why is Partner Testing Important?

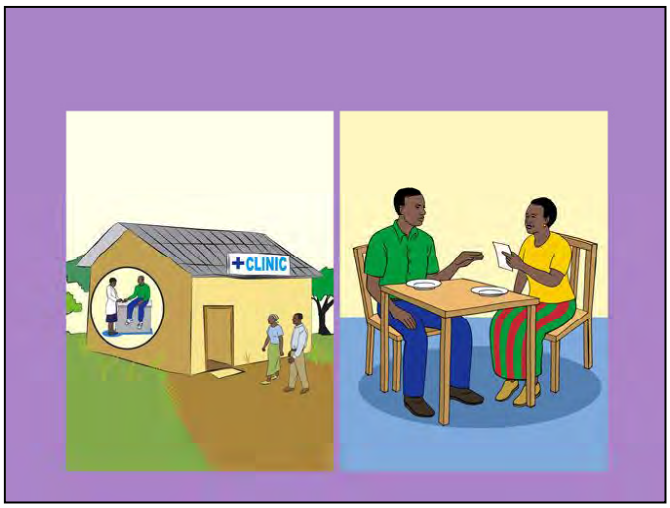
- Spouse/partner may have HIV and needs to be tested to know their status.
- If the spouse/partner has HIV, s/he may need care and treatment.
- If the spouse/partner does not have HIV, the couple needs to use condoms to keep the spouse/partner from getting HIV.
- Partners who are HIV negative should be retested every year.

Consequences of Not Testing Partner (1)

- If the spouse/partner does not get tested, s/he may not know that s/he has HIV and needs care and treatment.
- Without treatment, the spouse/partner may get sick and may not be able to take care of the household.
- Without testing, the spouse/partners may not know they are HIV-negative and understand the need to protect themselves.

Consequences of Not Testing Partner (2)

- If female spouse/partner is not tested and is HIV infected, she could pass HIV on to unborn children.
- If the client understands why it is important for the spouse/partner to know their HIV status, s/he may be more likely to talk to the spouse/partner about testing.



We have discussed the importance and consequences of partner testing. We will now discuss how to assist clients with partner testing.

Encouraging partner and family testing is one of your duties as a CHBCP.

What do Test Results Mean?

- **Negative:**
  - Partner does not have HIV
    - The couple should continue to use condoms consistently.
    - The partner should be retested every year.

  OR

  - Partner may have HIV and be in the early stages of infection. This is called the ~~"~~window period."

The Window Period

- A person newly-infected with HIV may get a negative test result.
- It may take several weeks to three months until they have a positive test even though they have the virus.
- Couple should continue to use condoms and the partner should be retested after three months.

- **Positive:**
  - Partner needs to go to HIV clinic to be evaluated.
  - Couple should continue to use condoms.

Spouse/partner has not been Tested

- Reasons spouse/partner may have not been tested:
  - Many people are afraid to be tested for HIV.
    - They believe that HIV is a death sentence, and they don‘t want to know.
  - Many people do not know that treatment is available.
  - Some people are afraid to get tested because they think someone might find out they have HIV.
  - Client may not have disclosed their status to their spouse/partner

Assist the Client to Understand Their Present Situation

- Ask whether the client has talked with their spouse/partner about getting an HIV test.
  - What did the client say to the spouse/partner?
  - How did the spouse/partner respond?
  - Does the spouse/partner understand why testing is so important?

Assist the Client to Understand Their Preferred Situation

- The goal is for the client‘s spouse/partner to be tested for HIV.

Assist client to make a plan for partner testing (1)

- If it is difficult for the client to talk to their spouse/partner about HIV testing, ask if the client would like another person who knows their HIV status to be present to assist, such as a family member or friend, a counselor or the CHBCP, and arrange as appropriate.
- If the spouse/partner is worried about confidentiality, offer them the option of going to a neighboring community for testing where there is less likelihood anyone knows them.
- If the spouse/partner has not tested because the client hasn‘t disclosed their status, use some of the disclosure strategies in Session 7: Disclosure.

Helping the patient make a plan is an important part of the CHBCP’s visits.

Assist with a plan (2)

- Discuss options for where the spouse/partner can get tested.
  - Go to the clinic where the client receives care.
  - Go to a voluntary counseling and testing (VCT) center within the community.

- Use a mobile testing unit, where a testing team comes to the community in a van, where available.
- Use home-based testing where available.

Follow-up

- At your next visit, ask: "The last time I was here we discussed getting your partner tested for HIV. Has that happened?"
- If partner was tested, ask if the partner needs referrals and provide if necessary.
  - Ask if you can speak to the partner about the results.
- If partner was not tested, discuss the reasons and review the benefits of testing.

Partner Testing: Key Points

- Partner testing is crucial to prevent onward transmission of HIV.
- There are many reasons why a partner may not have been tested.
- CHBCPs play an important role in encouraging partner testing.

Exercise: Partner Testing Role Play

- In pairs, role-play the scenarios
- Discuss:
  - What do you think is most important in why the partner has not been tested?
  - How would you work with the client to encourage partner testing?

Divide the group into 4 groups.
Assign each pair a scenario. Ask them to act out the role play as a CHBCP and client.
After the groups have met for 10 minutes ask for volunteers to share their experiences.

Session Ten: How to Help Clients to Live Healthier

Purpose of Session

The purpose of this session is to educate participants on healthier living for people with HIV. They will discuss client education messages and how CHBCPs can help clients to live healthier lives.

Objectives

- Discuss why self-care and taking responsibility for one's health are important for persons with HIV.
- List ways to promote healthy living, including nutrition, hygiene, and physical activity.
- Understand the importance of peer support.
- Describe how CHBCPs can help support clients to live healthier.

Estimated time

Review Objectives	5 minutes
Present Content	55 minutes
Activities and Discussion	60 minutes
Total Time	2 hours

Advance Preparation

None

Supplies needed

None

Content

What is Healthy Living for People with HIV

- Ways that a client can support their own health and the health of their household members.
- CHBCPs have a unique role in supporting healthy living of their clients since they visit in the home.
- They can:
    - Observe conditions and practices in the home
    - Give client education in the real environment
    - Work with both the client and household members

Self-care

- Client takes responsibility for his/her own health, including:
    - Gets regular medical check-ups
    - Takes medications as directed
    - Eats a good diet and drinks safe water
    - Exercises
    - Avoids alcohol, drug use, and smoking
    - Practices safer sex

Self-care means that the client takes responsibility for his/her own health. He/she makes lifestyle choices and chooses to follow the plan of care.

Clients should get regular check ups and go to the clinic regularly to see a health care provider. Advise clients to get support from family and friends who can help them get to the clinic regularly. Encourage your clients to ask questions when seeing the health care provider.

Clients should take medicines as directed.
A client with HIV can stay healthy by taking all of his/her medications as instructed by the health care provider. This is especially true for ART and cotrimoxazole.

Practice Safer Sex and Protect Against Getting Sexual Infections

- Clients should:
  - Prevent transmitting HIV to others
  - Protect themselves against getting STIs and infection with different strains of HIV

Sexual Infections Can Be More Severe and Harder to Treat in PLHIV

- STIs may make the client get sick faster.
- STIs can be spread to others.
- If the client has a sexual infection, it can mean that s/he is not using condoms consistently or correctly.

CHBCPs refer the client to an STI clinic if needed.

Focus on Alcohol Use

Clients should avoid alcohol, drug use and smoking

Why is drinking alcohol harmful for people with HIV/AIDS?

- Drinking alcohol can harm the body‘s defenses, which are already being damaged by HIV.
- If a person with HIV drinks alcohol, his body‘s defenses might not work well, and he will get sick faster.
- Drinking alcohol can interfere with the medications the client is taking, making them work less well or cause sickness when the person takes his medications.

Other Problems with Alcohol Use

- Clients may:
  - Forget to take medicines
  - Neglect overall health
  - Forget to use condoms during sexual contact
- It can increase stigma

Stopping Alcohol Use is Difficult

- Clients may enjoy drinking with friends.
- Clients may like the way they feel when they are drinking.
- Alcohol may help them cope with their lives.
- Alcohol may be a part of their celebrations, traditions, etc.
- Drinking may be a habit.
- Some clients may be dependent on alcohol.

When to Discuss Problems with Alcohol Use

- Clients raise it as a problem
- Identified during overall assessment
- Identified when discussing other issues (for example, when a client taking ART reports missing doses and not adhering to the medications as prescribed)

Discussing Alcohol Use with clients

- Discussing alcohol use can be difficult:
    - Clients may believe that drinking alcohol is a private matter and refuse to discuss its use with others.
    - Excessive use can lead to inappropriate behavior which is embarrassing to family members and friends and when aware of the behavior, the alcohol user as well.
    - Inappropriate behavior due to excessive alcohol use can include unsafe sex and physical violence, creating fear and disruption within the family and among friends.
    - Alcohol use related to poor socioeconomic conditions may be one of few ―enjoyments" the person has.

- In discussing the use of alcohol with a client or household member, focus on the effect that alcohol can have on health, not on the client's or household member's use of alcohol as a ―bad" behavior

CHBCP Role in Alcohol Use

- Educate on alcohol use and HIV.
- Discuss the health effects of alcohol with the client and household members.
- Assist them to understand their preferred circumstances regarding alcohol use.
- Help them make a plan.
    - Refer the client to a health care provider if they think alcohol use is a problem in their life.

Why is Tobacco Use Dangerous for Persons with HIV?

- Smoking can weaken the immune system and make it harder to fight off HIV-related infections.
    - This is especially true for lung infections, such as pneumonias, which can be very serious for people with HIV.
- Smoking can increase the risk of certain other OIs including oral diseases such as hairy leukoplakia and candidiasis (thrush).
- Smoking also increases the risk of HIV-associated malignancies and other cancers found among PLHIV, including lung cancer.
- HIV positive individuals who are at greater risk for heart disease because of lipodystrophy, a common side effect of antiretroviral treatment, significantly compound that risk by smoking.
- Smoking can increase the likelihood of complications from HIV medications, like nausea and vomiting, and can interfere with processing of HIV/AIDS medications by the liver.

CHBCP Role in Tobacco Use

- Educate on smoking and HIV.
- Discuss the health effects of tobacco use with the client and household members.
- Assist them to understand their preferred circumstances regarding tobacco use.
- Help them make a plan.
    - It can be difficult to stop smoking.
    - There is no one way to stop using tobacco; encourage the client or household member who wants to stop to develop the best approach for them.
    - Some approaches to suggest:
        - Change routines that encourage smoking (for example, some people who enjoy smoking after eating food take a walk or visit a neighbor instead).
        - Get support to reduce outside factors like stress that encourage people to smoke.
        - Participate in PLHIV support group discussions about tobacco use and how to stop smoking.
    - Support the client to stop smoking.

Get Regular Exercise

- For people with HIV, regular exercise can:
    - Improve overall strength
    - Improve appetite
    - Improve mood
    - Reduce stress
    - Improve sleep
    - Enhance the feeling of well-being

Examples of Beneficial Exercise

- Exercise is for the purpose of improving health
    - It is **not** part of a job (for example, housecleaning or farming)

- Examples of good types of exercises include:
    - Walking
    - Riding a bicycle
    - Swimming

How to Exercise for Health Benefits

- Exercise should be performed regularly and at an appropriate level of intensity—it should never be exhausting
    - Start slowly—for example, ten minutes three times a week
    - If walking is the preferred type of exercise, walk at a pace where you can answer a question in a few words but aren‘t gasping for air
    - Try to work up to at least 30 minutes at least three times a week

CHBCP Role in Exercise

- Educate on the benefits of regular exercise.
- Discuss the health effects of regular exercise with client and household members.
- Assist them to understand their preferred circumstances regarding exercise.
- Help them make a plan.
    - Select a type of exercise and a starting date.
    - Advise the client to drink clean water before, during and after your exercise to stay well-hydrated.
    - Support the client in exercising regularly.

Importance of Good Nutrition

- People who are sick need more food nutrients.
- Good nutrition helps clients fight off disease.
- Medicines will work better when the person has good nutrition.
- Some medicines need to be taken with food.

HIV and Nutrition

- HIV increases the body‘s nutritional needs.
    - Nutrients are not as well absorbed by the body.
- People with HIV can have problems eating enough because of:
    - poor appetite
    - problems eating or swallowing
    - nausea, vomiting, diarrhea
    - poor sense of taste

Tips on Adequate Intake and Digestion (1)

- Eating small meals is easier if the person has difficulties with eating.
- Chewing food well will help ease digestion.
- Avoiding fatty or oily foods can help avoid or reduce nausea.
- Lemon juice, orange/lemon peel and papaya help the digestion of fatty foods.

Tips on Adequate Intake and Digestion (2)

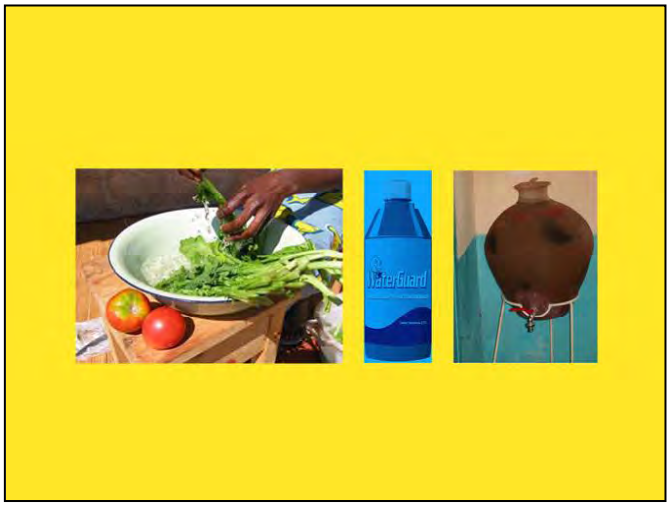
- Drinking safe water or other non-alcoholic fluids is important to keep body cells well hydrated.
- Good fluids to drink include clean water, apple juice, and tea.
- Don‘t drink too much while eating, as drinking during meals can make the person feel full before they have eaten anything.
- Eating fermented or sour foods such as yogurt or buttermilk helps to maintain the right balance in the digestive tract, which helps to protect the body from other infections.

Tips on Adequate Intake and Digestion (3)

- Try to eat a variety of foods
- Body building foods: protein and carbohydrates
    - Legumes
    - Meat and animal products
- Energy giving foods: starches and sugars
    - Maize, millet, cassava, ugali, etc
    - Fats, oils, honey, sugar
- Protective foods: high in vitamins and minerals
    - Fruits and vegetables (should be well washed with clean water)

CHBCP Role in nutrition

- Educate on nutrition for people with HIV.
- Discuss client and family‘s current nutrition.
- Assist them to understand their preferred circumstances for nutrition:
- What changes can they make?
    - Different foods? Cooking practices?
    - How can they make the changes?
- Refer them to food support or a permaculture project if needed.
- Provide referrals to the clinic for diarrheal prevention or treatment if needed.



Clients should use safe food and water.

Safe Food and Water

- People with HIV/AIDS can get sick easily.
- Keeping food and water free from bugs and germs lowers the chances of getting sick.
- Good hand-washing: using soap and water and making sure that every part of your hands is washed thoroughly. This should be done several times a day.
- Don‘t let cooked food sit for over two hours.
- Always drink safe water to avoid diarrhea.
- Water should be stored in a container that is kept securely covered with a lid and not touched by hands which might have germs.

Good Hand Washing

- Washing hands frequently can prevent germs from getting into your body and prevent you from getting ill.
- To practice good hand washing:
    - Use soap and water.
    - Make sure that every part of the hands is washed thoroughly including in between fingers and tops of hands.
    - This should be done several times a day, especially:
        - After toileting, changing a baby, or shaking hands with a person who is ill.
        - Before preparing food.

Clients should try to keep surroundings clean.

Keeping Surroundings Clean

- Keep toilets/latrines cleaned and covered to keep out insects and animals.
- Wash hands with soap and water after using the toilet, cleaning a baby, and before preparing food or eating.
- Keep animals penned and away from the cooking area where they can get into food.
- Dispose of garbage away from the house and far away from the water source.

Use Bed Nets

- Sleeping under a bed net keeps mosquitoes from biting you at night when you sleep.
- Mosquitoes carry a germ that causes malaria, which can make you very sick.
- Malaria can be very difficult to treat in people with HIV.
- All people, especially those with HIV, should sleep under an insecticide-treated bed net.
- CHBCP can provide referrals for malaria treatment or prophylaxis.
- CHBCP can give clients information on how to access bed nets through community resources.

Keep Other Family Members Healthy

- The client with HIV is only one part of the family or household.
- All the household members should be encouraged to care for their own health.
    - Illnesses can be readily passed to the client with HIV.
    - Important practices to prevent or reduce transmission of illnesses include:
        - Cover mouth when coughing
        - Wash hands frequently
    - Household members need to keep up their strength to help the client.
    - Caring for a household member with HIV can cause other household members to neglect their own needs.

Ways to Help Clients Keep a Good Attitude

- Advise them to:
    - Spend time with family and friends
    - Get help from spiritual leaders and church members

- Have someone to talk to
- Join a peer support group—peer support is support for HIV-positive clients by other HIV-positive clients who have similar issues and struggles.
- Go out in the fresh air and sun at least once a day

Benefits of Peer Support (1)

- Reduces isolation
- Increases social support
- Reduces stigma
- Less intimidating source of support
- Helps to share experiences

Benefits of Peer Support (2)

- Helps people see that living with HIV is possible
- Reduces reliance on health services
- Reduces the workload of health care workers
- Increases the quality of life for people living with HIV

Examples of Peer Support Groups

- Post test clubs
- Treatment support groups
- Peer support groups
- Discordant couple support groups
- One-on-one support from other PLHIV

Promoting Peer Support

- Emphasize the benefits of peer support.
- Acknowledge their fears.
- Find out what is available locally and know the details of the clubs/groups in that area.
- Connect clients to those groups.
- Establish or assist with running a peer support group.

Healthy Living: Key Points

- Clients should be encouraged and supported to practice healthy living for themselves and their families.
- They can take charge of their health by practicing healthy living and following advice from their health care providers.
- Some important aspects of healthy living for people with HIV include:
    - Practicing safe sex
    - Getting regular health care
    - Reducing or eliminating alcohol and tobacco
    - Exercising regularly
    - Using safe food and drink
    - Eating nutritious food and drinking safe fluids

- Maintaining the health of the household
- Peer support is support for HIV-positive clients by other HIV-positive clients who have similar issues and struggles.
- CHBCPs should know what peer support groups are available in the community.
- Clients may need encouragement to attend and use peer support.

CHBCP Role in Supporting Healthy Living (1)

- Discuss importance of healthy living and consequences of not taking measures to support it.

The CHBCP has a very important role in assisting the client to live healthier with HIV.

CHBCP Role in Supporting Healthy Living (2)

- Assist client to understand their present circumstances in regards to healthy living. Talk to client and family and observe the conditions in the home. Do they:
  - Practice safer sex?
  - Get regular health check-ups?
  - Take medicines regularly?
  - Use alcohol?
  - Use tobacco?
  - Exercise regularly?
  - Eat nutritious food and drink?
  - Use safe food and water?
  - Keep surroundings clean?
  - Use bed nets?
  - Encourage healthy living for the whole household?
  - Keep a good attitude?
  - Have peer support?
  - Have sources of emotional support such as friends or a spiritual community?

CHBCP Role in Supporting Healthy Living (3)

- Observe the conditions in the household.
- Assist clients and their families to understand their preferred circumstances:
  - What changes can they make to live healthier with HIV?
  - Do they need: condoms, soap, Water Guard, bed net?
  - CHBCP can help them access these items.

CHBCP Role in Supporting Healthy Living (4)

- Help clients make a plan for healthy living.
  - Refer to other support services if needed.
- Provide follow-up support.
  - On your next visit, observe the conditions in the household and ask if they met their goals.

Exercise: Healthy Living Role Play

Ask for two volunteers to role play the parts of Sam and the CHBCP assigned to him.

Sam is a 40 year-old man who was diagnosed with HIV 3 years ago. He lives in a village with his wife and 3 children ages 10, 11 and 16. He has had pneumonia 3 times and takes cotrimoxazole. He is not on ART. At the home you see some cigarette butts outside in the dirt and some chickens running around. Inside you notice some cooking pots with food in them. His daughter is lying in bed ill. The bed does not have a net.

CHBCP:

- Discuss healthy living with Sam.
- Help him understand his present circumstances.
- Assist him to understand his preferred circumstances.
- Help him to make a plan for healthy living in the home.

Sam:

- Participate in role play

Audience

- Did the CHBCP discuss all the important aspects of healthy living with Sam?
- What did you like or dislike about the CHBCP‘s communication and relationship skills?
- Were Sam and the CHBCP able to create a realistic plan for him to live more healthily?

Together with the group, evaluate the plan.

Topics that should be included:

- Regular clinic visits for evaluation and check-ups
- Condom use
- Partner testing
- Smoking
- Keeping animals away from home.
- Food/water safety
- Keeping family healthy
- Bed nets
- Peer support
- Adherence to cotrimoxazole
- Discussing HIV transmission with household members.

Session Eleven: Improving WASH Practices of PLHIV and their Families

Purpose of the Session

Raises awareness of the importance of improved WASH practices for PLHIV and their families, builds skills on how to negotiate improved WASH practices in the home, and teaches caregivers how to provide WASH care to PLHIV at the household level.

Objectives

- Explain why WASH matters for PLHIV and their families and discuss WASH practices to be addressed in home-based care
- Describe the negotiation technique and practice how to negotiate improved WASH practices at the household level
- Practice how to teach caregivers to provide WASH care

Sub-Sessions

Sub-Session 11: 1	Why WASH Matters for PLHIV and their Families
Sub-Session 11: 2	Negotiate Improved WASH Practices in Homes
Sub-Session 11: 3	Teach Caregivers How to Provide WASH Care

Sub-Session 11: 1 Why WASH Matters for PLHIV and their Families

Purpose

To review the positive and negative effects of WASH practices on the quality of life of PLHIV and their families, as well as review the routes of germ contamination and the WASH roles of community home-based providers.

Objectives

- Explain why WASH matters for PLHIV and their families
- List the key WASH behaviors and explain why they are targeted
- Discuss WASH roles of community home-based providers
- Explain the importance and impact of focusing on behaviors

Estimated Time

Review Objectives	5 minutes
WASH Matters for PLHIV and their Families	35 minutes
Key WASH Behaviors	20 minutes
CHBC Provider's WASH Role and Tasks	10 minutes
Importance of and the Impact of Focusing on Behaviors	20 minutes
Total Time	90 minutes

Advance Preparation

None

Supplies Needed

None

Content

Discussion Point: Why WASH Matters for the General Population

- Many children die from diarrhea every year
- Cholera occurs in a few regions almost every year

Ask participant to explain:

- *What WASH stands for*
- *Why WASH matters for the general population*

Explain that diarrheal diseases are attributed to poor hygiene and sanitation practices.

Why WASH Matters for PLHIV and their Families
The words ‗behavior' and ‗practice' are the same and will be used interchangeably.

What Does WASH Stand for?
- WASH stands for ―water, sanitation, and hygiene."

Why Does WASH Matter for the General Population?
- Poor hygiene practices such as drinking unsafe water, not washing hands at critical times, and not using a latrine contribute to diarrheal diseases and cause sickness and even death. Children are particularly vulnerable.
- Diarrheal diseases are one of the leading causes of infant mortality in Tanzania.

Why WASH Matters for PLHIV

Discussion Point: Why WASH Matters for PLHIV

- PLHIV often suffer from diarrhea
- Research has shown that improving WASH practices of PLHIV can enhance their quality of life
- Feces can get into the mouth through food, flies, fingers, fomites, and water

Ask the group the following questions:
- *Why should CHBC providers help PLHIV and their families improve their WASH practices?*
- *What are the benefits of improved WASH practices for PLHIV and their families?*
- *How can feces get into the mouth?*

Why Should Community Home-Based Providers Help PLHIV and their Families Improve their WASH Practices?
- PLHIV have a weak body defense (compromised immune system).
- PLHIV often suffer from bouts of diarrhea.
- Drinking contaminated water will give PLHIV severe diarrhea, accelerate the progression of HIV, and may lead to death.
- Even PLHIV on ART can get diarrhea if they drink water contaminated with feces.
- Taking ARVs with contaminated water may lead to diarrhea.
- Diarrhea in PLHIV puts an additional burden on caregivers.

How Will Contact with Feces Affect PLHIV and their Families?
- If there is uncontained feces in the house, it is easy for it to get into the food and water that other family members consume, making other family members sick. When other family members are sick, it makes it difficult to take care of the PLHIV, to work or go to school. So everyone suffers.

Benefits of Improved WASH Practices for PLHIV and their Families (Findings from Research in Uganda)
- Households of PLHIV using home chlorination, safe storage of household water, and basic hygiene education reported fewer diarrheal episodes.

- The presence of a latrine in the family compound was associated with fewer episodes of diarrhea, fewer days with diarrhea, and fewer days of work or school lost due to diarrhea.
- Hand washing with soap by PLHIV was associated with reduced episodes of diarrhea.
- Improved hygiene, particularly hand washing at critical times, can reduce diarrhea by one-third and reduce malnutrition.
- Improving hygiene practices protects the entire family.

What are Ways Feces Can Get into the Mouth?
Feces can get into the mouth through:

- Food
- Flies
- Fingers
- Fomites (utensils)
- Water

The contamination cycle starts with people and animals defecating out in the open.

- Feces come into contact with the soil and contaminate people and animals.
- Feces on the ground attract flies, and flies contaminated with feces land on food, which people eat.
- People who do not wash their hands after defecating spread germs in their surroundings and food.
- Feces in the soil contaminate our water sources and then we consume contaminated water.

Contamination by all of these routes occurs every day in our community and causes diarrhea, especially affecting children and people whose immune systems are already weak such as the elderly and those who are living with HIV.

Key WASH Behaviors

Discussion Point: Key WASH Behaviors

- A few specific WASH behaviors have been proven to have the greatest potential for preventing diarrhea.

Ask the group the following question:
What are the specific WASH behaviors that CHBC providers should help PLHIV and their families improve?

Explain that unsafe handling of menstrual bloodstained materials by the caregiver can contribute to HIV transmission.

Certain hygiene practices have been proven to have the greatest potential for preventing diarrhea because they reduce the transmission of germs. They are:

- Safe handling and disposal of feces
- Correct hand washing at critical times
- Safe drinking water

The following section describes the specific WASH behaviors that can contribute to diarrhea.

What are the WASH Practices that Can Contribute to Feces Getting into our Food and Water, Causing Contamination and Diarrhea?

<table>
<tr><th colspan="2">WASH Behaviors</th><th>Reason for Targeting the Behavior</th></tr>
<tr><td>• Safe drinking water</td><td>• Untreated drinking water
• Large mouth drinking water container
• Drinking water container not covered
• Unsafe drawing of drinking water either by dipping hands in the water, or by using an unclean cup or glass to draw water
• Serving drinking water in an unclean cup or glass
• Drinking water container reachable by children or animals</td><td rowspan="4">To prevent diarrhea</td></tr>
<tr><td rowspan="2">• Safe handling and disposal of feces</td><td>Children
• Open defecation or inconsistent use of the potty
• Feces from the potty not disposed of immediately
• Improper disposal of feces after potty use</td></tr>
<tr><td>Adult
• Open defecation and/or inconsistent use of latrine
• No hand washing after using the latrine, cleaning a baby‘s bottom, or caring for a sick person with diarrhea</td></tr>
<tr><td>• Hand washing</td><td>• Hand washing with water only
• Hand washing not at critical times
• Improper hand washing (no lather with soap, no rubbing palms, back of hands, and up to wrist)</td></tr>
</table>

Safe Handling and Disposal of Menses-Bloodstained Materials

HIV-positive women can have a high concentration of HIV in their blood. While a household member cannot get HIV through sharing dishes or washing a person with AIDS, they CAN get HIV by handling with his/her bare hands (no gloves/plastic sheet material) a sanitary towel/napkin or cloth that is soaked with menstrual blood from an HIV-positive female client. Caregivers should be taught how to safely handle bloodstained materials.

What are the specific menstrual blood management practices that expose the caregiver to HIV transmission?

Safe Handling and Disposal of Menses-Bloodstained Materials		Reason for Targeting the Behavior
• Safe handling and disposal of menses-stained materials	• Changing used pads or pieces of cloth without gloves • Changing and washing bloodstained materials (bed sheet, cloth, etc.) without protecting hands	To prevent HIV transmission

Improper handling and disposal of menses-bloodstained materials exposes the caregiver and family members to the risk of contracting HIV.

What are the CHBC Providers' WASH Roles and Tasks?

Discussion Point: CHBC Provider's WASH Roles and Tasks

- CHBC providers will help PLHIV and their families improve WASH practices and will teach caregivers how to provide WASH care to a bedbound PLHIV.

Ask the group to list people that CHBC providers should work with in the home and what specific WASH task should be performed with each group.

Who are the People in the Home that the CHBC Provider Should be Working with Regarding WASH Activities?

- PLHIV and their household members to help improve WASH practices in the homes
- The caregiver to teach him or her how to provide WASH care to PLHIV

What Activities Should the CHBC Provider be Doing with Each Target Group in the Household?

Target Groups	Activity	Tasks
PLHIV and household members	Negotiate improved WASH practices	• Assess the current practices • Identify good practices and congratulate the individual or household • Identify the practices to be improved and some small doable actions they can immediately take • Negotiate the improvement of a few key practices • Follow up
Caregivers	Teach caregiver how to provide WASH care to bedbound PLHIV	• Explain, demonstrate, have caregiver practice, give feedback, and follow up. This process is called learning by doing.

Focusing on Improving WASH Behaviors

Discussion Point: Importance and Impact of Focusing on Behaviors

Ask a volunteer to perform a traditional dance in front of the group. Then ask the group to reflect on why s/he agreed to practice in front of the group.

Summarize and highlight what influences behaviors; then ask the group to apply these factors to WASH behaviors.

Ask the group to list barriers to improving WASH behaviors and how to address each barrier.

What Influences Behaviors?

Factors that influence whether someone implements a behavior or not include:

- Positive or negative experience or outcome from doing the behavior
- Perception of risk – will doing or not doing the behavior bring harm?
- Familiarity with practice
- Beliefs, traditions, and social norms or signals about the behavior —did they grow up doing it? Do people they respect think they should do the behavior
- Knowledge—do they know the proper occasions?
- Skills – do they know the steps?
- Do they think they can do the behavior?
- Availability of supplies – can they find and/or afford the supplies or technologies that are needed to do the behavior, or that make it easier to do it?

Individual/household behaviors often reflect a community's beliefs and values. CHBC providers have to explore and become familiar with a community's practices, beliefs, and values related to WASH. These factors at the community level influence WASH practices at the household level and may include:

- Community leaders' support or lack of support for the improved WASH behavior
- Strong community cohesiveness —community leaders make decisions for the benefit of the whole community (e.g., equal division of labor involved in maintaining clean, hygienic latrines)
- Community beliefs and values are consistent or not consistent with the new/improved behavior—community may believe that feces are fertilizer, therefore, it is a good thing to practice open defecation to fertilize the yard

CHBC providers and their supervisors should sensitize/work with community leaders on the need to support improved WASH practices for PLHIV and promote improved WASH practices for everyone in the community. They should also look for existing practices and beliefs that support the improved practice.

What Makes it Difficult for PLHIV and their Families to Improve WASH Practices?

Barriers to Improving WASH Practices

In addition to some of the barriers outlined already, like lack of key information or social support, the absence of appropriate materials, products, and systems can make it difficult for PLHIV and their families to practice an improved WASH behavior. CHBC should always i) discuss with and inform PLHIV and their families about alternatives to a WASH commodity that may not be available such as alternatives like using ash instead of soap, and also ii) teach PLHIV and their

families how build a system/structure that will make it easier to practice a WASH behavior, such as building water saving device- tippy, and improving the latrine.

Key Points

WASH matters because poor hygiene and sanitation cause suffering, diarrhea, other illnesses, and even death. Improving hygiene and sanitation reduces diarrhea incidence especially in PLHIV and children younger than five and improves the quality of life of PLHIV.

The key WASH behaviors to be targeted in home-based care are:

- Treating drinking water and storing it safely
- Proper hand washing
- Safe collection and disposal of feces
- Proper care for menstruating women

When improving WASH behaviors:

- Knowledge and awareness are necessary, but not enough
- A range of factors (at the individual, household, and community levels) influence behavior; CHBC providers should consider these factors when negotiating improved practices
- Limited access to WASH enabling technologies (materials, products, supplies) makes it difficult for PLHIV and their families to improve WASH practices. CHBC should help PLHIV access and establish WASH-enabling technologies.

Sub-Session 11: 2 Negotiate Improved WASH Practices in Homes

Purpose

To strengthen skills in supporting households to improve their WASH practices by simple assessment and then problem solving, called ~~–n~~egotiation"

Objectives

Negotiation Technique

- Describe several behaviors that lead to ideal practices: small doable actions
- Discuss negotiation technique and steps
- List what CHBC providers need to effectively negotiate improved WASH behaviors

Negotiating Improved WASH Behaviors

- Practice the negotiation of keeping drinking water safe, disposing feces safely , and hand washing in homes

Estimated Time

Review Objectives	5 minutes
Negotiation Technique	
How to move from current to an ideal behavior – Small doable actions	15 minutes
Negotiation technique and steps	20 minutes
What CHBC providers need to do to effectively negotiate improved WASH behaviors	25 minutes
Negotiating Improved WASH Behaviors	
Practice the negotiation of keeping drinking water safe, disposing feces safely, and hand washing in homes	180 minutes
Total time	245 minutes

Advance Preparation

- Review the content of each section.
- Gather the materials needed for negotiating improved WASH behaviors: assessment card, counseling cards, role plays, exercises, and materials/products/supplies.
- Make sure the training site has a space outside where some demonstrations (how to make a tippy tap, hand washing…) could be carried out.

Supplies Needed
Listed in each section.

Content
The following section describes the negotiation technique.

Negotiation Technique
This section describes how to use the approach of negotiating small doable actions to improve WASH in the household.

How do we Move from the Current, Less than Perfect Practice Toward an Ideal Behavior?

Discussion Point: How Do We Move from Current Toward an Ideal Behavior?

Ask the group to select a new behavior they would like to be taught. Select a behavior that each one can work on such as cooking a new recipe, learning how to dance a traditional dance…

With the colleague on your right, take five minutes and list the steps you would like the person teaching to follow when teaching you how to … (fill out with the selected behavior).

Ask a volunteer pair to share findings. Review and highlight ***the breaking down of the new behavior into small doable actions.***

Give the definition of small doable action.

The following are the steps to follow when moving from a current, less than perfect practice toward an ideal.

- The new behavior has to be broken down into **simple steps or components,** which can be implemented **gradually** until the new or ideal behavior is properly mastered.
- These small steps or components are referred to as **small doable actions (SDA).**
- A small doable action must still make a difference in the health and well-being of the PLHIV and their family, even if it‘s not perfect.

Example: If the ideal practice is to run a marathon, or practice aerobic exercise for 30 minutes, 5 times a week, then some small doable actions would include:

- Walk briskly to all errands.
- Try a walk/jog combination every Sunday.
- Increase the rigor while doing household chores like sweeping and washing.

A small doable action would NOT include buying a jogging suit or joining an exercise club, because while these may be components or steps, if no other action is taken they will not make a difference in the health of the individual.

Application to WASH
CHBC will apply the same principle: breaking any WASH behavior into small doable actions when helping assist PLHIV and their families to improve their WASH behaviors/practices.

Breaking any WASH behavior into small doable actions makes it feasible for PLHIV and their families to adopt the practice. It t helps them *improve their behavior gradually, doing what is possible given their current resources and context.*

Small Doable Action

- The behavior is feasible—because people FEEL they can DO it NOW, given existing context and resources in the house.
- It is effective—because it makes a difference to the household and the community.
- It is a building block, a stepping stone to the IDEAL practice.

Negotiation Steps: How to Teach/Help Someone Move from an Actual Behavior toward an Ideal Behavior

Discussion Point: Negotiation Steps

Build on the previous work in pairs that led to the definition of small doable actions:

Ask each participant to continue to work with the same colleague for five minutes and highlight the steps to follow when you want to learn… (selected behavior).

After five minutes, ask all pairs to share their answers.

Review and highlight the negotiation steps that came up.

Present the negotiation steps.

1. Assess what the person already knows about WASH behaviors, what skills and what materials he/she has
2. Identify what the person does well and congratulate him/her
3. Discuss with the person and identify one or two WASH behaviors to focus on for improvement.
4. Depending on their current practice, identify the SDA to negotiate
5. Negotiate: propose options to help improve this behavior, help solve problems, doubts and obstacles on the spot, and encourage the person to practice the new or improved behavior
6. Make an appointment and follow up

➔ These steps are called negotiation steps.

The process of going through specific steps to help improve a behavior is called negotiation technique.

Steps to Follow when Negotiating Improved WASH Behaviors

Negotiation Steps	Negotiation Steps Applied to Teaching Somebody How to Implement a New Behavior
1. Assess	• Find out the person‘s previous experience and the equipment/materials available
2. Identify good practices; show appreciation for what is already done well	• Ask the person demonstrate or describe each behavior (starting from what s/he knows already)

	• After describing or practicing, congratulate the person for what s/he knows already and is doing well
3. Identify the WASH behavior to address	• Identify with the client the WASH practice to be addressed—what the person needs to improve and how to do it (set of small doable actions)
4. Identify the SDA to negotiate	• Compare the current practice with the SDA and identify the small doable actions that are not yet implemented and will be negotiated
5. Negotiate the set of SDA leading to improved behavior	• Build on what the person knows already, demonstrate how to improve • Solicit questions and provide answers • Identify doubts or problems and work with them to identify feasible solutions • Encourage the person to try and congratulate him/her after the first trial by highlighting what was well done and also highlight/demonstrate what needs to be improved • Encourage the person to continue practicing
6. Make appointment for follow up and provide support	• Follow up and assess the progress • Encourage the person to continue practicing until s/he properly masters the new behavior

- Conducting an assessment helps the CHBC provider to understand the person's context and condition. Assessment involves asking questions, listening, and observing the current practices.
- Congratulating the person is important. It shows that we have noticed and acknowledged what the person already did well. Knowing what is well done and explaining it reminds the person of what practices should be maintained. It emphasizes that they are able to do —these kids" of practices already, that they are already capable and caring, opening them up to other suggestions for improvement.
- Involving the client in making the decision of what WASH practice to adopt is critical.
- Identifying the practice to be improved involves making **two decisions**: 1) comparing the current behavior/practice with the ideal behavior to identify gaps and 2) identifying a set of actions to move closer to the ideal behavior, considering the context (availability, culture, beliefs, and values).
- Negotiating involves: 1) proposing what is feasible and effective (be realistic and consider the person's context), 2) helping the person express his questions and concerns and working with them to address them, 3) anticipating and discussing any resistance, 4) encouraging the person to try, and 5) congratulating the person for trying and helping address any additional concerns.
- Following up and supporting involves scheduling and holding regular meetings at the person's home to assess progress in implementing the ideal behavior.

What do CBHC Providers Need to Effectively Negotiate Improved WASH Behaviors?

Discussion Point: What CHBC Providers Need to Effectively Negotiate Improved WASH Behaviors

Build on the previous work in pairs that led to the agreement on the negotiation steps:

Ask each participant to continue to work with the same colleague for 10 minutes and list what is needed to teach or to learn about safe drinking water, safe feces disposal, and hand washing.

After 10 minutes, ask all pairs to share their answers. Review and highlight the materials needed, the WASH small doable actions, the behavior change materials, and the mastery of the negotiation technique (steps).

Present the table with information on materials needed to negotiate improvement of each behavior and the list of small doable actions.

Distribute and present the assessment card and counseling cards developed for CBHC providers.

At a minimum, they need:

- Enabling technologies: materials/products for the person to be able to practice the new or improved behavior
- A list of WASH small doable actions (the range of effective, feasible behaviors—the when and how to hand wash, to treat water, etc.)
- Behavior change materials: assessment card and counseling cards
- Mastery of the negotiation technique

The following section provides a description of the four elements listed above.

Enabling Technologies: Materials/Products Needed to Practice the New or Improved Behavior are Listed in the Table Below:

WASH Products, Supplies, and Materials

WASH Behavior	Products, Supplies, and Materials
Safe drinking water	Narrow-neck container with proper cover Water treatment commodity (Water Guard, filter, bottles for SODIS) Water Pot and stove Cup, glass, tray, or basin
Safe feces disposal for mobile people	Improved latrine: roof, material for a private wall and door, comfortable stand, reasonable hole, cover with handle
Safe feces disposal for people suffering from diarrhea	Plastic sheeting, piece of cloth, bed sheet Gloves, soap, kibuyu chirizi with water Bucket and water
Hand washing	Kibuyu chirizi, water, soap/ash/leaves, basin for catching

	water if possible
Safe handling of bloodstained materials	Plastic sheeting, piece of cloth, bed sheet, clean pad Gloves, soap, kibuyu chirizi with water Bucket and water

The following section details the specific small doable actions for each WASH behavior that CHBC will help PLHIV and family members improve.

WASH Small Doable Actions

Key WASH Practices and their Related Small Doable Actions

1. SAFE DRINKING WATER

Appropriate container with cover

- Store drinking water in a narrow-neck (jerry can, clay pot), with a proper cover—or in a clean covered container such as bucket with spigot
- Always keep the container covered—tie/attach the cover to the container to prevent the cover from falling off

Treatment

- Treat drinking water with WaterGuard tablet or boil

Safe serving

When serving:

- Tilt the jerry can and pour drinking water directly into a clean jug, cup, or glass
- Draw drinking water from the clay pot with a clean ladle and pour into a clean cup or glass

Storing drinking water cup or glass

- Wash cup, glass after use with water and soap and put upside down on a clean tray, basin, or cupboard

Safe storage

- Keep drinking water container out of reach of children and animals

2. HAND WASHING

Water saving device

- Store water for hand washing up in a water saving device such as kibuyu chirizi
- Place the hand washing station in the home, next to the latrine, or near the cooking area

Soap and soap replacement

- Use soap, ash, or leaves

Proper hand washing technique

- Wet your hands
- Rub for at least 20 seconds with soap/ash/sand
- Rub in between fingers, under the nails, up to the fist, in the back of hands
- Rinse with water
- Dry in the air

Critical times for hand washing

Wash hands properly:

- Before preparing food
- After cleaning the baby‘s bottom
- After using the latrine
- Before eating
- Before and after caring for a sick person

3. SAFE FECES DISPOSAL

Safe feces disposal for children

- Use potty for children during day and night
- Dispose of the feces from the potty immediately after defecation into a pit latrine
- Wash the potty with water and soap after use
- Store the clean potty upside down
- Wash hands with water and soap/ash/sand/leaves after washing the potty

Safe disposal of feces for mobile people

Latrine use during day and night time

- Use improved latrine during day and night time
- Make sure the waste is dropped properly in the pit
- Cover the latrine after use with a cover with a handle

Latrine improvements

Comfortable and safe stand

- Use a burned brick or clay to make a comfortable stand

Hole

- Make the size of the hole "reasonable" so that children and adults can safely use the latrine

Wall and door

- Make walls and door with available and affordable materials—the door should have a lock

Roof

- Construct the roof of the latrine from (locally) available materials

Safe handling and care for bedridden people with diarrhea and or bedridden woman with menses

- Wear (caregiver) gloves or plastic bag before handling feces/blood of a bedbound person
- Cover the bed with plastic sheeting and washable piece of cloth on top
- Wash feces-stained bed sheets, cloth, and plastic sheeting with water and soap
- Wash hands with water and soap before and after caring for a bedbound person with diarrhea
- Hang sheets and menstrual rags to dry, preferably in the sun unless custom prevents rags being displayed publicly. In this case, hang menstrual clothes at night or in a private but well-aired space.

In addition to WASH small doable actions, CHBC needs behavior change materials to effectively negotiate improved WASH practices in the home.

Behavior Change Materials

An assessment card and a set of counseling cards have been developed to help negotiate improved WASH practices in homes.

WASH Assessment Card

The WASH assessment[1] card is **a very important tool that the CHBC provider will need to use during the assessment of current WASH practices to identify a set of small doable actions to negotiate and help the household improve its current WASH practices**.

The card is designed to be used by the CHBC provider.

[1] This is a draft material that has not yet been approved by USAID. After obtaining USAID's approval, this draft material will be finalized and sent to the Ministry of Health and Social Welfare for approval.

During the assessment:

- Ask questions about and observe current WASH practices
- Find out if WASH materials/products, supplies are available all the time and if not with what do they replace these materials/product/supplies with
- Explore the affordability or these materials
- Record everything that is discussed and or observed

DRAFT

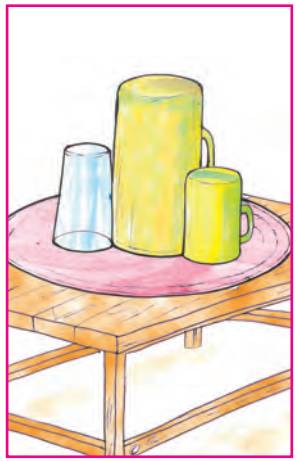
Kumbusho: Njia za kuosha unazoweza kuzitekeleza kwa urahisi

Unahifadhi vipi maji yako ya kunywa?

1. Jinsi ya kutibu maji ya kunywa






Jinsi gani unaosha mikono yako? Ni nyakati gani muhimu za kuosha mikono yako?

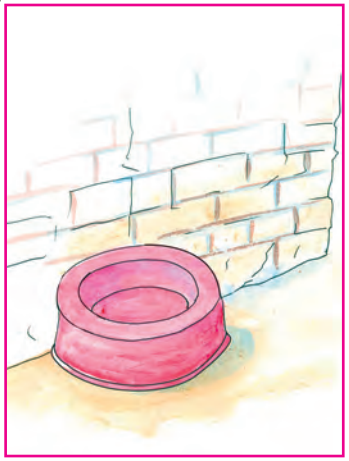
2. Njia sahihi za kuosha mikono


Osha mikono yako:

- Kabla ya kupika.
- Kabla ya kula.
- Baada ya kutumia choo.
- Baada ya kumnawisha mtoto.
- Kabla na baada ya kumhudumia mgonjwa.

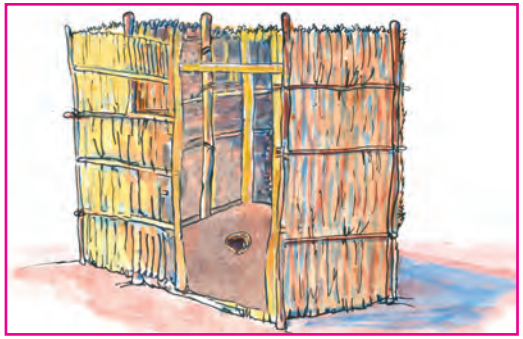
Watoto wadogo wanajisaidia wapi?

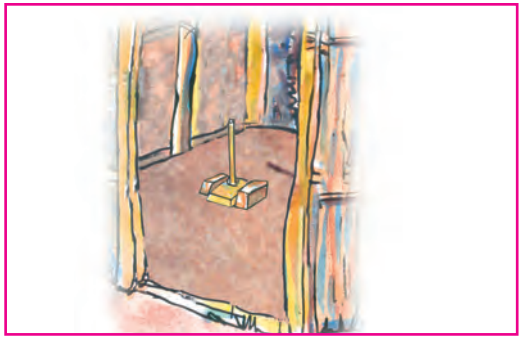
3. Jinsi ya kutupa kinyesi cha watoto kwa njia salama



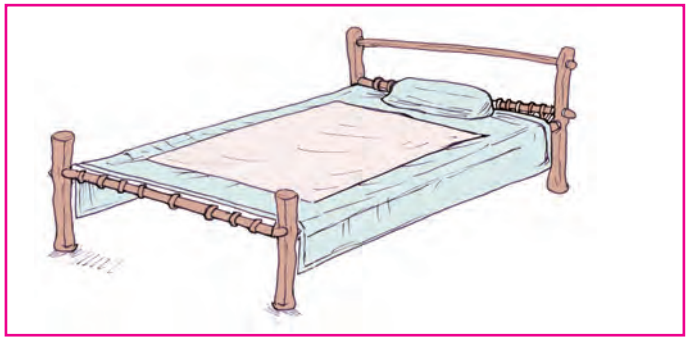
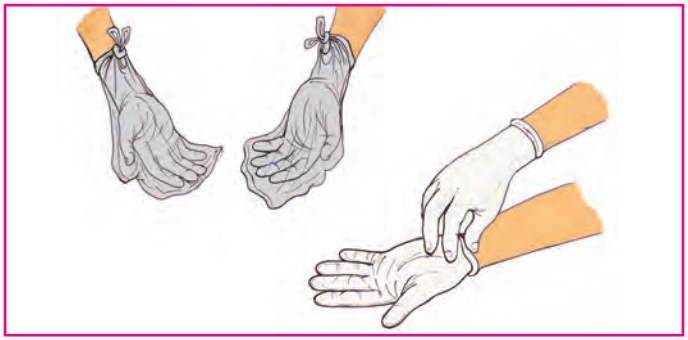
Ni jinsi gani unatupa kinyesi?

4. Unatupa wapi/vipi kinyesi cha watu wazima?



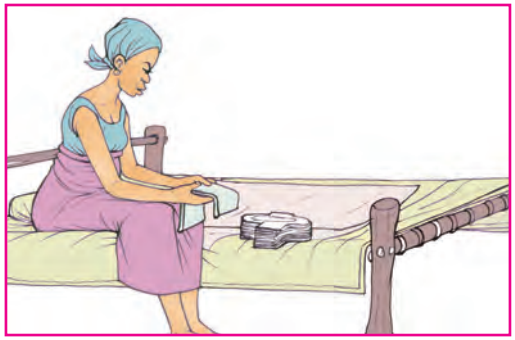


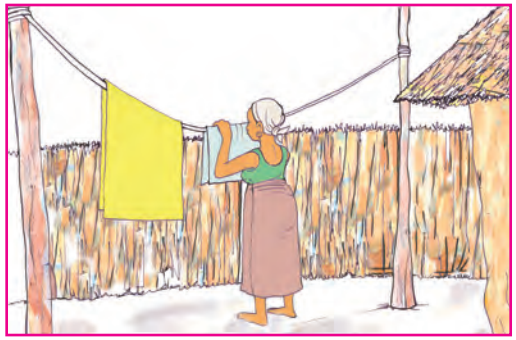
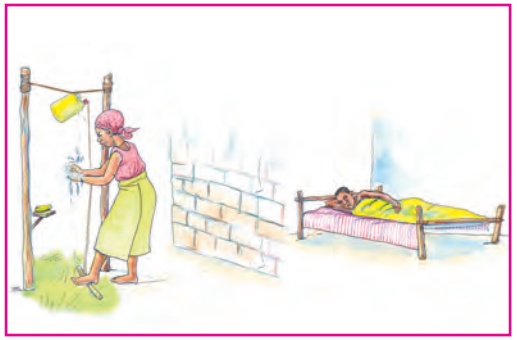

5. Njia salama ya kutupa kinyesi kwa mgonjwa aliyeko kitandani


Jinsi ya kuondokana na nguo zilizolowana kwa damu. Ni jinsi gani muhudumu anaweza kujikinga na damu akiwa anahudumia mgonjwa aliyeathirika akiwa katika siku za hedhi

6. Jinsi ya kujizuia na kuhifadhi salama nguo zilizolowa na damu



After the Assessment:

- *Congratulate for good practices already implemented.* Use the assessment card to identify good practices already being implemented and congratulate the client[2]
- *Identify one behavior to be negotiated*. Identify with the client which of the three WASH behaviors will be addressed.
- *Identify the SDA to be negotiated.* Use the assessment card, compare the current WASH behavior to the SDA, and identify the SDA to be negotiated with the client for improvement to help him/her improve the chosen behaviour
- *Select appropriate counseling cards*. Select the appropriate counseling cards to help negotiate the set of SDA leading to improved behaviour.

WASH Counseling Cards

WASH Counseling Cards

A set of counseling cards developed for each WASH behavior. Each counseling card is comprised of one side with illustrations and the other side with the small doable actions.

Only one set of counseling cards related to a specific behavior will be used at a time.
After assessing WASH practices, the CHBC provider will choose the behavior to improve, identify the practices already being implemented and for which s/he will congratulate the household, and identify the practices to be improved for only one WASH behavior and the counseling cards with the SDA to be negotiated.

The CHBC provider will show the selected/appropriate counseling card to the household member to help visualize the SDA to be negotiated.

During the negotiation, it is important to negotiate and communicate the SDA to be improved effectively. During the negotiation, CHBC provider present the options, ask the client to chose, explain and/or demonstrate the chosen option, and encourage the client to practice.

Below is the list of WASH counseling cards included in this document to be used during the negotiation technique. The first column shows the WASH behavior and the second shows the counseling cards that have been developed.

List of WASH Counseling[3] Cards Available

WASH Behavior	Available Counseling Card
Safe drinking water	• Safe drinking water container
	• Water treatment
	• Cup, glass, and jug covered upside down
Safe feces disposal	• Potty used at all times
	• Wash hands with water and soap or ash after disposing of the feces from the diaper or potty into latrine

[2] Client refers to the PLHIV and or any household member
[3] The counseling cards included in this guide have not yet been approved by USAID. The finalized counseling cards should also be approved by the MoHSW.

	• Build and use an improved latrine at all times – wash hands after using the latrine
Hand washing	• Proper hand washing technique
	• Hand washing at critical times
Caring for a sick person	• Wash hands before and after caring for a sick person
	• Wear gloves

The following section describes the negotiation of each WASH behavior.

Negotiating Improved WASH Behaviors

Improving Hand Washing Behaviors at the Household Level

Discussion Point: Improving Hand Washing Behavior at the Household Level

Build on the agreement made on what CHBC providers need to effectively negotiate improved WASH behaviors at the household level:

Ask each group to list: i) the materials/products/supplies, ii) the small doable actions, and iii) counseling cards needed to effectively negotiate proper hand washing mastering the negotiation technique.

Review the materials/products/ supplies listed for hand washing, then add what is missing, proceed the same way for the small doable actions for hand washing and then the counseling cards.

Explain to the group that they will learn how to make a tippy before practicing how to negotiate proper hand washing at the household level.

Materials, Products, Supplies:

- Tippy tap/kibuyu chirizi
- Water
- Soap, ash, or leaves

Hand Washing Small Doable Actions

Water-saving device

- Store water for hand washing in a water -saving device such as a tippy tap/kibuyu chirizi
- Place the hand washing station in the home, next to the latrine, or near the cooking area

Soap and soap replacement

- Use soap, ash, or tree leaves

Proper hand washing technique

- Wet your hands
- Rub for at least 10 times with soap/ash/sand
- Rub in between fingers, under the nails, up to the fist, in the back of hands
- Rinse with water

- Dry in the air to avoid recontamination from a dirty towel or dirty clothing

Critical times for hand washing

Wash hands properly:

- After cleaning the baby‘s bottom
- After using the latrine
- Before eating
- Before preparing food
- Before and after caring for a sick person

Role of soap/ash/sand and running water

- It is the soap or ash that lifts the germs. The role of soap, ash, or sand is to loosen the germs from the skin.
- Water poured over the hands carries the germs away.
- The combined action makes them ~~–e~~lean.”

Kadi ya unasihi ya kuosha mikono

DRAFT

Nawa mikono yako barabara kwa kutumia Sabuni au Majivu

Nawa mikono yako nyakati zote muhimu:

- ✧ Kabla ya kula
- ✧ Kabla ya kupika au kumlisha mtoto
- ✧ Kabla na baada ya kumuhudumia mgonjwa
- ✧ Baada ya kumuhudumia mtoto pale anapojisaidia
- ✧ Baada ya kutoka chooni

Kumbuka kunawa mikono hasa kwenye maeneo yanayosahaulika kama vile katikaki ya vidole, kwenye viganja vya mikono, nyuma ya viganja vya mikono na mpaka kwenye kiungo cha mkono. Sabuni au majivu hunyanyua vidudu na uchafu vilivyopo kwenye ngozi. Kisha kwa kunawa mikono yako na maji yanayotiririka huondoa wadudu na uchafu walioko kwenye ngozi. Unahitaji maji ya kawaida kuwa na mikono safi. Kausha mikono yako hewani usikaushe mikono kwa kutumia taulo au kipande cha nguo ambacho mara nyingi huwa sio safi na hurudisha uchafu tena mikononi.

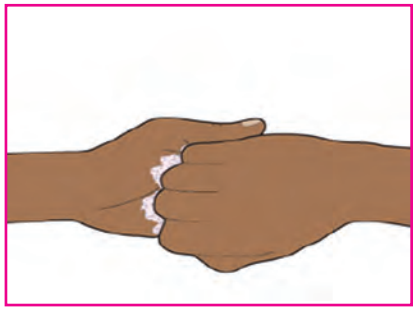
1. Loanisha mikono yako kwa maji

2. Paka mikono yako sabuni

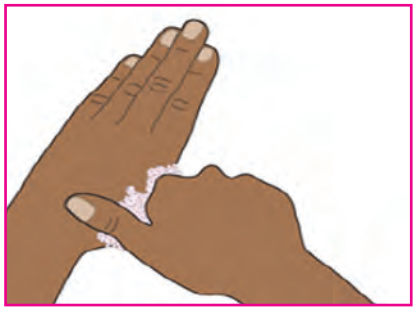
3. Sugua viganja

4. Sugua nyuma ya viganja vya mikono yako

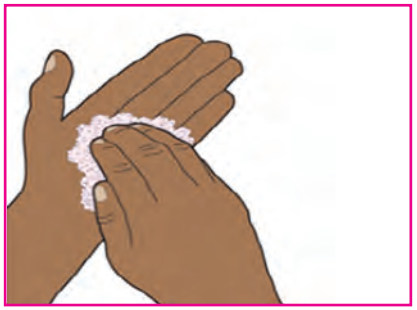
5. Sugua mbele na nyuma ya viganja vya mikono yako



6. Osha kucha zako

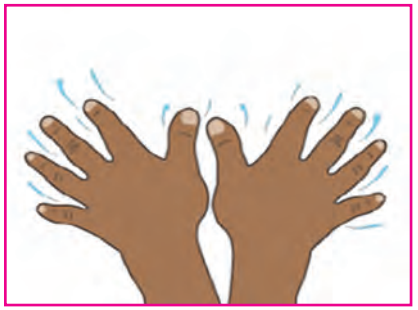


7. Osha pia katikati ya vidole vyako



8. Sugua mpaka kwenye kiungo cha mikono wako

9. Nawa mikono yako kwa maji yanayotiririka



10. Kausha mikono yako hewani

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HAND WASHING

Build and Use a Kibuyu Chirizi

- Store water for hand washing up in kibuyu chirizi
- Place the kibuyu chirizi in the home, next to the latrine, or near the cooking area
- Use soap, ash, sand, or tree leaves

Critical Times for Hand Washing

Wash hands properly:

- After using the latrine
- After cleaning the baby's bottom
- Before eating
- Before preparing food
- Before and after caring for a sick person

How to Make a Tippy Tap/ *Kibuyu Chirizi*
This activity should be carried outside the room in a plain field.

Discussion Point: How to Make a Tippy Tap

Exercise: What are the advantages of washing hands with a tippy tap?

Ask a volunteer to follow the steps to wash hands properly and practice hand washing with a jug with water and soap. The amount of water used will be collected and measured.

Ask if anyone in the group knows how to make a tippy tap. If no one knows, distribute the instructions on how to make a tippy tap/kibuyu chirizi and go through them with the group.

Demonstrate how to make a tippy tap/kibuyu chirizi. Solicit questions and provide answers.

Ask participants to work in pairs and practice how to make a tippy tap.

Then ask a volunteer to wash hands with the tippy tap/kibuyu chirizi and soap and measure the amount of water used. Compare this amount with the amount used when washing hands with a jug.

Discuss the advantages of using a tippy tap/kibuyu chirizi for hand washing.

How to Make a Tippy Tap—Kibuyu Chirizi

1. Cut two strong fork-ended sticks and one straight stick ALL to a height of 1.5 meters.
2. Take two long steps away from the toilet door (approximately 2 meters) and mark the site you are going to use for your tippy tap.
3. Dig a hole (half a meter deep) and use the straight stick to measure how far to dig a similar hole and dig another hole.
4. Place the two strong fork-ended sticks in the two holes and cover the spaces in the holes with soil so that the sticks are firm and do not shake. Put the straight stick in the fork end of each grounded stick.
5. Get a small jerry can (5 or 3 liters) and puncture it with holes using a nail with a hot tip.
6. Get a nylon string or any long lasting string (about 2 meters long). Gently pass the string through both holes using your first finger through the snout of the jerry can and tie the jerry can on the straight stick.

7. Tie another string on the handle of the jerry can and tie the other end of the same string to a strong small stick (half a meter long). Make sure that the small stick touches the ground but is at a slanting angle.
8. Get an empty mineral water bottle cut it in to a half and put a hole in the bottom end. Get a piece of soap (costs about Tz 200) and cut 1/3 of it. Make a small hole in its center, put a string through it, and tie tightly. Pass the other end of the string through the hole of the cut bottle so as to create a roof for the soap. (This ensures children do not lose the soap, goats do not eat it, and the rain does not cause it to melt).
9. Put water in the jerry can, replace the cover, and step on the stick like a car driver steps on pedals.
10. You can now use the tippy tap to wash your hands with soap every day. (Remember to create a drainage channel for the trickling water so that mosquitoes do not have stagnant water in which to lay eggs)

What Difference Does it Make in People's Lives When they use a Tippy Tap/Kibuyu Chirizi?

- Saves water
- Provides running water needed to wash hands correctly
- Enables people to wash by themselves without needing a second person to pour water

Where to Place the Tippy Tap/ Kibuyu Chirizi:

- Next to the latrine, in the kitchen, next to the bed of a bedbound PLHIV. The tippy tap/ kibuyu chirizi should be accessible to children.

Set up a hand washing station near the latrine or the cooking area to serve as a reminder to wash hands.

Hand Washing Negotiation Steps

Practice the Negotiation of Proper Hand Washing at the Household Level.

Ask two volunteers to prepare for five minutes and present a role play on how to negotiate proper hand washing at the household level.

After five minutes, ask the two volunteers to perform the role play.

Ask other participants to observe guided by the negotiation steps.

Ask the group to state what was done well and what needed to be improved and how.

Summarize the key points referring to the negotiation steps and the hand washing role play.

- *Assess the current WASH practices.* Using the assessment card explore hand washing practices (when and how), availability of soap, water, small jerry can, and poles or tree next to the house (preferably next to the latrine).
- *Congratulate the client for good practices already implemented.* Use the assessment card to identify the good practices already in place.
- *Decide with the client to address proper hand washing practices.*
- *Identify the SDA to be negotiated.* Compare the current hand washing practices to the suggested small doable actions.
- *Select appropriate counseling cards:* proper hand washing technique and hand washing at critical times.
- *Negotiate the SDA*: present the options, ask the client to chose, explain and/or demonstrate the chosen option, encourage the client to practice.
- *Make appointment for follow up.*

Set up a hand washing station near the latrine or the cooking area serves as reminder to wash hands.

The following section outlines the negotiation of safe drinking water in homes.

Negotiating Safe Drinking Water in Homes
Practicing safe drinking water behavior in homes requires enabling technologies, SDA, counseling cards, and mastery of safe drinking water negotiation steps.

Discussion Point: Negotiating Safe Drinking Water in Homes

Ask the group to list i) the materials/products/supplies, ii) the small doable actions, and iii) the counseling cards needed to effectively negotiate safe drinking water in homes.

Review the materials/products/ supplies listed for safe drinking water, then add what is missing; proceed the same way for the small doable actions and then the counseling cards.

Materials/Supplies (Enabling Technologies):

- WaterGuard tablets
- Water
- 20-liter drinking water container with proper cover
- Appropriate utensil to draw drinking water from the container
- Clean cup or glass to serve drinking water with
- Pot for boiling water

Safe Drinking Water Small Doable Actions

Appropriate container with cover

- Store drinking water in a narrow-neck (jerry can, clay pot), with a proper cover—or in a clean covered container such as a bucket with spigot
- Keep the container always covered – Tie/attach the cover to the container to prevent the cover from falling off

Treatment

- Treat drinking water with WaterGuard tablet or boil

Safe serving

When serving:

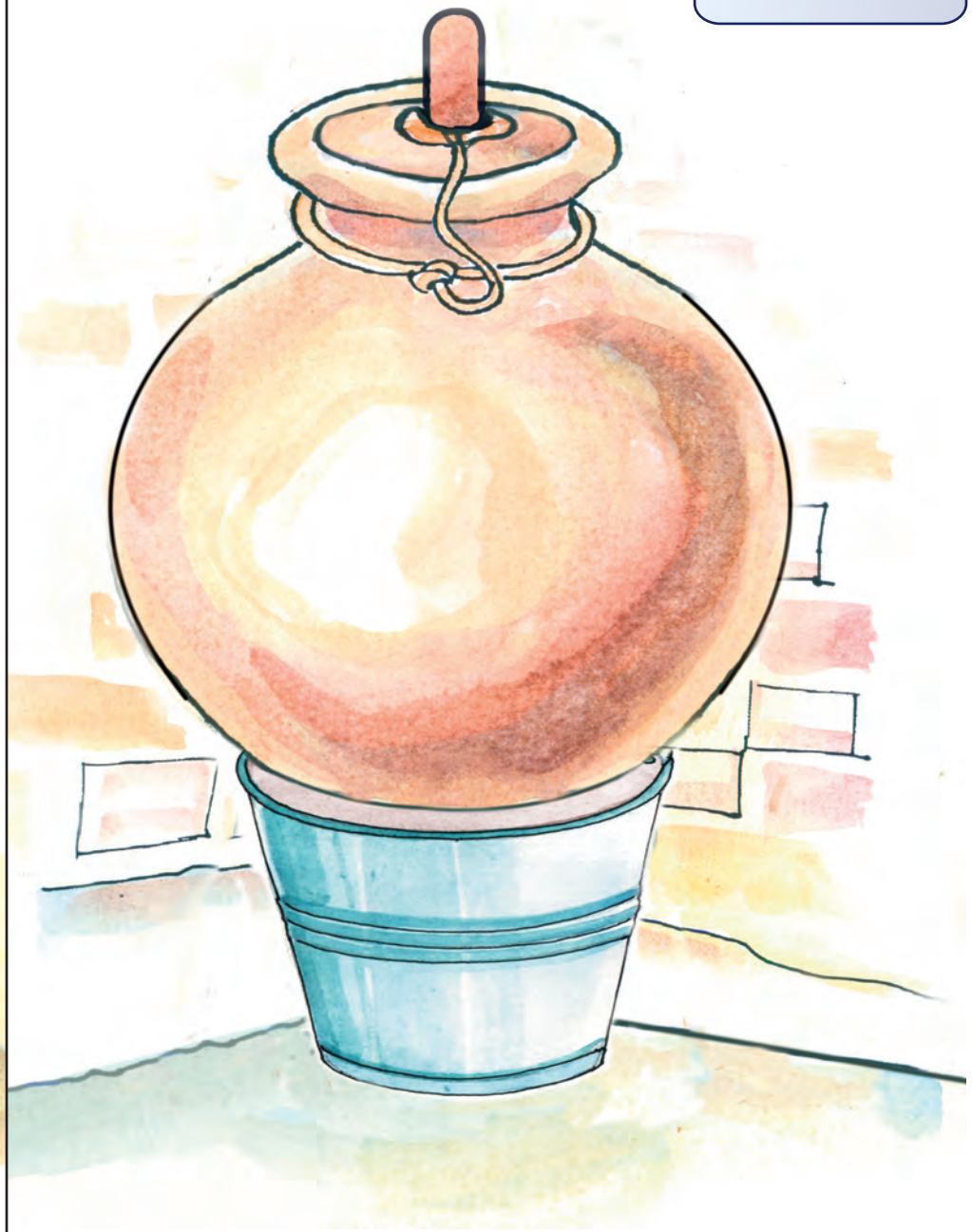
- Tilt the jerry can and pour drinking water directly into a clean jug, cup, or glass
- Draw drinking water from the clay pot with a clean ladle and pour into a clean cup or glass

Storing drinking water cup or glass

- Wash cup, glass after each use with water and soap and put upside down on a clean tray, basin, or cupboard

Safe storage

- Keep drinking water container out of reach of children and animals



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Safe Drinking Water Container

Appropriate container with cover

- Store drinking water in a narrow-neck (jerry can, clay pot), with a proper cover – or in a clean covered container such as a bucket with spigot
- Tie the cover to the container to prevent the cover from falling off. Always keep the container covered

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Treating Drinking Water

1. Treating drinking water with WaterGuard

- Fill a 20-liter jerry can with water
- Put one WaterGuard tablet in the jerry can
- Close the jerry can
- Shake the jerry can
- Wait for 30 minutes
- Always keep the jerry can closed

2. Boiling drinking water

a. If water is chocolate brown, cloudy, opaque, or turbid, let it settle until it is clear and pour it into a new container, leaving the dirt behind.
b. Boil the water until LARGE BUBBLES appear. Once you see the first bubbles, the water is ready. There is no need to burn extra fuel boiling longer.
c. When the water cools, store boiled water in a safe container (with a tight fitting lid and, if possible, a spigot). Be careful to store and serve by pouring; boiled water is easy to recontaminate.

Boiled water stays safe to drink for only 24 hours. It should be dumped from the container before a new batch of water is boiled and stored.

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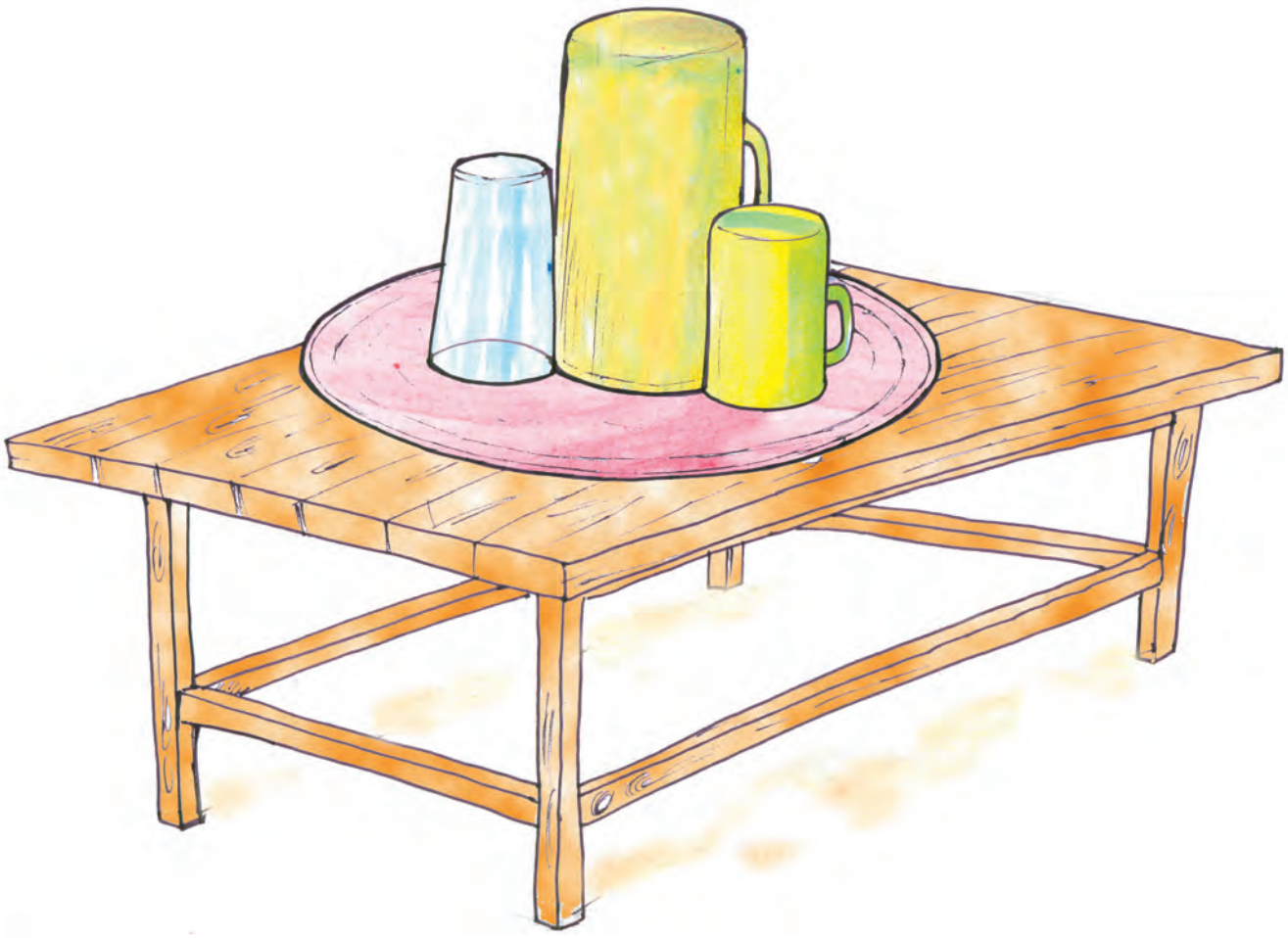

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Safe Serving and Safe Storage of Drinking Water Container

Safe serving

When serving:

- Tilt the jerry can and pour drinking water directly into a clean jug, cup, or glass
- Draw drinking water from the clay pot with a clean ladle and pour into a clean cup or glass

Storing drinking water cup or glass

- Wash cup, glass after use with water and soap and put upside down on a clean tray, basin, or surface

Safe storage

- Keep drinking water container out of reach of children and animals

Discussion Point: How To Use Materials and Supplies to Make and Keep Drinking Water Safe in Homes

Ask the group to answer the following questions:

- *Do we have to treat drinking water? If so, why?*
- *What are the methods of treating drinking water in homes?*

Ask a volunteer to demonstrate how to boil water.

Ask other participants to observe and give feedback.

Summarize the key steps in boiling drinking water.

Ask a volunteer to demonstrate how to treat drinking water with WaterGuard tablets. Ask other participants to observe and give feedback.

Discussion: Ask the group the following questions:

- *What type and size of container should be used to store drinking water treated with WaterGuard tablets?*
- *Why should the water container remain covered?*
- *How do you safely draw drinking water from the jerry can and from the clay pot?*
- *How do you safely serve drinking water?*

Treating drinking water

Why treat drinking water?

- Drinking water should be treated to ensure that germs (that cause disease) are killed.
- Even drinking water that comes from a safe source such as piped water can be contaminated when water is transported and/or transferred into an unclean container.
- It is difficult to ensure that some drinking water containers such as clay pots and jerry cans are properly cleaned.

Treating drinking water at the point of use and in a narrow-neck container, storing it safely, and serving it properly by pouring are the only ways to ensure that germs that cause diarrhea and waterborne diseases are killed.

Methods of Treating Drinking Water

Methods of Treating Drinking Water in Homes

Boiling is a traditional and still popular method to make water safe to drink and kill disease-causing microorganisms.

Chemical treatment consists of using chemicals such as chlorine (WaterGuard tablets) to kill or inactivate the most harmful, disease-causing organisms.

Treating Water by Boiling

The proper procedure for boiling water is the following:

1. If water is chocolate brown, cloudy, opaque, or turbid, let it settle until it is clear and pour it into a new container, leaving the dirt behind.
2. Boil the water until LARGE BUBBLES appear. Once you see the first bubbles, the water is ready. There is no need to burn extra fuel boiling longer.

3. When the water cools, store boiled water in a safe container (with a tight fitting lid and, if possible, a spigot). Do not keep this water more than 24 hours. Be careful to store and serve by pouring; boiled water is easy to recontaminate.

Boiled water stays safe to drink for only 24 hours. It should be dumped from the container before a new batch of water is boiled and stored.

Treating Water with WaterGuard Tablets

1. Fill the jerry can or clay pot with 20 liters of water
2. Put a tablet of WaterGuard in the 20 liters of water
3. Close the jerry can and shake —for clay pot, use a stirring stick to stir water for a few minutes
4. Wait for 30 minutes and drink some water to show that it is good to consume

Use a 20-Liter Water Container

One WaterGuard tablet is the amount needed to treat 20 liters of drinking water. If the water container is less than 20 liters in size, a WaterGuard tablet will be too much and the water could have a strong chlorine taste. If the water container is too large (more than 20 liters), a WaterGuard tablet will not be enough to treat the drinking water and it will not be safe to drink.

Some households use a clay pot to store drinking water. In this case, the household should use a jug or container of a known volume and measure exactly 20 liters of water and pour it into the clay pot before treating the water.

Drinking Water Container Should be Properly Covered

When drinking water is treated with WaterGuard, there is a little bit of extra chemical to protect it from recontamination. If the drinking water container is not properly covered, the additional protection from the residual chlorine will be lost. The drinking water container should always be properly covered to protect water from contamination.

Keep the Cover Safe and Prevent its Loss

Attaching the cover with a string to the drinking water container will help keep the cover off the floor and protect the container mouth

How often should drinking water be treated with WaterGuard?

Water treated with WaterGuard tablets can be drunk/ consumed for only 24 hours. After 24 hours, it needs to be used for another purpose such as cooking.

Safe Drawing of Drinking Water

Drawing drinking water from the clay pot

Any materials (ladle…) used to draw water from the clay pot should:

- Be cleaned with soap and water every day and kept in a clean place
- Have a long handle to prevent fingers from coming in contact with water. The person drawing should not dip his/her hand in the cup or jug.
- Be stored by hanging on a nail or on the wall

Drawing drinking water from a jerry can

- Tilt the jerry can and pour water into a clean cup or glass.

Safe serving of drinking water in a clean cup or glass

- The cup or glass used to serve drinking water should be cleaned (washed with water and soap) every day and kept in a clean place upside down on a clean tray**. Do not reuse a cup/glass that was already used and has not been washed.**

Storing water container out of reach of animals and children

- Drinking container should be stored out of the reach of animals and children to avoid any contamination.

Practice—Negotiating Safe Drinking Water in Homes

Scenario CHBC Provider's Visit to Juma

A CHBC provider visits Juma, 24, who has been living with HIV since 2005. Juma started ART last week. Juma was also given sachets of WaterGuard tablets to treat his drinking water. The CHBC provider noticed that the jerry can containing drinking water was open; the jerry can's cover and the drinking cup were on the floor. The CHBC provider decided to negotiate with Juma the improvement of safe drinking water.

Practice How To Effectively Negotiate Safe Drinking Water in Homes

Ask two volunteers to spend 10 minutes preparing a role play on how to negotiate safe drinking water with Juma.

After 10 minutes, ask the two volunteers to do the simulation. Ask other participants to observe and then provide feedback.

Summarize and highlight how and what to address at each step.

- *Assess the current WASH practices* using the assessment card. Explore the following: Type of drinking water container available (covered, not covered, and type of cover); What is used to draw and to serve drinking water? Where are drinking water container, jug, and cup stored or kept? What method is used to treat drinking water by the household?
- *Congratulate the client for good practices already implemented.* Use the assessment card to compare the current practices to the SDA (ideal practices).
- *Identify one behavior to be negotiated.* Discuss and agree with the client to address safe drinking water.
- *Identify the SDA to be negotiated.* Use the assessment card to identify the SDA by comparing current safe drinking practices to the SDA.
    - Tie the jerry can's cover to the jerry can. This will prevent the cover from falling off and will help keep the jerry can always covered.
    - Wash the drinking cup and glass with water and soap after use. Reuse the used drinking cup and glass.
    - Store the clean drinking cup and glass upside down on a clean surface such as a tray, table, or cupboard.
- *Select appropriate counseling cards.* Select the following safe drinking water counseling cards: safe drinking water container, water treatment, and storing cup, glass, and jug.

- *Negotiate the SDA*: present the options, ask the client to chose, explain and/or demonstrate the chosen option (if it is water treatment, keeping the container always covered…), encourage the client to practice.
- *Make an appointment to follow up*.

Negotiating Improved Feces Disposal for Mobile People in Homes
Two target groups will be considered in this section: people who can get to a latrine and young children.

Safe Feces Disposal for Younger Children

Discussion Point: Safe Feces Disposal for Younger Children

Ask each group to list i) the materials/products/supplies, ii) the small doable actions, and iii) counseling cards needed to effectively negotiate safe feces disposal for younger children.

Review the elements listed for materials/products/supplies for safe feces disposal for younger children, then add what is missing; proceed the same way for the small doable actions and then the counseling cards.

Materials for Negotiating Safe Feces Disposal for Young Children:
- Potty/bedpan
- Tippy tap/kibuyu chirizi
- Soap or ash

How to make a potty or bedpan from local materials

A potty or bedpan can be made from local materials such as an old bucket, jerry can, or clay pot.

The characteristics of potty/bedpan that make it user-friendly and effective are:
- Stability
- Smooth edges
- Easy to clean
- Leak proof

Small doable safe feces disposal actions for young children:
- Use potty for children during day and night
- Dispose of the feces from the potty immediately after defecation into a pit latrine
- Wash the potty with water and soap after use
- Store the clean potty upside down
- Wash hands with water and soap/ash/sand/leaves after washing the potty

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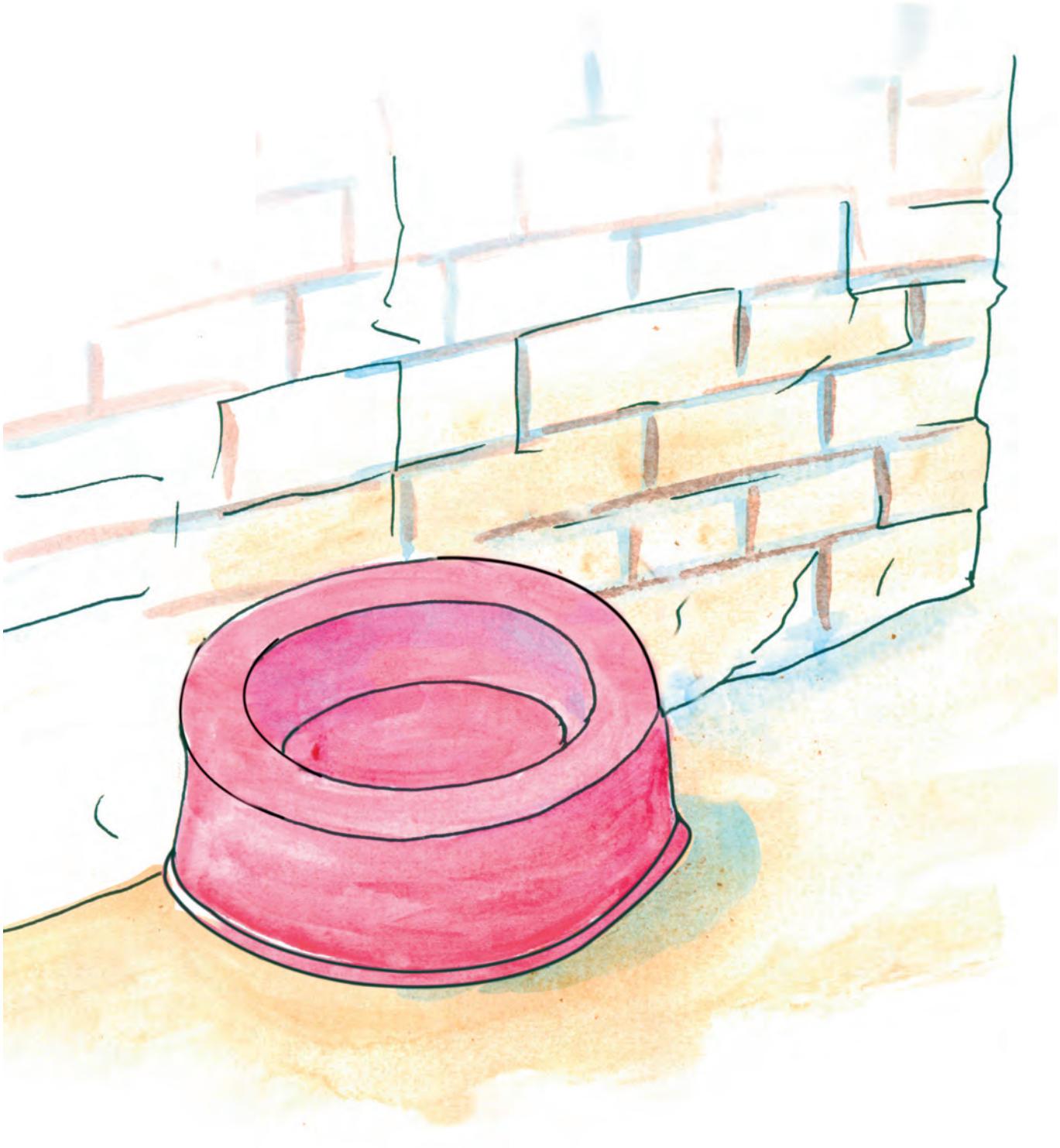

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Safe Feces Disposal for Children

- Put a little bit of water in the potty to make the disposal of feces easy
- Use potty for children during day and night

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Safe Feces Disposal for Children—Dispose of Feces for Children into Latrine

- Dispose of the feces from the potty immediately after defecation into a latrine
- Wash the potty with water and soap or ash after use
- Store the clean potty upside down
- Wash hands with water and soap/ash/leaves after washing the potty

Negotiating Safe Feces Disposal for Younger Children

Practice How to Effectively Negotiate Safe Feces Disposal for Younger Children

Ask two volunteers to spend five minutes preparing for a role play on how to negotiate safe feces disposal for younger children.

After five minutes, ask the two volunteers to do the role play.

Ask the other participants to observe and then provide feedback.

Summarize and highlight how and what to do in each negotiation step.

- Assess the current disposal practices for younger children such as: defecation during day and night time; availability of potty; where the feces from the potty are disposed of; how the potty is cleaned, and where the potty is stored.
- Congratulate the client for good practices already implemented.
- Identify one behavior to be negotiated.
- Identify the SDA to be negotiated.
- Select appropriate counseling cards.
- Negotiate the SDA.
- Make an appointment to follow up.

Negotiating safe feces disposal for mobile adults
Mobile adults refer to adults who can walk to the latrine.

Discussion Point: Safe Feces Disposal for Mobile Adults

Ask the group to list i) the materials/products/supplies, ii) the small doable actions, and iii) the counseling cards needed to effectively negotiate safe feces disposal for mobile adults.

Review the materials/products/supplies listed for safe feces disposal for mobile adults, then add what is missing; proceed the same way for the small doable actions and then the counseling cards.

Ask the group to list the characteristics of an improved latrine.

Materials/systems and product needed:

- Improved latrine (normal/reasonable[4] size hole, stand, cover with a handle, wall and door with a lock, and roof)
- Tippy tap/kibuyu chirizi
- Soap or ash

Types of Latrines
PLHIV and household members should build/have an improved latrine with the following characteristics: a ~~"n~~ormal/reasonable size" hole with a cover and handle, comfortable stand, wall and door, and a roof.

[4] Normal/reasonable size refers to the diameter (22 -26 cm) of the bottom of a small bucket.

Safe Feces Disposal Small Doable Actions for Mobile People

Latrine use at all times

- Use improved latrine during day and night time
- Make sure the waste is dropped properly in the pit
- Cover the latrine after use with a cover with a handle

Latrine improvements

Comfortable and safe stand

- Use a burned brick or clay to make a comfortable stand

Hole

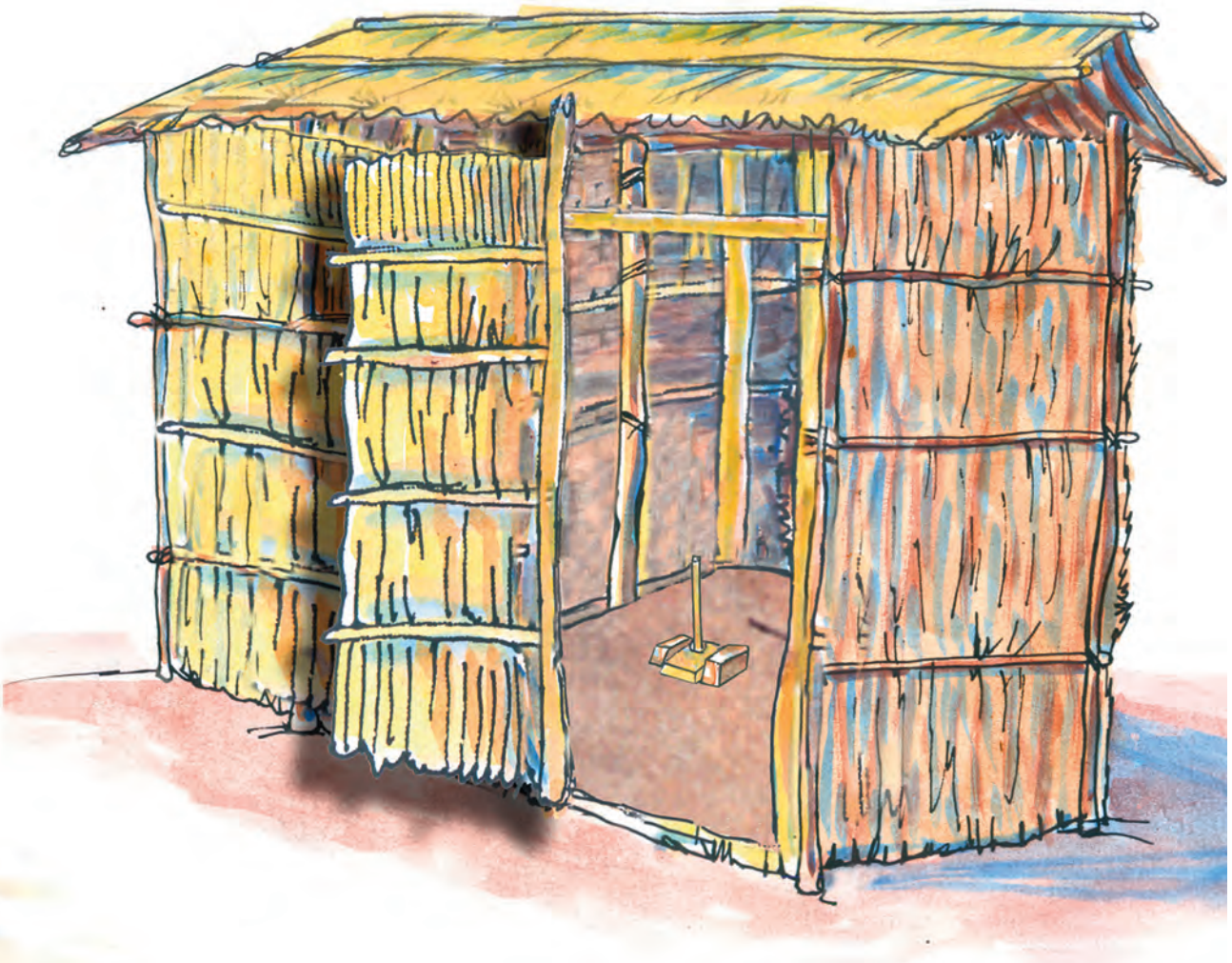
- Make the size of the hole ―reasonable" so that children and adults can safely use the latrine

Wall and door

- Make walls and door with available and affordable materials – The door should have a lock or at least a latch. The walls must not be of a material that exposes users from the outside.
- If necessary and possible, make the door and housing large enough so that a caregiver can assist the PLHIV into the structure and onto a stool, or until the person gets a strong hold of a stabilizing rope or pole.

Roof

- Construct the roof of the latrine from (locally) available materials



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Safe Feces Disposal for Adults

Safe Disposal of Feces for Mobile People

Latrine use at all times:

- Use improved latrine during day and night time
- Make sure the waste is dropped properly in the pit
- Cover the latrine after use with a cover with a handle

Latrine improvements:

Comfortable and safe stand

- Use a burned brick or clay to make a comfortable stand

Hole

- Make size of the hole “reasonable” so that children and adults can safely use latrine
- The size of the hole should be the size of the bottom of a small bucket

Wall and door

- Make walls and door with available and affordable materials. The door should have a lock.

Roof

- Construct the roof of the latrine from (locally) available materials

Wash hands with water and soap, ash, or leaves after using the latrine

Negotiating Safe Feces Disposal for Mobile Adults

Scenario—Negotiation with Juma to Help Him and Adult Members of his Household Dispose of Feces Safely

Juma lives in the neighborhood of Dar. He is married with two children, aged thee and six years old. Juma and his family own a one-bedroom house with a small yard. Juma does not have a latrine, and there are traces of feces around the house. Juma and his wife have a bedpan, but it is used only by children for defecation during night time. Juma and his wife defecate in the open during the day and at night.

Practice How to Effectively Negotiate Safe Feces Disposal for Mobile Adults

Ask two volunteers to spend 10 minutes preparing a role play on how to negotiate safe feces disposal for mobile adults with Juma.

After 10 minutes, ask the two volunteers to do the simulation. Ask the other participants to observe and then provide feedback.

Summarize and highlight how and what to do in each negotiation step.

- Assess the current WASH practices. Using the assessment card explore the following: the place where adults and children defecate during the day and at night; If no latrine is available, is there space for constructing a latrine? Does the household use a bedpan, and if so, where are the feces disposed of?
- Congratulate Juma for having and using a bedpan at night.
- Identify one behavior to be negotiated.
- Identify the set of SDA to help improve the practice and what is available at the household level to help improve the practice.
- Identify the SDA to be negotiated.
- Select the appropriate counseling card to help negotiate the set of SDA leading to improved behaviour.
- Negotiate the SDA.
- Make an appointment to follow up.

Sub-Session 11:3 Teach Caregivers How to Provide WASH Care

Purpose

To strengthen the skills of HBC providers so they can train caregivers to provide WASH care to bedbound PLHIV.

Objectives

- Discuss and practice how to teach caregivers proper hand washing technique and how to treat drinking water
- Discuss and practice how to teach caregivers to provide WASH care to bedbound PLHIV with diarrhea or to a bedbound HIV- positive woman with menses**.**

Estimated Time

Review Objectives	5 minutes
Teach a Caregiver Proper Hand Washing Technique	10 minutes
Teaching Caregivers How to Treat Drinking Water with WaterGuard	10 minutes
Teaching Caregivers How to Treat Drinking Water by Boiling	10 minutes
Teaching Caregivers to Care for Bedbound People with Diarrhea	15 minutes
Teaching a Caregiver How to Handle and Dispose of Menstrual Bloodstained Materials Safely	15 minutes
Total time	65 minutes

Advance Preparation

- Review steps on how to teach somebody a new or an improved behavior
- Review the counseling cards on caring for a bedbound person with diarrhea or an HIV- infected bedbound woman with menses

Supplies needed

Ensure supplies needed for teaching each new or improved behavior is available in the home.

Content

CHBC providers will teach the caregiver and the entire household proper hand washing technique and how to treat drinking water. The steps to follow when teaching an adult to learn a new skill are the same, irrespective of the skill being taught and include the following:

- Gather materials
- Select counseling cards
- Explain the skill to be taught (proper hand washing, treating drinking water…)
- Demonstrate
- Ask caregiver to practice new behavior
- Give feedback on what caregiver did
- Solicit caregiver‘s questions and give answers
- Make appointment for follow up

This is referred to as learning by doing.

The following section describes how to apply these steps to hand washing and treating drinking water.

Teach a Caregiver Proper Hand Washing Technique
The table below describes the actions that CHBC provider should implement when teaching a caregiver proper hand washing technique.

Steps	**Actions**
• Gather materials	Gather the following materials: • Tippy tap/kibuyu chirizi with water • Soap or soap alternatives such as ash, leaves
• Select counseling cards	Counseling cards • Proper hand washing technique • Hand washing at critical times
• Explain the skill to be taught	Proper hand washing involves the following actions: • Wet your hands • Rub at least 10 times with soap/ash/sand • Rub in between fingers, under the nails, up to the fist, in the back of hands • Rinse with water • Dry in the air
• Demonstrate	Practice the actions listed above
• Special instructions	List the critical times for hand washing: • After cleaning the baby‘s bottom • After using the latrine • Before eating • Before preparing food • Before and after caring for a sick person
• Ask caregiver to practice new behavior	Observe and note what is well done and what is missing or not well done
• Give feedback on what caregiver did	Congratulate the caregiver for trying and explain what was well done and what needs to be improved and how
• Solicit caregivers‘ questions and give answers	
• Special instructions	Ask the caregiver to repeat the critical times for hand

	washing. If they are correctly stated, congratulate caregiver, if not give the correct answer.
• Make appointment for follow up	Agree with the caregiver on a date for follow-up visit

The CBHC provider explains to the caregiver that the role of soap, ash, or leaves is to loosen the germs from the skin. The function of running water from the tippy tap is to remove germs. Air drying hands prevents recontamination from a dirty towel or dirty clothing.

The following section presents two water treatment options: WaterGuard and boiling.

Teaching Caregivers How to Treat Drinking Water with WaterGuard
The steps for treating drinking water with WaterGuard are listed in the table below.

Steps	**Actions**
• Gather materials	• 20-liter jerry can or clay pot full of water and cover, pot, stove or fireplace, clean cup, and glass
• Select counseling cards	• Drinking water container • Drinking water treatment • Cup, glass, and jug covered upside down
• Explain the skill to be taught	• Fill 20-liter jerry can or clay pot with water • Put a tablet of WaterGuard in the water container and shake • Wait for 30 minutes
• Demonstrate	Practice all the above and drink some, then ask the caregiver to taste and ask the caregiver what s/he thinks about the water s/he just tested
• Special instructions	• Always use one WaterGuard tablet to treat 20 liters of water • Always keep the water container covered by attaching the cover to the container with a string • When serving drinking water: o Tilt the jerry can and pour drinking water directly into a clean jug, cup, or glass o Draw drinking water from the clay pot with a clean ladle and pour into a clean cup or glass • Wash cup, glass after each use with water and soap and put upside down **on a clean tray, basin, or cupboard** • Keep drinking water container out of reach of children and animals
• Ask caregiver to practice new behavior	Encourage the caregiver to practice and record what is well done and what is not well done.

• Give feedback on what caregiver did	Start with what was done properly and then explain what needs improvement and how to improve
• Special instructions	Ask caregiver to repeat the special instructions.
• Make appointment for follow up	Set a date with caregiver for follow up

The following section presents how to teach caregivers to treat drinking water by boiling

Teaching Caregivers How to Treat drinking Water by Boiling

The steps for treating drinking water by boiling it are listed in the table below.

Steps	Actions
• Gather materials	• 20-liter jerry can or clay pot full of water and cover, clean cup and glass
• Select counseling cards	• Drinking water container • Drinking water treatment • Cup, glass, and jug covered upside down
• Explain the skill to be taught	• Fill the pot with 20 liters of water • Boil it until large bubbles appear • Let the water cool • Transfer into a clean narrow-neck container (jerry can or clay pot)
• Demonstrate	• Practice all the above and drink some, then ask the caregiver to taste and ask the caregiver what s/he thinks about the water s/he just tested
• Special instructions	• Boiled water is safe to drink for only 24 hours. Water should be dumped out of the container before a new batch of water is boiled and stored. • Always keep the water container covered by attaching the cover to the container with a string • When serving drinking water: o Tilt the jerry can and pour drinking water directly into a clean jug, cup, or glass o Draw drinking water from the clay pot with a clean ladle and pour into a clean cup or glass • Wash cup, glass after each use with water and soap and put upside down on a clean tray, basin, or cupboard • Keep drinking water container out of reach of children and animals
• Ask caregiver to practice new behavior	Encourage the caregiver to practice and record what is well done and what is not well done
• Give feedback on what caregiver did	Start with what was done properly and the explain what needs improvement and how to improve
• Special instructions	Ask caregiver to repeat the special instructions

• Make appointment for follow up	Set a date with caregiver for follow up

Teaching Caregivers to Care for Bedbound People with Diarrhea

What are the Challenges in Safe Feces Handling and Disposal for Bedbound People?

- Getting a frail person out of bed to go to the latrine is not always possible
- Cleaning someone in bed after an episode of diarrhea
- Helping a person too weak to get out of bed to get to a latrine or sit on a bedside commode and be able to pass urine or open her/his bowel while in bed
- Cleaning a person who has an episode of diarrhea in bed or in general without soap
- Changing a bed without clean or alternative bedding
- Having an episode of diarrhea when the sick person is alone

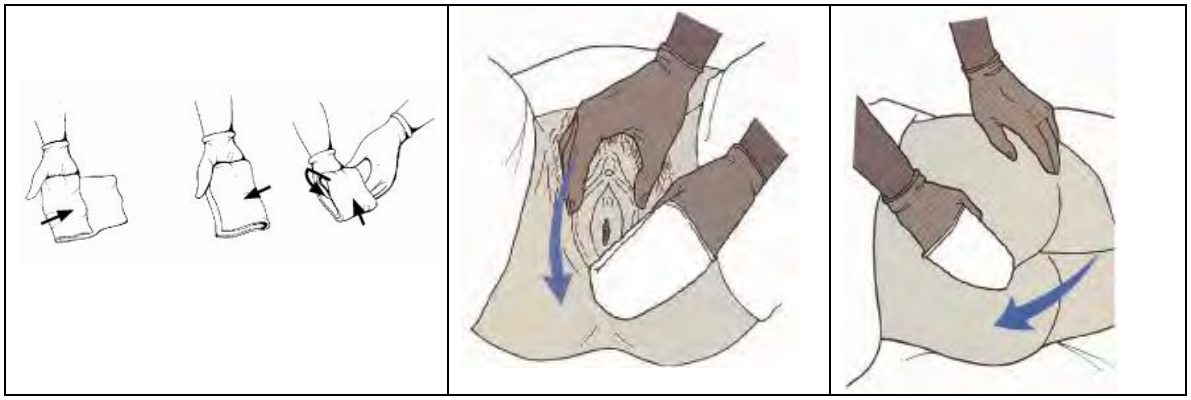
The steps to follow when teaching a caregiver how to care for a bedbound person with diarrhea are listed in the table below.

Steps	Actions
• Gather materials	• A jug with water and soap • A bucket with water and soap • A pair of gloves • Bed sheets • Counseling card
• Explain the skill to be taught	• Ensuring privacy • Preparing to give the care: wash hands, wear gloves, prepare materials e.g., clean cloth, soap, water, towel, cloth sheet … • Cleaning the perineal area • Turning the bedbound person to the side • Cleaning the anal area • Changing the bed sheet and clothes and placing the bedbound person in a comfortable position and covering him/her • Soaking, washing, and drying the stained bed sheet and clothes • Washing hands
• Demonstrate	See tasks and illustrations below
• Ask the caregiver to practice	Encourage the caregiver to practice and record what is well done and what is not well done
• Observe and give feedback	What went well, what needs to be improved, and how

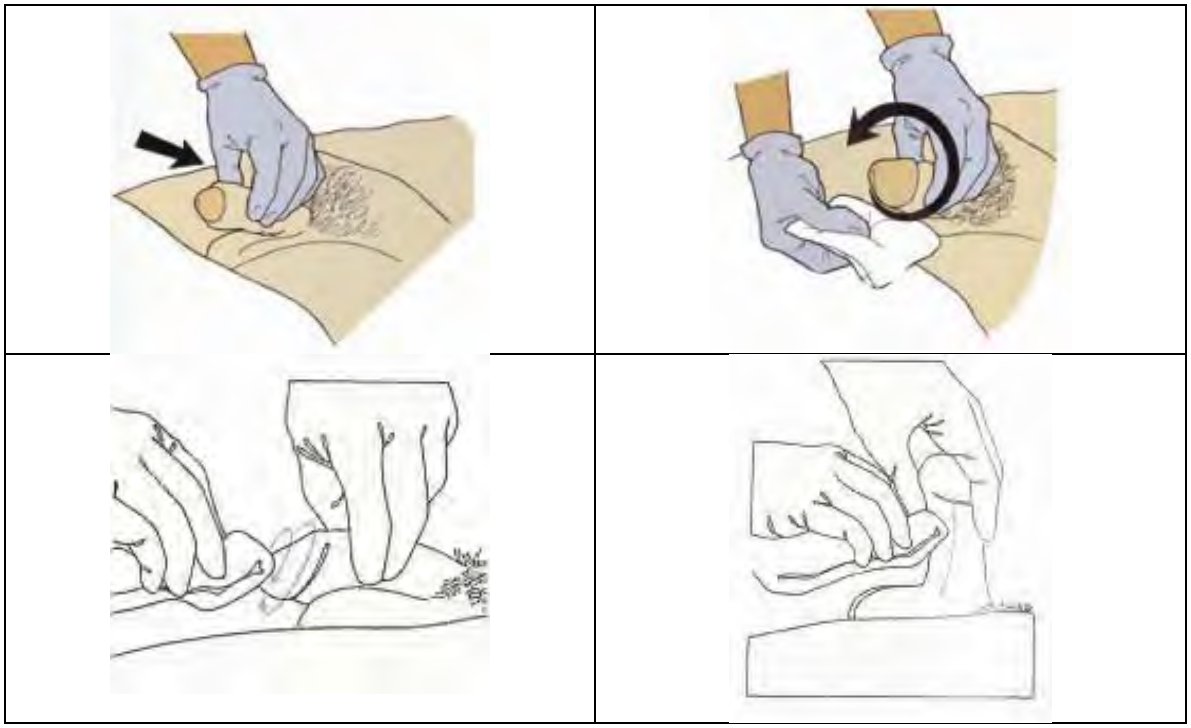
Demonstrate How to Care for a Bedbound Person with Diarrhea

- Ensure privacy
- Prepare to give care: wash hands, fill a bucket with water, collect soap, wear gloves → show the counseling card
- Clean perineal areas

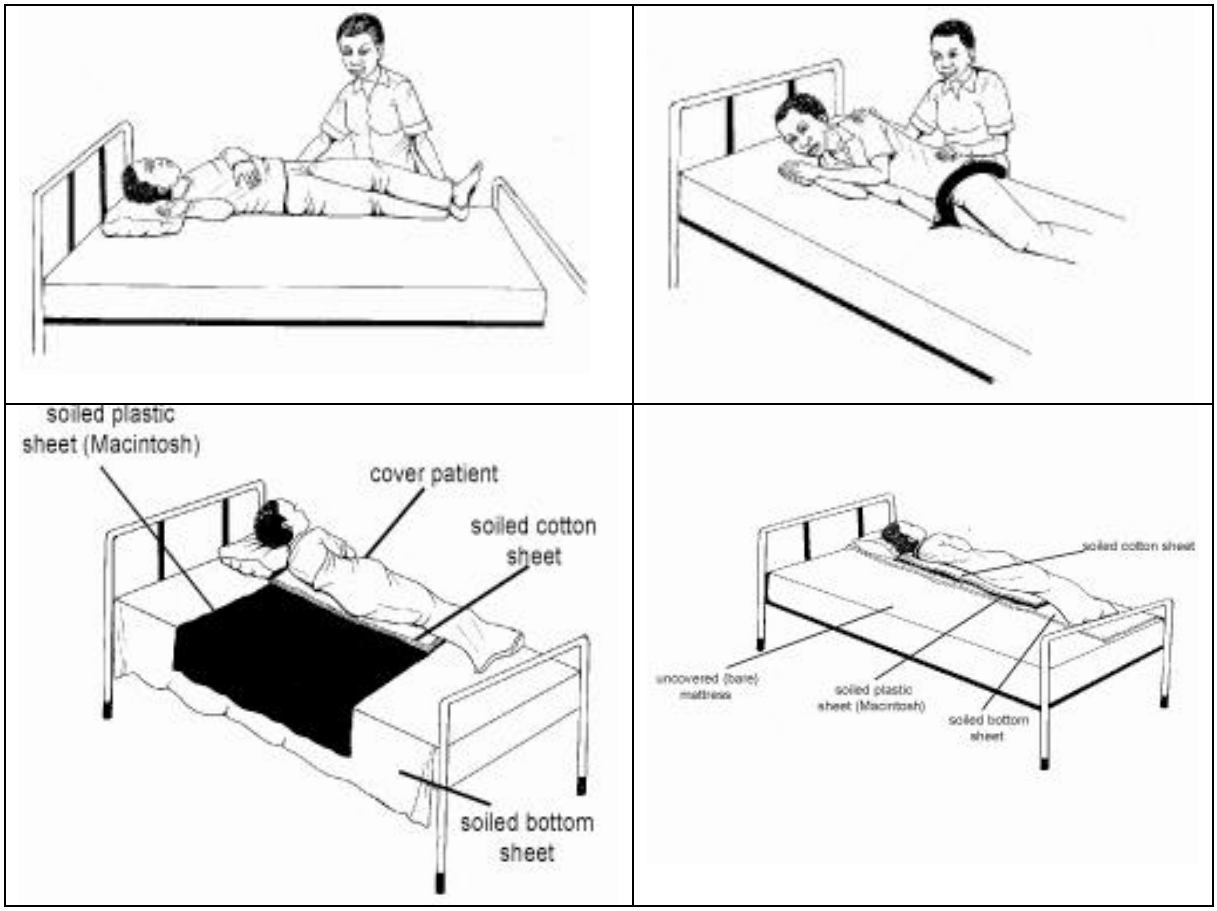
Female



Male



- Turn the bedbound person to the side and change the bed sheet



- Clean the anal area as described in the box below

Cleanse Anal Area

The side-lying position allows the rectal area to be cleaned well.

- Ask the client to turn on his/her side. If s/he is unable to move on his/her own, turn the client on his/her side.
- Use the rinsed cloth to clean around the rectum in the buttock area by wiping in the direction of ~~"f~~front to back" (penis to rectum) for men and (vagina to anus) for women, removing any feces, blood, urine, and/or other body fluid.
- Rinse, cleanse the area.
- Pat the area dry with a clean, dry cloth.

- Place the bedbound person in a comfortable position and cover him/her
- Soak, wash, and dry the stained bed sheet and clothes
- Wash hands

A few clients may be weak and need help to dispose of feces safely. The following section describes how to make a commode or a potty chair and how to get the client up to the bedside potty chair.

Helping a Weak PLHIV Use the Toilet

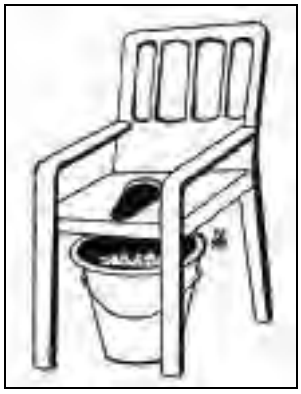
Basic Steps to Construct a Bedside Potty Chair

Step One: Make a wooden stool or use an existing chair that can be modified.

Step Two: Cut a round hole in the middle of the stool/chair that fits the client's buttocks.

Step Three: Smooth the hole to avoid bruising, cuts, etc.

Step Four: Put a bucket beneath the hole in the stool or chair.



Below are instructions for how to get a client up to the bedside potty chair to change the soiled linens.

Steps to Get the Client up to the Bedside Potty Chair

Step One: Wash your hands, prepare the materials you need (chair, pillow, tissue or clean cloth for cleansing the perineum, etc). Come to the client and communicate what you are going to do.

Step Two: Place the bedside potty chair at the head of the bed. Help the client dangle his/her feet over the side of the bed, making sure his or her feet touch the floor. Help the client put on clothing, a cloth, or a robe to maintain his/her privacy and dignity.

Step Three: Stand in front of the client who is sitting up on the bed. Have them place their fists on the bed by their thighs. Make sure the client's feet are flat on the floor. Place your hands under his or her arms. Your hands should be around the shoulder blades. Have the client lean forward. Brace your knees against the person's knees, and block his or her feet with your feet. Ask the client to push the fists into the bed and to stand on your count or at signal that you agree

upon with the client. Pull him/her up into a standing position as you straighten your knees.

Step Four: Support the client in the standing position. Keep your hands around their shoulder blades. Or, alternatively, you could put a belt (gait belt) around the waist of the client to help you maintain your hold. Continue to block the client's feet and knees with your feet and knees. This helps prevent falling.

The following section describes how to care for HIV-positive bedbound women with menses.

Teaching a Caregiver How to Handle and Dispose of Menstrual Bloodstained Materials Safely

This section describes how to teach caregivers to handle and dispose of menstrual bloodstained materials and outlines the challenges associated with the process.

Challenges Involved in Caring for HIV-Positive Women with Menses

What are the risks associated with coming into contact with blood from menstruation?

➔ If the caregiver has wounds on the hands, the caregiver can contract HIV if the menstrual blood of the HIV-positive woman touches the caregiver's wounds.

Challenges associated with caring for HIV-positive bedbound women with menses:

- Reluctance among women to talk about how to handle menstrual blood or to accept help from someone with this task
- Direct contact with bloodstained piece of cloth or napkin
- Caregiver not wearing gloves when caring for sick HIV+ women
- No adequate place to store bloodstained materials
- Bed and sheet stained with blood
- No soap available at home

Caregivers should always protect hands and wear gloves when caring for an HIV-positive bedbound woman with menses.

Safe Handling and Disposal of Menstrual Bloodstained Materials from an HIV-Positive Bedbound Woman with Menses

The following section outlines the tasks caregivers should carry out when caring for an HIV-positive bedbound woman with menses.

Gather the materials:

- A jug with water and soap
- A bucket with water and soap
- A pair of sheets
- A pair of gloves
- Clean pad, piece of cloth
- Counseling card

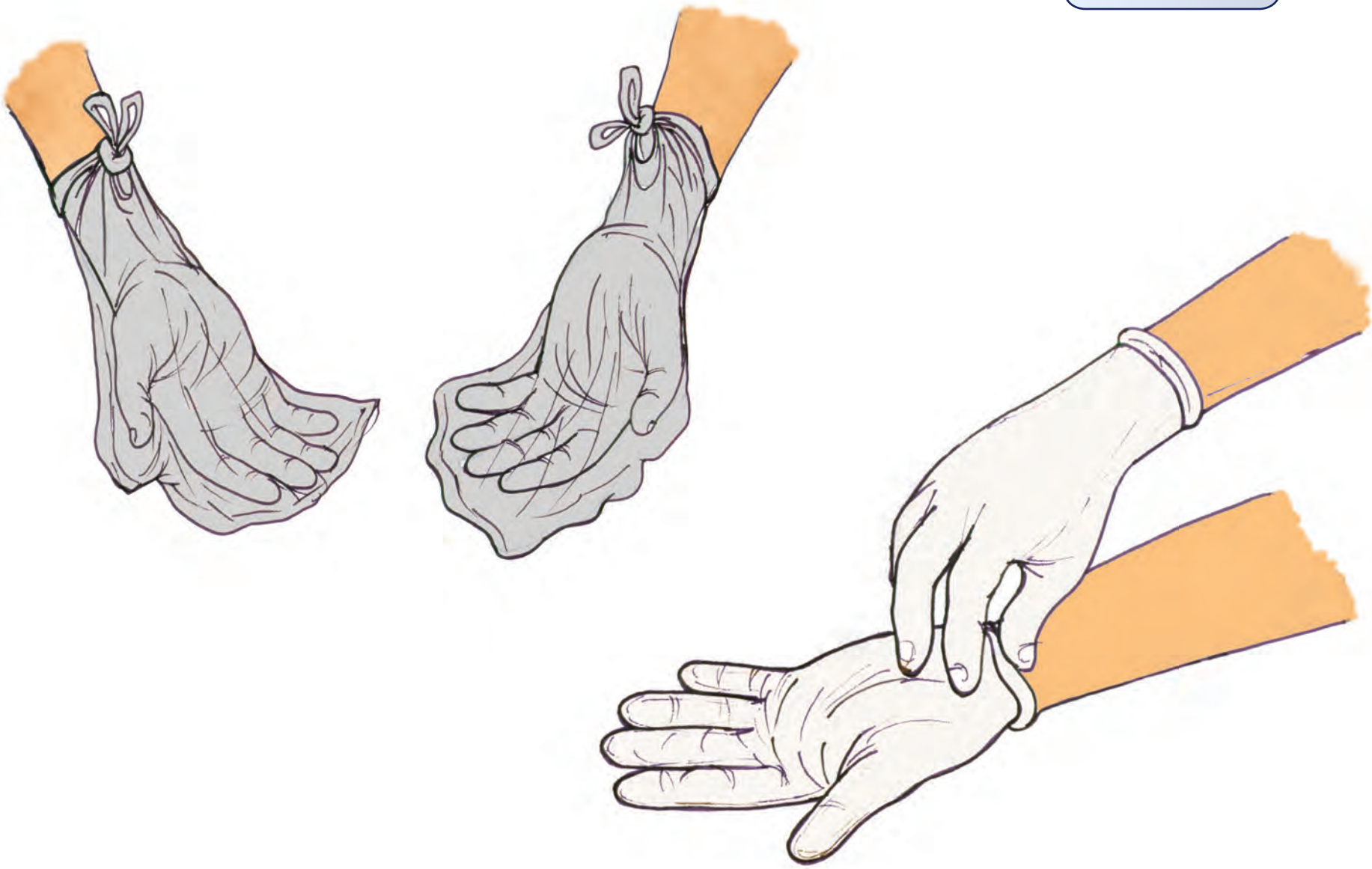
DRAFT

DRAFT

Wash Hands Before and after Caring for a Sick Person

Wash hands with water and soap before and after caring for a bedbound person with diarrhea or a bedridden HIV-positive woman with menses.

DRAFT



DRAFT

Safe Handling and Disposal for Feces or Bloodstained Materials—Care for Bedridden People with Diarrhea or HIV-Positive Bedridden Women with Menses

- Wear (caregiver) gloves or plastic bag before caring for a bedbound person
- Cover the bed with plastic sheeting and washable piece of cloth on top
- Wash feces or bloodstained materials such as bed sheets, cloth, and plastic sheeting with water and soap and dry in sun
- Wash hands with water and soap before and after caring for a bedbound person

Steps	Actions
• Explain the skill to be taught	• Ensure privacy • Prepare to provide the care: wash hands, prepare materials e.g., clean cloth, soap, water, towel, cloth sheet…) • Clean the perineal area • Turn the bedbound person • Clean the anal area • Change the pad/piece of cloth • Change the bed sheet and clothes • Place the bedbound woman in a comfortable position and cover her • Soak, wash, and dry the bed sheet and clothes
• Demonstrate	See tasks and illustrations below
• Ask the caregiver to practice	Encourage the caregiver to practice and record what is well done and what is not well done
• Observe and give feedback	What went well, what needs to be improved, and how

Helping PLHIV and Household Members Improve Multiple WASH Practices: Guiding Principles

Identify and improve one behavior at a time.

1. *Assess:* Using the assessment card, carry out a thorough assessment of all the WASH practices in the household. Identify the WASH practices already being implemented, congratulate the client, and recommend that s/he continues to maintain these practices. Then identify the practices to be improved and the set of SDA to be negotiated.
2. *Identify with the client one WASH practice to be improved according to the following criteria:*
   - Availability of materials/supplies (higher probability that the family will implement)
   - Approval of the head of household
3. *Negotiate the first improved WASH practice* using the appropriate counseling cards. Negotiate only one behavior at a time. Follow up with the client until successful and consistent implementation and adoption of the improved WASH practice. Congratulate the client and ask him/her to continue to implement the behavior consistently. Identify and implement a set of SDA to improve a second WASH behavior only when the first WASH behavior has been consistently implemented and adopted
4. *Negotiate the second WASH practice to be improved* using the appropriate counseling cards.
   - Check if the conditions are met for the second WASH practice to be negotiated; conditions include the availability of the materials/supplies, the approval of the head of the household, and whether or not the first behavior is maintained.
   - Negotiate the improvement of the second WASH behavior and follow up on the implementation of the improved practice by the household.
   - Continue to follow up on consistent implementation of the first improved WASH practice.

Key Points
To be able to effectively negotiate improved WASH practices CHBC providers need:

- Materials/products, supplies (latrine, potty, gloves, tippy tap...)
- Small doable actions
- Assessment card and counseling cards
- Good negotiation skills and techniques

To teach the caregiver how to care for a bedbound person with diarrhea or for a bedbound HIV-positive woman with menses, the CHBC provider should:

- Demonstrate and ask the caregiver to practice the tasks
- Give feedback and answer questions
- Make a follow-up appointment.

Session Twelve: How to Help Clients with Family Planning

Purpose of Session

This session focuses on family planning (FP) and includes basic information about childbearing and contraception for clients living with HIV. The session begins with considerations regarding pregnancy for PLHIV, continues with facts about contraceptive methods, and ends in describing how CHBC providers can support their clients and partners in making decisions regarding family planning.

Objectives

- Define family planning
- Discuss HIV and childbearing
- Explain how couples can delay or avoid getting pregnant
- Identify contraceptive methods
- Define the CHBCP‘s role in supporting clients and their partners about family planning

Estimated time

Review Objectives	5 minutes
Present Content	55 minutes
Activities and Discussion	
Total Time	60 minutes

Advance Preparation

None

Supplies needed

None

Content

What is Family Planning?

- A process to determine the number of children an individual/couple wants and when to have a child

- This process is related to contraception: the use of a method or methods to prevent pregnancy during sexual intercourse
    - An essential element of family planning is accurate information about the method(s) to prevent or space births

HIV and Childbearing

The choice to have a child:

- All people, including people living with HIV, have the right to decide if they want to have children or not.
- It is important for CHBC Providers and health care workers to not be judgmental of a person‘s decision about having children.
- CHBC Providers can support their clients by providing accurate information about their childbearing options so that they can make informed decisions.

Health Care Providers trained in family planning can advise couples who want to get pregnant

- Health care providers can work with clients on:
    - How to minimize the risk that the spouse will get infected.
    - The safest time for women with HIV to get pregnant.

The Safest Time for HIV-positive Women to Get Pregnant

- When there is a low level of HIV in the body
- When the woman‘s CD4 count is high (>200)
- When she does not have other illnesses such as TB
- When she has been evaluated for treatment and is taking ARVs, if needed, and is taking cotrimoxazole to reduce the risk of other infections
- When her health care provider has determined that none of her medications are harmful to her baby.

What Should Couples do if They Don’t Want to Get Pregnant?

- Couples who decide not to have children need to know how to prevent pregnancy and be able to get good family planning services.

If Couples do Not Want to Get Pregnant:

- Condoms can prevent pregnancy, but do not work as well as some other methods.
- ―Contraceptive” pills and injections are better ways to prevent pregnancy.
- They are often available in the family planning service, women‘s clinics or even some HIV clinics.
- **Couples with HIV who do not want to have children and who do not want to spread HIV should use both condoms and another method to prevent pregnancy.**
- Advise your clients to discuss the best way to prevent pregnancy with a trained family planning provider.

Basic Facts About Methods to Prevent Pregnancy (1)

- A number of methods to prevent pregnancy—contraception—are available
- It is important that the woman/couple discusses what method(s) are most appropriate for her/their circumstances with a family planning service provider.

Basic Facts About Methods to Prevent Pregnancy (2)

- There are 4 main types of family planning methods:
    - **Barrier methods**:
        - Prevent sperm from getting inside the woman.
        - Examples: male and female condoms and the diaphragm
    - **Hormonal methods**:
        - Prevent ovulation from occurring in the woman
        - Examples: pills, implants
    - **Clinical or surgical methods**:
        - Provided by trained health care worker
        - Examples: IUDs, injectables, implants, male/female sterilization
    - **Natural methods**:
        - Do not require any materials, devices
        - Examples: Standard-days method, withdrawal, lactational amenorrhea method (LAM)
        - In general, these methods are not as effective in preventing pregnancy as other methods.

Basic Facts About Methods to Prevent Pregnancy (3)

- Pills used to prevent pregnancy must be taken every day.
- Injections to prevent pregnancy must be given about every two months (timelines may vary).
- If women stop taking the pills or getting the injection, they can get pregnant.
- If a woman does not want to get pregnant now, but may want to in the future, these are good methods to choose.
- Pills and injections do not keep women from getting HIV.

Many myths about pregnancy prevention exist. It is important to help your client obtain accurate information.

Dual Protection:
Couples with HIV who do not want to have children and who do not want to transmit HIV should use both condoms **and** another method to prevent pregnancy.

Role of CHBC Providers (1)

- Educate the client and their spouse/partner on how to use a condom effectively
- Encourage the client to consider family planning
    - Support the client in discussing family planning desires and methods with their spouse/partner so they both assume responsibility for protection against unwanted pregnancy and HIV/STIs

- Make referrals to family planning services and assist clients and their spouses/partners in accessing the services
    - Many contraceptive methods, such as pills or injectables, require the woman to return to the clinic/family planning service on a regular basis; encourage her to do so.

Role of CHBC Providers (2)

- Work with health care providers, including staff of Family Planning services, in educating clients and their spouses/partners about FP.
- When a trusting relationship exists with a CHBC provider, a client living with HIV may want to discuss some aspects of the decision to become pregnant or to seek family planning services.

Family Planning: Key Points

- Family planning is a process to determine the number of children an individual/couple wants and when to have a child.
- CHBC Providers can support their clients by providing accurate information about their childbearing options so that they can make informed decisions.
- Couples who want to get pregnant should consult health care providers trained in family planning for advice on minimizing the risk of HIV transmission.
- A number of methods are available to prevent pregnancy, and the woman/couple who do not want to have children should discuss what method(s) are most appropriate for her/their circumstances with a family planning service provider.
- Couples with HIV who do not want to have children and who do not want to transmit HIV should use both condoms **and** another method to prevent pregnancy.
- CHBCPs can assist HIV-infected individuals and couples who want family planning guidance by referring them to nearby services.

Session Thirteen: How to Help Clients with Adherence

Purpose of Session

The purpose of this session is to discuss concepts of adherence to ART including benefits and consequences of adherence, readiness for ART and how CHBCPs can help clients with adherence to ART.

Objectives

- Define adherence.
- Understand the importance of optimal adherence and the consequences when adherence is poor.
- List factors affecting adherence in terms of clients and health care providers.
- List adherence intervention strategies for clients before and after starting ART.
- Understand how a CHBCP can assist clients with adherence

Estimated time

Review Objectives	5 minutes
Present Content	55 minutes
Activities and Discussion	30 minutes
Total Time	1 hour 30 minutes

Advance Preparation

None

Supplies needed

None

Content

What is adherence? (1)

- Adherence means that the client is taking drugs correctly. It involves taking:
    - The right drug
    - In the right dose
    - With the right frequency (number of times per day)
    - At the right time
- Adherence also means that the client is attending all scheduled clinical visits/procedures, including
    - Clinic appointments
    - Lab tests
    - Prescription refills

What is non-adherence?

- Non-adherence means that the client does not take drugs or attend scheduled clinical visits in the prescribed manner.

What is special about ART and adherence?

- Clients on ART need to achieve 100 percent adherence to ART to keep the correct amount of drugs in their bodies to fight the virus.
- If there are not enough ART drugs in their blood, the virus can continue to multiply and become resistant to the drugs.
- Therefore, the person has an increased viral load, increased sickness, and increased possibility of death.

To use the army analogy, if the ART drugs are extra soldiers that help the immune system fight the HIV infection, and if the client does not take the drugs as prescribed, there won't be enough soldiers and the HIV virus can continue to grow and kill immune cells.

Adherence: General comments (1)

- Adherence is one of the key determinants of ART treatment success.
- Adherence may vary with life situations.
    - Some clients may do well for a while, and then have problems adhering to ART. Adherence support and monitoring are important throughout the client's life.
- Clients need to be supported, not blamed, punished, or made to feel guilty, to achieve excellent adherence.

Adherence: General comments (2)

- Teamwork is important:
    - Nurses, doctors, adherence counselors, pharmacists, pharmacy technicians, and CHBCPs need to be involved.

- It is important to involve a treatment supporter—a friend or family member chosen by the client to help the client to remember to take the drugs and keep clinic appointments.
- A PLHIV support group or PLHIV treatment supporters can also help with adherence.

What is resistance?

- If ART drugs are not taken correctly, the virus can change so that it resists the action of the drugs (the drugs do not stop it from reproducing itself).
    - The client becomes sicker.
    - The resistant virus can be spread to others and drugs will not work for them either.
- Malaria offers an example of drug resistance. Chloroquine was used to treat malaria for years. Now the parasite that causes malaria is not killed by Chloroquine and other drugs must be taken.

How Do We Measure Adherence?

- Self report by the client
- Pill count
- Pharmacy records
- Directly observed therapy (DOT)
- Electronic devise
- Biologic marker
    - For example: measuring viral load

Why don't people take their drugs correctly?

- Many factors positively and negatively influence adherence.
    - Related to the client
    - Related to the health care provider (CHBCP included)
- People's lives change day to day
    - Their challenges may change.
    - They may need to change the ways they stay adherent.

Factors affecting adherence (1)

- What **client** factors **positively** influence adherence?
    - Ability to make taking pills part of a daily routine
    - Effective use of reminders
    - Belief that ART drugs work
    - Self-confidence
    - Belief in treatment adherence
    - Client readiness/commitment
    - Social support
    - Having a treatment supporter
    - Client feeling needed by his or her family or community

- What **client** factors **negatively** influence adherence? These can also be called barriers to adherence.
    - Forgetfulness
    - Travel away from home
    - Lifestyle
    - Distance to clinic/lack of transportation
    - Depression or other mental illness
    - Cultural beliefs
    - Not disclosed HIV status
    - Economic issues (e.g. lack money for transport to clinic, lab tests, etc.)
    - Food scarcity
    - Competing priorities (caring for children or work)
    - Alcohol or drug abuse
    - Tired of taking drugs
    - Stigma
    - Unstable housing
    - Low understanding of HIV or AIDS
    - Special issues related to children or adolescents

Exercise: Factors affecting adherence

Discuss a person you know who has taken ART (without using names).

- Were they able to adhere to treatment 100 percent of the time?
- What positive or negative factors influenced them?

Factors affecting adherence (2)

- What **health care provider** factors **positively** affect client adherence?
    - Provider knowledge of and skills with ART
    - Good skills in client communication and education
    - Providing medication alerts, charts, diaries, and other reminders and tracking mechanisms
    - Ability to provide support to clients
    - Client comfort with and trust in clinic healthcare staff
    - Consistent drug supply

Factors affecting adherence

- What **health care provider** factors **negatively** affect client adherence?
    - Negative attitudes about clients‘ ability to adhere (not believing they can do it).
    - Neglecting to discuss and measure adherence.

Factors affecting adherence (3)

- What other factors **negatively** affect adherence?
    - A large number of pills have to be taken.

- Frequency of doses (two versus three times per day dosing)
- Side effects (especially nausea and vomiting)
- Food restrictions
- Drug interactions
- Storage
- Cost of drugs

Discussion Point: Factors Affecting Adherence

How can CHBCPs positively or negatively affect client adherence?

Adherence goals

- The goal is 100 percent adherence
- Adherence is a learned skill.
- Patients need to be able to:
  - Understand the regimen.
  - Believe they can adhere.
  - Remember to take medicines at the right time.
  - Integrate pill taking into the client's own lifestyle.
  - Problem-solve changes in schedule or routine.

Special Issues in Pediatric Adherence (1)

- Young HIV-infected child is dependent on caregivers
- Disclosure to children is complicated and may affect adherence. For example:
  - The caregiver may not have disclosed to the child.
  - The community may not be aware of the child's status.
  - The child may resist taking medications if s/he does not know their HIV status and does not understand why s/he is taking the medications.

Special Issues in Pediatric Adherence (1)

- Drug issues:
  - Availability of liquid formulations, cost, bad taste, frequency of doses, difficulty of taking pills, dosing changes as child grows.
- Adolescents have unique needs and challenges.
  - Involvement in care/autonomy, belief in treatment, feelings of invincibility.

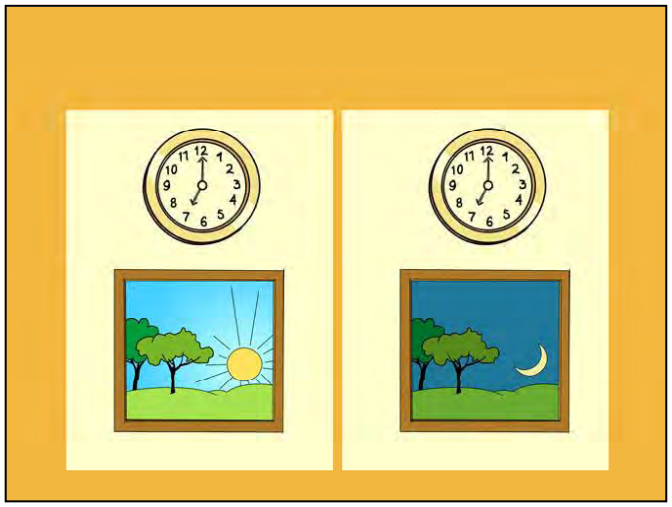
Rules for Pediatric Adherence

- Children need to maintain the same adherence levels (100 percent) as adults.
- Use the same adherence strategies and steps as adults with age-appropriate modifications.
- Educate caregivers on how to give medications to a child.
- Involve and educate both caregivers and children at the child's level of understanding.
- Provide the family with support for other needs (such as food, housing, spiritual support) to strengthen the household and optimize adherence success.

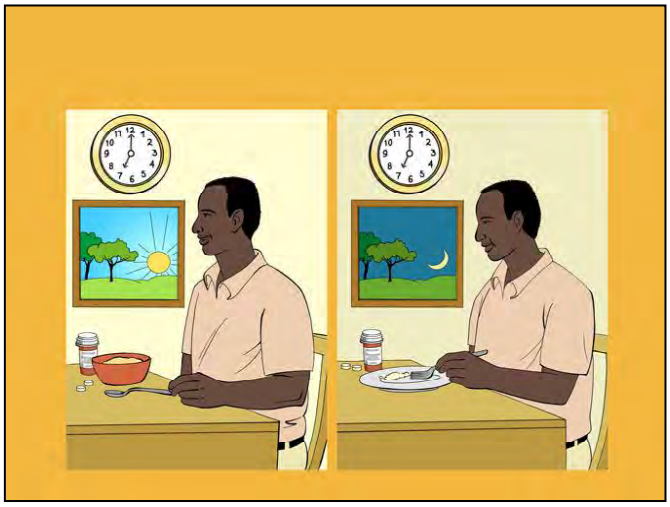
Before starting ART

- Define ART.
- Teach goals of therapy.
- Define adherence.
- Discuss why adherence is important.
- Help clients learn what to expect.
- Tell clients what to do if they miss a dose.
- Help clients identify potential barriers and create plans for success.

Clients will need to make a plan for taking their ARVs.
Following are some client messages.



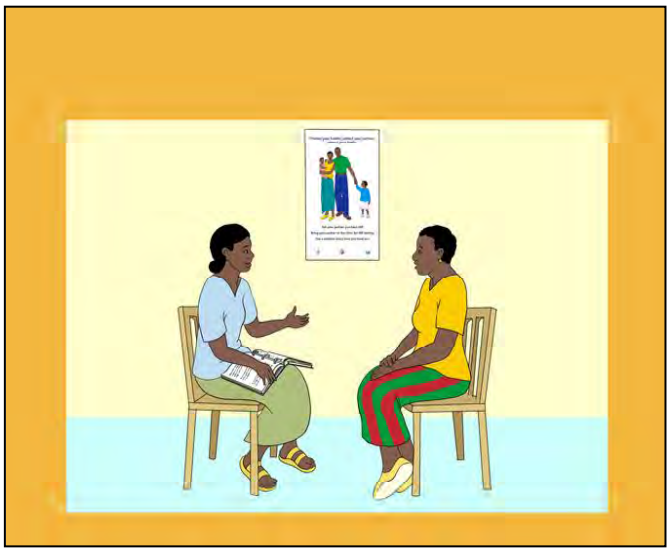
Tie pill taking with a time of day or another activity you do everyday.



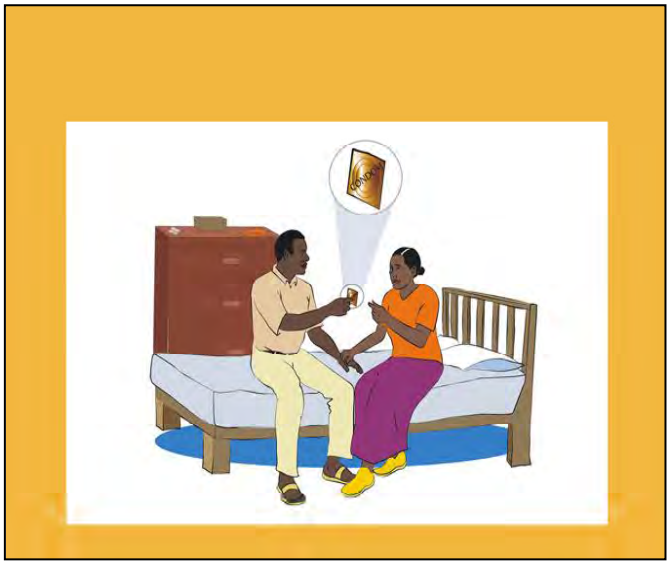
Meals are an example of some thing you do everyday.
Also know if pills need to be taken with food or not.

Have a person to help you remember.

Take pills with you if you go somewhere.

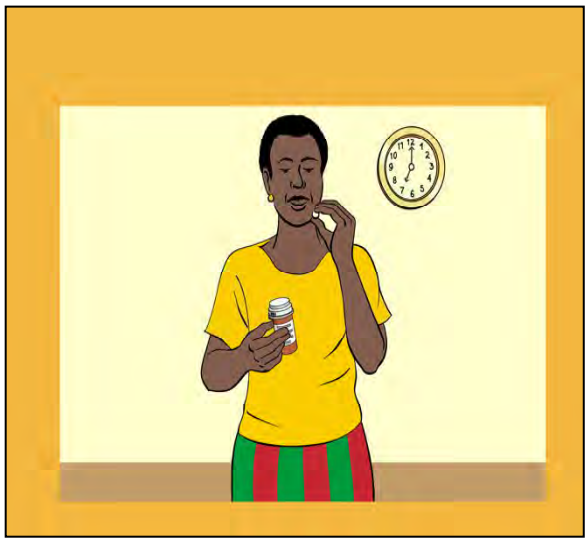


Talk to a CHBCP or another health care worker if you need support.

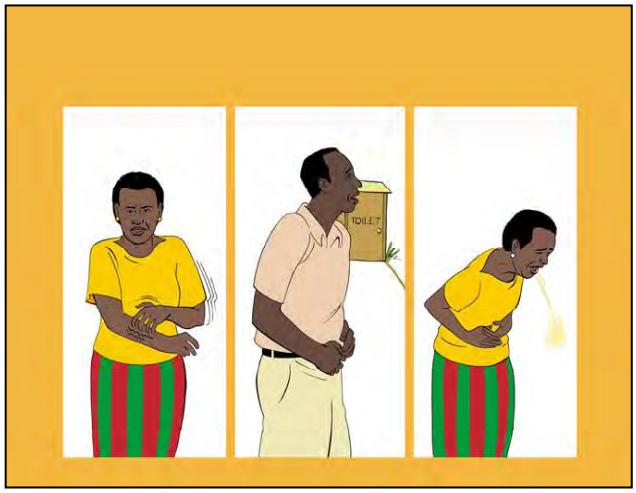


Continue to use condoms.

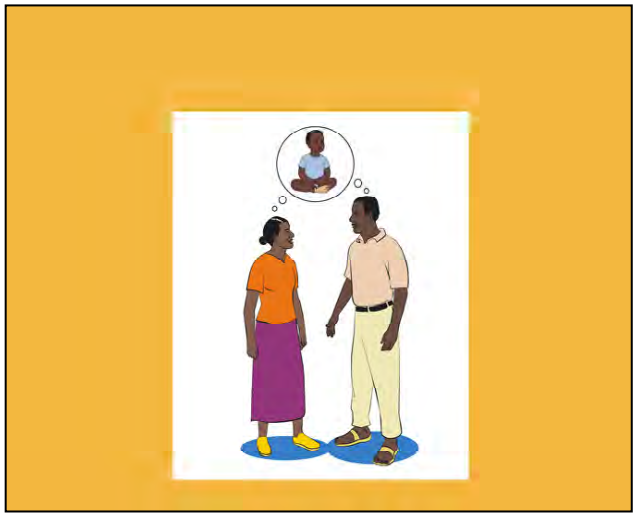
Don't share pills with anyone.



Take pills every day. Don't miss a single pill.



You may get side effects. They may get better over time. Talk to a CHBCP or other health care worker if you have side effects. Don't stop taking your ART if you have side effects.



Talk to your health care provider if you are thinking of becoming pregnant.

Keep medicines out of the reach of children, in a cool place and out of direct sunlight.

Common Questions Clients Ask About Adherence (1)

- "How can I possibly remember to take drugs twice a day at the same time for ever?"
    - Answer: There are many aids that clients can use to help them remember: connect with another activity such as daily prayers, radio, chickens waking up, etc; use a calendar or pill box.
- "What if I go away for a few days and I forget to take the drugs with me?"
    - Answer: Clients should do their best to remember to take their pills with them wherever they go. One way to remember is to place your pills in the bag you will bring on your trip as soon as you have taken your last dose at home.
- ~~–~~My wife is HIV+ as well and she has not been given ARVs. How can I take it if she isn't?"
    - Answer: The wife may not yet need ARVs. Make sure she is going to the clinic for evaluation.

Common Questions Clients Ask About Adherence (2)

- "You are talking about side effects which might really bother me; how can I take drugs that make me feel so bad?"
    - Answer: Not everyone has side effects. Side effects can be mild and go away with time. If the client has bad side effects, they should talk to their health care provider about what to do. Treatment is important: it is necessary if your health is to improve."
- "What if other people can see that I am taking ARVs?"
  Answer: The client needs to make a plan about how to keep this private. The CHBCP should talk to them about the plan. The CHBCP can also discuss the benefits of disclosing HIV status which can help to reduce concerns about whether other people see the client taking ARVs.
- "You are saying that I need to tell at least one person that I am HIV+. I actually changed my mind about telling another person, I do not need anybody to support me I can do it all on my own."

- Answer: The CHBCP should encourage the client to get someone who can support them and help them remember to take their medications.

Adherence after starting ART (1)

- Discuss adherence at every visit.
- Ask specifically about new symptoms or a change in health status.
- Reinforce education on HIV and ART.
- Assess adherence.
- If clients miss doses:
  - Get specific information about missed doses.
  - Work with clients to determine why they encountered problems and which specific strategies might enable them to achieve 100 percent adherence.

After starting ART (2)

- Recognize and acknowledge the difficulty of adherence.
- Provide support and encouragement.
- Notify a health care provider if there are adherence difficulties and discuss it with the care team.
- Follow up with the client. Work with the client to identify strategies for improving adherence.

Strategies for helping clients with adherence (1)

- Create a comfortable atmosphere for clients to talk and ask questions.
- Use simple terms and visual aids, if available.
- Provide a nonjudgmental, trusting environment. Ask questions and listen to answers.
- Make no assumptions.
  - Ask all clients about adherence in the same way. For example, you could say, —Sometimes it is difficult to take medications on time. Have you missed any pills since our last visit?" or —Why do you think you were unable to take your pills on time?"

Strategies for helping clients with adherence (2)

- Ask open-ended questions.
- Enhance the self-confidence of the client.
- Help the client identify reminders and strategies (daily activity link, pill box, blister pack, diary, calendar, cell phone DOT).

Blister packs are pre-packaged pills that are individual pouches (or blisters). All the pills for one dose are included in the same blister. DOT is directly observed therapy.

Strategies for helping clients with adherence (3)

- Educate clients on basic drug information, reason for treatment, importance of adherence, consequences of non-adherence, timing of medications, drug interactions, and side effects.
- Identify potential barriers to adherence and support systems.

- Refer clients to services to help address barriers (such as transportation, food support, isolation).

Strategies for helping clients with adherence (4)

- Tailor treatment to a client's lifestyle and routine.
    - For example, cue ART dosing to regular daily events such as meals or prayer, or set out specific places and times for taking medications.
- Plan ahead for changes in routine, such as travel.
- Prepare the client for side effects and tell him or her how to manage them.
- Tell the client what to do if he or she misses a dose.

Rule for missing doses

- Teach the client what to do if he or she has missed a dose of drugs.
    - —If you do miss a dose, take the dose as soon as you remember, but not if it is almost time for your next regular dose. Never take a double dose."
    - —If the drug is taken twice a day: the missed dose can be taken up to, but no more than, six hours late. For example, if the normal dose is taken at 7 AM, the missed dose can be taken up to 1 PM."

This can get confusing. If you have questions about a specific client situation, contact their health care provider.

Strategies for helping clients with adherence (5)

- Discuss the role of social support, including:
    - Participation in a PLHIV support group
    - Involvement of a treatment supporter
- More frequent home visits by the CHBCP

Topics to include in discussions with the client and treatment supporter

- Goals of treatment.
- Disclosure issues: Who will the client disclose to and how will he or she do it?
- Education on HIV transmission and prevention.
- Education on drugs and disease process.
- Ways the treatment supporter can help the client.

CHBCP role in adherence

- Together with the health care team:
    - Educate client on:
        - Importance of adherence
        - Factors that influence adherence
        - Consequences of non-adherence
- Assist client to identify their particular adherence challenges or supporting factors (present circumstances).
    - *Remember, circumstances can change over time.*
- Assist client to create a plan for 100% adherence (preferred circumstances).
- Follow-up with the client at each visit and support as needed.

Exercise: Adherence

In pairs, discuss the following case study:

Maurice is a 35-year-old unmarried man with HIV. He is a truck driver and frequently is away from home for days at a time, going to different cities. He shares the route with another driver, his cousin, who takes turns driving with him. While on the road, he occasionally has sex. When he is in his hometown, he stays with his sister. When he is on the road, he sleeps in the truck. He believes that taking ART will help him feel better, but is not sure he will be able to remember to take his medications on time.

- In pairs, practice a role play with Maurice and the CHBCP assigned to him.

- CHBCP: Discuss ART and adherence with him. Help him understand his present circumstances: identify possible barriers and solutions.
    - What are the preferred circumstances for adherence?
    - Help him create a plan for 100% adherence.

- Maurice: Answer questions and participate in the discussion as appropriate.

Maurice now has been taking ART for two months. In the last month, he missed two doses of his ART medications because he left his drugs at home when he went on the road. Now, you have a follow-up visit with him.

- In pairs, practice a role play with Maurice and the CHBCP assigned to him.
- CHBCP: Discuss his adherence situation.
    - Help him determine his preferred adherence.
    - Help him create a plan for adherence.
- Maurice: Answer questions and participate in the discussion as appropriate.

Adherence: Key Points

- Adherence involves all aspects of ART: taking all medicines, attending all clinic visits, picking up all drug refills and attending all lab appointments.
- If a client is non-adherent, they risk getting sicker: the HIV virus continues to multiply in their body and the virus becomes resistant to the drugs.
- Many factors affect adherence including those related to the client and health care providers.
- The CHBCP has an important role in supporting adherence to ARVs.

Wrap-up Session:

Purpose of Session

The purpose of this session is to review major concepts of the training, give the facilitator the opportunity of evaluating participant knowledge gain and give the participants the opportunity to provide feedback.

Objectives

- Review key information from the training.
- Evaluate if we met our goals.
- Share evaluations of the training.

Estimated time

Review Objectives	5 minutes
Present Content	
Activities and Discussion	55 minutes
Total Time	60 minutes

Advance Preparation

None

Supplies needed

- Copies of Post-Training Knowledge Assessment for each participant
- Prepared flipchart from the —Why are you here?" exercise
- Copies of course evaluation for each participant

Content

Exercise: Did We Meet Our Goals?
• *Using the flipchart from the "Why are you here?" exercise, review the goals that the participants identified on the first day.* • *Ask participants to discuss which goals were met and which were not.*

Exercise: What I learned from this training

- *Ask for volunteers to share the most important thing they learned from the training.*
- *Discuss their answers with all the participants.*

Exercise: Post-Training Knowledge Assessment

- *Ask the participants to fill out the post-training knowledge assessment form to the best of their ability.*
- *Collect the forms.*

Exercise: Course Evaluation

- *Ask the participants to fill out course evaluation form.*
- *Collect the forms.*

Agenda

Agenda: Community-Based Positive Prevention Training for CHBCPs	
Day one	
8:30-10:00	Introduction
10:00-10:30	Tea break
10:30-12:00	Review of the basics of HIV
12:00-1:30	Lunch
1:30-2:30	Review of the basics of ART
2:30-3:30	Review of sexual transmission of HIV
3:30-4:00	Tea break
4:00-5:00	Review the basics of PMTCT
Day two	
8:00-8:30	Review of the previous day and icebreakers
8:30-10:30	How to build healthy relationships with clients
10:30-11:00	Tea break
11:00-12:00	How to help clients practice positive prevention
12:00-1:30	Lunch
1:30-2:30	How to help clients with disclosure
2:30-3:30	How to help clients increase condom use
3:30-4:00	Tea break
4:00-5:00	How to help clients with partner testing
Day three	
8:00-8:30	Review of the previous day and icebreakers
8:30-10:30	How to assist clients to live healthier
10:30-11:00	Tea break
11:00-12:00	How to help clients with family planning
12:00-1:30	Lunch
1:30-2:30	How to assist clients with adherence
2:30-4:00	Wrap up
4:00-5:00	Tea break

Introductory Session: Pre-Training Knowledge Assessment

Positive Prevention for Community Home-Based Care Providers Training

Name: _____ Date:_____

We will use this knowledge assessment to evaluate the success of information and knowledge transfer provided by this course. This assessment includes two types of questions: 1) true/false and 2) multiple choice. You will receive your pre-training and post-training results at the end of the training.

Read each question carefully and circle one correct answer.

1. HIV is a virus that is spread
    a. By having unprotected sex with an HIV-infected person
    b. During pregnancy or childbirth
    c. By mosquitoes
    d. By a handshake
    e. Both A and B

2. A person with HIV gets sick because the virus attacks their immune system.
    a. True
    b. False

3. All people with TB have HIV.
    a. True
    b. False

4. ART drugs work by:
    a. Making a person immune to HIV
    b. Giving the person extra nutrition
    c. Getting rid of the HIV from the person‘s body
    d. Slowing down the multiplication rate of the virus

5. Once a person is diagnosed with HIV they should start taking HIV drugs immediately.
    a. True
    b. False

6. There is no way to prevent the HIV virus from passing from an HIV-positive woman to her baby during pregnancy.
    a. True
    b. False

7. The best way for CHBCPs to educate clients is to lecture them about all the things they must do.
    a. True
    b. False

8. Once a person is diagnosed with HIV, there is nothing they can do to protect their health.
    a. True
    b. False

9. The goals of positive prevention include all of the following except:
    a. Prevent illness
    b. Prevent onward transmission of HIV
    c. Protect the health of people with HIV
    d. Prevent people with HIV from working with people who don‘t have HIV.

10. Ways to practice safer sex include:
    a. Condom use
    b. Masturbation
    c. Non-penetrative sexual activities
    d. All of the above

11. It is not important for a person with HIV to tell his or her sexual partners about their HIV status.
    a. True
    b. False

12. Reasons people with HIV do not tell their sexual partners about their HIV status include:
    a. Fear of anger and rejection
    b. Fear of verbal or physical abuse
    c. Fear of abandonment and financial problems
    d. Feelings of shame
    e. Stigma and discrimination
    f. All of the above

13. A person with HIV only needs to use condoms once in a while.
    a. True
    b. False

14. Why is partner testing important?
    a. Spouse/partner may have HIV and needs to know their status
    b. If the spouse/partner has HIV, s/he may need to get treatment
    c. If the spouse/partner does not have HIV, the couple needs to use condoms to keep the spouse/partner from getting HIV
    d. All of the above

15. People with HIV can smoke without ill health effects.
    a. True
    b. False

16. Alcohol use is not a problem for people with HIV.
    a. True
    b. False

17. For people with HIV, regular exercise can:
    a. Improve overall strength
    b. Improve appetite
    c. Improve sleep
    d. Enhance feeling of well-being
    e. All of the above

18. People with HIV need to eat special foods.
    a. True
    b. False

19. It is best for people with HIV to keep to themselves and not get to know anyone else with HIV.
    a. True
    b. False

20. Adherence to ART
    a. Is not very important
    b. Means taking ART drugs almost everyday
    c. Is only important to those who are very sick
    d. Means never missing a dose of ART drugs and going to all health care appointments

Session 7: How to Assist Clients with Disclosure

Role Play Scenarios

1. Client #1 is a 32 year-old man who was recently hospitalized with pneumonia. He learned that he has HIV when he was in the hospital. He started taking ART. He has returned home with his wife and three children. He has not told his wife about his HIV status. She is pregnant.

2. Client #2 is a 25 year-old woman who works in a bar serving drinks. She is married, but often has sex with bar patrons to make a little extra money. Her husband does not know about this and she has not told him about her HIV status.

3. Client #3 is a 28 year-old man who has two wives. One is in his home village and another one in the large city where he lives most of the time. His city wife knows that he has HIV, but he has not told his wife back in the village.

4. Client #4 is a 35 year-old woman with HIV who has a 7 year-old child with HIV. The parents both have HIV. Neither the child nor the community knows that the child has HIV.

5. Client #5 is a 35 year-old preacher at a local church. He is very afraid that his congregation will find out that he has HIV. He has not told anyone, including his wife.

Session 8: How to Assist Clients Increase Their Condom Use

Role Play Scenarios

1. Client #1 is a 32 year-old man who has HIV, but is not using condoms because he thinks his wife is already infected.

2. Client #2 is a 25 year-old woman who has HIV. She and her husband are not using condoms because she wants to get pregnant.

3. Client #3 is a 25 year-old single man who has several girlfriends. He does not use condoms because he does not like the way they feel and he thinks his girlfriends may suspect he has HIV if he uses them.

4. Client #4 is a 30 year-old man who is married. He and his wife use condoms. But they often run out or forget to use them.

5. Client #5 is a woman whose husband often comes home drunk and wants to have sex. He refuses to wear condoms.

Session 8: How to Assist Clients Increase Their Condom Use

Negotiating Condom Use

Asking a sex partner to abstain or use condoms may be difficult, especially for a couple who has been having unprotected sex for a long time. Here are a few things you can say to your clients to help them approach their partners about condom use.

Out of care and concern
Explain that the motivation for suggesting condom use is out of care and concern for their partners, themselves, and their families. This helps a partner understand why a patient is motivated to use condoms. The partner is likely to share these motivations.

Care and concern for partner
—I care about you and want to make sure I don't give you HIV. Using condoms is one way of showing I care."

Care and concern for self
—I think it was a mistake not to use condoms before. I am concerned about getting sicker."

Care and concern for family
—I want to make sure we both stay well to take care of our family. Let's use condoms when we have sex."

—Since we both have HIV, let's use condoms to avoid passing other strains of HIV to each other. This will help us stay healthy to take care of our children."

Not a sign of mistrust or infidelity
Patients may fear that their partner will accuse them of being unfaithful if they propose condom use. Similarly, partners may feel as if they are being accused of infidelity.

Acknowledge the situation
—Before we were married I had another sex partner. I want to tell you this because I am concerned for my health and yours. I think we should use condoms until we both get tested for HIV."

Not a sign of mistrust
—I trust you and care about you, but think we should use condoms just to be safe."

Not a sign of infidelity
—You are my only sex partner, but one of us could have an infection and not know it. I think we should use condoms until we get tested for HIV together."

Condom use as a cultural norm
Many cultural norms allow for condoms in casual relationships, but not marital relationships. Many cultures do not embrace condoms at all. Letting a partner know that these norms are changing and that they are recommended for all couples may help people feel more comfortable using condoms.

Medical recommendation
—When I was at the clinic today to pick up my HIV medication, the doctor gave me several condoms. She says she gives condoms to all of her patients—even married couples. Can we try using them?"

Community norm
—HIV is a serious problem in our community—many people are using condoms to be safe."

Session 9: How to Assist Clients With Partner Testing Role Plays

1. Client #1 is a 30 year-old woman whose husband died of AIDS two years ago. She has married her brother-in-law who is aware of her HIV status and his brother‘s death, but he has not been tested.

2. Client #2 is a 41 year-old man whose wife knows he has HIV, but has not been tested because she does not want to know her status.

3. Client #3 is a 25 year-old woman who has HIV, but has not been sick. Her boyfriend refuses to be tested because he does not believe she has HIV.

4. Client #4 is a 38 year-old man who has a wife who lives in a rural village. She knows that he has HIV, but has not been tested because she says that there is nothing she can do about it anyway.

Wrap-up Session: Post-Training Knowledge Assessment

Positive Prevention for Community Home-Based Care Providers Training

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5. Once a person is diagnosed with HIV they should start taking HIV drugs immediately.
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Wrap-up Session: Training Evaluation

Positive Prevention for Community Home-Based Care Providers Training

Please complete this form to give us your evaluation of this training. We will ask for your feedback on the content of the sessions and the methods used to present it.

1. **Sequence: The topics were presented in logical order.**

_____Agree _____Disagree

Comments: _____
_____
_____

2. **Length: The sessions and overall training lasted the right amount of time.**

_____Agree _____Disagree

Comments: _____
_____
_____

3. **Level: The sessions were taught at an appropriate level for me.**

_____Agree _____Disagree

Comments: _____
_____
_____

4. **Content relevance: The content of the training was relevant to my work as a CHBCP.**

_____Agree _____Disagree

Comments: _____
_____
_____

5. **Methodology: The training methods were useful.**

_____Agree _____Disagree

Comments: _____
_____
_____

Other comments: Please tell us what you think would have made the training more useful, clear or relevant to your work as a CHBCP.

_____
_____
_____
_____
_____
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