

Community Health Worker Training Curriculum

Facilitator's Guide



Baylor Tingathe Community Outreach Programme

3rd Edition 2016



Developed by:

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This publication is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Baylor College of Medicine Children's Foundation Malawi and do not necessarily reflect the views of USAID or the United States Government.

ACKNOWLEDGEMENTS

This curriculum was developed by the Tingathe Community Outreach Program, a program of Baylor College of Medicine Children's Foundation (BCM-CFM) in conjunction with the Baylor International Pediatric AIDS Initiative. The creation of this curriculum would not have been possible without the contributions of the Tingathe staff, community health workers, and BCM-CFM staff. We would like to thank Jennifer Gottesfeld, Dr. Avni Bhalakia and Rachael Sabelli for compiling and editing the manual. Special thanks as well to Ralph Chilemba for his beautiful illustrations and Chris Cox for the manual's cover photo. This manual was made possible through the generous support of USAID.

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FACILITATOR'S GUIDE INTRODUCTION

This curriculum was designed to train newly recruited health care workers (HCW) in the basic knowledge and skills needed to improve different HIV services within the health facility including identification, linkage, retention and support. In addition to HIV basics, the training has supplementary units focused on PMTCT, psychosocial support, opportunistic infections, tuberculosis and HIV, nutrition and family planning in order to give a more well-rounded and comprehensive training of related topics.

Adapting the Training

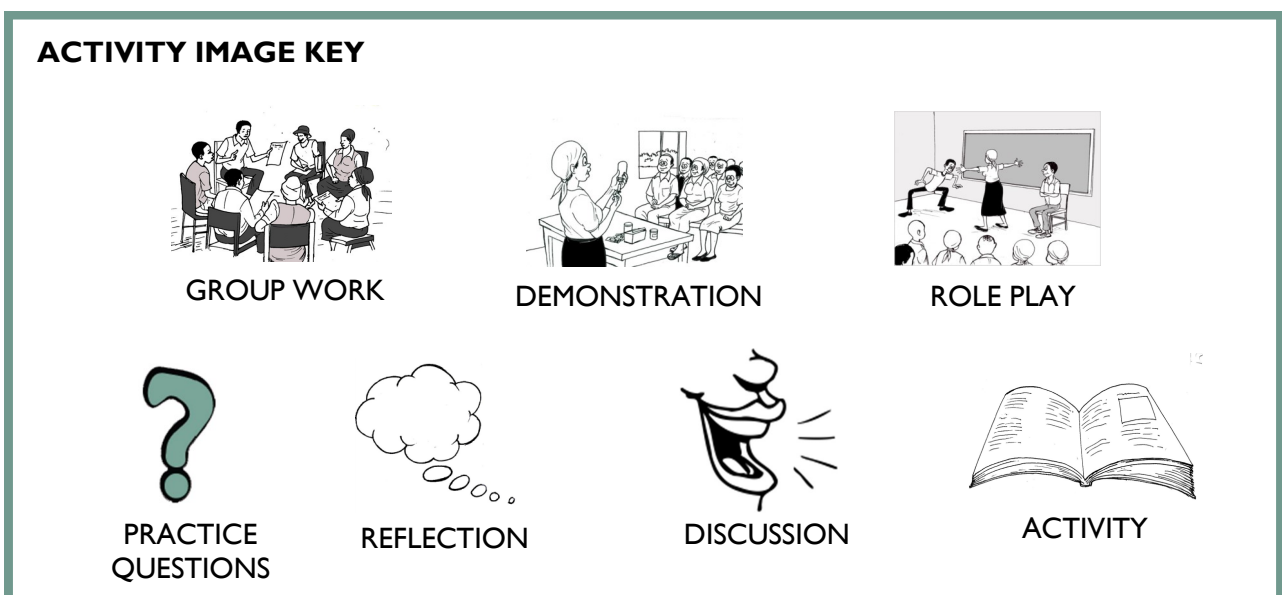
The complete training was originally designed as an eight day didactic session coupled with a one day on-site attachment. The eight day didactic training combines lectures with participatory training methodologies to cater to many different learning styles. The training is taught by mentors (i.e. clinicians and nurses specialized in HIV care and treatment) to emphasize real world experiences and demonstrate how to apply the skills and knowledge learned. During the attachment, is partnered with either a mentor or experienced CHW and spends the day at the clinic observing situations and practicing the skills learned.

We encourage you to adapt this training to fit the needs of your program and learners. Some examples of adapted trainings are:

- ◆ Pairing the curriculum with the training of 'Practical Strategies' as a large 2-week intensive training.
- ◆ Using the exam to assess experienced HCWs in their HIV knowledge and determine gaps in knowledge. Training can be focused only on weak topics.
- ◆ Use Units 2 through 7 as an introduction to HIV basics. Supplement the training with additional units for a more comprehensive HIV education.

Using the Facilitator's Guide

The Community Health Worker Training Facilitator's Guide contains all the information and resources you will need over the course of the training. Each unit begins with a summary page outlining the duration of the training, key objectives, the content and activities in that unit (see image key below), materials needed and steps for preparation. Following the summary page are the teaching tools required and a slide-by-slide guide with facilitator notes. The appendix of the guide contains the exam, a question bank, and facilitator and participant evaluations.



COMMUNITY HEALTH WORKER LEADERSHIP SKILLS



2 hours 55 minutes

DURATION



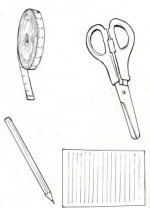
OBJECTIVES

- ◆ Understand what responsibilities you will have as a CHW
- ◆ Describe the characteristics of professionalism
- ◆ Explain the importance of proper communication
- ◆ Understand how to keep yourself healthy both mentally and physically, and know what to do if you face problems
- ◆ Explain what an SOP is and how they are useful



CONTENT & ACTIVITIES

- 1.1 Introduction (**5 min**)
- 1.2 Roles of a CHW (**30 min**)
 - Discussion: What do you think are the responsibilities of a CHW?
 - Discussion: Things CHWs should do
- 1.3 Professionalism (**40 min**)
 - Discussion: What does professionalism mean to you?
 - Group Work: Professionalism Case Studies
- 1.4 Communication (**65 min**)
 - Role Play: Practicing good communication
 - Group Work: Dance It Out
 - Activity: Conflict Resolution
- 1.5 Mental and Medical Self Care (**15 min**)
 - Discussion: How to Keep Healthy
- 1.6 Standard Operating Procedures (**20 min**)
 - Discussion: Taking a look at SOPs



MATERIALS

- ◆ Flip chart paper
- ◆ Flip chart markers
- ◆ Professionalism Case Study Handouts
- ◆ Role Play Props
- ◆ CHW Manual
- ◆ Music player with speakers



PREPARATION

- ✓ Identify the most important roles and responsibilities of your CHWs to highlight
- ✓ Set up training room and collect all materials needed.
 - ⇒ Ensure professionalism case study cards are printed and cut.
- ✓ Read through Unit 2 materials and confirm that you are prepared.
 - ⇒ Familiarize yourself with the timing of each section.
 - ⇒ Update and list all new SOPs.
- ✓ Practice role plays.
- ✓ Confirm that music player and speakers are working.
- ✓ Choose a song to use for the Teamwork “Dance It Out” activity.

Instructions: Cut out the case studies and give one to each group.

1. You have just found out that one of your friends has tested positive for HIV at clinic. That night at home, you tell your partner about it. You make your partner promise to NOT tell anyone about it.
2. Your supervisor asked you to do home visits to 5 different patients in one day. You know they are far away from each other and you may not be able to make it. You try your hardest and only visit 4 of them. The last patient usually isn't at home when you go, so you decide to just write down that you went and they weren't there- even though you didn't go.
3. You tell your supervisor you are going to do home visits one day. You go and see one patient and then run into an old friend. You go to the market with the friend and spend the day chatting. You realize it is getting dark and go home without seeing any other patients.
4. Your supervisor called a meeting for the following morning. Your bike had a problem though and you were late to the meeting because you tried to fix it. You decide since you are already late to the meeting to go ahead and do lots of home visits to make up for you missing the meeting.
5. You are at the bar with one of your friends and they start talking negatively about HIV-infected people saying that they are worthless and always too sick to work. You laugh at his jokes and keep drinking with him.
6. One of your patients is a Muslim. You believe Muslims aren't good people because they think they're better than everyone else. You try to give the patient to another CHW so you don't have to talk to them.

COMMUNITY HEALTH WORKER LEADERSHIP SKILLS

OBJECTIVES

By the end of Unit 1, you should be able to:

- Describe the characteristics of professionalism
- Explain the importance of proper communication
- Explain what a standard operating procedure is and how they are useful
- Understand how to keep yourself healthy both mentally and physically, and know what to do if you face problems

UNIT 1: CHW LEADERSHIP SKILLS



VOCABULARY

- STANDARD OPERATING PROCEDURE** Established procedure detailing step by step instructions for program activities
- PROFESSIONALISM** Exhibiting a courteous and business like manner in the workplace; maintaining integrity, good judgement, and polite behavior expected from a person trained to do a job well

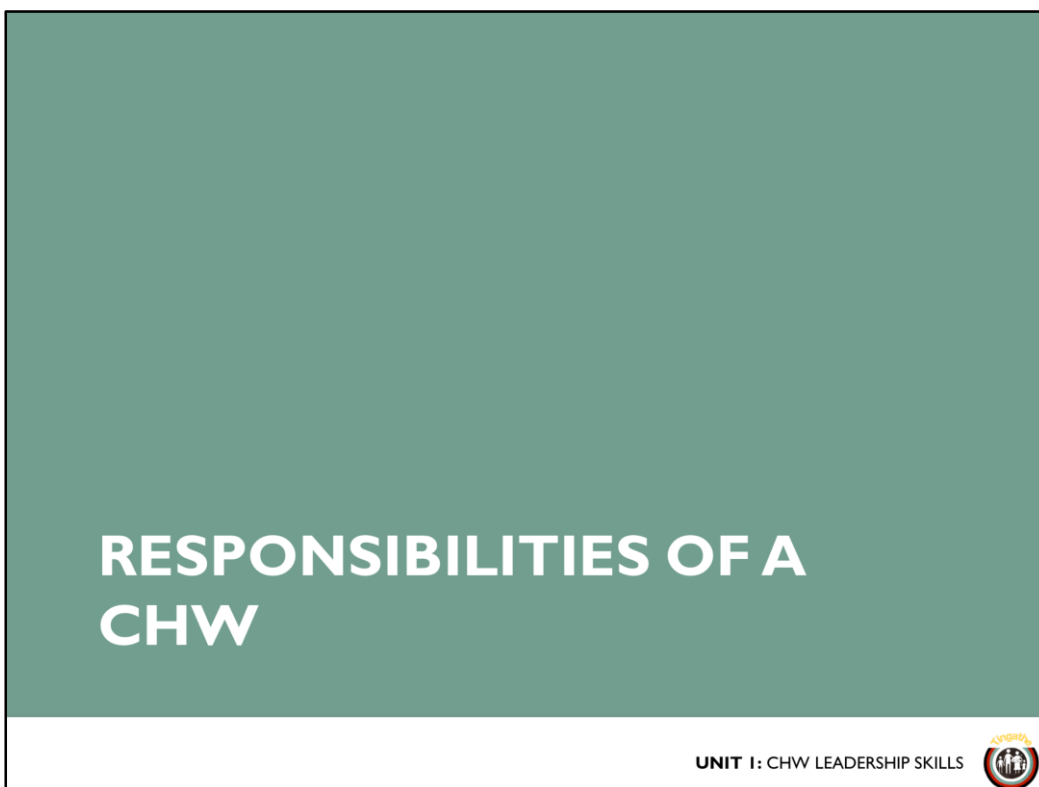


VOCABULARY

STANDARD OPERATING PROCEDURE Established procedure detailing step by step instructions for program activities

PROFESSIONALISM Exhibiting a courteous and business like manner in the workplace; maintaining integrity, good judgement, and polite behavior expected from a person trained to do a job well

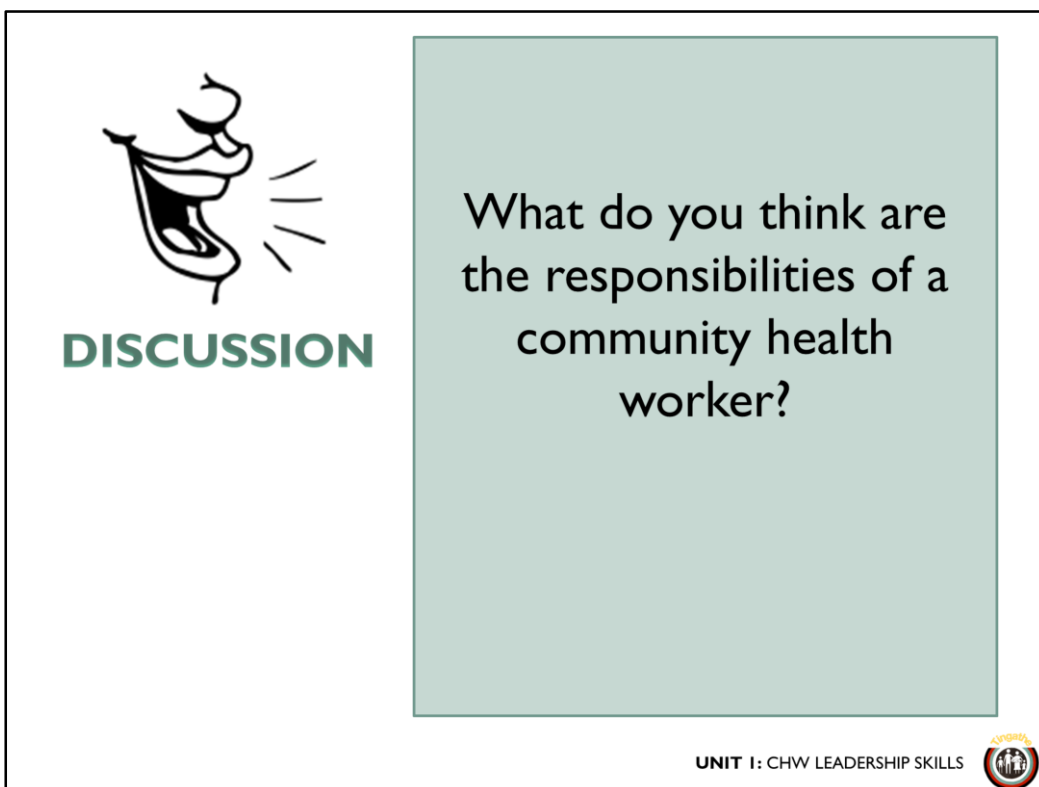




Facilitator’s Note:

The idea of these slides is for them to see the “big picture” and get excited about their jobs.

You do not need to spend much time on each one of the slides. Be sure to explain to the participants that this is just a REVIEW of some of their responsibilities- and that they will be learning more about each one as the training progresses.



The slide features a drawing of a mouth with sound waves on the left, the word "DISCUSSION" in green, and a large light-green box on the right containing the question: "What do you think are the responsibilities of a community health worker?". At the bottom right, it says "UNIT 1: CHW LEADERSHIP SKILLS" and has a small circular logo.

Objective:

-Participants should think about why they are there and why their job is important to their community

Instructions:

1. Have participants take 2 minutes to think about their response.
2. Go around the room and ask a few people what they believe are the different responsibilities of a CHW. (3 min)
3. Go through the following responsibility slides QUICKLY and highlight some of the responsibilities listed. (10 min)
4. When finishing ask participants if there was anything you DIDN'T cover and clarify any misconceptions. (5 min)

Time: 5 min (+15 minutes)

HIV/AIDS DIAGNOSIS, PREVENTION AND TREATMENT



UNIT 1: CHW LEADERSHIP SKILLS



- Educate and counsel community on the importance of HIV testing
- Identify and refer patients for HIV testing and counseling
- Assist with home based testing
- Refer all HIV-infected patients to the family HIV clinic

RECOGNITION OF SIGNS & SYMPTOMS OF HIV



UNIT 1: CHW LEADERSHIP SKILLS



- Refer persons with signs and symptoms of HIV for HIV testing
- Do NOT diagnose children with HIV (only done with an HIV test)
- Enroll HIV exposed infants and HIV-infected children into care

IMPORTANCE OF HIV TREATMENT ADHERENCE



UNIT 1: CHW LEADERSHIP SKILLS



- Adherence counseling
- Track defaulters and get them back to care
- Pill counting during home visits

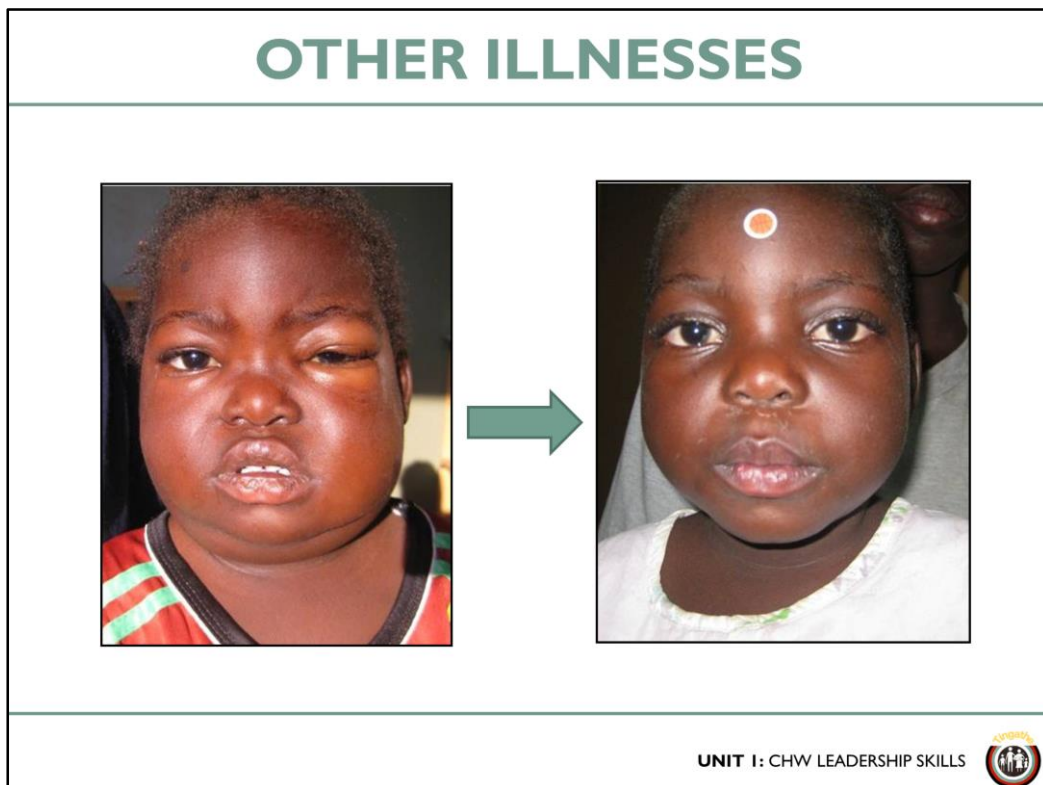
PREVENTION OF HIV IN CHILDREN



UNIT 1: CHW LEADERSHIP SKILLS



- Identify and enroll HIV-infected pregnant mothers into care and the Tingathe program
- Provide HIV testing and infant feeding counseling
- Counsel mothers and partners on the importance of ART adherence and infant testing
- Provide support to women and their families to help them receive all available PPTCT services



- Explain that this child has a form of cancer- and with early identification and treatment, the child can be treated!
- Identify signs and symptoms of tuberculosis, (TB) opportunistic infections (OI) and sexually transmitted infections (STI)
- Counsel patients on how to prevent other illnesses
- Screen for TB and make appropriate referrals

NUTRITION AND HEALTHY LIVING FOR PATIENTS WITH HIV



UNIT 1: CHW LEADERSHIP SKILLS



- Do nutritional assessments
- Refer patients with malnutrition for treatment

FAMILY PLANNING



UNIT 1: CHW LEADERSHIP SKILLS



- Help to educate patients about why family planning is important
- Refer patients for family planning counseling
- Encourage partner involvement

SOCIAL AND PSYCHOSOCIAL ISSUES SURROUNDING HIV



UNIT 1: CHW LEADERSHIP SKILLS



- Provide psychosocial support for patients
- Identify psychosocial issues your patient is facing and refer him/her for further care if needed

FOLLOWING PATIENTS AND CONDUCTING HOME VISITS



UNIT 1: CHW LEADERSHIP SKILLS



- Follow up and support pregnant mothers and children
- Gather locator information for patients
- Ensure patients come for clinic visits
- Bicycle care and maintenance

COMMUNITY EDUCATION



UNIT 1: CHW LEADERSHIP SKILLS



- Give health talks during clinic
- Participate in community education sensitization efforts

MONITORING AND EVALUATION

PMTCT Mastercard

Patient ID Number: _____
 CHW assigned: _____
 Permission to do visit: _____

Maternal Name: _____ Infant Name: _____ Sex: M F
 Clinic: _____ 1st PCR test date: _____
 HIV test date: _____ 2nd PCR test date: _____
 Time of entry (date and time): _____
 1-3 PCR tests: 13-26 weeks: _____
 2nd PCR test date: _____
 Estimated delivery date: _____
 Date of Program Entry: _____
 Maternal HIV #: _____
 CD4 test date: _____
 ART start date: _____
 Feeding Checker: ESP/REP
 Duration: _____
 SP and date: _____

PMTCT Regimen Received:
 Brand (include used): _____
 NAAZT: _____
 AZT: date started: _____
 AZT/3TC from labor change: _____
 SSZ use and AZT/3TC in pregnancy: _____

Pregnant (at 4 weeks):
 birth, name information
 SP 1 test on CP?
 test for syphilis syphilis to treatment (if indicated)
 infant dried Check result obtained
 Infant test result: _____
 Estimated weight at 4 weeks: _____
 Estimated weight at 8 weeks: _____
 Estimated weight at 12 weeks: _____
 Estimated weight at 16 weeks: _____
 Estimated weight at 20 weeks: _____
 Plan for delivery made: HVC or TSA
 Partner recruited
 Infant feeding counseling
 Feeding Clinics: _____
 at 4 PCR weeks either on NAAZT or AZT started and completed

Antenatal Visits: 0-4, 5-8, 9-12, 13-16, 17-20, 21-24, 25-28, 29-32, 33-36, 37-40 weeks

Postnatal:

fully received PMTCT AZT for
 Main completed PMTCT on all NAAZT
 Main received postnatal check
 Main's CPN action in initial pregnancy
 Main's previous pregnancy or present pregnancy
 Partner recruited
 Infant dried PCR at 8 weeks
 Infant dried PCR at 12 weeks
 Infant dried PCR at 16 weeks
 Infant dried PCR at 20 weeks
 Infant dried PCR at 24 weeks
 Infant dried PCR at 28 weeks
 Infant dried PCR at 32 weeks
 Infant dried PCR at 36 weeks
 Infant dried PCR at 40 weeks
 Infant dried PCR at 44 weeks
 Infant dried PCR at 48 weeks
 Infant dried PCR at 52 weeks
 Infant dried PCR at 56 weeks
 Infant dried PCR at 60 weeks
 Infant dried PCR at 64 weeks
 Infant dried PCR at 68 weeks
 Infant dried PCR at 72 weeks

Date of Exit from Program: _____
 Reason for Exit: (include one) Missed date before delivery: Missed: Infant Died: Other: _____

Date infant died: _____
 Reason: _____
 Date mother died: _____

Partner: Included Partially included Not included
 Missed Not included


ART: Started Not started Unknown

Infant: Dried Not dried Unknown

UNIT 1: CHW LEADERSHIP SKILLS




- Fill out forms neatly, correctly and in a timely manner
- Complete paperwork honestly to help track outcomes and improve the program



DISCUSSION

THINGS CHWS SHOULD DO!

You have just reviewed some things that CHWs should never do. Now brainstorm what things you should do to be the best CHW you can!

UNIT 1: CHW LEADERSHIP SKILLS 

Objective:

- Understand the key things they are and are not supposed to do as CHWs


Instructions:


1. Facilitator should lead discussion about the kinds of things CHWs should do and/or the kinds of things that would make them good CHWs. (e.g. Keep secrets/confidentiality, be a good listener, etc)

Time: 5 minutes

PROFESSIONALISM

UNIT 1: CHW LEADERSHIP SKILLS






DISCUSSION

What does PROFESSIONALISM mean to you?

Discuss with your partner and try to come up with a 2-3 meanings of the word professional.

UNIT 1: CHW LEADERSHIP SKILLS 

Materials:

- Flipchart paper
- Markers

Objective:

- Have participants understand professionalism in their own way

Instructions:

1. Participants should get into pairs.
2. Give them 3-5 minutes to discuss what professionalism is. They can use one word responses, a phrase, or an example.
3. Facilitator should move around the room- pair by pair- and ask for ONE example of the word professional. Each response should be written on a flipchart paper. Try to ensure that groups don't give the same answer.
4. After every group gets to state their meaning – can ask for any other additions.

Time: 10 min

PROFESSIONALISM

Professionalism can mean many things...

CONFIDENTIALITY

RELIABILITY

RESPECT

TOLERANCE

HONESTY

ACCOUNTABILITY

PUNCTUALITY

ETHICAL


As a CHW, it is very important professional in your work, both when you are in the field and when you are working in the clinic.

UNIT 1: CHW LEADERSHIP SKILLS



Facilitator Notes:

- Discuss that professionalism can mean many things. All the things mentioned before plus – ones listed. (NOTE: If there is one that they did NOT mention previously, spend some time explaining it.)
 - Confidentiality- keeping secrets, not disclosing HIV status
 - Tolerance- be fair and respect people’s differences
 - Honesty- truthfulness
 - Reliability- be someone that others can count on; do what you say you are going to do
 - Respect- treat others the way you would like to be treated
 - Punctuality- be on time; take reasonable lunch breaks
 - Ethical- take your work seriously
 - Accountable- do what you say you will do
- Make a point that being professional is VERY important to the job they are doing. They have many responsibilities and are important part of the program.
- Remind participants that professionalism starts NOW- and that they should practice these things throughout the training




GROUP WORK

PROFESSIONALISM CASE STUDIES

Work with your group to discuss the case study.

Discuss in your case study:

- examples of professionalism
- examples of NOT being professional
- suggestions for all non-professional situations to be more professional

UNIT 1: CHW LEADERSHIP SKILLS 

Materials:

-Professionalism case study cards

Objective:

- Understanding professional and non-professional behavior
- Know how to be professional in given situations

Instructions:

1. Facilitator should split participants into 6 groups. Each group should get a case study.
2. Assign one note taker and one presenter in each group.
3. Tell them to discuss amongst themselves the points mentioned above. (5 min)
4. After finishing, have each group present one by one. For each group (~3 min/group) ask them to:
 1. Read the case study
 2. Go through each of the points – one by one and give their examples
 3. Allow other groups to make comments, suggestions, additions as needed
5. Encourage open discussion in the end.

Time: 30 minutes

Case Studies:

1. You have just found out that one of your friends has tested positive for HIV at clinic. That night at home, you tell your partner about it. You make your partner promise to NOT tell anyone about it.
2. Your supervisor asked you to see 5 different patients in one day. You know they are far away from each other and you may not be able to make it. You try your hardest and only visit 4 of them. The last patient usually isn't at home when you go, so you decide to just write down that you went and they weren't there- even though you didn't go.
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5. You are at the bar with one of your friends and they start talking negatively about HIV-infected people saying that they are worthless and always too sick to work. You laugh at his jokes and keep drinking with him.
6. One of your patients is a Muslim. You believe Muslims aren't good people because they think they're better than everyone else. You try to give the patient to another CHW so you don't have to talk to them.



COMMUNICATION

UNIT 1: CHW LEADERSHIP SKILLS



COMMUNICATION

As a CHW one of the most important parts of your job is communicating, whether it is...



WITH PATIENTS



WITH COLLEAGUES & SUPERVISORS



WRITTEN




TECHNIQUES FOR GOOD COMMUNICATION

- Be open and honest
- Practice active listening
- Be patient
- Be respectful
- Explain things in a way patients can understand
- Ask questions if you do not know the answer to something
- Write clearly so that other people can read your work
- Be thorough and give as much detail as needed

UNIT 1: CHW LEADERSHIP SKILLS






COMMUNICATION

You are visiting a patient at their home. You do not have much time with them because you want to visit two more people by the end of the day. The patient is telling you about their problems with HIV testing with their partner.

ROLE PLAY

UNIT 1: CHW LEADERSHIP SKILLS



Materials:

-Role play props


Objective:

-Practicing active listening and communication

Instructions:

1. (3 min) Let experienced CHWs act out the skit.– should yell at the patient when they don't understand, don't answer the questions they ask, are distracted by time and the other things going around them, etc.
2. (10 min) Split participants into their role play groups and do the following:
 1. Discuss what was wrong in the skit.
 2. Discuss ways to improve.
 3. Act out their own examples (one or two people can sit out and criticize while others act out)
3. (3 min each) After the time, ask 2 groups to come up and act out their examples of a better way to handle it.


Time: 20 min



GROUP WORK

TEAM WORK
DANCE IT OUT

Make up a team dance with at least five moves you can perform all together.

UNIT 1: CHW LEADERSHIP SKILLS 

Materials

- Music player with speakers

Instructions

1. Tell participants they must work AS A TEAM to make up a 20 second team dance with at least 5 moves. In order to complete the activity, they must perform the dance all together without messing up.
2. Facilitator can play music as many times as needed. Tell group that when they are ready- they can ask for the facilitator to watch and determine if the task was completed properly.
3. Facilitate discussion using the following questions once task is complete.
 - Was it difficult to work as a team?
 - What made it easy? What made it hard?
 - What kind of skills did you use to work as a team?

Time: 15 minutes

CONFLICT RESOLUTION

Sometimes conflicts can arise in the workplace. It is important to try to address these conflicts as soon as possible.

1. **Set the Scene-** understand the conflict; take a positive approach
2. **Gather Information-** clarify feelings and goals of both people; listen; remain flexible
3. **Agree to the Problem-** agree what the issue is or understand each person's point of view of the issue
4. **Brainstorm Possible Solutions-** think of different solutions and their outcomes
5. **Negotiate a Solution-** try to find something that works for everyone


Be Calm. Be Patient. Have Respect.

UNIT 1: CHW LEADERSHIP SKILLS



Facilitator's Notes:


Explain each step and provide examples. Remind participants that there are MANY ways of resolving conflict- these rules are just suggestions and things to keep in mind.



ACTIVITY

CONFLICT RESOLUTION

Read the story and answer the questions that follow. Be prepared to share your answers with the rest of the class.

UNIT 1: CHW LEADERSHIP SKILLS 

Materials:

- Workbook and pen


Instructions:

1. Have participants work in their acting groups.
2. Each group should read the story then answer the questions that follow. (10 min)

You have just started at a clinic. When you talk to the ART clinic matron about the mastercards and registers in the ART clinic, he refuses to talk to you. You get mad and start yelling at him that you are only there to help. He replies by saying that if he helps you, you will take his job, so you can do it yourself. You get angry, take the registers and leave without saying anything. You later overhear the matron saying bad things about Tingathe and the community health workers.

1. After finishing, discuss the following questions. (10 min)
 - Identify the problem
 - Talk about how EACH person could have avoided it
 - The main idea of the story/moral
 - Why is it important to resolve conflicts?
2. Choose one group to act it out w/ resolution. (5 min)

Time: 25 min




ACTIVITY

You have just started at a clinic. When you talk to the ART clinic matron about the mastercards and registers in the ART clinic, he refuses to talk to you. You get mad and start yelling at him that you are only there to help. He replies by saying that if he helps you, you will take his job, so you can do it yourself. You get angry, take the registers and leave without saying anything. You later overhear the matron saying bad things about Tingathe and the community health workers.

Answer the following questions:

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UNIT 1: CHW LEADERSHIP SKILLS 

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Time: 25 min

MENTAL AND MEDICAL SELF CARE


UNIT 1: CHW LEADERSHIP SKILLS 

MEDICAL SELF CARE



You are working in the health field,
so it is important that you take care
of your health.

**If you are not healthy, you are not
able to help your patients.**

UNIT 1: CHW LEADERSHIP SKILLS 

Facilitator's Notes:

Ask participants to give you some examples about medical self care. Then on the next slide- only highlight the ones not already mentioned.

MEDICAL SELF CARE

TAKE THE FOLLOWING PRECAUTIONS:

- If you are feeling sick, go the health facility to get evaluated
- Do not wear open toed shoes
- Keep you nails short
- Practice good hygiene
- Hand wash before and after every visit
- Take water with you on long bike trips

UNIT 1: CHW LEADERSHIP SKILLS



Facilitator Instruction:

- Should discuss what PEP is and that's it available
- Discuss **why** each of the other is important

MEDICAL SELF CARE

TAKE THE FOLLOWING PRECAUTIONS:

If you suspect you have gotten HIV from a patient, go the health facility *immediately* for post-exposure prophylaxis

Some examples of how you may be exposed to HIV transmission:

- HTC needle stick injury
- Blood contacting open skin (open wounds) keep wounds covered
- Unprotected sex with someone with HIV
- PEP is not an replacement for a condom

UNIT 1: CHW LEADERSHIP SKILLS



Facilitator Instruction:

- Should discuss what PEP is and that's it available
- Discuss that these are just EXAMPLES that they should be aware of

MENTAL SELF CARE


Working with patients with HIV can be very emotional for both them and you.

It is important to recognize that you have feelings as well. Sometimes you might feel sad, defeated or frustrated. It is okay to feel these things, but it is also important to address them.

As CHWs you are the backbone of the program and we need you to be positive and mentally healthy. We want to make sure we support you so that you can continue to do the good and important work you are doing.

UNIT 1: CHW LEADERSHIP SKILLS






DISCUSSION

How do you keep yourself mentally and medically healthy now?

What are some ways you think you can keep being medically and mentally healthy as you work?

UNIT 1: CHW LEADERSHIP SKILLS 

Objective:

-Participants should recognize the importance of being medically and mentally healthy

Instructions:

1. Facilitator should ask questions and give participants 1-2 minutes to think quietly about their responses.
2. Ask for volunteers to share their answers. Facilitate discussion.

Time: 5 minutes



Facilitator's Notes:

Tell participants to look in their manuals under the practical section about SOPs. Give them a few minutes to look it over so they can become familiar with it before learning about it.

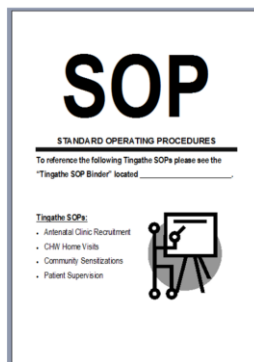
WHAT IS AN SOP?

STANDARD OPERATING PROCEDURE:
Established procedures detailing step by step instructions for program activities

SOPs ensure that all sites are achieving the same high quality performance and goals.

We have an SOP for all procedures in our program.

There are binders and posters at every site stating where all Tingathe SOPs are located.



UNIT 1: CHW LEADERSHIP SKILLS




Facilitator's Note:

Tell CHWs to look for the posters and binders at the sites they visit.

FIVE PARTS OF A SOP

1. **PURPOSE:** Give the official name, relevant background information and basic process
2. **SCOPE:** Identify the intended audience and/or activities where the SOP may be relevant
3. **RESPONSIBILITIES:** Identify the personnel that have a primary role in the SOP and describe what that role is. Provide contact info if needed.
4. **PROCEDURE:** Steps required to perform this procedure (who, what, when, where, how, why)
5. **REFERENCES:** List any resources that may be useful when performing the SOP and define any terms or acronyms






DISCUSSION

SOPs
ORGANIZATION & USE

Take a look at how an SOP is organized.

Think of different ways you could use and SOP in your job.

UNIT 1: CHW LEADERSHIP SKILLS 

Materials:

-Manual (for example SOP)

Objective:

-Participants to become familiar with SOPs

-Think of ways they can use SOPs in their work place

Instructions:

1. Facilitator should ask participants to turn to the Unit 14 in the their manuals and look through the SOPs. Explain that this exercise is only to familiarize them with the SOPs, they do NOT need to read through them all.
2. Walk through identification of each part in an example and ask for any questions.
3. Ask them how they think they could benefit from using an SOP and why it is important to the program.

Time: 10 min

2 OVERVIEW OF HIV AND PREVENTION



4 hours 35 minutes

DURATION



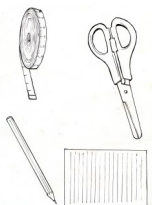
OBJECTIVES

- ◆ Understand your country's HIV situation
- ◆ Describe how HIV/AIDS affects the body's immune system
- ◆ Explain the progression of HIV and the signs and symptoms in each stage
- ◆ Understand that children with HIV progress to AIDS much more quickly than adults
- ◆ List all the ways HIV can and cannot be transmitted
- ◆ Describe methods of HIV prevention
- ◆ Explain the significance of prevention of mother-to-child transmission programs
- ◆ Understand the steps of preventing HIV transmission from mother-to-child
- ◆ List barriers to PMTCT and what you can do about them



CONTENT & ACTIVITIES

- 2.1 Introduction (**20 min**)
 - Activity: What have you heard others say about HIV/AIDS?
- 2.2 How HIV/AIDS affects the body (**25 min**)
 - Picture Story: How does HIV work?
- 2.3 Progression of HIV/AIDS (**50 min**)
 - Peer Teaching: Posters - Progression of HIV to AIDS
- 2.4 Transmission of HIV (**30 min**)
 - Activity: Get Moving - HIV Transmission
 - Activity: True or False?
- 2.5 HIV Prevention (**35 min**)
 - Reflection: Anonymous Survey
 - Reflection: Why did you not use a condom?
 - Activity: True or False?
- 2.6 Prevention of Mother-to-Child Transmission (**15 min**)
- 2.7 Methods of Transmission (**10 min**)
- 2.8 Steps to PMTCT (**1 hour, 5 min**)
 - Activity: Steps to PMTCT– Charades
 - Activity: True or False?
- 2.9 Barriers to PMTCT (**30 min**)
 - Discussion: Barriers to PMTCT
 - Activity: True or False?



MATERIALS

- ◆ Small pieces of scrap paper (enough for x2 per participant)
- ◆ Collection bag or box
- ◆ Flip chart paper
- ◆ Flip chart markers
- ◆ Laminated transmission cards
- ◆ Role play props
- ◆ Tape
- ◆ Manual
- ◆ PPTCT Charade Cards



PREPARATION

- ✓ Research population and HIV statistics for your country to incorporate
- ✓ Set up training room and collect all materials needed.
- ✓ Read through Unit 2 materials and confirm that you are prepared.
 - ⇒ Familiarize yourself with the timing of each section.
 - ⇒ Update statistics on slide 3 of the PowerPoint.
- ✓ Practice role plays.
- ✓ Hang “What have you heard about HIV?” posters around the room.

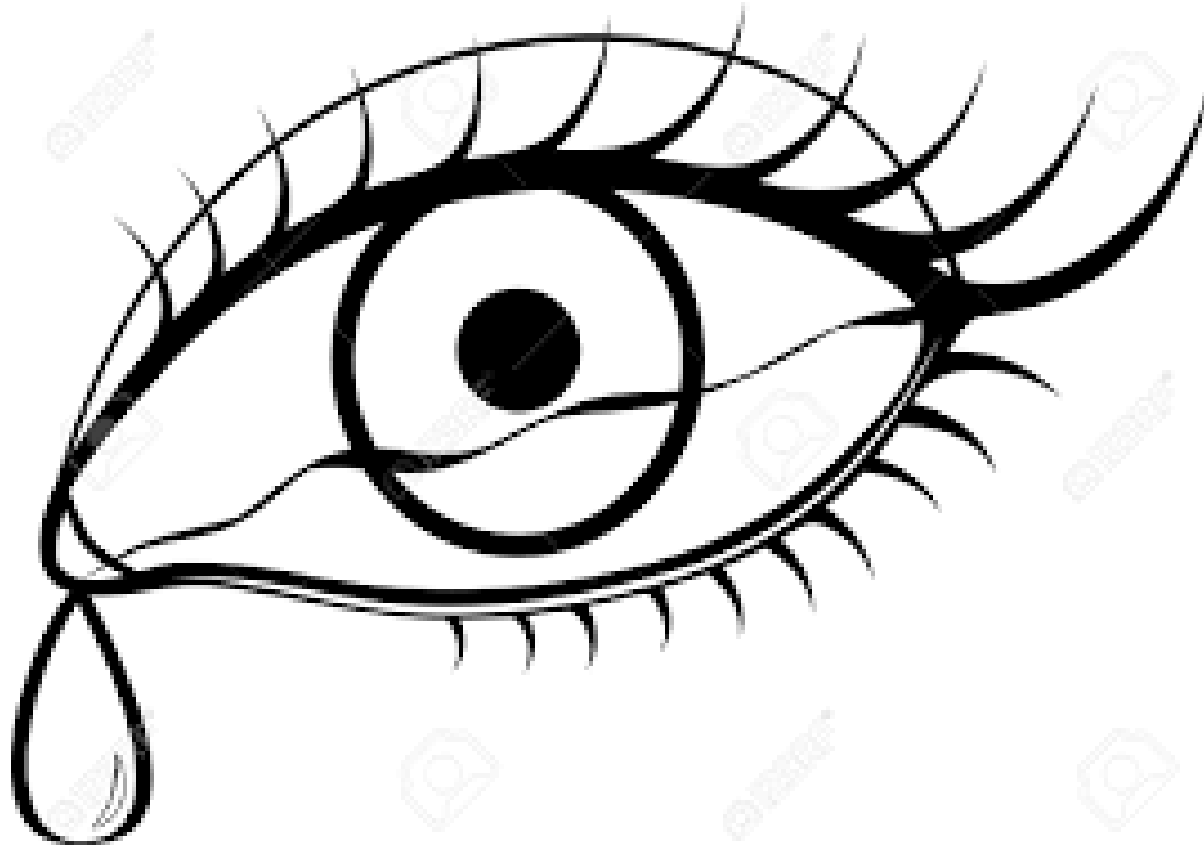
Get Moving Game

HIV Transmission Cards





TOUCHING OPEN WOUNDS



TEARS

SALIVA





BLOOD TRANSFUSION



SHARING RAZORS AND NEEDLES



DURING PREGNANCY

UNIT 2: OVERVIEW OF HIV AND PREVENTION





DURING CHILDBIRTH



THROUGH BREAST MILK



VAGINAL SEX

ANAL SEX



ORAL SEX





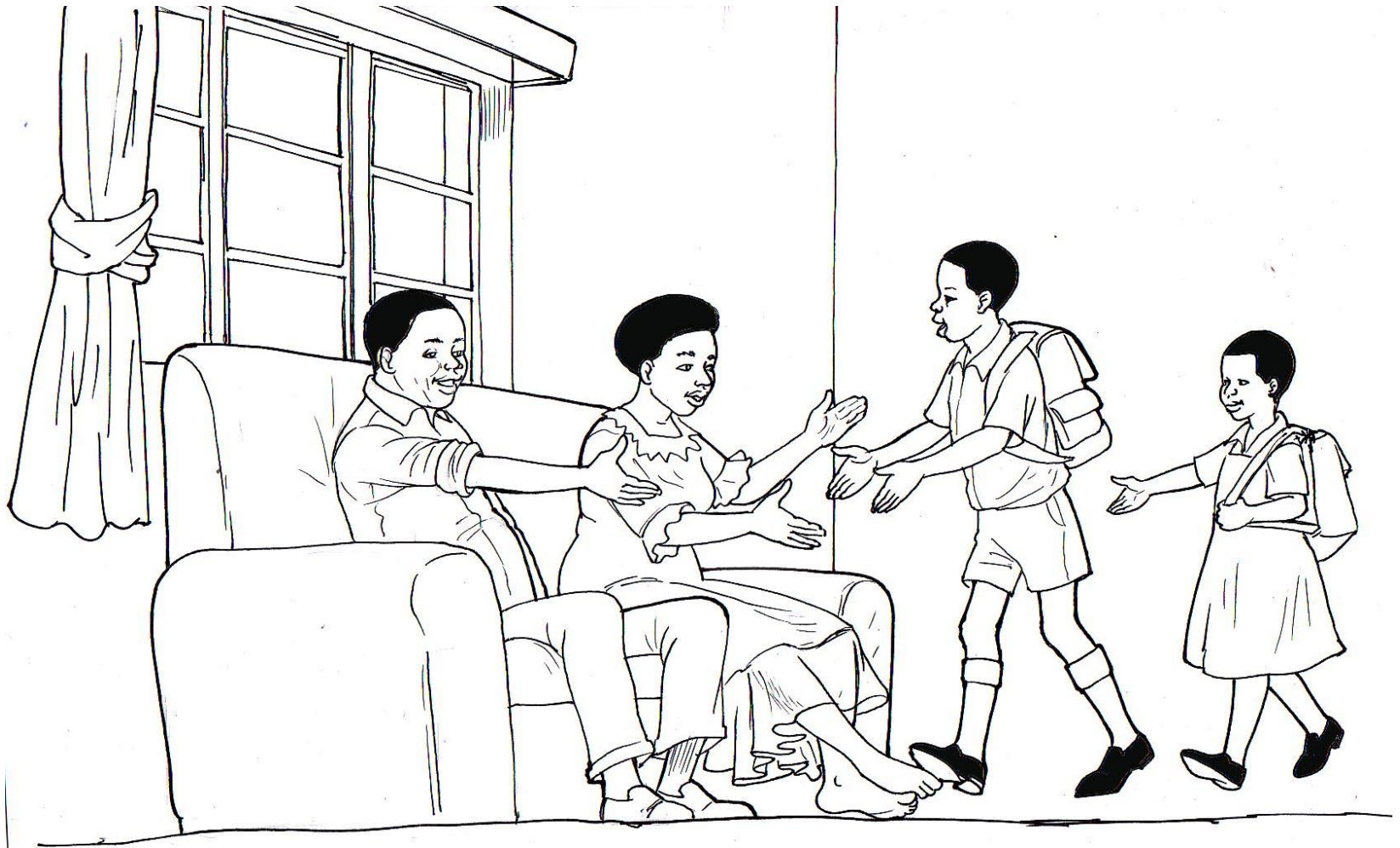
SITTING TOGETHER



EATING OR DRINKING TOGETHER



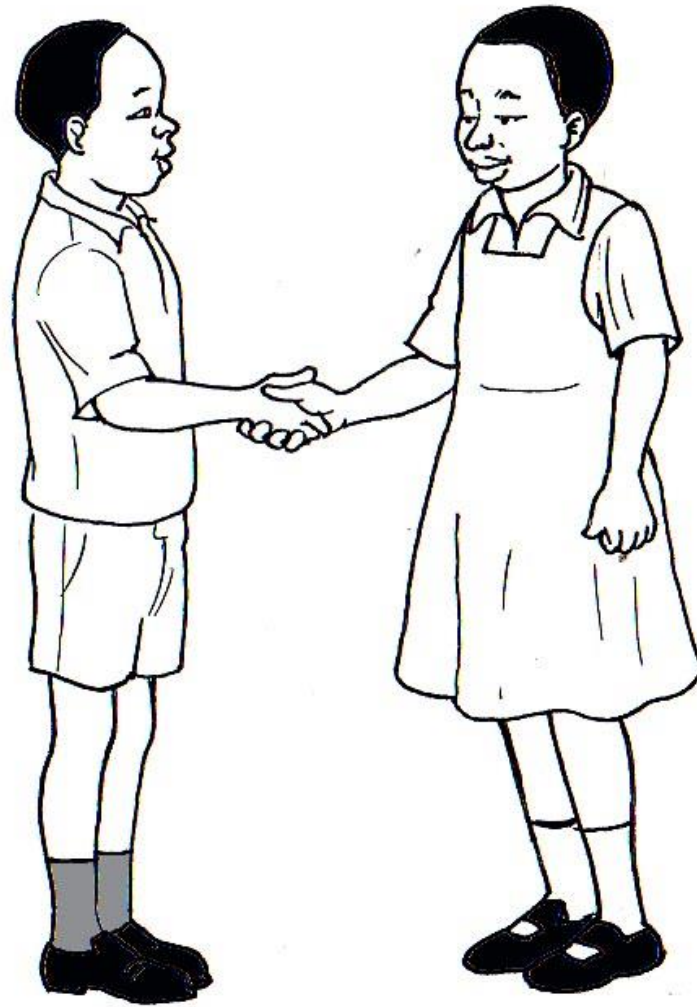
HUGGING



LIVING TOGETHER

UNIT 2: OVERVIEW OF HIV AND PREVENTION

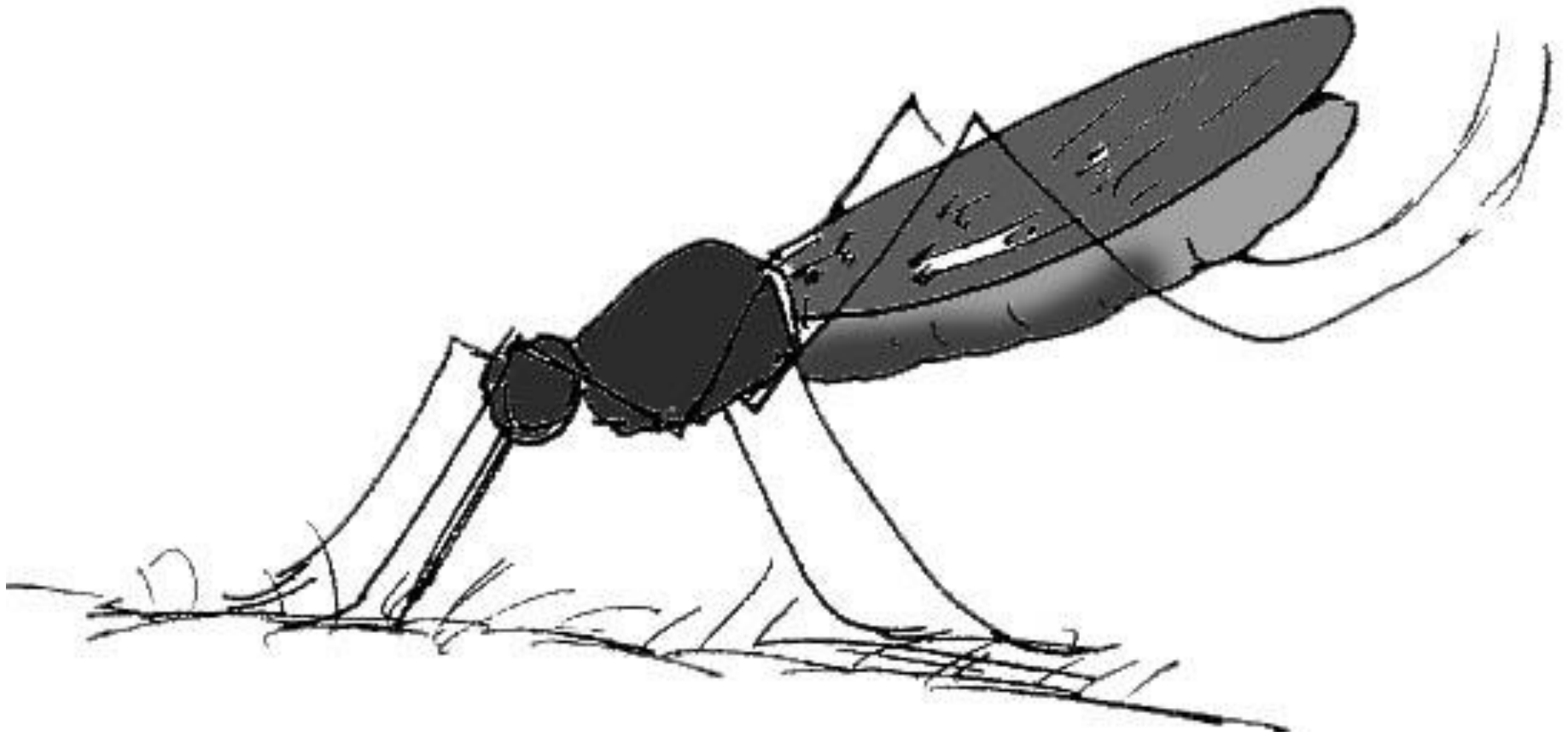




HOLDING HANDS



KISSING



MOSQUITO BITES



ANIMALS

UNIT 2: OVERVIEW OF HIV AND PREVENTION





COUGHING

PPTCT Charades

PPTCT Charade Cards



STEPS TO PPTCT

I. ENCOURAGE PRIMARY PREVENTION & FAMILY PLANNING



This means preventing the mother from becoming HIV-infected in the first place.

This can be done through abstaining from sex, remaining faithful to one partner, and/or using contraception like condoms.

Family planning is having children when you want them. This helps prevent unintended pregnancy.

Family planning involves using some type of contraception, such as condoms.

STEPS TO PPTCT

2. ENCOURAGE PARTNER INVOLVEMENT



This means that a couple should make decisions together and support each other in these decisions.

STEPS TO PPTCT

3. ENCOURAGE HIV TESTING (including partner testing)



All members of a family, especially couples, should know their HIV status by getting tested.

When a couple knows their status, they are able to make more informed decisions.

STEPS TO PPTCT

4. SUPPORT THE MOTHER TO RECEIVE PROPER ANTENATAL CARE AND DEVELOP A BIRTH PLAN



If a mother is HIV-infected, she should attend the clinic regularly to be sure she remains in good health.

Families, partners, and CHWs can help support mothers.



Developing a birth plan means being sure the mother can reach the hospital for delivery, and that she has all the medications she needs when she gets there.

This helps reduce the chance of transmission during child birth.

STEPS TO PPTCT

5. SUPPORT MOTHER TO RECEIVE AND ADHERE TO ART DURING PREGNANCY

Pharmacy



All HIV-infected mothers should be on ART which helps suppress the HIV and helps her stay in good health. Good health for the mother reduces the risk of transmission to her child.

Families, partners, and CHWs can help support the mother to receive her ART.

Encourage the mother to take her ART well and following instructions.

If she stops taking ART or forgets doses, the virus can wake up and transmission rates increase.



STEPS TO PPTCT

6. ENCOURAGE POST-PARTUM CARE AND ART ADHERENCE FOR MOTHER



This means the mother-baby pair should attend ALL their appointments.

She should also seek medical attention immediately if there are any problems.

STEPS TO PPTCT

7. SUPPORT FAMILIES TO ENSURE THE BABY IS GETTING NEVIRAPINE SYRUP (NVP)



The mother should be giving her baby medicine (NVP) for the first six weeks to help prevent the child from getting HIV through her breast milk.

STEPS TO PPTCT

8. SUPPORT BREASTFEEDING MOTHERS TO PRACTICE EXCLUSIVE BREASTFEEDING

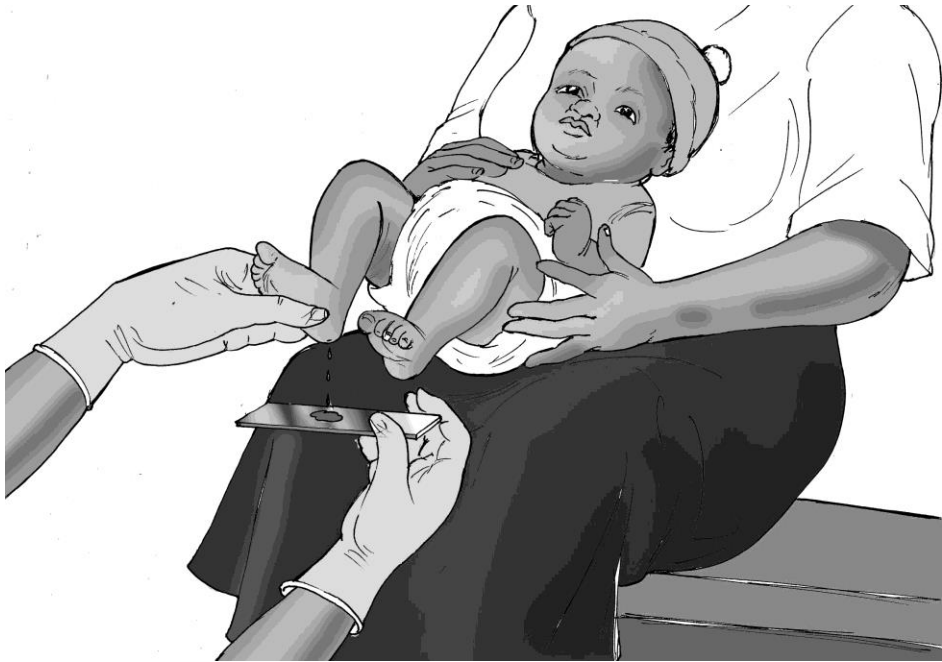


HIV-infected mothers should breastfeed their children and take their ART.

This helps the child get all the nutrients needed to grow healthy and strong.

STEPS TO PPTCT

9. ENCOURAGE FAMILIES TO GO FOR EARLY INFANT HIV TESTING FOR INFANT (at 6 weeks)

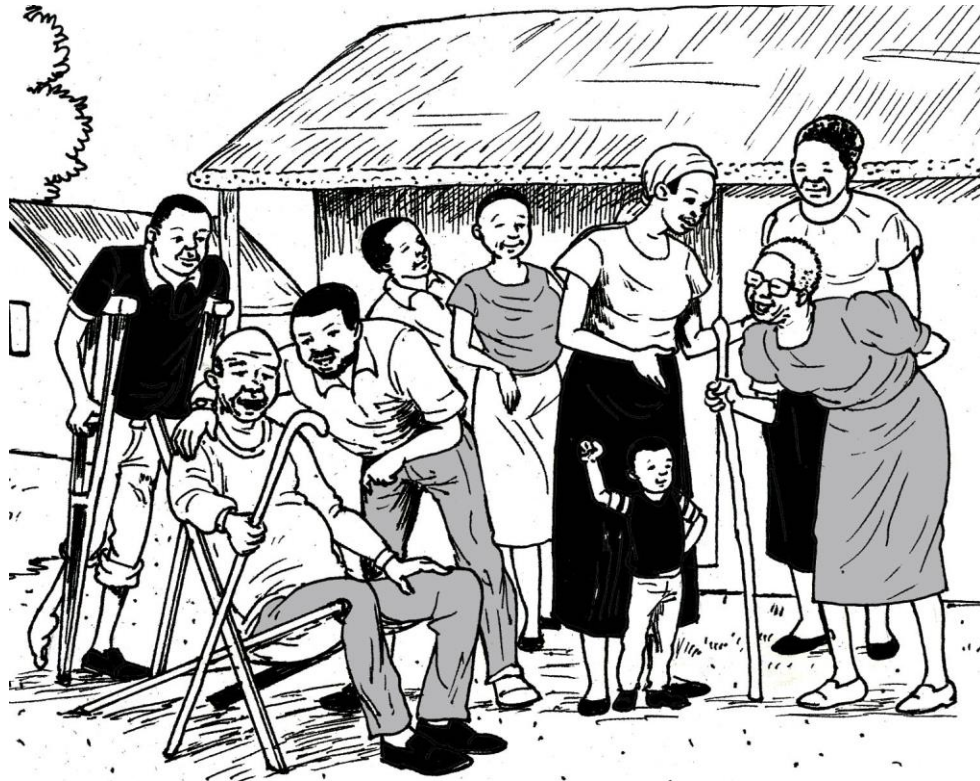


Caregivers bring the child to clinic for all testing.

Knowing the child's HIV status can help get the child treatment as soon as possible.

STEPS TO PPTCT

10. ENCOURAGE FAMILY AND COMMUNITY SUPPORT



Encouraging family and community support reduces stigma and discrimination.

This can allow families feel more comfortable about accessing HIV care and prevention.

2 OVERVIEW OF HIV AND PREVENTION

OBJECTIVES

By the end of Unit 2, you should be able to:

- Understand your country's HIV situation
- Describe how HIV/AIDS affects the body's immune system
- Explain the signs and symptoms seen of HIV and its progression
- Understand that children with HIV progress to AIDS much more quickly than adults and can die if they do not receive proper treatment
- List the ways HIV can and cannot be transmitted
- Describe methods of HIV prevention
- Explain the significance of prevention of mother-to-child transmission programs
- Explain various techniques used to prevention mother-to-child transmission
- List barriers to PPTCT and what you can do about them

UNIT 2: OVERVIEW OF HIV AND PREVENTION



VOCABULARY

ART	Antiretroviral treatment, the medication people living with HIV take to help suppress the virus
IMMUNE SYSTEM	The system in your body that helps fight disease
PPTCT	Prevention of mother-to-child transmission
PREVENTION	To stop something from happening
TRANSMIT	To pass something from one person to another
VIRAL LOAD	The amount of HIV virus in the body

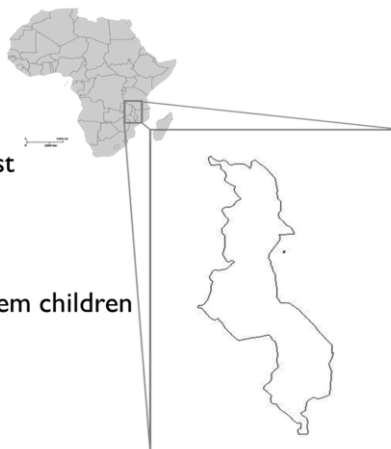
UNIT 2: OVERVIEW OF HIV AND PREVENTION



HIV IN MALAWI

QUICK STATS

- Population: 17,964,697
- Percent population 0-14 years: 46.7%
- Infant mortality: 46.2/1000 live births
- World ranking in infant mortality: 42nd highest
- Life expectancy: 60.6 years



HIV IN YOUR COUNTRY - 2016


- 980,000 people living with HIV; 170,000 of them children
- 9.1% adult HIV prevalence
- 33,000 new HIV infections
- 27,000 AIDS-related deaths
- 61% of adults living with HIV are taking ART
- 13% transmission rate from mother-to-child

UNIT 2: OVERVIEW OF HIV AND PREVENTION



Facilitator's Note:

- Update using the most updated statistics from your country




ACTIVITY

What have you heard others say about HIV/AIDS?

Walk around the room and write down everything you have heard about HIV/AIDS in the following contexts:

Transmission
Prevention
Mother-to-Child Transmission of HIV
General HIV/AIDS

UNIT 2: OVERVIEW OF HIV AND PREVENTION 

Materials:

- Pre-labeled posters hung up around the room
- Markers

Objectives:

- To help dispel myths in the minds of the HCWs


Instructions:

1. Give about 10 minutes for participants to walk around and write down anything they have heard about the following subjects.
2. When finished, tell them that we will come back to them later as we learn about each one in the unit.

Time: 10 minutes


HOW HIV/AIDS AFFECTS THE BODY

UNIT 2: OVERVIEW OF HIV AND PREVENTION



WHAT IS HIV?

H I V	
<ul style="list-style-type: none"> ▪ <i>Human</i>: targets humans ▪ <i>Immunodeficiency</i>: weakening of the immune system ▪ <i>Virus</i>: infective agent that attacks the immune system and causes disease 	

UNIT 2: OVERVIEW OF HIV AND PREVENTION 


Facilitator’s Note:

- First ask participants what each of the letters stands for. As they answer- expose that part of the acronym
- After exposing the acronym (HIV) and what it stands for, ask participants to explain each part of the acronym

PICTURE STORY

PICTURE STORY
How does HIV work?

Work in pairs and explain to each other what is happening in each of the pictures and what the story means.

UNIT 2: OVERVIEW OF HIV AND PREVENTION 

Objective:

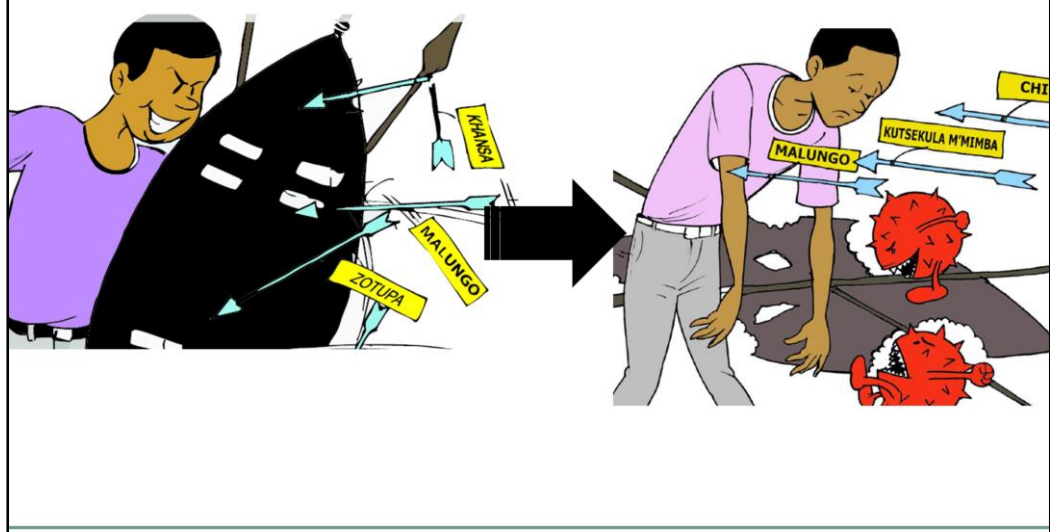
- Let participants explain CD4 cells and HIV in their own way.
- Practice explaining the effect HIV has in the body

Instructions:

1. Pair up participants.
2. In each pair they should explain to each other what is going on in each picture. (6 min)
3. After discussing with another each other, facilitator should go through the next 4 slides one by one. First, they should show the picture, then ask for an explanation from a pair: Then they should put up the text with the actual explanation.

Time: 6 min+ 4 min/slide = 20 min

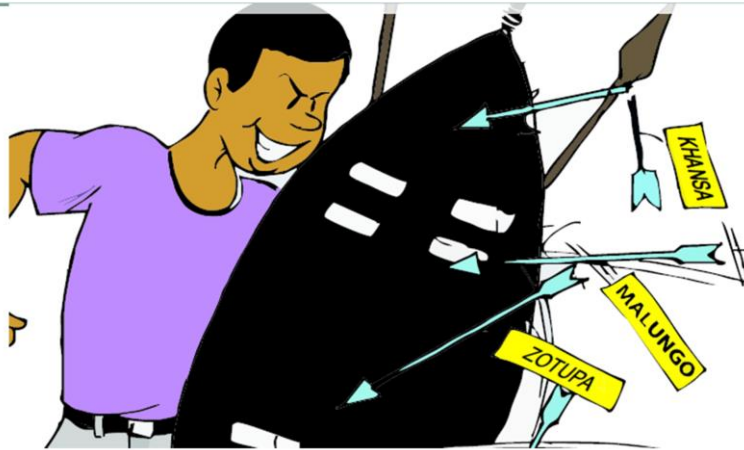
HOW DOES HIV WORK?



UNIT 2: OVERVIEW OF HIV AND PREVENTION



HOW DOES HIV WORK?



Everyone has an immune system.
The body's immune system is like a shield. A strong shield protects the body from disease and infection.

UNIT 2: OVERVIEW OF HIV AND PREVENTION



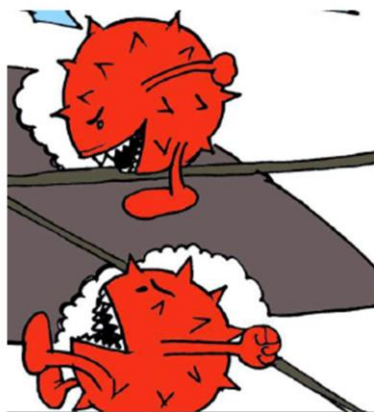
Facilitator's Note:

- Remember to ask participants about THEIR interpretation of the picture before exposing the explanation. Compare how close the two explanations are.

HOW DOES HIV WORK?

HIV is a kind of virus.

HIV is a very strong and damages the body's shield (immune system).



UNIT 2: OVERVIEW OF HIV AND PREVENTION



Facilitator's Note:

- Remember to ask participants about THEIR interpretation of the picture before exposing the explanation. Compare how close the two explanations are.
- Explain the flowchart at the bottom, going through each step. Severe immune suppression is when your body cannot fight off diseases and is very weak.

HOW DOES HIV WORK?



Eventually with time HIV destroys most of the body's shield (immune system).

This leaves the immune system unable to protect, putting the body at risk of becoming sick from various illnesses.

This is when a person has AIDS.

UNIT 2: OVERVIEW OF HIV AND PREVENTION



Facilitator's Note:

- Remember to ask participants about THEIR interpretation of the picture before exposing the explanation. Compare how close the two explanations are.

Common Question:

HIV is in types I and II. What is the difference and is one more dangerous?

WHAT IS AIDS?

A
I
D
S

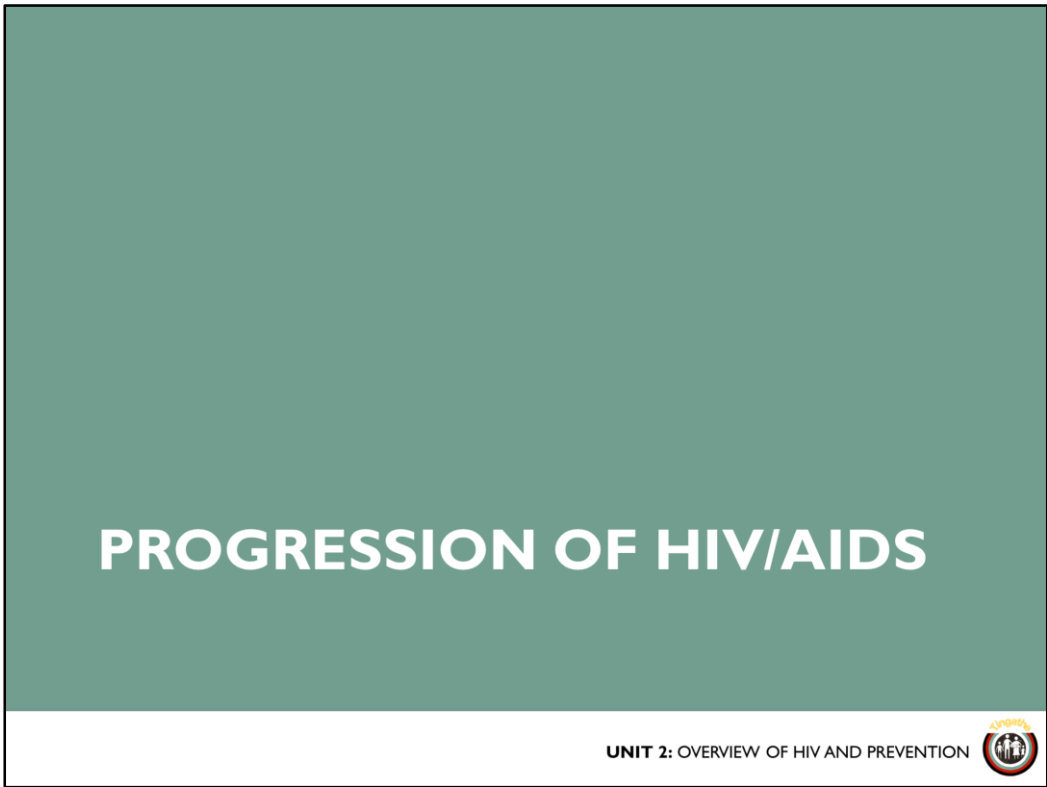
- *Acquired*: developed from having HIV
- *Immune*: the system of the body the disease attacks
- *Deficiency*: not enough; not strong
- *Syndrome*: group of symptoms

UNIT 2: OVERVIEW OF HIV AND PREVENTION




Facilitator's Note:

- First ask participants what each of the letters stands for. As they answer- expose that part of the acronym
- After exposing the acronym (AIDS) and what it stands for, ask participants to explain each part of the acronym

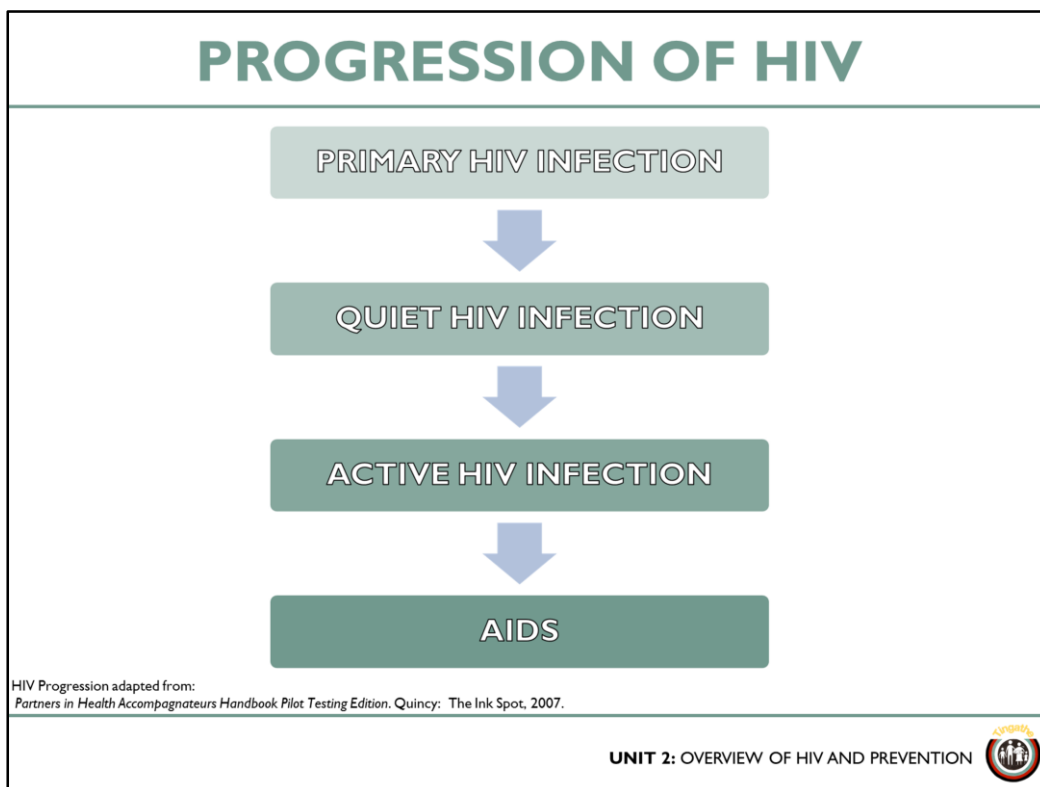


PROGRESSION OF HIV/AIDS


UNIT 2: OVERVIEW OF HIV AND PREVENTION 

Facilitator's Note:

- Remember to call them PHASES to help avoid confusion with WHO staging.

**Facilitator's Note:**

- Explain that this is just a concept which can help you understand how UNTREATED HIV progresses through different stages to get from primary infection to AIDS. They should understand that this progress is a little bit different for everyone and is dependent on many different factors (initial health, behavior, treatment, age, etc)
- Remember that these are PHASES, not stages.
- Can go through this quickly the first time and will review at the end again for emphasis.




**PEER
TEACHING**

POSTER

Progression of HIV to AIDS

1. The class will be split into 4 groups and each group will be assigned a phase of progression of HIV to AIDS.
2. Use the HCW Manual to make a poster about your assigned phase.
3. Each group will then teach their phase to the class.

UNIT 2: OVERVIEW OF HIV AND PREVENTION 

Materials:

- x4 flip chart paper per group
- Markers
- HCW Manual

Objectives:

- Self-learning (within a group)
- Practice teaching others about the phases of HIV
- Understand the difference between the phases for adults and children

Instructions:

1. Divide the class into 4 groups and assign each group a phase or progression of HIV to AIDS.
2. Each group should study the manual and then make a poster.
3. After finishing, each group should teach the class about their assigned phase.
4. As participants are teaching their assigned phase, show the corresponding slide. If participants do NOT mention a key point, make sure it is thoroughly explained before moving on to the next group.

Time needed: 35 minutes total

15 minutes in groups

20 presentation (5 minutes/group)

PRIMARY HIV INFECTION



HIV Progression adapted from:
Partners in Health Accompagnateurs Handbook Pilot Testing Edition. Quincy: The Ink Spot, 2007.

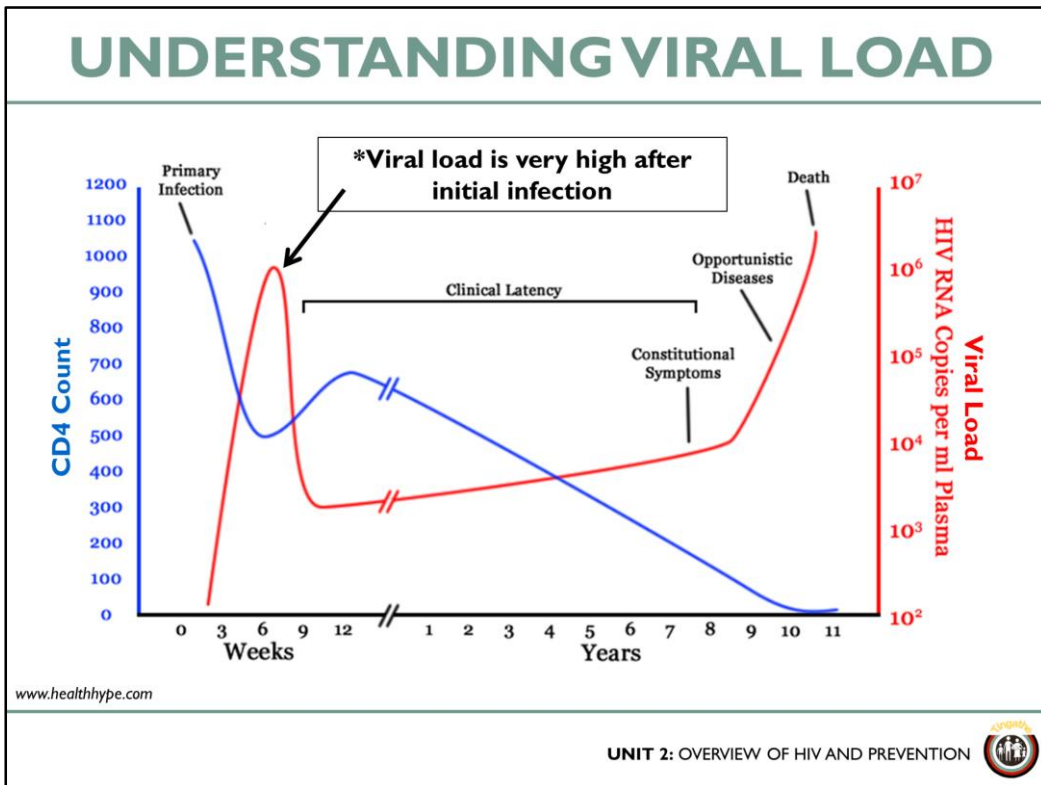
UNIT 2: OVERVIEW OF HIV AND PREVENTION



Facilitator's Note:

Key points the teaching group should mention are:

- There are very few signs that a person is infected and most people do not know or suspect that they have HIV
- Some people get some flu like symptoms
- The only way to know that a person has HIV in this stage is test them
- Right after a person gets infected, the amount of virus in their body is very high
- This is a stage where it is very easy to spread the virus, since most people do not know they are infected in this stage, and **since they were recently infected, their viral load may be high (can use graph on next page to explain further)**



Facilitator’s Note:

- This graph should be explained by walking through the following:
 1. What each axis means (and the definitions of each term- i.e. viral load, CD4 count)
 2. How the lines correspond (viral load is high when CD4 count is low- can help remind them why this is by using the picture story)
 3. Highlighting that viral load is HIGH upon first infection. This is the time though during primary infection and most people do NOT know they have HIV, so it is easy to spread.
- Do not worry if some participants do not understand this slide. They will NOT be tested on it. It is only there to help explain how viral load works.

Time: 10 min

QUIET HIV INFECTION



HIV Progression adapted from:
Partners in Health Accompagnateurs Handbook Pilot Testing Edition. Quincy: The Ink Spot, 2007.

UNIT 2: OVERVIEW OF HIV AND PREVENTION



Facilitator's Note:

Key points the teaching group should mention are:

- Infected people look and feel healthy during this stage
- This time period can last a **long time** for some people, even if the virus is very active. This is dependent on many factors including: behavior, initial health, age and treatment.
- In children, this time may last only a few months or could last years.

ACTIVE HIV INFECTION



HIV Progression adapted from:
Partners in Health Accompagnateurs Handbook Pilot Testing Edition. Quincy: The Ink Spot, 2007.

UNIT 2: OVERVIEW OF HIV AND PREVENTION



Facilitator's Note:

Key points the teaching group should mention are:

- This is the time period when the person begins to feel sick
- The virus has attacked and destroyed many CD4 cells and now the immune system is weak, making it easier for the body to get common infections (Opportunistic Infections)
- Person will begin to experience signs and symptoms of HIV (can flip to next slide to show the signs and symptoms)

SIGNS AND SYMPTOMS



Diarrhea



Fever



Weight Loss



Sores



Cough



Hair Loss



Sores in the Mouth




Weakness


UNIT 2: OVERVIEW OF HIV AND PREVENTION



AIDS



HIV Progression adapted from:
Partners in Health Accompagnateurs Handbook Pilot Testing Edition. Quincy: The Ink Spot, 2007.

UNIT 2: OVERVIEW OF HIV AND PREVENTION 

Facilitator's Note:

Key points the teaching group should mention are:

- This stage is when HIV has destroyed most of the immune system and the immune system is very weak
- Usually patients who are this sick cannot work or live regularly.
- More severe signs and symptoms than in active HIV infection (can flip to next slide for easier explanation)

SIGNS AND SYMPTOMS



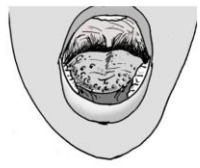
Rash



Hair Loss



Weight Loss



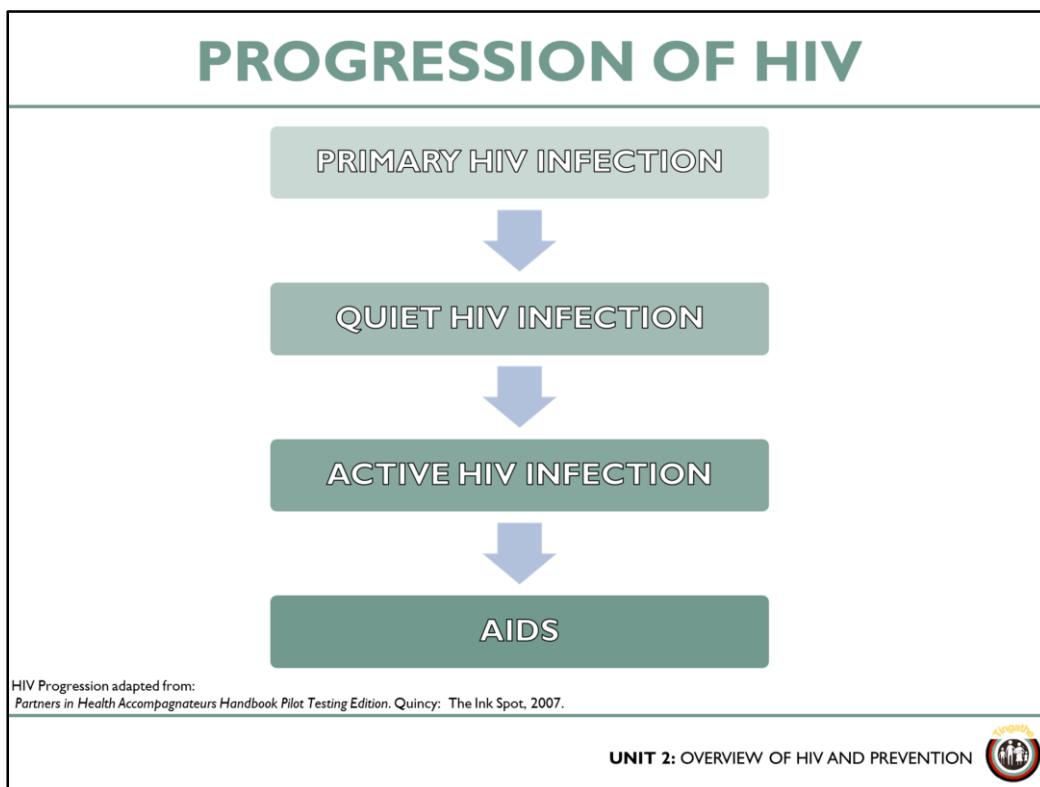
Sores in the Mouth



Weakness

UNIT 2: OVERVIEW OF HIV AND PREVENTION



**Facilitator's Note:**


-Review again quickly and ask the following practice questions to help with understanding:

1. Woman who is feeling very healthy (quiet)
2. Man who is experiencing mild flu like symptoms (primary)
3. Woman who is suffering from extreme weight loss, hair loss and weakness (AIDS)
4. Man who has mild signs of a cold (quiet)
5. Teenager is experiencing a rash and has not been gaining weight in the past few months (active)

Time: 5 minutes

PROGRESSION OF HIV IN CHILDREN

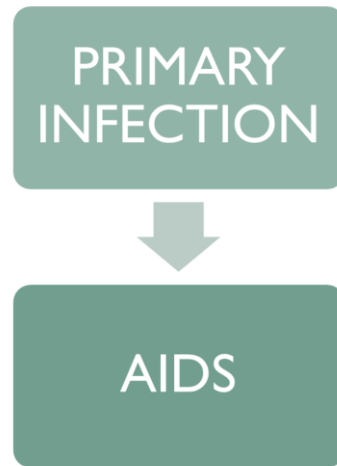
UNIT 2: OVERVIEW OF HIV AND PREVENTION



HIV PROGRESSION IN CHILDREN

Children have a much weaker immune system than adults do. Because of this, it is harder for children to fight the HIV virus after becoming infected.

Most children will go directly from primary infection to AIDS without going through the quiet or active infection periods.



UNIT 2: OVERVIEW OF HIV AND PREVENTION



Facilitator's Note:

- This slide is used to help highlight the differences between the progression of HIV in adults and children. Because this is a key component of our program, it is important that they understand this very well.
- By age 2 years, 50% of children infected with HIV will die without treatment
- The majority of children will progress from primary infection to AIDS quickly. Therefore it is important that children are tested and brought to care as soon as possible.

HIV PROGRESSION IN CHILDREN

By two years of age, 50% of children with HIV will die if they do not receive treatment.

That is why it is important to ensure HIV-infected children are:

1. Found and brought to care
2. Evaluated for initiation of antiretroviral treatment (ART)



UNIT 2: OVERVIEW OF HIV AND PREVENTION





Facilitator's Note:

- This slide is used to help highlight the differences between the progression of HIV in adults and children. Because this is a key component of our program, it is important that they understand this very well.

TRANSMISSION OF HIV

UNIT 2: OVERVIEW OF HIV AND PREVENTION






ACTIVITY

GET MOVING GAME

HIV Transmission

1. With your partner, look at the card and decide whether HIV can or cannot be transmitted that way.
2. Move to the “can” or “cannot” side of the room depending on your decision.
3. Explain why you chose “can” or “cannot.”

UNIT 2: OVERVIEW OF HIV AND PREVENTION 

Materials:

- Laminated transmission cards

Objective:

- Learn all the ways HIV can and cannot be transmitted

Instructions:

1. Trainees should work in pairs. Give each pair a card with a picture on it of a way that HIV can and cannot be transmitted.
2. Give the pairs 2 minutes to discuss whether or not they think the activity in the picture shows a way in which HIV can be transmitted.
3. Have those with the side that CAN transmit move to one side of the room.
4. Have those with the pictures that CANNOT transmit move to another side of the room.
5. Have each pair say what the picture shows and why they think it CAN or CANNOT transmit HIV.
6. Any other questions or clarifications should be written on the “Transmission” poster and will be covered at the end.

Time needed: 15 minutes

HIV TRANSMISSION

HIV CAN BE TRANSMITTED THROUGH BLOOD



Touching Open Wounds



Blood Transfusion
(if blood not tested)



Sharing Sharp Instruments such as Razors or Needles

UNIT 2: OVERVIEW OF HIV AND PREVENTION




Facilitator's Note:


-This slide should be a review of game previously played. Make sure that you pause at each slide and give participants time to ask questions.

HIV TRANSMISSION

HIV CAN BE TRANSMITTED THROUGH SEX



**Vaginal, Anal, and/or
Oral Sex**


UNIT 2: OVERVIEW OF HIV AND PREVENTION 

Facilitator's Note:


- This slide should be a review of game previously played. Make sure that you pause at each slide and give participants time to ask questions.
- Remember to point out that this is ALL forms of sex between any two people.

HIV TRANSMISSION


HIV CAN BE TRANSMITTED THROUGH CHILDBEARING




During Pregnancy



During Childbirth



Through Breast Milk










UNIT 2: OVERVIEW OF HIV AND PREVENTION 


Facilitator's Note:

-This slide should be a review of game previously played. Make sure that you pause at each slide and give participants time to ask questions.

TRANSMISSION MYTHS

HIV CANNOT BE TRANSMITTED THROUGH:

 <p>Sitting Together</p>	 <p>Living Together</p>	 <p>Eating or Drinking Together</p>
 <p>Holding hands</p>	 <p>Hugging</p>	 <p>Kissing</p>
 <p>Animals</p>	 <p>Mosquito Bites</p>	 <p>Coughing</p>

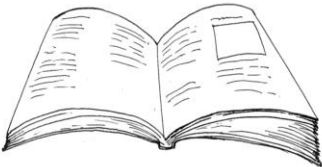
UNIT 2: OVERVIEW OF HIV AND PREVENTION 

Facilitator's Note:

-This slide should be a review of game previously played. Make sure that you pause at each slide and give participants time to ask questions.

Common Question

Why is there no HIV in saliva and tears, but there is in other bodily fluids?




ACTIVITY

TRUE OR FALSE?

Look at the transmission poster that was made earlier and distinguish whether the points written are true or false.

UNIT 2: OVERVIEW OF HIV AND PREVENTION



Materials:

- Marker
- Transmission poster

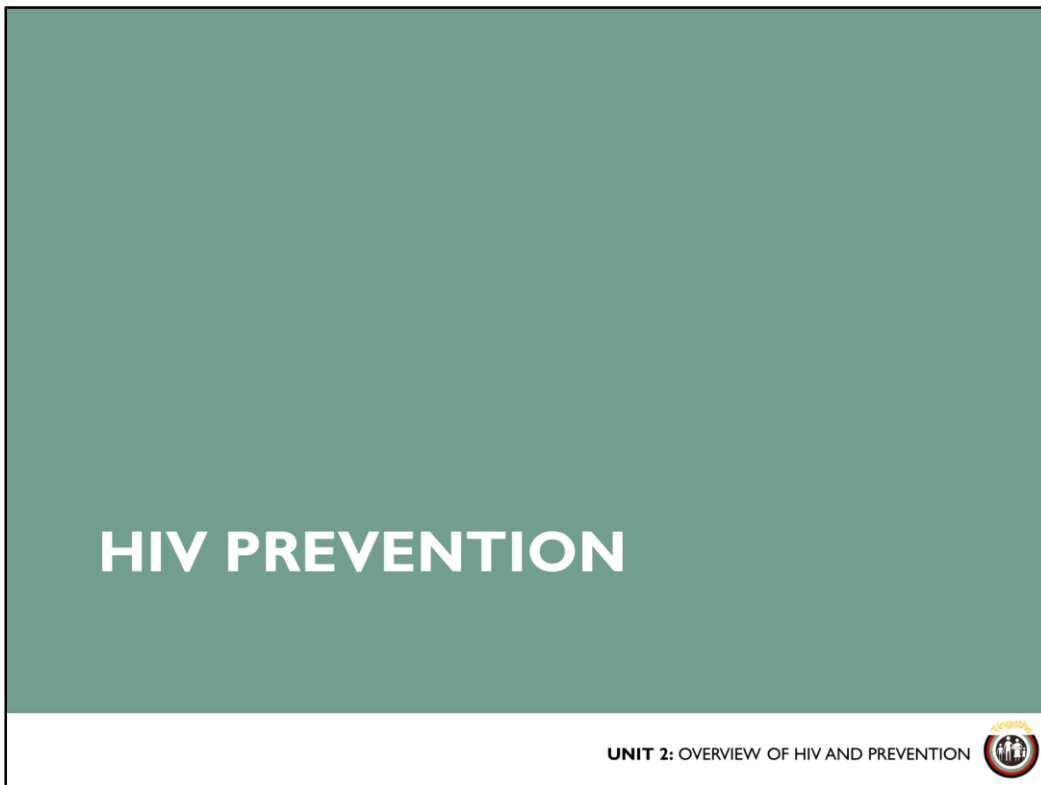
Objective:

- Dispel common myths in their community

Instructions:

1. Facilitator should go through the points on the poster and discuss one by one, having participants help determine if they are true or false.
2. Make a large X through the false ones and circle the true ones.
3. Help clarify any other misconceptions.

Time: 5 min



Facilitator's Notes:

- Give an introduction in this part that now that they have learned about how HIV is transmission, we will now learn about prevention techniques.
- Encourage them to add any other points they thought of to the "Prevention" poster before beginning.

HIV PREVENTION

TRANSMISSION THROUGH BLOOD CAN BE PREVENTED

- Do not share or use a needle or razor blade that has already been used
- Do not touch someone else's blood



UNIT 2: OVERVIEW OF HIV AND PREVENTION



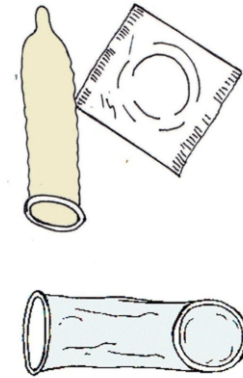
Facilitator's Note:

- Ask for participant's to suggest different ways transmission through blood can be prevented before exposing what is written. Go through all points they did NOT suggest in more detail.

HIV PREVENTION

TRANSMISSION THROUGH SEX CAN BE PREVENTED

- Abstain from having sex
- Use a condom correctly- each and every time when having sex
- Practice safe sex with only one person who does not have any other sexual partners
- Go together with you partner to get tested
- If HIV-infected, go for evaluation and treatment. ART helps to decrease viral load making it more difficult to transmit the virus.
- Male circumcision




UNIT 2: OVERVIEW OF HIV AND PREVENTION



Facilitator's Note:

- Ask for participant's to suggest different ways transmission through sex can be prevented before exposing what is written. Go through all points they did NOT suggest in more detail.




REFLECTION

ANONYMOUS SURVEY

Have you always used a condom when you should have?

Yes (always used)
OR
No (did not always use)

Write your response on the paper provided and put it in the bag.

UNIT 2: OVERVIEW OF HIV AND PREVENTION 

Facilitator's Note:

Despite the knowledge of condom use is widespread, it not often practiced. Stress with the group its important for us to know we are NOT perfect and make mistakes. We must also be understanding of our patients in order for us to best support them.

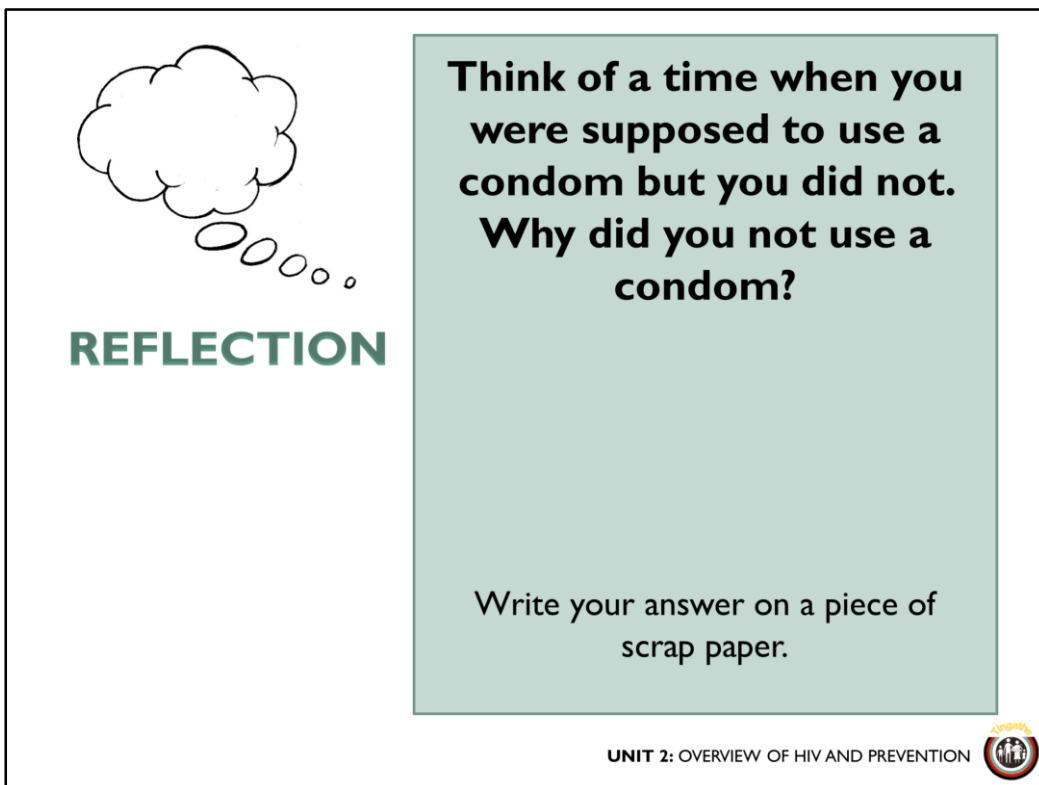
Materials:

- Scrap paper
- box or bag to collect answers in

Instructions:

1. Have the trainees write on a scrap paper to answer the following question:
2. "Have you always used a condom when you should have?" YES (always used) or NO (did not always use)
3. Fold their paper and put in the box or bag passed around the room
4. Count the YES and NO responses and share with the group how many people answered.

Time: 2 minutes (move onto next slide while counting)



REFLECTION

Think of a time when you were supposed to use a condom but you did not. Why did you not use a condom?

Write your answer on a piece of scrap paper.

UNIT 2: OVERVIEW OF HIV AND PREVENTION

Materials:

- Pen or pencil
- Scrap paper

Instructions:

1. Read out the instructions on the slide: "Think of a time when you were supposed to use a condom but you did not. Why did you not use a condom?"
2. Give participants ~5 minutes to write their response. They can write on a scrap paper (if they chose to share anonymously).
3. See if anyone is willing to share their experience with the group. Emphasize CONFIDENTIALITY and trust among the group if someone is willing to share. It is important for all of us to be open, share and think about our own experiences and feelings. This will make better HCWs and allow them to connect with patients and communities.

Time: 15 minutes

HIV PREVENTION

MALE CIRCUMCISION

- Provides only **partial** protection when sexual behavior stays the same
- Method is only effective if you follow instructions of the clinician who performs the procedure
- Should always be used in combination with other HIV prevention techniques. Male circumcision does not protect against all HIV transmission.



UNIT 2: OVERVIEW OF HIV AND PREVENTION



Facilitator's Note:

Explain what partial protection means. Should highlight that it only provides partial protection if sexual behavior stays the same- meaning that number and kind of sexual partners stays the same, number of sexual partners stays the same, etc as BEFORE circumcision.

HIV PREVENTION

TRANSMISSION THROUGH *CHILDBEARING* CAN BE PREVENTED

- If pregnant or breastfeeding and HIV-infected, get the proper prenatal care and ART in order to prevent mother-to-child transmission (PPTCT)
- Exclusively breastfeed infants less than six months



UNIT 2: OVERVIEW OF HIV AND PREVENTION



Facilitator's Note:

- Ask for participant's to suggest different ways transmission through childbearing can be prevented before exposing what is written. Go through all points they did NOT suggest in more detail.

HIV PREVENTION

One of the best forms of prevention is to:

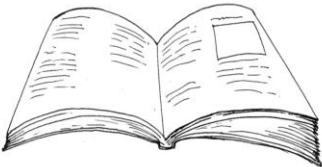
**KNOW YOUR STATUS.
GET TESTED!**

UNIT 2: OVERVIEW OF HIV AND PREVENTION



Facilitator's Note:

- Ask for participant's to suggest one of the best forms of prevention before exposing what is written.




ACTIVITY

TRUE OR FALSE?

Look at the prevention poster that was made earlier and distinguish whether the points written are true or false.

UNIT 2: OVERVIEW OF HIV AND PREVENTION



Materials:

- Marker
- Prevention poster

Objective:

- Dispel common myths in their community


Instructions:

1. Facilitator should go through the points on the poster and discuss one by one, having participants help determine if they are true or false.
2. Make a large X through the false ones and circle the true ones.
3. Help clarify any other misconceptions.

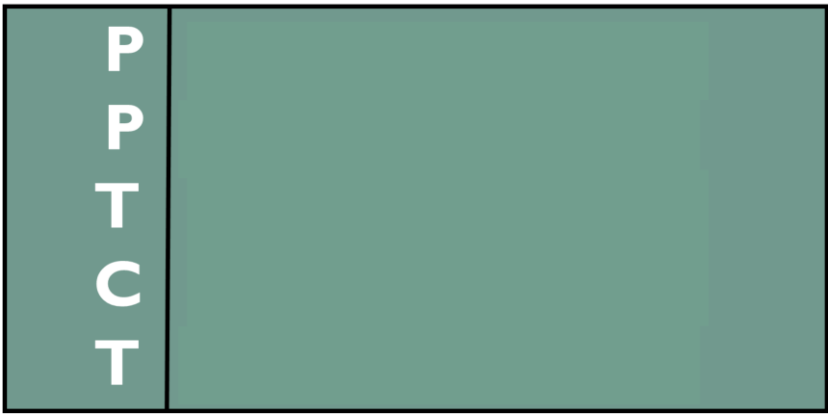
Time: 5 min


PREVENTION OF MOTHER- TO-CHILD TRANSMISSION

UNIT 2: OVERVIEW OF HIV AND PREVENTION



WHAT IS PPTCT?



UNIT 2: OVERVIEW OF HIV AND PREVENTION 

Facilitator's Note:

- First ask participants what each of the letters stands for. As they answer- expose that part of the acronym
- After exposing the acronym (PPTCT) and what it stands for, ask participants to explain each part of the acronym

PPTCT QUICK FACTS

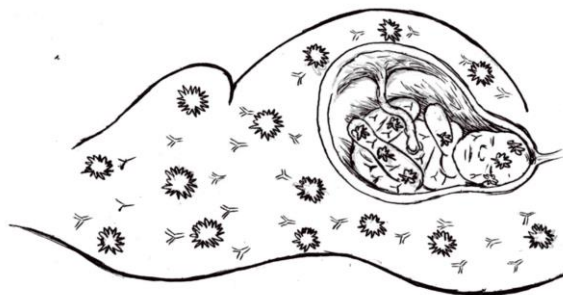


In order for mother-to-child transmission to occur, the **mother must be HIV-infected.**

UNIT 2: OVERVIEW OF HIV AND PREVENTION



PPTCT QUICK FACTS



PPTCT is also known as prevention of mother-to-child transmission (PPTCT). We prefer to use the term **PPTCT or vertical transmission in order to not place blame on the woman.**

UNIT 2: OVERVIEW OF HIV AND PREVENTION



Facilitator's Note:

You can open a brief discussion about this point. Allow participants to give their views on what it should be called and how it could affect patient interaction.

PPTCT QUICK FACTS



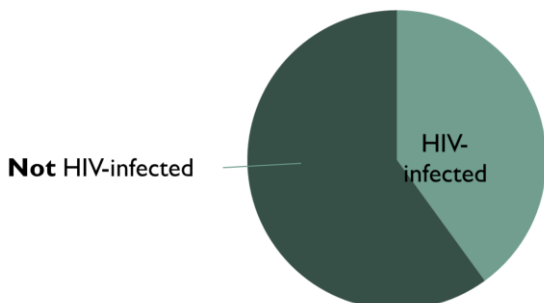
The more sick the mother is, the **higher** the chance her baby will become infected. **It is important to help the mother stay healthy.**

UNIT 2: OVERVIEW OF HIV AND PREVENTION



PPTCT QUICK FACTS

Children Born to HIV-Infected Mothers



The percent of infants in a breastfeeding population who will become HIV-infected if no intervention is made: **40% (40 out of 100)**

UNIT 2: OVERVIEW OF HIV AND PREVENTION

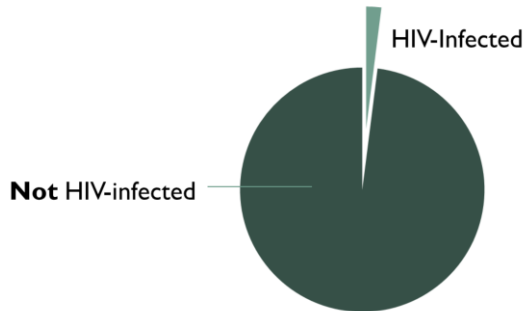


Facilitator's Note:

May need to explain graph more

PPTCT QUICK FACTS

Children Born to HIV-Infected Mothers



Percent of children who will become HIV-infected if proper care is given during and throughout pregnancy: **2% (2 out of 100)**

UNIT 2: OVERVIEW OF HIV AND PREVENTION



Facilitator's Note:

May need to explain graph more

METHODS OF TRANSMISSION

UNIT 2: OVERVIEW OF HIV AND PREVENTION



TRANSMISSION CAN OCCUR: DURING PREGNANCY



RATE OF TRANSMISSION: (5-10%) 5-10 out of 100 babies


UNIT 2: OVERVIEW OF HIV AND PREVENTION



Facilitator's Note:

You may need to explain the statistic at the bottom. Remind them that they will NOT be tested on it- that it is only there so can get an idea of how often it happens.

TRANSMISSION CAN OCCUR: DURING PREGNANCY

UNIT 2: OVERVIEW OF HIV AND PREVENTION 

Facilitator's Note:

TRANSMISSION CAN OCCUR: DURING CHILDBIRTH



RATE OF TRANSMISSION: (10-20%) 10-20 out of 100 babies

UNIT 2: OVERVIEW OF HIV AND PREVENTION



Facilitator's Note:

You may need to explain the statistic at the bottom. Remind them that they will NOT be tested on it- that it is only there so can get an idea of how often it happens.

TRANSMISSION CAN OCCUR: THROUGH BREAST MILK



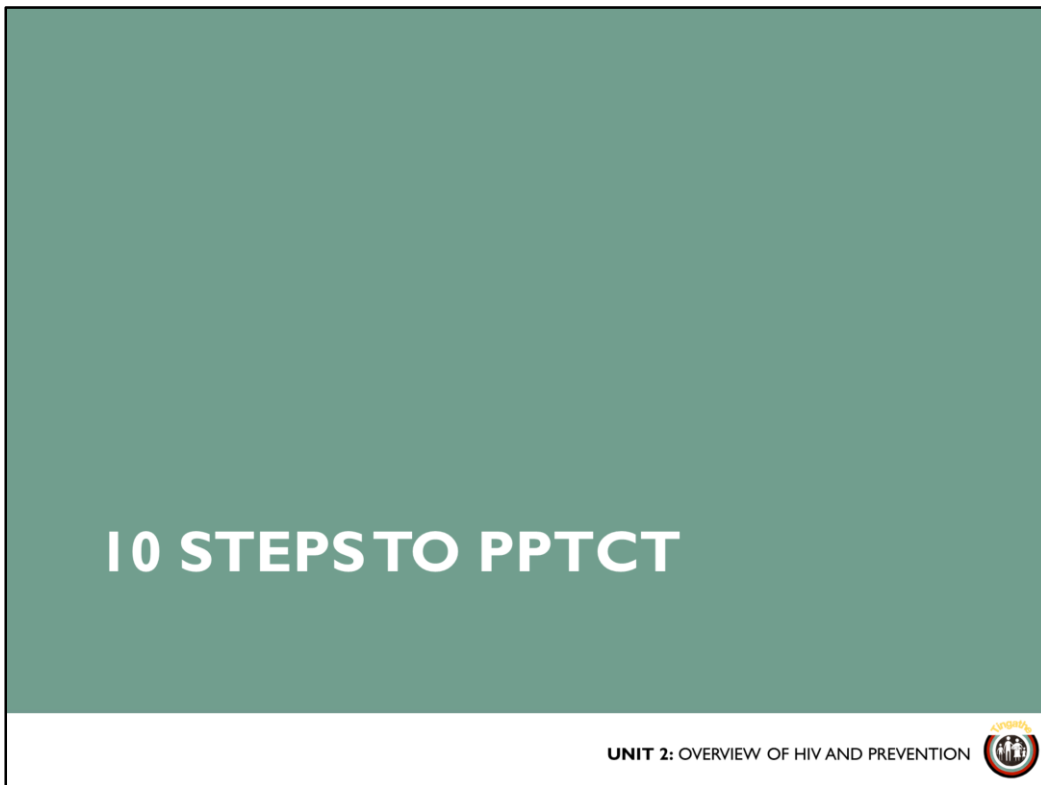
RATE OF TRANSMISSION: (10-15%) 10-15 out of 100 babies

UNIT 2: OVERVIEW OF HIV AND PREVENTION




Facilitator's Note:

You may need to explain the statistic at the bottom. Remind them that they will NOT be tested on it- that it is only there so can get an idea of how often it happens.



Facilitator's Notes:

- Explain that the next 10 steps will show them ways that prevention is possible!
- Highlight that they will learn more about each as they go through the training.




ACTIVITY

**STEPS TO PPTCT
CHARADES**

With your partner, be prepared to act out what is on your card.

Other participants will guess what you are acting out.

When someone has guessed correctly, write the answer in your manual.

UNIT 2: OVERVIEW OF HIV AND PREVENTION 

Materials:

- Role play props
- Manual
- Pen or pencil

Objective:

- Help participants understand the different steps to PPTCT


Instructions:

1. Put participants in pairs.
2. Give each pair a card. Instruct them to work together to act out what is on the card **WITHOUT** using words. (10 min)
3. Call the pairs up one by one to act out the step they were given and let other participants guess what they're doing.
4. After a participant gets it correct, expose the slide and have everyone write the step **IN THE CORRECT** order into their manual.

Time: 1 hour (10 min prep+5 min/group x10 presentation)

STEPSTO PPTCT

I. ENCOURAGE PRIMARY PREVENTION & FAMILY PLANNING



UNIT 2: OVERVIEW OF HIV AND PREVENTION 


Facilitator's Note:


Remind participants of these key points:

- This means preventing the mother from becoming infected in the first place.
- This prevents unintended pregnancy and allows women to have children when and if they CHOOSE.

STEPSTO PPTCT

2. ENCOURAGE PARTNER INVOLVEMENT



UNIT 2: OVERVIEW OF HIV AND PREVENTION 

Facilitator's Note:

Remind participants of these key points:

- The couple should make decisions together, especially about having a family.
- The couple should also support each other throughout the process.

STEPSTO PPTCT

3. ENCOURAGE HIV TESTING (including partner testing)



UNIT 2: OVERVIEW OF HIV AND PREVENTION



Facilitator's Note:

Remind participants of these key points:

- Encouraging testing (especially couples testing) will allow more men and women to know their status.
- Knowing the status helps people to make informed decisions.

STEPSTO PPTCT

4. SUPPORT THE MOTHER TO RECEIVE PROPER ANTENATAL CARE AND DEVELOP A BIRTH PLAN



UNIT 2: OVERVIEW OF HIV AND PREVENTION



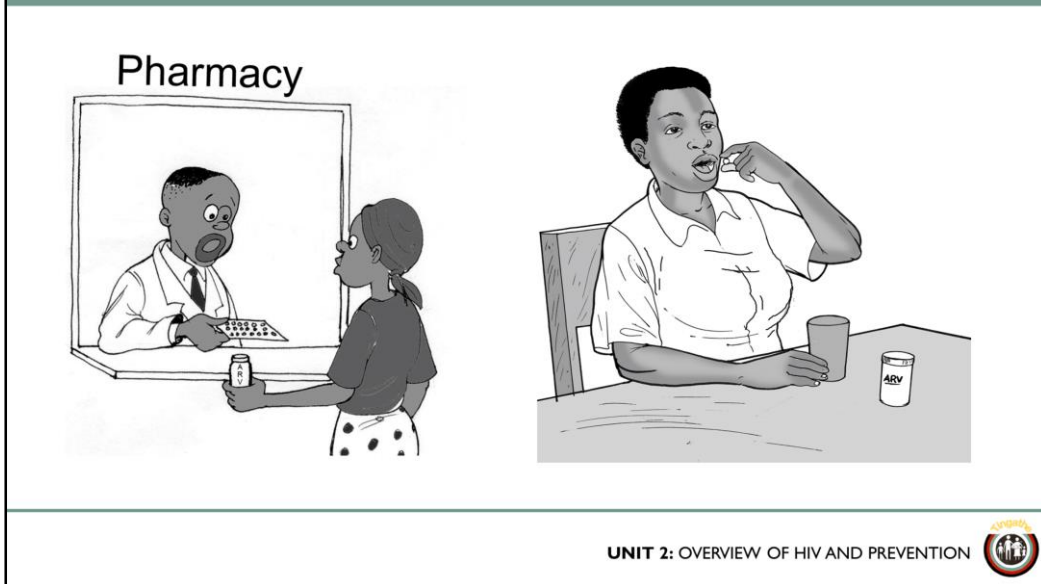
Facilitator's Note:

Remind participants of these key points:

- If the mother is infected, she should attend the clinic regularly to be sure she remains in good health.
- Developing a birth plan means being sure the mother can reach the hospital for delivery, and that she has all the medications she needs.

STEPSTO PPTCT

5. SUPPORT MOTHER TO RECEIVE AND ADHERE TO ART DURING PREGNANCY



UNIT 2: OVERVIEW OF HIV AND PREVENTION



Facilitator's Note:

Remind participants of these key points:

- If the mother is on ART, her virus will be suppressed (or asleep) and she will be in better health, and there is less risk of transmission to the baby.
- Be sure the mother is taking her ART well. She should not miss doses of ART, otherwise, the virus will wake up.

STEPSTO PPTCT

6. ENCOURAGE POST-PARTUM CARE AND ART ADHERENCE FOR MOTHER



UNIT 2: OVERVIEW OF HIV AND PREVENTION



Facilitator's Note:

Remind participants of these key points:

- Make sure the mother attends all her appointments after birth and seeks medical attention immediately if she has any problems.
- Make sure the baby attends all of his/her appointments, immunizations, and testing as well.

STEPSTO PPTCT

7. SUPPORT FAMILIES TO ENSURE THE BABY IS GETTING NEVIRAPINE SYRUP (NVP)



UNIT 2: OVERVIEW OF HIV AND PREVENTION



Facilitator's Note:

Remind participants of these key points:

- This medicine (NVP) will help prevent the baby from getting HIV through breast milk.

STEPSTO PPTCT

8. SUPPORT BREASTFEEDING MOTHERS TO PRACTICE EXCLUSIVE BREASTFEEDING



UNIT 2: OVERVIEW OF HIV AND PREVENTION



Facilitator's Note:

Remind participants of these key points:

- This reduces the risk of transmission via breast milk.
- This also helps the baby receive all the vitamins and nutrients he/she needs to grow healthy and strong.

STEPSTO PPTCT

9. ENCOURAGE FAMILIES TO GO FOR EARLY INFANT HIV TESTING FOR INFANT (at 6 weeks)



UNIT 2: OVERVIEW OF HIV AND PREVENTION



Facilitator's Note:

Remind participants of these key points:

- Be sure the guardians bring the child for their HIV tests by 6 weeks of age, the faster you are able to diagnose a child, the faster you can get them on treatment

STEPSTO PPTCT

10. ENCOURAGE FAMILY AND COMMUNITY SUPPORT



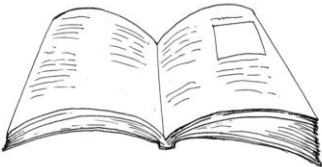
UNIT 2: OVERVIEW OF HIV AND PREVENTION



Facilitator's Note:

Remind participants of these key points:

- Encouraging family and community support reduces stigma and discrimination and allows families to access HIV care and prevention.




ACTIVITY

TRUE OR FALSE?

Look at the transmission poster that was made earlier and distinguish whether the points written are true or false.

UNIT 2: OVERVIEW OF HIV AND PREVENTION



Materials:

- Marker
- PPTCT poster

Objective:

- Dispel common myths in their community

Instructions:

1. Facilitator should go through the points on the poster and discuss one by one, having participants help determine if they are true or false.
2. Make a large X through the false ones and circle the true ones.
3. Help clarify any other misconceptions.


Time: 5 min



BARRIERS TO PPTCT

UNIT 2: OVERVIEW OF HIV AND PREVENTION






DISCUSSION

What are some barriers to PPTCT in your community?

UNIT 2: OVERVIEW OF HIV AND PREVENTION



Materials:

- Flipchart and Marker
- Ball

Objectives:

- Relate the issue to their own community and experiences
- Understand that many of the barriers they think of are ones their patients will face. If you understand them and know how to overcome them, then you can help them continue with PPTCT.

Instructions:

1. Stand in a circle, with the flipchart a part of it.
2. Throw the ball and each person who catches it must give a different barrier to accessing or staying in PPTCT care.
3. When answers are exhausted, go through the list again, one-by-one and have a different person give a suggestion on how they could help support the woman to overcome that barrier.

Time: 20 minutes

BARRIERS TO PPTCT

- Difficulty disclosing to partner and lack of partner support
- Societal pressures to not get treatment
- Traditional healer tells them not to go to clinic
- Partner/family tells them not to go to clinic
- Stigma and discrimination
- Travel time to clinic
- Preachers telling people they are cured when they are not
- Worried about ART side effects



UNIT 2: OVERVIEW OF HIV AND PREVENTION



Facilitator's Note:

Go through the list and compare to the list already made. Further discuss any that were not previously mentioned.



WHAT YOU CAN DO AS A HCW

- Educate and sensitize the community
- Be a trustworthy advocate to women living with HIV and their families
- Teach the mother about HIV and PPTCT
- Teach the mother how to properly take medicines
- Support the mother to start ART as soon as possible
- Support the mother to remain adherent to her ART
- Discuss family planning
- Support families to ensure the baby gets Nevirapine syrup (NVP)
- Teach the mother about exclusive breastfeeding

UNIT 2: OVERVIEW OF HIV AND PREVENTION



Facilitator's Note:

Remind participants that they will be practicing these skills throughout their training. It is not necessary to feel like they know how to do all of these things right now. As we go through the manual and other activities, they should keep the steps of PPTCT in mind. This is just an introduction.



WHAT YOU CAN DO AS A HCW

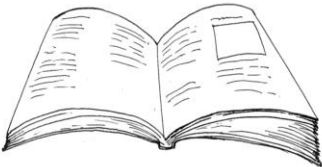
- Support the mother to ensure her and her baby come to clinic
- Provide support and counseling to ensure the baby gets tested for HIV at 6 weeks
- Counsel the partner on the importance of HIV testing and family testing
- Follow HIV-infected pregnant women from ANC, throughout their pregnancy, delivery, and breastfeeding
- Support families and ensure child receives ART as soon as possible if infected and eligible
- Visit patients at home to provide additional counseling and support
- Keep track of the mother and child to monitor adherence

UNIT 2: OVERVIEW OF HIV AND PREVENTION



Facilitator's Note:

Remind participants that they will be practicing these skills throughout their training. It is not necessary to feel like they know how to do all of these things right now. As we go through the manual and other activities, they should keep the steps of PPTCT in mind. This is just an introduction.




ACTIVITY

TRUE OR FALSE?

Look at the transmission poster that was made earlier and distinguish whether the points written are true or false.

UNIT 2: OVERVIEW OF HIV AND PREVENTION



Materials:

- Marker
- General HIV/AIDS poster

Objective:

- Dispel common myths in their community

Instructions:

1. Facilitator should go through the points on the poster and discuss one by one, having participants help determine if they are true or false.
2. Make a large X through the false ones and circle the true ones.
3. Help clarify any other misconceptions.

Time: 5 min

3 HIV SIGNS AND SYMPTOMS



3 hours

DURATION



- ◆ Explain the difference between a sign and symptom
- ◆ Identify the major signs and symptoms of HIV in children
- ◆ Understand that the presence of HIV signs and symptoms on a child does not mean that the child is definitely HIV-infected
- ◆ Describe your role as a CHW in identifying and referring patients who might have HIV/AIDS

OBJECTIVES



CONTENT & ACTIVITIES

- 3.1 Introduction (**20 min**)
 - Group Work: Brainstorm– Identifying HIV-infected Children
- 3.2 Signs and Symptoms of HIV in Children (**80 min**)
 - Peer Teaching: Signs and Symptoms of HIV in Children
 - Review of Signs and Symptoms
 - Group 1: Bodily Changes
 - Group 2: Skin Infections
 - Group 3: Mouth and Ear Sores
 - Group 4: Malnutrition and Stunting
 - Group 5: Other Signs and Symptoms
- 3.3 Role of a CHW in Identifying Signs and Symptoms of HIV in Children (**70 min**)
 - Role Play
 - Activity: Poster– Signs and Symptoms of HIV



MATERIALS

- ◆ Tape
- ◆ Notebook
- ◆ Peer teaching tools
- ◆ Signs & Symptoms Teaching Cards (x15)
- ◆ Role playing props
- ◆ Flipchart paper
- ◆ Markers



PREPARATION

- ✓ Print Signs and Symptoms Teaching Cards
- ✓ Set up training room and collect all materials needed.
- ✓ Read through Unit 3 materials and confirm that you are prepared.
- ✓ Practice role plays.

Peer Teaching

Signs & Symptoms of HIV in Children
Teaching Cards

LYMPHADENOPATHY



SIGNS

- Swollen lymph nodes
- Swollen bumps on neck, armpit, or groin



SYMPTOMS

- Hot, painful, swollen lymph nodes
- Bump on the body (neck, armpit, or groin)



CLUBBING



SIGNS

- Enlargement of the tips of the fingers
- Change in shape of fingernails



SYMPTOMS

- Cough for a long time
- Poor appetite
- Fast breathing
- Weight loss
- Fevers on and off



PAROTID ENLARGEMENT & HEPATOSPLENOMEGALY



SIGNS

- Abnormally large stomach
- Enlarged glands on side of face, near the ears



SYMPTOMS

- Hot, painful, swollen lymph nodes
- Bump on the body (neck, armpit or groin)



PAPULAR PRURITIC ERUPTIONS



SIGNS

- Evenly distributed normal or dark colored papules on body, arms, or legs
- Can look like scabies



SYMPTOMS

- Severe, itchy rash that does not seem to improve with medication



FLAT WARTS



SIGNS

- Slightly raised skin-colored lesions
- Looks like clear bumps stuck on face



SYMPTOMS

- Non-painful, non-itchy rash on face and/or arms that does not seem to be getting better with creams
- Often in teenagers



FUNGAL SKIN INFECTION



SIGNS

- Light colored, scaly patches



SYMPTOMS

- Itchy rash on body



HERPES ZOSTER/SHINGLES



SIGNS

- Grouped blisters in a patch on the skin
- Lesions that do not usually cross the body's mid-line
- Rash that looks like there are little balls of water under the skin



SYMPTOMS

- Intense pain and burning on a specific area of the skin
- Fever
- Body pains



SEVERE TINEA



SIGNS

- Silver or white, round patches of skin infection, usually on scalp
- Hair loss in area where infection is



SYMPTOMS

- Itchy rash on scalp
- May complain of hair loss



ORAL THRUSH



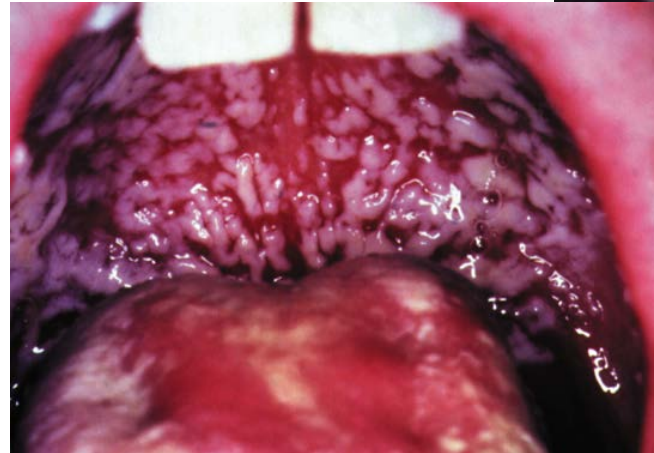
SIGNS

- Multiple whitish or red patches anywhere inside the mouth



SYMPTOMS

- Difficulty or pain while eating or swallowing
- In infants, can cause vomiting or refusal to eat



EARACHE with EAR DRAINAGE



SIGNS

- Drainage from ear



SYMPTOMS

- Pain in ear
- Liquid coming out of ear
- Liquid coming from ear has a bad smell
- Poor hearing



MALNUTRITION



SIGNS

- Appears swollen, especially feet, legs, stomach, and face
- Thin hair
- Appears very thin
- Frequently sick



SYMPTOMS

- Significant weight loss
- Complains that child won't eat or looks weak



STUNTED GROWTH AND DEVELOPMENT



SIGNS

- Stunted growth (abnormally small for age)



SYMPTOMS

- Delayed development, child cannot walk or talk at normal ages
- At 8 months: child cannot sit-up alone
- At 1 year: child cannot stand with support
- At 2 years: child cannot walk



CHRONIC DIARRRHEA



SIGNS

- Wasting
- Person appears very thin



SYMPTOMS

- Diarrhea for a long time that has not gone away with treatment
- Complains of weight loss



CHRONIC FEVER



SIGNS

- Body shaking
- Has chills during time of fever



SYMPTOMS

- Fever on and off for long periods of time
- Medicine has not helped the fever go away



KAPOSI SARCOMA (KS)

SIGNS

- Single or multiple purple patches or nodes, mainly on skin and mouth
- Enlarged lymph nodes
- Swollen legs that feel hard/firm



SYMPTOMS

- Patient complains of bumps or purple rash on skin, in mouth, armpits, or in groin area



3 HIV SIGNS AND SYMPTOMS

OBJECTIVES

By the end of Unit 3, you should be able to:

- Explain the difference between a sign and a symptom
- Identify the major signs and symptoms of HIV in children
- Understand that the presence of HIV signs and symptoms on a child does **not** mean the child is definitely HIV-infected
- Describe your role as a CHW in identifying and referring patients who might have HIV/AIDS

UNIT 3: HIV SIGNS AND SYMPTOMS



VOCABULARY

ADVOCATE	A person who speaks or writes in support or defense of a person or cause
DIAGNOSE	To identify the nature of something
SIGN	A change on the person's body you can physically see
SYMPTOM	A feeling or sign that the patient or guardian expresses to you that they have noticed; a complaint

UNIT 3: HIV SIGNS AND SYMPTOMS



SIGNS AND SYMPTOMS

SIGN

when you SEE something



- *A change on the patient's body that you can physically see*

SYMPTOM

when you HEAR something



- *Something that the patient or guardian expresses to you that they've noticed; a complaint*
- *Feelings (i.e. pain, burning, etc)*
- *Cannot physically see symptoms*

UNIT 3: HIV SIGNS AND SYMPTOMS



Facilitator's Notes:

- Have participants give you examples of both
- Remember that if you see a sign or hear of the child experiencing symptoms, it means the patient needs to go to the clinic to get follow-up and/or an HIV test.
- Having any of these signs or symptoms does NOT mean the child has HIV, but it does mean they should be referred for testing.




WHAT YOU CAN DO AS A CHW

Remember, it is **not** your responsibility to diagnose your patient. Your job is to look and listen for signs or symptoms in a patient and refer them to the clinic if necessary. Your job is to advocate for your patient by telling their clinician about any signs or symptoms your patients has.

It is not important to memorize all of the names of the diseases you will learn in this unit.

UNIT 3: HIV SIGNS AND SYMPTOMS






GROUP WORK

BRAINSTORM
Identifying HIV-infected Children

Think of places inside the health facility and your community where you could use your knowledge of signs and symptoms of HIV to help identify children who may have HIV.

Brainstorm with your partner. Be prepared to share your answers with the class.

UNIT 3: HIV SIGNS AND SYMPTOMS 

Objectives:

-Preparation for active case finding and realizing they can use their skills anywhere


Instructions:

1. Put participants in pairs.
2. Pairs should brainstorm possible places to identify POSSIBLE HIV-infected children. (3 minutes)
3. Have pairs raise their hands and share their answers with the rest of the group. (5 minutes)
4. Discuss that active case finding can be done anywhere (e.g. under-five, malnutrition, TB ward, inpatient ward, immunization clinic, etc)– and there are lots of opportunities to do so. (2 minutes)

Time: 10 minutes

SIGNS AND SYMPTOMS OF HIV IN CHILDREN


UNIT 3: HIV SIGNS AND SYMPTOMS 



**PEER
TEACHING**

SIGNS AND SYMPTOMS OF HIV IN CHILDREN

With your group, plan a way to teach the rest of the class about the diseases you have been given. Focus on identifying signs and symptoms and less on the name of the disease.

UNIT 3: HIV SIGNS AND SYMPTOMS 

Reminder: Tell participants that they do not need to focus on the NAMES of the diseases so much as the signs and symptoms involved.

Materials:

- Manual
- Pen and paper
- Hand outs

Objectives:

- Participants learn the different types of signs and symptoms together.

Instructions:

1. Facilitator should break participants into groups of two.
2. Each group should be given a different group of diseases and asked to prepare a lesson to teach them to the rest of the class. Encourage creativity. (20 min).
3. Let each group teach their section to their peers. (25 min)
4. At the end of the lesson – facilitator can briefly go through slides and answer any additional comments/make corrections as needed.

Time: 1 hr

GROUP 1:

BODILY CHANGES

UNIT 3: HIV SIGNS AND SYMPTOMS 

LYMPHADENOPATHY



SIGNS

- Swollen lymph nodes
- Swollen bumps on neck, armpit, or groin



SYMPTOMS

- Hot, painful, swollen lymph nodes
- Bump on the body (neck, armpit, or groin)



CLUBBING



SIGNS

- Enlargement of the tips of the fingers
- Change in shape of fingernails



SYMPTOMS

- Cough for a long time
- Poor appetite
- Fast breathing
- Weight loss
- Fevers on and off



PAROTID ENLARGEMENT & HEPATOSPLENOMEGALY



SIGNS

- Abnormally large stomach
- Enlarged glands on side of face, near the ears



SYMPTOMS

- Hot, painful, swollen lymph nodes
- Bump on the body (neck, armpit or groin)



UNIT 3: HIV SIGNS AND SYMPTOMS



GROUP 2:
SKIN INFECTIONS

UNIT 3: HIV SIGNS AND SYMPTOMS 

PAPULAR PRURITIC ERUPTIONS



SIGNS

- Evenly distributed normal or dark colored papules on body, arms, or legs
- Can look like scabies



SYMPTOMS

- Severe, itchy rash that does not seem to improve with medication



UNIT 3: HIV SIGNS AND SYMPTOMS



FLAT WARTS



SIGNS

- Slightly raised skin-colored lesions
- Looks like clear bumps stuck on face



SYMPTOMS

- Non-painful, non-itchy rash on face and/or arms that does not seem to be getting better with creams
- Often in teenagers



UNIT 3: HIV SIGNS AND SYMPTOMS



FUNGAL SKIN INFECTION



SIGNS

·Light colored, scaly patches



SYMPTOMS

·Itchy rash on body



HERPES ZOSTER/SHINGLES



SIGNS

- Grouped blisters in a patch on the skin
- Lesions that do not usually cross the body's mid-line
- Rash that looks like there are little balls of water under the skin



SYMPTOMS

- Intense pain and burning on a specific area of the skin
- Fever
- Body pains



UNIT 3: HIV SIGNS AND SYMPTOMS



SEVERE TINEA



SIGNS

- Silver or white, round patches of skin infection, usually on scalp
- Hair loss in area where infection is



SYMPTOMS

- Itchy rash on scalp
- May complain of hair loss




UNIT 3: HIV SIGNS AND SYMPTOMS



GROUP 3:

MOUTH AND EAR SORES

UNIT 3: HIV SIGNS AND SYMPTOMS 

ORAL THRUSH



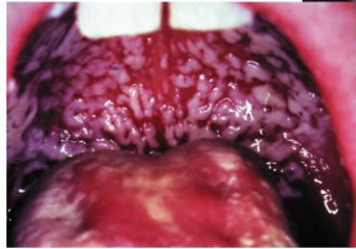
SIGNS

- Multiple whitish or red patches anywhere inside the mouth



SYMPTOMS

- Difficulty or pain while eating or swallowing
- In infants, can cause vomiting or refusal to eat



UNIT 3: HIV SIGNS AND SYMPTOMS



EARACHE with EAR DRAINAGE



SIGNS

- Drainage from ear



SYMPTOMS

- Pain in ear
- Liquid coming out of ear
- Liquid coming from ear has a bad smell
- Poor hearing



UNIT 3: HIV SIGNS AND SYMPTOMS



GROUP 4:

MALNUTRITION AND STUNTING

UNIT 3: HIV SIGNS AND SYMPTOMS 

MALNUTRITION



SIGNS

- Appears swollen, especially feet, legs, stomach, and face
- Thin hair
- Appears very thin
- Frequently sick



SYMPTOMS

- Significant weight loss
- Complains that child won't eat or looks weak



STUNTED GROWTH AND DEVELOPMENT



SIGNS

· Stunted growth
(abnormally small
for age)



SYMPTOMS

· Delayed development,
child cannot walk or
talk at normal ages
· At 8 months: child
cannot sit-up alone
· At 1 year: child cannot
stand with support
· At 2 years: child cannot
walk



UNIT 3: HIV SIGNS AND SYMPTOMS



GROUP 5:

OTHER SIGNS AND SYMPTOMS

UNIT 3: HIV SIGNS AND SYMPTOMS 

CHRONIC DIARRHEA



SIGNS

- .Wasting
- .Person appears very thin



SYMPTOMS

- .Diarrhea for a long time that has not gone away with treatment
- .Complains of weight loss



CHRONIC FEVER



SIGNS

- Body shaking
- Has chills during time of fever



SYMPTOMS

- Fever on and off for long periods of time
- Medicine has not helped the fever go away



KAPOSI SARCOMA (KS)



SIGNS

- Single or multiple purple patches or nodes, mainly on skin and mouth
- Enlarged lymph nodes
- Swollen legs that feel hard/firm



SYMPTOMS


- Patient complains of bumps or purple rash on skin, in mouth, armpits, or in groin area



UNIT 3: HIV SIGNS AND SYMPTOMS



ROLE OF A CHW IN IDENTIFYING SIGNS AND SYMPTOMS OF HIV IN CHILDREN

UNIT 3: HIV SIGNS AND SYMPTOMS 



ROLE PLAY

You are a CHW and you have observed a child in the malnutrition unit that has a large bump on their neck, a purple rash and swelling on their legs.

Practice what you would say to the parents of the child to encourage them to get the child to go for evaluation and HIV testing.

UNIT 3: HIV SIGNS AND SYMPTOMS



Materials:

-Role playing props

Objective:

-Practice active case finding

-Practice support and counseling


-Be aware of signs and symptoms at all times because there are many opportunities for active case finding

-Note: "Good Scenarios" should include: information about health center and what could happen there, explanation of why a HIV test should be done and why early identification is best for the child, offers to escort the patients and advocate for them, etc

Instructions:

1. Have 3 experienced CHWs act out a bad scenario. (5 min)
2. Have participants comment on the scenario. Reveal the comments under "Bad Scenario" on the next slide and clarify any they have missed. (3-4 min)
3. Have the experienced CHWs act out a good scenario. (5 min)
4. Have participants comment on the scenario. Reveal the comments under "Bad Scenario" on the next slide and clarify any they have missed. (3-4 min)
5. Participants should be put in groups of 3-4 and act out good scenarios. (15 minutes)
4. Let one group show the rest of the class their scenario. (5 minutes)
5. After the good scenarios, allow participants to offer more criticism. (2-3 minutes)


Time: 45 minutes



ROLE PLAY REVIEW

<u>Bad Scenario</u>	<u>Good Scenario</u>
<ul style="list-style-type: none"> • Says child is definitely HIV-infected • Scares the parents and child • Yells • Insults people 	<ul style="list-style-type: none"> • Sensitive • Confidential • Moves away from the child • Offers escort and advocating for patient • Explanation of why an HIV test should be done

VS

UNIT 3: HIV SIGNS AND SYMPTOMS 

Bad Scenario Example:

CHW: Look at your child?! How can you not take your child to the clinic when he is so obviously sick?

Parent: I thought these things will just go away. He is acting fine.

CHW: He is NOT fine- he obviously has HIV, I know it. Let me take him now to the clinic for testing.

Parent: He has HIV?!? How? That cannot be true! I am not taking him!

Good Scenario Example:

CHW: Moni amayi, can I speak with you for a moment over here (point away from the child).

Parent: Of course, is something wrong?

CHW: I have noticed some signs on your child that could indicate he is not well. Do you see the bump on the neck, the swollen legs, and the rash?

Parent: I went to the clinic already- they just gave me some creams. I think they will go away.

CHW: I think it is best for you to take him again for further tests, even an HIV test. I can escort you along the way if you like and we can chat more about it.

Parent: Oh no! you think he has HIV?!?!?

CHW: We cannot be sure of anything. The most important thing is that we find out the true cause. Come along, let's walk together. I can go with you to get a test for your child. It is important to identify children with HIV early, so they can start treatment as soon as possible. This will allow them

Parent: Thank you so much, let me collect him and we'll go.



WHAT YOU CAN DO AS A CHW


- It is **not** your responsibility to diagnose your patient.
- Your job is to look and listen for signs or symptoms in a patient and refer them for HIV testing and evaluation.
- Advocate for your patient by telling their clinician about any signs or symptoms your patients has.
- Remember, even though the child may have signs and symptoms of HIV, that does **not** mean he/she has is definitely infected.

UNIT 3: HIV SIGNS AND SYMPTOMS



Facilitator's Notes:

- Explain to participants that they should look for these signs and symptoms on children when they go on their attachments to sites.
- Try to observe them face to face and we will review after your attachment




ACTIVITY

CREATE A POSTER
Signs and Symptoms of HIV

At your health center, many children are not referred for testing. Children who are HIV positive are already coming to the under-5 clinic but important signs of HIV progression are being missed.

Create a poster that you can put at Under-5 to teach HSAs and other health workers to look for common signs and symptoms of HIV in children. After you are finished we will hang these up for all to see.

UNIT 3: HIV SIGNS AND SYMPTOMS 

Materials:

- Flipchart paper
- Markers
- Tape/stick tack

Instructions:

1. Make groups of 5 people maximum
2. Give about 10-15 minutes for poster design.
3. Afterwards tape them to the wall
4. Have participants then break up into groups of 3-4. Each person should practice giving a 2-3 minute explanation of their poster and its importance. If needed, an experienced CHW can act out this first.

Time needed: 25 minutes

4 HIV DIAGNOSIS



5 hours

DURATION



OBJECTIVES

- ◆ Define HTC and list the two types of HIV testing that are routinely found
- ◆ Explain what a rapid test is and when it is appropriate to use it
- ◆ Explain what a DNA PCR test is and when it is appropriate to use it
- ◆ Describe why confirmatory testing is important
- ◆ Understand how to use the Early Infant Diagnosis (EID) testing flow charts
- ◆ Understand the definitions of HIV exposed, infected and uninfected
- ◆ Describe different reasons that it is important to be tested early and often



CONTENT & ACTIVITIES

- 4.1 Introduction (**10 min**)
- 4.2 Rapid Test (**25 min**)
Demonstration: How to do a rapid test
- 4.3 DNA PCR Test (**75 min**)
Demonstration: How to do a DNA PCR test
Practice Questions: Rapid or DNA PCR test?
Role Play: Explaining DNA PCR testing
- 4.4 Confirmatory Testing (**8 min**)
- 4.5 Early Infant Diagnosis (EID) Testing (**30 min**)
Case Study: Exposed, Infected or Not Infected?
- 4.6 Testing Summary (**90 min**)
Activity: Speed Racer
- 4.7 Barriers to Testing (**55 min**)
Discussion: Barriers to Testing Parts I and II
Role Play: Testing Early and Often



MATERIALS

- ◆ Rapid and DNA PCR Test Videos or demonstration materials
- ◆ Role play props
- ◆ Flipchart paper
- ◆ Flipchart marker
- ◆ Speed Racer Question Cards
- ◆ EID Testing Flowcharts (laminated)

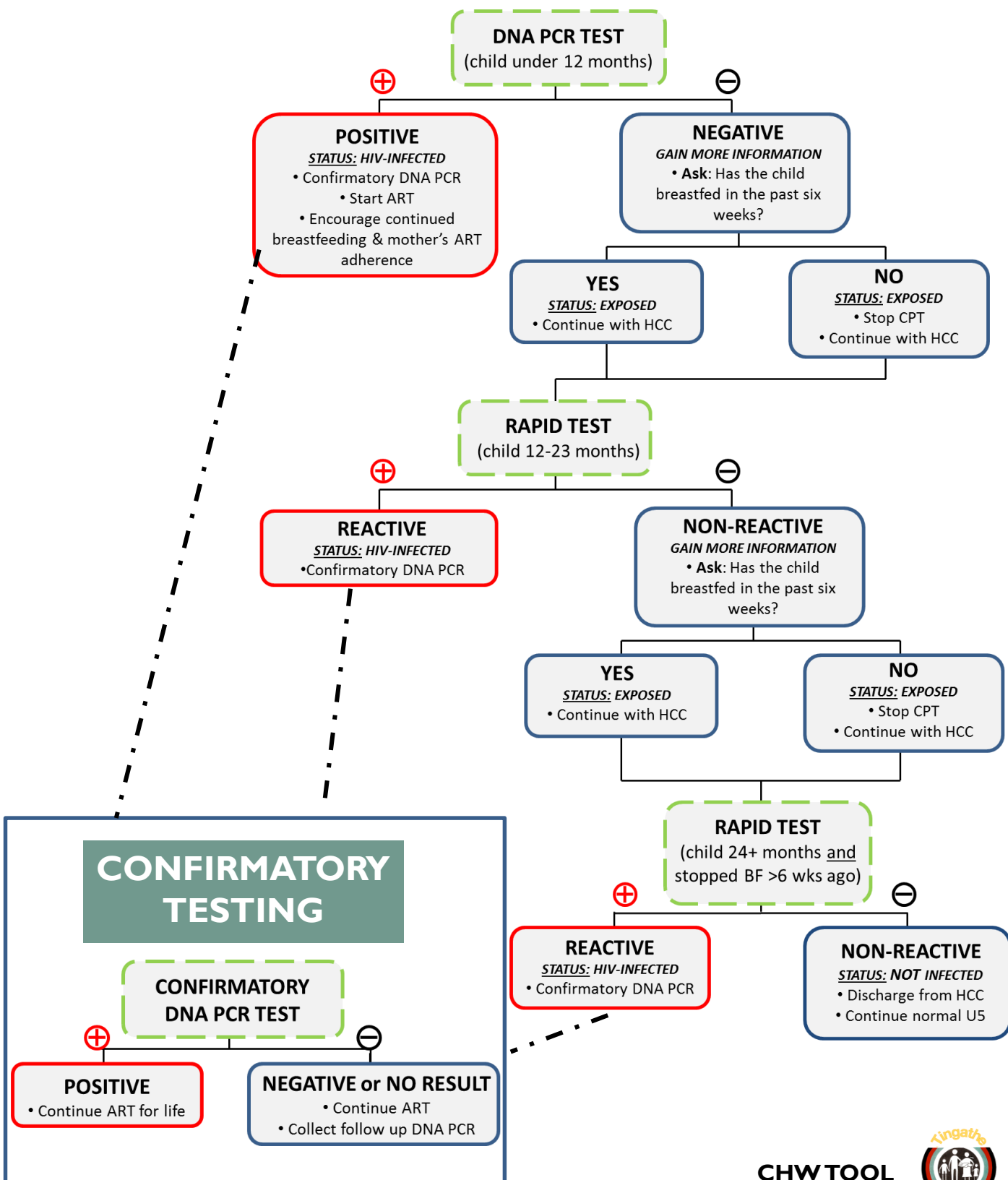


PREPARATION

- ✓ Set up training room and collect all materials needed.
- ✓ Read through Unit 4 materials and confirm that you are prepared.
- ✓ Confirm there are demonstrators or videos for both testing demonstrations. Meet with demonstrators to make sure they have all supplies needed.
- ✓ Practice role plays.
- ✓ Ask another facilitator present when playing the Speed Racer game. Note that the speed racer game can be played at anytime as part of the lesson, or as review.

EID TESTING FLOW CHART

INFANTS BELOW 24 MONTHS



4 HIV DIAGNOSIS

OBJECTIVES

By the end of Unit 4, you should be able to:

- Define HTS and list the two main types of HIV testing routinely used for HIV diagnosis
- Explain how a rapid test works and when it is appropriate to use it
- Explain how a DNA PCR test works and when it is appropriate to use it
- Describe why confirmatory testing is important
- Understand how to use the Early Infant Diagnosis (EID) HIV testing flow charts
- Understand the definitions of HIV-exposed, infected and uninfected
- Describe different reasons that it is important to be tested early and often

UNIT 4: HIV DIAGNOSIS



VOCABULARY

CONFIRMATORY TEST	HIV test done to confirm (make sure of) someone's HIV status
EID	Early Infant Diagnosis – the testing strategy used to ensure HIV-exposed infants are tested regularly so that HIV can be diagnosed as soon as possible
EXPOSED	An infant born to an HIV-infected mother who has been exposed to HIV through pregnancy, delivery and/or breastfeeding, but their HIV status is not yet known
HTC	HIV Testing and Counseling, also known as Voluntary Counseling and Testing (VCT)
HTS	HIV Testing Services
WINDOW PERIOD	The time period between becoming infected with HIV and when it shows up on a blood test

UNIT 4: HIV DIAGNOSIS



HIV DIAGNOSIS

H
T
S

In order to diagnose that a person has HIV, a blood test must be done. There are two kinds of tests that are routinely used in Malawi:

- **RAPID ANTIBODY TEST (RAPID TEST)**
- **DNA PCR**

UNIT 4: HIV DIAGNOSIS



Facilitator Notes:

1. Ask participants to tell you what HTS means before exposing the acronym.
2. Ask participants to guess the types of blood tests normally used in Malawi. Encourage them to name and/or describe the test. This will help participants to understand the two tests- even though they may have never heard these exact names before.

RAPID TEST

UNIT 4: HIV DIAGNOSIS



WHO DO WE TEST?



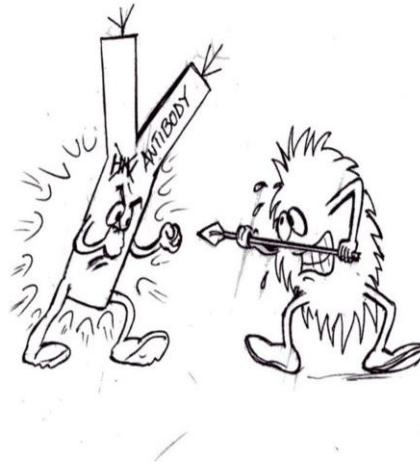
Rapid tests are used to test for HIV in
persons 12 months and older

UNIT 4: HIV DIAGNOSIS



TESTING FOR ANTIBODIES

- Antibodies are special proteins which make up part of the body's immune system.
- When a person becomes sick with an illness, the body makes antibodies to help fight that illness.
- When a person becomes infected with HIV, their body will make a special antibody against the HIV virus.



Rapid tests check for HIV antibodies in the blood.

UNIT 4: HIV DIAGNOSIS



Facilitator's Note:

- Use the pictures to help you describe what is happening.

RAPID TEST RESULTS



It takes approximately 10-15 minutes for the result.

REACTIVE = HIV-INFECTED


If the test is **non-reactive**, it does not mean that the person is uninfected, it just means that there are no HIV antibodies in the blood at that time. If the person is at risk, the person should be tested again in the future according to guidelines.

UNIT 4: HIV DIAGNOSIS



Facilitator Notes:


-Note that participants have not yet learned about the window period (i.e. that there may not be antibodies in the blood yet). You can help participants understand this without telling them about window period by letting them know it takes the body some time (up to 3 months) to produce antibodies against a certain virus (HIV). So if there are not enough antibodies made in the blood for the test to detect, it may show that the person is not infected- even though they have HIV.



DEMONSTRATION

**HOW TO:
DO A RAPID TEST**

Please feel free to ask questions at anytime during the demonstration.

UNIT 4: HIV DIAGNOSIS 

Materials Needed:

- Video sample
- MoH Guidelines Rapid Test Tools

Objective:

- Understand how a rapid test is done
- Understand how to describe the process to their patients and dispel any myths about it

Instructions:

1. Show the video to participants.
2. Answer any questions and clarify misconceptions.

Time: 15 minutes

RAPID TEST



RAPID TEST SUMMARY

- Rapid tests are used to diagnose HIV in persons **12 months or older**
- Rapid tests check for HIV antibodies in the blood
- It takes approximately 10-15 minutes for the results
- Can also be used to demonstrate HIV exposure in infants less than 12 months old

UNIT 4: HIV DIAGNOSIS



Facilitator Note:

Ask participants to summarize for you the KEY points of a rapid test. Show answers after a participant gets it correct. Specifically ask:

- Who is it used for??
- What does it check for? And why?
- How long does it take for results? And what do those results mean?

DNA PCR TEST

UNIT 4: HIV DIAGNOSIS



WHO DO WE TEST?



DNA PCR tests are used to test for HIV in
persons younger than 12 months

UNIT 4: HIV DIAGNOSIS



TESTING FOR THE HIV VIRUS

- When a woman who has HIV is pregnant, she can pass her HIV antibodies to her child.
- The mother's antibodies can stay in the child's blood for up to 12-18 months after the child is born.



UNIT 4: HIV DIAGNOSIS



TESTING FOR THE HIV VIRUS

- If a rapid test is done for a child younger than 12 months, the results may be positive because the test may be detecting the mother's antibodies in the child's blood.
- The child may have both the virus and the mother's antibodies, or just the mother's antibodies and no virus.
- This is why we need a different test to detect only the HIV virus.



DNA PCR tests check for the HIV virus directly, not antibodies

UNIT 4: HIV DIAGNOSIS



Common Question:

- How can a baby not get HIV from the mother, but is getting the mother's antibodies?

DNA PCR TEST RESULTS



It can take anywhere from 2 weeks to 2 months for test results because the sample must be sent to the central lab.

POSITIVE= HIV-INFECTED


If the test is **negative**, it means the child was not infected when the test was done. However, if the child is still breastfeeding, he/she can still become infected through breast milk. This is why it is important to test again in the future and watch for other signs and symptoms of HIV.

UNIT 4: HIV DIAGNOSIS



Facilitator's Note:


Remind participants that coming back for DNA PCR results is a large barrier to early detection of HIV in infants. They can improve this by counselling and encouraging their patients to come back for tests and also ask for the results at each subsequent visit.



DEMONSTRATION

**HOW TO:
DO A DNA PCR TEST**

Please feel free to ask questions at anytime during the demonstration.

UNIT 4: HIV DIAGNOSIS 

Materials Needed:

- Video sample
- MoH Guidelines Rapid Test Tools

Objective:

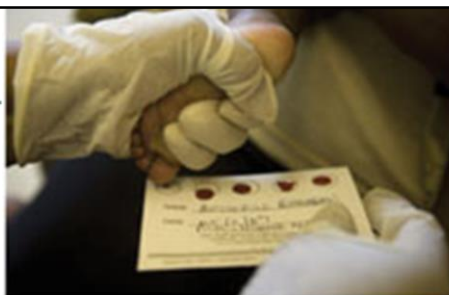
- Understand how a rapid test is done
- Understand how to describe the process to their patients and dispel any myths about it

Instructions:

1. Show the video to participants.
2. Answer any questions and clarify misconceptions.

Time: 15 minutes

DNA PCR TEST



DNA PCR TEST SUMMARY

- DNA PCR tests are used to test for HIV in persons **younger than 12 months**
- DNA PCR tests check for the HIV virus directly, not antibodies
- DNA PCR is also called a dried blood spot (DBS) test
- It can take anywhere from 2 weeks to 2 months for test results because the sample must be sent to the central lab
- DNA PCR is also used for confirmatory testing in infants less than 24 months old

UNIT 4: HIV DIAGNOSIS



Facilitator Note:

Ask participants to summarize for you the KEY points of a DNA PCR test. Show answers after a participant gets it correct. Specifically ask:

- Who is it used for??
- What does it check for? And why?
- What is another name for it?
- How long does it take for results? And what do those results mean?



ROLE PLAY

A father has come to the clinic to have his 6 month old baby tested for HIV. He wants to have the result right away and is told that his baby's test result will not be back for one or two months. He is too shy to ask the doctor any more questions. However, he is very confused. He sees you at the clinic and comes up to you.

Father: "I am very confused. Can you please explain to me why my baby cannot get the same test as me? Can you also tell me when I need to come back to test again?"

With the knowledge you have now as a community health worker, how can you advise this father?

UNIT 4: HIV DIAGNOSIS



Materials:

-Role play props

Key Points:

- Practice giving accurate information to the parent.
- CHW should be sensitive, complete, check for understanding
- CHW should be able to reassure the parent

Instructions:

1. Select two CHWs facilitators. One will play the role of the father, the other the CHW. In the first situation- the CHW is rude, uses difficult language, gets frustrated when the father doesn't understand, etc.
2. Have the participants make comments.
3. In the second situation- they handle the situation well the CHW was respectful, explained the information carefully in language the father could understand.
4. At the end, have the class comment on this situation and why it was handled well.
5. Split the participants up into groups of 3. Each group of 3 will practice this role play. One will be the father, the other the CHW, the other an observer- then they will switch roles. Keep going until each person has had a chance to practice.

Time: 30 minutes total

- 10 minutes for the roles play
- 20 minutes in the small groups



ROLE PLAY REVIEW

Bad Scenario

- Does not use words/terms that the father understands
- Gets frustrated with the father
- Leaves a bad impression with the father
- Does not give him his full attention

Good Scenario

- Explains the process and reasoning thoroughly
- Practices patience
- Uses words/terms the father understands
- Helps encourage and calm the father when upset
- Instructs the father to come back and ask for the tests



UNIT 4: HIV DIAGNOSIS



Bad Scenario:

Father: "I am very confused. Can you please explain to me why my baby cannot get the same test as me? Can you also tell me when I need to come back to test again?"

CHW: You have to get a different test because each test tests for something different- DNA PCR is for the virus and Rapid is for antibodies.

Father: What are antibodies?

CHW: (Getting angry and frustrated) It's too difficult to explain... Just come back in a month to get your baby's result.

Father: Why does the test take so long? I was tested and I got my results the same day.

CHW: (still frustrated) Because there are two different tests. One must be sent to the lab, the other is done here.

Father walks away still not understanding and is angry at the CHW. He decides not to come back to get the test results.

Good Scenario:

Father: "I am very confused. Can you please explain to me why my baby cannot get the same test as me? Can you also tell me when I need to come back to test again?"

CHW: There are two different kinds of tests to test for HIV. One for infants and one for adults. Baby's blood is difficult to analyze using a rapid test because there may still be remains of the mother's blood in the baby's blood. The rapid test is not able to do it, so we send the sample to the lab to check for the HIV. The results take almost 2 months to come back because they are sent to the lab first.

Father: I understand. So when should I come back in 2 months?

CHW: No, come back in one month for your next visit and ask the nurse/clinician if the results are ready. If they're not, they may instruct you to come back the following month.

Father: What if my child does have HIV and starts to become sick!

CHW: If your baby becomes sick, you should bring them in to the clinic immediately for further evaluation. Even without the results of an HIV test, there are still ways to help your baby.

Father: Thank you!



PRACTICE QUESTIONS

Rapid or DNA PCR Test?

1. 10 month old baby, still BF
2. 19 month old baby, still BF
3. 12 month old baby, not BF
4. 13 month old baby, stopped BF 3 months ago
5. 10 month old baby, not BF
6. 14 month old baby, rapid test positive

(Note: BF=breastfeeding)

Circle the answers in your workbook.

UNIT 4: HIV DIAGNOSIS



Objective:

-Determine which HIV test to use in different situations

Instructions:

1. Facilitator should allow participants to work in pairs to answer the questions. (5 minutes)
2. As a class, review one question at a time by reading the question out loud. Have a volunteer raise their hand to answer the question. Ask them why they gave the answer they did.
3. Then give the class an opportunity to “agree” or “disagree”

Answers:

1. DNA PCR- younger than 12 months; therefore can't use rapid because might just be detecting mom's antibodies, not babies
2. Rapid – older than 12 months
3. Rapid– older than 12 months
4. Rapid– older than 12 months
5. DNA PCR- younger than 12 months; therefore can't use rapid because might just be detecting mom's antibodies, not babies
6. DNA PCR – all infants under 24 months need a confirmatory DNA PCR test done before they start ART (*note – *do not wait for result* of DNA PCR to initiated ART!)

Time: 10-15 minutes



CONFIRMATORY TESTING

UNIT 4: HIV DIAGNOSIS 

Facilitator Note:

MOH GUIDELINES

The MoH requires confirmation of HIV-infection in all patients by doing a second HIV test.

- Confirm HIV infection before starting HIV
- Patients who received confirmatory testing at pre-ART (enrolled in HCC) do not need another confirmatory test when starting ART
- All children under 24 months who start ART need a confirmatory DNA-PCR

Do not delay ART initiation if there are no HIV test kits available. **Instead, do confirmatory testing at the patient's next appointment or when test kits are available.**

Reference: Malawi Clinical Management of HIV in Children and Adults– 3rd Edition. Ministry of Health. 2016

UNIT 4: HIV DIAGNOSIS



WINDOW PERIOD

If a person is exhibiting signs and symptoms of HIV, it is important for him/her to be tested again even if their most recent HIV test result was negative. This is due to the **window period**.

WINDOW PERIOD:

The time period between becoming infected with HIV and when it can be detected by a blood test

UNIT 4: HIV DIAGNOSIS



Facilitator's Notes:


Antibodies (which are detected by a rapid test) can take anywhere from six weeks to three months to appear in an infected person's blood and be detected by a blood test.

WINDOW PERIOD

The window period for all types of transmission is anywhere **from 6 weeks to 3 months.**

WINDOW PERIOD

A re-test, or confirmatory test, after the duration of the window period will tell the patient their true HIV status.

UNIT 4: HIV DIAGNOSIS 

Facilitator's Notes:

For the picture as you click through it you should describe what is happening at each stage.

- person gets tested (but suspects that test was done during the window period)
- Person waits for 6 weeks- 3 months
- Person is re-tested after that amount of time to find out their true status

EARLY INFANT DIAGNOSIS (EID) TESTING STRATEGY

UNIT 4: HIV DIAGNOSIS



Facilitator's Note:

Explain that there is a special testing method for all HIV-infected mothers and their exposed infants.

EID TESTING STRATEGY

An HIV-infected mother is at risk of transmitting HIV to her child during pregnancy, child birth, and breastfeeding. Until a child is finished breastfeeding (and therefore no longer at risk of getting HIV), he or she is considered **exposed**.

EXPOSED:

An infant of an HIV-infected mother who has been exposed to HIV during pregnancy, delivery, and/or through breastfeeding, but their true HIV status is not yet known



EID TESTING STRATEGY

Any child born to an HIV-infected mother must go through a series of tests throughout the first two years of their life in order to correctly diagnose if the child is HIV-infected or not



UNIT 4: HIV DIAGNOSIS



Facilitator's Note:

- Facilitator should highlight the tests done at each point and remind participant the reason they do different tests and different times.
- Explain that the last confirmatory test is done EITHER at 24 months OR 6 weeks after finishing BF. The next slide will explain why in further detail (i.e. child still has a chance of contracting HIV during BF. Only takes 6 weeks after initial infection for the child to produce enough antibodies for the rapid test to detect it.)

EXPOSED INFANTS

EXPOSED:

An infant of an HIV-infected mother who has been exposed to HIV during pregnancy, delivery, and/or through breastfeeding, but their true HIV status is not yet known

A child is exposed if he/she is still breastfeeding, despite a negative/non reactive DNA PCR or rapid test during the first 24 months.



HIV-INFECTED INFANTS

A child is considered **HIV-infected** if he/she is:

- Younger than 12 months with a **positive** DNA PCR result
- 12 months or older with a **reactive** rapid test result

**Any child who is HIV-infected
and less than 24 months old,
should start ART
immediately!**

UNIT 4: HIV DIAGNOSIS



HIV-UNINFECTED INFANTS

A child is considered definitely **uninfected** if he/she:

- has had a **negative** rapid test after 24 months of age
and
- has finished breastfeeding more than 6 weeks ago

Any child definitely uninfected child will be discharged from PPTCT care, but should continue to attend routine under-five clinic visits.




UNIT 4: HIV DIAGNOSIS



Common Question:

An HIV-infected woman gets pregnant from an HIV-infected man. She chooses not to sleep with anyone else during her pregnancy, has a C-section delivery, and does not breastfeed. Is the child uninfected or exposed?




GROUP WORK

CASE STUDY

Exposed, Infected or Not Infected?

1. 10 month old; HIV-inf mother; negative DNA PCR; stopped BF at 6 months old
2. 9 month old; HIV-inf mother; reactive rapid test; negative DNA PCR; still BF
3. 4 month old; positive DNA PCR; reactive rapid test
4. 20 month old; non-reactive rapid test; still BF
5. 13 month old; reactive rapid test; still BF
6. 24 month old; reactive rapid test; stopped BF three months ago

1. Discuss in small groups and decide whether each child is exposed, infected, or not infected.
2. Write your answer along with an explanation in your workbook.

UNIT 4: HIV DIAGNOSIS 

Objective:

Classify infants as either exposed, infected, or not infected children

Instructions:

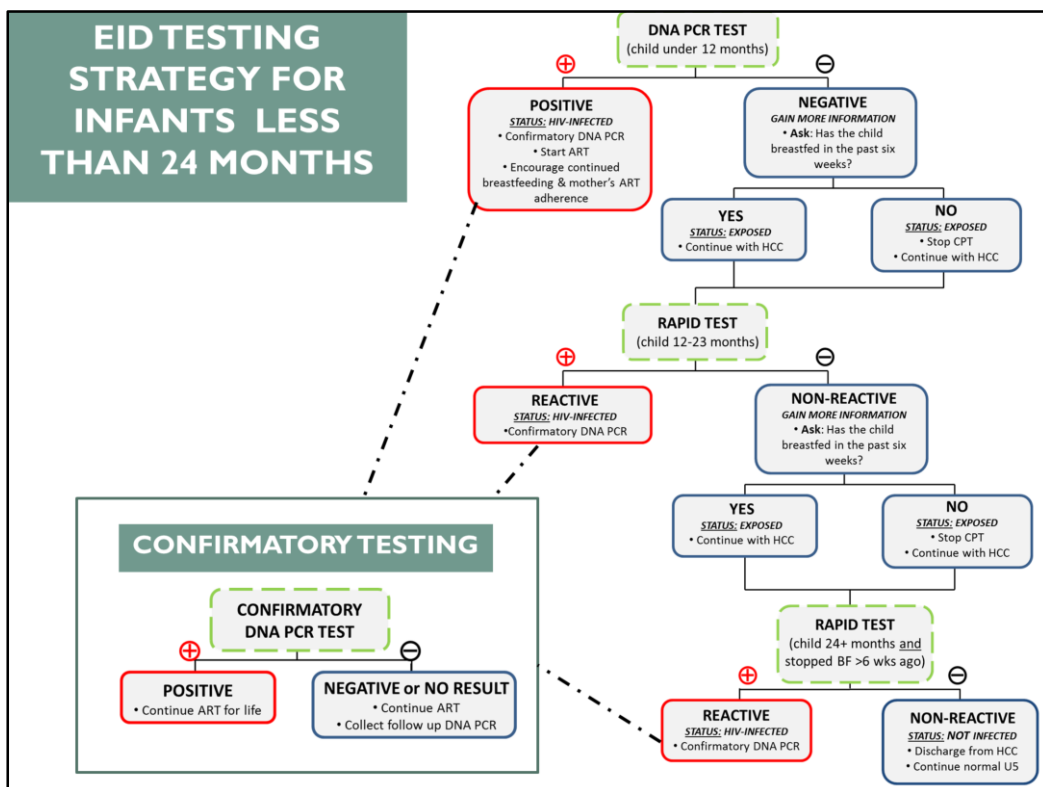
1. Divide participants into 4-5 pairs.
2. Each group should discuss and answer all 5 questions.
3. Allow 5-8 minutes. After they are finished, review the answers with the whole class.
4. Have each small group answer one of the questions and explain why they chose that answer. Allow the class to “agree” or “disagree.”

1. Uninfected – negative DNA PCR and no chance of transmission through breastmilk bc stopped more than 6 weeks ago
2. Exposed – Two conflicting tests, Rapid might be positive because mom’s antibodies. Recheck with another DNA PCR. Still has chance to contract through breastmilk if not infected already.
3. Infected- DNA PCR is positive and less than one year.
4. Exposed- Still BF, so still a chance of transmission. Rapid test 6 weeks after stopping BF.
5. Infected- Reactive rapid test and above 12 months. Needs a DNA PCR to confirm though.
6. Infected- rapid test reactive and older than 12 months.

Time limit: 20 minutes

EID TESTING SUMMARY


UNIT 4: HIV DIAGNOSIS 



Facilitator's Notes:

Note: There is more information about ART and other medications the child should be taking at each step on this flowchart. Explain to participants that they should focus ONLY on the testing and the status of the child. The rest they will learn later and we will look again at the flowchart then.

1. Explain that this chart is used to help them decide the steps to take when testing and defining the HIV status of an infant.
2. Walk through the flow chart slowly, addressing each box. Encourage participants to follow along on their handouts.
3. Go through an example of a child:
 1. An infant was DNA PCR tested at 6 weeks- the test was negative. What is the HIV status of the infant? What is the next step?
 2. The child is still breastfeeding. What is the HIV status of the infant? What is the next step?
 3. The child's rapid test at 12 months is positive. What is the HIV status of the infant? What is the next step?
4. Go through one more example similar to above. Encourage participants to raise their hands to give answers at each point.




ACTIVITY

SPEED RACER

**Summary of Infant Testing
and HIV status**

The first person to give the
correct answer will receive a
point for their team.

UNIT 4: HIV DIAGNOSIS 

Materials:

- Flipchart paper
- Marker
- 2 facilitators (one to read and the other to see which hand is up first)
- Question cards

Objectives:

- Review key points about HIV diagnosis, especially in children
- Understand how to use the flow charts

Instructions:

1. Break participants into groups of 4.
2. Allow each group to come up with a team name and an official speaker. Write each team name on a flipchart paper.
3. Explain the instructions:
 1. Split the group up into two smaller groups with equal people on it. Each group should choose a team name. Write each team name on a piece of flipchart paper (this is for score keeping).
 2. Have participants stand in two straight lines in their groups, facing the front of the room. You will show/ask the question to only the front two participants.
 3. Whoever answers FIRST and CORRECTLY wins a point for their team. If the first person gets it wrong, the other person can answer. If BOTH get it wrong, shuffle the card back into the deck.
 4. Go through the deck of cards making sure that all participants get to answer at least one question.
 5. At the end, whichever team has the most points wins.
4. Play one round of the game to as many points as you choose. Facilitator should use any of the given Diagnosis review cards.

Time: 1 hour

SPEED RACER

Which test do you use on a 8 month old, breastfeeding infant?

DNA PCR TEST

UNIT 4: HIV DIAGNOSIS



SPEED RACER

WHAT IS THE STATUS OF THIS PATIENT?
15 MONTH OLD
RAPID TEST NON-REACTIVE
STILL BREASTFEEDING

EXPOSED

UNIT 4: HIV DIAGNOSIS



SPEED RACER

EXPLAIN WHAT A RAPID TEST REACT
TO IN THE BLOOD.

HIV ANTIBODIES

UNIT 4: HIV DIAGNOSIS



SPEED RACER

WHAT IS THE STATUS OF THIS PATIENT?
**7 MONTH OLD, DNA PCR POSITIVE,
STILL BREASTFEEDING**

INFECTED

UNIT 4: HIV DIAGNOSIS



SPEED RACER

Which test do you use on a 15 month old,
breastfeeding infant?

RAPID TEST

UNIT 4: HIV DIAGNOSIS



SPEED RACER

WHAT IS THE STATUS OF THIS PATIENT?

**3 MONTH OLD
RAPID TEST REACTIVE
NEVER BREASTFED**

EXPOSED

UNIT 4: HIV DIAGNOSIS



SPEED RACER

WHAT IS THE STATUS OF THIS PATIENT?
**12 MONTH OLD, RAPID TEST REACTIVE,
STOPPED BF 2 MONTHS AGO**

HIV-INFECTED

UNIT 4: HIV DIAGNOSIS



SPEED RACER

WHAT IS THE STATUS OF THIS PATIENT?
**3 MONTH OLD, DNA PCR NEGATIVE,
STILL BREASTFEEDING**

EXPOSED

UNIT 4: HIV DIAGNOSIS



SPEED RACER

WHAT IS THE STATUS OF THIS PATIENT?
**12 MONTH OLD, 1ST DNA PCR NEGATIVE,
RAPID TEST REACTIVE TODAY,
STILL BREASTFEEDING**

HIV-INFECTED

UNIT 4: HIV DIAGNOSIS



SPEED RACER

WHAT IS THE STATUS OF THIS PATIENT?
**4 MONTH OLD, DNA PCR POSITIVE,
FORMULA FEEDING**

INFECTED

UNIT 4: HIV DIAGNOSIS



SPEED RACER

WHAT IS THE STATUS OF THIS PATIENT?
**8 WEEK OLD, DNA PCR NEGATIVE,
STILL BREASTFEEDING**

EXPOSED

UNIT 4: HIV DIAGNOSIS



SPEED RACER

**AT WHAT AGES SHOULD HIV
TESTS BE DONE IN EXPOSED AND
UNINFECTED INFANTS?**

**12 MONTHS AND
24 MONTHS**

UNIT 4: HIV DIAGNOSIS



SPEED RACER

WHAT KIND OF TEST IS USED FOR
CONFIRMATORY TESTING (AFTER A
POSITIVE HIV TEST RESULT) FOR
CHILDREN AGED 12-24 MONTHS?

DNA PCR

UNIT 4: HIV DIAGNOSIS



SPEED RACER

WHAT KIND OF TEST IS USED FOR
CONFIRMATORY TESTING (AFTER A
POSITIVE HIV TEST RESULT) FOR
CHILDREN AGED 0-12 MONTHS?

DNA PCR

UNIT 4: HIV DIAGNOSIS



SPEED RACER

WHAT IS THE STATUS OF THIS PATIENT?

**11 MONTHS AND 3 WEEKS OLD
RAPID TEST REACTIVE TODAY
STILL BREASTFEEDING**

EXPOSED

UNIT 4: HIV DIAGNOSIS



SPEED RACER

WHAT IS THE STATUS OF THIS PATIENT?
22 MONTH OLD
RAPID TEST REACTIVE TODAY
STILL BREASTFEEDING

INFECTED

UNIT 4: HIV DIAGNOSIS



SPEED RACER

WHAT IS THE STATUS OF THIS PATIENT?
17 MONTHS
RAPID TEST NON-REACTIVE TODAY
STILL BREASTFEEDING

EXPOSED

UNIT 4: HIV DIAGNOSIS



SPEED RACER

WHAT IS THE STATUS OF THIS PATIENT?
**8 MONTH OLD, DNA PCR NEGATIVE,
RAPID TEST REACTIVE
STILL BREASTFEEDING**

EXPOSED

UNIT 4: HIV DIAGNOSIS



SPEED RACER

Which test do you use on a 2 month old,
never breastfed infant?

DNA PCR TEST

UNIT 4: HIV DIAGNOSIS



SPEED RACER

WHAT IS THE STATUS OF THIS PATIENT?
**6 WEEK OLD, DNA PCR POSITIVE,
STILL BREASTFEEDING**

HIV-INFECTED

UNIT 4: HIV DIAGNOSIS



SPEED RACER

WHAT IS THE STATUS OF THIS PATIENT?
23 MONTH OLD
RAPID TEST NON-REACTIVE TODAY
STILL BREASTFEEDING

EXPOSED

UNIT 4: HIV DIAGNOSIS



SPEED RACER

WHAT IS THE STATUS OF THIS PATIENT?
22 MONTH OLD
RAPID TEST NON-REACTIVE TODAY
STOPPED BF 6 MONTHS AGO

UNINFECTED

UNIT 4: HIV DIAGNOSIS



SPEED RACER

AT WHAT AGE SHOULD THE FIRST DNA PCR
TEST BE DONE?

6 WEEKS

UNIT 4: HIV DIAGNOSIS



SPEED RACER

WHAT IS THE STATUS OF THIS PATIENT?
**8 MONTH OLD
DNA PCR TEST TAKEN 3 WEEKS AGO IS
NEGATIVE
STOPPED BF YESTERDAY**

EXPOSED

UNIT 4: HIV DIAGNOSIS



SPEED RACER

WHAT IS THE STATUS OF THIS PATIENT?
18 MONTH OLD
RAPID TEST NON-REACTIVE
STOPPED BF AT AGE 9 MONTHS

UNINFECTED

UNIT 4: HIV DIAGNOSIS



SPEED RACER

WHAT IS THE STATUS OF THIS PATIENT?
16 MONTH OLD
RAPID TEST REACTIVE
STOPPED BREASTFEEDING AT 12 MONTHS

INFECTED

UNIT 4: HIV DIAGNOSIS



SPEED RACER

Which test do you use on a 22 month old,
breastfeeding infant?

RAPID TEST

UNIT 4: HIV DIAGNOSIS



SPEED RACER

WHAT IS THE STATUS OF THIS PATIENT?

8 MONTH OLD

DNA PCR NEGATIVE TODAY

STOPPED BF 1 MONTH AGO

EXPOSED

UNIT 4: HIV DIAGNOSIS



SPEED RACER

WHAT IS THE STATUS OF THIS PATIENT?

**18 MONTH OLD
DNA PCR TEST POSITIVE
STILL BREASTFEEDING**

INFECTED

UNIT 4: HIV DIAGNOSIS



SPEED RACER

WHAT IS THE STATUS OF THIS PATIENT?

**15 MONTH OLD
RAPID TEST REACTIVE
STILL BREASTFEEDING**

INFECTED

UNIT 4: HIV DIAGNOSIS



SPEED RACER

WHAT IS THE STATUS OF THIS PATIENT?

16 MONTH OLD

RAPID TEST NON-REACTIVE

STOPPED BF 2 WEEKS AGO

EXPOSED

UNIT 4: HIV DIAGNOSIS



SPEED RACER

Which test do you use on a 12 month old,
breastfeeding infant?

RAPID TEST

UNIT 4: HIV DIAGNOSIS



SPEED RACER

WHAT IS THE STATUS OF THIS PATIENT?

16 MONTH OLD

RAPID TEST NON-REACTIVE

NEVER BREASTFED

UNINFECTED

UNIT 4: HIV DIAGNOSIS



SPEED RACER

AT WHAT AGE CAN A RAPID TEST FIRST BE
USED TO DETERMINE HIV STATUS?

12 MONTHS

UNIT 4: HIV DIAGNOSIS



SPEED RACER

WHAT IS THE STATUS OF THIS PATIENT?

**10 MONTH OLD
DNA PCR POSITIVE
STILL BREASTFEEDING**

INFECTED

UNIT 4: HIV DIAGNOSIS



SPEED RACER

WHAT IS THE STATUS OF THIS PATIENT?
23 MONTH OLD
RAPID TEST NON-REACTIVE
STOPPED BF AT AGE 20 MONTHS

UNINFECTED

UNIT 4: HIV DIAGNOSIS



SPEED RACER

**WHAT IS THE STATUS OF THIS PATIENT?
12 MONTH OLD
DNA PCR POSITIVE
RAPID TEST NON-REACTIVE TODAY
STILL BREASTFEEDING**

EXPOSED

UNIT 4: HIV DIAGNOSIS



SPEED RACER

WHAT IS THE STATUS OF THIS PATIENT?

**28 MONTH OLD
RAPID TEST REACTIVE
STILL BREASTFEEDING**

INFECTED

UNIT 4: HIV DIAGNOSIS



SPEED RACER

EXPLAIN WHAT A DNA PCR TESTS FOR IN THE BLOOD.

HIV VIRUS

UNIT 4: HIV DIAGNOSIS



SPEED RACER

WHAT IS THE STATUS OF THIS PATIENT?

9 MONTH OLD

DNA PCR NEGATIVE

STOPPED BF AT AGE 6 MONTHS

UNINFECTED

UNIT 4: HIV DIAGNOSIS



SPEED RACER

WHAT IS THE STATUS OF THIS PATIENT?

**3 MONTH OLD
DNA PCR POSITIVE
NEVER BREASTFED**

INFECTED

UNIT 4: HIV DIAGNOSIS



SPEED RACER

WHAT IS THE STATUS OF THIS PATIENT?
24 MONTH OLD
RAPID TEST REACTIVE
STOPPED BF AT AGE 22 MONTH

INFECTED

UNIT 4: HIV DIAGNOSIS



SPEED RACER

WHAT IS THE STATUS OF THIS PATIENT?

15 MONTH OLD

RAPID TEST NON-REACTIVE

STOPPED BF 2 MONTH AGO

UNINFECTED

UNIT 4: HIV DIAGNOSIS





SPEED RACER

WHY HAS THE MOH IMPLEMENTED THE NEED FOR CONFIRMATORY TESTING?



BARRIERS TO TESTING

UNIT 4: HIV DIAGNOSIS 



DISCUSSION


Barriers to Testing

Part I

Have you ever been tested for HIV? Why or why not?

What are some reasons people do not get tested?

What are some reasons people do not bring their children for testing?

UNIT 4: HIV DIAGNOSIS 

Materials:

- Flipchart paper
- Flipchart marker

Objectives:

- Understanding barriers to testing in their own lives and how they can relate to patients who may have felt the same fears

Instructions:

1. Allow participants to reflect on the questions as they form a circle around the room. (2 minutes)
2. Have participants stand in a circle and share some of their thoughts on the questions. (10 minutes)
3. Stay in the circle as you go through the next two slides. Point out any key points on the next two slides that the participants did NOT mention.

Time: 15 minutes

BARRIERS TO TESTING

There are many reasons why people may not want to be tested.
Consider these points when counseling your patients.

Reasons Adults Do Not Want to be Tested

- Scared of knowing their status
- Don't think they are infected unless they are sick
- Scared of taking the test (taking blood)
- Do not want to think about mistakes they may have made in their lives
- Do not want neighbors or their spouse to find out their status
- Do not know how HIV can be treated if they are infected

UNIT 4: HIV DIAGNOSIS



Facilitator's Note:

-Compare answers to the answers written on the flipchart paper. Any that were not mentioned, elaborate upon.

BARRIERS TO TESTING

For children it is the decision of the guardian to have the child tested for HIV.

Reasons Adults Do Not Bring Their Children to be Tested


- Scared the child will become overcome with grief if they know their status
- Scared the child will reveal their status to everyone and then people will stigmatize the family
- Scared the child may criticize the parents- asking them how and why they have tested positive
- Think that if the child is positive, there is no hope for their future
- Think there is no reason for testing until the child becomes sick

UNIT 4: HIV DIAGNOSIS



Facilitator's Note:

-Compare answers to the answers written on the flipchart paper. Any that were not mentioned, elaborate upon.




DISCUSSION

Barriers to Testing

Part II

What can you do as a CHW to help people overcome these barriers?

UNIT 4: HIV DIAGNOSIS 

Materials:

- Filled flipchart paper from Part I

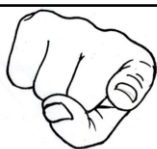
Objectives:

-Understanding barriers to testing in their own lives and how they can relate to patients who may have felt the same fears

Instructions:

1. Go through each of the barriers again and discuss some things CHWs can do and say to help their patients overcome these barriers. Encourage experienced counselors to share their thoughts and methods as well.

Time: 15 minutes



WHAT YOU CAN DO AS A CHW

A CHW should always encourage all patients who come to the facility to be tested early and often. Help convince mothers to have their children tested, spouses to get tested together, and all members of the family to be tested!

UNIT 4: HIV DIAGNOSIS



Facilitator's Note:

Can ask participants some benefits they know of being tested early and often. This will help them prepare for next two slides.

GET TESTED EARLY

- The earlier a person knows that they have HIV, the earlier they can begin treatment. ART works better when started earlier.
- If a person waits to get tested until they become sick, that illness may damage their body. Better to get tested early to start treatment, prevent sicknesses and stay healthy!
- In children, HIV progresses much faster than in adults.
- The earlier a person finds out that they have HIV, the earlier precautions can be taken to prevent transmission to their partner(s) and babies.

UNIT 4: HIV DIAGNOSIS



GET TESTED OFTEN

- Just because a person tests negative, does not mean he/she does not have HIV due to the window period.
- Pregnant women should be tested multiple times throughout their pregnancy and while breastfeeding their child. If a woman contracts HIV during this time, the chance is high that the virus will be passed to her child.
- It is very important for an infant who appears sick to be tested for HIV, even if the mother recently tested negative.
- Any person showing severe signs and symptoms of HIV should be tested again, even if they were tested recently.

UNIT 4: HIV DIAGNOSIS





ROLE PLAY

You are a CHW and an HIV-infected mother has come to the clinic for ART with her young child. After receiving her medication, you ask the mother if her son has been tested for HIV. She says he has not and does not need to be tested because he is healthy.

With the knowledge you have now as a CHW, how can you advise the mother to get her child tested?

UNIT 4: HIV DIAGNOSIS



Materials:

-Role play props


Objectives:

- Encouraging patients to have their families and spouses to be tested
- Support, counseling and guidance

Instructions:

1. Have 2 experienced CHWs act out the scenario poorly. (3 min)
2. Let participants comment on the bad scenario (use next slide for guidance). (5 min)
3. Ask what could be done to improve the scenario (use next slide for guidance). (5 min)
4. Put them in groups of 2-3 people and have them act out the scenario properly. (15 min)


Time: 30 minutes



ROLE PLAY REVIEW

Bad Scenario	Good Scenario
<ul style="list-style-type: none"> • Yells at parent • Scares them • Calls them names/insults them • Fails to ask about other members of the family 	<ul style="list-style-type: none"> • Explains the benefits to testing • Escorts family to correct room • Explains ask if there is anyone else to be tested as well • Describe different methods of testing (couples, family, etc)

VS

UNIT 4: HIV DIAGNOSIS 

Bad Scenario:

CHW: Has your child been tested for HIV?

Mother: My child is not sick, why should he be tested?

CHW: Are you stupid?!? Of course your child is at risk of having HIV!! You are killing him for not allowing him to be tested!

Mother: My child is fine! (storms out of clinic with child- very angry)

Good Scenario:

CHW: How are you amayi? And your child?

Mother: We are just coming to the clinic to get a refill of chiponde.

CHW: Good. It is important to have good nutrition and health. Speaking of which, have you and your child ever been tested for HIV?

Mother: No, I don't think I need to, my child is not sick.

CHW: It is better to test now and make sure. Sometimes people can look and feel healthy and still be infected. If you are tested now, I will be able to help you access all the services you need to live a long and healthy life.

Mother: I do want to protect the health of myself and my child – maybe you are right....

CHW: I can escort you to the testing room if you like. The counselors here are great.

Mother: Thanks.

CHW: Is there anyone in your family that also needs to be tested. Please bring them along and we can do family testing!

5 | HIV TREATMENT



4 hours 30 minutes

DURATION



OBJECTIVES

- ◆ Define antiretroviral therapy (ART)
- ◆ Explain the criteria used to determine if someone is eligible to start ART
- ◆ Describe what needs to be done before a patient starts ART
- ◆ Describe what pre-ART counseling involves
- ◆ Understand the role of a child's weight for ART dosing
- ◆ Describe the different ART regimens used
- ◆ Understand why and when different ART regimens are used
- ◆ Explain the PMTCT medication regimen for both the mother and infant
- ◆ Describe cotrimoxazole prophylaxis therapy (CPT) and its importance



CONTENT & ACTIVITIES

- 5.1 Introduction (**10 minutes**)
- 5.2 ART Eligibility (**35 minutes**)
 - Activity: Is this person eligible for ART?
- 5.3 Prior to Starting ART (**1 hour**)
 - Role Play: Pre-ART Counseling
- 5.4 ART Regimens (**1 hour 20 minutes**)
 - Activity: Side Effects of 5A Charades
 - Activity: Side Effects of 2P Charades
 - Group Work: ART Regimens
 - Role Play
- 5.5 PMTCT ART Regimen (**50 minutes**)
 - Demonstration: NVP Instructions
- 5.6 Cotrimoxazole Preventative Therapy (**20 minutes**)
 - Activity: PMTCT ART Summary
 - Reflection: "Imagine your child is now eligible to start ART"



MATERIALS

- ◆ Role play props
- ◆ X20 Nevirapine Bottle (filled with water)
- ◆ X20 syringes
- ◆ Plastic cup
- ◆ Baby doll
- ◆ Water and bucket for washing
- ◆ Examples of different medications (NVP, CPT, 5A, 2P, etc.)
- ◆ Paper towels
- ◆ XI laminated blank PMTCT ART Summary flowchart per person
- ◆ XI set of laminated PMTCT ART Summary action points per person
- ◆ Flipchart
- ◆ Markers



PREPARATION

- ✓ Set up training room and collect all materials needed.
- ✓ Read through Unit 5 materials and confirm that you are prepared.
- ✓ Confirm there are demonstrators for the NVP demonstration and that they have all their materials.
- ✓ Decide how many NVP practice groups there can be depending on supplies
- ✓ Practice role plays.

Matching Activity

Exposed Infant Care Flow Chart

EXPOSED INFANT CARE FLOW CHART ACTIVITY

Birth

6 Weeks

3-12
months

12 months

24 months

Instructions: Cut out each bulleted item. Each group should get a set of bulleted items and an empty flowchart. Participants will work together to put the bulleted points in the correct order within the flow chart.

- Begin NVP syrup daily for six weeks (dosage depends on weight)
- Enroll in HCC
- Stop NVP
- Start CPT (dosage depends on weight)
- Get vaccines
- Come to first clinic visit and get DNA-PCR test done
- Get DBS results- if positive, do DNA PCR confirmatory test and start ART immediately
- Continue with CPT regardless of DNA PCR test results
- Monitor for HIV signs and symptoms- if present, seek care immediately
- Do rapid test- if positive, if positive, do DNA PCR confirmatory test and start ART immediately
- Continue with CPT regardless of test results
- Monitor for HIV signs and symptoms- if present, seek care immediately
- Do rapid test- if positive, if positive, do DNA PCR confirmatory test and start ART immediately
- If rapid test is definitely negative, refer to clinician for likely discharge from HCC

NVP INSTRUCTIONS



1. Measure out **the appropriate dose** from the bottle using a syringe
2. Squirt the syrup slowly into the back or side of the infant's mouth.
3. Rinse the dosing syringe with clean water after every use and let air-dry.
4. Store NVP syrup bottles and dosing syringe in a cool, dry, clean place.
5. After 4 weeks, a new bottle of NVP should be opened and used for the remaining 2 weeks.
6. Bring **all** NVP bottles (both used and unused) back to the health facility at the 6 week vaccination/DNA PCR test visit.

Birth Weight	Dosage
2500 grams or less	1 mL once daily
More than 2500 grams	1.5 mL once daily

5 HIV TREATMENT

OBJECTIVES

By the end of Unit 5, you should be able to:

- Define antiretroviral therapy (ART)
- Explain the 'Treat All' approach
- Describe what needs to be done before a patient starts ART
- Describe what pre-ART counseling involves
- Understand the role of child's weight in ART dosing
- Describe the different types of ART regimens
- Understand why and when different ART regimens are used
- Explain the PPTCT medication regimen
- Describe cotrimoxazole prophylactic therapy (CPT) and its importance

UNIT 5: HIV TREATMENT



VOCABULARY

ADHERENCE	Being devoted to doing something regularly
ART	Antiretroviral treatment; using a combination of antiretroviral medications (ARVs) to treat HIV
CPT	Cotrimoxazole prophylactic therapy; a drug taken to prevent certain types of opportunistic infections
FIRST LINE	ART regimen given when patients first start ART and do not have a resistant virus
SECOND LINE	ART regimen given when first line ART no longer works


UNIT 5: HIV TREATMENT



WHAT IS ART?

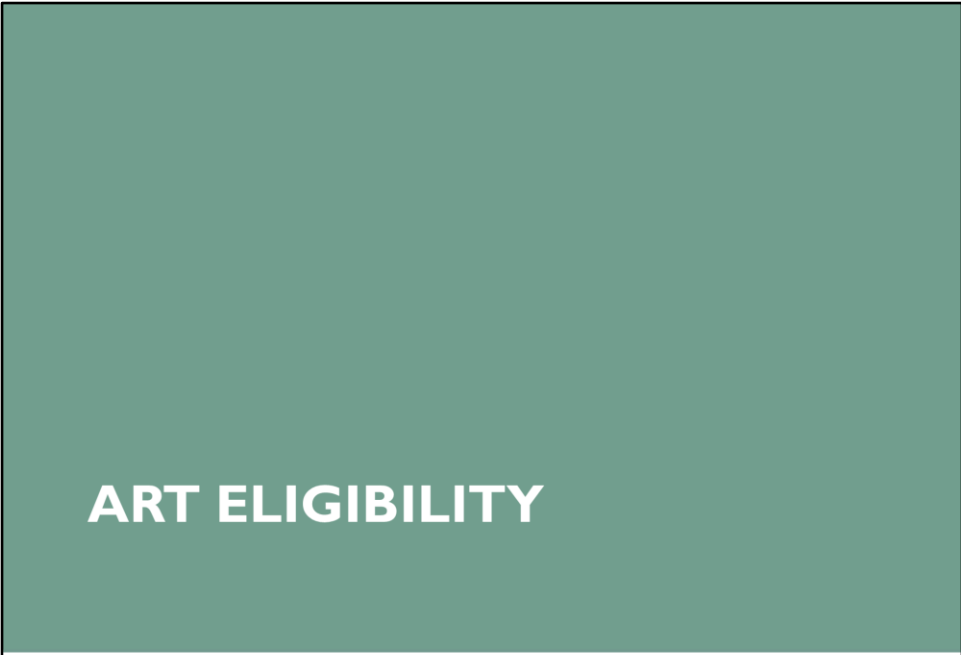
A R T	ART
-------------	-----

ART is antiretroviral therapy, or a combination of antiretroviral drugs (ARVs) which are used to treat HIV. **ART does not cure HIV**, but helps to stop HIV from reproducing in the body. Once a patient begins ART, it must be taken for life.

UNIT 5: HIV TREATMENT 


Facilitator's Note:

Ask the class the acronym for ART and reveal it after. Emphasize again that ART does not cure HIV, but only helps suppress it.



ART ELIGIBILITY

UNIT 5: HIV TREATMENT



UNDERSTANDING GUIDELINES

What is WHO?

World Health Organization- special group of experts whose job it is to provide leadership on health issues to all countries of the world. Their groups are made up of experts from all over the world who specialize in different diseases- TB, HIV, nutrition, etc.



WHO provides recommendations and guidelines on how to manage different kinds of illnesses like HIV, malaria, and TB based on the input and research of all experts.

UNIT 5: HIV TREATMENT



GUIDELINES

What is guideline?

A procedure by which to determine a course of action. A guideline is a *suggestion*, so countries are not required to adopt it. Best recommendation.

How does a country decide which guidelines they adopt?

Every country looks at those WHO guidelines and based on the resources available (people, experts, money, facilities, different population, the extent of the problem, layout of the country) to them, they choose which guidelines are best for them.

The MOH (specifically HIV/AIDS unit) advised by a team of experts on Malawi, determines what Malawi guidelines should be.

UNIT 5: HIV TREATMENT

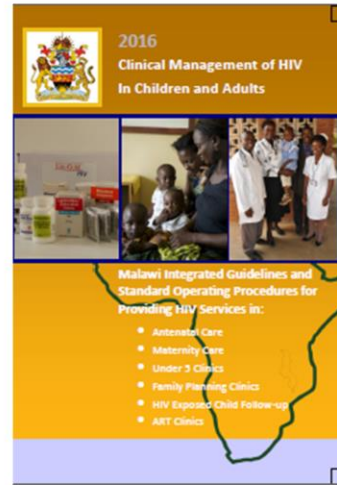


GUIDELINES

Malawi Guidelines

Malawi Integrated Guidelines for Clinical Management of HIV in Children and Adults

- Last updated in 2016
- Describes current HIV/AIDS management guidelines (PPTCT, medication regimens, etc)
- Key changes include:
 - Adoption of the 'Treat All' approach, meaning that anyone living with HIV is eligible to start ART immediately
 - DNA PCR confirmatory test following a positive HIV test result for exposed infants
- Because these guidelines were recently changed, some sites may still be transitioning.



UNIT 5: HIV TREATMENT



GUIDELINES

Guidelines Can Change!

- Medicine is always changing. As research continues, science progresses, and people understand more about HIV, the experts at WHO change their recommendations and countries adapt guidelines accordingly.
- Guidelines can change based on these recommendations, as the Malawi MoH reviews those changes and makes new recommendations.
- Because guidelines change, different things in the management of HIV can change and transitions to adopting new guidelines can take time

UNIT 5: HIV TREATMENT



ART ELIGIBILITY – TREAT ALL!



All persons including infants children, women and men living with HIV are eligible to start ART immediately!

UNIT 5: HIV TREATMENT



ART ELIGIBILITY – TREAT ALL!

Why the 'Treat All' approach?

- Encourages people to start treatment before they get sick – leading to better outcomes
- Makes ART eligibility simple! CD4 and WHO staging are no longer needed!
- Helps prevent new infections because people living with HIV on ART have less virus in their bodies and so are less likely to pass HIV onto others.

UNIT 5: HIV TREATMENT





WHAT YOU CAN DO AS A CHW


It's important for you to know ART eligibility criteria in order for you to:

- Educate your patients on the benefits of the 'Treat All' approach
- Refer all people living with HIV to start ART
- Provide consistent, comprehensive pre-ART counselling – the more patients know about their treatment, the more likely they are to remain adherent!

UNIT 5: HIV TREATMENT



PRIOR TO STARTING ART

UNIT 5: HIV TREATMENT 

CONFIRMATORY TESTING

A confirmatory test is a test that is used to confirm (make sure) someone is HIV-infected. The Ministry of Health requires that all patients have a confirmatory test before starting ART.

- Children less than 24 months require a DNA PCR confirmatory test to be taken before starting ART (do not wait for result!)
- If there is a shortage of test kits, start the patient on ART and do a confirmatory test when test kits are in stock again.

UNIT 5: HIV TREATMENT



Facilitator's Note:

-Remember to clarify that children 0-24 months must still have confirmatory tests when they are 12 and 24 months (and six weeks after finishing BF) and if found HIV-infected, follow guidelines.

PRE-ART COUNSELING

Before starting ART, CHWs should counsel their patients and make sure they understand the following:

1. ART is a lifelong commitment
2. Dosage and interval of taking ART
3. All children should have two reliable caregivers to administer their medication
4. Temporary Side Effects of ART
5. Response to side effects




UNIT 5: HIV TREATMENT



Facilitator's Notes:

- Note that "children" in this case refers to anyone under the age of 18 years old. Remember that older children need help with this too and having supportive caregivers can help them stay adherent.
- Explain that the difference between serious and temporary side effects will be explained in the next few slides. Stress that any child experiencing side effects from medication should seek care immediately.
- **Refer to manual for other key points!**




ROLE PLAY

PRE-ART COUNSELING

A father has just been told his son is now eligible to start ART. As a CHW it is your role to help counsel the father on important issues.

With the knowledge you have now as a community health worker, help counsel the father on:

- Adherence
- Dosage and interval of ART
- Weight change and dosing
- Importance of the caregiver
- Having a secondary caregiver
- Potential risk of side effects

UNIT 5: HIV TREATMENT 

Materials:

- Role play props


Objectives:

- Practice speaking with patients
- Practice listening to patients concerns
- Understand the important aspects of starting ART

Instructions:


1. Have experienced CHWs give a short role play of how it should be done while participants take notes. (5 minutes)
2. Have a short discussion which highlights the important issues covered and the method of counseling. (5-10 min)
3. Break up into groups of three and have them practice. One should be the father, the other the CHW, and the last the observer. The observer should make comments to the other team. Make sure each person gets to play all parts. (25 minutes)
4. Ask 1-2 groups to act it out in front of all participants. (10 minutes)
5. Have other groups criticize the good and bad points about each. (10 minutes)

Time: 55 minutes



ROLE PLAY

Bad Scenario	Good Scenario
<ul style="list-style-type: none"> Dismisses the father's question and does not answer it fully Gets frustrated because of his lack of knowledge Does not give full attention to the father Gives him false information 	<ul style="list-style-type: none"> Using active listening and words the father understands Highlighting key points such as: importance of adherence, dosage, two caregivers, and seeking help if the child experiences side effects Answers all questions from the father



Setting:

Father is worried and obviously doesn't understand everything that his son's medication entails.

Bad Scenario:

Father: I'm very worried about my child starting ART.

CHW: It's just like you. Just give your child the ART as prescribed. (Looking very busy and distracted)

Father: So there's nothing else to it? Nothing important that I should know?


CHW: The clinician should have explained it to you (looks annoyed). Just don't forget to give him the meds!

Good Scenario:

After talking with the CHW, the father feels much better and more confident. He feels as though he can rely on the CHW and can properly care for his son.


Key Points:

- Active listening and explaining in a way the father can understand; answering all questions and repeating many times and explaining in different ways
- Adherence: lifelong, need to take it at the same time every day, adherence is important or virus could develop resistance, tips on how to help adherence
- Dosage and interval: give medication 2/day (morning & night), one pill, confirm he understands to make a note if the child's weight changes drastically because it effects the dosage
- Caregiver: need someone to administer the medication to the child. Is completely reliant on the caregiver, and it is the role of the caregiver to ensure the child remains adherent
- Secondary caregiver: need another caregiver in case something happens with primary caregiver, needs to know all about medication (dosage, interval, side effects, etc)
- Side effects: what side effects are common (rash, jaundice, abdominal pain, anemia) and what to do if they occur
- Answering any questions he has at end and tells him how to reach a CHW if he needs more assistance
- Shows support, understanding



ART REGIMENS

UNIT 5: HIV TREATMENT



ART REGIMENS

Currently three types of ART regimens that are available:

1. Standard First Line Regimens

These regimens are those most commonly given when patients first start ART.

2. Alternative First Line Regimens

A clinician may change a patient to an alternative first line regimen if he/she is experiencing serious or unpleasant side effects from the standard first line regimen.

3. Second Line Regimens

A patient will only be switched to a second line regimen if they have confirmed treatment failure to first line.

UNIT 5: HIV TREATMENT



Facilitator's Note:

- Can also discuss third line. Third line regimens are not available in Malawi and are very expensive to procure. A person will only be given a third line regimen if they have confirmed resistance/treatment failure to second line.

Common Question:

Do rapid tests fail to detect HIV sometime when a patient has been on ART for many years?

ART AND DOSING

- In all ART regimens, there needs to be at least 3 medications (ARVs) used together.
- Sometimes all the ARVs are combined into a single pill, sometimes they come in multiple, different pills.
- Dosing for children depends on their weight.
- Clinicians are the only people who can change the dosage for a patient.



UNIT 5: HIV TREATMENT



ART AND DOSING

- A “starter pack” is a special type of medicine dosage
- Not all regimens require a starter pack
- The starter packs help the body slowly get used to ART in order to reduce the risk of side effects
- Patients will generally take a starter pack for 2 weeks before being instructed to switch to a regular ARV dosage



UNIT 5: HIV TREATMENT



Facilitator's Notes:

Can further explain if needed.

A starter pack is given for some regimens when a patient first starts ART. A starter pack is a special type of medicine dosage which allows the patient's body to get used to one of the medicines in the ARVs. In a starter pack, one ARV (of the combination of three) is given at a smaller dosage. Morning and evening doses come from two different pill bottles. Patients will be instructed to take the starter pack for two weeks. After the two weeks are finished, the doctor will examine the patient and change the medicine to a regular ARV dosage.

Starter packs help the patient's body to slowly get used to ART in order to reduce the risk of side effects.

It is important to know which regimens have a starter pack and which do not so that you can counsel and explain the regimens to your patients if they have questions.



WHAT YOU CAN DO AS A CHW

Monitor children for weight gain or weight loss and refer them to a clinician if either changes significantly.

Help patients and caregivers understand dose changes and the reasons for the changes.


Confirm patients are taking the correct dose.

If your patient does not understand his/her dosage, encourage them to clarify any questions with the clinician.

UNIT 5: HIV TREATMENT



SIDE EFFECTS OF ART		
All medicine has side effects.		
	Temporary Side Effects	Serious Side Effects
What it Means	These side effects will normally go away after one month. A patient is adjusting to the medication.	These side effects can be worse for the patient's health. The regimen is not right one for the patient.
What You Can Do	Explain that the side effects are temporary and encourage them to adhere to their medication.	Advise to go to the health facility as soon as possible for further assessment. Help advocate for them.


UNIT 5: HIV TREATMENT 

Facilitator's Note:

- Explain that side effects can be a big reason why people choose not to start or are scared of taking ART. It is important for a CHW to be able to be honest about the different side effects of the ART and help them adhere if they experience any temporary ones.

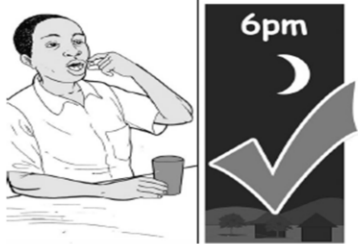
ART REGIMENS

Standard first line regimen for all adults 15 years and older




Regimen 5A (TDF/3TC/EFV) is made up of a combination of three drugs:

1. TDF: Tenofovir
2. 3TC: Lamivudine
3. EFV: Efavirenz




- No starter pack needed
- One time per day
- It is recommended to take this medication before bed to reduce the side effects

UNIT 5: HIV TREATMENT 

Facilitator's Note:

-Tell participants to observe the dosage picture. Ask before revealing the text what it means to them (i.e. taken once per day at night)




ACTIVITY

**SIDE EFFECTS OF 5A
CHARADES**

Choose nine volunteers. Each volunteer will be given a side effect to act out without talking.

Other participants should guess the side effect. When someone guesses correctly determine if the side effect is temporary or serious and write the answer in the appropriate blank.

UNIT 5: HIV TREATMENT 

Objective:

- Learn the side effects of 5A
- Clarify the difference between temporary and severe side effects




Instructions:


1. Choose nine volunteers. Give each volunteer a card with a symptom on it.
2. The volunteers should act out their symptom one by one.
3. As the volunteer acts out the symptom, participants should raise their hands to guess what they're acting out.
4. When a participant guesses the correct symptom, let participants determine whether it is temporary or serious.
5. Write the side effect in the appropriate column in the activity section.

Time: 10 minutes

STANDARD ADULT ART REGIMEN


POSSIBLE TEMPORARY SIDE EFFECTS

		
Dizziness	Headache	Nightmares

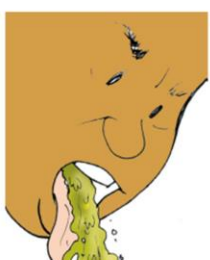
UNIT 5: HIV TREATMENT 

STANDARD ADULT ART REGIMEN

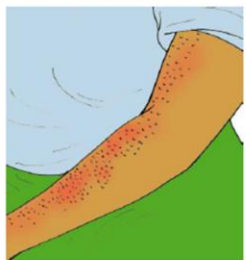
POSSIBLE SERIOUS SIDE EFFECTS




**KUSINTHA
MAONEKEDWE**




KUSANZA




NSUNGU/MATUZA




**KUSOKONEKERA
MUTU**



CHIKASU



KUWAWA M'MIMBA

UNIT 5: HIV TREATMENT 

ART REGIMENS

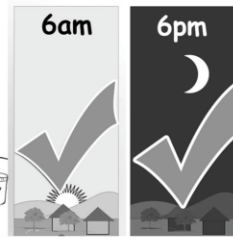
REGIMEN 2 (A = adult or P = pediatric depending on weight)

Children will be started on either Regimen 2 or 11. The clinician will determine which regimen is appropriate for each child.



Regimen 2 (AZT/3TC/NVP) is made up of a combination of three drugs:

1. AZT: Zidovudine
2. 3TC: Lamivudine
3. NVP: Nevirapine



- Needs a starter pack
- Twice per day: one morning and one night

UNIT 5: HIV TREATMENT



Facilitator's Note:

-Tell participants to observe the dosage picture. Ask before revealing the text what it means to them (i.e. twice per day once in am and once in pm)

ART REGIMENS

REGIMEN 11P (preferred for children less than 3 years old)

Children will be started on either Regimen 2 or 11. The clinician will determine which regimen is appropriate for each child.



Regimen 11 (AZT-3TC-LPV/r)

is made up of a combination of three drugs:

1. AZT: Zidovudine
2. 3TC: Lamivudine
3. LPV/r: Lopinavir/Ritonavir



6am

6pm



- X2 different medications – one dissolvable pill and one dissolving capsule
- Twice per day
- No start pack needed

UNIT 5: HIV TREATMENT



Facilitator's Note:

- -Tell participants to observe the dosage picture. Ask before revealing the text what it means to them
- 11P is a first line regimen for children under three years old

ART Regimens

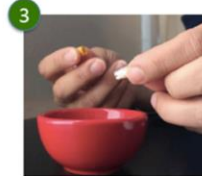
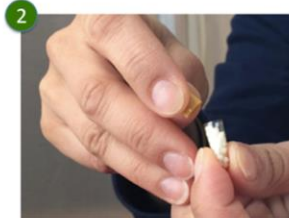
Opening the pellet capsule



- Hold the capsule with the yellow side up
- Twist the yellow half of the capsule until it is loose


- Lift the yellow half of the capsule
- Pellets will be in the bottom half of the capsule

- Carefully pour all pellets into either the baby's mouth, a teaspoon or porridge.



UNIT 5: HIV TREATMENT






ACTIVITY

SIDE EFFECTS OF 2 and 11 CHARADES

Choose four volunteers. Each volunteer will be given a side effect to act out without talking.

Other participants should guess the side effect. When someone guesses correctly determine if the side effect is temporary or serious and write the answer in the appropriate blank.

UNIT 5: HIV TREATMENT 

Objective:

- Learn the side effects of 5A
- Clarify the difference between temporary and severe side effects

Instructions:

1. Choose four volunteers. Give each volunteer a card with a symptom on it.
2. The volunteers should act out their symptom one by one.
3. As the volunteer acts out the symptom, participants should raise their hands to guess what they're acting out.
4. When a participant guesses the correct symptom, let participants determine whether it is temporary or serious. **(Note: There are no temporary side effects for 2P! Encourage patients to bring any child experiencing side effects to the clinic for further assessment.)**
5. Write the side effect in the appropriate column in the activity section.

Time: 10 minutes

ART REGIMENS

POSSIBLE SERIOUS SIDE EFFECTS



Skin Rash



Jaundice




**Abdominal
Pain**



Tiredness

UNIT 5: HIV TREATMENT






ART REGIMENS

1. Fill out the regimen, dosage, and side effects for each patient in the table.
2. Be prepared to share your answers with the class.

GROUP WORK

UNIT 5: HIV TREATMENT 


Instructions:

1. Break up into groups of 3-4
2. Have all participants fill in the chart with their answers. Remind them that they should be prepared to share the reasoning for their responses. (5-7 minutes)
3. Have 4 volunteers fill in their answers on the board/flip chart. (2-3 minutes)
4. Facilitator goes through answers and corrects and discusses any that are wrong. During this time participants should also be correcting their own answers. (3-5 minutes)

Time: 10-15 minutes

Answers:


1. 2 year old: Regimen 2P; Twice/day (morning & night); skin rash, jaundice, abdominal pain, anemia
2. Pregnant mother: Regimen 5A; Once/day (night); skin rash, bad dreams, dizziness, headache, tiredness, mood change
3. 8 month old: Regimen 2P; Twice/day (morning & night); skin rash, jaundice, abdominal pain, anemia
4. 16 year old child: Regimen 5A; Once/day (night); skin rash, bad dreams, dizziness, headache, tiredness, mood change



ROLE PLAY

You are following a pregnant mother who has just started the regimen TDF/3TC/EFV (Regimen 5A). When you go visit the home she complains that she has been having nightmares. When you see her it looks serious. She also has a 1-year-old boy at home who is HIV-infected but has not started ART. The mother and child's appointment date is tomorrow. You decide to accompany the mother and child to the clinician.

Practice what you will say to the mother today and to the clinician tomorrow.

UNIT 5: HIV TREATMENT 

Materials:

- Role Play props

Objectives:


- Practice giving accurate information to the parent.
- CHW should be sensitive, complete, check for understanding
- CHW should be able to reassure the parent

Instructions:

1. Select two CHWs facilitators. One will play the role of the father, the other the CHW.
2. Have CHWs act out one situation where they do not handle this situation well.
3. Have the participants make comments.
4. Have the CHWs act out another situation where they do handle the situation well.
5. Have the class comment on this situation and why it was handled well.
6. Then split the participants up into groups of 3. Each group of 3 will practice this role play. One will be the mother, the other the CHW, the other an observer- then they will switch roles. Keep going until each person has had a chance to practice.

Time: 30 minutes total


- 10 minutes for the roles play
- 20 minutes in the small groups



ROLE PLAY

<u>BAD SCENARIO</u>	<u>GOOD SCENARIO</u>
<ul style="list-style-type: none"> • Tells her it is a serious side effect when it is not • Yells at the mother for not bringing her child in for HIV testing • Does not offer any explanation or support for what is happening 	<ul style="list-style-type: none"> • Explains the difference between serious and temporary side effects • Offers to advocate for both the mother and child at the health facility • Explains the importance of getting an HIV test for the child

VS

UNIT 5: HIV TREATMENT 

Setting:

- Patient's home
- Health facility

Script – Bad Scenario

CHW: Hi, how are you doing today?

Mother: [while holding one year old child] not so well. Ever since I've been taking ART I've been having scary nightmares.

CHW: NIGHTMARES?!? That is a serious side effect – stop taking your medication right away!

Mother: Really?!? What should I do now then?

CHW: Go to the clinic and tell your doctor you need second line ART. You should take your baby too- he's looking sick. Has he been tested?

Mother: Yes, he is infected. But he has just started looking sick. Maybe they will give him medicine tomorrow.

CHW: He is not on ART?!?!? You are an awful mother.

Setting: Dr's Office

CHW: [to doctor] you need to tell this woman she needs to take better care of herself and her baby! She is ignoring serious side effects and her baby is not on ART!!

Mother: [looks embarrassed]

Script- Good Scenario

(Greetings)

CHW: How are you doing my sister?

Mother: I don't mind taking the ART, but ever since I've started taking it, I've been having awful dreams. It makes we want to stop!

CHW: All medicine has side effects. Nightmares are a common side effect of 5A. The good news is that they should go away in about a month. Until then you should continue to take your medication – there is an end in sight!

Mother: It will go away?? I guess I can handle it for one month...

CHW: I am here to support you. If you experience any other side effects though, please let me know. Some side effects can be serious. How is your child doing?

Mother: He has been sick a lot lately, I want to take him to the clinic, but the doctor just keeps giving me the same medication which doesn't work.

CHW: Has your child had an HIV test? It is possible that HIV is making him sick. If he does have HIV, he can start treatment immediately, which can help him to become healthy again!

Mother: I am afraid to know my child's status – then my husband will blame me.

CHW: Do not worry – we can help you at the clinic. Bring both your child and husband in for testing tomorrow and we can help you disclose and discuss the benefits of testing!



PPTCT ART REGIMEN

UNIT 5: HIV TREATMENT



PPTCT ART REGIMEN

FOR THE MOTHER

- If the woman is already on ART when enrolled in the program, she should continue her ART as prescribed.
- If a woman is **not** on ART, encourage her to start as soon as possible.
- It is very important to encourage women to practice good adherence throughout pregnancy and breastfeeding. This will help keep them healthy and help to prevent transmission to their child and partner(s).



UNIT 5: HIV TREATMENT



PPTCT ART REGIMEN

FOR THE INFANT


Nevirapine (NVP) syrup is given to all babies born to HIV-infected mothers (exposed infants). NVP helps the infant from becoming infected during the first six weeks of their life.

NVP QUICK FACTS

- NVP syrup should be provided at ANC
- NVP is started as soon as possible after the baby is born and is stopped when they are 6 weeks of age
- Dosing for NVP depends on birth weight
- NVP syrup can be started anytime between birth and 4 weeks of age
- For all side effects, especially rash, refer the patient immediately to the health facility

UNIT 5: HIV TREATMENT






DEMONSTRATION

NVP INSTRUCTIONS

1. Measure out the appropriate dose from the bottle using a syringe.

Birth Weight	Dosage
2500 grams or less	1 mL once daily
More than 2500 grams	1.5 mL once daily

2. Squirt the syrup slowly into the back or side of the infant's mouth.
3. Rinse the dosing syringe carefully with clean water after every use and let air-dry.
4. Store NVP syrup bottles and dosing syringe in a dark, cool, dry, clean place.
5. After 4 weeks, a new bottle of NVP should be opened and used for the remaining 2 weeks.
6. Bring all NVP bottles (both used and unused) back to the health facility at the 6 week vaccination/DNA PCR test visit.

UNIT 5: HIV TREATMENT 

Materials

- Nevirapine bottle (filled with water)
- x20 Syringes
- Plastic cups
- Baby doll
- Water
- Paper towel

Key Points:

- CHWs should be comfortable explaining how to use a syringe, how to give the baby the NVP and what dose to give.
- Be sure each trainee has had a chance to use the syringe

Instructions:

1. Break into groups of 4 or 5
2. At each group have an experienced CHW demonstrate how to use the syringe (measure, clean it, storing bottle, how to administer it to the child, etc)
3. Have each participant then practice with the syringe.
4. Practice drawing up 1 mL and 1.5 mL in the syringe, administering it to the child, cleaning it, storing bottles, etc
5. Groups should practice explaining to the mothers how to give NVP. Encourage them to cover the following points:
 1. How to draw up the medicine
 2. Dosage
 3. When to start/stop giving NVP
 4. How to keep the syringe clean
 5. Importance of the medication
6. Facilitators watch each group give the explanation at least once. Give corrections and comments as needed.

Time: 30 minutes



WHAT YOU CAN DO AS A CHW

Demonstrate to all guardians how to give their infant NVP and then let them practice themselves with water to **ensure the right dose is given every time!**

UNIT 5: HIV TREATMENT



**COTRIMOXAZOLE
PREVENTATIVE THERAPY**

UNIT 5: HIV TREATMENT 

CPT

Cotrimoxazole Preventative Therapy (CPT)

- CPT is also known as bactrim
- CPT protects against diseases the immune system is too weak to fight like certain types of diarrheas and pneumonia
- CPT is safe to take with most medications and during pregnancy
- Dosage for CPT depends on the weight of the patient



ALL HIV-INFECTED PATIENTS SHOULD TAKE CPT FOR LIFE STARTING A 6 WEEKS OF AGE.

UNIT 5: HIV TREATMENT



CPT FOR CHILDREN

- CPT can be confusing to administer to children.
- Confirm your patients understand the correct dosage for their child and how to administer it properly **BEFORE** they leave the health facility.

UNIT 5: HIV TREATMENT



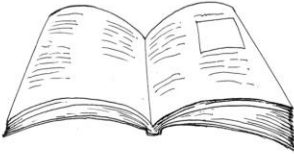
CPT RESTRICTIONS

CPT is safe for almost all patients to take for life.

- CPT **can** be taken in combination with ART, tuberculosis treatment, and isoniazid preventive therapy (IPT)
- HIV-infected pregnant women should **not** take sulphadoxine/pyrimethamine (SP) with CPT, instead they should take only CPT
- CPT should not be taken by those who have an allergy to CPT or SP, are jaundiced, or have problems with their kidneys

UNIT 5: HIV TREATMENT






ACTIVITY

PPTCT ART SUMMARY

Work with your partner to match the attached action points to the correct time point on the back.

When you're finished, raise your hand and the facilitator will come to check your answers.

UNIT 5: HIV TREATMENT 

Materials:

- x1 Blank laminated flow chart per group
- X1 set of laminated action points per group

NOTE: Facilitator should have cut apart the action points and put them in random order. Can paperclip one set of action points to one flow chart for each group.

Objective:

-Understand what needs to be done in the PPTCT cascade and when


Instructions:

1. Tell participants to break up into pairs.
2. Each pair should receive a blank cascade board and 14 sheets of paper w/ instructions.
3. Give them time to fill in the cascade properly. When they are finished, they should raise their hand.
4. Facilitator should check their board. If it is correct, they can go and help other teams.
5. When everyone is finished pull up final correct slide and answer any questions.

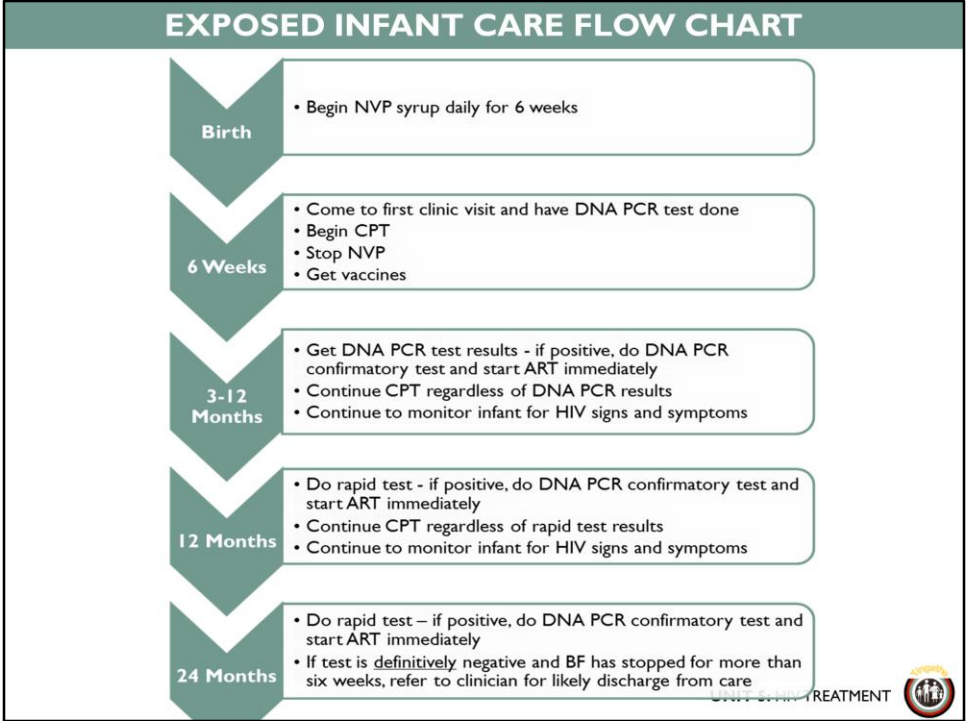
Time: 15 min


EXPOSED INFANT CARE FLOW CHART ACTIVITY

Birth	
6 Weeks	
3-12 months	
12 months	
24 months	

UNIT 5: HIV TREATMENT 

BLANK BOARD (ATT: PAPER STRIPS)






REFLECTION

Imagine your child has just become eligible to start ART and a CHW has come to do some pre-ART counseling.

What would you like to know before your child starts ART?

What would make you feel more comfortable about being responsible for both you and your child taking ART?

UNIT 5: HIV TREATMENT 

Instructions:

1. Instruct participants to take a few minutes and think about the topic.
2. Tell them they can write about it they feel like and they can share the next day in class.

Time: 2 min

6 ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT



4 hours 30 minutes

DURATION



OBJECTIVES

- ◆ Explain what adherence is and the consequences of not having good adherence
- ◆ Counsel patients on ART adherence
- ◆ Help your patients plan for good adherence
- ◆ Monitor your patient's adherence during home visits
- ◆ Describe the challenges your patients may face to good adherence and how a CHW can help
- ◆ Explain the importance of monitoring HIV treatment and retention and what a CHW can do to support their patient's health



CONTENT & ACTIVITIES

- 6.1 Introduction (**5 minutes**)
- 6.2 Adherence (**50 minutes**)
 - Demonstration: Cooking pumpkin
 - Activity: Brainstorm– What does adherence mean?
 - Group Work– Adherence kilos
- 6.3 Planning for Good Adherence (**1 hour, 20 minutes**)
 - Reflection: Adherence to Medication
 - Discussion: Planning for good adherence
 - Group Work: Preparing for ART
- 6.4 Monitoring Adherence (**20 minutes**)
 - Discussion: How does a CHW monitor their patient's adherence?
- 6.5 Barriers to Good Adherence (**1 hour**)
 - Group Work: What are some factors that affect adherence?
- 6.6 Monitoring Treatment (**50 minutes**)
 - Activity: Case studies



MATERIALS

- ◆ Flip chart paper
- ◆ Flip chart markers
- ◆ Role play props
- ◆ Plastic bags with fake “medication” (x1/participant)
- ◆ Sticky tack
- ◆ Case study cards



PREPARATION

- ✓ Set up training room and collect all materials needed.
- ✓ Read through Unit 6 materials and confirm that you are prepared.
- ✓ Practice role plays.
- ✓ Ask experienced CHWs to be ready to share some of their own experiences with counseling their patients about adherence challenges.
- ✓ Hang posters around the room for the Group Work: What are some factors that affect adherence?
- ✓ Remind participants to bring their “medication” with them to training (**NOTE:** medication bags should have been distributed at a prior date)

Instructions: Print this sheet and cut out each case study. Give each group a case study. Groups should discuss and then plan a role play for how to handle the situation.

1. A child missed his medication because his caregiver was at a funeral.
2. A breastfeeding woman has started to feel dizzy from taking her medication and decides to stop.
3. A pregnant woman heard from her pastor that she doesn't need medication anymore and has decided to stop.
4. A breastfeeding woman lost the syringe to administer NVP to her infant. Because she's given the medication for 4 weeks, she decides just to stop.
5. A pregnant woman has missed many doses. She only takes her medication when her husband is away because she has not disclosed her status to him.
6. A woman missed a week of ART because she did not have enough money for transport to the health clinic
7. A mother stopped giving ART to her child because the child fell ill after starting ART. She says that the medication isn't helping and the child will just die anyway.
8. A child stops taking his ART because he is feeling healthy. He doesn't know his status and doesn't understand why he has to take medication still if he is not feeling sick.



REFLECTION

ADHERENCE TO MEDICATION ACTIVITY

Each of you will be given an ART regimen. Please take your “medication” as prescribed every day.

The regimen name is written at the top and the number of tablets you must take and when you take them are indicated below.

We will come back and review this topic later in training.

6

ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT

OBJECTIVES

By the end of Unit 6, you should be able to:

- Explain what adherence is and the consequences of not having good adherence
- Counsel patients on ART adherence
- Help your patients plan for good adherence
- Monitor your patient's adherence during home visits
- Describe the challenges your patients may face to good adherence and how a CHW can help
- Explain the importance of monitoring HIV treatment and retention and what a CHW can do to support their patient's HIV care

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT



VOCABULARY

HIV TREATMENT ADHERENCE	Taking the right medication, in the right way, at the right time, every day
RESISTANCE	What happens when HIV is no longer successfully suppressed by a patient's current regimen of ART (associated with poor adherence)
RETENTION	Patients staying active in HIV/ART care clinic and successfully accessing all HIV services available to them, including PPTCT services
TREATMENT FAILURE	When a patient's current ART regimen no longer works to suppress their HIV virus
VIRAL LOAD	Measurement of the amount of HIV virus in the body

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT





ADHERENCE

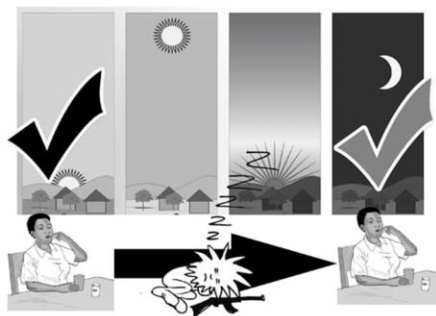
UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT



HIV TREATMENT ADHERENCE

HIV treatment adherence means taking the right drug, in the right way, at the right time, every day

- When ART adherence is good, the HIV virus “sleeps”
- When the virus is “sleeping” the number of CD4 cells can increase
- The more CD4 cells your body has, the healthier your immune system is



UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT



TREATMENT FAILURE

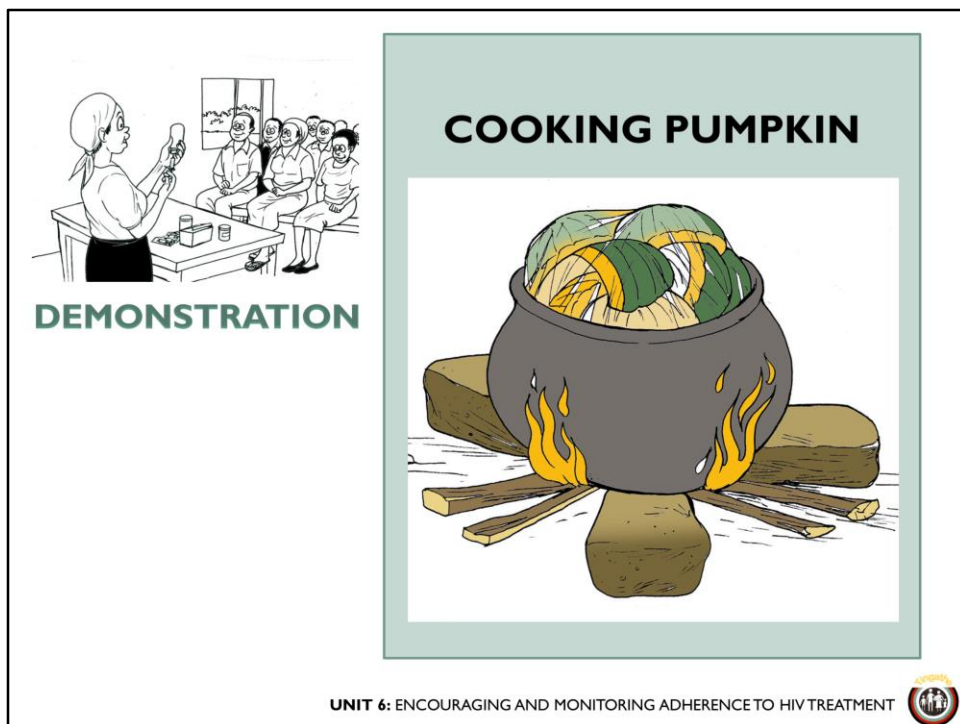
When adherence is poor and patients do not take their ART properly, resistance can occur.

Resistance occurs when the HIV virus changes so that the ART is no longer able recognize it to suppress it. The virus can then “awaken” to multiply and destroy CD4 cells. As the CD4 count decreases, the body becomes weak and infections can occur easily.

When this happens it is called **treatment failure** because the ART is no longer working to fight the virus.

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT





Objective:

-Give participants another way to understand how adherence/treatment failure works

Instructions:

1. Facilitator should explain the picture and ask for any questions/understanding.
2. Participants should try to explain what is happening in their own words to a partner.
3. If time allows, ask participants which method (previous story or pumpkin) worked better for them to understand.

This is an example of a cooking pumpkin. ART is like the fire that keeps it cooking. If the fire goes out before the pumpkin is finished, it has changed shape and you cannot continue to cook it- even if you relight the fire (keep taking your ART). In the same way, once the HIV virus has changed shape, you cannot continue to control it with the same ART.

Time: 10 minutes

TREATMENT FAILURE

There are many negative consequences of treatment failure.

- If a person develops a resistant virus they can pass it along to their partner or baby.
- If treatment failure occurs a patient needs a different ART regimen. The new regimen is usually more difficult to take.
- If there is treatment failure with both first and second line ART regimens, there are no other ART options in Malawi.
- Resistance develops more quickly when ART adherence is poor.




FIRST LINE



SECOND LINE

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT






ACTIVITY

BRAINSTORM
What does adherence mean?

In a group try to define what HIV treatment adherence is and is not. Consider all parts of HIV treatment.

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT



Materials:

- Flipchart paper
- Markers

Instructions:

1. Prepare two sheets of flipchart paper – one with ADHERENCE IS... and the other with ADHERENCE IS NOT... written at the top.
2. Give participants about 2 minutes to think quietly about what they believe adherence is and what it is not while forming a standing circle around the room.
3. After giving some time, encourage them to share their answers.
4. Write down their responses on the corresponding flip chart paper.
5. When finished can go through the next two slides quickly and highlight any points they missed.

Time: 10 minutes

ADHERENCE MEANS...

- Taking ARVs correctly, as prescribed, even if the person feels healthy
- Taking ART for life
- Taking other medicines as prescribed, such as CPT, IPT, etc.
- Giving medications, such as NVP and CPT, to HIV-exposed and infected infants and children as prescribed
- Not taking any breaks in treatment
- Attending regular appointments at the ART clinic
- Seeking help if having difficulties with side effects or adherence
- Practicing safe and healthy behavior

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Facilitator's Notes:

Go through this slide quickly comparing with the answers participants gave in the previous activity.

NON-ADHERENCE MEANS...

- Missing one or many appointments at the health facility or pharmacy for the mother or child
- Not following their HIV treatment plan
- Not communicating difficulties in following the treatment plan to health workers
- Missing one or more doses of medicine, or not giving the baby doses on time
- Sharing medicines with other people
- Stopping medicine for a day or many days
- Taking or giving medicines without following instructions about food or diet
- Not minimizing risk-taking behavior

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT



Facilitator's Notes:

- Go through this slide quickly comparing with the answers participants gave in the previous activity.
- Give specific examples of “not following HIV treatment plan” and “risk-taking behavior”

FOR GOOD ADHERENCE

Teach your patients to properly take care of their medication

- Keep away from children
- Keep out of sunlight and heat
- Keep them dry
- Keep them all in one place
- Keep bottle tightly closed



UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT




ADHERENCE QUICK FACTS

- The goal for all patients should be **100% adherence!!**
- ART is not a cure. Instead, it suppresses the virus so that it cannot multiply and destroy the immune system (CD4 cells).
- When adherence is poor, the virus can become resistant and treatment failure can occur.
- Missing more than one dose in a month is enough to create resistance.
- If a person develops a resistant virus, they can pass that resistant virus on to their partner or baby.
- Adherence must be greater than **95%** to prevent resistance.

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT






GROUP WORK

ADHERENCE KILOS

With your group make up a short kilo or song that will help you remember your adherence quick fact.

Be prepared to share with the class.

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT



Objective:

-Help participants remember the important facts about adherence

Instructions:

1. Split participants into groups of no more than 5 persons/group.
2. Assign each of them an “Adherence Quick Fact”
3. Each group should make up a short song or kilo for their quick fact. (5 minutes)
4. After finishing – each group should perform their kilo. (10 minutes)
5. Encourage participants to use the kilos at anytime throughout the section.

Time: 20 minutes

PLANNING FOR GOOD ADHERENCE

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT



REFLECTION

**Were YOU
adherent to your
medication?**

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT

Materials:

- Flipchart paper and markers

Objective:

- Gives a first hand perspective of what it's like to be on ART (increases understanding of situation)
- Encourage patients to empathize with their patients
- Consider challenges and ways to overcome them

Instructions:

1. All participants should have brought their "medication" packets with them.
2. Facilitator should discuss how to do a pill count giving various examples from the different doses administered. Use flipchart.
3. Reveal that all participants should be left with only ONE pill. Therefore all those who have more/less were not adherent.
4. Discuss what barriers the participants faced and possible ways they could do better next time.
5. Tell them to draw on this experience when they are doing the next few activities.

Time: 45 minutes

PLANNING FOR GOOD ADHERENCE

Good adherence is what will keep the virus sleeping and the patient healthy.

That is why it is so important to help your patients make a plan for good adherence.

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT




FOR GOOD ADHERENCE

Counsel your patients on the following topics:

- What ART is and its role in keeping the body healthy
- Importance of a support system and a second caregiver for all children
- Commitment to life-long care and treatment
- Collecting their ART in the most convenient place for them
- ART adherence for life – and not just until the patient feels better

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT






DISCUSSION

PLANNING FOR GOOD ADHERENCE

It is often easier for patients to remember to take their medication if they incorporate taking it into their daily schedule.

Can you think of any suggestions to help your patients remember to take their medication?

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT



Materials:

- Flipchart paper
- Markers

Objective:

-For participants to think for themselves about different ways they can help remember to take their meds.

Instructions:

1. Have participants stand in a circle.
2. Tell them to throw the ball from person to person (so that only the person with the ball speaks at one time).
3. When they throw the ball, the participant should give a suggestion of how a patient could remember to take their ART.
4. List the ways on a flip chart paper.
5. Go over the next slide and point out any they missed.

Time: 10 minutes

FOR GOOD ADHERENCE

Help your patients incorporate ART into their daily schedule

- Take the drug before washing the face or after the evening meal
- Ask family or friends to remind them
- Set a daily alarm clock on your cell phone
- Keep a drug diary and mark every tablet taken
- Use sunrise and sunset as reminders
- Have family members take their ART all at the same time
- Supervise children taking their ART




UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT



Facilitator's Notes:

Also include: putting in shoes, hanging a bottle above the bed, putting a poser on the back of the door, etc




GROUP WORK

PREPARING FOR ART

In small groups work on a poster for patients who are preparing to start ART.

Will hang up in the classroom after finishing.

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT




Materials:

- Flipchart paper
- Markers
- Sticky tack

Instructions:


1. Divide into 7 groups make a poster on your topic.
 - Commitment to lifelong adherence
 - Dosage and interval of taking ART
 - Potential side effects
 - Safe storage
 - Keeping appointments
 - Good adherence
 - Second caregiver
2. If there is time, can present to the larger class or just present to another group.
3. Hang the posters on the wall at the end of the session.


Time: 15 minutes



MONITORING ADHERENCE

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT






DISCUSSION

How does a CHW monitor a patient's HIV treatment adherence?

What questions are asked?

What methods are used?

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT



Materials:

- Flipchart paper
- Markers
- Role play materials

Instructions

ROLE PLAY:

1. Experienced CHWs should act out a short example of how they would do an HIV treatment assessment during a home visit. Participants should observe the scene and take notes on the questions they ask and the methods they use to monitor their patient's adherence. (5 min)
2. After the role play, write participant's responses on the flipchart. Use these responses to lead discussion for the next two slides (which you should go over quickly!). (10 min)

Time: 15 minutes



WHAT YOU CAN DO AS A CHW

Your role as a CHW is to assess your patient's HIV treatment adherence at every ART appointment and home visit.

- Encourage your patients to be honest with you.
- Work to build a relationship of trust and understanding, so they feel comfortable discussing issues with you.
- Do not yell at your patients.
- Discuss any problems and work together to find possible solutions.

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT



ADHERENCE QUESTIONNAIRE

Ask the patient and/or caregiver the following questions to assess their adherence.

1. What problems have you had with your ART and other medication?
2. Tell me about the last time you missed a dose. What happened?
3. Can you show me how you take the medication? (Check dose and frequency. Ask the family to show you how they give the medication.)
4. Who is responsible for giving ART? Who gives the medicine if the caregiver is away?

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT



Facilitator's Note:

After going through the slide have a team of experienced CHWs act out an example of this. Tell participants they will be practicing it later.



WHAT YOU CAN DO AS A CHW

Remember, do NOT judge your patients.

It is difficult to practice perfect adherence. We must be understanding and help support adherence to treatment.


UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT



BARRIERS TO GOOD ADHERENCE

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT






GROUP WORK

What are some factors that affect adherence?

- Group 1: Health Services
- Group 2: Medication Factors
- Group 3: Community/Cultural Challenges
- Group 4: Child's Factors
- Group 5: Caregiver Factors

Split into small groups and think of factors that can cause poor adherence **and** how you as a CHW can help with each of these factors. Be prepared to teach the class.

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT



Materials needed:

- Markers
- Flipchart paper
- Sticky tack

Key Points:

-To think about what factors influence patients from having good adherence

Instructions:

1. Facilitator should hang up 5 posters around the room- each one should have a different title above it.
2. Tell participants to walk around **WITHOUT TALKING** and write some specific factors that could cause adherence issues in each case. (10 minutes)
3. After finishing, split participants into 5 groups and give each group a poster. Tell them to brainstorm ways a CHW can help with each of the points. (10 minutes)
4. Allow each group about 2-3 minutes to present and encourage further discussion. (45 minutes) ***Can use next few slides as additional resources if needed. Do not have to spend time on them!**
5. Can do adherence kilos between each of the presentations.

Total time:

BARRIERS TO GOOD ADHERENCE

CHALLENGES WITH THE HEALTH SYSTEM

- Waiting times
- Clinic is too far away
- Transport to clinic is too expensive
- Medication is out of stock at the pharmacy
- Lack of experience at the health facility
- Staff is poorly trained
- Negative experience with clinical staff
- Difficult for clinical staff to follow-up

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT



Facilitator's Note:

Go through this slide quickly, only discussing the ones not listed on the posters written by participants. Can highlight and/or explain any you feel necessary.

BARRIERS TO GOOD ADHERENCE

CHALLENGES WITH THE MEDICATION

- Medication has a bad taste
- Too many pills to take
- Difficult to swallow
- Unpleasant side effects
- Forgetfulness
- Traditional medications or prayers “cure” HIV

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT



Facilitator's Note:

Go through this slide quickly, only discussing the ones not listed on the posters written by participants. Can highlight and/or explain any you feel necessary.

BARRIERS TO GOOD ADHERENCE

COMMUNITY AND CULTURAL CHALLENGES

- Stigma and discrimination
- Poor support network
- Religious reasons
- Traditional medicines believed to “cure” HIV

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT



Facilitator's Note:

Go through this slide quickly, only discussing the ones not listed on the posters written by participants. Can highlight and/or explain any you feel necessary.

BARRIERS TO GOOD ADHERENCE

CHILD'S LIFESTYLE

- Fitting ART around school schedule and friends
- Boarding school
- Unstable home life
- Frequent movement of child between different households and caregivers
- Holidays
- Extended family visits

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT



Facilitator's Note:

Go through this slide quickly, only discussing the ones not listed on the posters written by participants. Can highlight and/or explain any you feel necessary.

BARRIERS TO GOOD ADHERENCE

CHILD'S LACK OF UNDERSTANDING

- Have little knowledge about HIV and ART
- Have a negative attitude toward HIV and ART
- Do not understand why they need daily medicine
- Do not understand why they have to take medication if they don't feel sick
- Do not know their own HIV status or why they're taking medication
- Disclosure issues

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT



Facilitator's Note:

Go through this slide quickly, only discussing the ones not listed on the posters written by participants. Can highlight and/or explain any you feel necessary.

BARRIERS TO GOOD ADHERENCE

CHILD'S LACK OF SUPPORT

- Poor support network
- Family members unaware of status
- Stigma and discrimination
- Depression
- Unstable or no caregiver
- Parents do not adhere to their ART
- Afraid to disclose to others

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT



Facilitator's Note:

Go through this slide quickly, only discussing the ones not listed on the posters written by participants. Can highlight and/or explain any you feel necessary.

BARRIERS TO GOOD ADHERENCE

ISSUES WITH CAREGIVER

Remember that many children are completely reliant on their caregiver for their medication. Problems the caregiver has had, like ones listed below, can directly affect the child's adherence.

- Has had a negative experience with ART
- Does not understand HIV and/or ART
- Is sick or unable to administer ART
- Has poor adherence
- Perceives child's illness as not being serious
- Is coping with both his or her own status and the status of the child
- Is afraid of the child's reaction if they child's status is disclosed to him/her
- Has a poor support network
- Holidays
- Physical health
- Depression

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT



Facilitator's Note:

Go through this slide quickly, only discussing the ones not listed on the posters written by participants. Can highlight and/or explain any you feel necessary.



WHAT YOU CAN DO AS A CHW

Encourage the caregivers to have good adherence to medication.

If they have good adherence, it may be easier for them to support their child's good adherence.

Try and help identify a second caregiver.

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT



MINI ACTIVITY:

- You can allow experienced CHWs to share one or two of their own experiences of counselling their patients about adherence.

MONITORING TREATMENT

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT



MONITORING TREATMENT

As a CHW it is important that you encourage adherence and monitor all parts of your patient's treatment. When doing a home visit or seeing a patient at the health facility, ask them about **all** parts of their treatment including:

- Medication adherence
- Nutritional status
- Signs and symptoms of illness

If you notice any major issues with your patient, refer them to the health facility for further assessment.

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT



Facilitator's Note:

Go into a little more detail about each of the different things they should monitor. Refer back to Unit 4 for signs and symptoms and tell them they will be learning to do a full nutritional assessment in Unit 11.

VIRAL LOAD

If you refer your patient to the health facility for further assessment, the clinician may do a test in order to monitor your patient's viral load.

VIRAL LOAD:

A direct measurement of the amount of HIV in the body

- Viral load (VL) is the best measurement for the level of progression of HIV
- A low VL is the goal of ART
- A low VL (less than 400) means the virus is suppressed and not multiplying in the body
- VL should be routinely checked at 6 months, 2 years, 4 years, etc after ART initiation



UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT



Facilitator's Note:

- Explain to participants that they are not required to know this- it is just so they can better understand a clinician's monitoring tools and their patient's treatment.
- Can use the graph (CD4 vs. viral load) to help explain VL a little more

VIRAL LOAD

When your viral load is **LOW**, there is **LESS HIV** in the body and...

KUSAMWA BWINO
MANKHWALA
KUMWA BWINO
MANKHWALA

- It makes you feel healthier
- You decrease your risk of transmission to others

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT

Facilitator's Note:

- Explain to participants that they are not required to know this- it is just so they can better understand a clinician's monitoring tools and their patient's treatment.
- Can use the graph (CD4 vs. viral load) to help explain VL a little more



WHAT YOU CAN DO AS A CHW

Explain to your patients what a viral load test is and its importance in monitoring their treatment.

Ensure your patients understand their VL schedule so they can help remind you when their next one is!

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT



RETENTION

Retention means keeping clients active in the care program, which makes up all HIV and PPTCT services.

Monitoring your patient's HIV treatment and adherence and helping them with any issues they have can help them stay in care. The goal for all patients is to stay in care in order to access all services available to them.

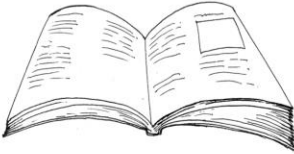


UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT



Facilitator's Note:

Explain to participants that they are not required to know this- it is just so they can better understand a clinician's monitoring tools and their patient's treatment.



ACTIVITY


CASE STUDIES

Pretend you are a CHW and have been presented with the following situation.

List the key points you would cover when counseling.

List what other steps you could take to help the patient improve their situation and further support them.

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT



Key Points:

- Practice counseling for adherence issues

Instructions:


1. Split participants in groups of either 6 or 3 people per group.
2. Give each group a case study.
3. Have them follow the instructions above (key points to counsel about, other steps to improve the situation).

Time: 15 minutes

Case Studies:

(These should be printed on laminated sheets and handed out to each group. Use as many as groups you have.)

1. A child missed his medication because his caregiver was at a funeral.
2. A breastfeeding woman has started to feel dizzy from taking her medication and decides to stop.
3. A pregnant woman heard from her pastor that she doesn't need medication anymore and has decided to stop.
4. A breastfeeding woman lost the syringe to administer NVP to her infant. Because she's given the medication for 4 weeks, she decides just to stop.
5. A pregnant woman has missed many doses. She only takes her medication when her husband is away because she has not disclosed her status to him.
6. A woman missed a week of ART because she did not have enough money for transport to the health clinic.
7. A mother stopped giving ART to her child because the child fell ill after starting ART. She says that the medication isn't helping and the child will just die anyway.
8. A child stops taking his ART because he is feeling healthy. He doesn't know his status and doesn't understand why he has to take medication still if he is not feeling sick.




ROLE PLAY

In your groups, practice your case study as a drama.

Present your case study to another group. Let that group give feedback, then switch!

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT



Materials:

- Role play props


Key Points:

- Practice counseling for adherence

Instructions:

1. Tell participants to stay in their case study groups and do a role play of what they would do in that situation to another group.
2. The other group should watch the role play and give constructive feedback.
3. The other group should then do their role play and receive feedback.
4. Facilitator and experienced counselors should walk around and view role plays. Note any questions or big points not covered and can go over them at the end.

Time: 20 min



REFLECTION


Imagine your child needs to take ART for life and you forgot to give several doses. Imagine how you would feel.

If your CHW is visiting you, what may or may not make you feel comfortable to discuss the situation honestly with your CHW?

What can a CHW do to make you feel comfortable?

How can the CHW help you?

UNIT 6: ENCOURAGING AND MONITORING ADHERENCE TO HIV TREATMENT



Objective:

- For participants to be able to empathize with their patients by imagining some of the issues they would have.

Instructions:

1. Give participants a few minutes to write down their responses.
2. Can discuss different answers if have time.

Time: 10 minutes

7 EXPOSED INFANT CARE AND FEEDING



5 hours

DURATION



OBJECTIVES

- ◆ Explain proper breastfeeding techniques for exposed infants
- ◆ Counsel patients concerning the importance and proper practice of exclusive breastfeeding and complementary feeding
- ◆ Describe the steps to be taken to confirm an exposed infant's HIV status
- ◆ Counsel patients on special issues which need to be considered for children starting HIV treatment
- ◆ Counsel patients on the importance of drug adherence for PMTCT
- ◆ Describe the different types of HIV disclosure for children
- ◆ Understand that disclosing a child's HIV status to him/her is a sensitive situation that needs to happen in steps



CONTENT & ACTIVITIES

- 7.1 Introduction (**10 minutes**)
- 7.2 Mother's Health (**15 minutes**)
 - Discussion: Challenges to good health
- 7.3 Exposed Infant Feeding (**10 minutes**)
- 7.4 Infant Feeding Recommendations (**1 hour 35 min**)
 - Reflection: Challenges with exclusive breastfeeding
 - Role Play: Exclusive breastfeeding
 - Group Work: Songs about breastfeeding
 - Activity: Breastfeeding review
- 7.5 Importance of Adherence for PMTCT (**15 minutes**)
- 7.6 Exposed Infant Testing (**1 hour 20 minutes**)
 - Activity: Using the testing flowcharts
 - Activity: Infant care summary
 - Group Work: Real Life Situations
- 7.7 Special Issues for Children Living with HIV (**1 hour 15 minutes**)
 - Activity: Special Issues for Children Living with HIV
 - Role Play: Child Disclosure
 - Group Work: Child and Adolescent Resources in your Facility



MATERIALS

- ◆ Flip chart paper
- ◆ Flip chart markers
- ◆ Role play props
- ◆ Flowchart Matching Activity (x1/pair)
- ◆ Real Life Situation Case Studies
- ◆ Child and Adolescent Resources



PREPARATION

- ✓ Set up training room and collect all materials needed.
- ✓ Read through Unit 7 materials and confirm that you are prepared.
- ✓ Collect the different child and adolescent resources at the various health facilities. If possible, recruit other facilitators to help explain the different resources during the activity.
- ✓ Practice role plays.

Instructions: Print this sheet and cut out each case study. Give each group a case study. Groups should discuss and then plan a role play for how to handle the situation.

1. You are doing a home visit of a mother and her 5 month old child. She will be ready to start complementary feeding soon, but has some questions about what it is, how it's done, etc.
2. You are following an 8 month old exposed baby. When you go to visit the home you ask the father if he has been giving the baby cotrimoxazole (CPT). He says "no," he does not know why it is so important since the baby is not on ART. He says, "my baby is not HIV positive, he doesn't need to take bactrim."
3. 25 month old exposed infant, still breastfeeding comes to clinic. Rapid test done at 12 months was negative. No test has been done since then.
4. Mother has just been found positive. She has a 5 month old infant. She's feeding her baby breast milk and milk from the store because she can not produce enough milk.
5. 2 month old infant received negative DBS test today. The infant has white sores in the mouth and a consistent cough and is not feeding properly.
6. Exposed 20 month old infant stopped breastfeeding 2 months ago. Rapid test at 12 months was not done.

Other situations:

1. 18 month old infant. Rapid test at 12 months was positive and started ART. During a home visit you find that the mother went for prayers and the infant's health improved, so she stopped giving ART.

7 SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV

OBJECTIVES

By the end of Unit 7, you should be able to:

- Explain proper breastfeeding techniques for exposed and infected infants
- Counsel patients concerning the importance and proper practice of exclusive breastfeeding and complementary feeding
- Describe the steps taken to confirm an exposed infant's HIV status
- Counsel patients on the importance of drug adherence for PMTCT
- Counsel caregivers on special issues which need to be considered for children living with HIV
- Describe the different types of HIV disclosure for children
- Understand that disclosing a child's HIV status to him/her is a sensitive process and need to happen in steps

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV



VOCABULARY

COMPLEMENTARY FEEDING	The recommended feeding technique for all infants 6 months of age and older. Complementary feeding means gradually adding age-appropriate, nutritious food and liquid to an infant's diet while they are still breastfeeding.
EXCLUSIVE FEEDING	The recommended feeding technique for all infants less than 6 months old. Exclusive breastfeeding means giving <u>only</u> breast milk to the infant.
MIXED FEEDING	A non-recommended feeding technique which involves feeding an infant less than 6 months old anything other than breast milk, including water, porridge and/or other foods
WEANING	Slowly making an infant get used to eating food other than breastmilk

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV



GOALS OF EXPOSED INFANT CARE

- Provide adherence counselling for all medication (ART, NVP, CPT, etc.) for PPTCT
- Provide counseling on recommended infant feeding practices
- Maintain good health of the mother and infant
- Reduce risk of HIV transmission
- Establish final HIV status of child

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV

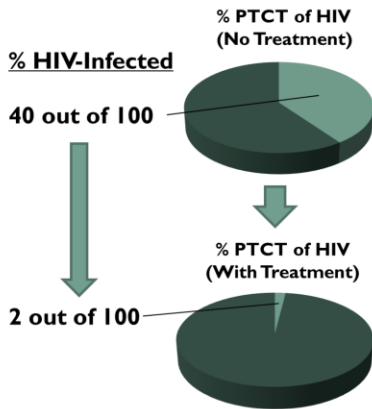


Facilitator's Note:

Tell participants to keep these in mind as they go through this section. Tell them that many of the points in this section will be review from other sections, but it will be good practice and help give them the bigger picture for PMTCT care.

REDUCING RISK OF HIV TRANSMISSION

After a child is born to an HIV-infected woman, it is important that the parents follow the appropriate steps to decrease the chances of the exposed infant contracting HIV and help keep the infant as healthy as possible.



If the mother-baby pair does not receive the proper care and treatment the risk of transmission is **40%**

If all precautions are taken, the risk of transmission is decreased to **less than 2%**

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV



Facilitator's Note:

Help participants understand by further describing the pie charts.



Facilitator's Note:

Remind participants that PMTCT starts with the mother! It is important to remember the mother when taking care of the baby too.

PARENT-TO-CHILD TRANSMISSION

HIV can be transmitted from parent-to-child during:
pregnancy, birth and/or breastfeeding.



**The healthier the parent is during these times,
the less chance there is for transmission to occur.**

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV



MOTHER'S HEALTH

Factors which INCREASE the chance of transmission:


- Having a high viral load
- Recent HIV infection either during pregnancy or breastfeeding (which will cause a high viral load)
- Having advanced HIV or AIDS
- Having a low CD4 (low immunity)
- Having poor nutrition
- Having other sexually transmitted infections (STIs)
- Poor adherence to ART
- Mixed breastfeeding
- Sores on either the mother's breast or infant's mouth during breastfeeding

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV



Facilitator's Note:

You can use the graph which compares viral load and CD4 counts to help explain the second point




DISCUSSION

CHALLENGES TO GOOD HEALTH

What are some ways that a woman can overcome these challenges?

How can you as a CHW help support the mother to remain healthy?

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV



Objectives:

-Discuss and brainstorm challenges women face in their health and how the CHW can support them

Instructions:

1. Facilitator should lead discussion. Discuss each question as a group. Encourage people to share personal experiences.

Time: 10 minutes

MOTHER'S HEALTH

Practices which DECREASE the chance of transmission:

- Encourage mother to start on ART before pregnancy
- Support mother to maintain good adherence to ART and other medications
- Encourage active involvement and family support for the mother and child's care
- Uses condoms to prevent against STIs and HIV infection
- Help mother to exclusively breastfeed for the first six months of the child's life
- Help mother eat a balanced, nutritious diet
- Advise mother to go to the clinic if she has cracked, sore, or painful nipples or if the baby has thrush (white spots) in his/her mouth

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV



Facilitator's Note:

Encourage participants to brainstorm some ideas of their own before revealing the points.

Can use the previous discussion to determine how much time needs to spent on this slide. For those already mentioned, do not spend much time and focus on those that have not been discussed yet.



Facilitator's Note:

Participants have tools which can help them understand and explain infant feeding (referenced from CMAM). Use whenever you believe is appropriate.


Questions to Expect:

- If a mother passes away and the infant lives, but the family cannot find formula, what breastfeeding technique can they use? Is wet nursing encouraged?

EXPOSED INFANT FEEDING

There is a 10-15% risk of HIV transmission of HIV through breastfeeding. Because the risk is high, it is often asked if an HIV-infected mother should breastfeed her child.

BENEFITS	RISKS

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV


Objective:

-See what common benefits and risks are thought about breastfeeding

Instructions:

1. Facilitator should have flipchart paper with two columns- Benefits and Risks.
2. Participants should give their own opinions about the benefits and risks on BF. (5 min)
3. When finished, expose the table listed. Review any that they've missed.

Time: 5 min

EXPOSED INFANT FEEDING

Despite the fact that breast milk is a form of HIV transmission, the benefits of breastfeeding outweigh the risks, **IF** the mother is adherent to her ART.



UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV



Facilitator's Note:

Explain the benefits again:

- Cheap
- Provides important nutrients to prevent illness and promote growth
- Good source of protein for baby to grow
- Safe and clean
- Can explain that ART adherence decreases viral load making the child less at risk



Facilitator's Note:

Explain to participants that these are for ALL MOTHERS in Malawi- not just HIV-infected mothers.

INFANT FEEDING RECOMMENDATIONS

STEP 1: Exclusive Breastfeeding

- Exclusive breastfeeding is giving only breast milk to an infant
- Breast milk is the only food the baby needs until she/he is 6 months old
- Should be started immediately after birth until 6 months old
- Give **NO** other liquids (water, Sobo, Fanta, etc)
- Medicines may be given, if instructed by clinician
- The baby will need to feed 8-12 times a day with each feeding lasting ~30 minutes



UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV



Facilitator's Note:

-Use CHW Tool for exclusive BF (pg. 5-7) to help explain and show them how to use tool

INFANT FEEDING RECOMMENDATIONS

STEP 1: Exclusive Breastfeeding

- Ensure that the baby is always well positioned with the baby close to the mother, facing the breast, with his or her body straight and supported
- A breastfeeding mother will know that her baby is attached properly if a large amount of the areola is inside the mouth
- The baby should finish one breast and detach before the mother offers the other breast



UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV



INFANT FEEDING RECOMMENDATIONS

STEP 1: Exclusive Breastfeeding

- If the baby is not feeding well or has sores in his or her mouth, go to the clinic for treatment
- If the mother is having difficulties with breastfeeding, sore nipples, or red and painful breasts, she should go to the health facility for evaluation



UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV



INFANT FEEDING RECOMMENDATIONS

The MoH does not recommend replacement feeding or mixed feeding for any infant.

REPLACEMENT FEEDING


- Feeding an infant formula instead of breast milk
- Expensive and challenging to do
- Should only be done with consent of a clinician

MIXED FEEDING

- Giving an infant less than 6 months anything other than breast milk
- Increases chance of HIV transmission and other illnesses for the child
- Damages the intestinal wall of the child because it is not fully developed at that age

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV






REFLECTION

CHALLENGES WITH EXCLUSIVE BREASTFEEDING

What do you think are some challenges women face when trying to exclusively breastfeed?

How can you help them as a CHW?

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV



Materials:

- Workbook and pen


Objective:

-Relate to challenges mothers have with exclusive breastfeeding.

Instructions:

1. Have participants write their thoughts in their workbook. (6 minutes)
2. Ask anyone if they'd like to share. (4 minutes)


Time: 10 minutes



ROLE PLAY

You are following an HIV-infected woman. Her baby is 3 months old. Her mother-in-law has been pressuring her to start giving the baby *phala*. While you are at the home, you see that she is giving the baby some water.

Encourage her and advise her on why exclusive breastfeeding is the recommended practice.

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV 

Materials:

- Role play props


Key Points:

- Explain correct feeding practices even in the context of family pressures
- Practice giving accurate information to the mother, should be sensitive, complete, check for understanding, respectful, and maintain a trusting relationship between CHW and client

Instructions:


1. Use three CHWs facilitators to act out the bad scenario. (5 min)
2. Have participants comment on the scene using the following slide then give suggestions on how the situation could be improved. (5 min)
3. Then divide the trainees into groups of 3. Each group of 3 will practice this role play. One will be the mother, the other the CHW, the other an observer/mother-in-law. Then they will switch roles. Keep going until each person has had a chance to practice. (20 min)
4. Allow 1-2 groups act out their practiced, improved scenario in front of the class. (5 min)
5. At the end, have the class comment on the role play and why it was handled well using the following slide as a guide. (5 min)

Time: 40 minutes




ROLE PLAY

Bad Scenario	Good Scenario
<ul style="list-style-type: none"> • Yell at the patient and the grandmother • Tell them they are killing the baby • Disclose to the grandmother unnecessarily • Order them to do what you say 	<ul style="list-style-type: none"> • Explain the reasons to exclusive breastfeed in words they understand • Be careful to not disclose • Emphasize that this is the recommended practice for all infants/mothers • Explain the recommended practice



UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV



Scene

CHW enters house and sees mother giving water to the child. Mother-in-law comes in shortly after to defend her opinions.

Bad Scenario:

CHW: What are you doing? Are you trying to kill your baby?!

Mother: What do you mean? I don't want to kill my baby!

(Mother-in-law enters)

CHW: She (pointing at mother-in-law) probably told you to do this. Stupid old practices. You can't feed your baby any food before they are 6 months old – your child will definitely become HIV-infected now.

Mother-in-law: The baby is HIV-infected?!?

CHW: They child will become HIV-infected if you don't do what I say!

Good Scenario:

CHW and Mother exchange greetings.

CHW: Are you feeding your infant water?

Mother: Yes, my mother-in-law said it was fine and that I should start feeding the baby phala too.

CHW: The Ministry of Health recommends exclusive breastfeeding for the child until he/she is 6 months old. This means that you give NOTHING but breast milk to your infant until he/she is 6 months. Breast milk is the provides the perfect nutrition and helps protect your infant from infection – including getting HIV. If you feed the baby food, the chance of transmission increases.

Mother: I want to protect my baby, but I don't think my mother-in-law will understand...

CHW: I can help you explain to her. Just let me talk to her! Does she know the baby's status?

Mother: No, she doesn't know – please don't tell her – I'm not ready yet!

CHW: Of course. I will not disclose. Just let me talk to her!

Mother-in-law enters and CHW helps explain the situation.

INFANT FEEDING RECOMMENDATIONS

STEP 2: Complementary Feeding

- After 6 months of age, the baby needs foods other than breast milk
- Complementary feeding is giving other food and liquid to an infant while they are still breastfeeding after 6 months of age
- Begin at 6 months of age and continue until weaning
- Supplement with foods from each of the six food groups
- Ensure food is prepared with safe water and clean hands
- Avoid supplementing with Sobo, soft drinks, or other unhealthy foods

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV



Facilitator's Note:


-Use CHW Tool for exclusive BF (pg. 10-13) to help explain and show them how to use tool

STEP 2: Complementary Feeding

6-7 months	<ul style="list-style-type: none"> Child should be receiving at least 6-8 milk feeds per day in addition to 2 complementary meals Each complementary meal should consist of 1-2 teaspoons of food Slowly increase the amount and the types of food you that you give over the course of the month All food should be mashed or pureed
7-8 months	<ul style="list-style-type: none"> Child should be receiving at least 2 milk feeds per day in addition to 2-3 complementary meals* Each complementary meal should consist of 11 large spoonfuls of food All food should be mashed, pureed, or semi-solid
9-11 months	<ul style="list-style-type: none"> Child should be receiving at least 1 milk feed per day in addition to 3-4 complementary meals* Each complementary meal should consist of 11 large spoonfuls of food All foods should be mashed or cut into small pieces Give additional healthy snacks as desired
12-24 months	<ul style="list-style-type: none"> Child should be receiving 3-4 complementary meals per day in addition to whatever breast milk is desired Each meal should consist of 14 large spoonfuls of food Include any milk products and foods from the family pot Give additional healthy snacks as desired

Adapted from:
Guidelines on HIV and Infant feeding 2010- World Health Organization

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV



INFANT FEEDING RECOMMENDATIONS

STEP 2: Complementary Feeding

Encourage mothers to include a variety of foods from each of the six food groups and feed their children nutritious snacks such as: fruits, vegetables, fish, eggs, beans and/or nuts.

It is especially important for children to receive foods rich in protein to help them grow such as: beans, meat, fish, eggs, and nuts.



UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV










Facilitator's Note:

Review six food groups of nutrition unit. Don't go into too much detail because will learn more about it later.

COMPLEMENTARY FEEDING

SIX FOOD GROUPS

		
STAPLES	ANIMAL FOODS	LEGUMES & NUTS
		
VEGETABLES	FRUITS	FATS

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV 

Facilitator's Note:

After each group appears – ask participants to name off a few examples of each type.

Discuss at the end the following points:

-Which of the food groups are readily available and which aren't. Notice that the ones which are NOT readily available usually contain the most protein (animal foods/legumes & nuts).

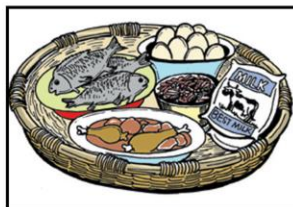
COMPLEMENTARY FEEDING

IMPORTANCE OF PROTEIN

Proteins are like building blocks for our bodies.

If you don't have enough proteins, your body cannot grow strong and stay healthy.

Children need a lot of protein because their bodies are growing.



UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV



Facilitator's Note:

Again emphasize the importance of protein to a child's diet. Have them name again foods in that food group and suggestions for how a mother can easily give enough protein to her child.

INFANT FEEDING RECOMMENDATIONS

STEP 3: Weaning

- Weaning is the process of making an infant slowly used to not breastfeeding
- Weaning should be done slowly over the period of one month starting between age 22-24 months
- Weaning is recommended by the time the infant is 24 months
- Stopping breastfeeding abruptly is **not** recommended

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV



INFANT FEEDING RECOMMENDATIONS

The MoH advises the use of the following infant feeding recommendations for ALL mothers and infants, *regardless* of their HIV status.

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV




INFANT FEEDING RECOMMENDATIONS

- Start breastfeeding immediately after birth
- Give only breast milk up to age 6 months
- Gradually start complementing breastfeeding with suitable hygienically prepared foods from age 6 months
- Stop breastfeeding around age 22-24 months
- Stop breastfeeding gradually over a period of 1 month
- Observe optimal breastfeeding techniques:
 - Empty both breasts properly
 - Ensure proper attachment and position of child
 - Watch for signs of breast infection or mouth sores in child

MoH Guidelines: Clinical Management of HIV in Children and Adults, First Edition, July 2011, Ministry of Health, Malawi.

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV






GROUP WORK

SONGS ABOUT BREASTFEEDING

With your group, make up a song or jingle about the steps to BF using the MoH recommendations.

Be prepared to perform your song to the rest of the class.

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV




Objective:

-Summarize the MoH guidelines for BF

Instructions:

1. Break up participants into groups of 4 or less.
2. Give time for each group to make up a song or jingle about BF. This can be a full day (perform the following morning or before lunch break bc some groups may need 10+ minutes)
3. Let each group perform their song in front of the class. Can make a competition – best song wins a prize. (10 minutes)

Time: 10 minutes



ACTIVITY

**BREASTFEEDING
REVIEW**

With your partner, fill in the following on your tables:

- Type of breastfeeding described in the situation
- Recommendation to the mother (e.g. Continue complementary feeding but add nutritious snacks)

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV



Objective:

- Be able to identify different types of BF
- Recommend appropriate way forward

Instructions:

1. Participants should be put in pairs.
2. In their pairs, they should work to fill out the table. (10 minutes)
3. When finished, go group by group – letting each give their answer to one box. After they give their answer, let others raise their hand and give their answer, if different.

Time: 20 min

Scenarios:

1. Mother is feeding her 5 month old baby breastmilk and one small portion of phala every morning

Type of Feeding: Mixed Feeding

Recommendation: Stop feeding him phala and feed ONLY breastmilk until child is 6 months old.

1. Mother has is breastfeeding her 10 month old child and letting him eat from the family pot and have sips of Fanta and crisps for snacks

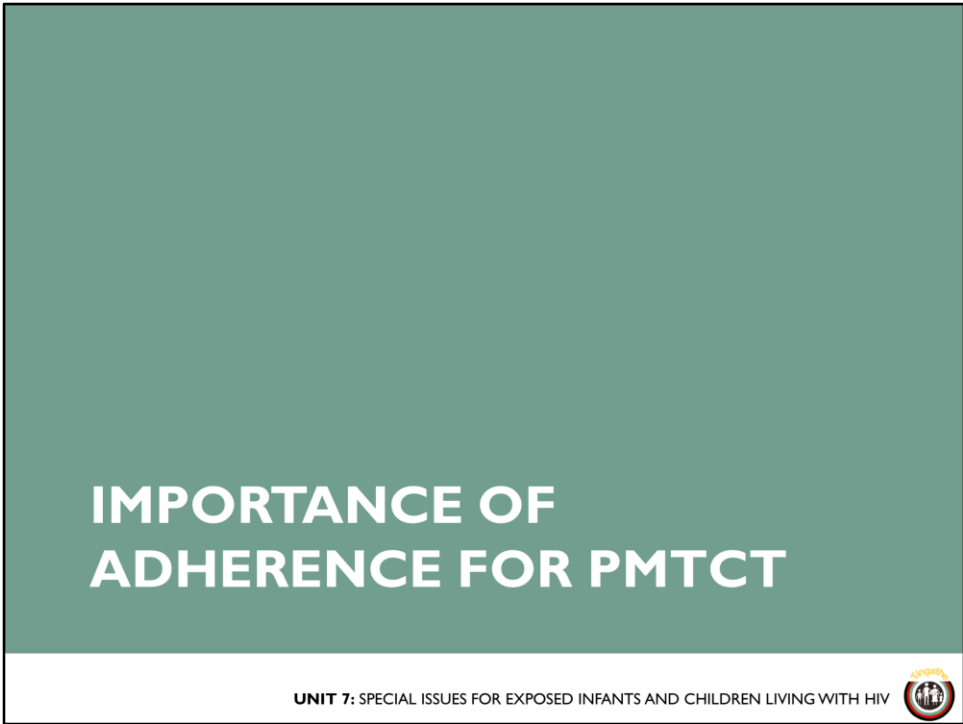
Type of Feeding: Complementary Feeding

Recommendation: Continue complementary feeding, but choose healthier snacks like groundnuts, fruit, vegetables, eggs

1. Mother is feeding her 1 week old child formula and small sips of water in between formula meals


Type of Feeding: Replacement feeding

Recommendation: Start exclusive breastfeeding and feed ONLY breastmilk. If continue with formula, do not supplement with water.



**IMPORTANCE OF
ADHERENCE FOR PMTCT**

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV



Refer back to Unit 7 for any questions and more detail.

IMPORTANCE OF ADHERENCE

PMTCT MOTHER MEDICATION REGIMEN

- Mother should start ART as soon as possible after discovering she is pregnant and HIV-infected
- It is important that the mother remain 100% adherent to all her medication throughout pregnancy, birth and breastfeeding to decrease the risk of transmission to the baby and keep herself healthy



UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV



IMPORTANCE OF ADHERENCE

CPT ADHERENCE

Cotrimoxazole preventative therapy (CPT or Bactrim) should be started when the infant is 6 weeks old and continued for life. An infant will only stop CPT if confirmed non-infected.

Mothers should begin CPT when they begin ART, and continue for life.

CPT will help keep mother and infant healthy by protecting them from some diseases.



UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV



IMPORTANCE OF ADHERENCE

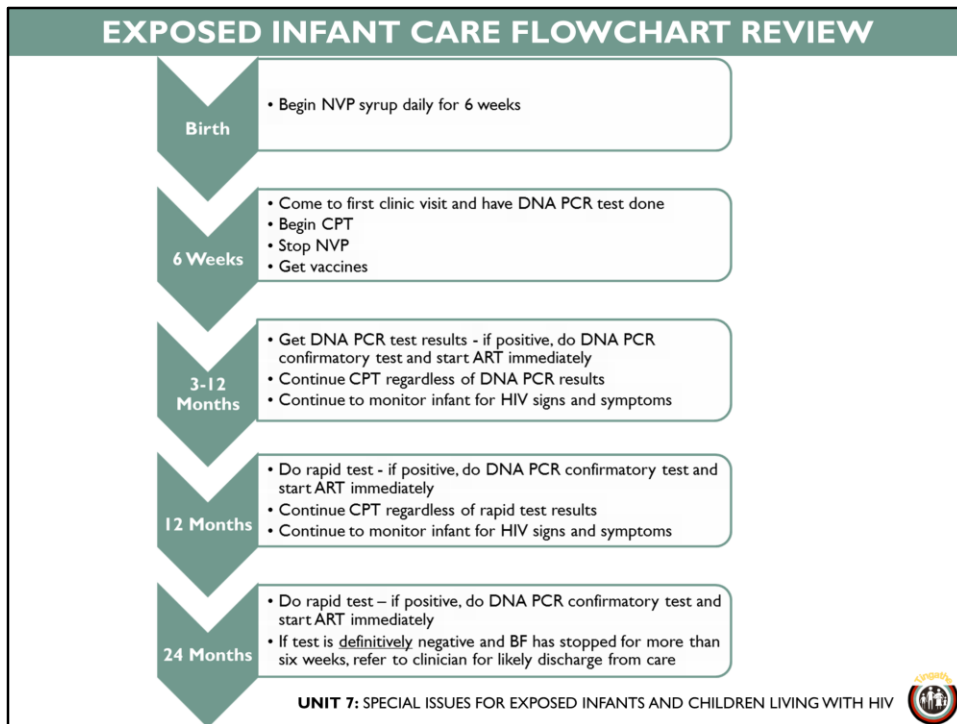
PMTCT INFANT MEDICATION REGIMEN

- Confirm that **at least two caregivers** know how to administer the child's medications properly
- Make sure the child is brought to clinic for routine care and testing
- Give NVP for the first 6 weeks of life to prevent transmission during the riskiest time
- Begin giving CPT at 6 weeks



UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV





Facilitator’s Notes:

Ask participants to describe to you the infant medication regimen step by step – and expose each step after hearing each answer.



EXPOSED INFANT TESTING

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV



Refer to Unit 5 for any questions and further explanations.

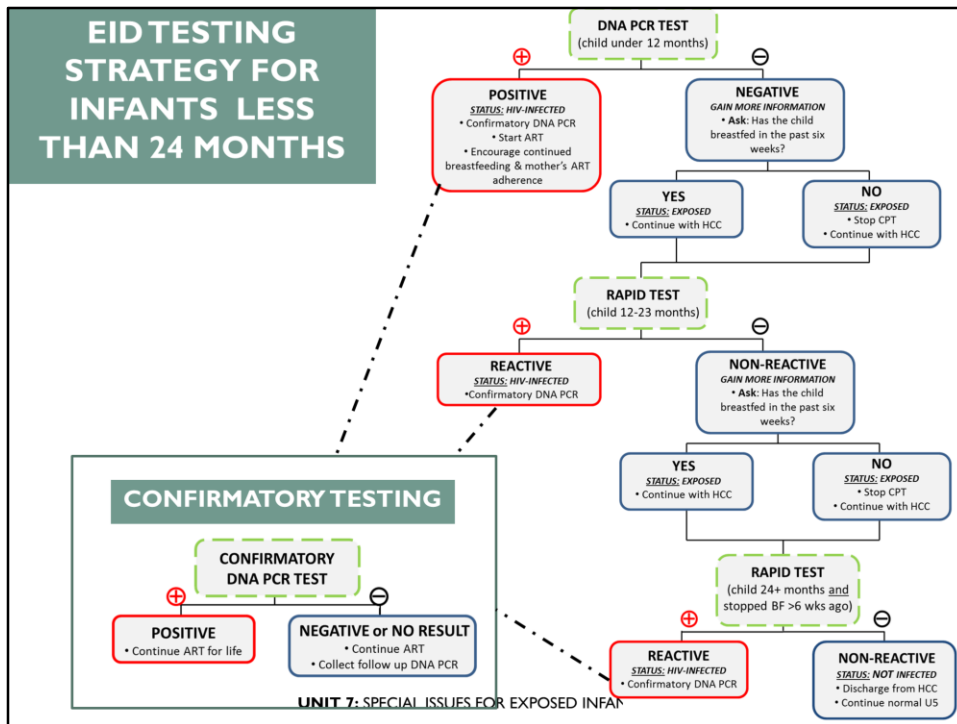
EXPOSED INFANT TESTING

All exposed infants must go through a series of tests to correctly diagnose if the child is HIV-infected or not.



UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV

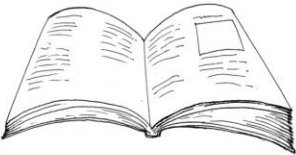




Facilitator's Notes:

Note: There is more information about ART and other medications the child should be taking at each step on this flowchart. Explain to participants that they should focus ONLY on the testing and the status of the child. The rest they will learn later and we will look again at the flowchart then.

1. Explain that this chart is used to help them decide the steps to take when testing and defining the HIV status of an infant.
2. Walk through the flow chart slowly, addressing each box. Encourage participants to follow along on their handouts.
3. Go through an example of a child:
 1. An infant was DNA PCR tested at 6 weeks- the test was negative. What is the HIV status of the infant? What is the next step?
 2. The child is still breastfeeding. What is the HIV status of the infant? What is the next step?
 3. The child's rapid test at 12 months is positive. What is the HIV status of the infant? What is the next step?
4. Go through one more example similar to above. Encourage participants to raise their hands to give answers at each point.




ACTIVITY

USING THE TESTING FLOWCHARTS

Using the flow charts, describe what the next step would be for each of the following patients listed.

Work in partners.
Be prepared to share your answers.

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV



Materials:

- Workbook & pen

Objective:

- Understand the timeline for testing infants and mothers
- Be able to use the charts when needed

Instructions:

1. Have participants pair up and work on the questions. (10 min)
2. Go through answers, one by one, asking for volunteers to give answers. (10 min)

Time: 30 min

Answers:

1. DBS test, start CPT
2. Continue BF, rapid test at 12 months, continue CPT
3. Start ART immediately, continue BF, continue CPT, do immediate DNA PCR confirmatory test
4. Retest immediately (if high risk)
5. Rapid test 6 weeks AFTER finishing BF (not at 24 months b/c will only be 4 weeks after finishing)
6. Rapid test at 24 months
7. Retest immediately, start ART immediately if positive
8. Rapid test at 24 month (or more than 6 weeks after finishing BF)
9. Rapid test at 24 months
10. Rapid test after another 4 weeks (total of 6 weeks after stopping BF)
11. Rapid test (new MOH guidelines recommend all pregnant women without a known positive HIV status be retested at maternity)
12. DNA PCR confirmatory test and start ART immediately

PPTCT TESTING FOR MOTHERS

Any **non-infected** woman should be tested multiple times throughout pregnancy and breastfeeding to confirm that she has not contracted HIV during that time.

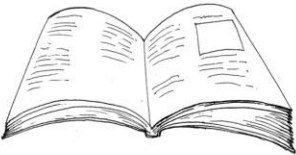
When a person is recently infected, their viral load is very high which increases the risk of transmission. Knowing the status will ensure that the mother is enrolled into ART care as soon as possible after infection, thus reducing the chance of transmission to her child.

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV



Note:

New MOH recommendations state that women should be re-tested at both their first ANC visit and at maternity.




ACTIVITY

INFANT CARE SUMMARY

Working in pairs, place each action point in the proper sequence within the *Exposed Infant Care Summary* flowchart. When you complete it, raise your hand for the facilitator to check your answers.

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV



Materials:

- X number of action point/blank flowcharts

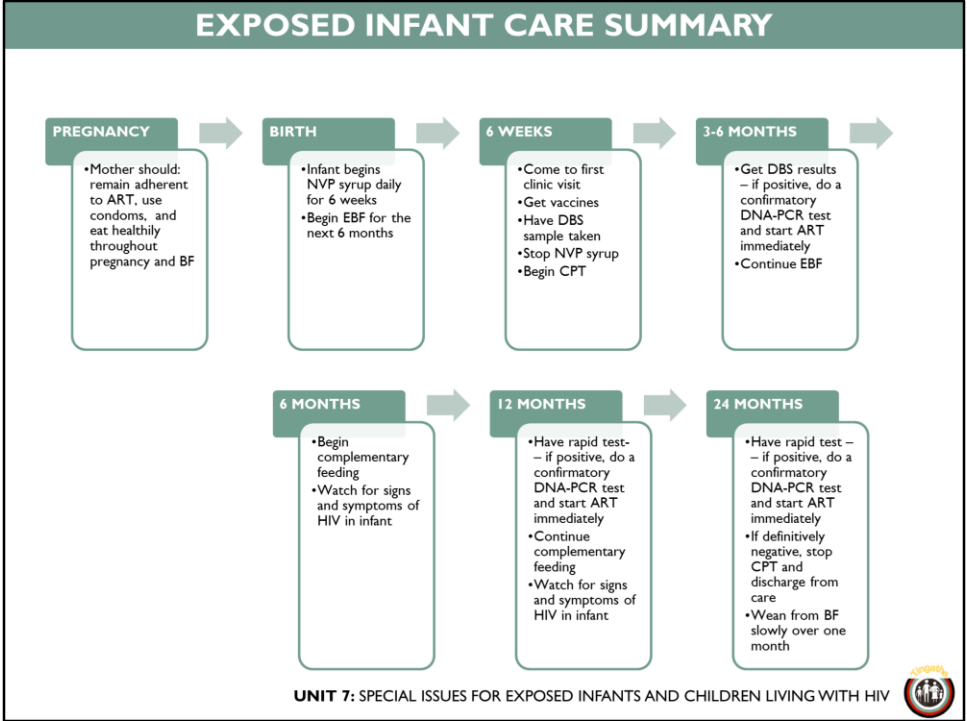
Objective:


- Understand the different points of exposed infant care within a timeline

Instructions:

1. Participants should break up into pairs.
2. Each pair should receive one blank flowchart and a set of action points.
3. Allow each group to place the appropriate action points within the flowchart.
4. Facilitator should walk around to answer questions and check final answers.

Time: 15 minutes






GROUP WORK

CASE STUDIES

Discuss within your group how you would handle the situation given to you.

Be prepared to present to the class your solutions.

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV 

Materials:

- Real life situation hand outs
- Role play props
- Poster making materials (paper & markers)

Instructions:

1. Break participants up into 6 groups. Each group should be given a "Real Life Situation".
2. Encourage participants to discuss how they would handle the situation given to them. (15-20 min)
3. After discussion, allow each group to present their situation and their solutions. They can present them in a form of a role play, presentation, picture, etc.
4. Allow time for discussion and Q&A after every presentation. Experienced CHWs can add their comments as well.

Time: 1 hour+

Situations:


1. You are doing a home visit of a mother and her 5 month old child. She will be ready to start complementary feeding soon, but has some questions about what it is, how it's done, etc.
2. You are following an 8 month old exposed baby. When you go to visit the home you ask the father if he has been giving the baby cotrimoxazole (CPT). He says "no," he does not know why it is so important since the baby is not on ART. He says, "my baby is not HIV positive, he doesn't need to take bactrim."
3. 25 month old exposed infant, still breastfeeding comes to clinic. Rapid test done at 12 months was negative. No test has been done since then.
4. Mother has just been found positive. She has a 5 month old infant. She's feeding her baby breast milk and milk from the store because she can not produce enough milk.
5. 2 month old infant received negative DBS test today. The infant has white sores in the mouth and a consistent cough and is not feeding properly.
6. Exposed 20 month old infant stopped breastfeeding 2 months ago. Rapid test at 12 months was not done.

Other situations:

1. 18 month old infant. Rapid test at 12 months was positive and started ART. During a home visit you find that the mother went for prayers and the infant's health improved, so she stopped giving ART.

SPECIAL ISSUES FOR CHILDREN LIVING WITH HIV

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV




SPECIAL ISSUES FOR CHILDREN

Testing and counselling for children can be difficult. In most cases, the child is not old enough to understand what it means to be living with HIV.

What are some challenges living with HIV that are unique to children?

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV






ACTIVITY

Special Issues for Children Living with HIV

Discuss the following in small groups. Be prepared to present **ONE** example.

What challenges may a child living with HIV face?
What challenges may a caregiver of a child living with HIV face?
What can an HTA do to assist both children and caregivers?

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV



Instructions:

1. Put HTAs in small groups of 3-4.
2. Let them work on the questions and discuss (10 minutes).
3. Give time for each group to give **ONE** example of a challenge and solution. Encourage them to not repeat one another group has given.
4. Facilitate more discussion as needed (be sure to include points about: disclosure to the child, child having trouble taking meds at school, etc).

IMPORTANCE OF 2 CAREGIVERS



- Children, adolescents and teenagers are not old enough to begin HIV treatment by themselves
- Since caregivers are oftentimes busy, it is good to have two, to ensure there is always someone there for the child.

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV



RESPONSIBILITIES OF CAREGIVERS

KNOW

- Names of child's medication
- Dosage of medication

WATCH

- Child take medication
- For side effects

SUPPORT

- Offer support when child is having difficulties
- Attend all ART appointments with the child
- Talk to the child

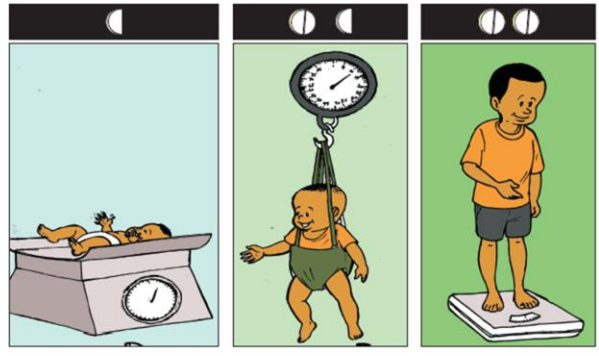
UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV



DOSING AND TREATMENT

Child and adult doses can be different.

A child's dosage depends on their weight.



UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV



DISCLOSURE

Process by which someone informs the child about his/her HIV status or a person living with HIV reveals their status to someone else

Types of Disclosure:

- Partial
- Full
- Accidental

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV



- Start by asking the audience what the definition of disclosure is.
- Reveal the definition and explain the three types.

IMPORTANCE OF DISCLOSURE

- People living with HIV (especially children) have the right to know their HIV status
- Helps them take control of their treatment and prevention and plan for the future
- Prevents accidental disclosure

What can you do as an HTA to assist a family with a child living with HIV with disclosure to him/her?

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV



Can ask HTAs for more suggestions.



WHAT YOU CAN DO AS A CHW

Work hand in hand with parents/caregivers to make disclosure plan for their child, adjusting for each child's understanding and maturity.

Remind parents/caregivers at **every** clinic visit the importance of disclosure and discuss with them how far they have gone with the process at home.

Refer caregivers to nurses, clinicians or others who can help disclose status if the guardian is not able to.

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV





ROLE PLAY

Imagine a situation where a mother comes in to the ART clinic with her eight year old son who is living with HIV. While you are weighing the child, he asks the mother again why he always has to come to the clinic for medicine. She replies that it is for a heart condition he has, not as treatment for his HIV.

Discuss in your small groups how you would handle this situation.

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV



Materials:

-Role play props

Key Points:

- Practice approaching a child disclosure situation
- Discuss with the caregiver PRIVATELY the importance of disclosure to her child and not lying
- Refer the caregiver and child to child disclosure resources available

Instructions:

1. Split the participants up into groups of 3. Each group of 3 will practice this role play. One will be the mother, the other the HCW, the other an observer- then they will switch roles. Keep going until each person has had a chance to practice.
2. Ask one group to come up and perform their role play.
3. Have other participants make comments on the good and bad practices in their role play.

Time: 20 minutes total

- 10 minutes for the roles play in groups
- 5 minutes for presenting a role play
- 5 minutes for feedback


CHILD DISCLOSURE QUICK FACTS

- A child can consent for an HIV test at 13 years old
- Disclosure is done in steps (partial then full) and usually starts when the child is between 5 to 7 years old
- Assess a child's maturity and understanding before disclosing
- Do **not** tell lies when disclosing
- Follow up with the caregiver at every clinic visit and encourage them to continue disclosure at home



UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV






GROUP WORK

Explore the different resources available to help families with children living with HIV.

Discuss how and when could you use these tools in your work.

UNIT 7: SPECIAL ISSUES FOR EXPOSED INFANTS AND CHILDREN LIVING WITH HIV



Materials:

- Child specific tools and resources available (e.g. flipcharts, Teen Support Hotline descriptions, disclosure books, etc.)

Key Points:

- Understand the different resources available
- Know how and when to use the resources in their work

Instructions:

1. Place the different resources around the room. If possible, have a representative at each station to describe the tool and answer any questions about it.
2. Allow participants to move about the room to explore the resources and ask questions. Encourage discussion between participants at this time.
3. Bring participants together to facilitate a discussion on how they can use the resources available in their work.

Time: 20 minutes total

- 15 minutes for exploring the resources
- 5 minutes for facilitated discussion

PREVENTING OIs

Hand Washing

- Wash both hands with soap and warm water after using the toilet, changing the baby's nappy, before eating, before cooking, and after contact with sick people
- If soap is unavailable, use ashes or soil and rinse the hands together thoroughly



PREVENTING OIs

Clean Water

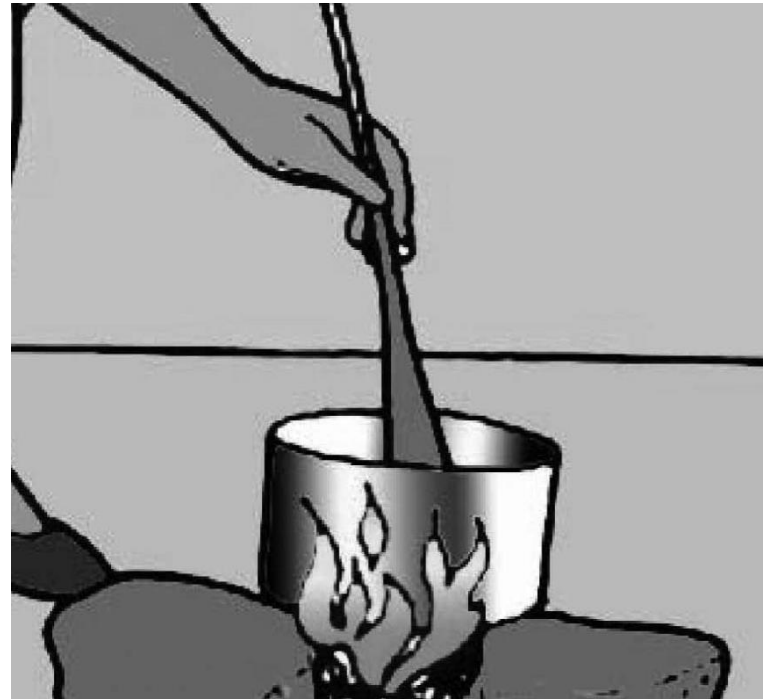
- Obtain water from the cleanest source available
- Keep animals away from protected water sources
- Collect and store water in clean containers
- Empty and rinse out water containers before every use
- Keep water containers covered
- Remove water with a long handle dipper that is kept especially for the purpose of washing to avoid hands touching the water
- If possible, boil water for making food and drinks



PREVENTING OIs

Proper Food Preparation

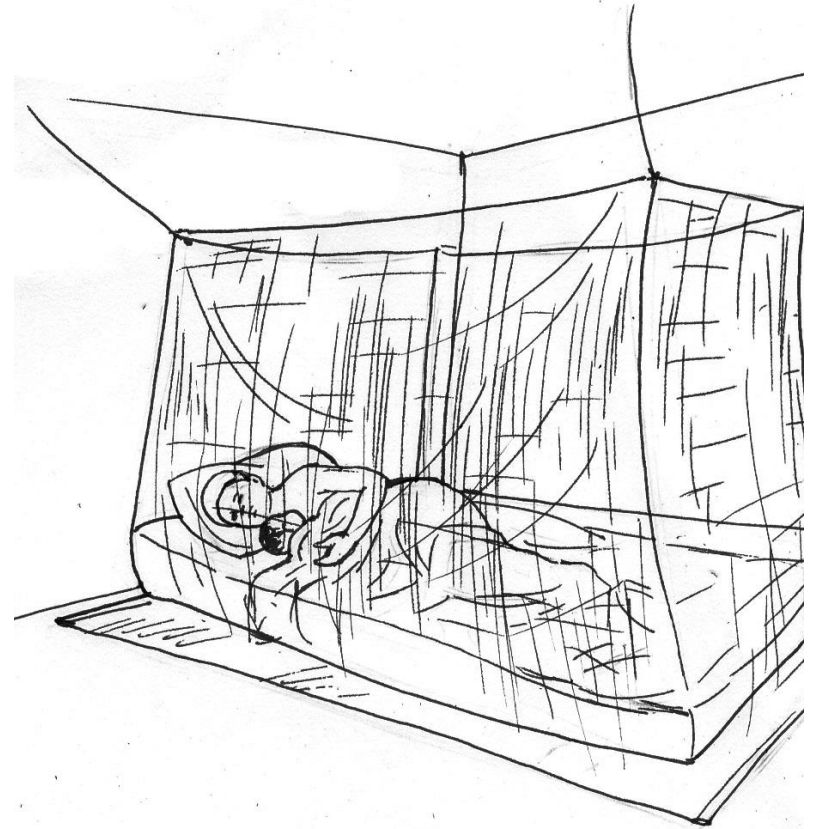
- Cook meat and poultry thoroughly
- Wash fruits and vegetables with clean water before eating them



PREVENTING OIs

Insecticide Treated Net (ITN)

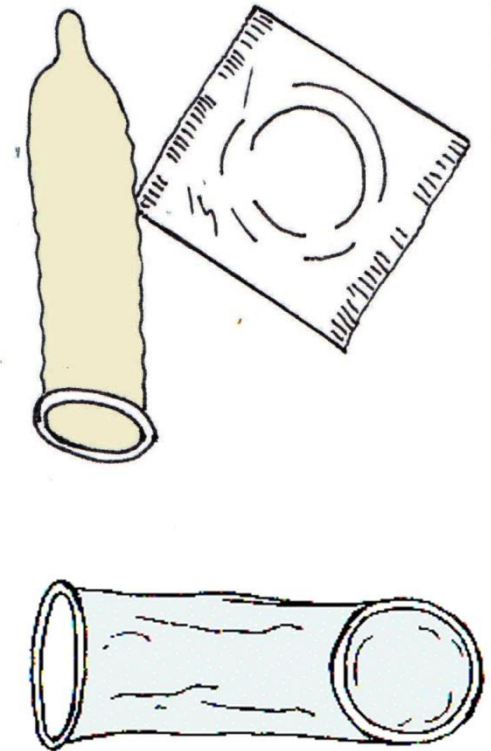
- Used to prevent malaria
- Sleep under an ITN every night
- Get a new ITN every two years



PREVENTING OIs

Condom Usage

- Use a male or female condom every time when having sex
- Have an extra supply of condoms at all times
- Make sure that condoms are kept in a safe place away from intense heat and any expired condoms are thrown out
- After sex, dispose of condoms properly



PREVENTING OIs

Overall Healthy Living

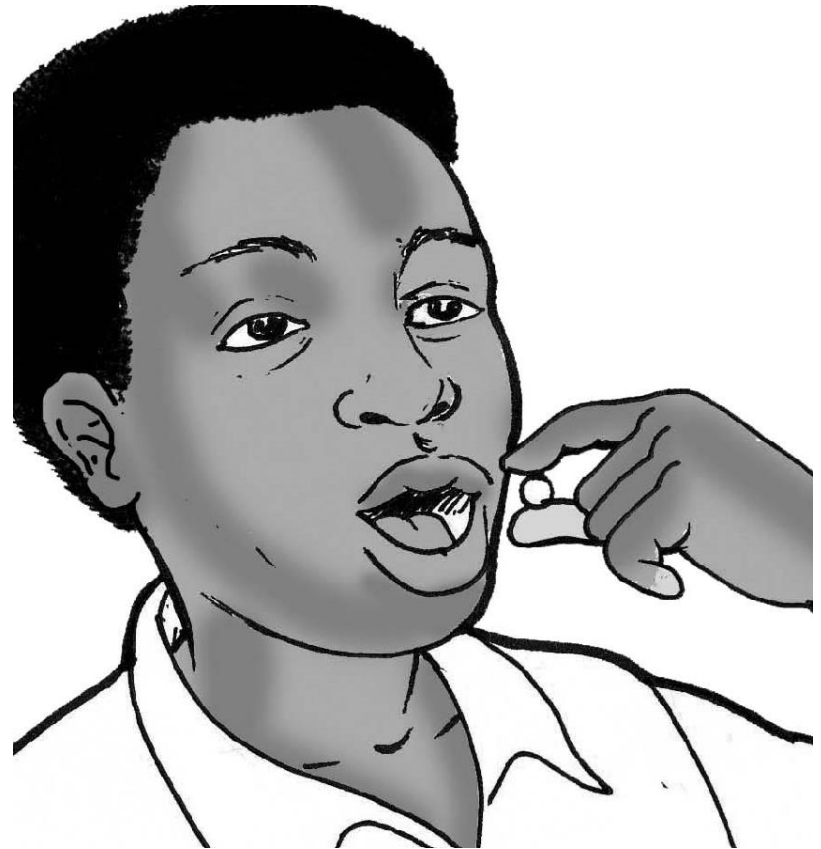
- Eat a variety of healthy foods every day
- Avoid drinking excessive amounts of alcohol
- Do not smoke



PREVENTING OIs

Adhere to Medication

- Start ART immediately after meeting eligibility requirements
- Adhere to ART
- Take CPT for life, regardless of other medications taken
- If eligible, take isoniazid preventative treatment (IPT) to prevent tuberculosis
- Take all medication for any infections as prescribed



8 SEXUALLY TRANSMITTED INFECTIONS AND OTHER COMMON ILLNESSES ASSOCIATED WITH HIV

OBJECTIVES

By the end of Unit 8, you should be able to:

- Explain what an opportunistic infection (OI) is
- Refer patients that you suspect have an STI appropriately
- Educate patients and the community on prevention, transmission and risks of STIs
- State your role in testing for STIs
- List ways to prevent OIs
- Understand how to do a syphilis test
- Describe the risks and treatment process for syphilis

UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV



VOCABULARY

OPPORTUNISTIC INFECTION

Infection that occurs because of an already weakened immune system

SEXUALLY TRANSMITTED INFECTION

Viral or bacterial infection transmitted through anal, oral, or vaginal sex. Examples of STIs include: HIV, syphilis, herpes, gonorrhea, chlamydia, and human papilloma virus (HPV)


UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV



OPPORTUNISTIC INFECTIONS

UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV






ACTIVITY

PICTURE STORY
OPPORTUNISTIC INFECTIONS

Explain in your own words to your partner what is happening in the following pictures.

UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV



Materials:

- MoH flipchart

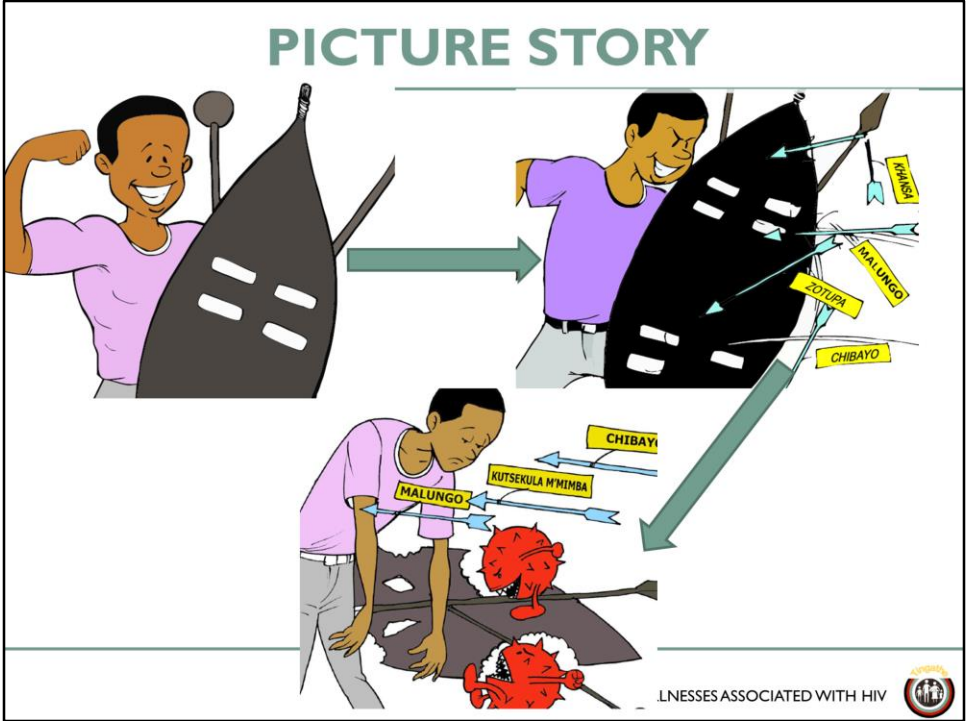
Objective:

- Explain OIs in their own words, using the flipchart tool

Instructions:

1. Bring up next two slides with the pictures from the flipchart (participants should already be familiar with the flipchart from other units).
2. Pair up participants.
3. In each pair they should explain to each other what is going on in each picture (5 min)
4. After discussing with another each other, facilitator should go through the picture- frame by frame- and let participants volunteer to share their answers on what is happening in there. (5 min)
5. Next, give about 5 minutes for each partner to explain the pictures again as if they were talking with a patient.

Time: 15 min



OPPORTUNISTIC INFECTIONS

When people with HIV progress to AIDS their immune system is in a weakened state. Therefore persons living with HIV are more likely to get infections than those with healthy immune systems.

These infections are called opportunistic infections (OIs).

OPPORTUNISTIC INFECTION:
Infection that occurs because of an already weakened immune system

UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV



EXAMPLES OF OIs

Some OIs are illnesses persons without HIV/AIDS can get, but are more common in those with living with AIDS because of their weakened immunity. Other OIs are illnesses that only occur when the immune system is very weak, like with AIDS.

Examples of Opportunistic Infections:


- Sexually transmitted infections (syphilis, herpes, gonorrhea, chlamydia, HPV, HIV/AIDS)
- Tuberculosis
- Pneumonia
- Kaposi sarcoma
- Wasting syndrome
- Cancer
- Candidiasis (oral thrush)
- Hepatitis B or C
- Meningitis
- Bacterial infections
- Gingivitis or peritonitis

UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV



Facilitator's Note:

- Important to highlight that these infections could happen to anyone. It is just because people have an already weakened immune system that they are more prone (more likely) to get them.
- Explain to participants that they do NOT need to be experts in the names or identification of OIs. Do not spend too much time trying to explain what each of the OIs is.




DISCUSSION

PREVENTING OPPORTUNITIC INFECTIONS

How can OIs can be prevented in HIV/AIDS patients?

UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV



Materials:

- Flipchart
- Markers
- Tape

Objectives:

-Brainstorm things they already know how to do to prevent infection

Instructions:


1. Facilitator should lead discussion. Remind participants what “PREVENTION” is and why it is important.
2. Ask the question and a participants give answers, make a list of their suggestions to prevent opportunistic infections.
3. Leave list hung up – and as go through next few slides – remark on the ones they have thought of and explain/discuss more the ones they have not mentioned.

Time: 5 minutes

PREVENTING OPPORTUNISTIC INFECTIONS

UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV






PEER TEACHING

PREVENTING OPPORTUNISTIC INFECTIONS

With your group, make a lesson plan to teach your peers about ways to prevent OI's.

UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV



FACILITATOR'S NOTE:

Slides 10-16 will be distributed to participant groups. You do NOT need to go through them. Use them only to review any points they may have missed. Remember to refer back to the list they made previously to compare what their original suggestions were to the ones listed.

Materials:

- 7 peer teaching cards (print outs of next six slides)
- Peer teaching tools
- Role play props

Objectives:

-Explain to their patients many ways to prevent OIs and stay healthy

Instructions:

1. Split participants into seven groups.
2. Give each group one "Prevention Card". That will be the topic they will teach to the rest of the class.
3. Give each group 10 minutes to think of a way to teach the rest of the class about their prevention techniques. Limit each 'lesson' to 1 minute.
4. Allow each group to present their lesson.
5. At the end, explain to participants they will have to teach their patients the same things so it is important to practice doing it.

Time: 30 min

PREVENTING OIs

Hand Washing

- Wash both hands with soap and warm water after using the toilet, changing the baby's nappy, before eating, before cooking, and after contact with sick people
- If soap is unavailable, use ashes or soil and rinse the hands together thoroughly



UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV



FACILITATOR'S NOTE:

Slides 10-16 will be distributed to participant groups. You do NOT need to go through them. Use them only to review any points they may have missed.

PREVENTING OIs

Clean Water

- Obtain water from the cleanest source available
- Keep animals away from protected water sources
- Collect and store water in clean containers
- Empty and rinse out water containers before every use
- Keep water containers covered
- Remove water with a long handle dipper that is kept especially for the purpose of washing to avoid hands touching the water
- If possible, boil water for making food and drinks



UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV



FACILITATOR'S NOTE:

Slides 10-16 will be distributed to participant groups. You do NOT need to go through them. Use them only to review any points they may have missed.

PREVENTING OIs

Proper Food Preparation

- Cook meat and poultry thoroughly
- Wash fruits and vegetables with clean water before eating them



UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV



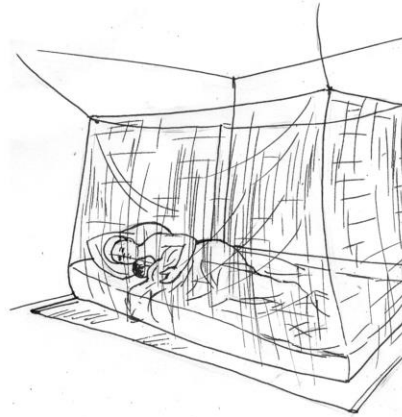
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PREVENTING OIs

Insecticide Treated Net (ITN)

- Used to prevent malaria
- Sleep under an ITN every night
- Get a new ITN every two years



UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV



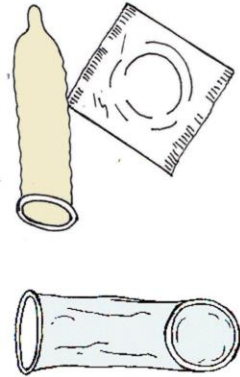
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PREVENTING OIs

Condom Usage

- Use a male or female condom every time when having sex
- Have an extra supply of condoms at all times
- Make sure that condoms are kept in a safe place away from intense heat and any expired condoms are thrown out
- After sex, dispose of condoms properly



UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV



FACILITATOR'S NOTE:

Slides 10-16 will be distributed to participant groups. You do NOT need to go through them. Use them only to review any points they may have missed.

PREVENTING OIs

Overall Healthy Living

- Eat a variety of healthy foods every day
- Avoid drinking excessive amounts of alcohol
- Do not smoke



UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV



FACILITATOR'S NOTE:

Slides 10-16 will be distributed to participant groups. You do NOT need to go through them. Use them only to review any points they may have missed.

PREVENTING OIs

Adhere to Medication

- Start ART immediately after meeting eligibility requirements
- Adhere to ART
- Take CPT for life, regardless of other medications taken
- If eligible, take isoniazid preventative treatment (IPT) to prevent tuberculosis
- Take all medication for any infections as prescribed



UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV



FACILITATOR'S NOTE:

Slides 10-16 will be distributed to participant groups. You do NOT need to go through them. Use them only to review any points they may have missed.

SEXUALLY TRANSMITTED INFECTIONS

UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV



STIs

Sexually transmitted infections (STIs) are caused by viruses or bacteria that are transmitted from one person to another through sex.

A person can get an STI through any type of sex (anal, oral or vaginal). Even the rubbing of an infected penis or vagina on the other person's body can lead to transmission.



UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV



Facilitator's Note:

Can discuss homosexual anal or oral sex works the same way.

TYPES OF STIs

There are many types of STIs.

- Syphilis
- Herpes
- Gonorrhea
- Chlamydia
- Human papilloma virus (HPV)
- HIV/AIDS



**If you suspect your patient has an STI,
refer them and their partner immediately for early
diagnosis and treatment.**







UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV




Facilitator's Notes:

Remind participants that they do not need to be familiar with the names of STIs, only their signs and symptoms and how to refer appropriately.

SIGNS AND SYMPTOMS OF STIs

 <p>Discharge from Penis</p>	 <p>Vaginal Itching</p>	 <p>Pain during Sex</p>
 <p>Burning during Urination</p>	 <p>Sore on Penis or Vagina</p>	 <p>Abdominal Pain</p>

UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV 

Facilitator's Note:

While going through these signs and symptoms- ask participants which they would be able to notice/see. Highlight that there are few that people would be willing to talk about or that they would be able to notice.

STIs IN HIV PATIENTS

HIV-infected patients are more likely to both **GET** and **TRANSMIT** STIs.

If you suspect that an HIV-infected person has an STI, refer them and their partner for early diagnosis and treatment.



UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV



STIs IN PREGNANT WOMEN

STIs are particularly dangerous for pregnant women because it can cause complications during pregnancy and birth.

It is even possible to pass some STIs from mother to child during pregnancy and childbirth.



UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV



COMPLICATIONS OF STIs

STIs, if not treated properly, can lead to serious complications.

- Infertility in both women and men
- Babies born too early, too small, blind, sick, or dead
- Pregnancy outside the uterus (womb)
- Death from severe infection
- Lasting pain in the lower abdomen
- Cancer of the cervix



UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV





WHAT YOU CAN DO AS A CHW

A CHW should be familiar with the symptoms of STIs and refer those with symptoms to go to the health facility for further testing and treatment.

It is **not** the role of the CHW to diagnose STIs.

UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV



CONGENITAL SYPHILIS

- Syphilis can be transmitted from mother to baby before birth
- Remains one of the leading causes of still births
- Adverse pregnancy outcomes are 12x more likely in women with syphilis than those who don't have
- Diagnosis of congenital syphilis is complicated because there are few physical symptoms – that is why **it is important that all pregnant women are tested for syphilis!**

UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV






WHAT YOU CAN DO AS A CHW


- Screen for syphilis for **all antenatal mothers** for early detection and treatment
 - Educate mothers on safer sex
 - Encourage good nutrition
- Encourage male involvement so that men can also be screened for syphilis and treated.

UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV



TALKING ABOUT STIs

UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV 



DISCUSSION


Do you think people are comfortable talking about STIs?

Have you ever had an STI?
Or thought you had an STI?

How did you feel? Were you comfortable talking about it with others?

What myths exist about STIs?

UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV



Objectives:

-Participants should try to relate to issues related with STIs.

Instructions:

1. Give participants about 2-3 minutes to think about these questions. Encourage them to write down any responses they wish to.
2. Ask for volunteers to share some of their answers and facilitate an open discussion. (5-10 minutes)

Time: 10-15 min

TALKING ABOUT STIs

Try to find a comfortable way for both you and your patient to discuss STIs.

People can be very private about STI symptoms because they feel uncomfortable talking about their private areas.

Because the signs, like a rash, only affect the private areas, it is impossible for you to notice it, therefore you should try to help them feel comfortable enough to discuss with you.



UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV



TALKING ABOUT STIs

You can ask your patients the following questions to determine if they might have an STI.

- Have you experienced any symptoms of STIs such as: discharge, vaginal itching, pain during sex, sores in the genital area, and/or pain during urination?
- When was the last time you were tested for an STI?
- Have you seen any signs that your partner has an STI such as: sores in the genital area or pain during sex?

UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV






WHAT YOU CAN DO AS A CHW

Help build a relationship of trust with the patient so that they feel comfortable sharing information with you.

Do not be judgmental and encourage your patients to openly share so that you can help them receive the care and support they need.

UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV






ROLE PLAY

TALKING ABOUT STIs

You are doing a home visit of your patient. The patient mentions that she has been having abdominal pain. You suspect she may have an STI, but want to investigate further.

With your knowledge as CHW, how could you talk to the woman about STIs?

UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV 

Materials:

- Role play props

Objective:

- Practice discussion STIs with your patient
- Handle a potential STI situation with a patient appropriately

Instructions:

1. Have experienced CHWs act out a situation where they handle the situation poorly.
2. Let participants comment on what is wrong.
3. Brainstorm ways that the situation could be improved (using next slide to prompt discussion).
4. Break participants into groups of 3. Two should be the actors (woman and CHW), the other can observe and make comments.
5. Facilitator should walk around and make sure all participants play each part.
6. After practice, let 1-2 groups act out their skit. Let other participants make comments.

Time: 45 minutes



ROLE PLAY

Bad Scenario

- Try to diagnose the infection
- Judge the couple for being unfaithful
- Yell at them for not using a condom
- Tell them they will never be able to have children

Good Scenario

- Ask appropriate questions
- Refer her and her partner for further assessment
- Do not judge
- Counsel on the importance of using a condom to prevent transmission



UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV



PREVENTION AND TREATMENT OF STIs

UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV 

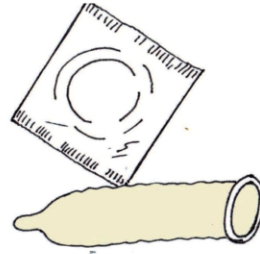
PREVENTING STIs

The most effective way of preventing STIs is:

**WEAR A CONDOM
EACH AND EVERY TIME DURING SEX.**

Patients should also be encouraged to:

- Be tested *with their partner* if they suspect they have an STI
- Treat an STI as soon as possible to prevent transmission to others
- Have only one sexual partner



UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV



Notes:

- Make a point that even when a couple who are both HIV-infected and only sleep with each other, it is still important to wear condoms to protect against resistant or mutated HIV, family planning method, and to protect against STIs.

TREATMENT OF STIs

At the health facility, a patient can be tested for STIs. If he or she tests positive for an STI, the clinician can then prescribe the appropriate treatment.



UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV



Facilitator's Note:

If brought up, you can mention that Some STIs have treatments that are a cure. Some STIs, such as HIV or HPV do not have a cure. If a STI does not have a cure, the patient's signs and symptoms will be treated, but the medication does not cure it.

TREATMENT OF STIs

If a person has an STI, it is likely their partner does too.

If only one of them gets treatment, they can be re-infected by their partner.

It is very important for both people to be treated at the **same time** so that they do not continue to pass the infection back and forth to one another.



UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV



Facilitator's Note:

Can discuss here how you might encourage both partners to go for further evaluation and treatment.

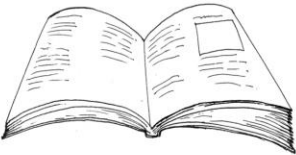


WHAT YOU CAN DO AS A CHW

Help educate your patients and community about STI prevention, transmission and risks through health talks, posters and counseling.

UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV






ACTIVITY

STI HEALTH TALK

With your partner, make a health talk about the most important aspects of STI prevention, transmission and risks that you could give at your health facility.

UNIT 8: COMMON ILLNESSES ASSOCIATED WITH HIV



Materials:

- Flipchart paper
- Markers

Objectives:

- Educate others about STIs
- Summarize the important aspects of STI prevention, transmission, risks, etc

Instructions:

1. Put participants in pairs.
2. Give them about 15-20 minutes to develop and practice their health talks.
3. Split up partners and put into one of 6 groups with an experienced CHW/facilitator to observe.
4. Participants should practice their health talks in front of the facilitator. Give feedback as necessary.

Time: 1 hour

8 COMMON ILLNESSES ASSOCIATED WITH HIV



3 hours 45 minutes

DURATION



- ◆ Explain what an opportunistic infection (OI) is
- ◆ List ways to prevent OIs
- ◆ Identify sexually transmitted infections (STIs) and refer patients appropriately
- ◆ Educate patients and the community on prevention, transmission and risks of STIs

OBJECTIVES



CONTENT & ACTIVITIES

- 8.1 Introduction (**5 minutes**)
- 8.2 Opportunistic Infections (**25 minutes**)
 - Activity: Picture Story– Opportunistic Infections
 - Discussion: Preventing Opportunistic Infections
- 8.3 Preventing Opportunistic Infections (**35 minutes**)
 - Peer Teaching: Preventing Opportunistic Infections
- 8.4 Sexually Transmitted Infections (**20 minutes**)
- 8.5 Talking about STIs (**1 hour**)
 - Discussion: Talking about STIs
 - Role Play: Talking about STIs
- 8.6 Prevention and Treatment of STIs (**1 hour 15 minutes**)
 - Activity: STI Health Talk



MATERIALS

- ◆ Role play props
- ◆ Flipchart
- ◆ Markers
- ◆ Tape
- ◆ Workbook & pen
- ◆ MoH Flipchart
- ◆ 7 Peer Teaching Tools (Preventing OIs)



PREPARATION

- ✓ Set up training room and collect all materials needed.
- ✓ Read through Unit 8 materials and confirm that you are prepared.
- ✓ Practice role plays.

9 | TB AND HIV



4 hours 25 minutes

DURATION



OBJECTIVES

- ◆ Explain what tuberculosis (TB) is and its relationship to HIV
- ◆ Understand the difference between active TB (disease) and latent TB (infection)
- ◆ Describe different forms of prevention and transmission of TB
- ◆ Identify symptoms of TB
- ◆ Screen patients for TB and refer them as needed
- ◆ Explain the diagnosis and treatment of TB
- ◆ Describe what IPT is and how it's prescribed



CONTENT & ACTIVITIES

- 9.1 Introduction **(20 minutes)**
 - Activity: What do you know about TB?
- 9.2 Active and Inactive Tuberculosis **(10 minutes)**
- 9.3 TB and HIV **(5 minutes)**
- 9.4 TB Transmission **(20 minutes)**
 - Activity: What do you know about TB?
- 9.5 TB Prevention **(20 minutes)**
 - Discussion: TB Prevention
 - Activity: What do you know about TB?
- 9.6 Symptoms of TB **(25 minutes)**
 - Activity: TB Symptom Charades
 - Activity: What do you know about TB?
- 9.7 TB Screening **(35 minutes)**
 - Group Work: TB Screening Kilos
- 9.8 TB Diagnosis and Treatment **(30 minutes)**
 - Discussion: TB Medication Adherence
 - Activity: What do you know about TB?
- 9.9 Isoniazid Preventative Therapy **(90 minutes)**
 - Activity: What do you know about TB?
 - Activity: TB Health Talk



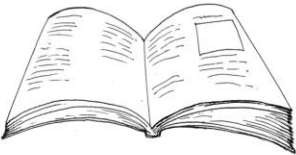
MATERIALS

- ◆ Flip chart paper
- ◆ Flip chart markers
- ◆ Tape
- ◆ Role play props



PREPARATION


- ✓ Set up training room and collect all materials needed.
- ✓ Read through Unit 9 materials and confirm that you are prepared.
- ✓ Practice role plays.
- ✓ Hang “What do you know about TB?” posters up around the room.



ACTIVITY

WHAT DO YOU KNOW ABOUT TB?

Move around the room and write down anything you have heard or believe is true about Tuberculosis.

UNIT 9: TUBERCULOSIS AND HIV 

Materials:

- Flipchart paper
- Markers
- Tape

Objectives:

- See what participants prior knowledge of TB is and at the end, dispel any myths or misconceptions they may have

Instructions:

1. **Facilitator should have multiple posters hung up around the room labeled: TB symptoms, TB treatment, TB prevention, TB transmission, TB general, etc.**
2. **Give participants 10-15 minutes to walk around the room WITHOUT TALKING and write down anything they know or have heard about each of these topics.**
3. At the end of each section (see end activity)- facilitator should go through each poster and ask participants if each thing written is true or not. Participants can vote on True/False – then have one volunteer explain the answer, or facilitator can explain.
4. Highlight any common misconceptions.

Time: 10 min (part 1); 2-5 min/section (part 2)

9 TUBERCULOSIS AND HIV

OBJECTIVES

By the end of Unit 9, you should be able to:

- Explain what tuberculosis (TB) is and its relationship to HIV
- Understand the difference between active TB (disease) and latent TB (infection)
- Describe different forms of prevention and transmission of TB
- Identify symptoms of TB
- Screen patients for TB and refer them as needed
- Explain the diagnosis and treatment of TB
- Describe what (isoniazid preventive therapy (IPT) is and how it is prescribed

UNIT 9: TUBERCULOSIS AND HIV




VOCABULARY

IPT	Isoniazid preventive therapy; medicine used to prevent active TB in patients at risk
SCREEN	To test or examine for the presence of a disease
SPUTUM	A mixture of saliva and mucous coughed up from the lungs
TB	Tuberculosis; a disease caused by bacteria inhaled into the lungs which may spread to other parts of the body such as kidneys, bones, and/or brain



ACTIVE AND INACTIVE TUBERCULOSIS

UNIT 9: TUBERCULOSIS AND HIV 

TUBERCULOSIS

Tuberculosis (TB) is a highly contagious (easily transmitted) disease caused by a bacteria.

TB infection usually starts in the lungs and without treatment can spread to the bones, joints, lymph nodes, throat, heart and/or brain.



Picture taken from Swaziland TB Cough Monitor Presentation

UNIT 9: TUBERCULOSIS AND HIV



INACTIVE VS. ACTIVE TB

TB can either be active or inactive.

INACTIVE TB

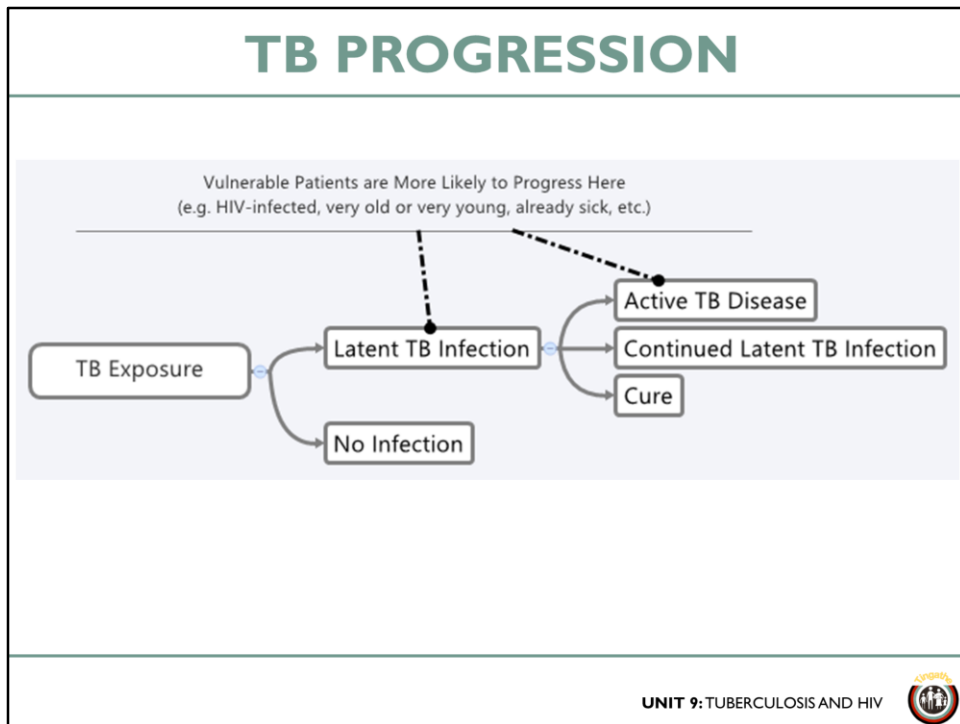
- Also known as latent TB or TB infection
- TB is in the lungs, but it is **not** multiplying or making the person sick
- Not contagious
- People feel healthy
- A person may have inactive TB that never becomes active

ACTIVE TB

- Also known as TB disease
- TB begins to grow in the lungs and can then spread
- Contagious
- People look and feel sick
- Have symptoms such as: cough, fevers, night sweats and/or weight loss

UNIT 9: TUBERCULOSIS AND HIV



**Facilitator's Note:**

Should be explained as a process. First a person is exposed to TB. Depending on many different factors (infectiousness of the person, environment of exposure, length of exposure, etc) the person may become infected with TB. The likelihood of contracting TB also depends on the health of the person. If a person is very old, very young, HIV-infected or already sick (i.e. have a weak immune system), there is a higher likelihood that they will progress to latent TB infection. Some may become infected, some may not. For those that do become infected, it will start as a latent TB infection.

From the latent TB infection, some people will progress to active TB disease and start to show signs of active TB. Again, the chance of TB infection progressing into active TB increases for those with an already weakened immune system. Others will continue to stay latent and not show any symptoms or even know they have it. Others still, may be cured by their own immune system or through medication (IPT).



TB AND HIV

UNIT 9: TUBERCULOSIS AND HIV



TB AND HIV

TB is an ***opportunistic infection***.

Just like other OIs, TB progresses faster and the symptoms can be worse in people living with HIV because their immune systems are already weakened.

People living with HIV are at high risk of getting active TB, so they should be screened often and treated as soon as possible if symptoms are present.

UNIT 9: TUBERCULOSIS AND HIV



Facilitator's Note:

After you find out that TB is an opportunistic infection, ask participants what they remember about OI's and how it applies in this case.

TB AND HIV

- TB is the leading cause of death for people living with HIV/AIDS worldwide.
- People living with HIV are more likely to develop active TB than those who are uninfected.
- If active TB is found in a person living with HIV, TB medication should be started immediately, and ART soon after that.
- Isoniazid preventive therapy (IPT) can be taken by people living with HIV to prevent active TB.

UNIT 9: TUBERCULOSIS AND HIV



Facilitator's Note:

Emphasize this slide, especially in relation to the majority of patients that a HCW will see (i.e. HIV-infected and children!)

Try to explain why they are at higher risk (weaker immune system) and that most HIV-infected will develop ACTIVE TB.



TB TRANSMISSION

UNIT 9: TUBERCULOSIS AND HIV 

TB TRANSMISSION

TB is spread through droplets of water in the air.

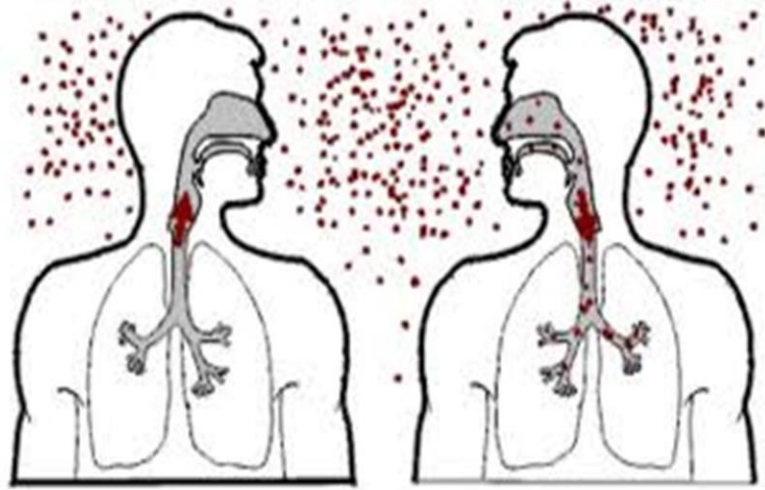
When a person coughs, sneezes, or talks, TB is spread through the water droplets in the air where it can live for hours. If someone then breathes in those droplets with TB, they can become infected.



UNIT 9: TUBERCULOSIS AND HIV



TB TRANSMISSION



Picture taken from Swaziland TB Cough Monitor Presentation

UNIT 9: TUBERCULOSIS AND HIV



TB TRANSMISSION

TB is most easily spread in crowded areas including:

- Cramped homes
- Office spaces
- Congested cities
- Refugee camps
- Prisons
- Mines



UNIT 9: TUBERCULOSIS AND HIV



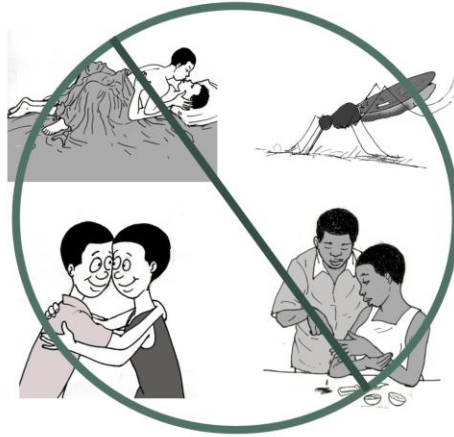
Facilitator's Note:

Ask participants to give other examples of cramped/crowded areas or areas with poor circulation.

TB TRANSMISSION


TB **CANNOT** be spread through:

- Sex
- Touching someone
- Sharing food
- Blood
- Urine
- Feces
- Water
- Insects



UNIT 9: TUBERCULOSIS AND HIV






ACTIVITY

WHAT DO YOU KNOW ABOUT TB?

TRUE OR FALSE

Using what you just learned, determine if the points written on the poster are true or false.

UNIT 9: TUBERCULOSIS AND HIV 

Objectives:

- See what participants prior knowledge of TB is and at the end, dispel any myths or misconceptions they may have

Instructions:

1. Facilitator should have multiple posters hung up around the room labeled: TB symptoms, TB treatment, TB prevention, TB transmission, TB general, etc.
2. Give participants 10-15 minutes to walk around the room **WITHOUT TALKING** and write down anything they know or have heard about each of these topics.
3. **At the end of each section (see end activity)- facilitator should go through each poster and ask participants if each thing written is true or not. Participants can vote on True/False – then have one volunteer explain the answer, or facilitator can explain.**
4. **Highlight any common misconceptions.**


Time: 10 min (part 1); 2-5 min/section (part 2)



TB PREVENTION

UNIT 9: TUBERCULOSIS AND HIV






DISCUSSION

Now that you know how TB is transmitted...

What are some ways that TB can be prevented?

Are these prevention methods difficult?

UNIT 9: TUBERCULOSIS AND HIV 

Objectives:

-Understand how TB is transmitted and novel ways to prevent it

Instructions:

1. Facilitator should pose the questions and ask participants for their ideas. Can use the same ideas as listed on the flipchart paper already hung- add any more if needed.
2. Only one person should speak at a time (can use ball method).

Time: 5 min

TB PREVENTION

TB can spread very easily from person to person, so it is important to encourage patients to seek medical care immediately if they or any of their family members have signs and symptoms of TB because...

The best way to prevent TB is to cure TB in someone else!

UNIT 9: TUBERCULOSIS AND HIV




TB PREVENTION

Other methods of prevention include:

- Cover your mouth with a tissue when coughing and throw out or burn it when finished
- Sleep separately from those who have active TB
- Keep doors and windows in the house open as much as possible to let in fresh air and sunlight
- Get plenty of rest and eat nutritious food to keep the immune system strong
- Get treated and closely adhere to the TB medicine regimen
- Those eligible should take IPT to prevent TB from becoming active
- Get tested for HIV
- If living with HIV and on ART, adhere to ART

UNIT 9: TUBERCULOSIS AND HIV






ACTIVITY

WHAT DO YOU KNOW ABOUT TB?

TRUE OR FALSE

Using what you just learned, determine if the points written on the are poster true or false.

UNIT 9: TUBERCULOSIS AND HIV 

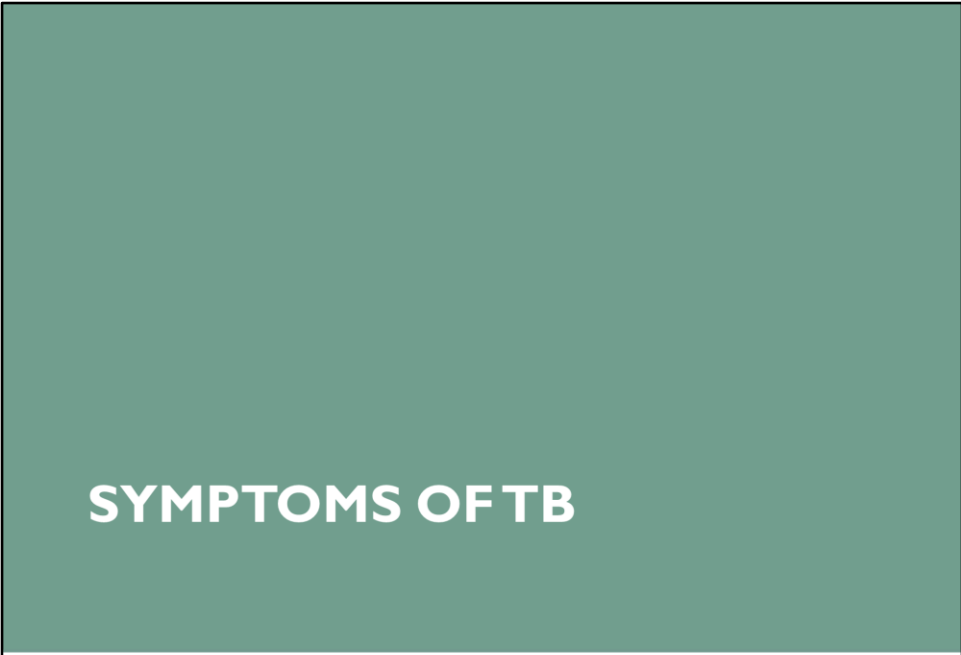
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Instructions:


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4. **Highlight any common misconceptions.**


Time: 10 min (part 1); 2-5 min/section (part 2)



SYMPTOMS OF TB

UNIT 9: TUBERCULOSIS AND HIV





ACTIVITY


TB SYMPTOM CHARADES

Without talking volunteers will act out their TB symptom.

Try to guess which symptoms they are acting out.

When a person answers correctly, write the symptom in your workbook.

UNIT 9: TUBERCULOSIS AND HIV



Materials:

- Role play props

Objectives:

- Learn the symptoms of TB in a fun way.

Instructions:

1. Facilitator should choose 8 volunteers and give each of them a different symptom to act out.
2. Volunteers should take turns acting out their symptoms and participants guessing what the symptoms are.
3. When a person guesses correctly- have participants write the symptom in their workbook.

Time: 10 minutes

TB SYMPTOMS



Cough



Fever



Chills



Night sweats



Weight loss



Fatigue



Loss of appetite



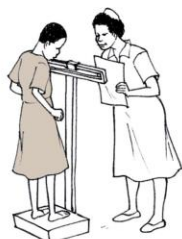
Chest Pain

UNIT 9: TUBERCULOSIS AND HIV



LESS COMMON TB SYMPTOMS

Patients living with HIV and all young children may not always have typical symptoms of TB. Some other less common symptoms of TB are:



**Poor Weight Gain
in Children**



Diarrhea




**Swollen Lymph
Nodes**



**Swollen
Abdomen**

TB in children can be especially hard to detect because the symptoms are hard to notice or seem like symptoms of other diseases.






ACTIVITY

WHAT DO YOU KNOW ABOUT TB?

TRUE OR FALSE

Using what you just learned, determine if the points written on the poster are true or false.

UNIT 9: TUBERCULOSIS AND HIV 

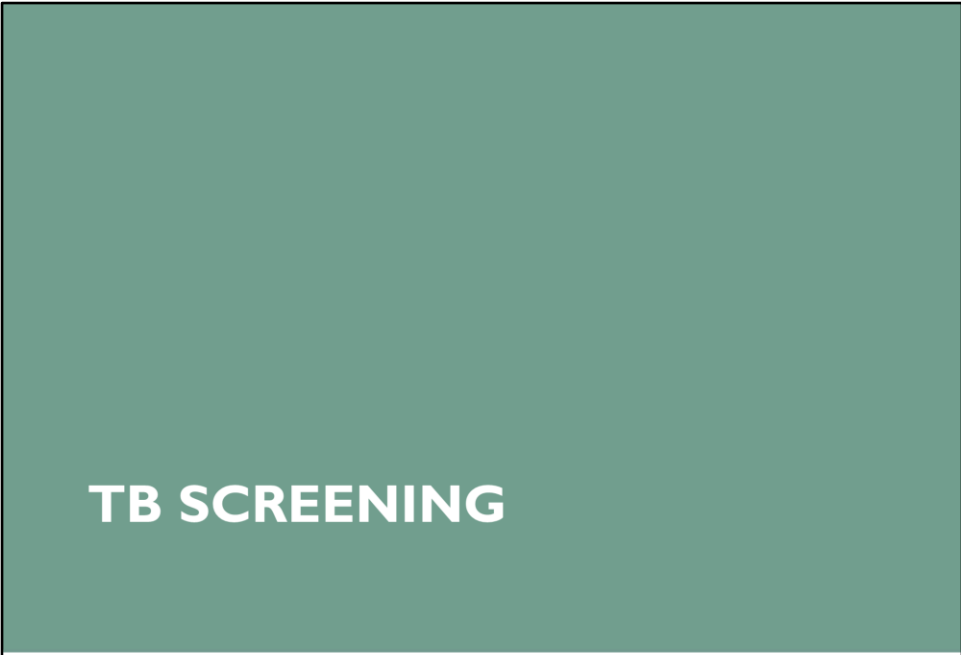
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4. **Highlight any common misconceptions.**

Time: 10 min (part 1); 2-5 min/section (part 2)



TB SCREENING

UNIT 9: TUBERCULOSIS AND HIV 



WHAT YOU CAN DO AS A HCW

One of your roles as a HCW is to screen your patients for TB at every home visit.

After screening, if you believe they may have TB, refer them immediately to the health facility for further assessment and treatment.

It is not your role to diagnose patients with TB, only to refer them if needed.

UNIT 9: TUBERCULOSIS AND HIV



WHO SHOULD BE SCREENED?

Screen all your patients on a regular basis.

Remember that the following groups are at high-risk for TB infection and thus **MUST** be screened by you or referred to the nearest health facility for screening as soon as possible.

- People living with HIV
- Someone with TB symptoms
- Someone who lives with or spends time with a person who has TB or TB symptoms
- Children exposed to TB or having TB symptoms
- If one person in a family has TB, the whole family should be screened

UNIT 9: TUBERCULOSIS AND HIV



ROUTINE TB SCREENING

To screen patients for TB, ask questions about the following five symptoms at every visit.

DO YOU HAVE...

1. Current cough (For how long have you had it? What kind of sputum/mucus is produced?)
2. Unexplained weight loss, poor weight gain in children and/or malnutrition
3. Fever
4. Night sweats
5. Close contact with someone known to have TB

After screening, count the number of positive answers you received.

UNIT 9: TUBERCULOSIS AND HIV





Facilitator's Notes:

For the first symptom – remind patients that they should be looking for coughs which have been present for more than two weeks and sputum/mucus with blood in it.

SCREENING OUTCOMES

Use the following guidelines to determine if your patient needs to be referred.


TB SUSPECTED	TB <u>NOT</u> SUSPECTED
<ul style="list-style-type: none"> ▪ If the patient answered “YES” to one or more of the screening symptoms <p>NEXT STEPS:</p> <ul style="list-style-type: none"> ✓ Refer immediately to health center for diagnosis ✓ Screen patient’s family members ✓ Counsel on TB prevention 	<ul style="list-style-type: none"> ▪ If the patient answered “NO” to all of the screening symptoms <p>NEXT STEPS:</p> <ul style="list-style-type: none"> ✓ Counsel on TB prevention
<p>UNIT 9: TUBERCULOSIS AND HIV </p>	



GROUP WORK

TB SCREENING

With your group, make up a kilo or song to help you remember the five symptoms of TB and remind you to screen for them at every visit.

UNIT 9: TUBERCULOSIS AND HIV 

Key Points:

HCW is reminded of symptoms and to screen at every visit

Instructions:

1. Break participants up into groups of 4-5.
2. Each group should make up a kilo or short song to help remind them of the five TB symptoms and to screen at every home visit. Give them 10-15 minutes.
3. Each group should perform their song/kilo.
4. Participants should choose the favorite kilo/song. The winning group should teach their kilo/song to everyone else.




Time: 20-25 min



**TB DIAGNOSIS AND
TREATMENT**

UNIT 9: TUBERCULOSIS AND HIV



DIAGNOSING TB	
At the health facility a clinician carries out one or more of the following tests to properly diagnose TB.	
CHEST X-RAY	SPUTUM TEST
	
<small>UNIT 9: TUBERCULOSIS AND HIV</small> 	

Facilitator's Note:

Can explain further if needed. Prep for next slide for children- a different way to collect sputum.

DIAGNOSING TB

Nasogastric aspiration is a way for doctors to use a very small tube to suck sputum out of children's stomachs in order to test it for tuberculosis.

- Very safe and fast
- Child cannot eat for 4 hours prior to the test (including breast milk)
- Child is wrapped in a cloth and tube is inserted through the nose into the stomach
- After removing sputum, tube is removed and child can eat and rest normally



UNIT 9: TUBERCULOSIS AND HIV



Facilitator's Note (further explanation):

Small children cannot cough up sputum from their lungs like adults can, which makes it harder to confirm TB diagnosis. Instead of coughing up sputum and spitting it out, children usually cough and swallow their sputum into their stomachs. Nasogastric aspiration is a way for doctors to use a very small tube to suck sputum out of children's stomachs in order to test it for tuberculosis.

In order for the test to work, the child should have only sputum and no food or drink in their stomach (including breast milk) in the past 4 hours. This means that moms should not feed their children (not even breastfeeding!) the morning of the test until AFTER the test has been done. After the test, the children can eat normally.

The test is fast and is very safe. The doctor will wrap the child gently in a blanket or chitenje and lie them on the exam table. A tiny plastic tube will be put in the nose, and sputum sucked into the tube for testing. After the test, the tube is removed and the child can eat and rest, and then will see the doctor after they have eaten.

TB TREATMENT

Active TB can be cured with medications.

- Combination of several different drugs
- Taken daily for 6-9 months
- Can be confusing
- Can be challenging to adhere
- Safe to be taken with ART and CPT




UNIT 9: TUBERCULOSIS AND HIV



Facilitator's Notes:


Should remind them that because it is difficult to take, HCWs should ask about adherence to the TB medication too!



DISCUSSION

TB MEDICATION ADHERENCE

What do you think will happen if patients do not adhere to their medication?

UNIT 9: TUBERCULOSIS AND HIV 

Objective:

-make the connection with adherence to ART for HIV.

Instructions:

1. Facilitator should lead discussion and try to help participants to draw the connection between treatment failure in ART to DRTB

Time: 5 minutes

DRUG RESISTANT TB

- If a person does not adhere to their TB medication, the TB bacteria can develop resistance to the medication (medicine no longer works).
- Resistance to TB medication is called drug resistant TB (DRTB).
- If a patient develops DRTB, they would then need to take new, more expensive, more complicated drugs for a longer time.




TB resistance is similar to ART resistance, so a HCW should monitor their patient's adherence to all their medications.

UNIT 9: TUBERCULOSIS AND HIV



Facilitator's Note:

Can use the picture to help explain.




ACTIVITY

WHAT DO YOU KNOW ABOUT TB?

TRUE OR FALSE

Using what you just learned, determine if the points written on the poster are true or false.

UNIT 9: TUBERCULOSIS AND HIV 

Objectives:

- See what participants prior knowledge of TB is and at the end, dispel any myths or misconceptions they may have

Instructions:

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3. **At the end of each section (see end activity)- facilitator should go through each poster and ask participants if each thing written is true or not. Participants can vote on True/False – then have one volunteer explain the answer, or facilitator can explain.**
4. **Highlight any common misconceptions.**

Time: 10 min (part 1); 2-5 min/section (part 2)

ISONIAZID PREVENTIVE THERAPY

UNIT 9: TUBERCULOSIS AND HIV



IPT

Isoniazid preventive therapy (IPT) is a drug taken to prevent TB in patients who are at high risk of developing active TB.

Refer any of your patients to start if they are:

- Less than five years old, exposed to someone with TB and has no signs of active TB
- Are living with HIV in a high burden district and have no signs of active TB

Note:

MOH now recommends IPT for all children and adults who are receiving ART in the 10 high TB burden districts (Lilongwe & Mangochi) *for life*. IPT will become available as fixed dose combination tablet with CPT.

Reference: MoH Guidelines: Clinical Management of HIV in Children and Adults, 2016, Ministry of Health, Malawi

UNIT 9: TUBERCULOSIS AND HIV



IPT SIDE EFFECTS

IPT is well tolerated by over 95% of patients and most side effects are mild and disappear within the first three months.

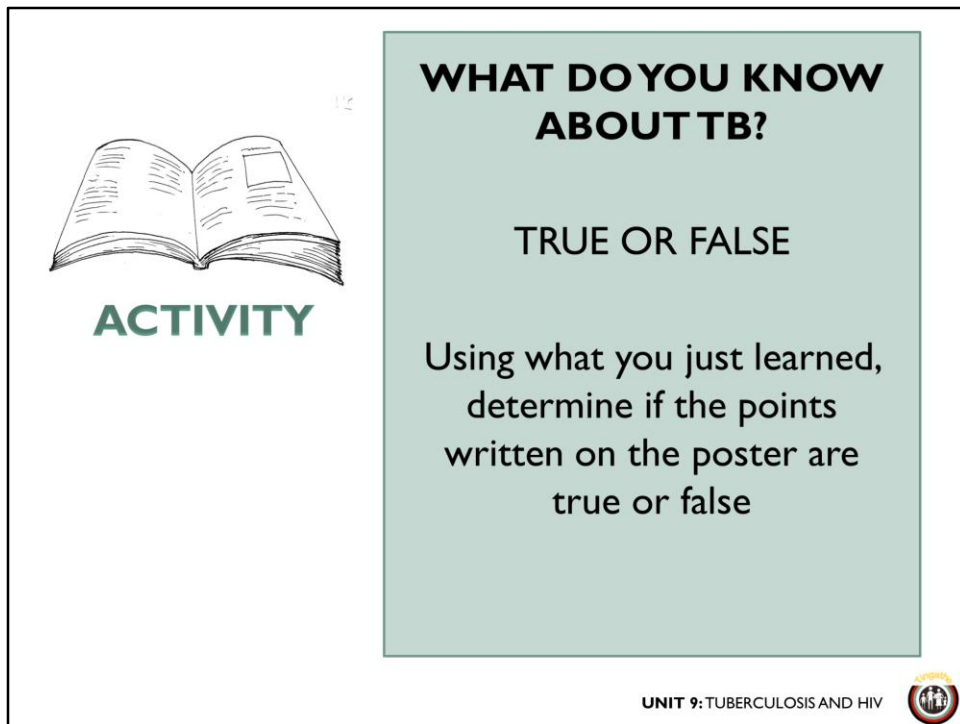
- Severe rash
- Yellow eyes
- Confusion
- Convulsions
- Dizziness
- Severe numbness/burning pain
- Muscular weakness of legs and/or arms



If a patient is experiencing any of the listed side effects, refer them to the health facility for evaluation.

UNIT 9: TUBERCULOSIS AND HIV



The graphic is a rectangular poster with a white background and a black border. On the left side, there is a line drawing of an open book with text on its pages. Below the book, the word "ACTIVITY" is written in a bold, green, sans-serif font. To the right of the book, there is a light green rectangular box with a black border. Inside this box, the text "WHAT DO YOU KNOW ABOUT TB?" is written in bold black font at the top. Below that, "TRUE OR FALSE" is written in a smaller black font. Further down, the text "Using what you just learned, determine if the points written on the poster are true or false" is written in a black font. At the bottom right of the white background, there is a small circular logo with a red border and a white center, containing a stylized figure. To the left of the logo, the text "UNIT 9: TUBERCULOSIS AND HIV" is written in a small black font.

ACTIVITY

WHAT DO YOU KNOW ABOUT TB?

TRUE OR FALSE

Using what you just learned, determine if the points written on the poster are true or false

UNIT 9: TUBERCULOSIS AND HIV


Objectives:

- See what participants prior knowledge of TB is and at the end, dispel any myths or misconceptions they may have

Instructions:

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4. **Highlight any common misconceptions.**

Time: 10 min (part 1); 2-5 min/section (part 2)



ACTIVITY


TB HEALTH TALK

In your pairs, develop a TB health talk you could give at your health facility.

Be sure to cover the following points:

- Transmission
- Prevention
- Treatment
- IPT

UNIT 9: TUBERCULOSIS AND HIV



Key Points:

- Give a health talk which covers all important points of TB
- Feel confident and – giving a health talk

Instructions:

1. Pair participants up.
2. Each pair should write a script for a health talk for TB. (15 min)
3. The pair should take turns giving their health talk to another pair. The other pair should critique and pretend to be the audience (ask questions, etc). (20 min)

Time: 50 minutes

10 | NUTRITION



6 hours

DURATION



- ◆ Explain what malnutrition is and its relationship to HIV/AIDS
- ◆ Describe different ways to prevent malnutrition
- ◆ Perform a nutritional assessment on a patient
- ◆ Analyze the information in a nutritional assessment and take the appropriate next steps

OBJECTIVES



CONTENT & ACTIVITIES

- 10.1 Introduction (**10 minutes**)
- 10.2 Malnutrition (**25 minutes**)
- 10.3 Preventing Malnutrition (**35 minutes**)
 - Role Play: Counseling on a balance diet
 - Group Work: Making a balanced diet
- 10.4 Monitoring Nutritional Status (**4 hours**)
 - Demonstration: How to perform a nutritional assessment
 - Activity: Interpreting a nutritional status
- 10.5 Determining Nutritional Status (**40 minutes**)
 - Activity: Determining a nutritional status
- 10.6 Nutritional Referrals (**10 minutes**)



MATERIALS

- ◆ Role play props
- ◆ Flipchart paper
- ◆ Flipchart marker
- ◆ CHW Nutrition Tools
- ◆ Manual
- ◆ RUTF sample
- ◆ Instruction Card for each demonstration station
- ◆ Height/Length board
- ◆ Tape and markers
- ◆ Infant scale
- ◆ Hanging scale
- ◆ Standing scale
- ◆ Z score books for all ages
- ◆ Calculators
- ◆ MUAC tapes (x1/participant)



PREPARATION

- ✓ Set up training room and collect all materials needed.
- ✓ Read through Unit 10 materials and confirm that you are prepared.
- ✓ Confirm each station is set up and that there are all the appropriate materials at each station.
- ✓ Confirm there is a demonstrator for each station. Meeting with demonstrators and explain their responsibilities and the activities that should be completed at their station.

10

NUTRITION

OBJECTIVES

By the end of Unit 10, you should be able to:

- Explain what malnutrition is and its relationship with HIV/AIDS
- Describe different ways to prevent malnourishment
- Counsel patients on the importance of a balanced diet
- Perform a nutritional assessment on a patient
- Analyze the information in a nutritional assessment and take the appropriate next steps

UNIT 10: NUTRITION



VOCABULARY

BMI	Body Mass Index; measurement used to determine nutritional state of non-lactating, non-pregnant adult
CMAM	Community Management of Acute Malnutrition
EDEMA	Condition of abnormal and excess fluid in the body
MALNUTRITION	Imbalance between what a person takes in and his/her nutritional needs
MAM	Moderate Acute Malnutrition
MUAC	Middle Upper Arm Circumference; measurement used to help determine nutritional status of children and pregnant and lactating women
SAM	Severe Acute Malnutrition; the most severe form of malnutrition

UNIT 10: NUTRITION



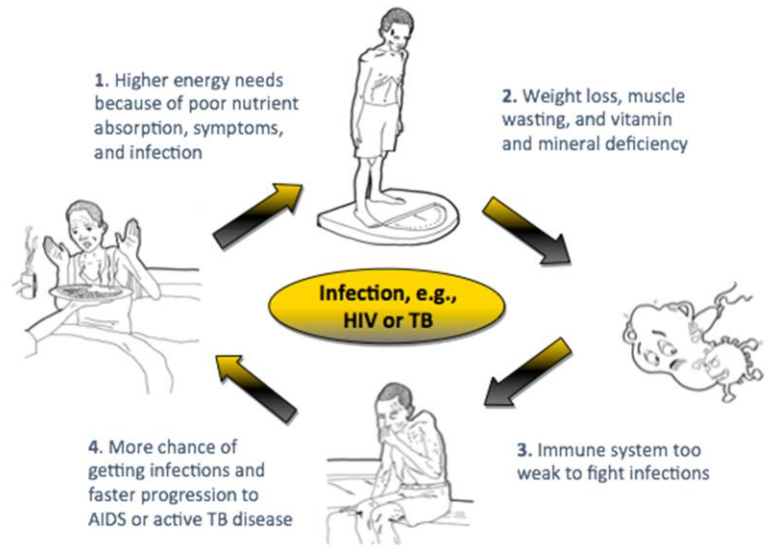


MALNUTRITION

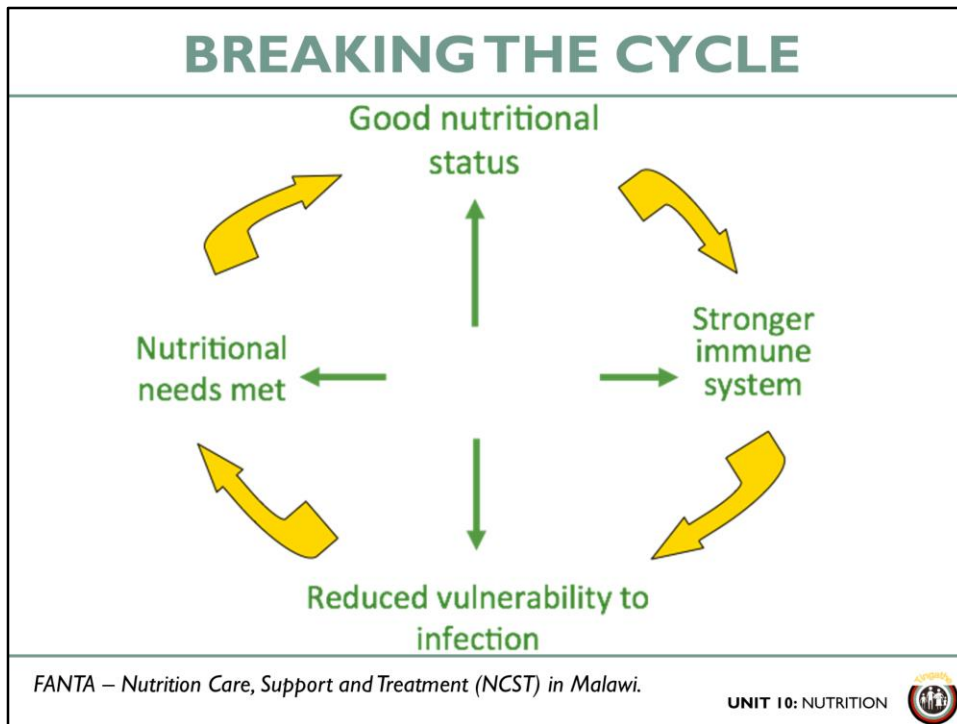
UNIT 10: NUTRITION



CYCLE OF POOR NUTRITION



FANTA – Nutrition Care, Support and Treatment (NCST) in Malawi.



MALNUTRITION IN MALAWI

Malnutrition is a serious issue in Malawi and causes many deaths, especially for those living with HIV/AIDS.

In Malawi:

- 13% of under-five children are underweight
- 2% of under-five children have moderate wasting
- 2% of under-five children have severe wasting
- 47% of under-five children have stunted growth (chronically malnourished)

UNIT 10: NUTRITION



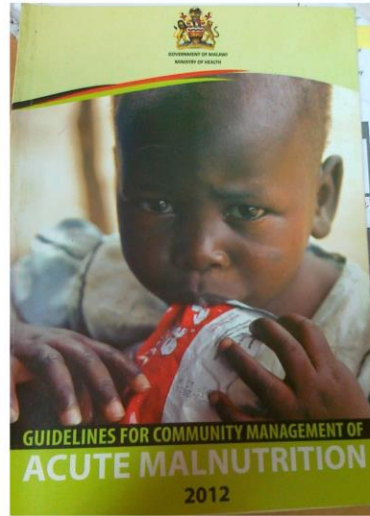
Facilitator's Note:

May need to clarify what wasting and stunting is

CMAM

In order to help Malawi manage their malnutrition problems, the Malawi Ministry of Health came up with a set of guidelines and tools to help health staff assess and manage malnutrition within their own communities.

The methods described in this unit are adapted from those guidelines.



UNIT 10: NUTRITION



NUTRITION

Nutrition is getting the food, vitamins, and nutrients you need to grow and stay healthy.

It is important that people eat the right amount of the right kinds of foods to keep them healthy and strong. If they do not, they have a much higher chance of becoming malnourished, becoming ill, or even dying.

Patients who have HIV/AIDS have a higher nutritional need than non-infected people. If they do not receive the right amount and types of food, the consequences can be much more severe.

UNIT 10: NUTRITION



MALNUTRITION

MALNUTRITION:

An imbalance between what a person takes in and his/her nutritional needs

CLASSIFYING MALNUTRITION:

There are three main classifications of malnutrition.

- Mild Malnutrition
- Moderate Acute Malnutrition (MAM)
- Severe Acute Malnutrition (SAM)

UNIT 10: NUTRITION



Facilitator's Note:

- Remind participants that malnutrition can work both ways. A person can also be taking in too much of something and become obese or overweight. For this section we will focus primarily on underweight persons because it is more common in HIV/AIDS settings.

CAUSES OF MALNUTRITION

- **Inadequate Intake:** due to starvation, famine, drought, and/or poverty
- **Inadequate Digestion:** due to malabsorption and/or anatomical defect such as cleft palate
- **Increased Requirement:** due to HIV/AIDS, other infections such as TB, and/or cancer
- **Excess Excretion:** due to infections, malignancies, burns, major trauma, and/or diarrhea

It is important for a CHW to understand these reasons so they can give appropriate counseling points depending on the specific patient's situation.

UNIT 10: NUTRITION







Facilitator's Note:

Can give examples of each of these types.

TYPES OF MALNUTRITION

MARASMUS

<p> SIGNS</p> <ul style="list-style-type: none">·Evenly distributed normal or dark colored papules on body, arms, or legs·Can look like scabies <p> SYMPTOMS</p> <ul style="list-style-type: none">·Severe, itchy rash	
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UNIT 10: NUTRITION 

Facilitator's Notes:

Remind participants of how they also learned about this during Unit 4: signs and symptoms of HIV. Try to make the connection between malnutrition and HIV.

TYPES OF MALNUTRITION

KWASHIORKOR



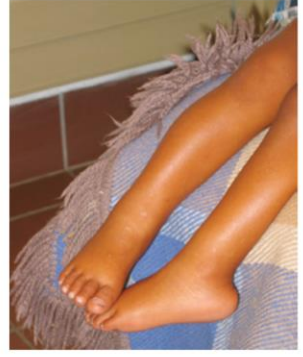
SIGNS

- Body look swollen
- Large, round/distended abdomen



SYMPTOMS

- Lack of energy
- Irritable
- Not playful
- Weak



TYPES OF MALNUTRITION

MARASMIC-KWASHIORKOR



SIGNS

- Thin, but swollen



SYMPTOMS

- Lack of energy
- Irritable
- Not playful
- Weak





PREVENTING MALNUTRITION

UNIT 10: NUTRITION



PREVENTING MALNUTRITION

Preventing malnutrition involves food, care, and staying healthy.

To Prevent Malnutrition:

- Eat a balanced diet (eat the right amount of the right foods)
- Know your HIV status
- Seek treatment when ill
- Practice MoH breastfeeding guidelines
- Understand the causes of malnutrition
- Attend regular clinic visits to receive immunizations, vitamin A tablets, and deworming medication
- Obtain drinking water from the cleanest source available

UNIT 10: NUTRITION



Facilitator's Note:

Remind participants that these are also some of the most important topics to counsel patients about to prevent malnutrition. For the next few slides you will focus primarily on eating a balanced diet, but remind participants often of the other things they need to remember when counselling about nutrition.

EATING A BALANCED DIET

One way to stay healthy is to try to eat from each of the six food groups every day. Each food group provides a different vitamin, nutrient, or energy to help keep our bodies strong.



UNIT 10: NUTRITION









Facilitator's Note:


Can use CHW tool to help as a teaching tool. CHWs should also become familiar with using the tool, so they can use it when teaching patients.

- Remember to eat what is in season! 😊

EATING A BALANCED DIET

SIX FOOD GROUPS

		
STAPLES	ANIMAL FOODS	LEGUMES & NUTS
		
VEGETABLES	FRUITS	FATS

UNIT 10: NUTRITION 

Facilitator’s Note:

After each group appears – ask participants to name off a few examples of each type.

Discuss at the end the following points:

-Which of the food groups are readily available and which aren’t. Notice that the ones which are NOT readily available usually contain the most protein (animal foods/legumes & nuts).

EATING A BALANCED DIET

IMPORTANCE OF PROTIEN

Proteins are like building blocks for our bodies.

It builds, maintains, and replaces tissues in your body. Your muscles, organs, and immune system are all made up of proteins.

If you don't have enough proteins, your body cannot grow strong and stay healthy.

Children need a lot of protein because their bodies are constantly growing.




UNIT 10: NUTRITION



Facilitator's Note:


This is also highlighted in Unit 8: Exposed Infant Care. Help make the connection between this and complementary feeding.



GROUP WORK

One of your clients sells tomatoes, and earns between 1,000-1,500 MK per week. She lives with her two young children. Her husband left her because she has HIV.

Make a budget for food purchases in this household. How do you advise your patient to provide a healthy diet to her family?

UNIT 10: NUTRITION 

Key Objectives:

- A balanced diet that especially includes **proteins** is most important for children
- Remind them that it's the poorest patients that they need to focus on giving practical advice to
- Can be creative and advise on different foods for the client to grow

Instructions:

1. Break into group of 4-5 people maximum.
2. Have the group create a budget of a good diet for 3 people (mom and 2 children) on 500-1,000 MK per week (10 minutes). Remind them that this is a real situation for some of our patients, especially the poorest. This means they need the most help and guidance.
3. Have them present their budgets to the group (2-3 minutes each)

Total time: 25 minutes



WHAT YOU CAN DO AS A CHW

Counsel patients about the importance of good nutrition. Remind them that good nutrition involves eating from all the food groups, attending regular clinic visits for immunizations, and drinking clean water.

Educate your patients about nutrition services and how to prevent malnutrition.

UNIT 10: NUTRITION





Facilitator's Note:

Can make a connection to Unit 7: Adherence- remind participants that monitoring nutritional status is one of the key methods they can use to monitor their patients HIV treatment as a whole. Ask them again what the other things they should monitor (signs and symptoms and adherence to medication).

MONITORING NUTRITIONAL STATUS

One of the roles of a CHW is to perform a full nutritional assessment at every clinic visit. In this way CHWs can detect any signs of malnutrition and refer a patient from there appropriately.

There are different indicators to determine the nutritional status of different patients. It is important to use the appropriate indicator.

PATIENT	NURITION INDICATOR
Children under 15 years	Wt/Ht Z Score, MUAC, edema
Pregnant or Lactating Women	MUAC
All other adults	BMI

UNIT 10: NUTRITION



Facilitator's Note:

Briefly go through each of these. The key here is to highlight that children and adults are monitored in different ways. Remember that children need special monitoring because they are constantly growing and changing and sometimes it can be difficult whether they are developing.

HOW TO CONDUCT A NUTRITIONAL ASSESSMENT


1. Record the visit date in the health passport book.
2. Ask about the last dosage of vitamin A tablets, deworming tablets, and immunizations. Refer for all not completed.
3. Measure and record in the health passport book the patient's height and weight. Calculate Ht/Wt Z scores from the values.
4. Measure and record MUAC and edema.
5. Compare with previous measurements.
6. Assess for malnutrition using the combination of Wt/Ht Z score, MUAC, edema measurements, and previous nutritional status.
7. If not malnourished, check for any consistent weight loss over two or more consecutive visits and if present, make a note of it.
8. If malnourished, refer the patient for further care and make a note.

UNIT 10: NUTRITION



Facilitator's Note:

Move through each of these quickly. This should just be an introduction. You should leave this slide up during the station rotations to remind participants.




DEMONSTRATION

**HOW TO:
PERFORM A NUTRITIONAL
ASSESSMENT**

Within your group you will travel to each of the different stations to learn about the different parts of conducting a nutritional assessment.

At each station you will be asked to complete an activity in your workbook before moving on to the next station.

UNIT 10: NUTRITION 

Materials:

- See materials needed for each of the stations


Objective:

- To learn to do a full nutritional assessment of a patient.

Instructions:

1. Facilitator should split up participants into 5 groups. Tell all participants they will need to take their workbook and pen to each of the stations.
2. Groups will travel to each station. Some stations may take longer than others. Encourage participants to work on the following activity if they are waiting to move onto a new station. The stations do not need to be done in order.
3. At each station the facilitator should perform the following:
 - Quick explanation
 - Demonstration of how to do it
 - Let participants practice doing it- each participant should get a turn
 - Help participants fill out the corresponding section in their workbook


Time:



INTERPRETING A NUTRITIONAL ASSESSMENT

Fill out the Ht/Wt Z score for each of the patient examples in your workbook.

UNIT 10: NUTRITION



NOTE: Participants can work on this if waiting on another station to be finished. In addition, if there is not enough time, assign this portion as homework and review during the next morning's review session.

Objective:

- Practice interpreting and determining a nutritional status
- Referring patients appropriately based on their nutritional status

Instructions:

1. In pairs, allow participants to fill out the missing columns in their workbook. They should begin with the Ht/Wt Z score. They will fill in the other parts as they learn more.
2. Move around the room to help.
3. If there is time left, can go through them to check for answers.

Time: 30 minutes



WHAT YOU CAN DO AS A CHW


Help ensure your patient's height, weight, MUAC, and edema is correctly checked at every clinic visit.

If you see signs of malnutrition, refer patients for further care.

UNIT 10: NUTRITION



DETERMINING NUTRITIONAL STATUS

UNIT 10: NUTRITION 

DETERMINING NUTRITIONAL STATUS

After recording all necessary data for each patient, you must analyze it all to determine the patient's final nutritional status.

Determining a patient's final nutritional status will help you refer them properly.



UNIT 10: NUTRITION



DETERMINING NUTRITIONAL STATUS

There are four different nutritional statuses:

- Normal
- Mild
- Moderate
- Severe

For each of these categories there are *exceptions*, especially for those that are HIV-infected. Please note these exceptions when giving a final nutritional status.

UNIT 10: NUTRITION



Facilitator's Note:

You can have participants look at the different exceptions listed in their manual. Especially highlight the HIV exceptions.

EXAMPLE

I. An HIV-infected eight year old child has a Z score of $-3Z$, MUAC of 12.5 cm and no signs of edema. He appears to be clinically well with an appetite.

MODERATE

MODERATE

Z Score: $< -3Z$
or
MUAC: < 11.5 cm
or
Edema +1 or +2
with
Appetite for RUTF and clinically well

Z Score: < -3
or
MUAC:
 < 13.0 cm (5-9 yrs)
 < 16.0 cm (10-12 yrs)
or
Edema +1 or +2
with
Appetite for RUTF and clinically well

• HIV-infected children 6-59 months with MUAC < 12.5 cm, classify as *moderate*

UNIT 10: NUTRITION

Facilitator's Note:

For the first example, walk through it slowly. Ask for questions after each step and confirm participants understanding. For the second example, you can ask for participants to give answers and explain them. Give guidance if needed.

EXAMPLE

2. An HIV-infected four year old has a Z score < -2, edema +1, MUAC of 11.2 cm and diarrhea for the past week.

SEVERE

Z Score: < -3Z
or
MUAC: < 11.5 cm
or
Edema +1 or +2
and
No appetite and any medical complications

Z Score: < -3
or
MUAC:
< 13.0 cm (5-9 yrs)
< 16.0 cm (10-12 yrs)
or
Edema +1 or +2
and
No appetite and any medical complications


- Any child to 12 years with +3 edema or marasmic kwashiorkor or BMI for age < -3Z (5-12 years), classify as **severe**

SEVERE

UNIT 10: NUTRITION


Facilitator's Note:

For the first example, walk through it slowly. Ask for questions after each step and confirm participants understanding. For the second example, you can ask for participants to give answers and explain them. Give guidance if needed.



Determining a Nutritional Assessment

Fill out the nutritional status for each of the patient examples in your workbook.

UNIT 10: NUTRITION 

Materials:

- Workbook and pen
- Manual

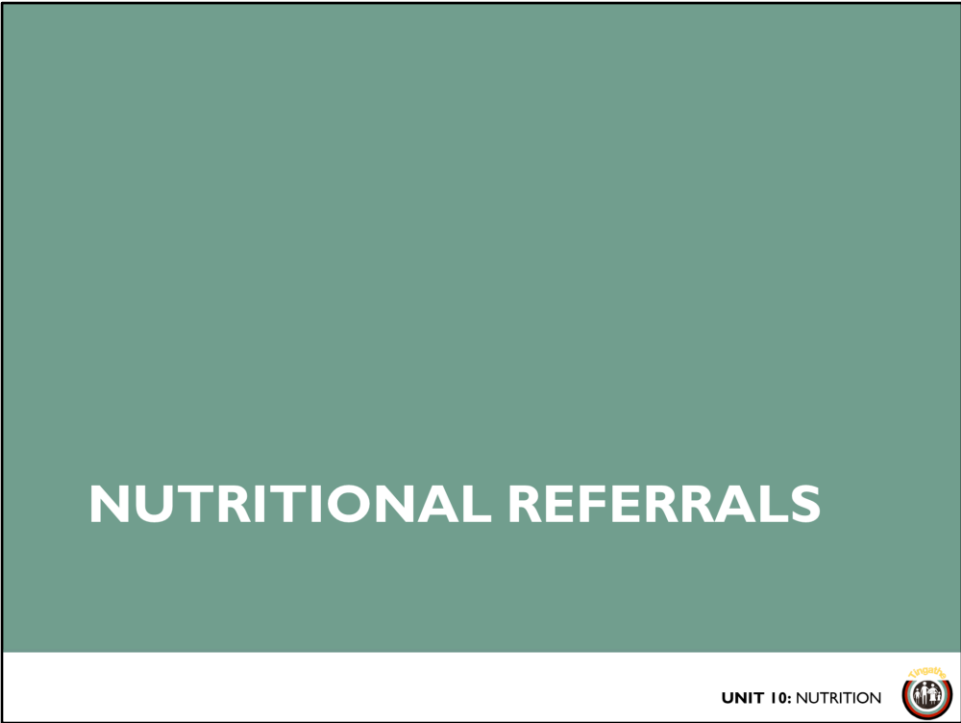
Objective:

- Practice interpreting and determining a nutritional status
- Referring patients appropriately based on their nutritional status


Instructions:

1. In pairs, allow participants to fill out the missing columns in their workbook. This time they should focus on the column with the nutritional assessment. Encourage them to refer to their manual for help.
2. Move around the room to help.
3. If there is time left, can go through them to check for answers.

Time: 10 minutes



NUTRITIONAL REFERRALS

UNIT 10: NUTRITION 

NUTRITIONAL REFERRALS

The last step of doing a nutritional assessment is to refer the patient if needed.

Any patient with **mild, moderate, or severe** malnutrition should be referred to a clinician.

The clinician will then assess the patient further and refer them to the appropriate nutritional program.

- Supplementary Feeding Program (SFP)
- Outpatient Therapeutic Program (OTP)
- Nutrition Rehabilitation Unit (NRU)

UNIT 10: NUTRITION



Facilitator's Note:

If there is time, go into more detail about each of the different nutritional programs. It will be a good introduction for the next slide (RUTF).

NUTRITIONAL SUPPLEMENTS

Some of your patients may be referred for take home rations or “ready to use therapeutic foods” (RUTF). You can assist your patients taking RUTF by counseling them about:

- RUTF is a medication and should be taken as prescribed
- RUTF should not be shared with other members of the family
- RUTF should not be mixed with liquid or taken with porridge or bread

It is important to monitor these patients closely at every visit and refer them if their situation becomes worse.

UNIT 10: NUTRITION



Facilitator's Note:

If possible, provide a sample of RUTF. You can let participants try it and/or pass it around.



WHAT YOU CAN DO AS A CHW

It is your job as a CHW to perform the nutritional status and refer any patient with malnutrition to a clinician for further assessment.

You can suggest which nutritional program the patient should be referred to by their status, but the final decision will be determined by the clinician.

UNIT 10: NUTRITION



FAMILY PLANNING



4 hours

DURATION



- ◆ Describe what family planning is and how it works
- ◆ Explain the importance of family planning for those with HIV/AIDS
- ◆ Demonstrate how to use a male and female condom
- ◆ Help dispel myths regarding family planning
- ◆ List different types of contraceptives and how to access them in your communities

OBJECTIVES



CONTENT & ACTIVITIES

- 11.1 What is Family Planning?
 - Discussion: What is family planning?
 - Objectives and Vocabulary
- 11.3 Family Planning and HIV
 - Activity: Discussion– Family planning and HIV
- 11.4 Condoms
 - Discussion
 - Demonstration: How to use a male and female condom
 - Role Play
- 11.5 Dual Method Contraceptive
 - Activity: Kilo
- 11.5 Types of Contraception
 - Activity: Poster Brainstorm
 - Peer Teaching: Types of Contraceptives
- 11.6 Discussing Family Planning
 - Activity: Case Studies
 - Reflection



MATERIALS

- ◆ Role play props
- ◆ 6 Case Study Cards (x3 copies/case)
- ◆ Male Condoms (2 for demonstration + x1/participant)
- ◆ Female Condoms (2 for demonstration + x1/participant)
- ◆ Poster markers (x8)
- ◆ 12 Contraceptive Teaching Cards
- ◆ Tape (to hang posters)
- ◆ Instructions for how to use a male and female condom (x1/participant)
- ◆ Wooden penis
- ◆ Poster paper



PREPARATION

- ✓ Set up training room and collect all materials needed.
- ✓ Read through Unit 11 materials and confirm that you are prepared.
- ✓ Reserve a room for condom demonstration.
- ✓ Practice role plays.
- ✓ Prepare Poster Brainstorm Activity– Write the names of each type of contraceptive on the top of a half sheet of flipchart paper. Hang them around the room.



ACTIVITY

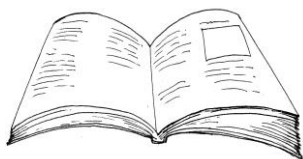
CASE STUDY #1

Discussing Family Planning

One of your patients, an HIV-infected woman is having issues family planning. She has a two year old, but does not feel ready yet to have another child. Her husband wants one very badly and is telling her she cannot use any contraceptives.

With your group:

- How you would address the situation
- Role play to demonstrate



ACTIVITY

CASE STUDY #2

Discussing Family Planning

You are on a home visit to one of your patients, an HIV-infected pregnant woman. She is following all the steps of PPTCT and is very adherent to her medication. She admits her has been having trouble with adherence and she believes he could have a resistant virus that could pass on to her and the baby.

She is worried that if she asks her husband to start using a condom, he'll think that she is being unfaithful because they already are both HIV-infected.

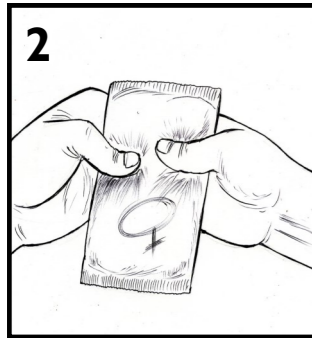
With your group:

- How you would address the situation
- Role play to demonstrate

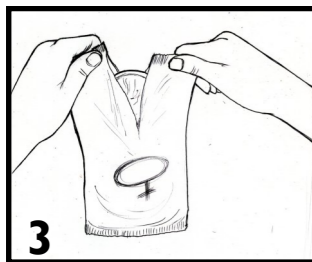
HOW TO USE A FEMALE CONDOM



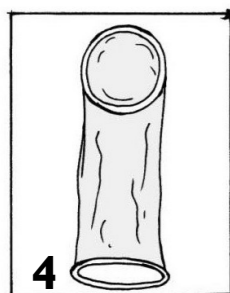
1 Check the expiration date on the package of the condom. Use a condom that has not expired, if available.



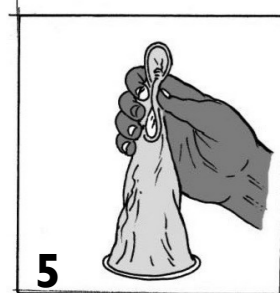
2 Squeeze the package to check for an air bubble. If there is no air bubble, it means the package has been opened and the condom could be damaged.



3 Open the package carefully. Do not use your teeth or fingernails because they could make a hole in the condom.



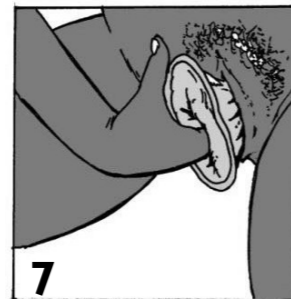
4 Distinguish between the inner and outer rings of the condom. The inner ring is closed and the outer ring is open.



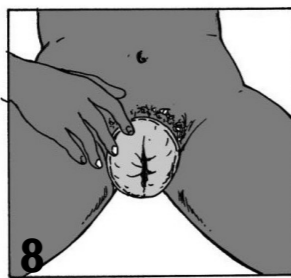
5 Hold the inner ring between your thumb and forefinger. Form a figure eight with the inner ring by squeezing the sides of the inner ring together and grasping it firmly.



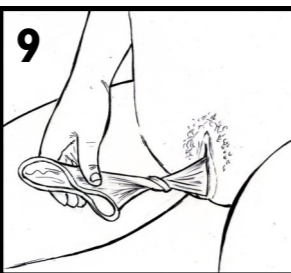
6 Find a comfortable position to insert the condom. Try sitting, squatting or lying down. Locate the opening of the vagina and separate the outer lips. Push the inner ring up into the vagina as far as possible.



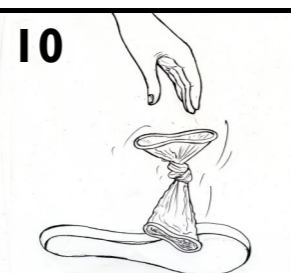
7 One inch of the condom, including the outer ring, will remain outside the body. When the penis enters the vagina, the part hanging out will decrease.



8 When the penis enters the vagina, it should push the outer ring into the vagina. If the penis enters on the side, between the condom and the vaginal wall, STOP. Remove the penis, adjust the ring and try again.



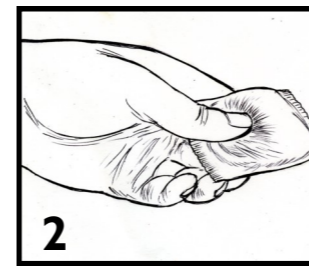
9 After sex, hold the condom in place when the penis is pulled out. To take the condom out, grasp the outer ring, twist the condom to seal the fluid and gently remove. Dispose of it properly.



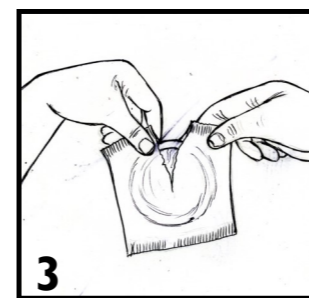
HOW TO USE MALE CONDOM



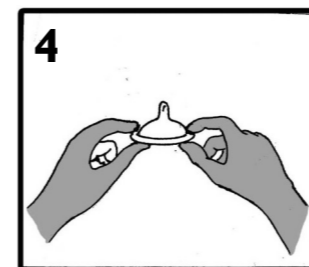
1 Check the expiration date on the package of the condom. Use a condom that has not expired, if available.



2 Squeeze the package to check for an air bubble. If there is no air bubble, it means the package has been opened and the condom could be damaged.



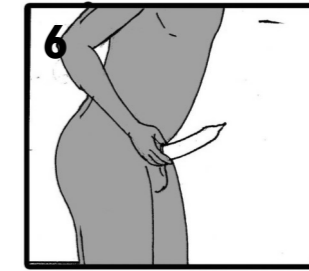
3 Open the package carefully. Do not use your teeth or fingernails because they could make a hole in the condom.



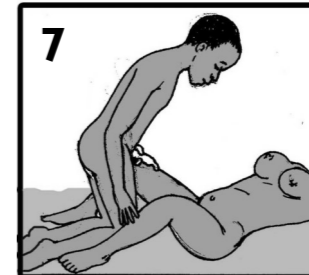
4 Find the tip of the condom and hold it so the ring hangs down like a little hat and there will be a crease between the condom and the roll.



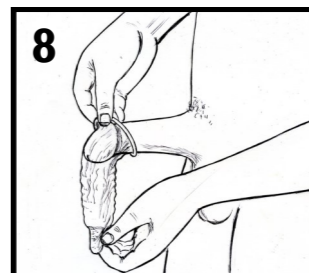
5 Hold the top with the forefinger and thumb as you place the condom on the penis, with the ring on the outside. Roll the condom down to the base of the penis.



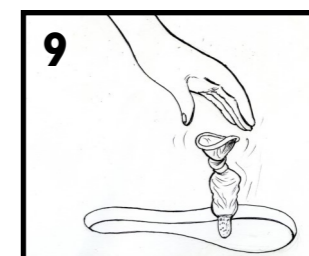
6 Roll the condom down to the base of the penis.



7 After sex, the penis will become softer and the condom can easily slip off. To avoid this, remove the condom from your partner while the penis is still hard and be sure to hold the condom at the base as you pull the penis away from your partner.



8 Remove the condom from the penis, being careful to not spill the liquid on your partner.



9 Tie the condom in a knot and dispose of it properly. Male condoms should only be used once.



FAMILY PLANNING

UNIT 11: FAMILY PLANNING



Materials:

- Talking ball

Objective:

- Understand what family planning means and what it means in your community.
- Emphasis on feeling comfortable sharing with participants and being open about a very sensitive topic

Instructions:

1. Facilitators should remind participants that this can be a very sensitive subject for some people and we must open minded about the responses given.
2. Facilitator should ask the question posted and let participants think about it for ~2 minutes.
3. Encourage volunteers to share their answers with the class. Pass the “talking ball” to anyone who wishes to speak.
4. If have more time- or wish to further engage participants in thinking/talking – ask some or all of the following questions:
 - How many children does the average couple have in your community?
 - Who usually has more children- rich families or poor ones?
 - What are the advantages of having many children? What are the disadvantages?
 - Do men often have different attitudes than women? Why?
 - Official announcements tell people they should plan their families in order to protect the health of mothers and children. What other reasons do you think they have?
 - Is family planning important? For whom and in what way?
 - Should a health worker encourage parents to plan their families? All parents? Only some parents? Which?
 - Should a health worker bring up the subject of family planning when mothers com for medical or bring their children? Should she discuss it with them only when they express interest?
 - Is it better to abort or bring an unwanted child into the world?
 - What doubts or fears do you (or mothers, or people in general) have about different family planning methods? Why? Where can you get truthful information?

Focus on issues such as: religion, local customs, male involvement

Time: 5 min

WHAT IS FAMILY PLANNING?

FAMILY PLANNING:

Having the number of children you want, when you want to have them.



UNIT 11: FAMILY PLANNING



Facilitator Discussion Point:

Ask participants to compare/contrast the two pictures- THEN pull up the definition.

WHAT IS FAMILY PLANNING?

For women who **do** wish to have a baby, family planning is a way to protect the mother's and the baby's health through timing and spacing.



UNIT 11: FAMILY PLANNING



WHAT IS FAMILY PLANNING?

For women who **do not** wish to have a baby at this time, family planning is a means to prevent pregnancy.



UNIT 11: FAMILY PLANNING





FAMILY PLANNING

OBJECTIVES

By the end of Unit 12, you should be able to:

- Describe what family planning is and how it works
- Explain the importance of family planning for those with HIV/AIDS
- Demonstrate how to use a male and female condom
- Help dispel myths regarding family planning
- List different types of contraceptives and how to access them in your communities
- Explain what dual contraception is and its benefits for HIV-infected couples

UNIT 11: FAMILY PLANNING



VOCABULARY

CONTRACEPTIVE A method, technique or device used to prevent pregnancy

DUAL METHOD CONTRACEPTION The use of condoms plus a second form of contraception

FAMILY PLANNING Having the number of children you want, when you want to have them

IUCD Intrauterine contraceptive device; form of contraceptive inserted into the uterus of the woman

STERILIZATION Medical procedure which intentionally makes a person unable to reproduce



IMPORTANCE OF FAMILY PLANNING

Family planning is for ALL women and ALL families.



Family planning works best when the couple is in agreement on what they want and take responsibility for family planning together.

UNIT 11: FAMILY PLANNING



Facilitator's Note:

It is important to emphasize that FP is important for ALL members of the family for many reasons.

IMPORTANCE OF FAMILY PLANNING

Family planning helps protect the health of the mother and child.

- Prevents from having too many children
- Prevents from having children too early
- Prevents from having children too late
- Prevents from having children too close together
- Gives a woman's body the chance to recover from pregnancy



UNIT 11: FAMILY PLANNING



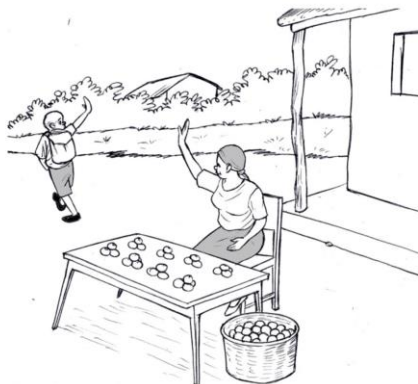
Facilitator Discussion Point:

Discuss the dangers of having children too early/too late/too close together and the disadvantages of having too many children. See manual for reference.

IMPORTANCE OF FAMILY PLANNING

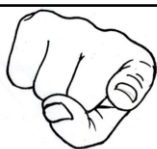
Family planning allows families to choose the best time to have a child so that they can:

- Be tested for HIV
- Know their status
- Take all measures to keep the mother and infant healthy
- Empower women to pursue educational and career opportunities and advance in society



UNIT 11: FAMILY PLANNING





WHAT YOU CAN DO AS A HCW

Encourage all patients (both females and males!)
to plan having their families.

Let them know that having a discussion about
family planning and making a plan helps to protect
the health of the mother and the child.


UNIT 11: FAMILY PLANNING



FAMILY PLANNING AND HIV

UNIT 11: FAMILY PLANNING






ACTIVITY

DISCUSSION
Family Planning and HIV

What are your ideas and thoughts about HIV-infected women having children?

Do you think there is stigma in your communities regarding this issue?

How could you help to address common beliefs and misconceptions?

UNIT 11: FAMILY PLANNING 

Materials:

-Notebook & Pen

Objectives:

-Help participants identify and be able to dispel myths surrounding HIV-infected women bearing children

Instructions:

1. Break up participants in pairs.
2. Each group should discuss the questions in their pairs. (5 min)
3. Ask participants for examples of myths.. Can write on flipchart paper.
4. As you move through the following slides, compare the myths listed on the flipchart paper. Then ask for ways that those myths could be addressed.

Time: 10 min

FAMILY PLANNING AND HIV

An HIV-infected woman has the right to have a baby.



UNIT 11: FAMILY PLANNING



Facilitator's Note:

Should compare to any myths listed from previous activity. Then ask for ways that similar myths can be addressed.

FAMILY PLANNING AND HIV

The best time for an HIV-infected women to have a child is when she has good adherence to ART and her viral load is low.

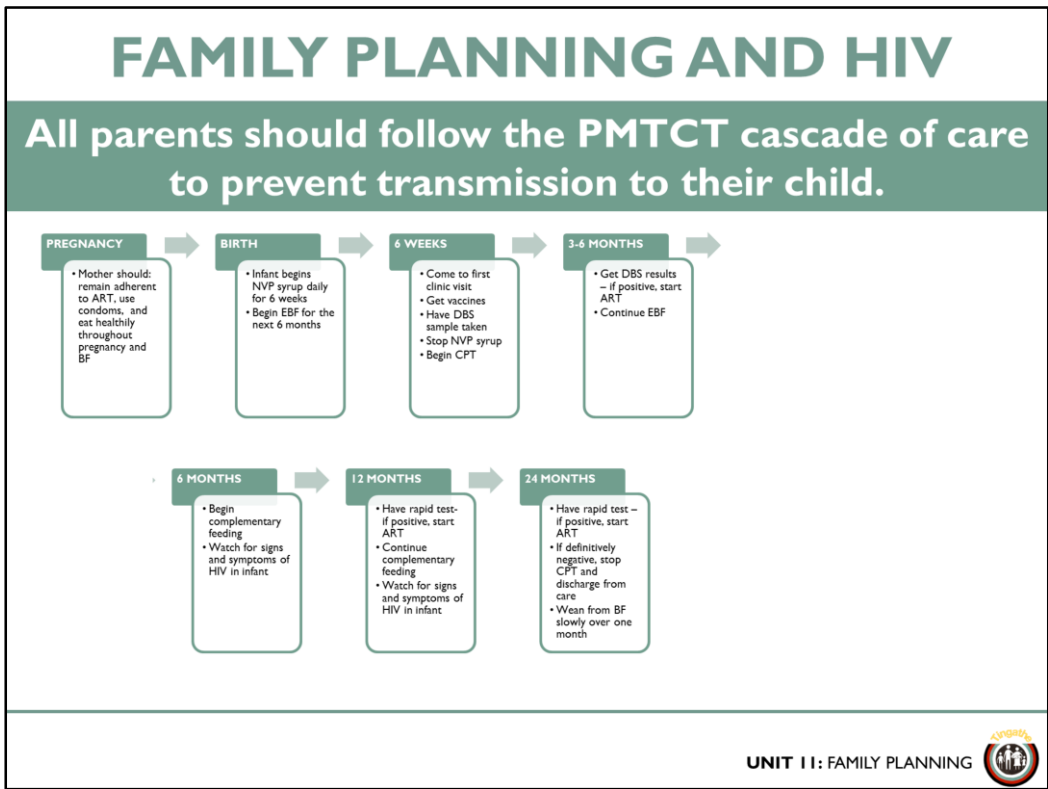


UNIT 11: FAMILY PLANNING



Facilitator's Note:

Should compare to any myths listed from previous activity. Then ask for ways that similar myths can be addressed.

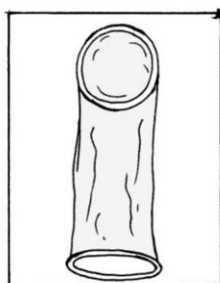
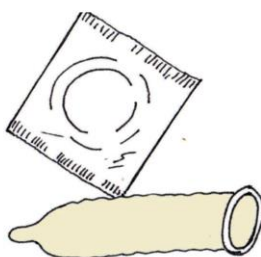


Facilitator’s Note:

Should compare to any myths listed from previous activity. Then ask for ways that similar myths can be addressed.

FAMILY PLANNING AND HIV

Couples should use condoms when having sex while the mother is pregnant to prevent getting infected or spreading infection.




UNIT 11: FAMILY PLANNING




Facilitator's Note:

Should compare to any myths listed from previous activity. Then ask for ways that similar myths can be addressed.


CONDOMS

UNIT 11: FAMILY PLANNING 



DISCUSSION

- Why is it important to use a condom?
- Why do you think people do not want to use a condom?
- What can you do as a HCW to encourage condom use?
- Why is partner reduction so important?
- What can you do as a HCW to encourage partner reduction?

UNIT 11: FAMILY PLANNING 

Objectives:

- Understand the barriers, stigmas, and myths for using condoms
- Understand what partner reduction is, and why it's encouraged
- Understanding these reasons can help us help our patients (understanding, sharing experiences, dispelling myths, etc)

Instructions:

1. Have facilitator lead discussion question by question.
2. Encourage participants to share their own stories and experiences as much as possible.

Time: 10 minutes (may be more if lots of discussion)

CONDOMS

Condoms create a barrier between two people which prevent HIV and other STIs from passing from one person to the other during sex.

Condoms also protect against pregnancy.



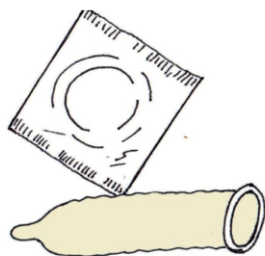
UNIT 11: FAMILY PLANNING



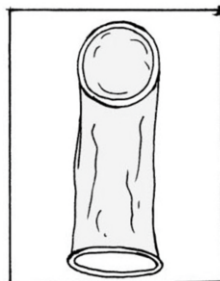
CONDOMS

There are two types of condoms:

MALE



FEMALE



For condoms to be effective, they must be used correctly and every time when having sex.

UNIT 11: FAMILY PLANNING




Materials Needed:

- 1 female condom
- 1 male condom

Facilitator Discussion Point:

Show participants examples of each kind- both in and out of their package.




DEMONSTRATION

**HOW TO:
USE A MALE AND FEMALE
CONDOM**

Go to your appropriate condom station and learn how to demonstrate using both male and female condoms.

Take notes as needed.

UNIT 11: FAMILY PLANNING 

Materials Needed:

- Wooden penis
- Male and female condoms (2 each instructor and 1 each student)

Objectives:

- Demonstrate to others a male and female condom

Instructions:

1. Split participants into two groups- one for the male condom station and the other for the female condom station. If there are enough supplies, split up into 4 or more groups.
2. Break up the groups and confirm all participants have their "Condom Tool" and one of each kind of condom.
3. At each station:
 1. Facilitator should demonstrate using the condom with the props and highlighting each step as seen on the poster. Or show video (5 min)
 2. Facilitate a Q&A session. (2 min)
 3. Let each participant practice demonstrating how to use the condom. Facilitator and other participants can provide feedback. (10 min)

Time: 35 min



ROLE PLAY

You are a Community Health Worker and you are at a local bar with some friends. Your friend says “I will never use a condom. You can’t eat candy with the wrapper on”. You know that this friend has many girlfriends- one in Blantyre, one in Kabadula, and one in Nkhoma.

With the knowledge you have now as a community health worker, how can you advise your friend?

UNIT 11: FAMILY PLANNING



Materials:

-Role play props

Objectives:

- HCW can advise friends/peers on issues that are a real risk for HIV transmission
- Incorporate knowledge of HIV prevention, condom use, and partner reduction.

Instructions:

1. Select 2 HCWs/facilitators to act out. One will play the role of the HCW, one the friend. (5 minutes)

Friend: I will never use a condom. You can’t eat candy with the wrapper on.

HCW: I disagree. I would rather use a condom than get HIV.

Friend: Ahhh- why do you have to be so serious? We are just having fun here!

HCW: Because HIV is a serious issue. You can get HIV from unprotected sex, and even spread it to others- if you have multiple partners!

Friend: So what if I get HIV, there are drugs now that keep you alive. I’ll be fine!


HCW: The drugs can help you, but that is still a disease for life. You make your own choice, but I know I have made mine.

2. Have the trainees comment on this situation and how it was handled (5 minutes)

3. Then split the participants up into groups of 3. Each group will practice this role play. One will be the HCW, the other the friend, the other an observer- then they will switch roles. Keep going until each person has had a chance to practice. The facilitators should be walking around and listening in on different groups. (15 minutes)

Time: 25 minutes

DUAL METHOD CONTRACEPTION

UNIT 11: FAMILY PLANNING 

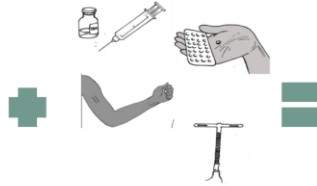
DUAL METHOD CONTRACEPTION

DUAL METHOD CONTRACEPTION:

The use of condoms in addition to a second form of contraceptive (usually injection or pill)



CONDOM



**ADDITIONAL
CONTRACEPTIVE**

**DUAL METHOD
CONTRACEPTION**
Prevention against
HIV infection, STIs, and
pregnancy

UNIT 11: FAMILY PLANNING



Facilitator's Note:

Participants may not be familiar with the options for additional contraceptives. You can explain that they will learn more about them later. They will also review this method later.

DUAL METHOD CONTRACEPTION

Why dual contraception??

Condoms protect against STI infection and pregnancy.
A second contraceptive can help prevent against pregnancy if something goes wrong with the condom.

Dual method contraception is a good family planning option for HIV-infected couples because it helps prevent transmission of HIV and unwanted pregnancy.

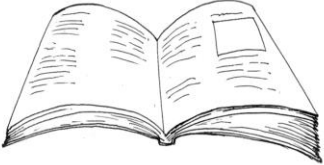


UNIT 11: FAMILY PLANNING



Facilitator's Note:


This is a KEY POINT in this unit. It is important that participants understand the method and why it is so important for our HIV-infected patients.



ACTIVITY

KILO
Dual Method Contraception

Work within your group to come up with a kilo to encourage dual method contraception.

UNIT 11: FAMILY PLANNING 

Objective:

-Stress the meaning and importance of dual method contraception

Instructions:

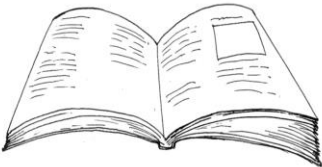
1. Ask participants for a dual contraception kilo. If they do not have one, use the one you have made up yourself.

Time: 2 minutes

TYPES OF CONTRACEPTIVES

UNIT 11: FAMILY PLANNING






ACTIVITY

POSTER BRAINSTORM
Types of Contraceptives

Walk around the room and write down on the posters whatever facts or myths you have heard about each of the contraception methods.

UNIT 11: FAMILY PLANNING 

Materials:

- 8 posters each with a different FP method listed on the top
- 8+ markers (one or more for each poster)
- Tape to hang posters


Objectives:

- Help dispel myths about contraceptives

Instructions:

1. Facilitator should hang up a poster with the name of one contraceptive on each poster.
 1. Emergency Contraceptive
 2. Condoms
 3. Injectable Hormones
 4. Oral Contraceptives
 5. IUD or Loop
 6. Implant
 7. Sterilization
 8. Natural Family Planning Methods (LAM, Withdrawl Method & Mucous Method)
2. Participants should walk around the room and write EVERYTHING they know (**and myths**) associated with the type of contraceptive. (10 minutes)

Time: 10 minutes




**PEER
TEACHING**

TYPES OF CONTRACEPTIVES

Each group should teach the rest of the class about their assigned form of contraceptive.

Remember to cover points such as:

- Description of what it is
- How it is used
- Dosage/Use
- Advantages and Disadvantages
- Dispel myths

UNIT 11: FAMILY PLANNING 

Materials:

- Poster paper
- Markers
- Role play props
- 12 laminated contraception info cards

Objectives:

- Allow students to learn in their own way about different forms of contraceptives.

Instructions:

1. Facilitator should break participants up into 8 different groups and assign each group one topic (emergency contraceptive, condom, injectable hormones, oral contraceptives, IUD or loop, implant, sterilization, and natural FP)
2. Each group should work on a method of teaching their peers about their type of contraceptive. Tell them that they should act as though they are teaching their patients about the subject. Encourage them to be creative. (15 min)
3. Let each group present their topic. Should take 5-10 min/method. (1 hour)
4. After presenting, make sure “teachers” have covered and dispelled all myths on the flip chart paper. If not, facilitator should highlight any they have missed.

Time: 1 hour 15 min

DISCUSSING FAMILY PLANNING

UNIT 11: FAMILY PLANNING 

DISCUSSING FAMILY PLANNING

- Educate HIV-infected patients on the importance of family planning
- Remind women that they have the right to make an informed decision about their family planning options
- Help women to negotiate condom use
- Encourage couples to meet together and decide together on a family planning method
- Offer to meet with each spouse separately
- Dispel myths about contraceptives
- Remind patients the only contraceptive that protects against pregnancy and STIs is condoms
- Encourage families to seek family planning services in their communities

UNIT 11: FAMILY PLANNING



Facilitator's Notes:

Ask participants to give their own suggestions on the best way to handle discussing family planning with their patients.

DISCUSSING FAMILY PLANNING

NEGOTIATING CONDOM USE

If a woman is hesitant to discuss condom use with her partner, offer to help plan what the woman can say.

This will help the woman to feel prepared and informed when discussing the options with her partner.



UNIT 11: FAMILY PLANNING



Facilitator Discussion Point:

After reviewing this slide, ask participants to brainstorm key points about condoms which they could tell a woman to help her plan a condom discussion with her partner. Use the following slide to highlight any they missed.

DISCUSSING FAMILY PLANNING

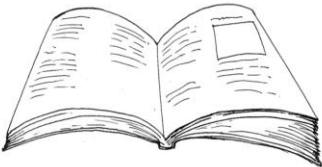
NEGOTIATING CONDOM USE

- Remind couples that condoms are the only form of contraceptive to prevent pregnancy and STIs.
- Suggest using female condoms. Some couples prefer them because they can be inserted up to 8 hours before intercourse.
- Condoms help prevent transmission of resistant HIV.
- Emphasize that partners should care for each other to remain healthy and that condom use is one way to do that.
- Emphasize that using a condom during pregnancy and breastfeeding can help reduce the transmission of HIV or STIs which can be harmful to both mother and baby.

UNIT 11: FAMILY PLANNING

**Facilitator's Notes:**

Ask participants to give their own suggestions on the best way to handle discussing family planning with their patients.



ACTIVITY


CASE STUDY

Discussing Family Planning

Each group should receive a case study. After you receive it discuss with your group:

- How you would address the situation
- Role play to demonstrate

Next, pair up with another group and act out your case study. Allow the group to provide feedback.

UNIT 11: FAMILY PLANNING 

Materials Needed:

- 6 Case Study Cards (3 CS#1 and 3 CS#2)
- Role play props

Objective:

- Let participants think for themselves how they would handle certain situations about HIV and family planning.

Instructions:

1. Have experienced HCWs act out the following scene and handle the situation poorly:

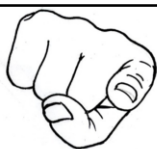
You are following a recently HIV-infected woman at her home. She says she doesn't want to stop breastfeeding her child because she does not want to become pregnant and have another child born with HIV. After asking, she admits she has not discussed her feelings with her husband.

1. Have them comment on what was good and bad in the role play.
2. Experienced HCWs should then act out the role play again, doing a good job.
3. Break participants up into 6 groups and give each a case study (3 should receive case study #1 and 3 groups should receive case study #2).
4. Give them some time to discuss the case study and how they would approach it. They should make up a short role play to show it. (12 min)
5. Pair up 2 groups (CS #1 should be with CS#2) and allow each group to act out their case study to the other group. The other group should give feedback to the acting group. – Each role play should be no more than **5 minutes**. (18 min)
6. Facilitator should walk around and make sure groups are keeping time and understanding the assignment.

Time: 25 minutes

Case Studies:

1. One of your patients, an HIV-infected woman is having issues family planning. She has a two year old, but does not feel ready yet to have another child. Her husband wants one very badly and is telling her she cannot use any contraceptives.
2. You are on a home visit to one of your patients, an HIV-infected pregnant woman. She is following all the steps of PMTCT and is very adherent to her medication. She admits her has been having trouble with adherence and she believes he could have a resistant virus that could pass on to her and the baby. She is worried that if she asks her husband to start using a condom, he'll think that she is being unfaithful because they already are both HIV-infected.




WHAT YOU CAN DO AS A HCW

Dispel myths about contraceptives and be familiar with different family planning methods.

You are **NOT** expected to be an expert.
Let patients make their final family planning decisions at the health center.

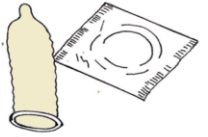
UNIT 11: FAMILY PLANNING






WHAT YOU CAN DO AS A HCW


Explain what dual method contraception is and its benefits. Encourage your patients to use this method!



CONDOM




**ADDITIONAL
CONTRACEPTIVE**



**DUAL METHOD
CONTRACEPTION**


**Prevention against
HIV infection, STIs, and
pregnancy**

UNIT 11: FAMILY PLANNING 

Facilitator’s Note:


This slide should be used as a review for participants. Ask them the following questions to help them remember this KEY POINT.

- What is dual method contraception?
- What are the benefits to it?
- Why is it important for HIV-infected couples?
- What “additional contraceptives” could be used with condoms?



REFLECTION

How can we help people to understand the issues surrounding family planning and to plan their families effectively on their own terms?

UNIT 11: FAMILY PLANNING 

Facilitator's Note:

Can use as a homework assignment and review answers the following day.

Materials:

-Workbook & Pen

Objective:

-Reflect on what they learned about family planning and how they could use it.

Instructions:

1. Ask participants to answer the question (5 min). If not enough time, tell them to finish that night.
2. The following day use this exercise as a lead in to the review- ask a few participants to share their answers.

Time: 5 min & 5 min