



ENGLISH-HAITI

Accompagnateur Training

ACCOMPAGNATEUR HANDBOOK

A unit of the PIH community health worker training series



PARTNERS IN HEALTH



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Partners In Health (PIH) is an independent, non-profit organization founded over twenty years ago in Haiti with a mission to provide the very best medical care in places that had none, to accompany patients through their care and treatment, and to address the root causes of their illness. Today, PIH works in fourteen countries with a comprehensive approach to breaking the cycle of poverty and disease – through direct health-care delivery as well as community-based interventions in agriculture and nutrition, housing, clean water, and income generation.

PIH's work begins with caring for and treating patients, but it extends far beyond to the transformation of communities, health systems, and global health policy. PIH has built and sustained this integrated approach in the midst of tragedies like the devastating earthquake in Haiti, in countries still scarred from war, like Rwanda, Guatemala, and Burundi, and even in inner-city Boston. Through collaboration with leading medical and academic institutions like Harvard Medical School and the Brigham & Women's Hospital, PIH works to disseminate this model to others. Through advocacy efforts aimed at global health funders and policymakers, PIH seeks to raise the standard for what is possible in the delivery of health care in the poorest corners of the world.

PIH works in Haiti, Russia, Peru, Rwanda, Lesotho, Malawi, Kazakhstan, and the United States. PIH supports partner projects in Mexico, Guatemala, Burundi, Mali, Nepal, and Liberia. For more information about PIH, please visit www.pih.org.

Many PIH staff members and external partners contributed to the development of this series of training units. We cannot individually thank all of them, but we are indebted to them for their commitment, passion, and hard work.

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This manual is dedicated to the thousands of community health workers whose tireless efforts make our mission a reality and who are the backbone of our programs to save lives and improve livelihoods in poor communities. Every day, they visit community members to offer services, education, and support, and they teach all of us that pragmatic solidarity is the most potent remedy for pandemic disease, poverty, and despair.



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Abbreviation List

3TC	Lamivudine
ABC	Abacavir
AIDS	Acquired immune deficiency syndrome
APZU	Abwenzi Pa Za Umoyo
ARV	Antiretroviral medicine
AZT	Zidovudine
CD4	Cluster of differentiation 4
d4T	Stavudine
ddI	Didanosine
DOT	Directly Observed Therapy
E	Ethambutol
EFV	Efavirenz
HIV	Human immunodeficiency virus
IDV	Indinavir
INH	Isoniazid
Lop/r	Lopinavir/Ritonavir
LS30	Combination pill of Stavudine and Lamivudine
NVP	Nevirapine
PIH	Partners In Health
PMTCT	Prevention of mother-to-child transmission
RH	Combination pill of Rifampicin and Isoniazid
RHE	Combination pill of Rifampicin, Isoniazid, and Ethambutol
RHZ	Combination pill of Rifampicin, Isoniazid, and Pyrazinamide
RHZE	Combination pill of Rifampicin, Isoniazid, Pyrazinamide, and Ethambutol
S	Streptomycin
STI	Sexually-transmitted infection
T30	Triomune
TB	Tuberculosis
TDF	Tenofovir
VCT	Voluntary counseling and testing

Vocabulary List

Abstinence: To keep from doing something that you want to do. In this manual, to keep from engaging in sexual activity.

Acquired immune deficiency syndrome (AIDS): A group of symptoms and infections resulting from damage caused by HIV.

Adherence: To stick carefully to a plan; to take medicine regularly and faithfully, according to a doctor's directions.

Advocate: To speak out for a desired goal and strive to achieve it.

Anemia: An illness in which the blood is weak and cannot do its job; often caused by lack of iron in the diet, loss of blood, or a blood disorder.

Anonymous: A person whose name or identity is not given or known.

Antiretroviral medicines (ARVs): Medicines that are used to fight HIV/AIDS.

CD4: The part of the immune system that HIV attacks. The number of CD4s in the body shows how strong or weak the immune system is.

Chronic disease: A disease that can be controlled but not cured.

Clinical: Related to the science and practice of medicine.

Colleague: A fellow worker.

Compassion: Feeling for the suffering of others.

Confidentiality: To be entrusted with someone's private information; understanding that certain information and actions will be kept private.

Contagious: Easily passed from person to person.

Directly Observed Therapy (DOT): When a clinician or health worker watches a patient take medicine to make sure that he or she takes it.

Discrimination: An unfair way of treating a person or group because they are different in some way.

Empathy: The ability to identify with and understand someone else's feelings or challenges.

Exclusive breastfeeding: Feeding a child only breast milk.

Facilitator: A person who makes it easier for a process to happen.

Female circumcision: Cutting of a woman's genitals.

Genitals: Reproductive organs, especially external sex organs.

Germ: A microscopic organism or virus that can cause disease.

Human immunodeficiency virus (HIV): A type of a virus that destroys the immune system's defender cells. "Human" means the disease attacks people, "immunodeficiency" means it attacks the immune system, and "virus" refers to the germ that causes the disease.

Human rights: Abilities and freedoms that are considered by most societies to belong automatically to everyone.

Immune system: The body's defense system, which recognizes and fights germs and disease.

Liberation: To set a person or group free.

Mixed feeding: Feeding a child a combination of breast milk and other types of food.

Multidrug: More than 1 drug; multidrug-resistance means that a disease can fight off several kinds of medicine.

Opportunistic infections: Diseases that occur when someone's immune system is weakened; they are common in patients whose immune systems are weakened by HIV.

Penis: External male sex organ.

Psychological: Relating to the mind and how it works.

Refer: To suggest that someone go somewhere or do something; when you refer a patient to the clinic, you encourage him or her to go.

Resistance: When a disease becomes able to fight medicine.

Semen: Thick, white fluid containing sperm that a male ejaculates.

Sexually-transmitted infection (STI): A disease that is passed from person to person through sexual activity.

Side effect: A bad reaction to a drug or other form of medical treatment.

Solidarity: Working and struggling together because of shared interests and responsibilities.

Sputum: A thick substance coughed up from the lungs and usually spit out.

Sterilize: To remove all germs in something so that they cannot cause infection.

Stigma: Shame or disgrace associated with something that the community believes is socially unacceptable. It is the result of negative attitudes; it is the result of what people think.

Transmit: To pass along; transmission is how an infected person gives a disease to someone else.

Tuberculosis (TB): An infectious disease that affects the lungs and later other parts of the body.

Vaccine: A preparation that stimulates the immune system against a particular disease to help prevent a person from getting ill.

Vagina: Tubular structure that leads from the uterus to the outside of a female.

Vaginal secretions: Fluids that come from a woman's vagina; they help make sex smoother and protect the vagina from injury and infection.

Virus: A type of germ that causes disease.

Vulnerable: Not well protected; open to physical or emotional harm.

INTRODUCTION

Overview

Health care is a human right. But health cannot be achieved and maintained by treatment of disease alone. In order to achieve good health and well-being, people must have access to high-quality medical care, but they must also secure other basic human rights: good nutrition, education, clean water, decent housing, and economic opportunities.

Partners In Health (PIH) has a human rights-based approach to health care. And in PIH sites around the world, our community health workers play a crucial role in helping all community members to achieve good health and well-being, and to access basic human rights.

Accompagnateurs have played a central role in PIH's community health programs since PIH began operating in Haiti more than 20 years ago. Accompagnateurs are community health workers who provide medications, education, and psychological and social support to people with HIV/AIDS and tuberculosis (TB). They provide Directly Observed Therapy (DOT) for people with HIV/AIDS or TB who must take daily medications. They serve as a vital link between health centers and the communities they serve.

Accompagnateurs are chosen by their communities. They are respectful and empathetic, and maintain confidentiality. They understand what it means to stand in solidarity with those who are suffering. They play an important role in improving community health and contributing to the development of their nation.

How is the training program organized?

This course will use many different teaching methods to help you learn all the information and skills necessary to become an accompagnateur.

The course will take 8 days. For these 8 days you will be in the classroom, where a trainer will teach you the basic information that all accompagnateurs must know. The classroom training will consist of:

- Small group activities
- Large group activities
- Large and small group discussions

- Pair activities
- Role plays
- Demonstrations
- Case studies
- Facilitator presentations
- Brainstorms
- Reflection journeys
- Panel discussions
- Picture stories
- Peer teaching
- Review

Throughout the training, you are encouraged to share what you know, ask questions, and bring up related information that you think would be helpful to discuss.

How should you use this handbook?

This workbook is organized into 15 units. Each unit has 4 parts:

Introduction – Each unit begins with some background information, the objectives of the unit, and a list of key points that will be covered. The key points are in a highlighted box. They direct you to important concepts that you should become familiar with and remember.

Vocabulary – This manual includes a vocabulary list and an abbreviations list. Take the time to review these lists. Becoming familiar with the vocabulary words and abbreviations will help you to understand the training material better.

Visual Aids – The training program uses many pictures. Most of these pictures are presented as computer slides or in a flipchart. The most important ones are also located in this handbook. These pictures will help you to remember the information covered during the training.

How will this training program be evaluated?

We will measure the success of the training program in two ways.

Pre-test and Post-test – You will be given a pre-test at the beginning of this course. The purpose of this test is not to judge you, but for the trainers to learn more about your understanding of the topics covered in this course. This will allow the trainers to focus the course on topics that are less familiar to you. At the end of the course, you will receive the same test. This post-test will be used to evaluate how well the trainers taught you the important information that all accompagnateurs must know.

Daily Evaluations – At the end of each day, the trainers will ask you to tell them what you thought of the day's activities. They will use the information you give them to improve the course for the next day as well as future courses.



UNIT 1

Introduction to the Partners in Health Accompagnateur Training Course



OVERVIEW

This unit will explain how this training course will work. You will learn about what you will study. You will meet your colleagues. You will begin to understand what it means to be an accompagnateur.



OBJECTIVES

By the end of the unit, you will be able to:

- a. Recognize the facilitator(s) and fellow participants.
- b. Describe the key topics to be covered throughout the training.
- c. Use the Accompagnateur Handbook, including the Table of Contents, graphics, and objectives.
- d. Describe the ground rules necessary for a respectful, trusting, and effective training environment.
- e. Describe the importance of confidentiality, both of patient information and information shared during the training.

**KEY POINTS**

- Participants bring a wealth of experience and knowledge to this training, and should learn from each other as well as from the facilitator.
- The facilitator and participants must create a collaborative and respectful learning environment.
- During this training, participants will begin to develop positive, trusting relationships with fellow participants that will sustain them in their roles as accompagnateurs.

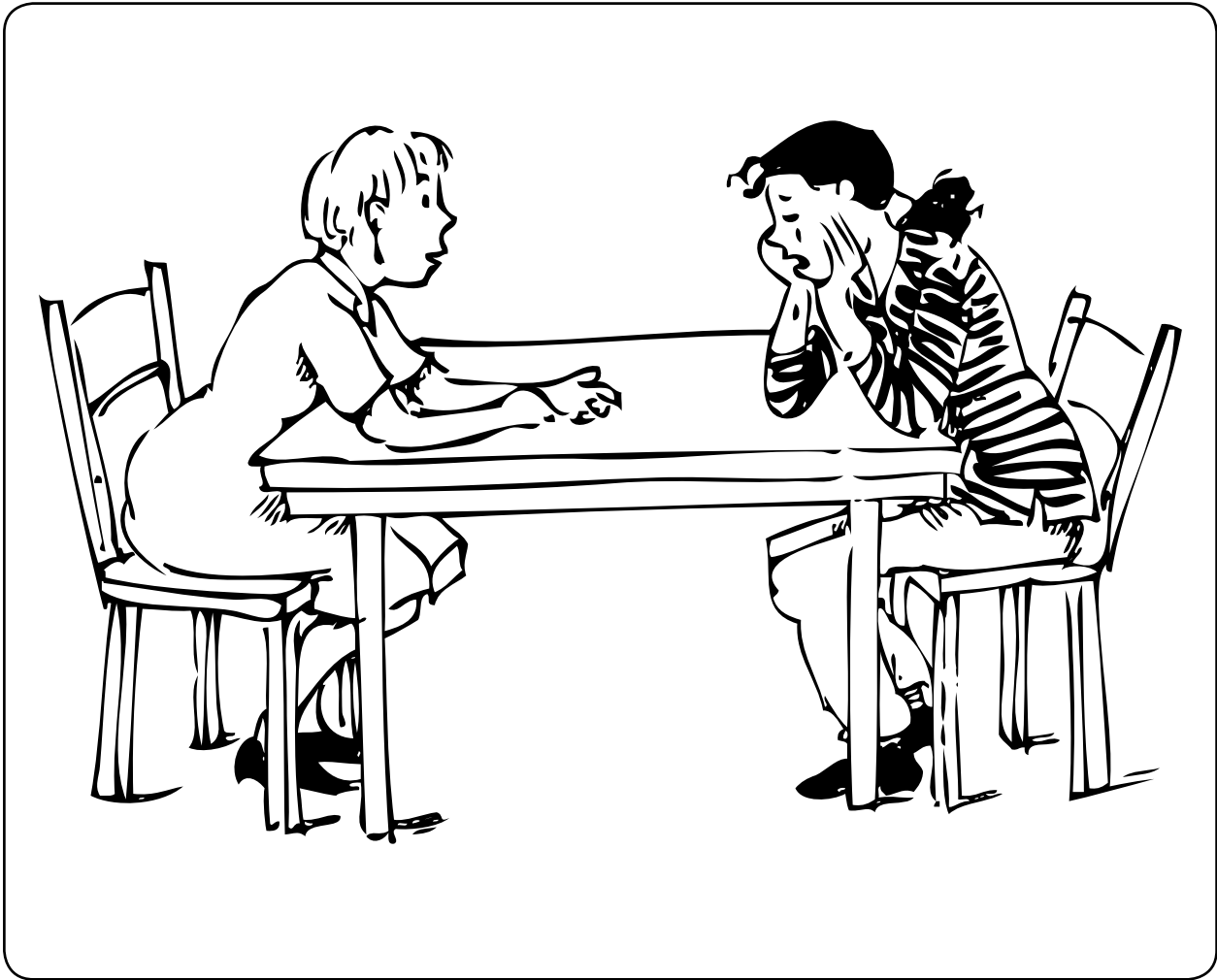
INTRODUCTION TO THE PARTNERS IN HEALTH ACCOMPAGNATEUR TRAINING



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The Role of Accompagnateurs

As accompagnateurs, you are responsible for helping to improve the health of your community. You will learn what you, as accompagnateurs, can do to help people lead healthy, productive lives. You will provide support to those patients who are sick and suffering. You will teach people in your community about how HIV, tuberculosis, and other diseases are transmitted, and how to prevent those diseases from spreading. You will be the eyes and ears of the health center; by recognizing symptoms within your community and referring sick people to the health center, you will help everyone be as healthy as possible.



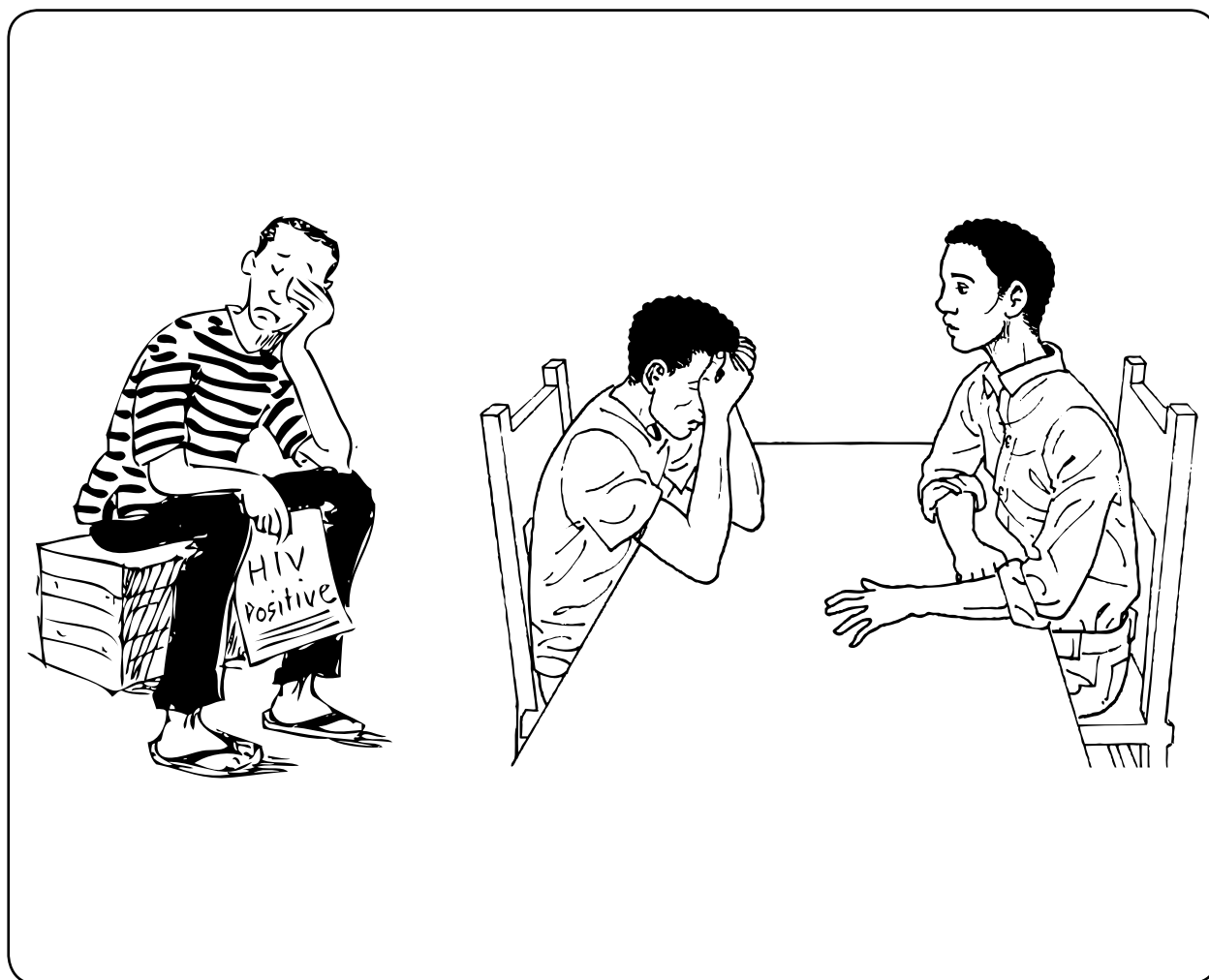
Communication Skills

You will learn communication skills in order to speak with patients and other members of your community so that they feel comfortable with you and can share their concerns with you. You will learn how to ask good questions and listen to people's answers so that you can help and support your patients.



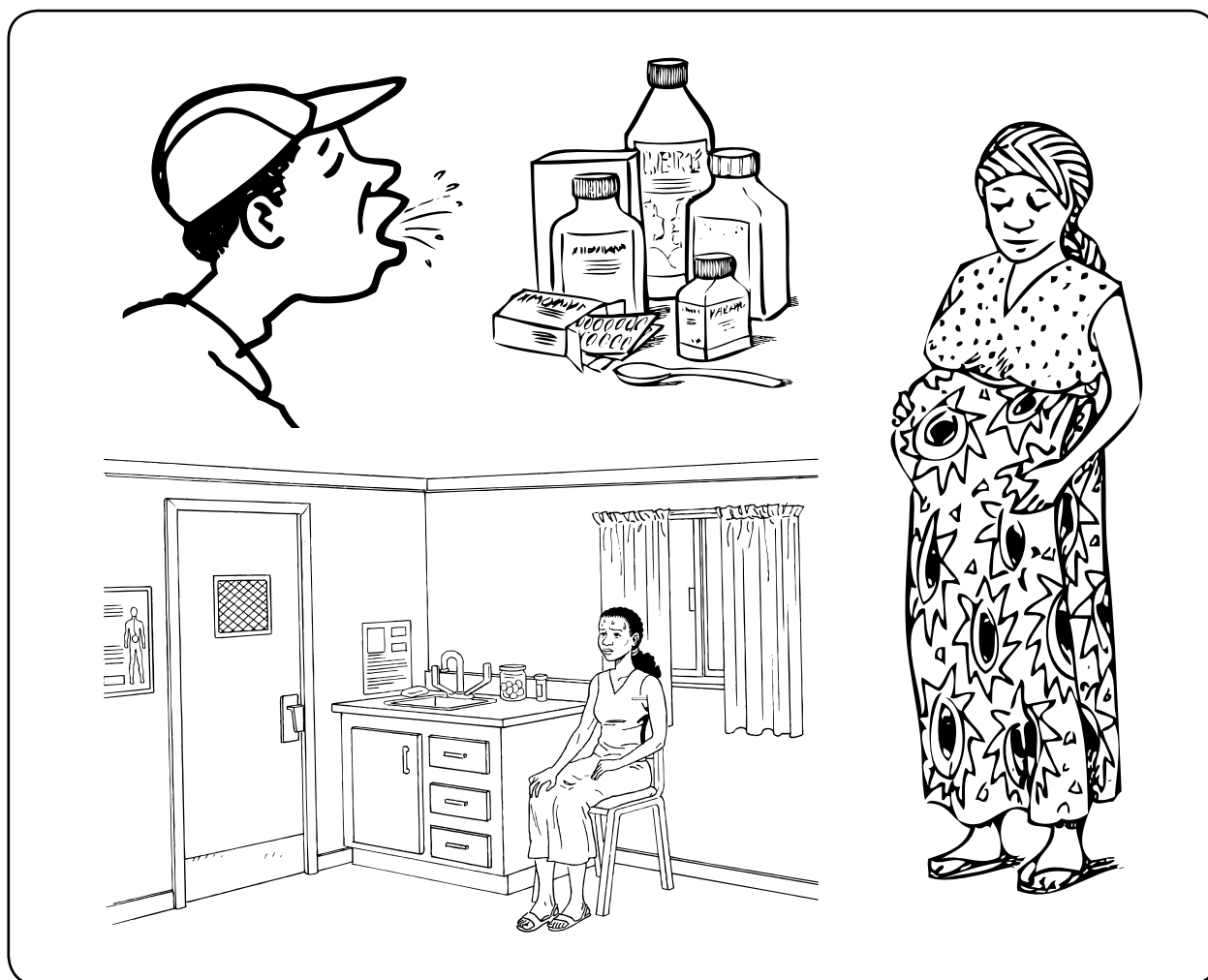
Negative Attitudes (Stigma) and Discrimination

You will also discuss some of the negative attitudes (stigma) and discrimination that sick people (especially those living with HIV/AIDS) may face from their neighbors and community members. You will learn how to teach people in your community to treat everyone fairly and equally.



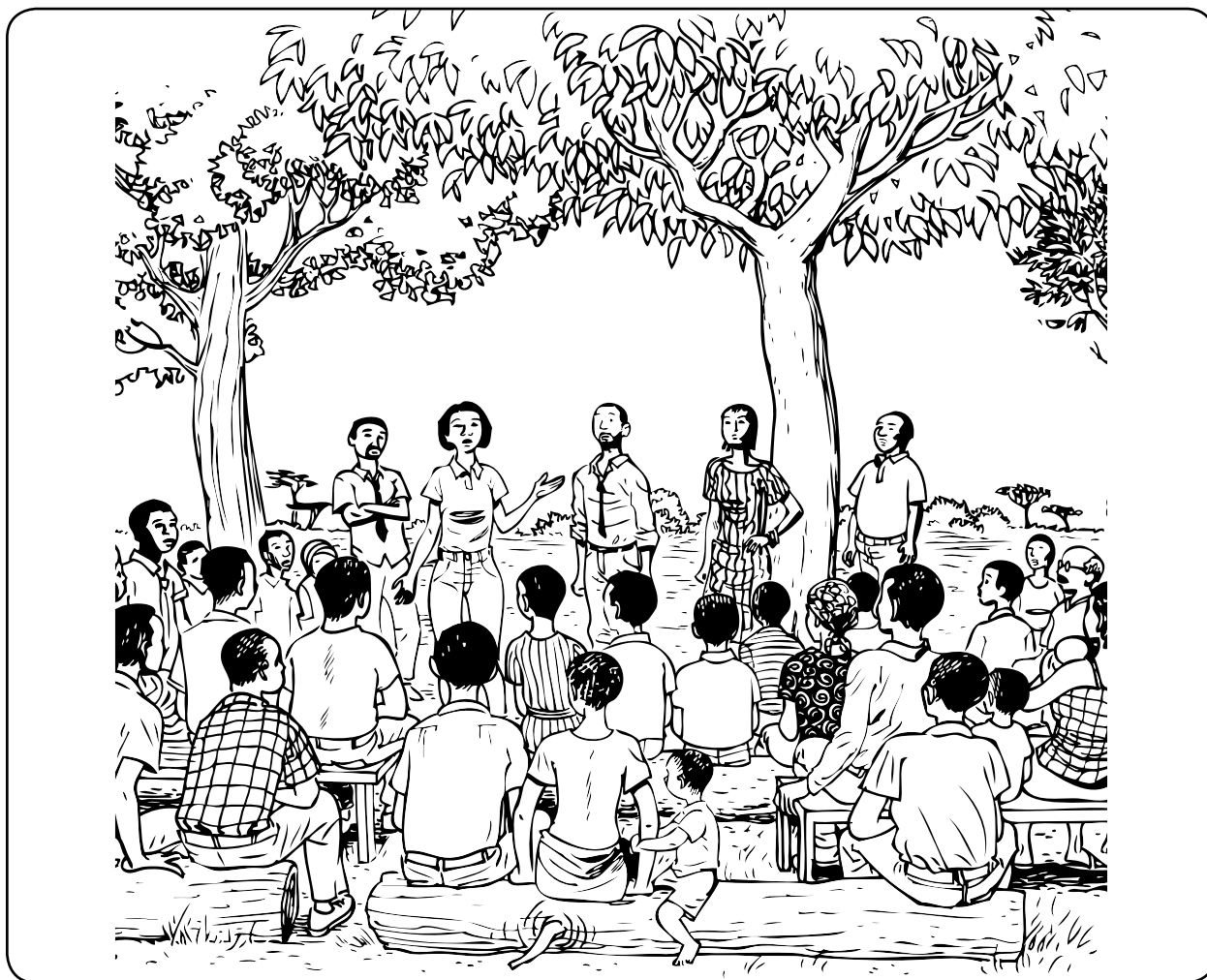
Support with Psychological and Social issues

You will learn about the psychological and social issues faced by people living with HIV/AIDS, including shock, denial, fear, loss, grief, shame, guilt, anger, anxiety, low self-esteem, depression, and suicidal thoughts. You will learn about the psychological and social support that you, members of the health center staff, or other community members can provide.



Illnesses: HIV, AIDS, Tuberculosis (TB), and Sexually-Transmitted Infections (STIs)

As an accompagnateur, you are a health worker for the entire community. You will accompany patients through different stages of illness and through treatment. You will be responsible for making sure that sick people take their medicine, so you will learn about what these illnesses look like, what causes them, and how to prevent their transmission. These illnesses include HIV, AIDS, sexually-transmitted infections (STIs), and tuberculosis (TB). What are common symptoms? What medicines can be used as treatment for HIV? What are some side effects to these medicines that patients might have? How do these illnesses affect pregnant women? Throughout this training, you will learn how to answer these questions for your patients and how to help them find answers to their other questions as well.



Information and Support Network for Accompagnateurs

You will learn about the roles and responsibilities of accompagnateurs and the challenges that accompagnateurs face. You will also meet doctors, nurses, and other community health workers who will be able to answer any questions you might have. You will also work with local authorities and leaders. As an accompagnateur you are not alone. You can always ask questions or seek advice from other accompagnateurs and health center staff.

Aims of Accompagnateur Training

Accompagnateur Training aims to provide participants with the knowledge and skills necessary to be able to carry out the work of an accompagnateur. By the end of the course, participants will have an in-depth understanding of:

- The transmission and prevention of HIV/AIDS and tuberculosis (TB)
- How to treat HIV/AIDS and TB
- How to recognize side effects of medication
- The impact of HIV/AIDS on women
- Negative attitudes (stigma) and discrimination
- Psychological and social support and effective communication skills
- The roles and responsibilities of accompagnateurs
- Challenges faced by accompagnateurs

Using the Accompagnateur Handbook

The Accompagnateur Handbook includes all the pictures used in class. It includes all the information shared in class. Before the start of each class session, read the units in the Accompagnateur Handbook pages that will be covered that day, and then review the material again that evening.

You can take notes when you are reviewing the material at home. You can write down questions that you want to ask your facilitator. You do not have to take notes during the training sessions. All the materials in this course are included in your handbook.

This book belongs to you. You will use it during this course and on the job.

Objectives

Each unit starts with a set of objectives describing what you will learn during the unit. A vocabulary list is included. Make sure that you learn any words that are new to you.

Ground Rules

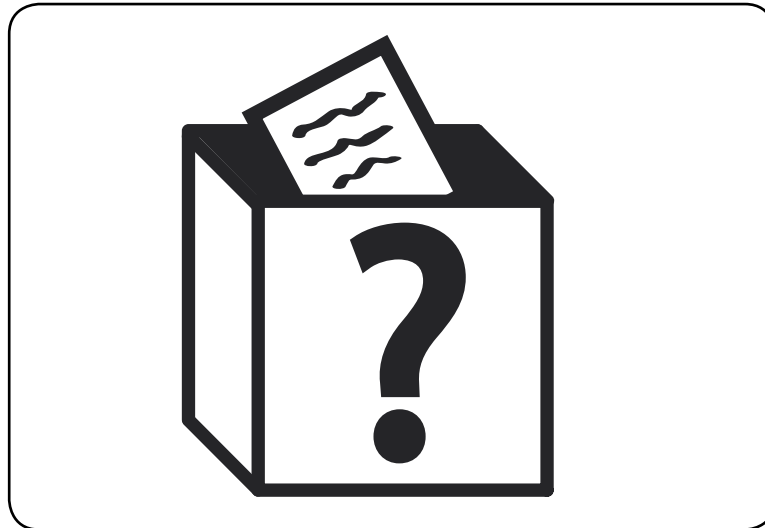
In this course, everyone will do lots of talking and lots of listening. You will share some very private information with your colleagues. To make sure that everyone feels safe and comfortable, the group needs to agree on some rules that everyone will follow. These rules will help the sessions run smoothly. The rules will help make sure that everyone learns as much as possible in the time we have together. The rules will encourage participation and make everyone feel welcome and respected.

Confidentiality

You will be sharing information in your training that will have to remain confidential. That means that what is said during the training is not shared with anyone outside of the training.

This is good practice, because everything your patients tell you is confidential. The only people with whom you can share your patients' information are the doctors and nurses in charge of the patients' care. You cannot share information with your spouse, parents, siblings, or children, or even your patients' spouses, parents, siblings, or children.

Confidentiality is one of the most important concepts in patient care.



Anonymous Question Box

Sometimes you might have questions that you are embarrassed to ask in front of the group. You might think of these questions in class, or at other times of the day. Whenever you think of a question that you would like to ask anonymously, write the question on a slip of paper, or ask someone to write it down for you. You do not have to put your name on it. Put the question in the “Anonymous Question Box.” Your facilitator will answer all the questions in the Anonymous Question Box. Often, other people will have the same question you did and will be very glad you asked it.



NOTES

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UNIT 2

Introduction to Partners In Health



OVERVIEW

In this unit, you will learn about the mission and vision of Partners In Health (PIH), including the concepts of social justice, solidarity with the poor, building community partnerships, and health care as a human right. PIH is committed to improving the health and well-being of people living in poor communities. Health care is a human right, not a privilege. As *accompagnateurs*, you play a key role in ensuring that PIH fulfills its mission and vision. *Accompagnateurs* provide companionship and support to patients, distribute medicine, provide community education, and serve as a critical link between the health center and the community.

Accompagnateurs are the cornerstone of PIH's work and success and are essential in helping to improve the health of communities. By completing this training, you will be joining a network of over 5,000 employees in 12 different countries, speaking many different languages, all united with the goal of providing high-quality, comprehensive health care to those most in need.



OBJECTIVES

By the end of the unit, you will be able to:

- a. Explain the mission and vision of Partners In Health (PIH).
- b. Discuss the concept of solidarity in health care.
- c. Explain the concept of a human right and its relevance to accompagnateurs' work.
- d. Describe the importance of accompagnateurs to the Partners In Health (PIH) model and to the community.
- e. Explain how accompagnateurs are chosen.
- f. Describe important qualities of the patient-accompagnateur relationship.



KEY POINTS

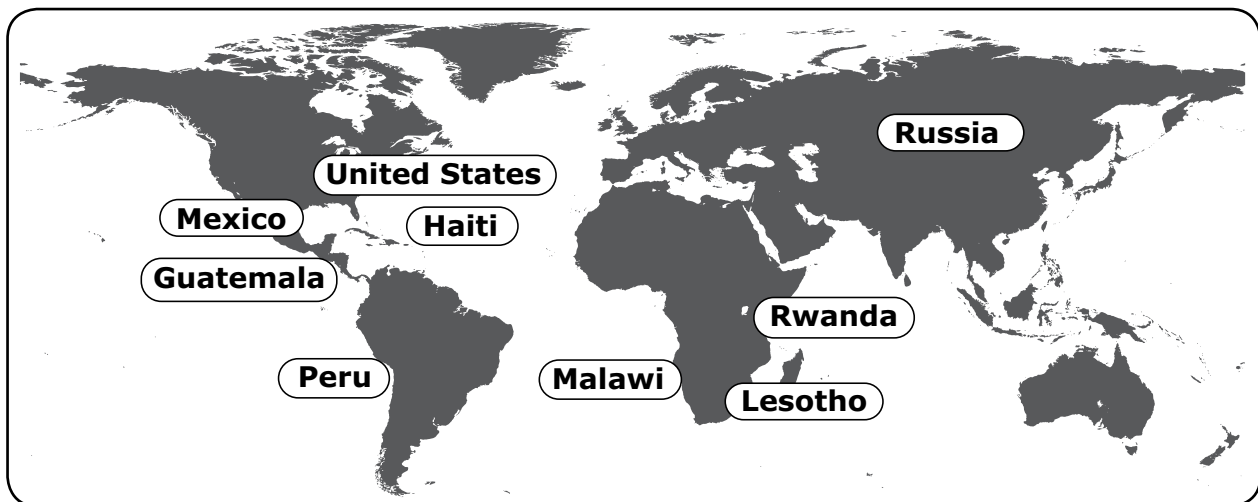
- The mission and vision of PIH includes providing access to primary health care and education to those most in need, addressing socioeconomic needs, building community partnerships through solidarity, and working in partnership with national governments.
- Access to health care, education, food, water, and shelter and being treated with dignity are fundamental human rights.
- Accompagnateurs are the cornerstone of PIH's work and success and are essential in helping to improve the health of a community.
- A successful accompagnateur is a person who can walk with the suffering – a person who is empathetic, responsible, trustworthy, non-judgmental, and respectful.

THE HISTORY, MISSION, AND VISION OF PARTNERS IN HEALTH



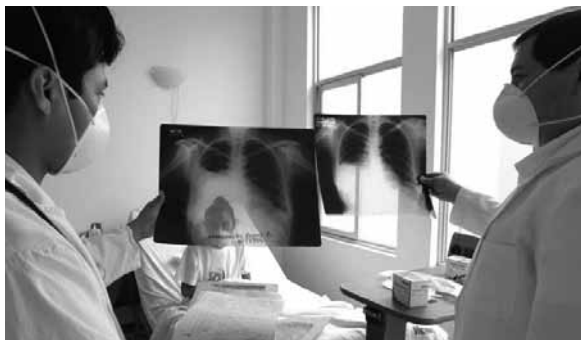
The PIH Story

More than twenty years ago, PIH began delivering health care in central Haiti. We wanted to provide health care to the people who did not have access to it – poor people. Our founding principles were to provide health care to those most in need, accompany them throughout their illness, and never abandon the communities in which we work. Over the years, PIH grew and grew, so that now there are over 5,000 employees. Today, PIH works in 12 different countries all around the world.



PIH around the World

We currently have projects in the United States, Haiti, Peru, Russia, Rwanda, Lesotho, Malawi, Mexico, and Guatemala. PIH's main offices are in Boston, in the United States. That office supports all the other projects.



PIH in Action

These photos should give you an idea of the type of work that we do. The photo in the upper left-hand corner is of our project in Peru, which focuses on improving treatment and control of tuberculosis (TB).

The photo below that is of our project in Russia, which was started to help people in prison who have multidrug-resistant tuberculosis (MDR TB) and alcoholism. (MDR TB is TB that can fight off several kinds of medicine that normally work against the disease.)

The upper right-hand photo is of an accompagnateur in Haiti delivering medication to a patient, and the photo below that is of a Haitian PIH doctor in Lesotho conducting home visits.

Boston's project, which is not shown, addresses the health needs of Boston's poorest neighborhoods.

Each site has many different types of people working there: doctors, midwives, nurses, pharmacists, lab technicians, social workers, drivers, and administrative staff. These are all people who are committed to serving people in need and who can help you as accompagnateurs.



Access to Comprehensive Health Care

The central focus of PIH is providing access to comprehensive health care. Our work includes prevention and care of HIV/AIDS as part of everyday

health care, detection and prevention of tuberculosis, detection and treatment of sexually-transmitted infections (STIs), and promoting and supporting women's health.

Health care is a human right – everyone deserves it. No one should be denied health care because they cannot afford it. Not only is health care a human right, it is also good for everyone. When individuals are healthy, their communities are healthy: healthy adults can work and provide for their families; healthy children can go to school and learn; healthy families can build homes and grow food. Access to health care helps the entire community.



Health Facility Improvements

These are before-and-after photos of a health center in Rwanda. We believe that our patients deserve the best health care possible, in the best facilities possible. At PIH, we do whatever it takes to make someone well. If a member of your family was sick, wouldn't you do everything necessary to make him or her well? We believe that those who are the poorest deserve high-quality health care. We aim to provide them with the same quality of health care that we would want for our family members or ourselves. In partnership with governments and other organizations, we provide free, high-quality health care and frequently help to rebuild or refurbish hospitals and health centers in the countries where we work.



Access to Education

Another part of PIH's mission is providing access to education. Education is also a human right. Education is an important tool for strengthening communities and achieving social justice. PIH helps provide school fees for families that cannot afford to send their children to school. PIH also conducts training programs for many different types of people, such as patients, doctors, nurses, accompagnateurs, government health workers, and employees from other organizations.



Access to Housing

This is a photo of a housing improvement project in Haiti. PIH also addresses the social and economic needs of our patients who are most in need. Social and economic needs include shelter, food and water, and jobs. PIH believes

that shelter from the cold and rain is a fundamental human right. Without proper shelter, people can become very sick, so we try to provide housing for our patients whenever possible.



Access to Food and Water

Another social and economic need is food and water. People cannot get healthy or stay healthy without food, so PIH offers food packages and nutritional support to patients starting treatment for HIV or TB. We also work with members of the community to start agricultural projects and teach farming methods, because access to food and water are also human rights.



Economic Opportunities

Many of our patients are sick and hungry because they have no jobs and thus no way of earning money. PIH tries to teach skills to patients so that they can generate income from jobs such as construction, selling produce, and sewing. We also try to employ patients as drivers, assistants, or accompagnateurs like you.



Community Partnerships

PIH believes that it is essential to partner with the community. We hire and train local staff. We work with governments to reinforce national health services so that more people receive services. We collaborate with other health workers, such as traditional birth attendants and government health workers, because together we can have a stronger impact. These partnerships ensure that PIH is well integrated into the community and addresses its greatest needs.



Social Justice

All of these things that are so important, including health care, education, food, water, and work, fall under a much larger category that you have all heard of before: social justice. PIH works to provide access to all of these aspects of social justice for those most in need. We can and do help many people, but we place an emphasis on helping those who are the poorest.

The work of PIH and the work of every accompagnateur helps to create a more just world.

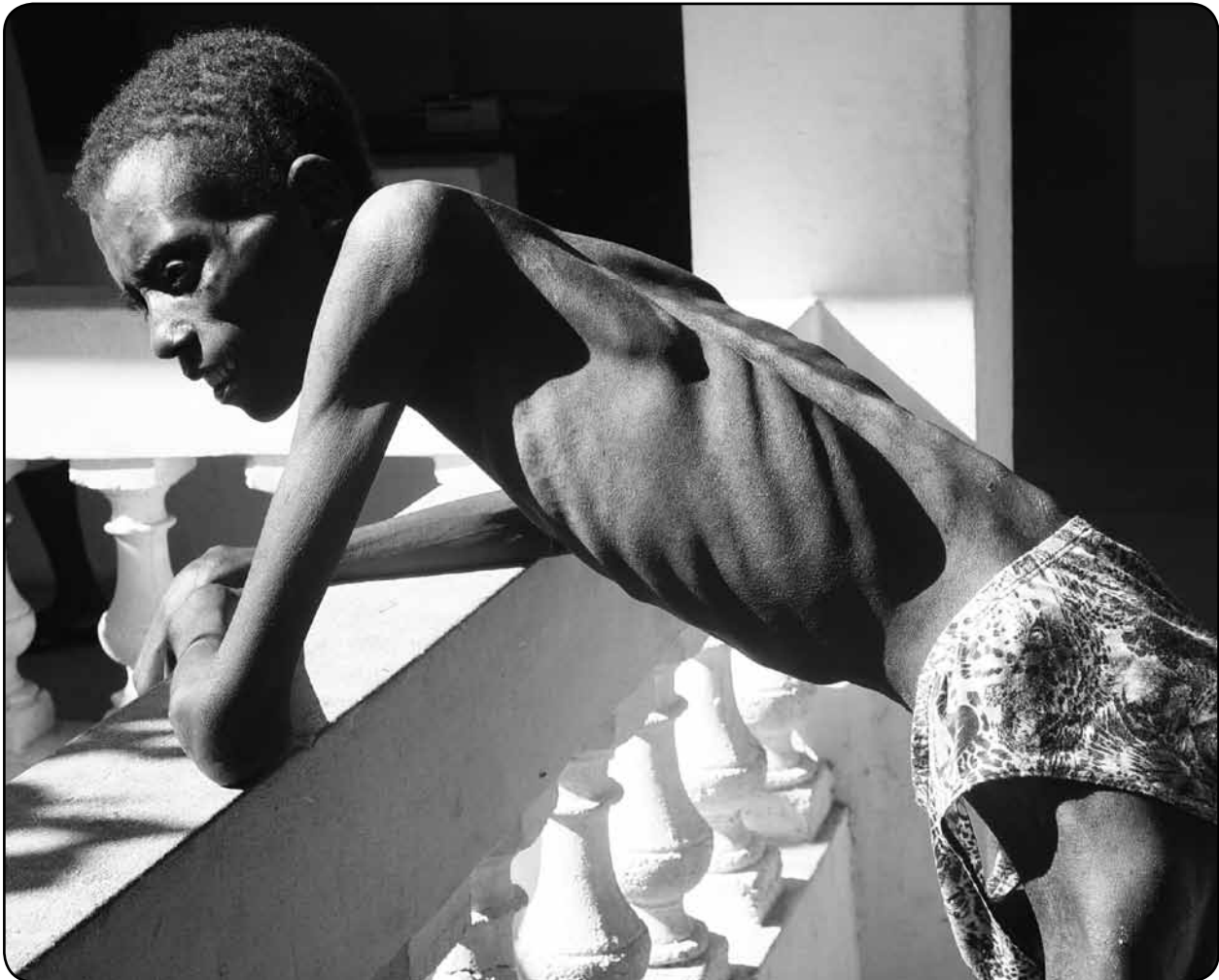


Accompagnateurs

Accompagnateurs are vital to the mission of Partners In Health. By visiting the homes of patients, accompagnateurs see the patients' needs firsthand. They act as a link between the community and the health center by noticing these needs and referring patients to the health center. Accompagnateurs help to keep patients and communities healthy by giving medicines and food, and by addressing other health needs. By doing this work, accompagnateurs stand in solidarity with the poor and sick, and help to eliminate the immediate causes of illness.

THE IMPORTANT ROLE OF ACCOMPAGNATEURS

Accompagnateurs can save lives by finding people in the community who need help and getting them to the health center. Following are 2 stories of real patients whom accompagnateurs have helped at various PIH sites.



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Joseph Jeune

This is Joseph Jeune. Joseph is a 26-year-old man who was brought into a PIH health center in Haiti one afternoon. He had been sick for months with a cough, a fever, weight loss, weakness, and diarrhea. His family brought him to a traditional healer, but Joseph kept getting worse. Eventually, Joseph felt that he was going to die, and his family bought a coffin for him.



Joseph Jeune, Today

One day, an accompagnateur saw Joseph and told him to visit the PIH health center. The accompagnateur told Joseph's family that the health center fees were not too expensive, and they arranged for some of Joseph's neighbors to bring him to the health center. There, a doctor diagnosed Joseph with tuberculosis (TB) and AIDS. He was given medicine and food daily. After a few weeks, his fever went away, his appetite returned, and he was able to walk again. When he was healthy enough to leave the hospital, he was assigned an accompagnateur who visited him at his home every day to give him his medicine. Several months later, Joseph had gained 13 kilos.

Now Joseph says, "When I was sick, I could not farm the land, I could not get up to use the latrine – I could not even walk. Now I can do any sort of work. I can walk to the health center just like anyone else... There may be other illnesses that can break you, but AIDS is not one of them. If you take these pills the disease does not have to break you."



Jennifer's Story

This is Jennifer. She is a 13-month-old girl who was brought into a PIH health center in Rwanda. She weighed less than 4 kilograms, and she had never been tested for HIV. She was severely dehydrated, malnourished, and very close to death.



Jennifer today

Jennifer's mother brought her to the health center. There, a doctor diagnosed Jennifer with malnutrition, TB, and HIV. She was given TB medicine, antiretroviral medicines (ARVs), and food every day. After a few months, she weighed 8 kilos and she could walk around and smile. Her mother was hired at PIH to teach the mothers of other malnourished children how to prepare infant formula. Now an accompagnateur visits Jennifer every day to give her ARVs.

The Patient-Accompagnateur Relationship

The relationships you form with your patients have to be very strong in order to work.

You will visit your patients at least once every day, and your patients need to be able to trust you with private information about their bodies, their fears, and their needs. You must be non-judgmental and respectful so that your patients can feel comfortable around you.

Part of your job as an accompagnateur is to ease the fears of your patients and make them feel more comfortable. If your patient is not feeling well, it is your job to make sure the patient gets to the health center. If the patient has a question about a symptom, it is your job to help them find an answer.

Qualities of an Accompagnateur

Accompagnateurs must be responsible. They must be trustworthy and must not make judgments. They must be empathetic and respectful. Accompagnateurs must be able to show solidarity with people who are suffering.

How an Accompagnateur is Chosen

Accompagnateurs are chosen from the communities where patients live. As an accompagnateur, you should live close to your patients so that you can visit them easily. You should come from the same community as the patients or have lived in that community for at least 2 years, so that you understand that community and are trusted by those in the community. You should know how to read and write so that you can record when your patients takes their medicines. You must be accepted and trusted by the patients so that you can support them.

**ACCOMPAGNATEUR CHECKLIST**

- ☐ Remember that you are the link between the community and the health center.
- ☐ Inform the health center staff about the needs of your patients (health care, education, food, water, and shelter).
- ☐ Treat all patients with respect and dignity.
- ☐ Remember that everyone has the same fundamental human rights, including the right to health care.



NOTES

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UNIT 3

HIV and AIDS



OVERVIEW

HIV/AIDS progresses in stages, and asymptomatic HIV can last for many years. Antiretroviral (ARV) medicine must be taken to control the disease. In addition, people living with HIV/AIDS may get opportunistic infections: infections that arise because HIV has weakened their immune systems. You must be able to recognize the stages of HIV/AIDS and the symptoms of various opportunistic infections. This unit starts your clinical training with basic information about HIV and AIDS.



OBJECTIVES

By the end of the unit, you will be able to:

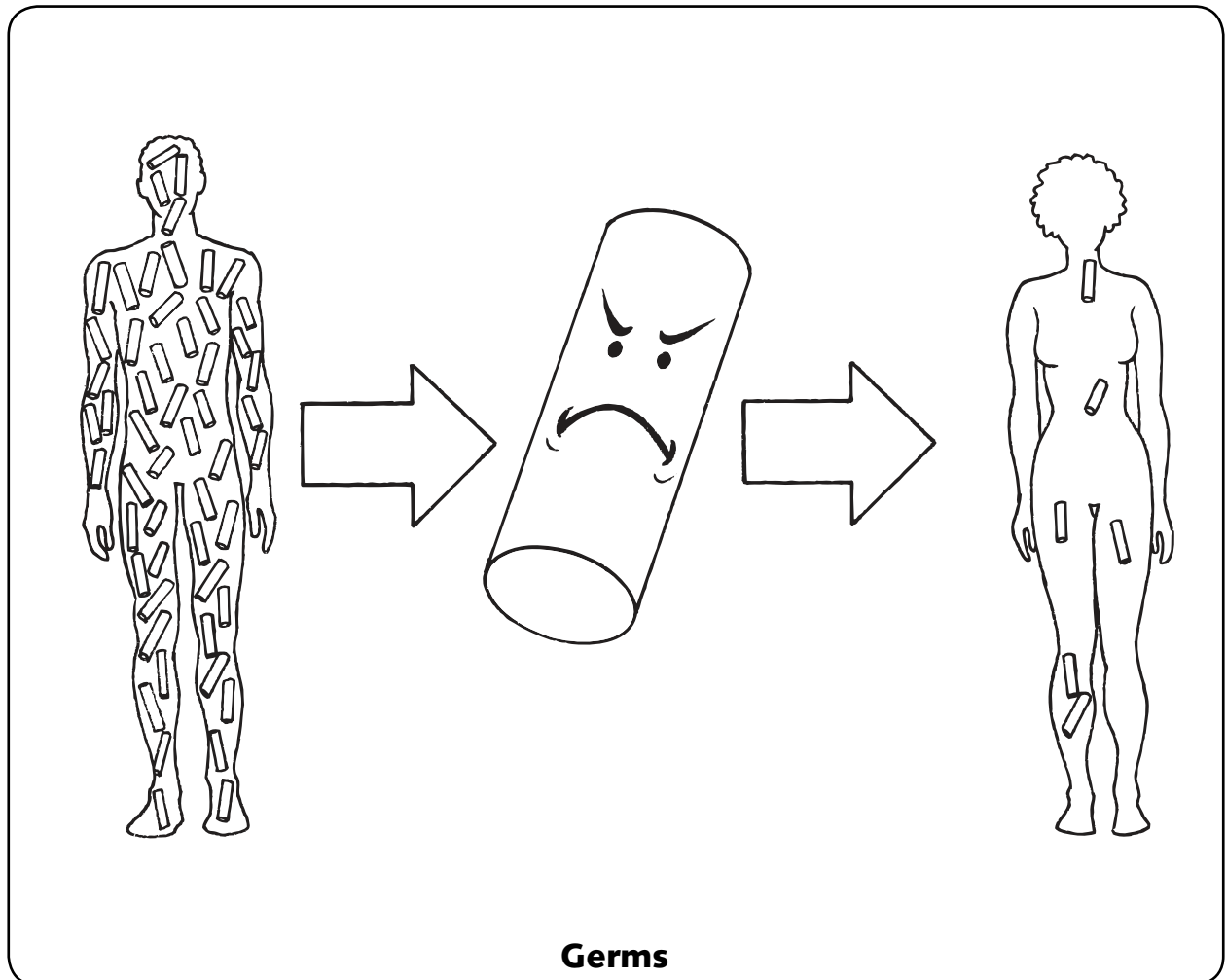
- a. Describe the concept of germ theory.
- b. Explain what the terms HIV and AIDS mean, what the diseases are, and how they differ.
- c. Define the 4 stages of HIV/AIDS.
- d. Recognize the major symptoms associated with HIV and AIDS.
- e. Explain that there are multiple opportunistic infections associated with AIDS.

**KEY POINTS**

- HIV is a virus that multiplies in the body and destroys the immune system.
- When HIV multiplies in the body and destroys the immune system, people can get sick and die; this sickness is called AIDS.
- HIV has 4 stages:
 1. Asymptomatic HIV infection
 2. Early symptoms of HIV infection
 3. Symptomatic HIV infection, or AIDS
 4. Late-stage AIDS.
- HIV/AIDS symptoms often look like the symptoms of other diseases.
- If someone has any AIDS-like symptoms, he or she should go to the health center to get tested for HIV.
- Everyone should be tested for HIV and know their status, even if they are not sick.

GERMS

Did you ever notice how if one person in your family gets a cold, a lot of other people also get it? Why does that happen?



Tiny things we cannot see, called germs, can enter our bodies and make us sick. They enter through openings in our bodies, like mouths, noses, or cuts. When someone gets a cold, they often sneeze. This blows their germs into the air, and then you breathe in the germs, which then can make you sick. Some germs are passed through the air, others are passed through bodily fluids, others by touch. If your body's defenses are strong, you can fight the germs and they will not make you sick, or they will only make you a little sick. If you do get sick, sometimes you take medicine, and other times you just get a lot of rest and good food, and then you feel better.

HIV

What is HIV?

HIV is a type of germ called a virus. HIV cannot be killed, just controlled. Once HIV gets in the body, it will always be there, and that person will always have HIV. HIV stands for “human immunodeficiency virus.” “Human” means the disease attacks humans, “immunodeficiency” means it attacks the immune system and “virus” is the type of germ causes the disease.

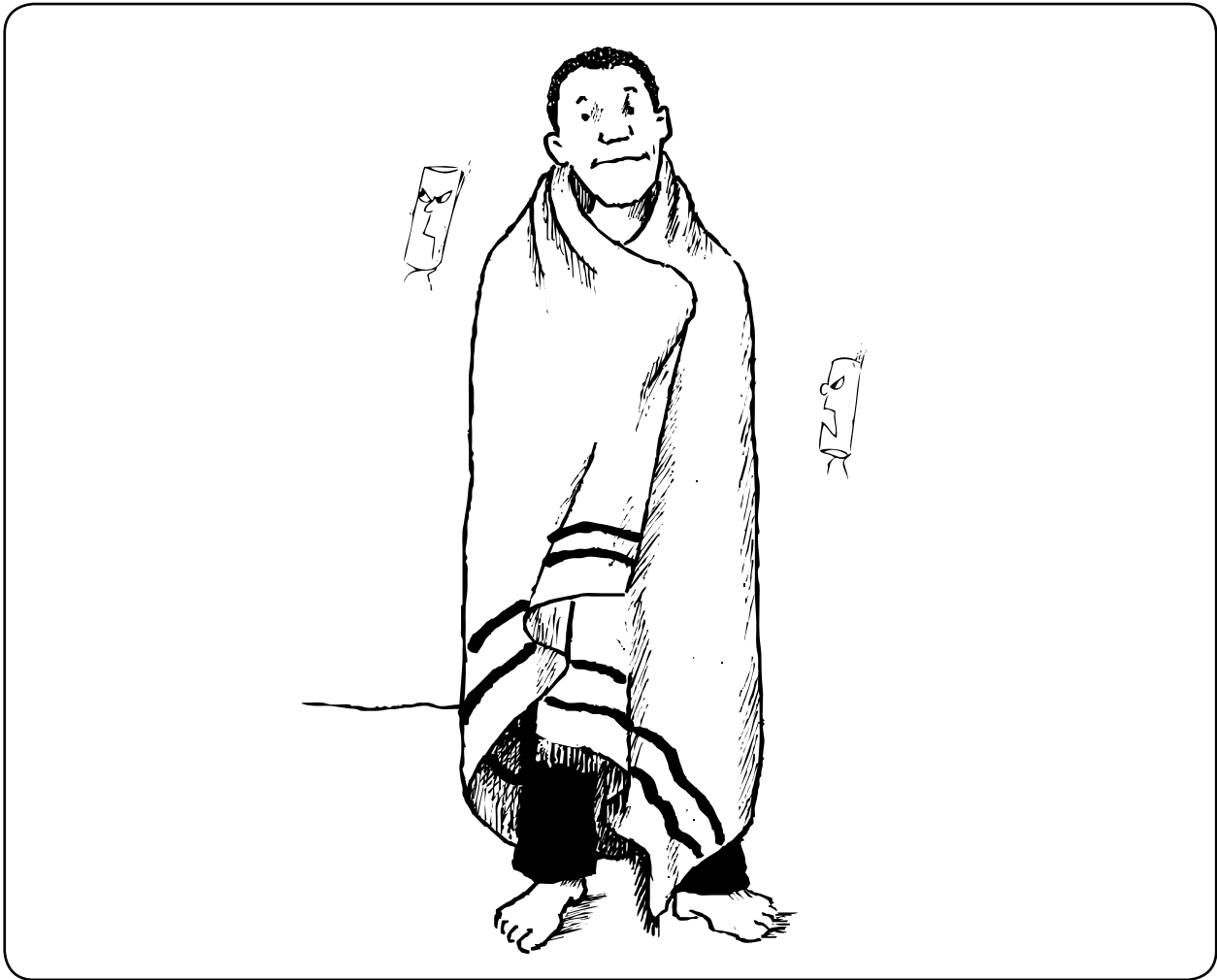


The Immune System

Everyone has an immune system that fights off germs. Think of the immune system as a blanket that protects your body and helps it fight germs. HIV attacks the immune system. That is like moths eating through a blanket. When this happens, the immune system cannot fight off other illnesses as well as before. When a blanket gets holes in it, it cannot keep you warm.

Doctors and nurses can see how strong the immune system is by doing a blood test. The test measures the number of something called CD4. CD4s are the part of the immune system that keeps you strong and helps you fight off disease. HIV attacks and destroys CD4s. When the doctor does the blood test, she can tell how strong or weak your immune system is by counting the number of CD4s in a sample of blood.

If a person's CD4 count is below 350, it means that the immune system is weak and the person will have to start taking medicine to increase the number of CD4s in his or her body. If the number of CD4s is higher than 350, it means that the immune system is still strong enough to fight infection. The person will not need to start taking medicine right away, but if his or her CD4 count falls below 350, he or she will have to begin taking antiretroviral medicine. Taking medicine will make the CD4s in the body go up. Once a person is diagnosed with HIV, the doctor or nurse will check the person and possibly test his or her CD4s every 6 months.



The Immune System and HIV

When someone first gets HIV, he usually feels fine. HIV has not yet done much damage to his CD4s, so his immune system still works fairly well.

Often, people with HIV do not know that they have it. They can feel fine for many years and go about their regular activities.



What is AIDS?

Eventually, HIV starts to multiply and weaken the immune system by killing CD4s. The person becomes tired, weak, and sick, and eventually she has the disease called AIDS. AIDS stands for “acquired immune deficiency syndrome.”



Treating HIV/AIDS

Look at these 2 pictures of the same person. She has HIV in both pictures.

Why do you think these pictures are so different?

In the first picture, the woman is not getting medicine, so her body has no defense against other illnesses. As a result, she is very sick. In the second picture, she is taking antiretroviral medicine (ARVs). This medicine reduces the HIV in her body and allows her immune system to get strong again by increasing the number of CD4s in her body. Her stronger immune system keeps her from getting sick. Good nutrition, exercise, plenty of rest, a healthy lifestyle (not smoking or drinking), and ARVs work together to keep her healthy.

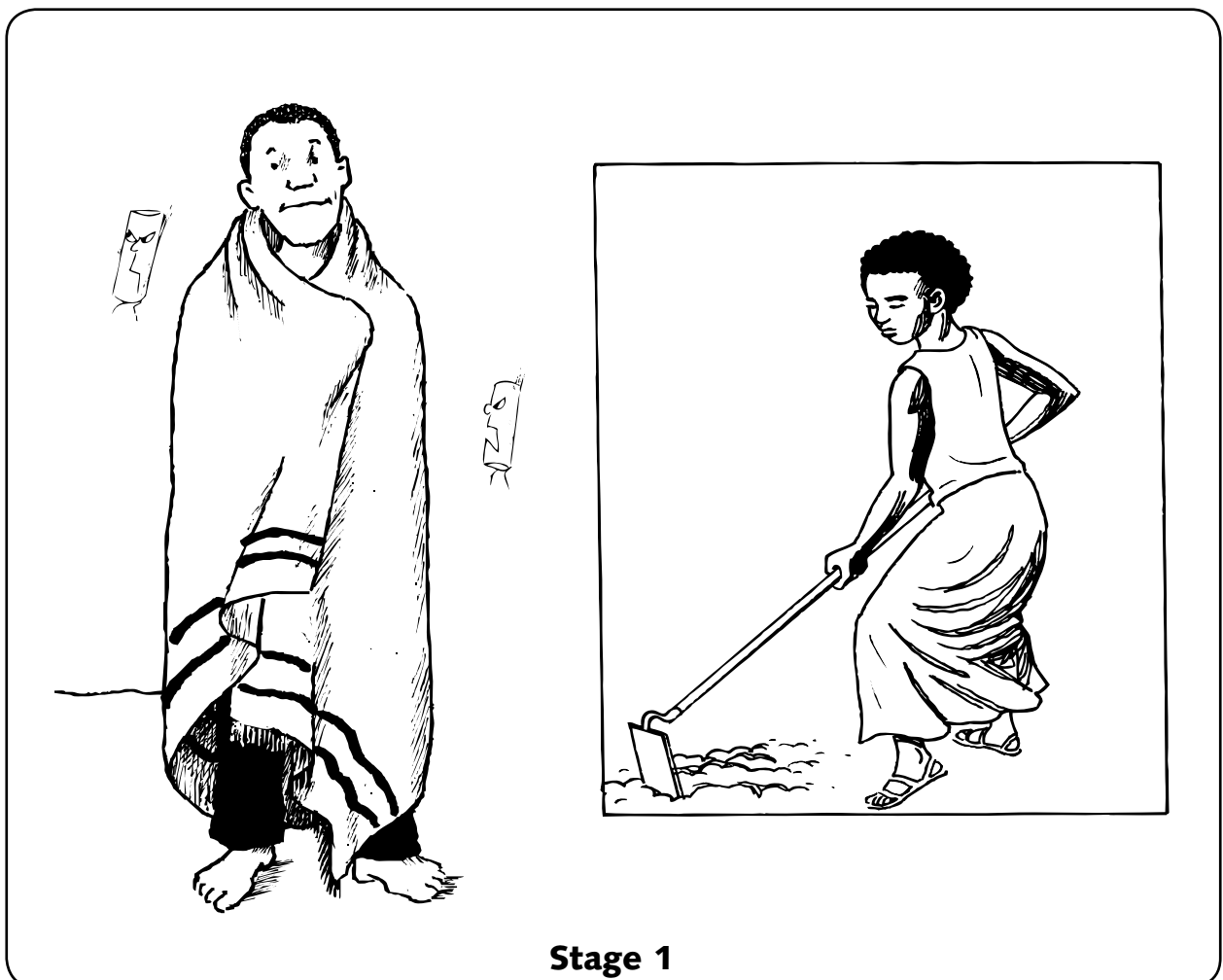
Your job as an accompagnateur is to help people living with HIV/AIDS by encouraging healthy lifestyles and helping patients take medicine that treats HIV. When people do these things, their immune systems stay strong.

STAGES OF HIV AND AIDS

What Does HIV Look Like?

Not everyone with HIV appears sick. This is because the weakening of the body's immune system by the virus is gradual. Think of the progression of HIV as occurring in 4 different stages. Over time, one stage leads to the next and almost everyone who is not treated eventually gets sick. Some people die during Stage 4.

Stage 1: Asymptomatic HIV Infection



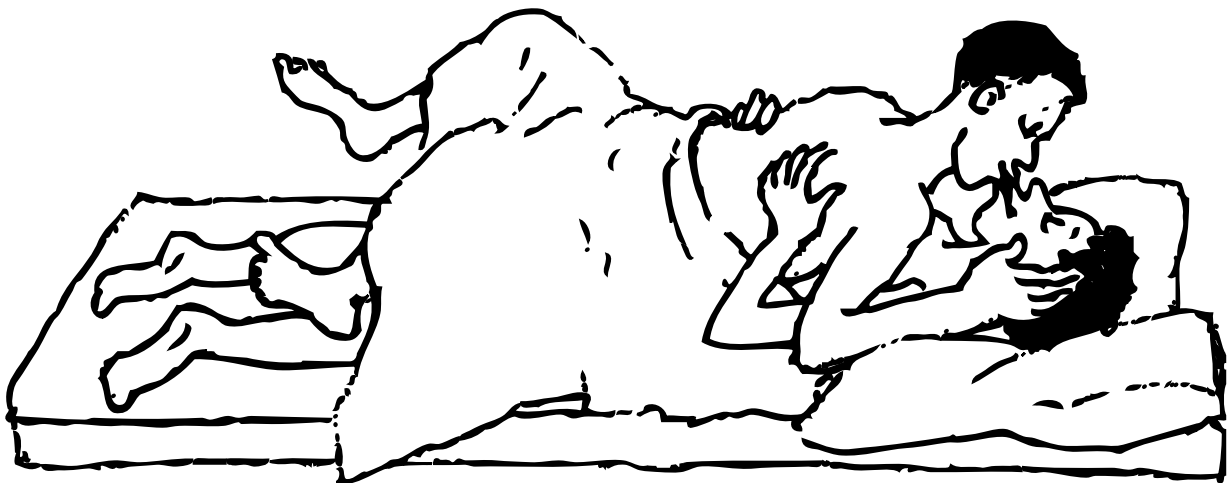
Stage 1 occurs when a person is infected with HIV.

People often do not know that they have HIV.

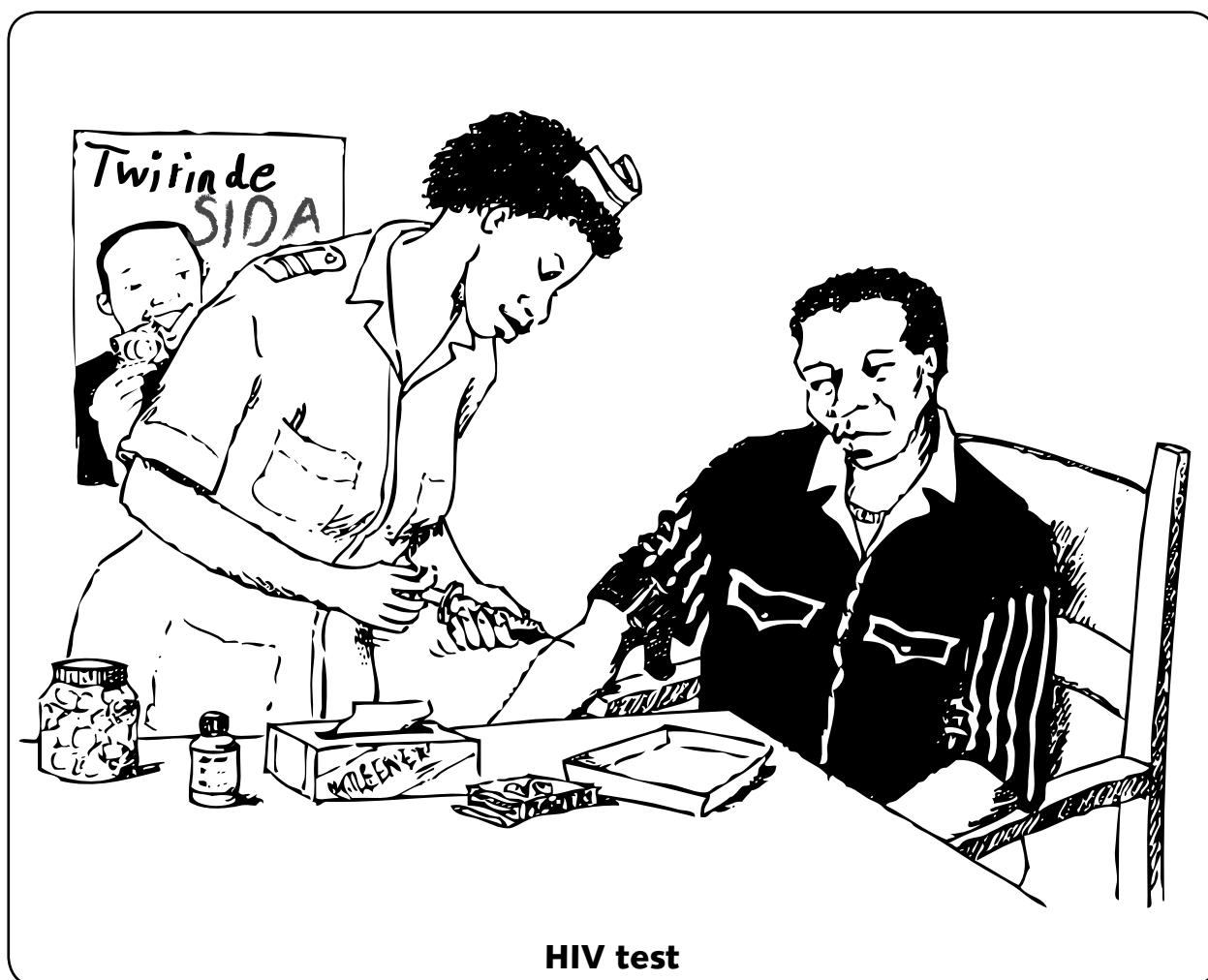
Some people get flu-like symptoms 1 to 4 weeks after they are infected with HIV, but these flu-like symptoms are rare – they occur in less than 5

percent of those who are infected. People in Stage 1 are HIV-positive and asymptomatic. Asymptomatic means that a person is HIV-positive but looks and feels healthy. The person will not have any symptoms and might feel fine for many years.

A person must get tested to know for sure if he or she has HIV. When someone goes to get tested, a nurse, doctor, or doctor Voluntary Counseling and Testing (VCT) Counselor will provide counseling before and after the test. Everyone should be tested for HIV and know his or her status.



HIV can be spread through sex



HIV tests do not work well for the first few weeks after infection.

This is because the HIV has not yet multiplied in the body. It takes about 4 to 12 weeks after infection for enough HIV to have multiplied to show up on the test. This 4-to-12-week period is called the window period. During this time, a person can have HIV but the test might not show it.

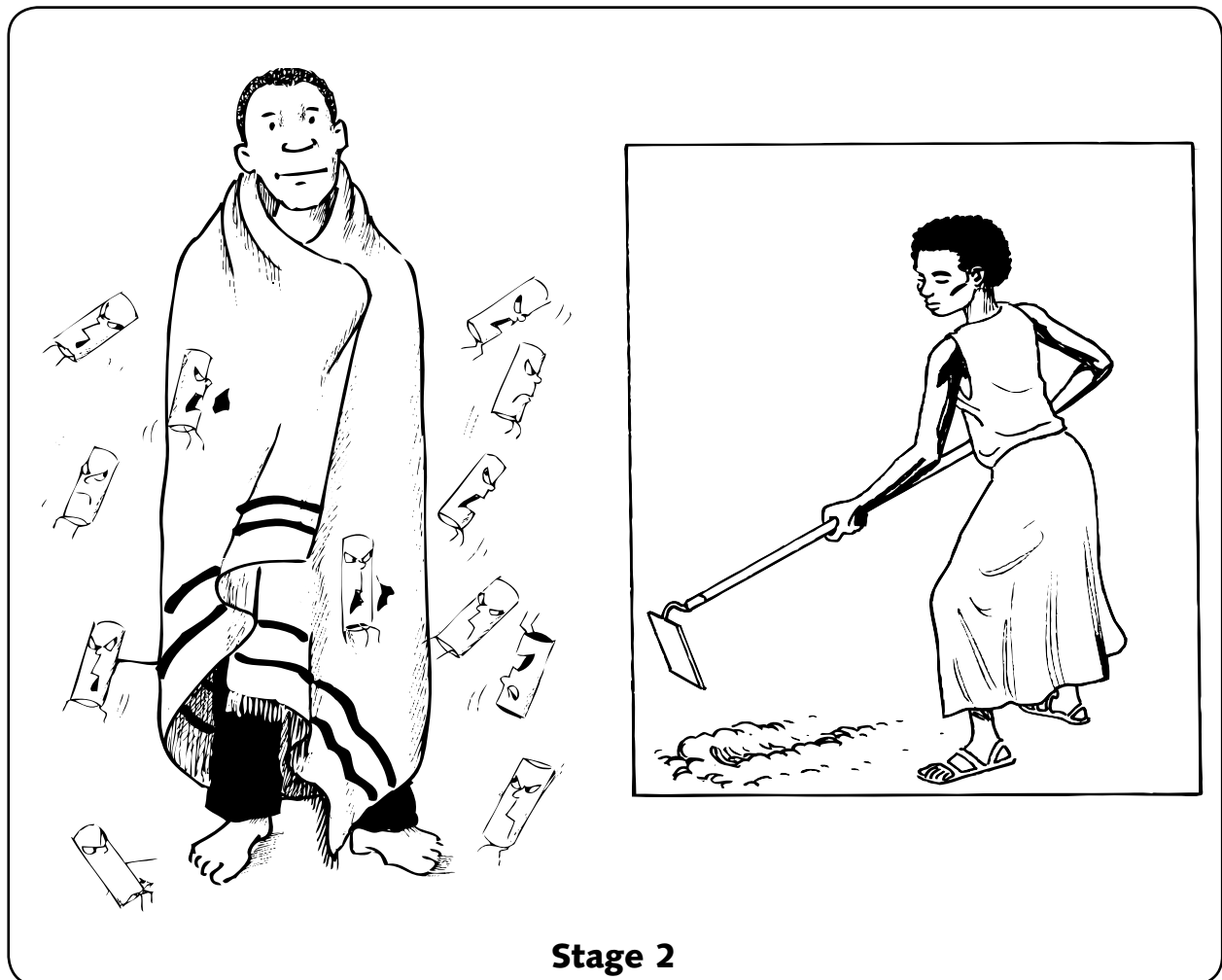
After the window period, there is enough HIV to show up on the test. If someone has HIV, the test is “positive” and the person is said to be HIV-positive. A person without HIV is called HIV-negative.

Once a person has HIV, he or she will always have HIV and can pass it on to other people.

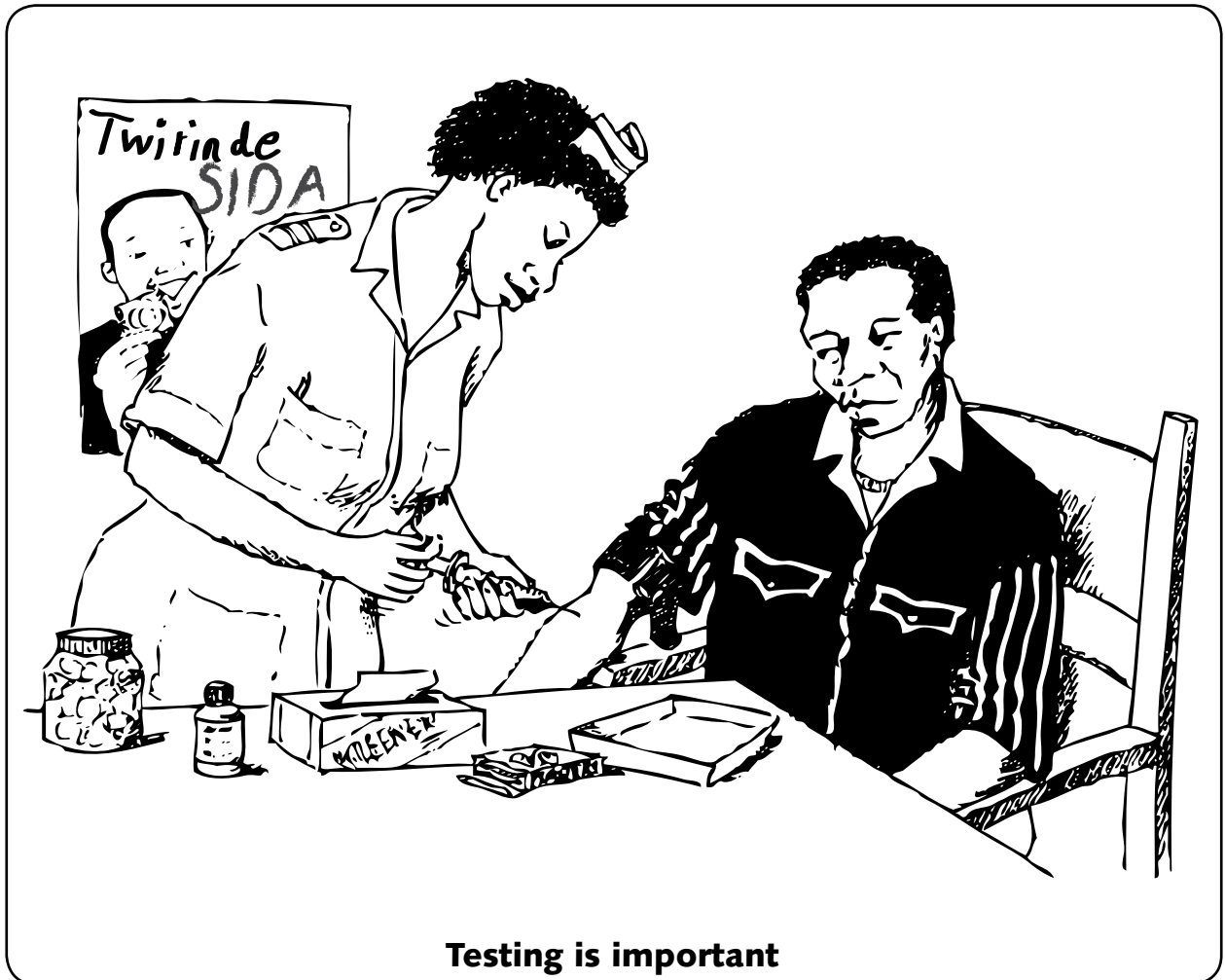
Many people do not know they have HIV, and as a result they can spread it to other people through sex or other ways.

Stage 2: Early Symptoms of HIV Infection

In this stage, people might look healthy and feel fine, but they can have some mild symptoms. Symptoms during Stage 2 include some weight loss, respiratory infections, minor fungal infections of the fingernails, and, occasionally, herpes zoster, which is a type of rash on the body.

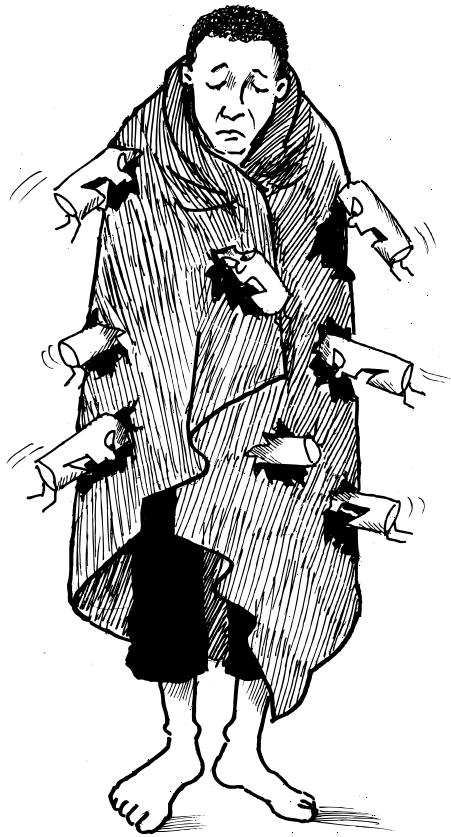


Many people generally feel fine during Stage 2 because the symptoms are mild.



It is important to get tested to know for sure if someone has HIV. If the HIV test is positive, the patient should be referred to ART clinic. The doctor or nurse will evaluate the patient and also do a test to check the patient's CD4 count. The doctor will check the patient's CD4 count every 6 months. When the patient gets sick or if the CD4 count falls below 350, the patient will start taking antiretroviral medicine. When someone is tested, they receive counseling before and after the test.

Stage 3: Symptomatic HIV Infection, or AIDS



Stage 3

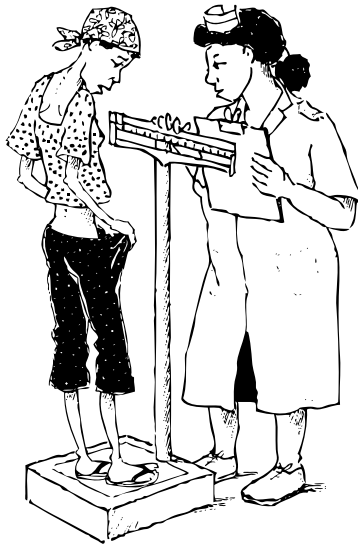
During Stage 3, the body's immune system becomes weak because there is more HIV in the body and the number of CD4s is low. Many infections develop. These are called "opportunistic infections" because the HIV weakens the immune system, giving them the "opportunity" to sneak in.

Stage 3 Symptoms

People often get TB, pneumonia, diarrhea, fevers that come and go, and a cough.

**Diarrhea****Fever****Sores****Cough**

People often lose weight. Their hair might start to thin or fall out. Some people might get a white covering in the mouth called thrush, and they often get blisters and sores on their skin, frequently on their genitals. It is very important to test CD4s during this phase. Patients in Stage 3 will be started on medications to fight HIV.

**Weight loss****Hair loss****Thrush**

Stage 4: Late-Stage AIDS

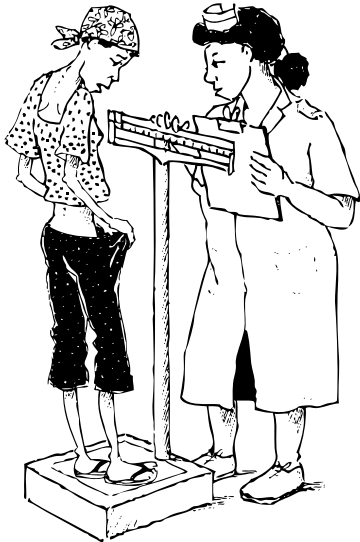


Stage 4

As HIV destroys the body's immune system, more and more opportunistic infections occur. People get sicker and sicker, weaker and weaker.

Stage 4 Symptoms

Many of the symptoms are the same as in Stage 3, but they might be worse and occur more often. Some people will have seizures.



Weight loss



Rash



Sores

People often lose weight. People might get a white covering in the mouth called thrush. They might lose their hair. People often get skin rashes. People often get blisters or sores on their skin.



Thrush



Hair loss

Progression of HIV to AIDS

When someone first gets HIV, there is not a lot of HIV in his body so his immune system still works fairly well, and he usually feels fine. In Stage 1 a person can get flu-like symptoms for a few days, but this goes away quickly. Most people have no symptoms during Stage 1. They do not know that they have HIV, and generally feel healthy and are able to go about their regular activities.

In Stage 2 people usually look healthy but have mild symptoms. Because the symptoms are mild, most people during Stage 2 are able to go about their regular activities.

Stage 3 is known as symptomatic HIV infection, or AIDS. Many infections and symptoms develop because the body's immune system has become weak.

In Stage 4, HIV has multiplied a lot and the person becomes very weak and sick, with many symptoms. It is as if the person does not have an immune system. The HIV has become stronger than the immune system.



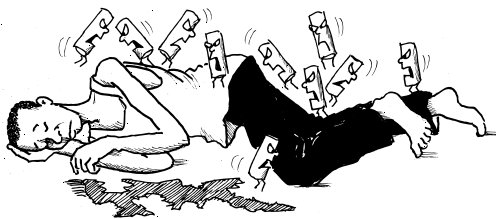
Stage 1



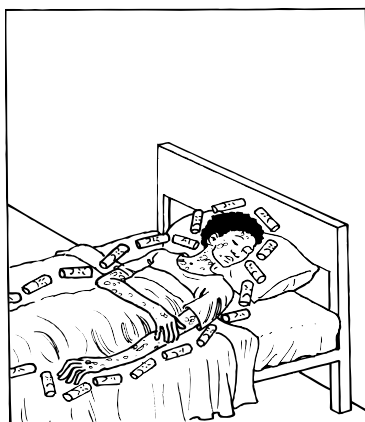
Stage 2



Stage 3



Stage 4

**Stage 1****Stage 2****Stage 3****Stage 4****ACCOMPAGNATEUR CHECKLIST**

- ☐ Encourage community members with AIDS-like symptoms to get tested.
- ☐ Encourage all community members to be tested for HIV, especially if they have AIDS like symptoms.
- ☐ Monitor patients for opportunistic infections, and if necessary refer them to the health center for treatment.



NOTES

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UNIT 4

HIV and AIDS Prevention and Transmission



OVERVIEW

As an accompagnateur, your job involves much more than simply watching patients take their medicine. Accompagnateurs observe their patients for side effects of medications and other needs, and share information about HIV/AIDS with members of their community. The more you know about HIV/AIDS and its signs and symptoms, the better you will do your job. In this unit, you will learn how HIV is transmitted, and how to avoid getting HIV. This will enable you to better support your patients, and know when to refer patients who are experiencing HIV and AIDS-like symptoms to the health center.



OBJECTIVES

By the end of the unit, you will be able to:

- a. Name the ways in which HIV can and cannot be transmitted.
- b. Describe who can get HIV.
- c. Explain what an HIV test is, and why it is important to be tested.
- d. Describe how to avoid getting infected with HIV.
- e. Demonstrate how to use male and female condoms.
- f. Share information with community members about HIV/AIDS.
- g. Describe the AIDS-like symptoms that mean the person should be referred to the health center.

**KEY POINTS**

- Anyone can get HIV.
- People taking antiretroviral medicines (ARVs) to treat AIDS can live long lives.
- HIV travels in blood, semen, vaginal secretions, and breast milk.
- The best ways to avoid getting HIV and AIDS are to use condoms and to avoid contact with other people's blood.

HIV TRANSMISSION

HIV is in the blood, semen, vaginal fluids, and breast milk, so the virus can pass from one person's body to another through any of these fluids.

HIV can be transmitted by blood. If someone with HIV has an open wound or is bleeding and you get that blood into your body, you can get HIV.

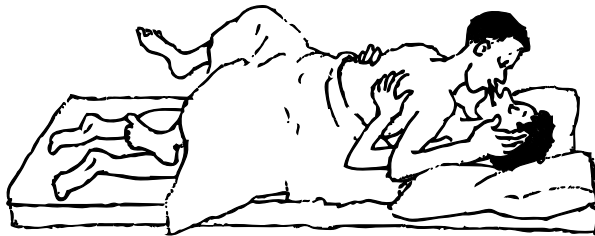
If you get a blood transfusion at the hospital and the blood they use has HIV in it, you can get HIV. However, this happens rarely. (Hospitals check blood to make sure that it does not have HIV in it before they transfuse it.)

If you share a needle or razor blade with someone who has HIV, you can get HIV.

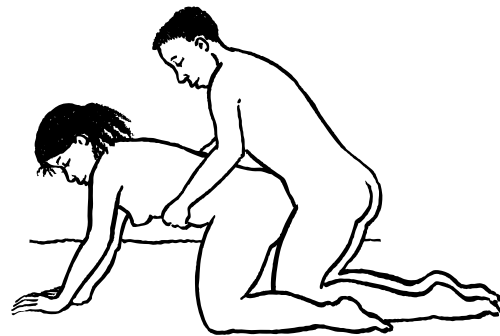


HIV **cannot** be transmitted by shaking hands, hugging, coughing, mosquito bites, contact with animals, sitting next to someone with HIV, living with someone who has HIV, or eating with someone who has HIV.

HIV can be transmitted through sex – including oral sex – with someone who has HIV. This includes sex between men and women and between men and men.



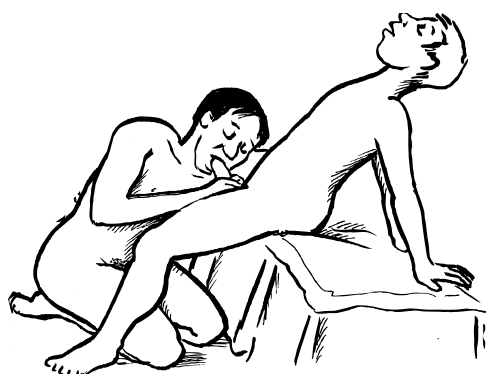
Man and woman



Heterosexual anal sex



Heterosexual oral sex

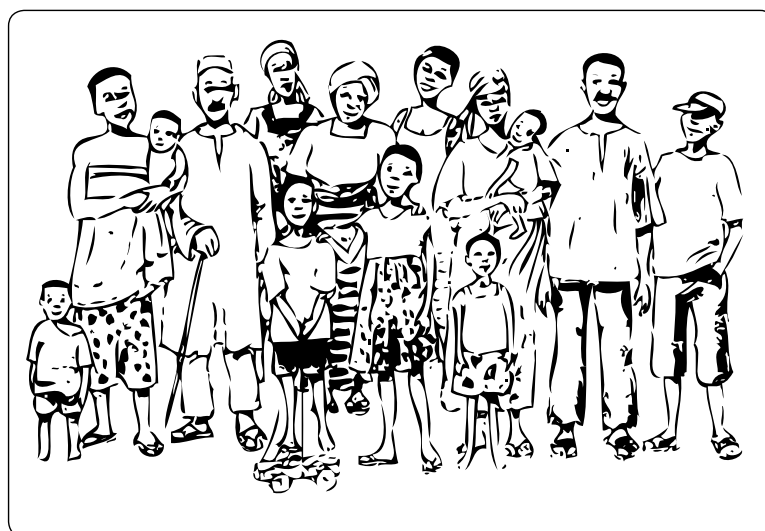
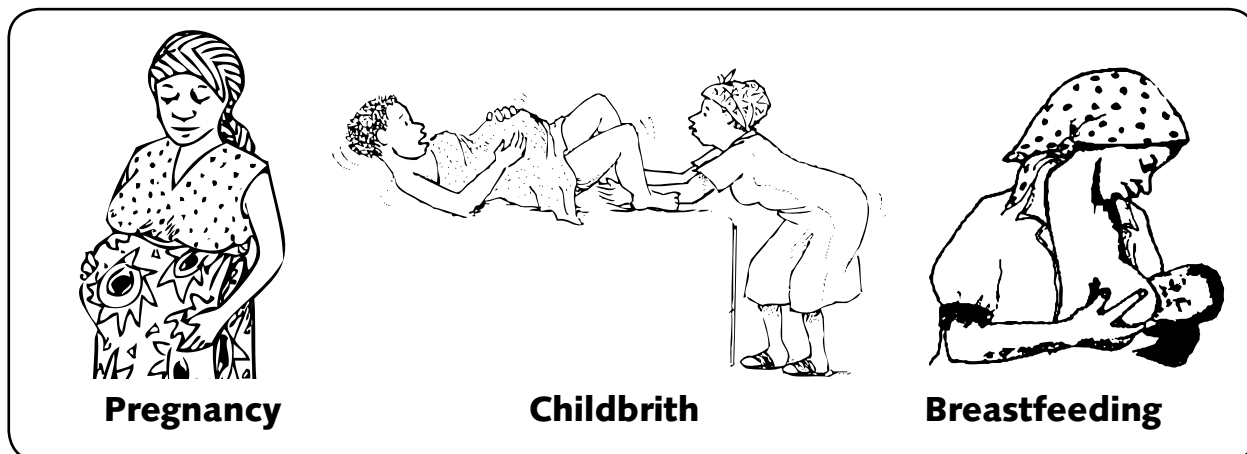


Homosexual oral sex



Heterosexual anal sex

HIV can be transmitted from an HIV-positive mother to a baby through pregnancy, childbirth, and breastfeeding.



Anyone can get HIV

All these different types of people can get HIV.

Anyone can get HIV.

You cannot tell if someone has HIV by looking at him or her.

You cannot tell if someone has HIV when you talk to him or her.

As accompagnateurs, you must educate the people in your communities about how HIV is transmitted and not transmitted. The more people know about HIV, the better they will be able to avoid getting it if they do not have it yet, or avoid passing it to others if they do have it.

HIV TESTING AND PREVENTION

An HIV test is a fast and simple blood test. The results are available the same day. With every HIV test, there will be a doctor or nurse who will provide counseling before the test to explain the process, and after the test to deliver the results and provide support. This is called pre- and post-test counseling. All PIH health centers offer HIV testing with pre- and post-test counseling.



What can you tell people about the importance of being tested for HIV?

HIV can be treated, but you need to know if you have it. If you have HIV, you should learn how to take care of yourself and learn how to avoid infecting others. If you do not have HIV, you can learn how to avoid getting it in the future.

If you get tested and the test is negative, you should be tested again 6 months later. Why?

You have to be infected for a few weeks before the test will register the infection. If it was a new infection, it would not have shown up on the previous test. Additionally, your partner could have become infected after you were tested, and then infected you.

What are some reasons that people do not get tested?

Many people think that HIV is a death sentence, and do not know that people with HIV can be treated and live long lives. Many people are afraid that if they get tested for HIV, other people will think that they have HIV and will treat them poorly. These are normal fears. Even though people often feel they have good reasons for not getting tested, it is your job to encourage them to get tested and provide support when they do.

PREVENTING HIV

How can you avoid getting or transmitting HIV?

- Abstinence – do not have sex.
- Only have sex with one person who you know does not have HIV.
- Use a condom correctly during sex.
- HIV-positive mothers should bottle feed with infant formula instead of breastfeed.
- Do not use a needle, razor blade, or any other sharp instrument that anyone else has used.
- Do not touch someone else's blood.

Male Condoms

Both male and female condoms provide a barrier between 2 people so that a woman cannot get pregnant during sex.

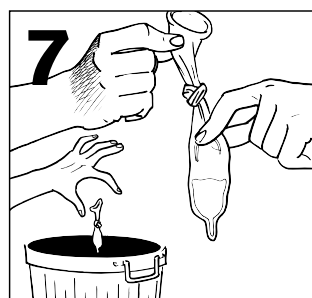
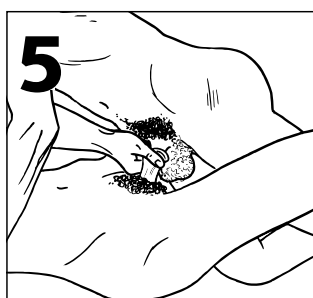
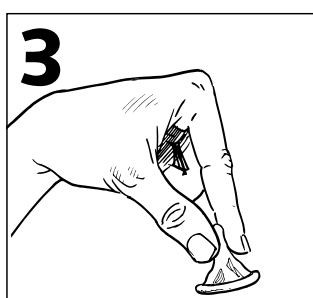
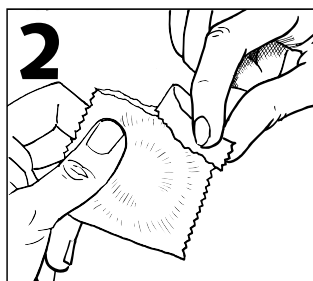
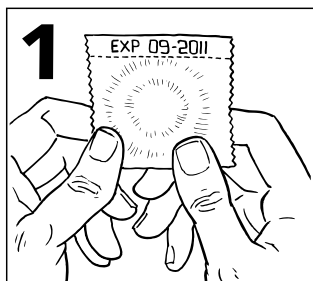
To prevent pregnancy, people should use condoms any time they have sex. Condoms also prevent transmission of HIV and other sexually-transmitted infections (STIs).

Anyone can get condoms at the health center. Accompagnateurs should carry condoms with them to demonstrate condom use to community members during household visits, and they should remind everyone that condoms are available at the health center.

How to Use a Male Condom

- 1.** Wash your hands.
- 2.** Check the expiration date on the package before using the condom.
Do not use a condom that is past the expiration date.
- 3.** Open the package. (Do not use your teeth or fingernails, because they could put a hole in the condom.)
- 4.** Find the tip of the condom and hold it so the ring hangs down like a little hat.
- 5.** Hold the top with your 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. Check to make sure it is on correctly.
- 6.** After sex, hold the condom at the base and pull the penis away from your partner. Do not spill any liquid on your partner.
- 7.** Slide the condom off without spilling the liquid inside.
- 8.** Tie the condom in a knot and dispose of it.
- 9.** Throw the condom away with trash that will be burned or buried. Do not leave the condom lying on the ground or any place where children could find it.

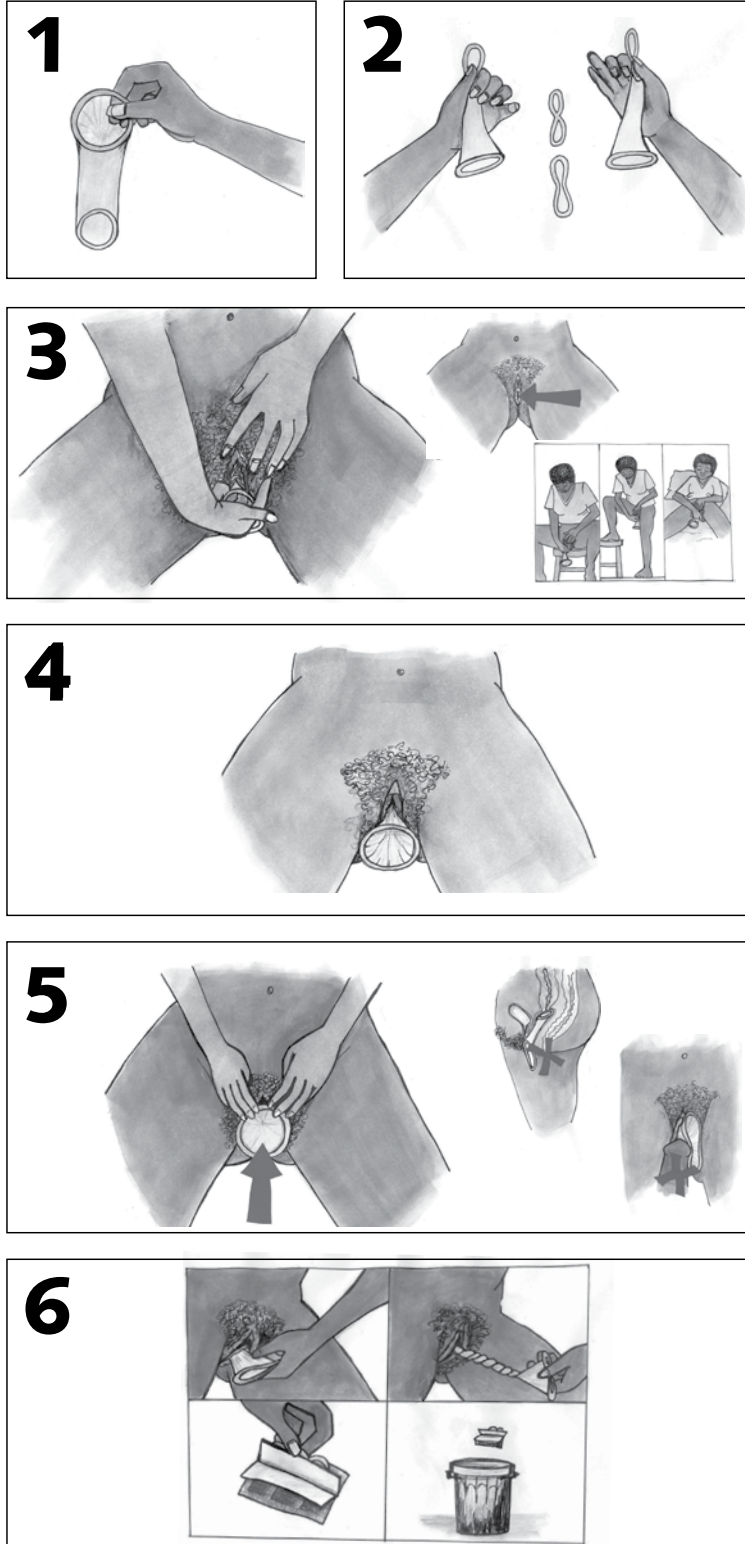
How to Use a Male Condom



How to Use a Female Condom

1. Wash your hands.
2. Check the expiration date on the package. Do not use a condom that is past the expiration date.
3. At the arrow on the package, tear downward.
4. Remove the condom from the package.
5. Hold the inner ring between your thumb and forefinger.
6. Squeeze the sides of the inner ring together, so that it becomes long and narrow, and grasp it firmly.
7. Find a comfortable position for inserting the condom. Try sitting, squatting, or lying down.
8. Push the inner ring up into the vagina as far as possible. Insert your index or middle finger into the condom.
9. One inch of sheath, including the outer ring, will remain outside the body. When the penis enters the vagina, the slack will decrease.
10. The outer ring should remain outside the vagina, protecting the external genitalia.
11. Upon entering the vagina, the penis may push the outer ring into the vagina or the penis will enter to the side between the condom and the vaginal wall. **If either of these things happens, STOP!** Remove the penis. Adjust the outer ring until it is again outside the vagina and try once more.
12. To take out the condom, grasp the outer ring, twist the condom to seal in the fluid, and gently remove it.
13. Place the condom in a tissue or in the empty package and throw it into the garbage. Throw the condom away with trash that will be burned or buried. Do not leave the condom lying on the ground or any place where children could find it.

How to Use a Female Condom



HEALTH CENTER REFERRALS

Everyone should be tested for HIV and know their status. It is essential that accompagnateurs refer people with possible symptoms of HIV or AIDS to the health center to get tested. When people know their HIV status, they can learn how to control their disease and how to avoid giving it to others.

When you are encouraging someone to get tested for HIV:

- Stay calm
- Do not pass judgment
- Remind people of the benefits of getting tested
- Inform them of the various sources of support available to them at the health center, such as social workers and pre-test counseling

Accompagnateurs never act alone. There are people in various support roles that you can seek out for help: social workers, midwives, nurses, doctors, other community health workers, and experienced accompagnateurs. The health centers also offer pre- and post-test counseling.



ACCOMPAGNATEUR CHECKLIST

- ☐ Encourage everyone to get an HIV test.
- ☐ Share accurate information about HIV/AIDS with patients and community members. For example: Anyone can get HIV. HIV can be transmitted through blood, semen, vaginal secretions, and breast milk.
- ☐ Promote safe sex.
- ☐ Know how to use condoms correctly and teach others how to use them.
- ☐ Refer community members with AIDS-like symptoms to the health center.

**ROLE PLAY 1: CLINIC REFERRALS**

An accompagnateur is walking through the village on her way to give a patient some medicine. She passes a friend who is working outside his house. The accompagnateur stops to say hello.

They chat and the accompagnateur notices a rash on the friend's neck.

Accompagnateur: “That looks bad! How long have you had that!?”

Friend (angry and a little scared): “What!? What?”

Accompagnateur: “That rash! You should have that checked! That could be very serious! Come with me to the clinic! Don’t wait a minute!”

Friend (very upset now): “Ummmm...what’s the matter?! Am I sick?!”



ROLE PLAY 2: CLINIC REFERRALS

An accompagnateur is walking through the village on his way to give a patient some medicine. He passes a friend who is working outside her house. The accompagnateur stops to say hello.

They chat and the accompagnateur notices a rash on the friend's neck.

Accompagnateur: "It looks like you have a little rash..."

Friend: "Yes, I've had it for a day or two. It doesn't bother me."

Accompagnateur: "I'm going back to the clinic later. You should come with me and have it checked."

Friend: "Do you think I should? Will it be expensive?"

Accompagnateur: "It's a good idea to have it checked. I'll go with you. They'll look at your rash and give you a test for HIV to make sure it's not caused by HIV. The test is free."

Friend: "HIV!?"

Accompagnateur: "It's always best to be safe. And don't forget that now, HIV can be treated. It stays in the body, but it can be controlled."

Friend: "It can?"

Accompagnateur: "Yes, people with HIV can live long lives. I certainly hope you don't have HIV, but let's make sure. And let's get some medicine for that rash."



NOTES

[illegible]



UNIT 5

Treatment of HIV and AIDS



OVERVIEW

Antiretroviral medicines (ARVs) stop HIV from multiplying in the body and destroying the immune system. They do not cure AIDS, so they must be taken throughout a patient's lifetime. They need to be taken at specific times of the day and under specific conditions (for example, with food or without food). The more that you understand about HIV/AIDS treatment, the easier it will be for you to encourage your patients to continue treatment and to avoid behaviors that will endanger their health. In this unit, you will learn about ARVs and issues of adherence. This topic is continued in Unit 6, which addresses the side effects of these medicines.



OBJECTIVES

By the end of the unit, you will be able to:

- a. Explain that antiretroviral medicines (ARVs) work to stop HIV from multiplying in the body.
- b. Explain when ARVs should be taken, how often, for how long, and in what amounts.
- c. Recognize the names and abbreviations of ARVs.
- d. Explain that ARVs should be stored in a dry, dark, cool area out of the reach of children.
- e. Recognize signs that patients are consistently taking ARVs and using good health practices, as well as signs that they are not.
- f. Demonstrate how to use treatment cards.
- g. Define the term “adherence” and describe problems patients face when they are taking medicines on a strict schedule.

**KEY POINTS**

- ARVs work to stop HIV from multiplying in the body.
- HIV treatment is a life-long process.
- People living with HIV/AIDS must take ARVs at specific times of the day and under specific conditions.
- It is difficult to take ARVs every day for a lifetime, but if people living with HIV/AIDS stop taking ARVs, the infection will develop resistance to the medicine.
- Taking alcohol or drugs makes it harder for ARVs to work.

HIV AND AIDS TREATMENT

There is no cure for HIV. Once HIV is in the body, it stays there forever, but people with HIV/AIDs can receive treatment so that they can lead healthy lives. The treatment is to take antiretroviral drugs, or ARVs.

ARVs stop HIV from multiplying in the body and killing CD4s, which are an important part of the body's defense system. When HIV multiplies, it weakens the immune system. As long as a person is taking ARVs properly every day and not missing any doses, her or his immune system will stay fairly strong.

When people are diagnosed with HIV, they do not always take ARVs right away. Based on the person's physical condition, the doctor or nurse and the person will decide together when the person should start taking ARVs.

To treat HIV, most people take 3 different ARV medicines each day. Sometimes 2 or 3 ARVs are combined in 1 pill, so that people do not have to take so many pills.

ARVs must be taken with care. Some medicines have to be taken without food, and some medicines have to be taken with food. ARVs are usually taken in the morning and again at night, and at the same time each day.

All people diagnosed with HIV visit the doctor once every 6 months if their CD4 is above 450 and every 3 months if their CD4 is below 450 but not yet 350. If they are not yet taking ARVs, the doctor or nurse checks them to see if they need to start. If they are taking ARVs, the doctor checks to see if the ARVs are working. Once the person's test result for CD4s falls to or below 350, the doctor or nurse will start the person on ARVs, and the person will be seen at the health facility monthly.

After people with HIV have started taking ARVs, they must take them at the same time every day for the rest of their lives. This is called **adherence**.

If a person stops taking ARVs or misses some doses, the HIV begins multiplying again and killing the CD4s. If a person repeatedly starts and stops taking ARVs, the HIV in his or her body will become stronger and better able to fight the ARVs. This is called drug resistance, and it is very dangerous. This means that the ARVs will not work as well as they should.

A pregnant woman may be put on ARVs to prevent her unborn baby from becoming infected with HIV. Pregnant women with HIV may need to come to the health facility more than once a month.

When a person under your care starts taking ARVs, the doctor or nurse will meet with you and the person to explain what medications she or he will take, at what time of day, and in what amounts. This information will also be written on a form.



Directly Observed Therapy

One of your main responsibilities as accompagnateurs is to make sure that the people with HIV who are under your care take their ARVs correctly every day.

In order to do this, you must make sure that you know which combinations of ARVs the person must take. Then you must go to the person's house every morning at the correct time, and again every evening at the correct time, to watch her or him swallow the ARVs. This is called Directly Observed Therapy (DOT). DOT means that you are present and watching when the person takes the medication. By doing DOT, you are ensuring adherence. In other words, you are making absolutely sure that the person takes her or his ARVs correctly.



Storing Medications

ARVs should be stored all together in 1 place: a dry place that is away from sunlight and heat and also away from children. You must make sure that people under your care store ARVs properly.



Living Healthfully

People living with HIV/AIDS can stay healthy when they are on ARVs by not smoking, not drinking alcohol, maintaining a healthy diet, walking, getting lots of rest, and participating in everyday life.



Protected Sex Only

Living healthfully also means protecting others from getting HIV. People on ARVs should always have protected sex (use condoms).



Impact of ARVs and Living Healthfully

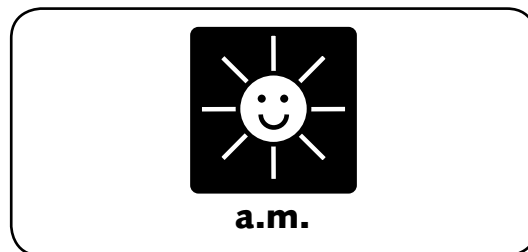
These are 2 pictures of the same Rwandan woman, Solange. As you can see, in the first picture she is thin, weak, and sick. In the other picture, she looks much healthier. Solange has HIV in both pictures.

The first picture was taken before Solange had ever received ARVs.

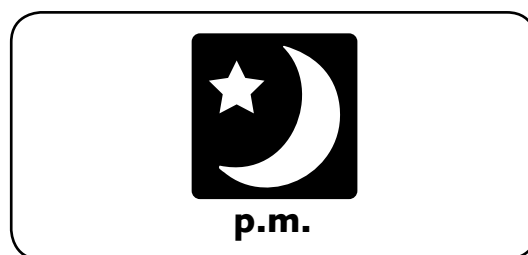
People with HIV/AIDS who take their ARVs correctly every day (adherence) and live positively can lead long, healthy lives. As accompagnateurs, you must make sure that people under your care who are taking ARVs take them correctly every day.

TREATMENT CARDS

Each card includes the name of a medicine, a photo of the pill, the number of times it must be taken, and the time or times of day it must be taken. If there are special instructions, such as “take with food,” they are also included.



Take the medicine in the morning, at 6 a.m.



Take the medicine in the evening, at 6 p.m.



Take the medicine on an empty stomach – do not eat before taking the medicine.



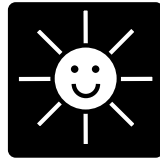
Some medicines have to be taken with food.

Zidovudine (AZT)



1 pill
(300 mg)

Take **2 times** per day:



Morning – 6 A.M.



Night – 6 P.M.

Zidovudine (AZT)

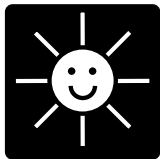
Dosage is 1 pill (300 milligrams) taken 2 times a day: in the morning at 6 a.m. and in the evening at 6 p.m.

Lamivudine (3TC)



1 pill
(150 mg)

Take **2 times** per day:



Morning – 6 A.M.



Night – 6 P.M.

Lamivudine (3TC)

Dosage is 1 pill (150 milligrams) taken 2 times a day: in the morning at 6 a.m. and in the evening at 6 p.m.

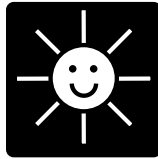
Combivir or Duovir

A combination of AZT and 3TC



1 pill
(450 mg)

Take **2 times** per day:



Morning – 6 A.M.



Night – 6 P.M.

Combivir or Duovir

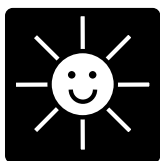
There is a pill that combines Zidovudine (AZT) and Lamivudine (3TC). Dosage is 1 pill (350 or 150 milligrams), taken 2 times a day: in the morning at 6 a.m. and in the evening at 6 p.m. It is usually given in combination with 1 other drug, Nevirapine. Patients should take this medication with food.

Stavudine (d4T)



1 pill
(40 mg)

Take 2 times per day:



Morning – 6 A.M.



Night – 6 P.M.

Stavudine (d4T)

Dosage is 1 pill (40 milligrams) taken 2 times a day: in the morning at 6 a.m. and in the evening at 6 p.m.

Didanosine (ddI)

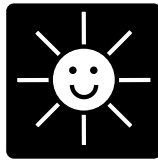


Take **2 times** per day:

1 pill
(200 mg)



Take on an
empty stomach
(at least 2 hours
after a meal)



Morning – 6 A.M.



Night – 6 P.M.

Didanosine (ddI)

Dosage is 1 pill (200 milligrams) taken 2 times a day: in the morning at 6 a.m. and in the evening at 6 p.m. Patients should take this pill on an empty stomach.

Nevirapine (NVP)



1 pill
(200 mg)

Take **1 time** per day for **14 days**



Morning – 6 A.M.

After **14 days** take **2 times** per day



Morning – 6 A.M.



Night – 6 P.M.

Nevirapine (NVP)

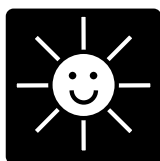
Nevirapine is 1 pill (200 milligrams), taken 2 times a day: in the morning at 6 a.m. and at night at 6 p.m.

Abacavir (ABC)



1 pill
(300 mg)

Take **2 times** per day:



Morning – 6 A.M.



Night – 6 P.M.

Abacavir (ABC)

Dosage is 1 pill (300 milligrams) 2 times a day: in the morning at 6 a.m. and at night at 6 p.m. Patients must take this medicine with food.

Tenofovir (TDF)



Take **1 time** per day

1 pill
(300 mg)



Night – 6 P.M.

Take with food



Tenofovir (TDF)

Dosage is 1 pill (300 milligrams), taken 1 time a day: in the morning at 6 a.m. Patients should take this medication with food.

Efavirenz (EFV)



Take **1 time** per day

1 pill
(600 mg)



Night – 6 P.M.



Take on an
empty stomach
(at least 2 hours
after a meal)

Efavirenz (EFV)

Dosage is 1 pill (600 milligrams), taken 1 time a day: in the evening at 6 p.m. Patients should take this medication on an empty stomach.

Indinavir (IDV)



Take **3 times** per day

1 pill
(400 mg)



Take on an
empty stomach
with water



Morning – 6 A.M.



Noon – 12 P.M.



Night – 6 P.M.

Indinavir (IDV)

Dosage is 2 pills (400 milligrams each), taken 3 times per day: in the morning at 6 a.m., at 12 noon, and in the evening at 6 p.m. Patients should take this medication on an empty stomach and with plenty of water.

T₃₀ (Triomune)

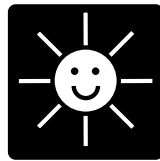
Combination of Stavudine (d4T), Lamivudine (3TC),
and Nevirapine (NVP)



1 pill

(T30-d4T 30mg,
3TC-150 mg,
NVP-200mg)

Take **2 times** per day



Morning — 6 a.m.



Evening — 6 p.m.

T30/Triomune

There is a pill that combines Stavudine (D4T), Lamivudine (3TC), and Nevirapine (NVP). It is called T30 or Triommune. Most of the time, the dosage is 1 pill taken 2 times a day: in the morning at 6 a.m. and in the evening at 6 p.m. Patients should take the medicine with food.

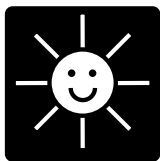
Coviro (L30)

Combination of Stavudine (d4T), Lamivudine (3TC)

Take **2 times** per day

1 pill

(T30-d4T 30mg,
3TC-150 mg)



Morning — 6 a.m.



Evening — 6 p.m.

Coviro (LS30)

There is a pill that combines Stavudine (D4T) and Lamivudine (3TC).

Dosage is 1 pill (d4T 30 milligrams and 3TC 150 milligrams), taken 2 times a day: in the morning at 6 a.m. and in the evening at 6 p.m.

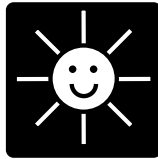
Coviro (L30)

Combination of Stavudine (d4T), Lamivudine (3TC)

Take **2 times** per day

1 pill

(T30-d4T 30mg,
3TC-150 mg)



Morning — 6 a.m.



Evening — 6 p.m.

Bactrim

Many people with HIV also have to take another medication called co-trimoxazole (CTX), also known as Bactrim. It is not an ARV. It is an antibiotic that people with HIV take to prevent opportunistic infections.

**ACCOMPAGNATEUR CHECKLIST**

- ☐ Collect medicine from the health center every month.
- ☐ Make sure that patients store medicine in a safe, dry place, away from sunlight and children.
- ☐ Check that patients have the correct ARVs.
- ☐ Ensure that patients are taking their ARVs correctly.
- ☐ Observe patients for signs that they are not practicing healthy behaviors, and counsel them or refer them to the health center as necessary.



UNIT 5, SESSION 2: CASE STUDIES

You have a patient who is on Lamivudine (3TC). How many pills does he need to take in the morning?

You have a patient on the starter pack. When should he take LS30?

You have a patient who is taking T30. When should she take it?

One of your patients is on Combivir. He asks you how many pills of Combivir he should take in 1 day. What do you say?

You have a patient on Stavudine. How many times a day must she take this medicine and how many pills must she take at a time?

One of your patients is on Efavirenz. How many times a day must he take this medicine?

You have a patient on Indinavir. When you arrive at her house one morning, she is eating bread as you give her the medicine. Is there a problem with this situation?

You have a patient who has been on Nevirapine for 8 days. How many pills must he take each day and when?

You have a patient who smokes constantly. Should you do something? If so, what?

You have a patient who sometimes smells of alcohol when you arrive. Is this a problem? Why? What can you do about it?



NOTES

[illegible]



UNIT 6

Side Effects of Antiretroviral Medicines (ARVs)



OVERVIEW

Many of the side effects of antiretroviral medicines (ARVs) are dangerous. They can threaten the health of patients and challenge patients' commitment to continuing treatment. The accompagnateur is the only trained person who sees the patient every day and is therefore the most likely person to notice side effects quickly and make sure that the patient gets appropriate medical care. This unit will provide you with the knowledge and skills you need to monitor patients for side effects, to advise them to seek treatment, and to counsel patients on the importance of adherence.



OBJECTIVES

By the end of the unit, you will be able to:

- a. Define the term “side effect.”
- b. Name the major side effects of ARVs.
- c. Pose questions to assess whether a patient has side effects.
- d. Recognize the non-urgent side effects of ARVs that require referral to the health center within 1 week.
- e. Recognize the urgent side effects of ARVs that require immediate referral to the health center.

**KEY POINTS**

- A bad reaction to a medicine is called a side effect.
- Antiretrovirals can cause many side effects.
- Accompagnateurs must ask patients how they are feeling every day.
- Patients with urgent side effects should visit the health center immediately.
- Patients with common non-urgent side effects should visit the health center within a week of experiencing the side effect.

SIDE EFFECTS OF ARVS

Sometimes when people take medications, such as ARVs, they have reactions to the medications. For example, they may get a headache, feel nauseous, or get diarrhea. These reactions are called **side effects**.

When patients under your care are taking ARVs, they may sometimes experience side effects from the ARVs. Some side effects are mild and not urgent. Other side effects are urgent and very serious. If someone under your care experiences an urgent side effect, you must be able to recognize it and refer that person to the health center immediately.

People under your care who are taking ARVs may experience 1 or more of these non-urgent side effects. While these side effects can be unpleasant, they are not serious.

If someone is experiencing any of these non-urgent side effects, tell him or her to go to the health center within 1 week to get help.

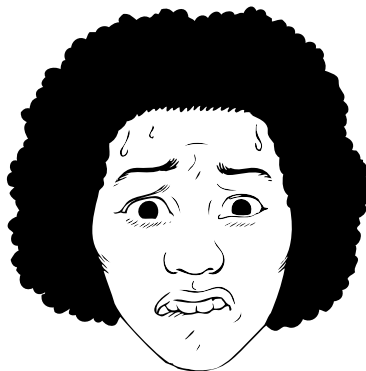
Non-urgent (Go to the health facility within 1 week)



Muscle pains



Diarrhea



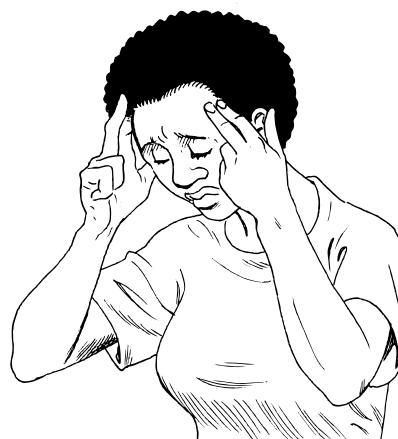
Nervousness or anxiety



Strange dreams

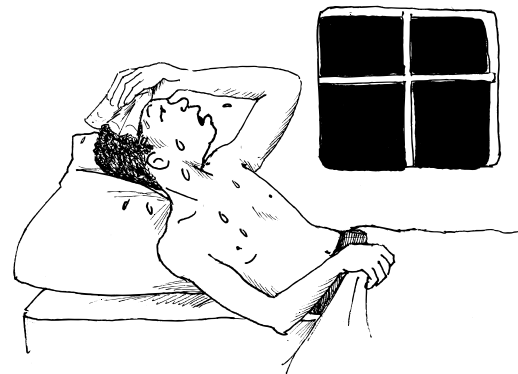


Difficulty sleeping



Headache

CONTINUED >

Non-urgent side effects (CONTINUED)**Loss of appetite****Burning or tingling feet****Weakness or fatigue****Night Sweats**

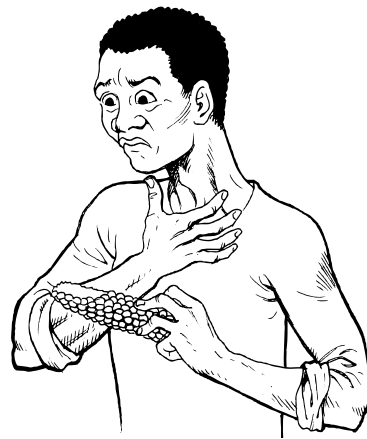
People under your care who are taking ARVs may experience 1 or more of these urgent side effects. These side effects are very serious.

If someone is experiencing any of these severe side effects, you must refer him or her to the health center immediately and accompany him or her if needed.

Urgent (Go to the health facility immediately)



Difficulty breathing



Trouble swallowing



Swollen eyes



Swollen tongue

CONTINUED >

Urgent side effects (CONTINUED)



Blisters or sores



Vomiting



Rash



Abdominal pain



Yellow eyes (jaundice)



Fever

Every time you visit patients who are taking ARVs, you must **ask** them if they are experiencing side effects and refer them to the health facility if they are. Do not assume that they will tell you if they are experiencing side effects. You must always ask.

It is not enough to ask, “How are you feeling?” You must take the time to ask, “Are you experiencing any severe side effects – for example, rash, vomiting, difficulty breathing, etc.?”

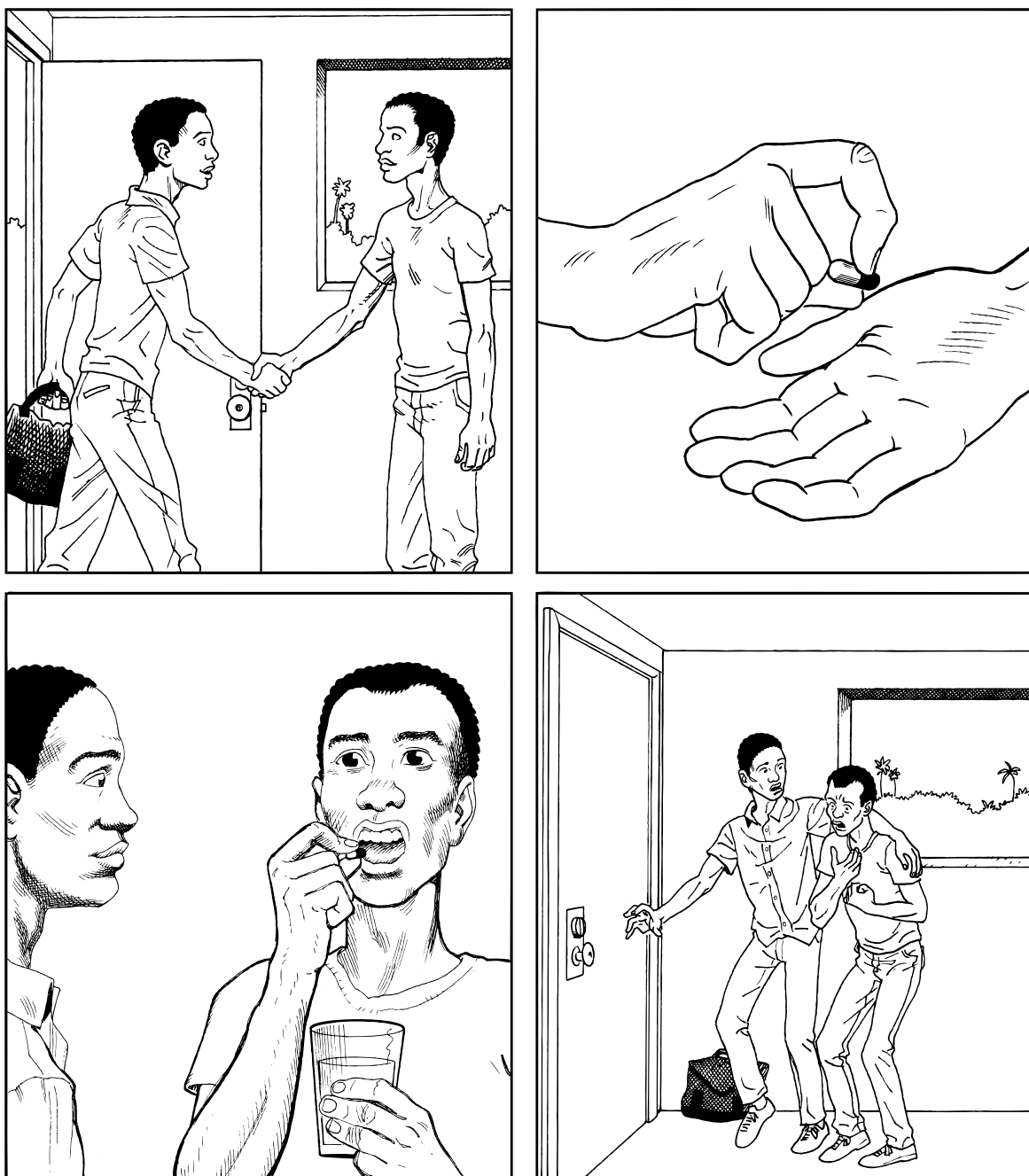
You must also teach patients to recognize the urgent side effects, so that when they experience an urgent side effect, they know to come and find you so that you can accompany them to the health center immediately.



ACCOMPAGNATEUR CHECKLIST

- ☐ Ask patients every week if they are having specific side effects.
- ☐ Tell patients with urgent side effects to visit the health center immediately.
- ☐ Encourage patients with non-urgent side effects to visit the health center within a week.

Side Effects of ARVs: Story 1



Picture 1: The man greets the accompagnateur.

Picture 2: The man takes her ARVs as the accompagnateur watches.

Picture 3: The man has difficulty breathing.

Picture 4: The accompagnateur tells the man that they must go together to the health facility immediately.

Side Effects of ARVs: Story 2



Picture 1: The accompagnateur asks the woman if she is experiencing any serious side effects.

Picture 2: The woman shows the accompagnateur that she has a rash on her stomach.

Picture 3: The accompagnateur tells the woman that they must go together to the health facility immediately.

Picture 4: The accompagnateur accompanies the woman to the health facility.



SIDE EFFECTS OF ANTIRETROVIRAL MEDICINES (ARVS)

(page XX of Accompagnateur Handbook)

Pierre, an accompagnateur, delivers medicine to Marie-Fleur in the morning and at night. He visits Marie-Fleur one morning and gives her the medicine, watches her take the medicine, and then quickly leaves because he has to buy something at the market.

Pierre returns to Marie-Fleur's house in the evening to give her nightly medicine. He asks her how she is feeling and she says OK. He wishes her a good night and leaves.

Pierre visits Marie-Fleur the next morning and she is lying in bed complaining of abdominal pain. She cannot get out of bed. When Pierre asks her how long she has had this pain, she tells him she has had the pain for more than 1 week.

Questions:

Why do you think Pierre did not know about Marie-Fleur's abdominal pain sooner?

What do you think Pierre could have done to learn about Marie-Fleur's abdominal pain sooner?

Case continued:

Pierre is worried that Marie-Fleur might be having some side effects to the ARVs that she is taking.

Question:

What should Pierre do now?

CONTINUED >

**SIDE EFFECTS OF ARVS (CONTINUED)****Case continued:**

Marie-Fleur tells Pierre that she cannot walk to the clinic.

Questions:

What should Pierre do now?

What should Pierre tell the doctor?



NOTES

[illegible]



UNIT 7

Women and HIV/AIDS



OVERVIEW

For many reasons, women are more vulnerable to HIV/AIDS than men are. To work effectively, accompagnateurs need to understand the strain that this vulnerability puts on their female patients and all the women in their communities. Accompagnateurs also need to know how to educate women to avoid getting HIV. They should know how to support HIV-positive women – in their daily lives, in healthy pregnancies, and beyond. This unit will deepen your understanding of issues related to HIV/AIDS and women, and provide you with an opportunity to practice how you will work with women in your communities.



OBJECTIVES

By the end of the unit, you will be able to:

- a. Describe the impact of HIV/AIDS on women.
- b. Describe ways that women are more vulnerable than men to HIV/AIDS.
- c. Describe how women with HIV can transmit HIV to their infants, and how they can prevent transmission (PMTCT).
- d. Explain how accompagnateurs should follow up with mothers after delivery.
- e. Demonstrate how to prepare infant formula.

**KEY POINTS**

- Women are more vulnerable than men to HIV/AIDS because of biological, social, and cultural factors.
- Cultural practices, economic dependency, abandonment by their spouses, lack of rights regarding land ownership and inheritance, and lack of education are all factors that affect women living with HIV.
- All pregnant women should be tested for HIV.
- Antiretroviral medicines (ARVs) can protect a baby from getting HIV from its mother.
- Infant formula can protect a baby from getting HIV from its mother.

WOMEN AND HIV

Around the world, more adult women than ever before are living with HIV. Within a recent 5-year period, the number of women living with HIV increased by 1.6 million.¹

Women are at least 4 times more vulnerable than men to HIV/AIDS. This is true for many reasons.

Biological reasons

- Women are biologically more susceptible to sexually-transmitted infections (female genitals have a larger surface area that can be exposed to HIV).
- Vaginal tearing during sex is common, and HIV can enter tears easily.
- There is more HIV in sperm than in vaginal secretions.
- Sperm stays wet inside females longer than vaginal secretions stay wet on males, and HIV lives in wet fluid.
- Female circumcision (practiced in some countries), increases the chance of exposure to HIV/AIDS.

Social and cultural reasons:

- Women have a greater risk of suffering sexual violence. For example, more women than men are raped.
- Women are less likely to be able to negotiate condom use and the terms of sex. In many cultures, women have to be submissive and defer to their husbands or partners about sex. Most new HIV infections among women occur in marriages. The women are infected by their husbands.
- Women are more likely to exchange sex for money or gifts because they are usually poorer than men.
- Some older men coerce young women into sexual relationships with gifts.

¹ UNAIDS (2007). AIDS Epidemic Update. Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organization (WHO). http://data.unaids.org/pub/EPISlides/2007/2007_epiupdate_en.pdf

- Women are economically vulnerable and often financially dependent upon men. Women often care for the children and are not paid for this. A woman often defers to her husband's rules and decisions because he brings the money home. Because women depend on their husbands for money, a woman might continue to have unprotected sex with her husband even when she suspects that he is HIV-positive.
- Women tend to have less education than men.
- Laws tend to favor men in terms of inheritance and land ownership. In some countries, a woman is not allowed to own land or inherit her husband's property if he dies. These practices make and keep women poor.

What does the prevalence of HIV/AIDS among women, and all the issues that women have to deal with, mean for accompagnateurs?

As accompagnateurs, you must educate women about HIV/AIDS prevention and transmission. You must watch for clues of domestic violence and alert a social worker or the health center staff if necessary. You should distribute male and female condoms to community members and encourage their use.

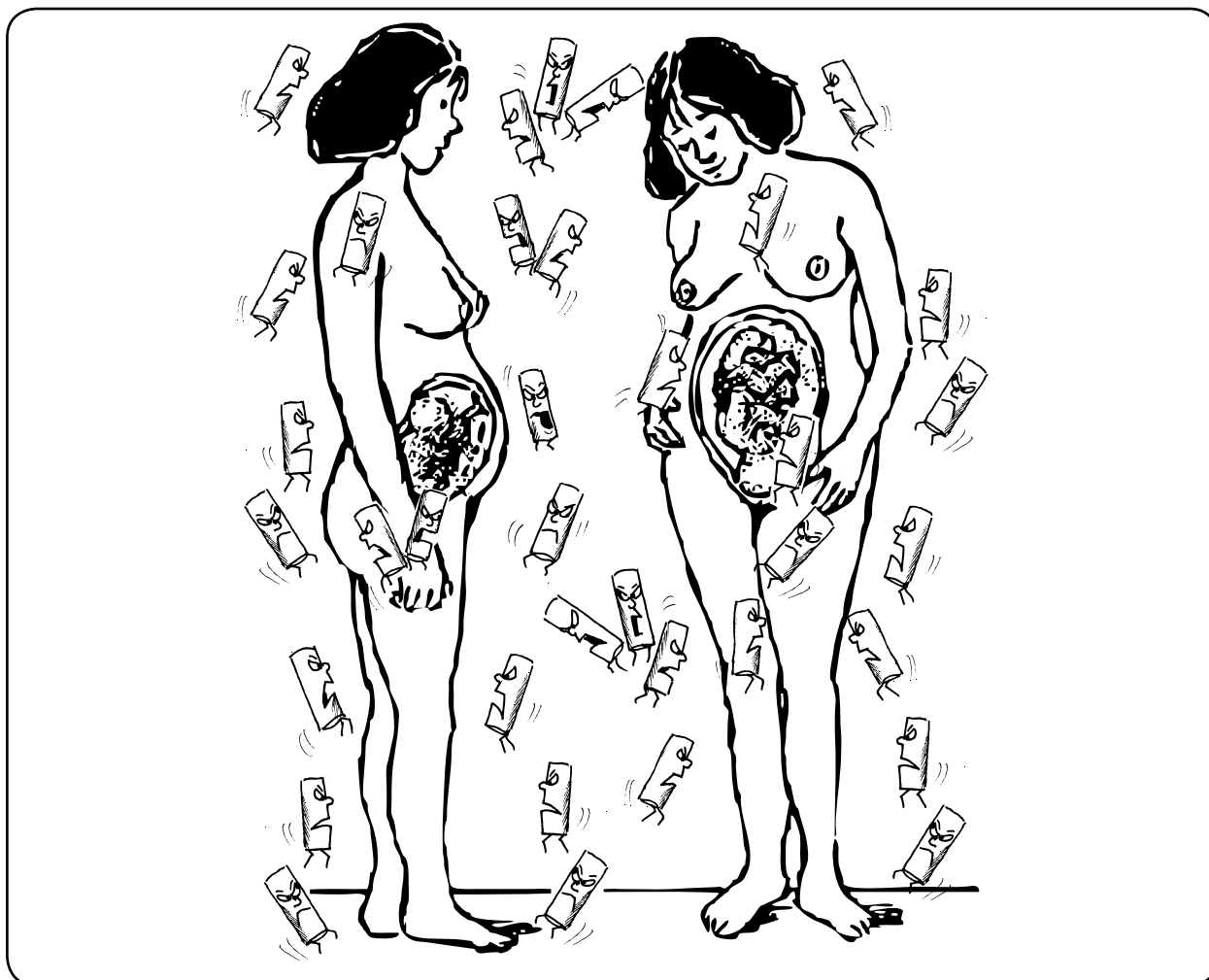
What does the vulnerability of women to HIV/AIDS mean for men?

Men must be educated about HIV/AIDS prevention and transmission and about the vulnerability of women to HIV/AIDS. Condoms must be distributed to men and men should be encouraged to use them.

How can men be more involved in stopping the spread of HIV/AIDS?

They can use condoms correctly. They can have only 1 sexual partner. They can be aware of how women are more vulnerable to HIV, and educate their sisters, daughters, and wives about HIV.

HIV AND PREGNANCY



Pregnancy and HIV

All pregnant women should be tested for HIV because if they have HIV, they can give it to their babies.



Impact of Babies with HIV

Having a baby with HIV can be difficult for a family. When a baby is sick, the parents have to stay home to take care of it, so they cannot go to work. This drives the family further into poverty.



How Babies Get HIV

A mother can give HIV to her baby during pregnancy, during labor and delivery, and by breastfeeding. The best way to prevent HIV transmission through breast milk is by formula feeding the baby from birth. A baby can also get HIV if an HIV-positive mother puts her breast milk in the baby's eyes. Putting breast milk in the baby's eyes does not help the baby's eyes when they are red, swollen, and itching.



Preventing Mother-to-Child Transmission of HIV

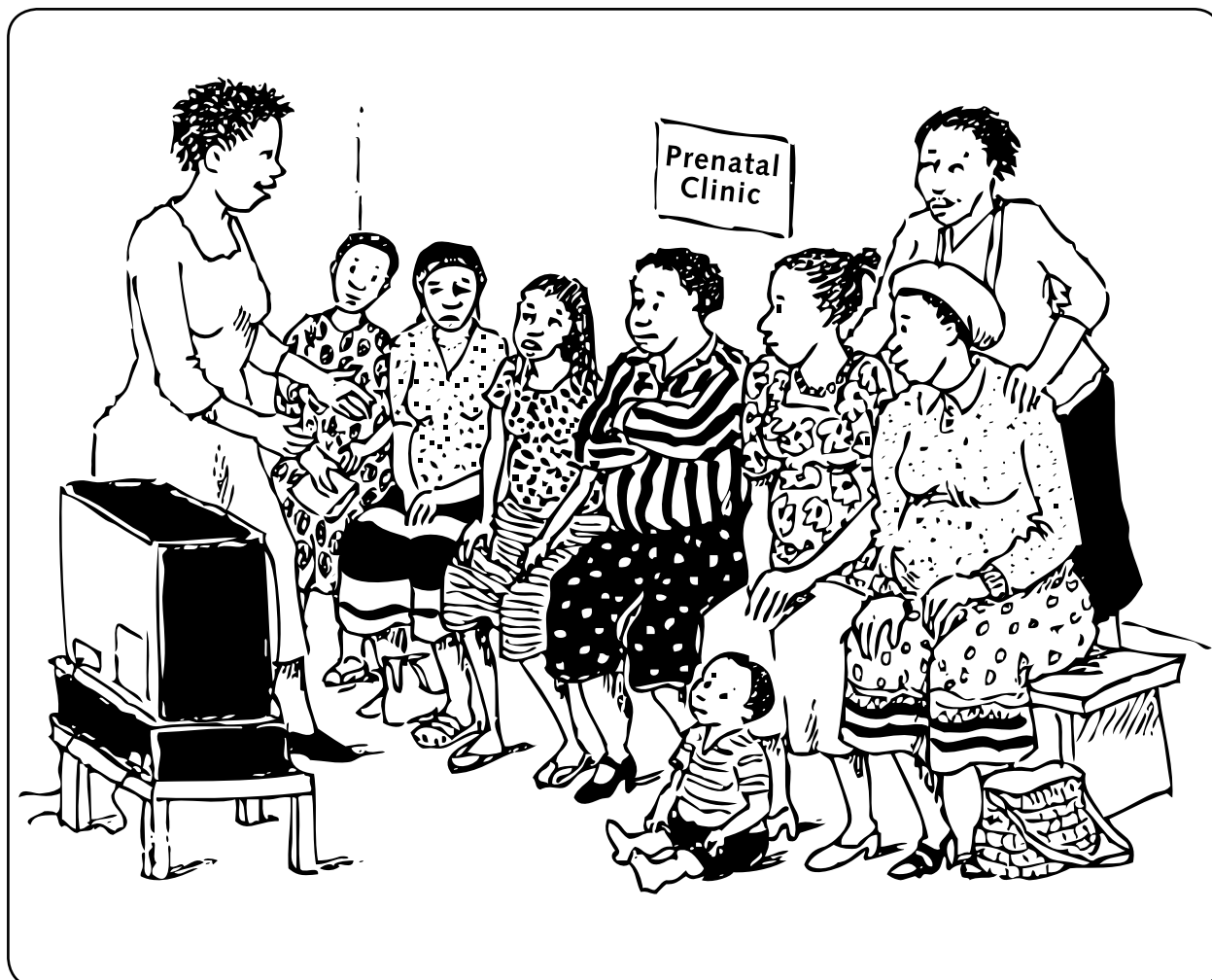
PMTCT stands for “prevention of mother-to-child transmission” of HIV.

To prevent HIV from passing from the mother to the baby, the mother must take either AZT or ARVs and deliver the baby at the health center.

The baby must take an antiretroviral medicine called AZT syrup and drink infant formula instead of breast milk. Sometimes the baby also has to take antibiotics (such as Bactrim).

All pregnant women should go to the health center for prenatal consultations including an HIV test, and have a CD4 count to determine her treatment during and after pregnancy.

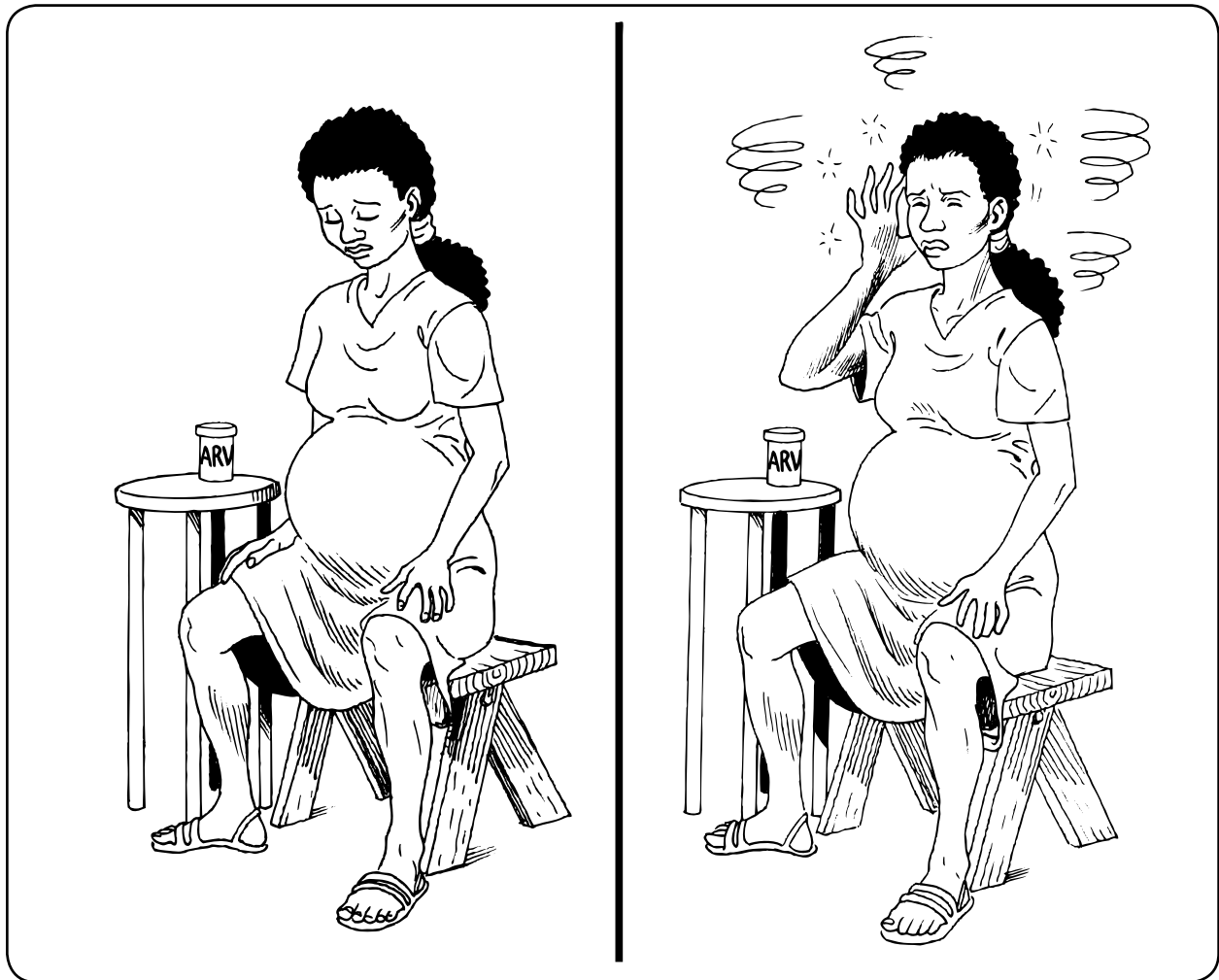
All pregnant women should be encouraged to go to the health center for an HIV test. If a woman is HIV-positive, she will be referred to the doctor. Her CD4 count may be checked. The doctor will recommend starting AZT or ARVs early to prevent mother-to-child transmission.



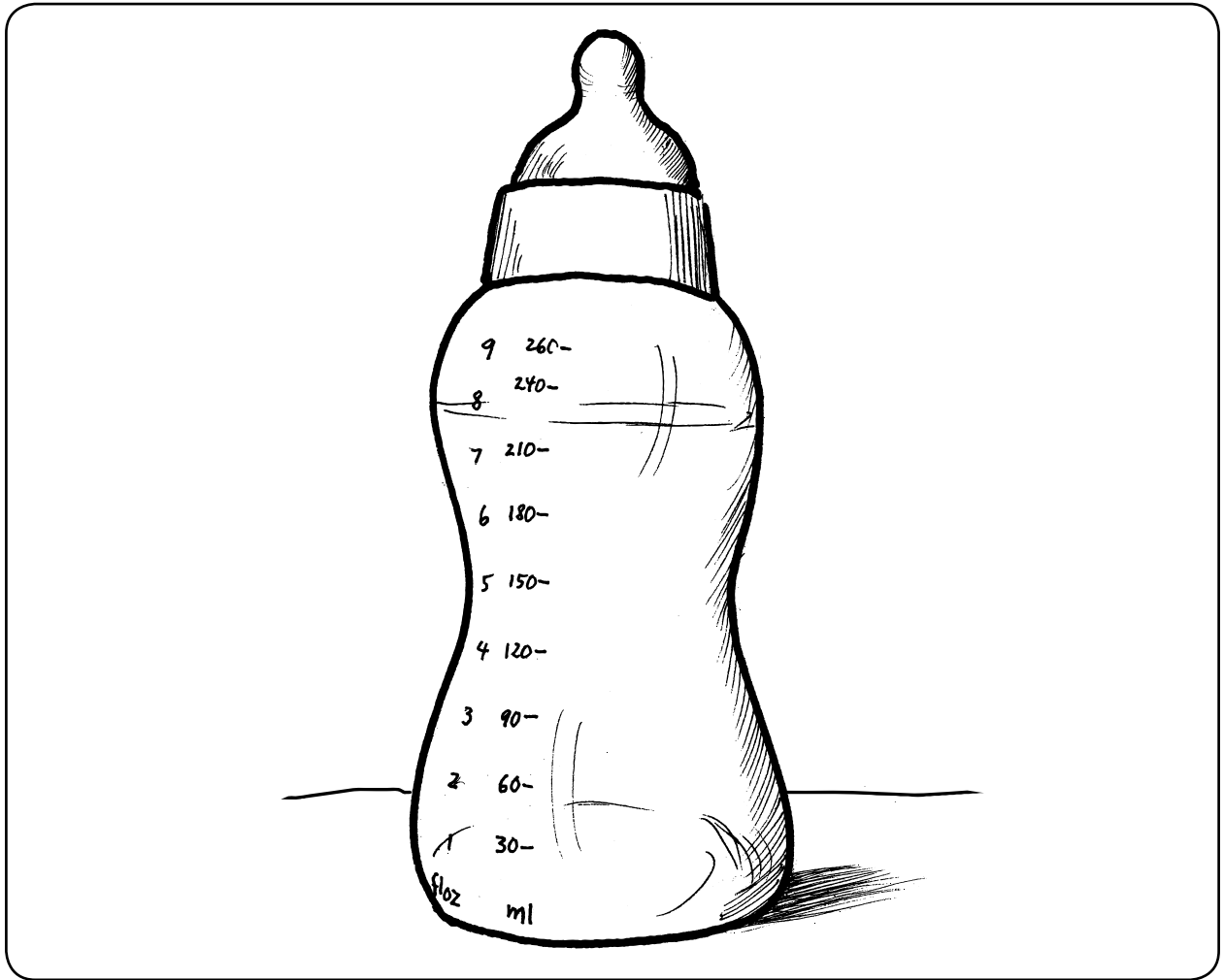
Prenatal Care

Prenatal care is very important to making sure that the mother and the baby are healthy.

At the prenatal visit, the doctor or nurse will check the mother's blood pressure, check the mother for anemia, give the mother vitamins, give vaccines to the mother to keep her and the baby safe, check for infections that might hurt the mother or baby, test for HIV, get a CD4 count if she is HIV-positive, and note the mother's blood type in case she needs a blood transfusion later.



All women who are in the early stages of HIV should be watched for side effects of the ARVs, such as pale skin, dizziness, and fatigue. If this occurs, the mother should go to the health center.



Infant Formula Instead of Breast Milk

Babies can get HIV from breast milk. Women with HIV should not breastfeed, but should feed their babies infant formula from the health center.



The Importance of Hospital Delivery

HIV-positive women should deliver their babies at the health center. This decreases the chance that the mother will pass HIV to the baby, because the doctor or nurse will make sure labor is not prolonged, will give the mother additional ARVs, will give the baby ARVs, and will counsel the mother about infant formula feeding. Additionally, routine newborn care will be provided.



Signs of Labor

If you are with a patient when she goes into labor, bring her to the health center. You will know that she is in labor because she will have contractions (rhythmic pains in her womb), her water will break, or there will be mucus or bloody discharge from her vagina. When an HIV-positive woman goes to the health center for delivery, she should bring clean clothes for her and the baby, and 1 or 2 bottles for formula feeding.



After Delivery

You should make sure that:

The mother has AZT syrup for the baby and herself and learns how to give it to the baby.

A follow-up appointment at the health center has been set for the mother and baby.

A follow-up appointment at the health center has been made for the baby at 6 weeks old. Babies will have monthly visits until they are 18 months old for growth monitoring, vaccinations and general health.

The mother has enough infant formula.



Visit the Health Center within 3 Days of Delivery

The mother and her baby should visit the health center within 3 days of delivery to get formula, antibiotics (Bactrim), and AZT syrup for the baby.



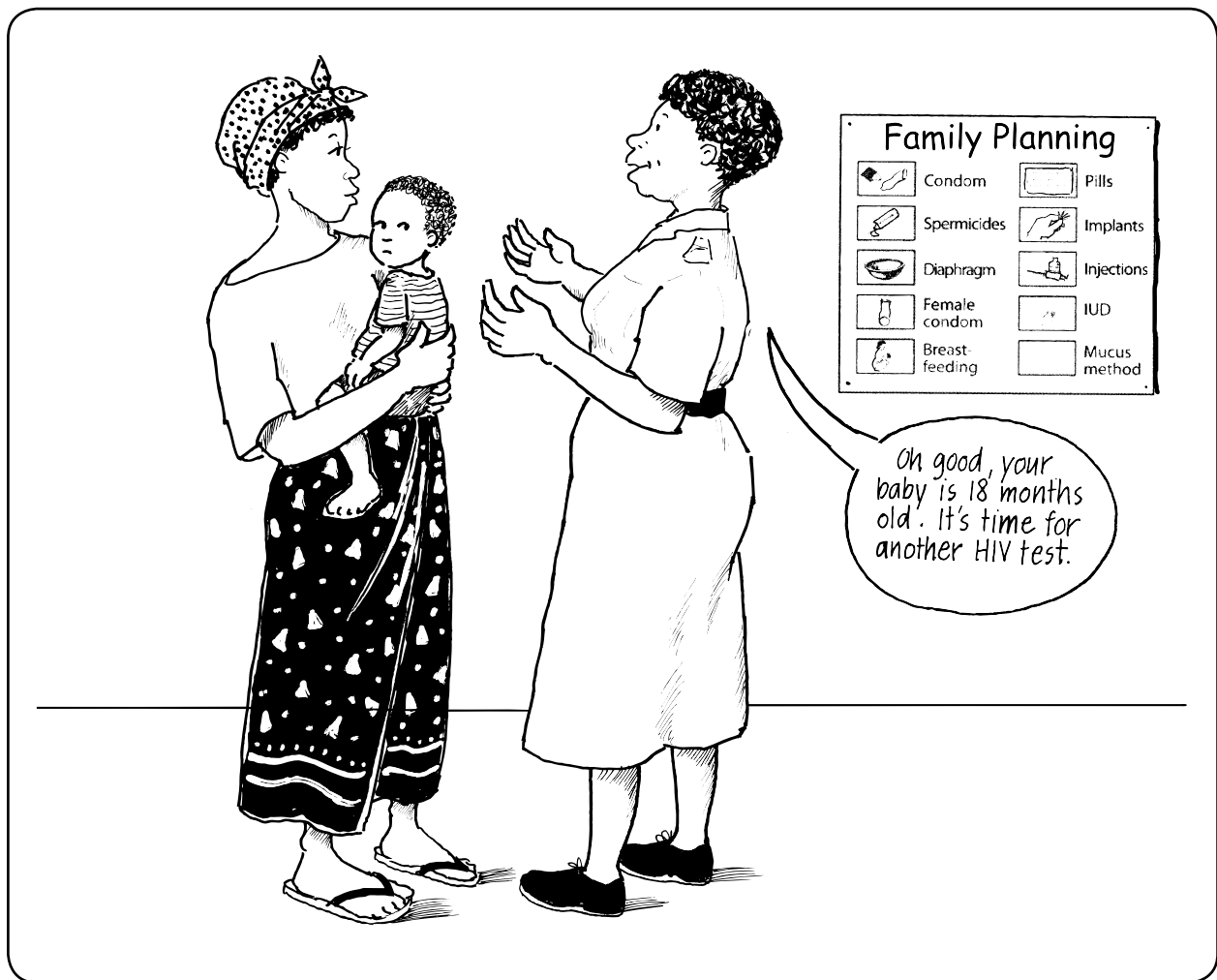
6 Weeks after Delivery

The mother and baby should visit the health center 4 to 6 weeks after delivery. The baby will start a new medicine called Bactrim (an antibiotic). Bactrim helps to prevent opportunistic infections. The baby will also get tested for HIV. Even if the HIV test is negative, the baby must still continue drinking only formula until 6 months after birth. After 6 months, the child will continue taking infant formula and begin eating soft foods such as porridge.



If the Mother or Baby Feels Sick

The mother and her baby should visit the health center whenever either of them feels sick.



Visit the Health Center 18 Months After Delivery

The mother and her baby should visit the health center every month until the child is 18 months old to get a follow-up HIV test for the baby.



Visit the Health Center Once a Month

The mother and her baby should visit the health center once a month, every month, until the child is 18 months old, for a checkup, growth monitoring, food supplements, formula, and any necessary vaccines. Babies will be tested for HIV 6 weeks after they are born. Even if babies are HIV-negative, they will continue monthly visits until they are 18 months old.

You should coordinate with social workers, midwives, POSER team members, doctors, or nurses at the health center.

PREPARING INFANT FORMULA

Although breast milk is usually the best food for babies, mothers with HIV should feed their babies infant formula to prevent passing HIV to their babies.

What are the benefits of mothers with HIV feeding infant formula to their babies?

It is one way to keep babies from getting HIV from their mothers; there are a lot nutrients and vitamins in formula that babies need; cow milk and goat milk are inappropriate for babies under the age of 9 months, and they can become very sick or malnourished if they drink it; infant formula is provided by the health center for free.

What happens if an HIV-positive mother breastfeeds some of the time and feeds her baby infant formula or other foods other times?

This is called “mixed feeding.” It is especially dangerous because the baby is more likely to get HIV from mixed feeding than from breastfeeding alone.



1. Wash Hands

Wash your hands with soap and clean water.

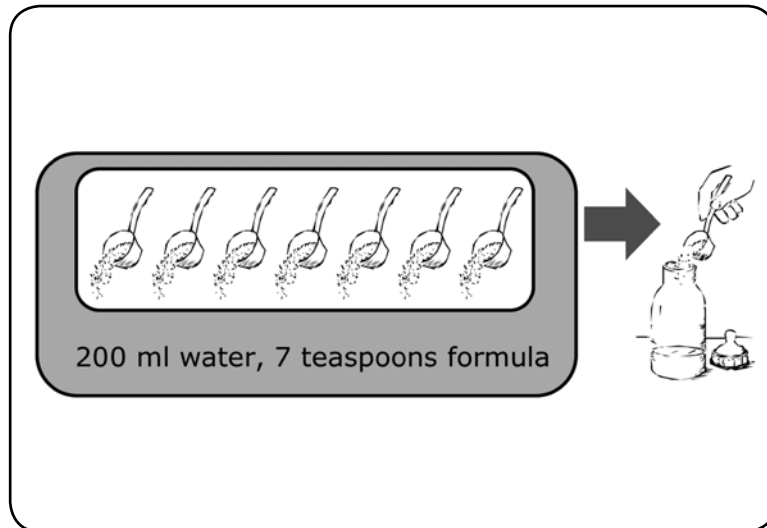


2. Boil Utensils

Utensils must be cleaned in boiling water. Heat water for utensil cleaning to a rolling boil for 5 to 10 minutes. Place the feeding bottle, nipple, and nipple ring into the boiling water. Remove them with a fork after 3 minutes. (If using a plastic bottle, do not put it into boiling water. Clean it with sterilization solution.)

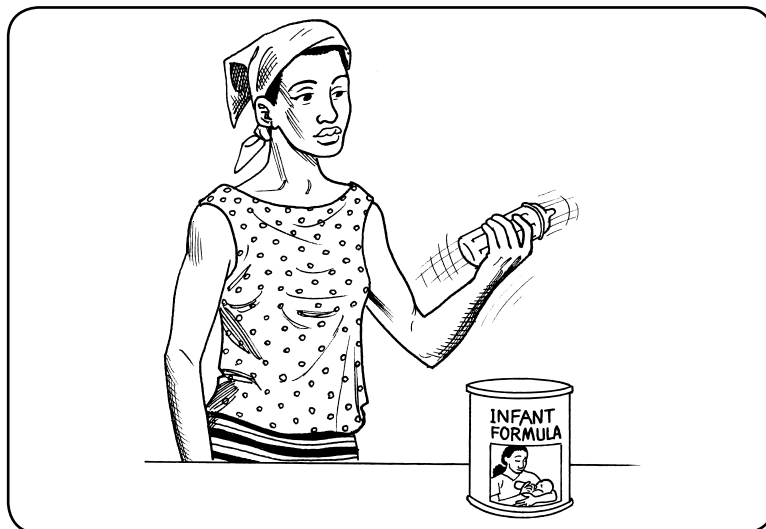
3. Boil Water

Heat water used for infant formula to a rolling boil for 5 to 10 minutes. Water must be boiled to remove any germs. (If clean water and clean materials are not used, infants can become very sick with diarrhea and die. The health center provides all the supplies that women will need to ensure that they will have clean water and utensils.)



4. Measure Water and Infant Formula

When mixing the infant formula and boiled water, read and follow the instructions as written on the formula container. For example, it might say to pour 200 milliliters of hot water into the bottle, add 8 teaspoons of infant formula, and stir well. (Note: Measurements will vary by country; use whatever measuring instruments are common locally.)



5. Mix Well

Shake the bottle well to mix the infant formula and water.



6. Feed the Baby

Feed the baby with the bottle as instructed by health center personnel. Feed the baby every 2 to 3 hours for the first 2 weeks after birth. After that, feed the baby every 3 hours (8 times a day) for the next 3 months.



7. Discard or Drink Extra Formula

Discard any unused infant formula, give it to an older child, or drink it yourself. To keep from spreading germs, do not give the bottle back to the baby if someone else has drunk from it.

What can you tell women who are opposed to using formula?

Formula feeding is essential for preventing the baby from getting HIV. When feeding, mothers can hug and hold their babies to feel closeness and intimacy instead of breastfeeding.

What can a woman do if she fears that her family, friends, or neighbors will not approve of infant formula?

She can feed formula to her baby privately or inside her home. She can tell neighbors and friends that the baby will be healthier and stronger this way.



ACCOMPAGNATEUR CHECKLIST

- ☐ Encourage women to use female condoms, or encourage their partners to use male condoms, and show women and men how to use them.
- ☐ Encourage pregnant women to get tested for HIV.
- ☐ Explain to pregnant women who are HIV-positive that giving birth is safer at the health center than at home.
- ☐ Alert the health center if an HIV-positive woman has given birth at home.
- ☐ Make sure that HIV-positive pregnant women have enough infant formula and know how to make it.
- ☐ Make sure that all babies of HIV-positive mothers go every month for health center appointments.
- ☐ Once the mother begins feeding the child formula and other foods, ensure that she is not giving the child any breast milk.
- ☐ Educate HIV-positive pregnant women on the importance of using infant formula.
- ☐ Educate HIV-positive pregnant women who have just given birth about why they need to use ARVs and when they should visit the health center after the baby is born.
- ☐ Retrieve new ARVs and instructions from the health center for an HIV-positive mother and her baby.
- ☐ Watch the mother give a baby AZT syrup twice a day for 45 days after it is born.
- ☐ Follow up with women and their babies after delivery.



HIV, PREGNANCY, AND BREASTFEEDING

Role play: Lourdes is HIV-positive but she does not know it. Her husband works in another town and comes home on weekends. They have very little money. Lourdes knows she is pregnant, but she does not go to the health center doctor because she thinks transport to the health center would be too expensive. Her mother had all her children at home, and other women helped during the delivery, so Lourdes assumes that this is what she will do too. Her mother also breastfed all her children and Lourdes plans to breastfeed as well. One day, an accompagnateur comes to Lourdes' house because she has heard that Lourdes is pregnant.

Create a role play showing what happens next, using the information you have studied with your small group. Decide what the accompagnateur will say, how Lourdes will respond, and what questions she will ask.

**FOLLOW-UP VISITS AFTER DELIVERY**

Scene 1: An accompagnateur enters a mother's house. The mother is cradling a newborn baby.

Accompagnateur: “You had your baby! Have you gone to the health center? How was his first trip to the health center?”

Mother: “What trip to the health center? He was born last night. I was afraid to go to the health center.”

**Stop the role play**

Scene 2: An accompagnateur enters a mother's house. The mother is bottle-feeding the baby.

Accompagnateur: “Your baby is now 4 weeks old. You need to take the baby to the health center this week. Can you do that?”

Mother: “I am going to take him tomorrow but I am nervous. What will they do?”

Accompagnateur: “They will give him his vaccinations and weigh him. They will test the baby for HIV. They will start him on a medicine called Bactrim. There is nothing to be nervous about.”

**Stop the role play**

Scene 3: An accompagnateur enters the mother's house. The mother is lying down with the baby. The mother does not look well.

Accompagnateur: “You look sick. How are you feeling? How long have you felt this way?”

Mother: “A few days. I have been having pain in my breasts. They are very sore.”

Accompagnateur: “Have you been to the health center?”

Mother: “No, I haven't been feeling well. Do you think I should go?”

**Stop the role play**



NOTES

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UNIT 8

Sexually-Transmitted Infections (STIs)



OVERVIEW

HIV is a sexually-transmitted infection (STI) that is more easily transmitted to someone if that person already has another STI. The major difference between HIV and other STIs is that most other STIs can be cured, but HIV cannot be cured – only controlled. Accompagnateurs need to know about the transmission, symptoms, and treatment of STIs, how to educate community members to avoid getting STIs, and how to counsel those who show symptoms of STIs to seek testing and treatment. This unit will equip you to do this.



OBJECTIVES

By the end of the unit, you will be able to:

- a. Explain what a sexually-transmitted infection (STI) is.
- b. Explain how STIs are transmitted.
- c. Compare and contrast HIV and other STIs.
- d. Recognize the symptoms of STIs.
- e. List ways to protect against STIs.
- f. Explain the importance of having partners tested when someone is diagnosed with an STI.
- g. Share information about STI prevention and treatment with community members.
- h. Encourage anyone with symptoms of an STI to be tested for HIV.

**KEY POINTS**

- HIV is more easily transmitted to people who have STIs than to people who do not.
- People can get an STI when they have sex with someone who has an STI.
- If a person is diagnosed with an STI, his or her partner should get tested immediately.
- HIV is an STI.
- People often do not know they have an STI because they have no symptoms.
- Aside from abstinence, the best protection against STIs is using condoms.
- Accompagnateurs should teach community members about STIs.

SEXUALLY-TRANSMITTED INFECTIONS (STIS)

An STI is a sexually transmitted infection – an illness that is passed from person to person during sex.

HIV is an STI, but while most other STIs can be cured, HIV cannot. Also, it is easier to get HIV if you already have an STI, and it is easier to get an STI if you already have HIV. Therefore, it is particularly important to prevent STIs if you have HIV. If you get an STI while you have HIV, it is important to get early and thorough treatment.

What are the symptoms of STIs?

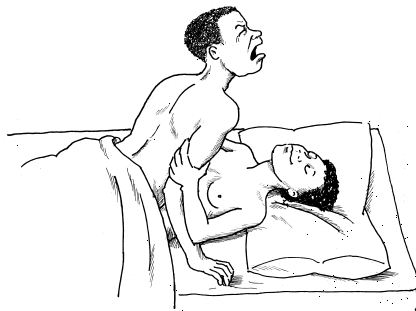
- Discharge from the penis
- Vaginal itching
- Vaginal discharge
- Pain during sex
- Burning during urination
- Sores or blisters on the penis
- Sores or blisters on the vagina
- Lower abdominal pain



Discharge from penis



Vaginal itching or discharge



Pain during sex



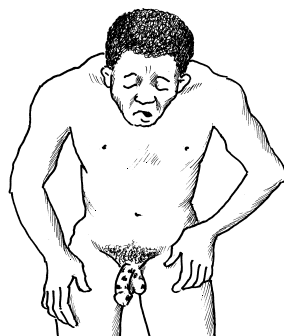
Burning during urination



Lower abdominal pain



Eye infection in newborns



Sores or blisters on the penis or vagina

Often, conjunctivitis (an eye infection) in newborns is a sign that the mother has an STI.

It is important to remember that some STIs do not have any symptoms that can be seen or felt. This is especially true for women.

When you ask your patients how they are feeling, listen very carefully. If you hear patients mention any of these symptoms, urge them to go to the health center to be checked for STIs. You must also tell your patients that some STIs do not have any visible symptoms, so people who are sexually active or HIV-positive should get tested for STIs regularly even if they do not have symptoms.

TREATMENT AND PREVENTION OF SEXUALLY-TRANSMITTED INFECTIONS (STIS)

When someone has a symptom of an STI, he or she should go to the health center right away. Most STIs can be cured, but if they are not treated immediately they can cause a lot of problems, particularly for pregnant women and people living with HIV/AIDS. If STIs go untreated, they can lead to infertility.

It is especially important for a pregnant woman with an STI to get tested because the STI can cause problems with the pregnancy or make the baby sick. If a baby is born at home, you must check the baby's eyes to see if they are red, swollen, or leaking thick white fluid. If the baby has any of these symptoms, he or she could have an eye infection called conjunctivitis. This could be a sign that the mother has an STI. You should encourage the mother and baby to go to the health center immediately.

Having an STI makes it easier to contract HIV or other STIs, and having HIV makes it easier to contract STIs. It is important to remember that women rarely have signs or symptoms of STIs. Women should be checked for STIs whenever possible, and should be treated for STIs if they are pregnant or if their partner has an STI.

Even if people are having sex for the first time, or even if they are husband and wife, it is important to be tested for STIs. If you are having sex with someone for the first time, you want to make sure that he or she does not already have an STI. And if you are diagnosed with an STI, your partner should be tested to make sure that you have not passed it on.

Abstinence is the best way to prevent STIs. For those who are sexually active, male and female condoms are the best way to prevent STIs.

If someone has an STI, it is very important that they are also tested for HIV. Recommend that they go for an HIV test at the health center.

SOCIAL ASPECTS OF SEXUALLY-TRANSMITTED INFECTIONS (STIS)

STIs are like many other diseases. Anyone can get them and they are very common.

They are nothing to be ashamed of and should be talked about like any other medical issue.

When dealing with patients who have STIs:

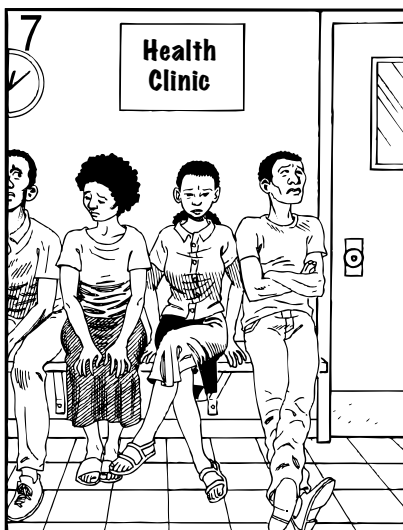
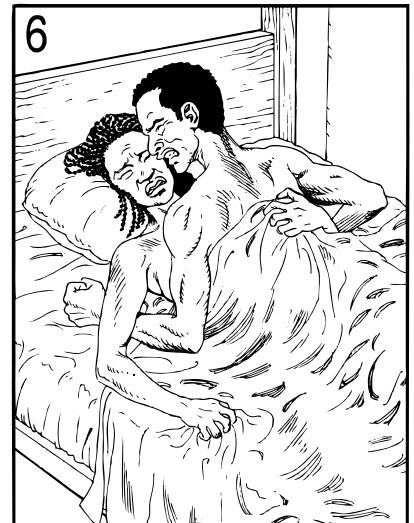
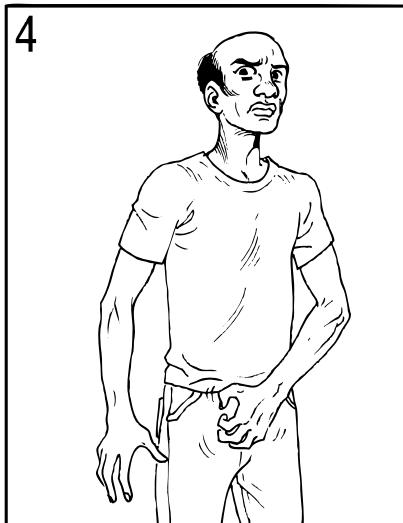
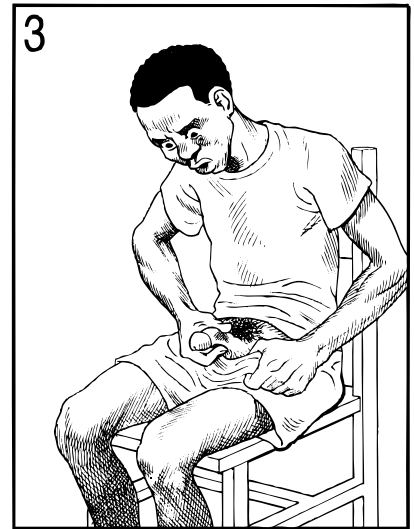
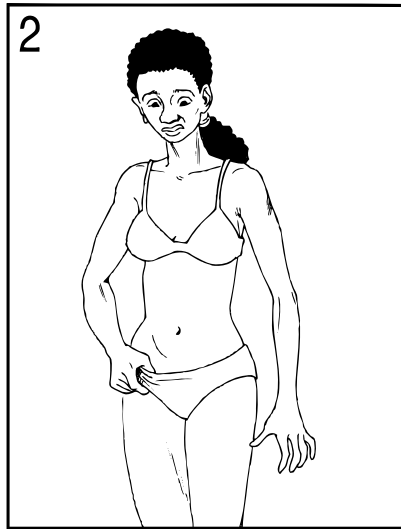
- Do not laugh
- Try to make the patient feel comfortable
- Tell them not to be ashamed
- Tell them to feel good for having the courage to get medical treatment
- Ask about specific signs and symptoms

**ACCOMPAGNATEUR CHECKLIST**

- ☐ Explain to patients and community members that STIs are transmitted by germs that live in moist areas like the mouth, vagina, penis, and throat; they are passed from person to person by having sex with someone who already has the disease.
- ☐ Explain to patients and community members how STIs can be prevented: through abstinence, by using male condoms, or by using female condoms.
- ☐ Encourage people with STI symptoms to get tested for STIs, including HIV. STI symptoms include discharge from the penis, vaginal itching or discharge, pain during sex, burning during urination, sores or blisters on the penis, sores or blisters on the vagina, and lower abdominal pain.
- ☐ Remember that women rarely have signs or symptoms of STIs. Encourage women to be checked for STIs whenever possible and to be treated for STIs if they are pregnant or if their partner has an STI.
- ☐ Encourage the partners of people who are diagnosed with STIs to get tested for STIs, including HIV.

Picture Story #1

Signs and Symptoms of STIs



Picture Story #1

Signs and Symptoms of STIs

Frame 1: Burning during urination

Frame 2: Vaginal discharge

Frame 3: Sores or blisters on the genitals

Frame 4/5: Genital itching

Frame 6: Pain during sex

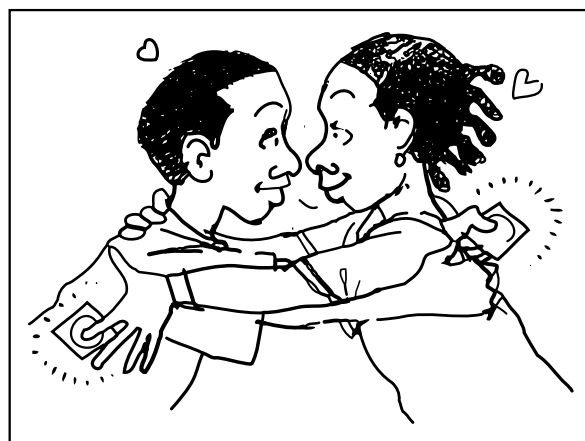
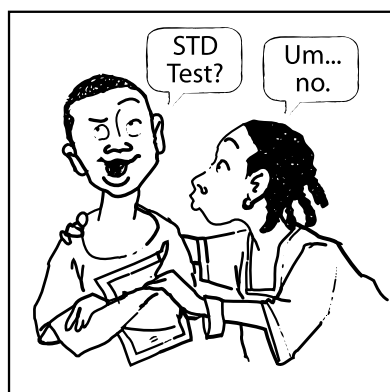
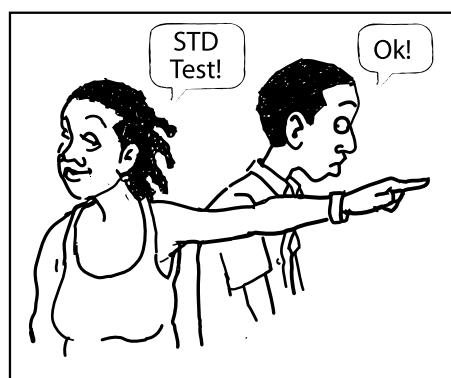
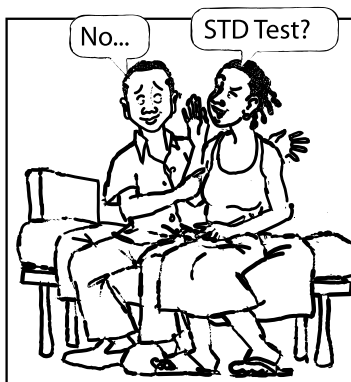
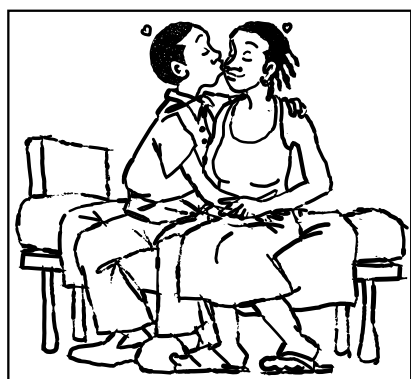
Frame 7: All the people in the previous pictures in the doctor's waiting room

Frame 8: The doctor says "STI" to a man from the previous frame. The man looks frightened and has a picture of a cemetery or funeral in a thought bubble.

Frame 9: The doctor hands the man a bottle of pills, and smiles. Man looks happy, and reaches for pills.

Picture Story #2

Test for STIs before Sex



Picture Story #2

Test for STIs before Sex

Frame 1: The man is pursuing woman romantically, wanting to kiss, eyeing the bedroom; the woman is resisting.

Frame 2: The woman is asking “Test?” (The implication being, has the man been tested for STIs and HIV?)

Frame 3: The man is looking sheepish; he says “No,” the woman shows the man out the door.

Frame 4: Another day, the man tells the woman about the doctor visit, the woman is smiling.

Frame 5: The woman is looking romantic, the man says, “Test!”

Frame 6: Woman looks sheepish and says “No...”

Frame 7: Another day, the woman tells the man about the doctor visit, the man is smiling.

Frame 8: The man and woman are getting romantic; the man and woman both pull out condoms.



NOTES

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UNIT 9

Negative Attitudes (Stigma) and Discrimination



OVERVIEW

Negative attitudes (stigma) and discrimination occur when people think about and act negatively toward a certain group of people. For many reasons, stigma and discrimination pose difficulties for people living with HIV/AIDS. Fear of stigma and discrimination deters people from getting tested, prevents them from telling their partners they are HIV-positive, and keeps them from going to the health center for treatment and getting care and support. Stigma and discrimination can lead to isolation, violence, abandonment, and the breakdown of social connections in the community.

This unit aims to help you understand and recognize stigma and discrimination, acknowledge how your own attitudes contribute to stigma and discrimination, recognize your own attitudes toward people living with HIV/AIDS, and decrease stigma and discrimination in your communities.



OBJECTIVES

By the end of the unit, you will be able to:

- a. Identify challenges faced by people living with HIV/AIDS who are discriminated against.
- b. Define and recognize negative attitudes and discrimination toward people with HIV/AIDS.
- c. Identify the causes of negative attitudes and discrimination toward people with HIV/AIDS.
- d. Describe the consequences of negative attitudes and discrimination toward people with HIV/AIDS.
- e. Recognize how your own attitudes may contribute to discrimination and how these attitudes affect your work.
- f. List strategies that you can use to decrease negative attitudes and discrimination related to HIV/AIDS in your community.



KEY POINTS

- Stigma is a feeling of shame or disgrace associated with someone because people think he or she is different in some way or has done something socially unacceptable. It is the result of negative attitudes; it is the result of what people think.
- Discrimination is an unfair way of treating someone or acting toward someone because people think he or she is different in some way. It is something that people do.
- Often people do not talk about, learn about, prevent, or treat HIV because of stigma and discrimination.
- Accompagnateurs can decrease stigma and discrimination by educating people, setting an example, and offering people support, care, and treatment for HIV.
- Accompagnateurs need to be aware of their own attitudes that may contribute to stigma and discrimination and be a role model for how to respect and treat everyone equally.

EXPERIENCING STIGMA AND DISCRIMINATION



A STORY

Janet has had diarrhea and night sweats for several weeks, but she is afraid to visit the clinic because they might tell her that she has a serious illness. However, she feels so weak that she has not been able to work and her family is going hungry. So she decides that she must go to the clinic to get medicine to feel better and hopefully go back to work.

When she sees the doctor at the clinic, she is tested and he tells her that she has HIV. When she returns home and tells her family that she has HIV, they are angry and afraid of also getting HIV. Everyone in her family, including her children, abandons her. She is left at home, alone.

When her whole family leaves her, the people in her community start talking. They wonder why her family left her – they think something must be wrong with her. Parents tell their children to stay away from her house. When she walks through her community, no one looks at her and she can hear people whispering about her. If she walks toward someone, they walk in the opposite direction. She feels very sad and very lonely.

Imagine that you are the character in the story. Think about why the community members in the story might have ignored you. Think about why they might have told their children to stay away from you. Think about how it might feel to be treated that way.

Feelings of isolation and rejection are very common among people living with HIV/AIDS or other diseases.

Can you think of a time in your life when you felt isolated or rejected?

What was the situation – why did it happen?

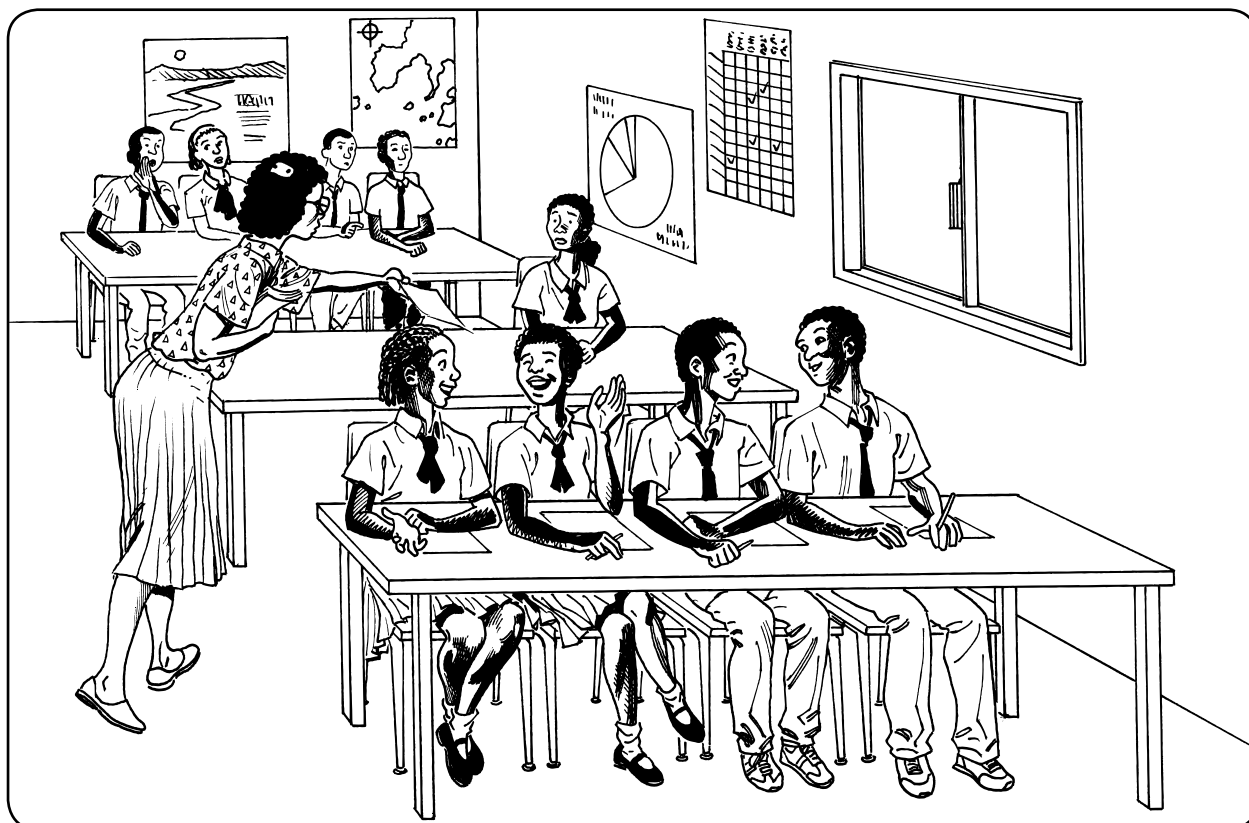
How did it make you feel when other people isolated or rejected you?

Did that experience change you in any way?

Feelings of isolation or rejection can affect a person's attitude, life, or even health. That is why it is essential for accompagnateurs to recognize when a patient is experiencing those feelings and then address the situation accordingly. Accompagnateurs need to treat all patients with respect and dignity, be aware of the effect that bad treatment by others has on their patients, be empathetic, etc.

DEFINITION, CAUSES, AND EFFECTS OF NEGATIVE ATTITUDES (STIGMA) AND DISCRIMINATION

Discrimination is an unfair way of treating someone or acting toward someone because you have negative attitudes about that person.



Discrimination

Negative attitudes about different groups of people can lead to discrimination. For example, Anna is in Class 4 and is the best student in her class. Her father recently died of AIDS and her mother and baby brother are HIV-positive.

What is happening in this picture?

Why are Anna's classmates treating her this way?

How do you think Anna feels in this situation?

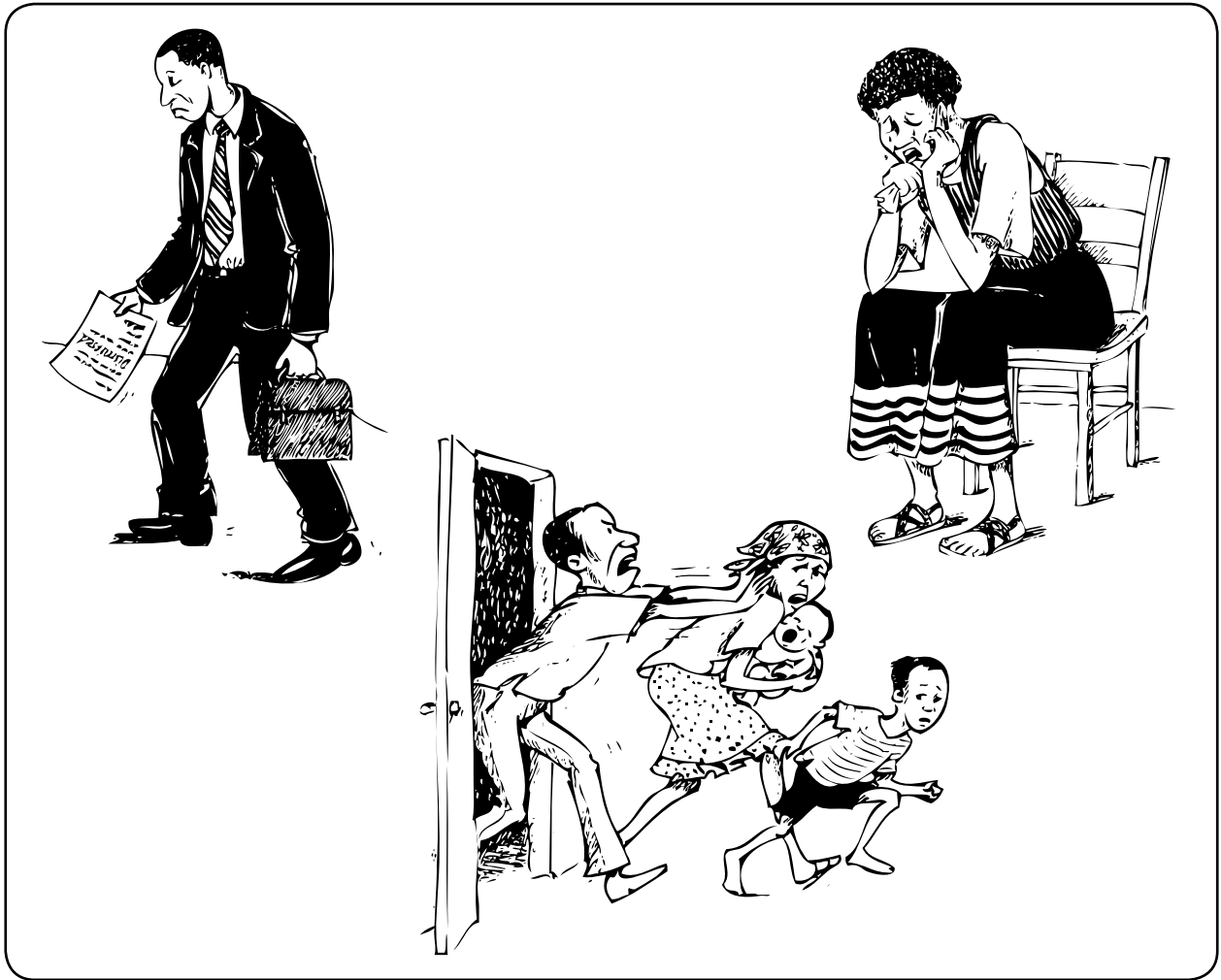
How do you think Anna will react to such a situation?



Causes of Negative Attitudes and Discrimination

Causes of negative attitudes and discrimination include:

- A lack of information about HIV and AIDS
- Myths and fears about transmission
- Fears about death and illness
- Moral judgments and assumptions about people living with HIV/AIDS.



Consequences of Negative Attitudes and Discrimination

The consequences of negative attitudes and discrimination include:

- They prevent people from getting tested or getting treatment.
- They make people feel lonely and sad.
- They prevent people from telling their partners they are HIV-positive.
- They increase the school dropout rate.
- They lead to violence and abandonment.
- They make the problem of HIV bigger.



Benefits of Reducing Negative Attitudes and Discrimination

The benefits of reducing negative attitudes and discrimination include:

- More people will get tested and receive treatment, and tell their partners if they are HIV-positive.
- Children will be able to attend school.
- Fewer people with HIV will be treated badly or abandoned.
- People living with HIV/AIDS will not feel so sad and lonely.

PREVENTING NEGATIVE ATTITUDES (STIGMA) AND DISCRIMINATION



It is very important that you understand your own attitudes and beliefs regarding people that you believe are somehow different. You will be working closely with people who are HIV-positive. As accompagnateurs, you will need to show respect toward your patients and help prevent negative attitudes and discrimination within the households and communities in which you work.

What are some actions you can take as accompagnateurs to help prevent negative attitudes and discrimination against people living with HIV/AIDS?

- Be aware of your own negative attitudes that could contribute to discrimination.
- Inform people in your community about HIV/AIDS.
- Correct misunderstandings and myths about HIV/AIDS.

- Talk to people about the dangers of negative attitudes and discrimination.
- Be a role model by respecting and caring for people living with HIV/AIDS.
- To increase understanding, involve people living with HIV/AIDS in discussions with community members about HIV/AIDS and negative attitudes and discrimination toward people living with the disease.



ACCOMPAGNATEUR CHECKLIST

- ☐ Inform people in your community about HIV/AIDS – how it is spread, prevented, and treated – and about how to live fully with HIV.
- ☐ Be aware of your own attitudes that may contribute to discrimination toward people living with HIV/AIDS.
- ☐ Correct any misunderstandings or myths about HIV/AIDS in your community.
- ☐ Talk to people about the dangers of negative attitudes and discrimination.
- ☐ Be a role model by respecting and caring for people living with HIV/AIDS.
- ☐ To help increase understanding, involve people living with HIV/AIDS in discussions with community members about HIV/AIDS and negative attitudes and discrimination toward people living with the disease.



CASE STUDY 1



Every week this woman goes to church. One day she gets very sick and is unable to go to church anymore. Her neighbors all think that she has HIV. Eventually, the woman goes to the health center and starts to take medicine that makes her stronger. She is able to start going to church again, but now when she goes, no one will sit next to her. Everyone still thinks she has HIV.

Questions

1. What is wrong in this situation?
2. Why do you think no one will sit next to this woman?
3. How do you think this makes the woman feel?
4. What could you do in this situation to help this woman?
5. What could you do in this situation to help decrease discrimination?



CASE STUDY 2



This woman is admitted to the hospital. This nurse is assigned to take care of her. When reading the woman's chart, the nurse discovers that the patient has HIV. The nurse refuses to talk to the patient or help her when she needs to get out of bed. The only thing the nurse will do is give the patient her medicine, but she always puts on gloves and a mask beforehand.

Questions

1. What is wrong in this situation?
2. Is the nurse discriminating against the patient? How?
3. Is it necessary for the nurse to put on gloves and a mask to give the patient her medicine?
4. How is HIV transmitted?
5. If you saw this happen to your patient when you were visiting her in the hospital, what could you do?



CASE STUDY 3



This woman is your patient. Every day you visit her and give her medicine. One day when you visit her house, her husband pulls you aside and asks you why you give her medicine every day. He demands to know if his wife has HIV. You tell him that she does and that she needs this medicine to live a healthy, long life.

The next day when you come to deliver the woman her medicine, you see her husband beating her. The husband is yelling, “You are dirty! You have AIDS! You are sleeping with other men! I am leaving you!”

Questions

1. What is wrong in this situation?
2. What should the accompagnateur have done when the husband asked about his wife’s HIV status?
3. Why do you think the woman did not tell her husband about her HIV status?
4. Do you think situations like this really happen?
5. Do you think people are afraid to get tested because of the way they may be treated afterwards? Give examples.
6. After the accompagnateur sees the husband beating his wife, what should he or she do?



NOTES

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UNIT 10

Effective Communication and Psychological and Social Issues



OVERVIEW

HIV/AIDS has profound effects upon individuals, families, households, and communities. It is a medical condition that also has social, psychological, and economic implications. Through the efforts of individuals, family members, and community members, people living with HIV/AIDS can receive the support they need to cope with the disease. This unit will help you to understand the psychological and social issues associated with HIV/AIDS, and provide you with the communication skills necessary to support people living with HIV/AIDS.



OBJECTIVES

By the end of the unit, you will be able to:

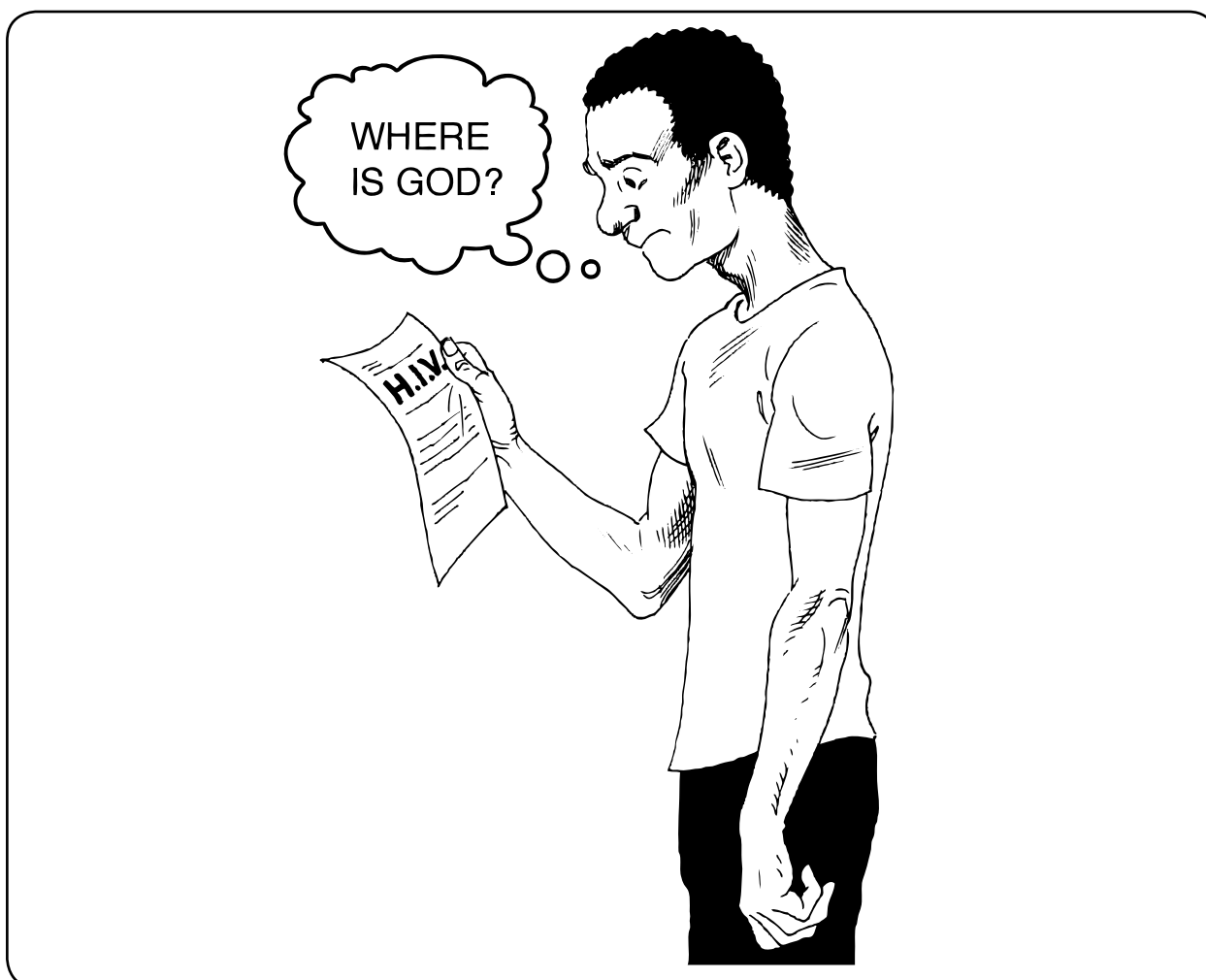
- a. Explain how HIV/AIDS affects individuals, families, households, and communities.
- b. Identify ways in which the community can support people living with HIV/AIDS.
- c. Describe the psychological and emotional issues faced by people living with HIV/AIDS.
- d. Recognize signs of depression and refer patients with these signs to a social worker or doctor.
- e. Identify sources of support (besides accompagnateurs) that can help people living with HIV/AIDS cope with psychological and social issues.
- f. Describe the role of accompagnateurs in providing psychological and social support to people living with HIV/AIDS.
- g. Identify and demonstrate effective communication and helping skills.



KEY POINTS

- HIV/AIDS affects individuals, families, households, and communities, and requires the efforts of all to deal with the HIV/AIDS crisis.
- HIV/AIDS is a medical condition that also has social, psychological, and economic implications.
- Psychological and emotional issues associated with HIV/AIDS include fear, loss, grief, guilt, denial, anger, anxiety, low self-esteem, depression, and suicidal thoughts.
- Accompagnateurs can provide psychological and social support for people living with HIV/AIDS by encouraging patients to meet with other people living with HIV/AIDS, to meet with spiritual or religious leaders, or to seek guidance from social workers or doctors.
- Accompagnateurs can provide support to people living with HIV/AIDS by practicing effective communication skills, such as being empathetic, actively listening, respecting the patient, asking open-ended questions, and maintaining confidentiality.
- Accompagnateurs can help community members better understand HIV/AIDS, the psychological and social issues associated with the disease, and the ways in which they can support people living with HIV/AIDS.

THE IMPACT OF HIV/AIDS



Impact of HIV/AIDS on the Individual

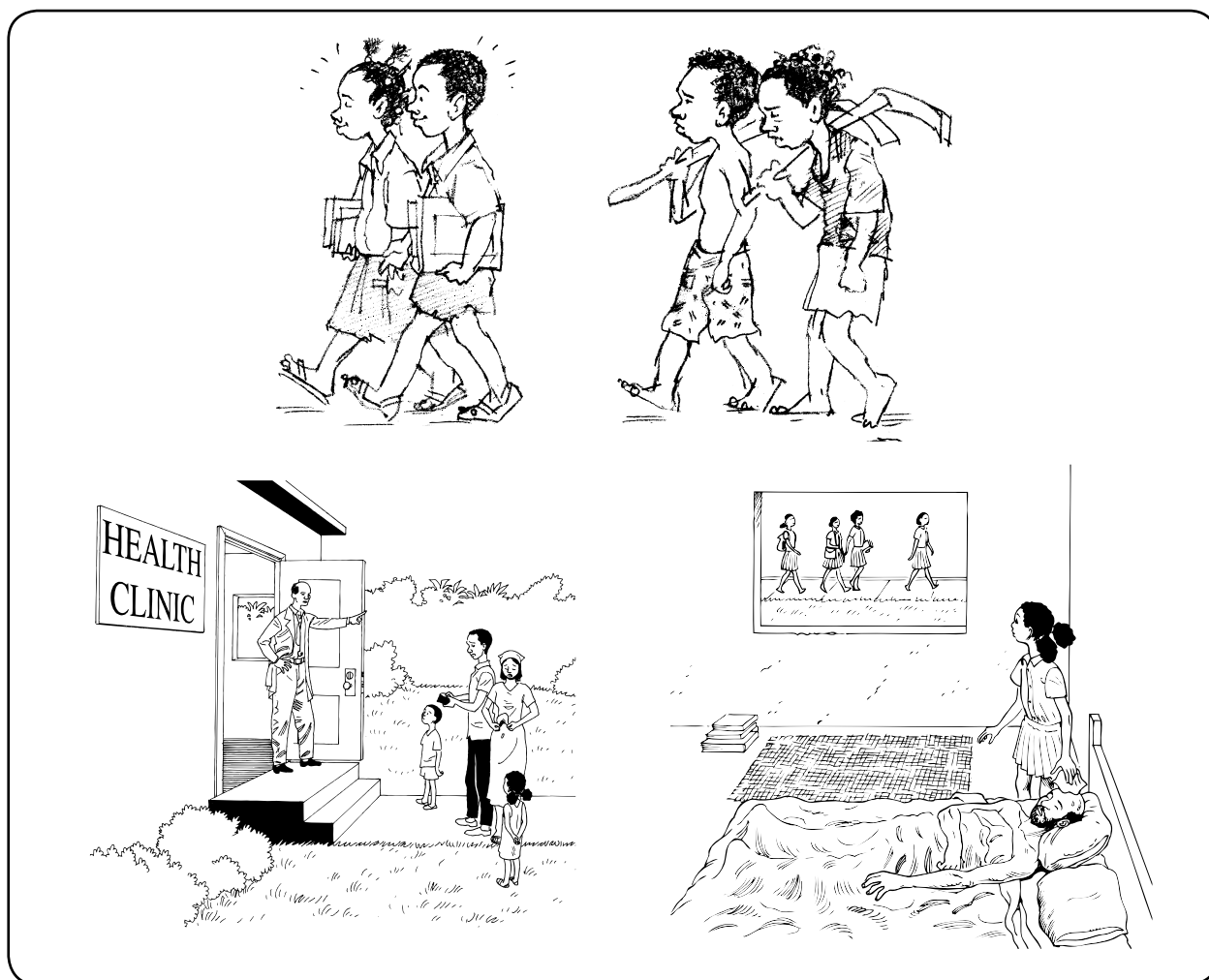
HIV can impact individuals in many ways:

Physical: Illness can make someone too weak to do regular activities.

Economic: A person with HIV/AIDS can lose his job because of discrimination or illness, which can lead to or worsen poverty.

Social: A person can feel isolated or isolate him or herself from others, can be subject to gossip or teasing, or may be shunned by others; HIV-positive children can be discriminated against by other children at school.

Spiritual: A person living with HIV/AIDS can lose faith and question whether there is a higher being.



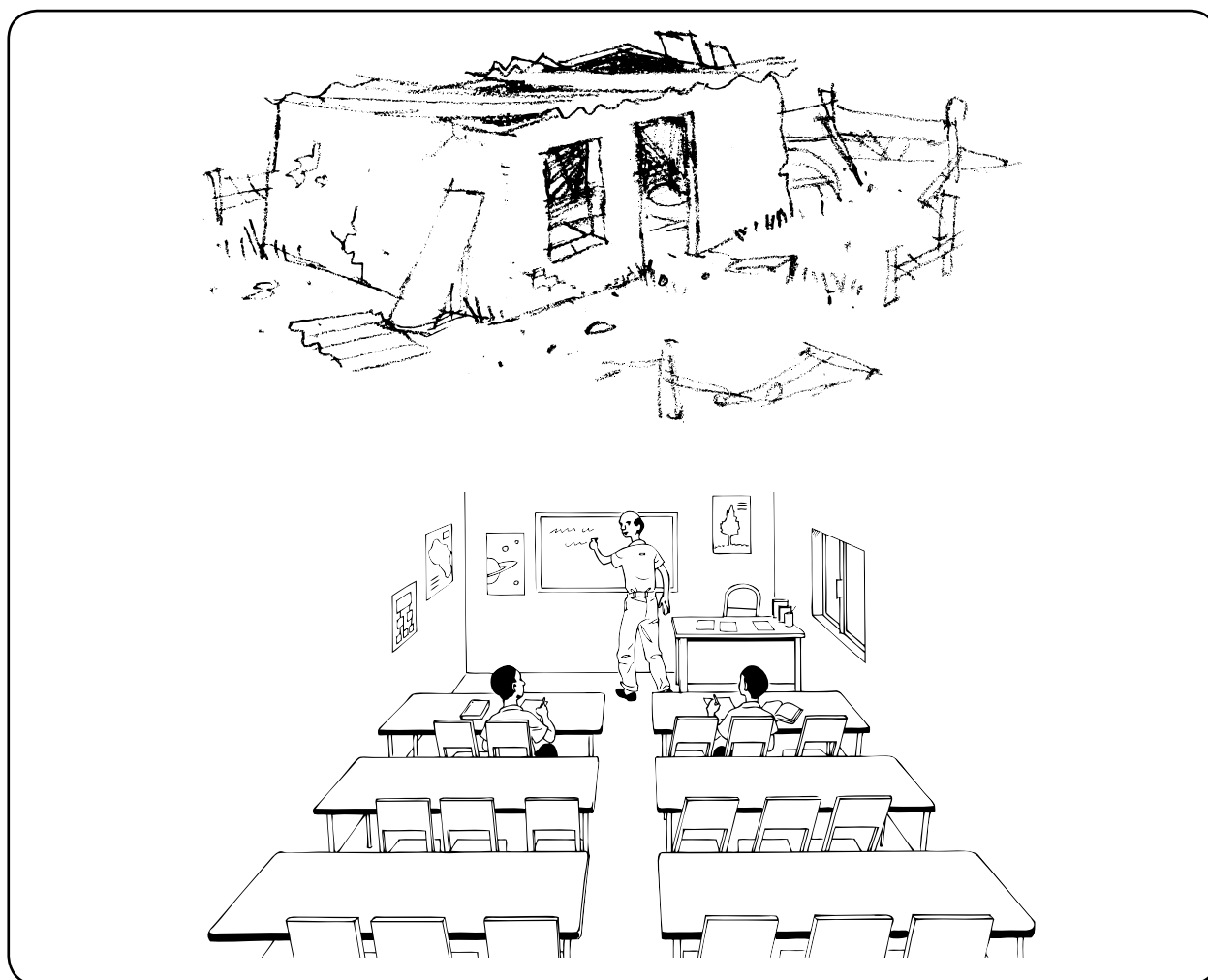
The Impact of HIV on the Family or Household

HIV can impact a family or household in many ways:

Social: The entire family can become isolated from the community if they are discriminated against.

Emotional and Psychological: Heads of household may not be able to provide for family members, increasing the burden of responsibility for others. As a result, children may have to drop out of school in order to work, or they may themselves become the heads of household.

Economic: Expenses for medical care and medicine can increase; poverty can increase; caring for orphans and other vulnerable children can incur greater expense.



The Impact of HIV on the Community

HIV can impact a community in many ways:

Education suffers if children stop going to school to work or care for sick family members, or if teachers become infected with HIV/AIDS and can no longer work.

If people are too sick to work, the community gets poorer and poorer.

Communities become more stressed as more and more adults with children become sick with or die from HIV/AIDS. The number of orphans and child-headed households then increases, and elders take on the responsibility of caring for the children who are left behind. Also, in situations where a parent or both parents are ill, many children take on the responsibility of taking care of their parents.

HIV/AIDS can also affect a community psychologically and spiritually as it loses more and more people to HIV/AIDS, especially if members of the community are not aware of how HIV/AIDS is spread or prevented.

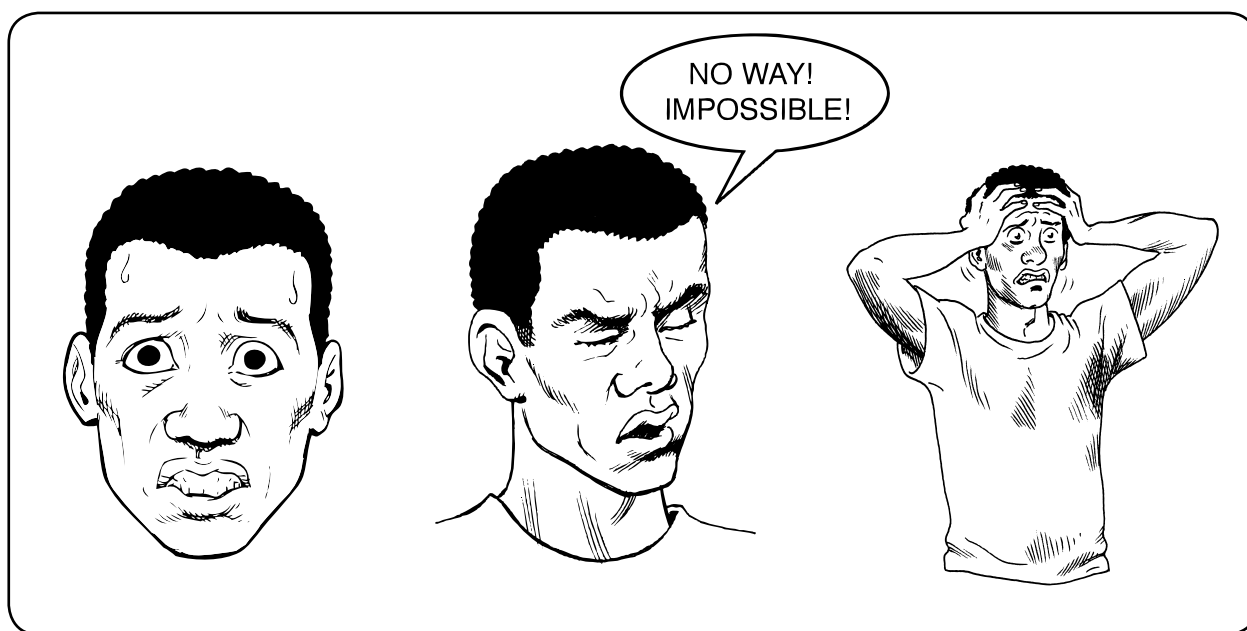


Compassion, Acceptance, and Cooperation

Only through compassion, acceptance, and cooperation can HIV/AIDS be addressed.

PSYCHOLOGICAL AND SOCIAL ISSUES FACED BY PEOPLE LIVING WITH HIV/AIDS

People experience many emotions as they react to the news that they are HIV-positive. When people living with HIV/AIDS are able to work through feelings of shock, anger, shame, depression, and fear, they have reached a psychological stage of acceptance and can begin focusing on living in a healthy and fulfilling way.



Shock, Denial, and Fear

Some of the emotions that people living with HIV can experience are:

Shock: They cannot believe that they are HIV-positive.

Denial: They refuse to accept that they are HIV-positive.

Fear: They are afraid of illness and death; afraid of what will happen to them or their children; afraid of discrimination, isolation, and rejection by others.



Loss, Grief, Shame or Guilt

People living with HIV may also experience:

Loss: of control, independence, ability to care for their family, respect from family and community, confidence, and self worth.

Grief: over loved ones who have died of AIDS, over the prospect of their own death, and over the impact their death will have on those they leave behind.

Shame or Guilt: for having gotten HIV; for practices that led to getting infected, such as having multiple partners or using intravenous drugs; for the effect it will have on their loved ones, especially children.



Anger, Anxiety, Low Self-Esteem

People living with HIV may also experience:

Anger: They may feel angry with themselves, with God, at the people who infected them, or at society for the way people living with HIV/AIDS are treated. In some cases, this anger can lead to people not using condoms, infecting other people so they will not be the only ones with HIV/AIDS.

Anxiety: They feel anxious about how the disease will progress and about what will happen to them.

Low Self-Esteem: This feeling may come from rejection by loved ones and the community or from an inability to work, care for family, or participate in social events.



Depression and Suicidal Thoughts

People living with HIV may also experience:

Depression: Signs include too much or too little sleep, overeating or not eating at all, irritability, feelings of hopelessness, a lack of interest in social events and daily activities.

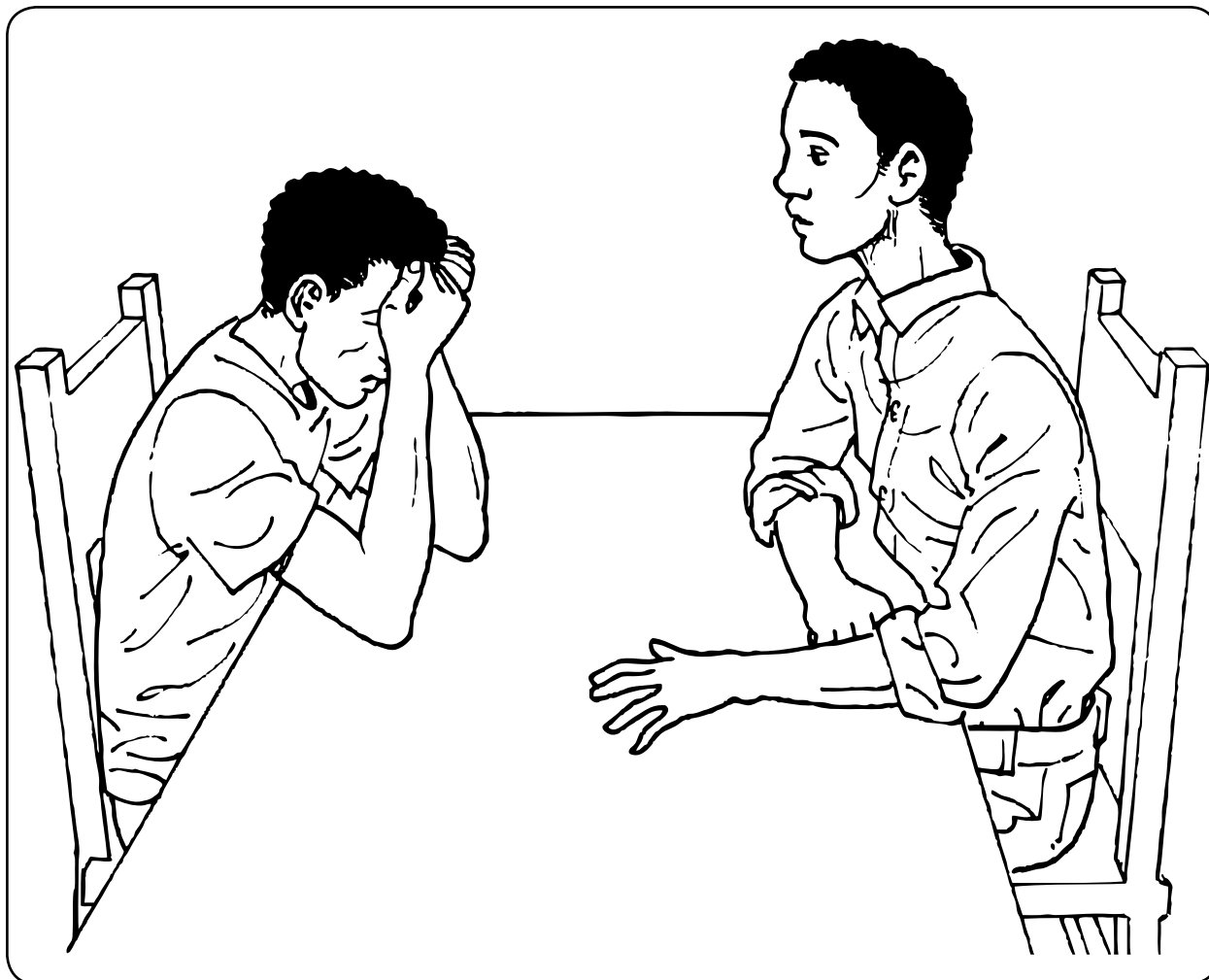
Suicidal Thoughts: Severe depression can lead to suicidal thoughts.

HIV/AIDS does not just affect individuals but also the entire community

HIV/AIDS is not just a medical condition – there are social, economic, emotional, and spiritual effects as well.

People react to the news that they are HIV-positive in different ways and can experience certain emotions at different times. When people living with HIV/

AIDS are able to work through feelings of shock, anger, shame, depression, and fear, they have reached a psychological stage of acceptance and can begin focusing on living in a healthy and fulfilling way. Only through compassion, acceptance, and cooperation can HIV/AIDS be addressed.



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Sources of Psychological and Social Support

There are various sources of psychological and social support for patients other than accompagnateurs, including:

Volunteer counseling and testing (VCT): A counselor can listen to the concerns of the patient and share ideas on how to cope with the test result and the illness.

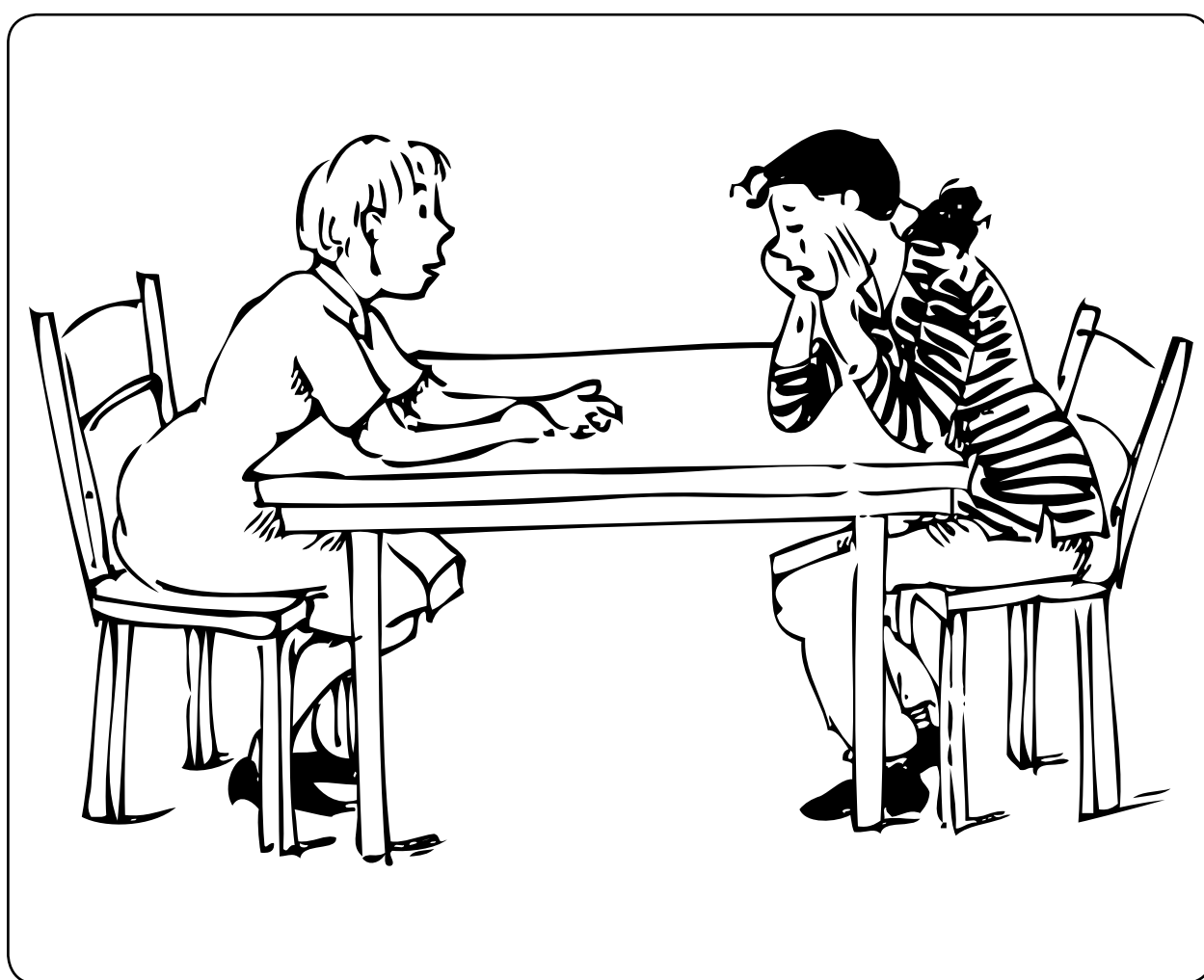
Spiritual support: People living with HIV/AIDS can also seek spiritual support from religious leaders or traditional healers.

Family and community support systems: It is important to identify what existing support systems the patient can access. These could include family,

friends, other community members, and support groups made up of people living with HIV/AIDS. Professional support from a social worker or doctor: If a patient is experiencing depression and thoughts of suicide, help her or him to seek the professional help of a social worker or doctor.

EFFECTIVE COMMUNICATION

In order to provide psychological and social support to people living with HIV/AIDS, you must have strong communication and helping skills. The way in which you communicate with and provide assistance to your patients will be central to your success as accompagnateurs. You need to exercise effective communication skills when providing psychological and emotional support to patients, when providing clinical information to patients, when educating the community on HIV/AIDS, and when communicating with the health center regarding patients' symptoms and treatment.



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Effective Communication: Respect, Empathy, Patience

Good accompagnateurs are respectful of different points of view, different spiritual beliefs, and different attitudes. Good accompagnateurs are aware of their own attitudes and beliefs, and do not let them interfere with providing care to their patients. Good accompagnateurs try to put themselves in the

place of their patients and imagine how they may be feeling. This is called empathy – the ability to recognize and acknowledge the feelings of others. Good accompagnateurs are patient, caring, and take time to listen.



Ask questions, summarize, keep information confidential

Good listening consists of asking open-ended questions that will start discussions, such as “Tell me about...” or “What is it like when...”

If they are misunderstood, good listeners clarify information by explaining it in a different way, and they summarize the main points. Good listeners also keep all patient information confidential and do not share it with family members or community members. Respecting the patient’s privacy will help build trust.



Communicate with children at their level

It is important to meet children at their level and communicate in a way that is appropriate to their age. For example, young children might like games, puppet shows, drawing, and stories, while teenagers might prefer talking about issues in a peer group of other teenagers.

Being an accompagnateur does not mean telling people what you think they should do, or being the one with all of the answers. Being an accompagnateur is about helping people review their problems and the options they have to deal with these problems. All of the communication skills that we discussed are essential when meeting with patients, their family members, and other community members. Putting these skills into practice will increase trust and will help to make you successful accompagnateurs.

Sometimes, as accompagnateurs, you might not agree with the choices or lifestyles of your patients. However, judgments need to be set aside and should not interfere with providing care to the patients. Accompagnateurs need to always be respectful of and to empathize with their patients. Being empathetic means recognizing and acknowledging the feelings of others.



ACCOMPAGNATEUR CHECKLIST

- ☐ Encourage community members to provide support to people living with HIV/AIDS by:
 - Involving people living with HIV/AIDS in community activities.
 - Providing material assistance like food, transportation to the health center, etc.
 - Taking care of children whose caregivers are ill or who have died.
- ☐ Be aware of the different psychological and social issues related to HIV/AIDS: shock, denial, fear, loss, grief, shame and guilt, anger, anxiety, low self-esteem, depression, and suicidal thoughts. Recognize when a patient shows signs of depression and thoughts of suicide, and help the patient to seek the help of a social worker or doctor.
- ☐ Recognize that children of different ages will respond differently to being HIV-positive or to having a caregiver who is HIV-positive. Listen to them and make them feel recognized and special.
- ☐ Meet children at their level and communicate in a way that is appropriate to their age. For example, young children might like games, puppet shows, drawing, and telling stories, while teenagers might prefer discussing issues in a peer group of other teenagers.
- ☐ Encourage your patients to seek support from a spiritual or religious leader.

CONTINUED >



ACCOMPAGNATEUR CHECKLIST (CONTINUED)

- ☐ Encourage your patients to meet with other people who are living with HIV/AIDS to share experiences and to be a source of support for one another.
- ☐ Link your patient to professional resources and services in the community.
- ☐ Encourage people living with HIV/AIDS to live positively by eating nutritious food, getting enough sleep, exercising, and taking part in family and community life.
- ☐ Remember good communication skills:
 - Be respectful.
 - Be empathetic.
 - Be patient.
 - Be caring and non-judgmental.
 - Be aware of your own attitudes and beliefs and do not let them interfere with providing care to your patients.
 - Ask open-ended questions, clarify misunderstandings, and summarize.
 - Keep patient information confidential.



ROLE PLAY INSTRUCTIONS

An accompagnateur visits a patient at her house to see how she is doing and to observe her take her daily medicine.

Role of Accompagnateur: It is market day and you are in a hurry to get to the market to buy some items. You do not have time to listen to the patient's problems. You just want to make sure she takes her medicine and then you can be on your way. When talking with the patient, ask yes or no questions that do not generate discussion. Avoid listening to the patient and interrupt frequently. Look at your watch often.

Role of Patient: You have been feeling very depressed lately. Your husband just abandoned you and your 4 children and you have no money to buy food or pay school fees. You also have developed an itchy rash that seems to get worse every time you take your new medicine. You have been waiting all day for the accompagnateur to come so you can share your problems with someone.



ROLE PLAY SCENARIOS

Role Play 1

Patient Situation: You were recently diagnosed with HIV and you feel overwhelmed. You have accepted the fact that you have HIV, but you are afraid – afraid that your spouse will leave you, afraid of being talked about and rejected by your friends and neighbors, afraid for your children’s future, and afraid of being sick and dying.

Role Play 2

Patient Situation: You are feeling very sad all the time and find yourself crying a lot. You have been living with HIV for a year now, and your spouse died of AIDS 6 months ago. People in the community blame you for your spouse’s death even though you were a faithful partner. You are struggling to provide your children with food, clothing, and education. Occasionally you think life is not worth living and that life would be easier for everyone if you were gone.

Role Play 3

Patient Situation: You cannot believe that you have HIV. You just received the results from the blood test and you could not even listen to what the counselor at the testing center had to say. You feel and look healthy, so the results must be wrong. You provide the income for your family and hold a key leadership role in the community as the head teacher of the primary school. It just cannot be true.



NOTES

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UNIT 11

Tuberculosis (TB)



OVERVIEW

Tuberculosis (TB) is a deadly infection, especially for people living with HIV/AIDS. People living with HIV/AIDS are more susceptible to getting TB than those who do not have HIV. TB also makes HIV worse. The aim of this unit is to give participants general information about TB: common symptoms, risk factors, diagnostic tests, and various ways to prevent TB. Accompagnateurs, who see people living with HIV/AIDS every day, may be the first to notice when someone has TB symptoms, or the first to notice when a TB patient is not taking his or her medicine. They must act as community leaders and helpers in recognizing TB symptoms and discussing prevention and diagnostic techniques with patients and other community members.



OBJECTIVES

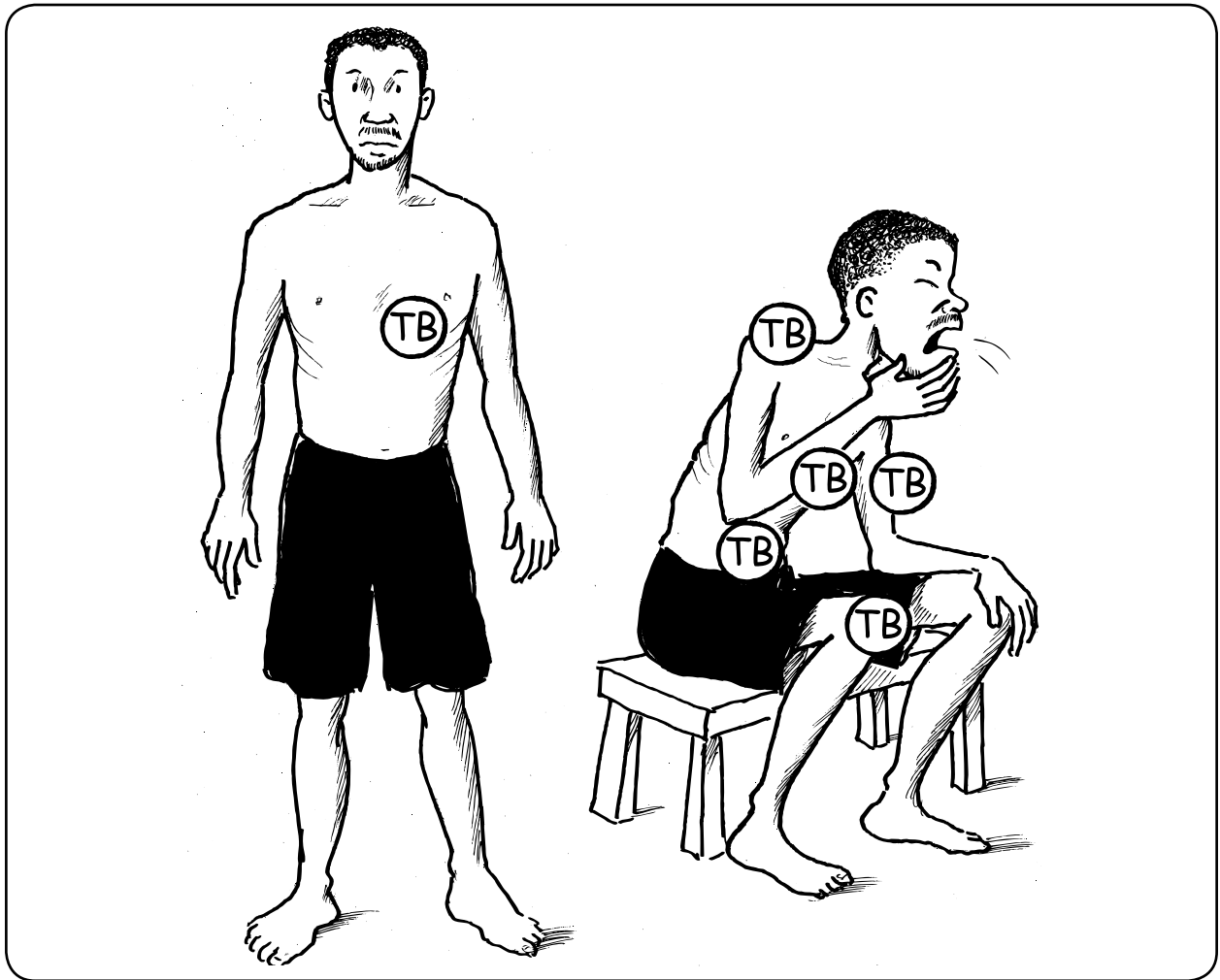
By the end of the unit, participants will be able to:

- a. Share existing knowledge of tuberculosis (TB) transmission, prevention, detection, symptoms, and groups at risk for contracting TB.
- b. Describe how tuberculosis (TB) is spread from person to person.
- c. Describe the difference between active TB and inactive TB.
- d. Name the types of people who are most at risk of getting TB.
- e. Name the 3 tests used to detect TB.
- f. Explain the interaction between HIV/AIDS and TB.
- g. Name the symptoms of TB.
- h. Describe ways to prevent the spread of TB.

**KEY POINTS**

- Tuberculosis (TB) lives and grows in the lungs and other parts of the body.
- TB is spread from person to person through droplets in the air from a person with TB who coughs.
- If people in the community have TB symptoms, they should go to the health center to get tested.
- Inactive TB is not contagious (it cannot be passed from one person to another), but it can turn into active TB, which is contagious.
- With medicine, TB can be cured.
- TB symptoms are: fatigue, night sweats, fever, coughing, chest pain, weight loss, and loss of appetite.

WHAT IS TB?



TB starts in the lungs and spreads

TB is a dangerous disease that usually infects the lungs. TB can infect other parts of the body, too, such as bones and joints, the stomach, the throat, the heart, and the brain. TB is very serious and can kill people if it is left untreated.



Inactive TB

There are 2 types of TB: inactive and active. Inactive TB is in the lungs but it is not growing. The person feels healthy, and she cannot give anyone else TB, even through coughing. However, a person with inactive TB could become sick later if the TB becomes active (“wakes up”) in the lungs and starts to grow.

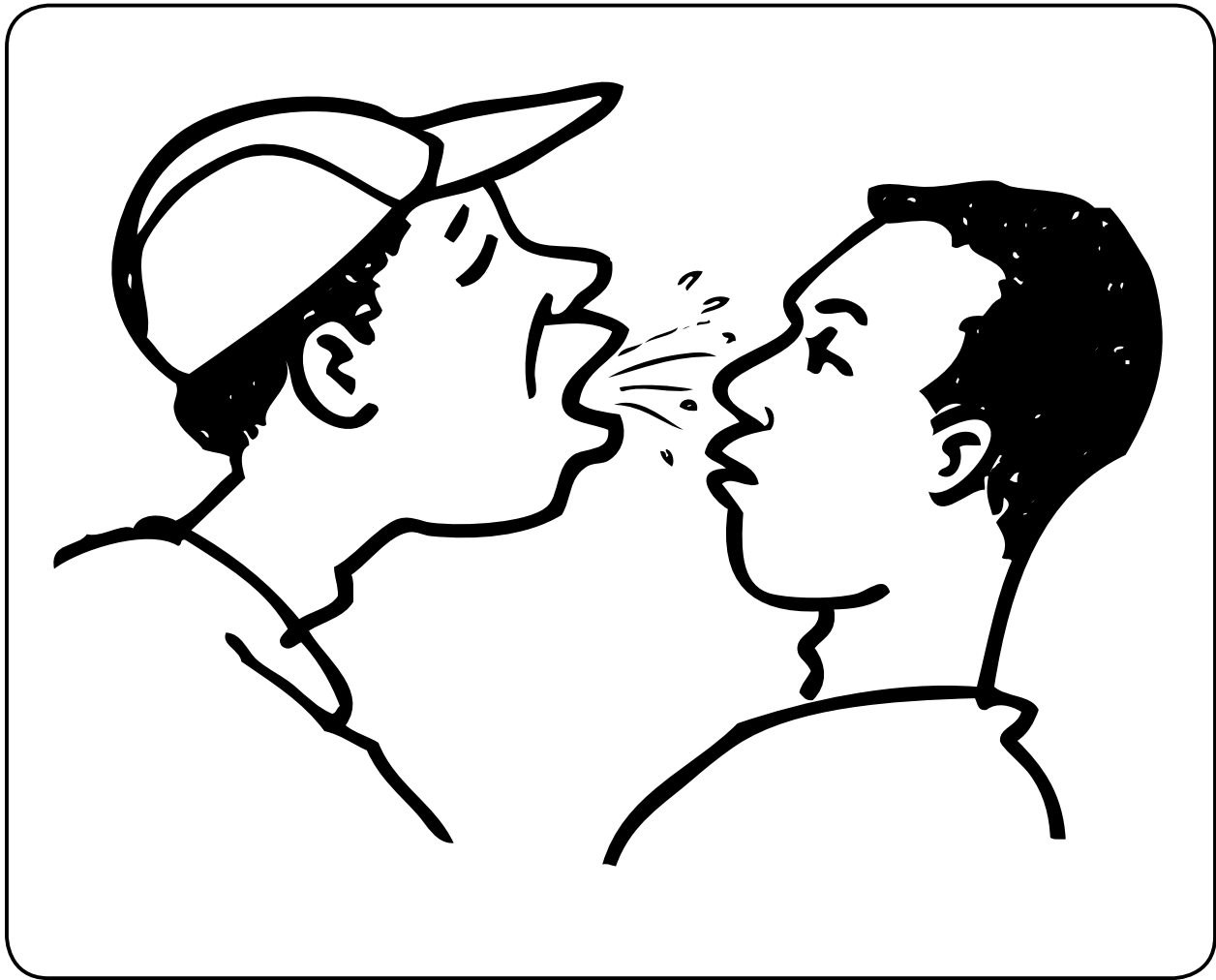


Active TB

When the TB in a person's lungs becomes active, the person starts looking and feeling sick.

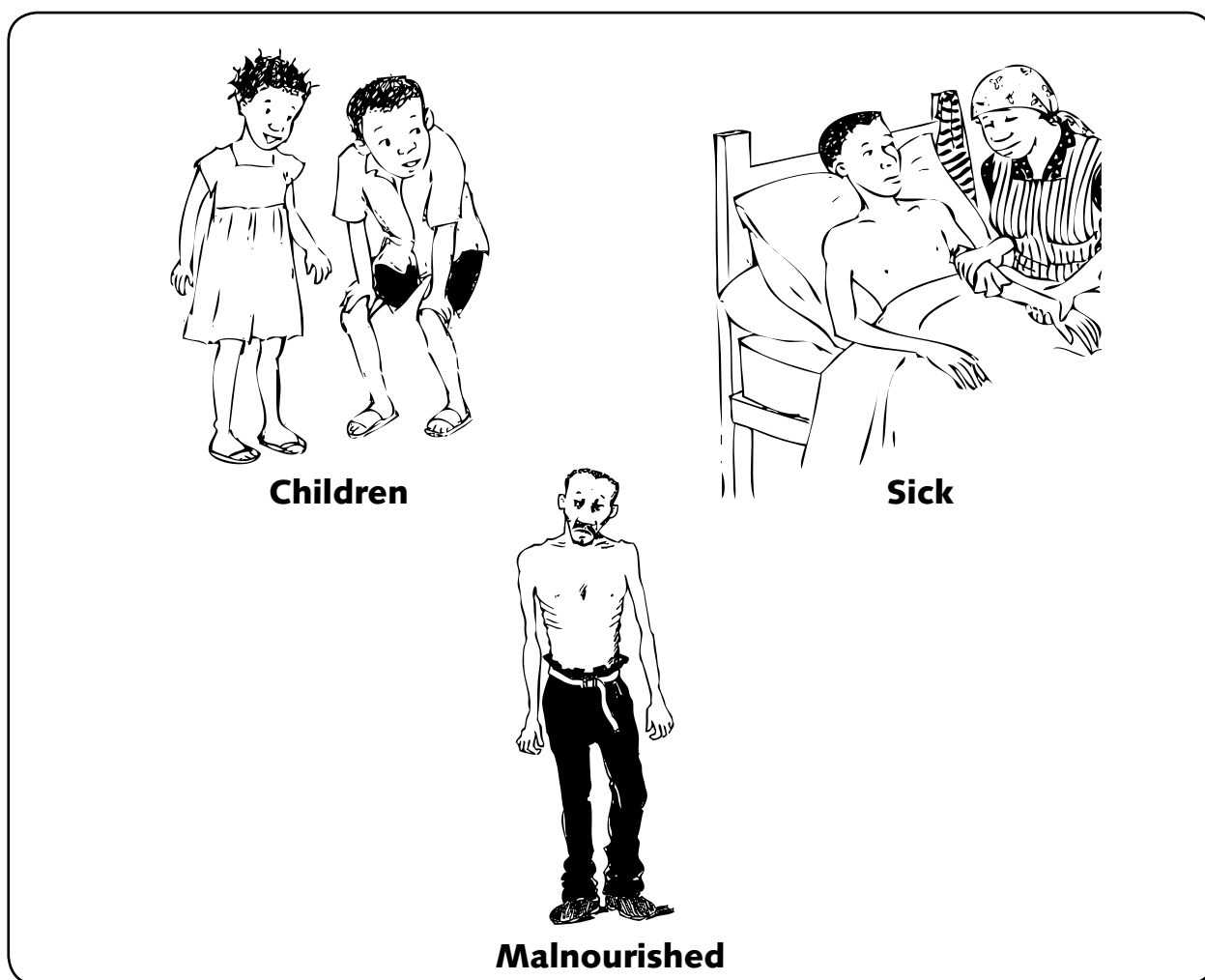
Inactive TB can become active if a person's immune system is not developed (children) or is weak (the person is already sick or malnourished).

HOW IS TB TRANSMITTED?



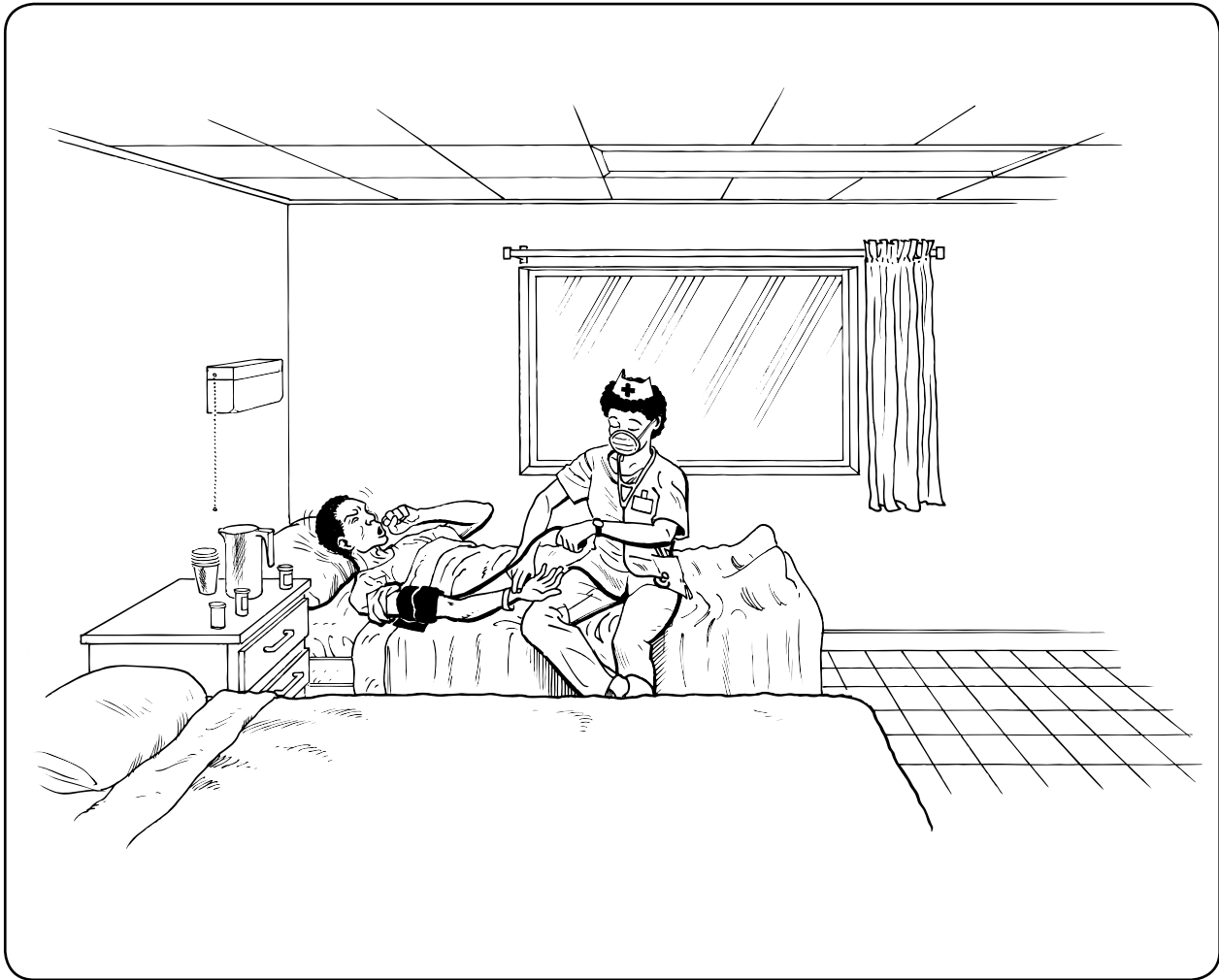
Transmission of TB

TB is transmitted by droplets of water in the air. When a person sick with TB coughs, she can transmit these droplets of water into the air. If someone else breathes in the droplets, he can also get TB. TB is more likely to be transmitted to other people in closed, dark areas where the air is still and does not change with the breezes or wind. TB cannot be transmitted by touching someone, by having sex, or by eating food. TB cannot be transmitted through blood, urine, feces, water, or insect bites.



Who gets TB?

People with weak immune systems can get TB very easily. This includes very young children, people with HIV/AIDS, and people who do not eat enough nutritious food. Most of the time, active TB does not develop in people who are well nourished and who do not have other illnesses. This is why it often affects poor people – because poor people are often sick and hungry. Inactive TB also becomes active more quickly in children, who cannot fight off illnesses as well as adults can. Other people at risk for TB are students who live in dormitories, and prisoners – people who live in close quarters that allow the TB germs to spread easily from person to person.



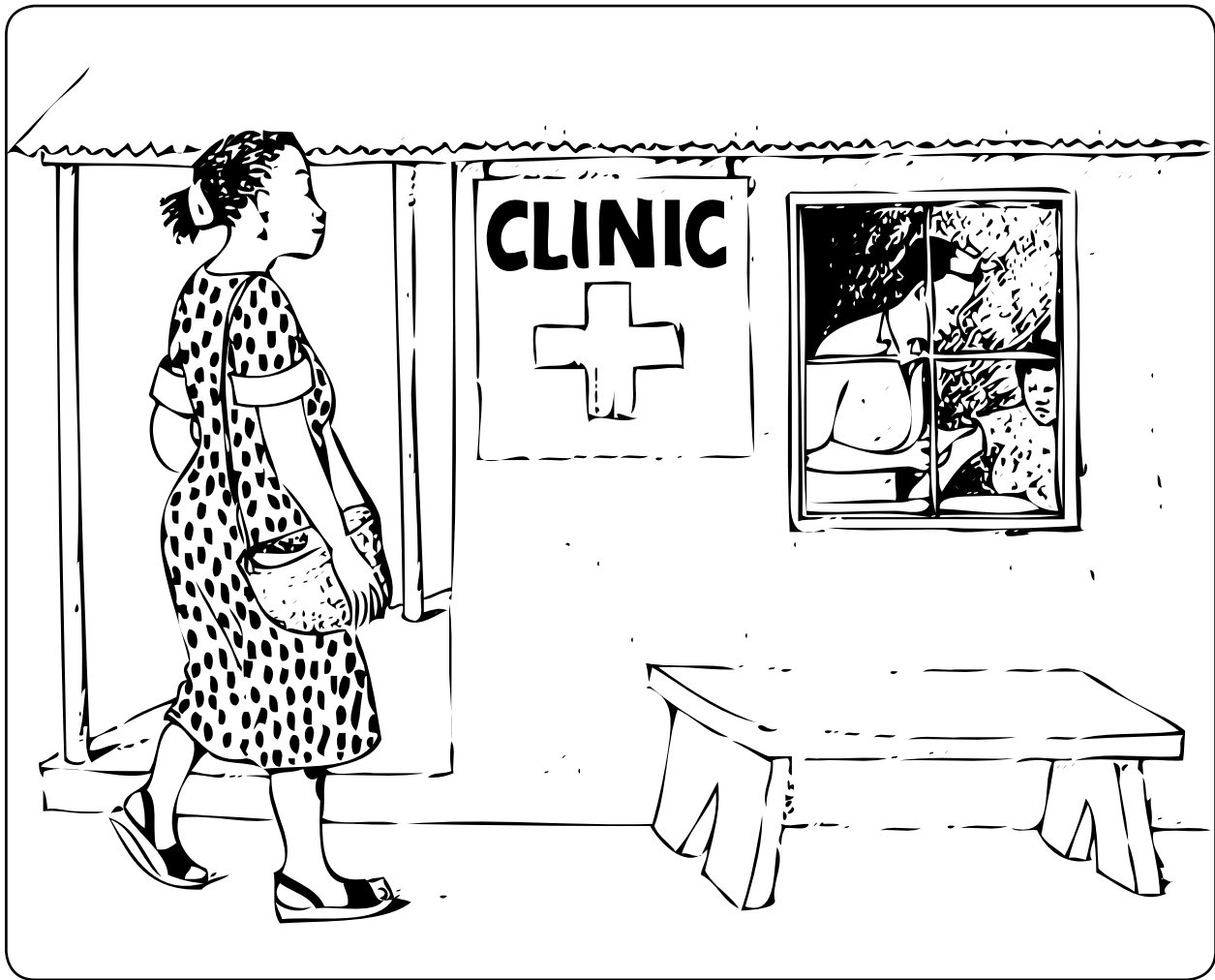
TB and HIV work together against the body

HIV is an example of an illness that makes a person weak by attacking the immune system, so inactive TB turns into active TB faster in people living with HIV/AIDS. HIV makes people about 100 times more likely to develop active TB. TB makes HIV worse, and HIV makes TB worse. Worldwide, TB is the leading cause of death for people with HIV/AIDS.



Active TB is cured with medicine

HIV causes a chronic disease – HIV cannot be cured once you have it. However, TB is not an incurable disease – it can be treated and cured. With medicine, the body can get rid of TB. If a patient has active TB, he should take TB medication.

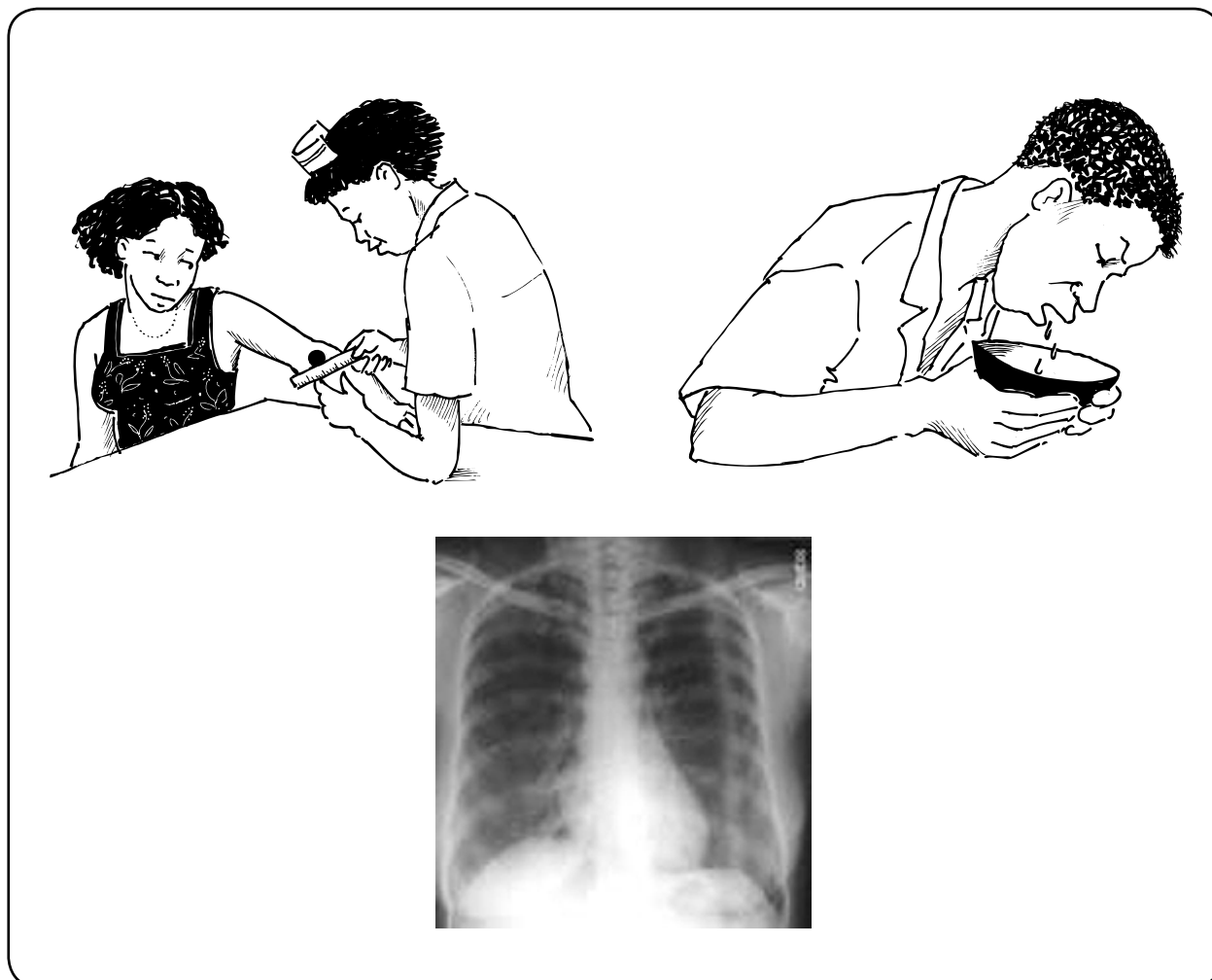


Sick people and their families should be tested for TB

Because TB can spread very easily among people who are living close together, if a person in a home or family has TB, everyone in the home or family should go to the health center to get tested for TB. Even if someone just thinks she or he has TB, everyone in her or his home or family should go to the health center to get tested. As accompagnateurs, you should bring or send people to the hospital or health center to get tested for TB.

When you visit patients who have TB, you should meet outside the house, if possible. If it is not possible to meet outside, you should wear a mask to prevent breathing in TB germs. This will keep you safe.

TB TESTING



TB Tests

There are 3 ways to get tested for TB. The most common way to test for TB is a sputum test. Sputum is a thick substance coughed up from the lungs and usually spit out. The germs that cause TB can be found in the sputum of patients who have TB. A 2nd type of TB test is a chest X-ray, where a doctor takes a picture of the patient's chest to look for TB in the lungs. TB shows up as white spots on a chest X-ray. A 3rd type of TB test is a skin test called the "Mantoux test," but this test is not used very often.



Who should always get tested for TB?

There are 3 types of people who should always get tested for TB:

- Someone who has TB symptoms
- Someone who lives with or spends a lot of time with someone who has TB or TB symptoms
- Someone who has HIV/AIDS

If one of your patients has HIV/AIDS and continues to feel sick even after taking antiretroviral medicines (ARVs), he or she should visit the health center to get tested for TB.

TB SYMPTOMS

Symptoms of TB include coughing, fever, weight loss, chest pain, loss of appetite, fatigue, and night sweats.

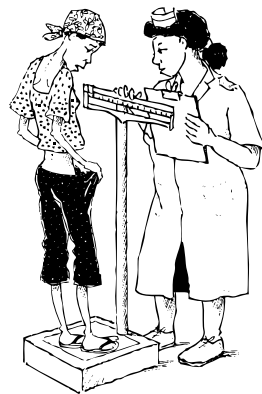
People living with HIV/AIDS might have different symptoms of TB. They might have no cough, or no difficulty breathing at all. Some common TB symptoms for people living with HIV/AIDS are weight loss, diarrhea, or a swollen stomach. If a patient has experienced severe weight loss, he or she should be tested for both HIV and TB.



Coughing



Fever



Weight loss



Chest pain

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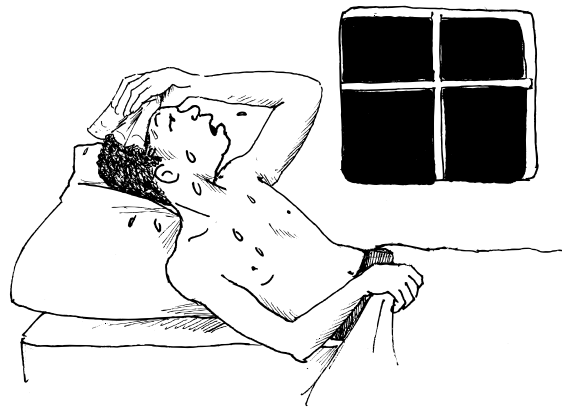
TB symptoms (CONTINUED)



Loss of appetite



Fatigue



Night sweats

PREVENTING THE SPREAD OF TB

There are several ways to prevent TB from spreading.

Sunlight

TB is killed by sunlight. If you open windows and let in fresh air and sunlight, the TB droplets in the air will not be able to survive. When you visit patients with TB, meet them outside in the fresh air and sunlight. If you meet them inside, wear a mask. This will prevent you from getting TB.

Vaccines

Babies should be vaccinated against TB.

Hygiene

Because TB is spread by droplets of water in the air, people who are sick should cover their mouths when they cough to prevent the droplets from entering the air and infecting other people.

Nutrition

Eating lots of nutritious food can also prevent TB by making people healthy and strong – strong enough to help make sure they will be able to fight off active TB.

Preventative Medicine

People who have inactive TB can take medicine to prevent the TB from becoming active. If a patient is tested and finds out that he has inactive TB, he cannot give TB to anybody else. However, if the inactive TB becomes active, he could give TB to someone else, so he should take medicine to make sure his inactive TB stays inactive. This is especially true for children who live with TB patients, since they are weaker and cannot fight off TB as well as adults.

**ACCOMPAGNATEUR CHECKLIST**

- ☐ If you see someone in the community with TB symptoms (fatigue, night sweats, fever, coughing, chest pain, weight loss, or loss of appetite), tell him or her to go to the health center to get tested for TB.
- ☐ If someone in your community is diagnosed with TB, make sure everyone living in the patient's home visits the health center to get tested for TB.
- ☐ Look for TB symptoms among people at increased risk for the disease (children, people living with HIV/AIDS, and malnourished people).
- ☐ Tell people in your community that exposing TB germs to sunlight, taking preventive medicine, eating nutritious food, covering their mouths when they cough, and vaccinating babies can help prevent the spread of TB.
- ☐ Educate all women on the importance of TB vaccination for babies.
- ☐ Meet with your TB patients outside, in the fresh air. You might need to wear a mask when you visit them inside. This will prevent you from getting TB.

Picture Story #1

Preventing TB



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Picture Story #1 (CONTINUED)

Image 1: There is a sick man lying in bed, coughing and sweating. His wife and child are also in the room. Little droplets of moisture fly out of the man's mouth.

Image 2: These droplets float in the air around the wife and child as the man lies in bed.

Image 3: The wife opens a window across from the man's bed and sunlight pours in. The sunlight kills the droplets.

Image 4: The man covers his mouth when he coughs. No droplets can be seen floating in the air.

Image 5: The wife goes to the health center and picks up a food package. The nurse hands the woman some food (bananas, oranges, and a bag of grain).

Image 6: The accompagnateur visits the family and hands the child a pill from a pill bottle. The accompagnateur stays outside of the house.



NOTES

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UNIT 12

TB Treatment and Effects



OVERVIEW

In this unit, participants will learn about the medicines used to treat tuberculosis (TB) patients, the urgent and non-urgent side effects that the medicines may cause, and when to refer someone experiencing side effects to the health center. Participants will also learn how to talk to members of their community about the importance of TB testing and treatment.



OBJECTIVES

By the end of the unit, participants will be able to:

- a. Explain when to take tuberculosis (TB) medicine, how much to take, and how often to take it for both active and inactive TB.
- b. Discuss the importance of adherence to TB medicine and the danger of multidrug-resistant tuberculosis (MDR TB) as a consequence of non-adherence.
- c. Explain the complicating factors that arise when a patient has both HIV and TB.
- d. Describe the accompagnateur's role in helping patients take their TB medicine and providing support and counseling for HIV-positive patients with TB.
- e. Recognize the urgent side effects of TB medicines that require immediate referral to the health center.
- f. Recognize the non-urgent side effects of TB medicines that require referral to the health center within 1 week.

**KEY POINTS**

- People with TB must take medicine for many months.
- TB can become resistant to medicine if patients do not take it correctly, so it is very important that patients do not miss any pills and do not stop taking their medicine early.
- Patients may experience side effects from TB medicine.
- Accompagnateurs must watch their patients take their medicine every day.
- Every day, accompagnateurs should ask patients how they are feeling. Every week, they should ask patients if they are experiencing any side effects, asking specific questions about relevant symptoms.
- If patients have urgent side effects from TB medications, they should go to the health center immediately.
- If patients have non-urgent side effects from TB medication, they should go to the health center within 1 week.

TUBERCULOSIS (TB) TREATMENT

TB medications, like antiretroviral drugs (ARVs), must be taken with care. Some people have to take several medicines a day.

One of your main responsibilities as an accompagnateur is to make sure that the people with TB who are under your care take their TB medications correctly every day.

In order to do this, you must make sure that you know which combinations of TB medications the people must take. Then you must go to their houses every morning at the correct time, and again every evening at the correct time, to watch them swallow their TB medications. As you know, this is called **Directly Observed Therapy (DOT)**. DOT means that you are present and watching when the person takes the medication. By doing DOT, you are ensuring adherence. In other words, you are making absolutely sure that the patients take their TB medications correctly every day.

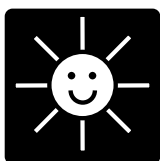
Following are descriptions of TB medications and important treatment information.

RHZE

Combination of Rifampicin (R), Isoniazid (H), Pyrazinamide (Z) , and Ethambutol (E)



Take **1 time** per day



Morning — 6 a.m.



Take on an
empty stomach

RHZE

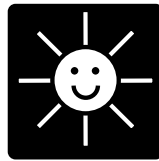
RHZE is 1 type of combination pill that contains 4 different medicines: Rifampicin, Isoniazid, Pyrazinamide, and Ethambutol. R stands for Rifampicin, H stands for Isoniazid, Z stands for Pyrazinamide, and E stands for Ethambutol. It is given to adults. RHZE is taken once per day in the morning at 6 a.m. on an empty stomach. The dosage is prescribed by the doctor.

RHZ

Combination of Rifampicin (R), Isoniazid (H), and Pyrazinamide (Z).



Take **1 time** per day



Morning — 6 a.m.



Take on an
empty stomach

RHZ

RHZ is a combination pill that contains 3 different medicines: Rifampicin (R), Isoniazid (H), and Pyrazinamide (Z). It is given to children. RHZ is taken once a day, in the morning at 6 a.m. on an empty stomach. The dosage is prescribed by the doctor.

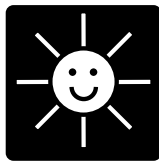
Combination Pill: Rifampicin (R) + Isoniazid (H)



Take 1 time per day



Take on an
empty stomach
(1 hour before
or 2 hours after
meals)



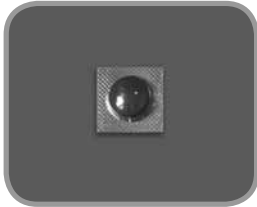
Morning – 6 A.M.

RH

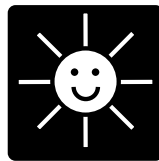
RH is combination pill that contains 2 different medicines: Rifampicin (R) and Isoniazid (H). It is given to both children and adults in different dosages. RH is taken once a day, in the morning at 6 a.m. on an empty stomach. The dosage is prescribed by the doctor.

HRE

Combination of Isoniazid (H), Rifampicin (R), and Ethambutol (E).



Take **1 time** per day



Morning — 6 a.m.



Take on an
empty stomach

HRE

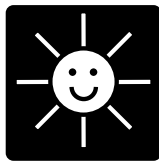
HRE is a combination pill that contains 3 different medicines: Isoniazid (H), Rifampicin (R), and Ethambutol (E). This combination of medicines is used to treat adult patients previously treated for TB. HRE is taken once a day, in the morning at 6 a.m. on an empty stomach. The dosage is prescribed by the doctor.

Ethambutol (E)



Take on an
empty stomach
(1 hour before
or 2 hours after
meals)

Take **1 time** per day



Morning – 6 A.M.

Ethambutol (E)

The abbreviation for Ethambutol is E. There is only 1 medication in this pill. It is given to children. E is taken once per day, in the morning at 6 a.m. on an empty stomach. The dosage is prescribed by the doctor.

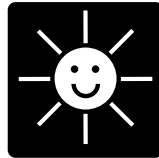
Isoniazid (H)



Take **1 time** per day



Take on an
empty stomach
(1 hour before
or 2 hours after
meals)



Morning – 6 A.M.

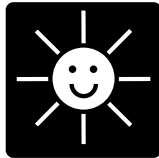
Isoniazid

The abbreviation for Isoniazid is (H). There is only 1 medication in this pill. Isoniazid is used to treat both children and adults. Isoniazid is taken once a day, in the morning at 6 a.m. on an empty stomach. The correct dose is prescribed by the doctor.

Streptomycin (S)



One injection per day for
the first 2 months of treatment

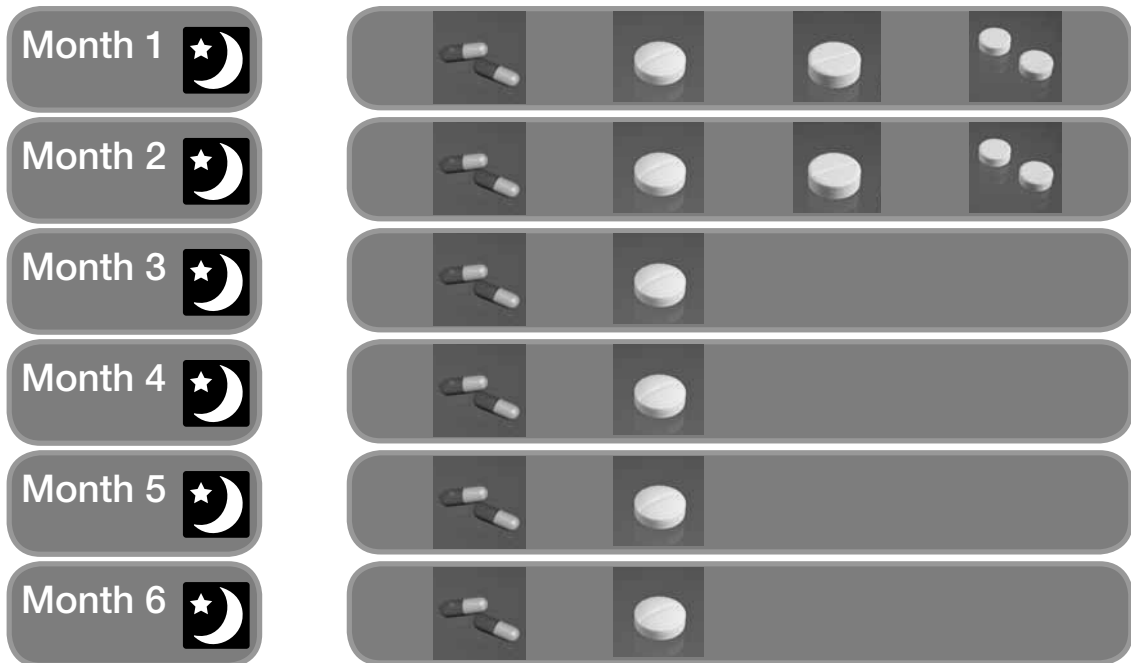


Morning – 6 A.M.

Streptomycin (S)

The abbreviation for Streptomycin is S. Only in special cases will people need injections of Streptomycin to treat TB. The doctor or nurse will give the injections.

Active TB



Active TB

Patients with active TB take medicines for 6 months. The regimens for children and adults are different. For the first 2 months, adult patients take RHZE, which contains 4 different medicines. For the last 4 months, adult patients take RH, which contains 2 different medicines. Children take 1 type of pill, RHZ, for the first 2 months. For the last 4 months, children take 1 type of pill, RH. TB pills should be taken in the morning at 6 a.m. on an empty stomach.

The number of pills each person swallows each day depends on the dosages prescribed by the doctor. The doctor will prescribe the correct amount of medication depending on the patient's weight. The doctor or nurse will write down the drugs that the patient has to take in order to help accompagnateurs and patients remember.

Inactive TB

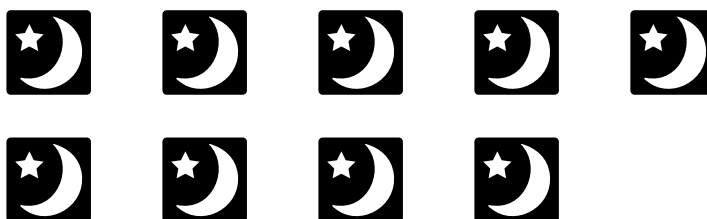


Isoniazid (H)



Take **1 time** per day

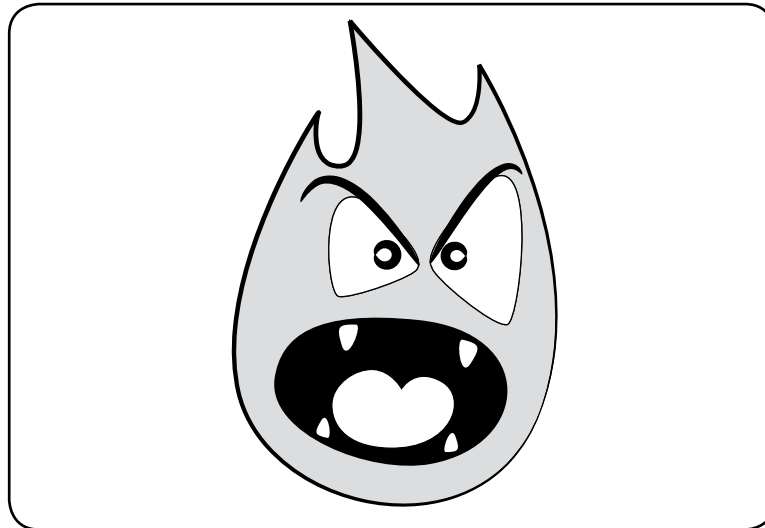
Take for **9 months**



INACTIVE TB

Patients with inactive TB, particularly children less than 6 years old, should take Isoniazid once a day for 9 months. Isoniazid should be taken on an empty stomach in the morning at 6 a.m. You must make sure that your patients take all their medicines every day at the same time for all 9 months.

A patient's treatment regimen may be different if he or she has to take ARVs and TB medicine at the same time. These medicines frequently interfere with each other. In some cases, this results in more side effects. In other cases, 1 medicine will make the other not work as well as it should. A doctor will decide the best treatment regimen for patients who have both HIV/AIDS and TB. Speak with the doctor or nurse in these situations so that you fully understand what types of medicines the patient should be taking and how often.



Multidrug-Resistance

When TB learns how to fight more than 1 kind of medicine and the medicines do not work against it anymore, the result is called multidrug-resistance (MDR), and it is very dangerous. When a person has multidrug-resistant TB (MDR TB), doctors must use different types of medicine. MDR TB can be spread the same way as regular TB. That is why you must watch your patients take their medicine. By making sure your patients take their medicine every day for as long as they have to, you are also making sure that TB medicine keeps working for everyone.

Why is it important for patients to take all their medicines every day at the same time until their treatment is finished?

TB can become able to fight the medicine if pills are not taken properly. TB can start growing again. The TB can become resistant to the medicine, and the medicines can stop working not only for the patient who becomes sick again, but also for other patients who go on to catch that type of TB.

People living with HIV/AIDS are more likely to have MDR TB than regular TB, which means that regular TB medicine will not work for them. If your patient continues to cough or lose weight after taking TB medicine for 1 month, he or she should visit the health center again to be re-tested.

IDENTIFYING TB SIDE EFFECTS

As with ARVs, sometimes when people take TB medications, they have reactions to the medications. They may get a headache, feel nauseous, or get diarrhea. These reactions are called **side effects**.

When people under your care are taking TB medications, they may sometimes experience side effects from the medications. Some side effects are non-urgent (not serious). Other side effects are urgent and very serious. If someone under your care experiences an urgent side effect, you must be able to recognize it and refer the person to the health facility immediately.

People under your care who are taking TB medications may experience 1 or more of these non-urgent side effects. While these side effects can be unpleasant, they are not serious.

If someone is experiencing any of these non-urgent side effects, tell her or him to go to the health facility within 1 week to get help.

Non-Urgent Side Effects of TB Medications



Loss of appetite



Burning or tingling feet



Dizziness



Weakness or fatigue

People under your care who are taking TB medications may experience 1 or more of these urgent side effects. These side effects are very serious. If someone is experiencing any of these urgent side effects, you must refer him or her to the health facility immediately.

Urgent Side Effects of TB Medications



Difficulty breathing



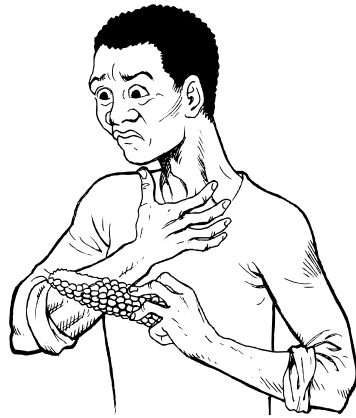
Chest pain



Rash



Vomiting



Trouble swallowing



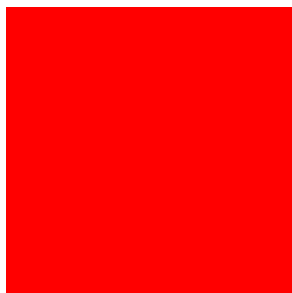
Jaundice



Swollen Eyes



Swollen tongue



Changes in vision



Hearing loss

Questions for Patients

Urgent Side Effect	Ask the Patient
Difficulty breathing or chest pain	<i>Are you having difficulty breathing? Are you having chest pain?</i>
Rash	<i>Do you have a rash anywhere on your body?</i>
Vomiting	<i>Have you been vomiting or have you felt nauseous?</i>
Trouble swallowing	<i>Have you had trouble swallowing?</i>
Jaundice	<i>Have your skin or eyes changed color?</i>
Swollen eyes	<i>Have your eyes been swollen?</i>
Swollen tongue	<i>Has your tongue been swollen?</i>
Changes in vision	<i>Has your vision changed? Can you see me as well as usual?</i>
Hearing loss	<i>Can you hear me as well as usual?</i>

Every time you visit someone who is taking TB medications, you must *ask* her if she is experiencing side effects and refer her to the health facility if she is. Do not assume that she will tell you if she is having side effects. You must always ask.

It is not enough to ask, “How are you feeling?” You must take the time to ask, “Are you experiencing any severe side effects, for example, rash, vomiting, difficulty breathing, etc.?”

You must also teach patients to recognize the urgent side effects so that when they experience an urgent side effect, they know to come and find you so that you can accompany them to the health facility immediately.

Some TB medicines can turn urine a dark or orange color. This is normal and the patient does not need to go to the health center. Also, TB medicine weakens the effect of birth control pills. People can and should still use the pills, but the doctor might have to change the dose.

People living with HIV/AIDS might have more severe reactions to TB medicines if they are also taking ARVs. Tell participants that they should carefully monitor their patients who are taking medicine for both HIV and TB very carefully, and refer them to the health center at the first sign of an urgent side effect.

People living with HIV/AIDS who are taking ARVs and who then start taking TB medicine may get worse at first. This is because their immune system – their body’s defense system – is suddenly getting strong enough to fight off the TB. When the immune system is fighting off the TB, sometimes the body damages itself and a patient can experience more side effects. If a patient is experiencing any urgent symptoms, like difficulty breathing, he or she should visit the health center immediately.

**ACCOMPAGNATEUR CHECKLIST**

- ☐ Observe patients taking their medicine every day, and encourage them to continue their medicine until their treatment is finished.
- ☐ Every day, ask patients how they are feeling. Every week, ask patients if they are experiencing side effects.
- ☐ Watch for urgent side effects to TB medicines so that you can help patients get to the health center immediately.
- ☐ Recommend that patients who are experiencing non-urgent side effects visit the health center within a week.
- ☐ Reassure patients who are experiencing non-urgent side effects.



ROLE PLAY SCENARIO

Role Play 1

An accompagnateur is visiting a patient with TB who has been taking her medicine for more than 4 months. When the accompagnateur first arrives, the patient appears sad.

When the accompagnateur asks the patient what is wrong, she says that she is feeling better and she wants to stop taking her medicine. She does not like swallowing pills, and often the pills make her feel dizzy.

The accompagnateur should explain to the patient why it is important to continue taking her medicine. The accompagnateur should try to understand the patient's feelings and offer her support.

Role Play 2

An accompagnateur is visiting a patient's home to watch him take his TB medicine and his ARVs. The patient has both TB and HIV.

The accompagnateur questions the patient to see if he is feeling well or has had any side effects to the medicine.

The patient tells the accompagnateur that he is having trouble breathing.



NOTES

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UNIT 13

Roles and Responsibilities of an Accompagnateur



OVERVIEW

During the first 12 units, you have learned your roles and responsibilities regarding the treatment of HIV/AIDS, other sexually-transmitted infections (STIs), and tuberculosis (TB). You have learned how to identify and combat discrimination, and how to offer clinical, psychological, and social support. In this unit, you will review the many facets of the accompagnateur's job, discuss logistics related to your work, and identify the clinical team members with whom you will work.



OBJECTIVES

By the end of the unit, participants will be able to:

- a. Describe the roles and responsibilities of accompagnateurs within the areas of Directly Observed Therapy (DOT), education, and psychological and social support.
- b. Describe in general how to serve as the link between the health center and the community, and what to do during a home visit.
- c. Describe behaviors and actions that are inappropriate for accompagnateurs.
- d. Describe active case finding and describe how accompagnateurs help the whole community, not just your patients.
- e. Explain how accompagnateurs can help patients, their families, and other community members get access to health care, education, food, water, and shelter.

- f.** Name members of the clinical team and describe the differences among their various roles.
- g.** Refer patients to the appropriate clinical staff member at the appropriate time.
- h.** Fill out the Accompagnateur Form correctly.



KEY POINTS

- Accompagnateurs have a big role to play in supporting patients and communities, including: providing directly observed therapy (DOT), educating patients and community members, providing psychological and social support, serving as the link between the health center and the community, and performing home visits.
- Accompagnateurs work as part of a large health center team of doctors, nurses, pharmacists, and social workers. They should seek information from other team members when necessary.
- Accompagnateurs notice the needs of their patients, their patients' families, and other community members, and make referrals to appropriate health center staff when necessary.
- Accompagnateurs must record information accurately on the Accompagnateur Form.

ROLES AND RESPONSIBILITIES OF ACCOMPAGNATEURS



Accompagnateurs must notice whether patients and patients' families have adequate health care, education, food, water, and shelter. You also need to recognize signs of HIV/AIDS, TB, and pregnancy among community members so that you can refer those people to the health center. You must be a careful observer, paying attention to your patient and also to his home and his family. You may feel awkward at first, but you are making sure that your patient and his family are getting the help and treatment they need. You are also advocating for their human rights.

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LIST OF ROLES AND RESPONSIBILITIES

Directly Observed Therapy (DOT)

- ☐ Collect medicine (for HIV/AIDS and TB, and any other medicine prescribed by the doctor) from the health center on a monthly basis.
- ☐ Store medicine in a safe place (in a dry place, away from children, away from sunlight, and in the same container in which the medicine was given from the health center).
- ☐ Attend health center appointments with patients and assure that patients are evaluated and receive their medicines (for HIV/AIDS and TB, and any other medicines prescribed by the doctor).
- ☐ Make daily home visits to give patients their medicine and watch patients take their medicine (every day, at the same time or times, and in the right amount) (DOT).
- ☐ Provide patients with support and encouragement in taking the medicine, and explain the importance of taking their medicine every day.
- ☐ Answer questions about medicines and their side effects. Let the patient know if you do not know an answer and then contact the health center for more information.
- ☐ Every day, ask patients how they are feeling. Every day, ask patients if they are experiencing specific side effects.
- ☐ Reassure patients who are experiencing non-urgent side effects. Recommend that patients who are experiencing non-urgent side effects visit the health center within 1 week.

CONTINUED >



LIST OF ROLES AND RESPONSIBILITIES (CONTINUED)

- ☐ Reassure patients who are experiencing non-urgent side effects. Recommend that patients who are experiencing non-urgent side effects visit the health center within 1 week.
- ☐ Watch for urgent side effects to HIV/AIDS and TB medicines and, if the signs and symptoms are present, help get the patient to the health center immediately.
- ☐ Fill out the Accompagnateur Form for each patient during every visit.
- ☐ Remind patients when they have an appointment at the health center (every month for patients on ARVs and/or TB medication).
- ☐ If you cannot visit a patient, find another accompagnateur or someone trustworthy to visit your patient and watch them take their medicine. Give the person instructions on how to give the medicine to the patient what to do during the visit, but do not share the details of the patient's medical condition, because that is confidential. Also, inform the patient that someone else will be visiting them during that time.
- ☐ If you cannot visit a patient for more than 3 days, inform a doctor or nurse at the health center.
- ☐ Report any patient who stops taking their medication to the health center immediately.
- ☐ Report any patient to the health center who moves out of your community.



EDUCATING PATIENTS, THEIR FAMILIES, AND THE COMMUNITY

- ☐ Provide accurate information about HIV/AIDS, including what HIV/AIDS is and how to live with it, how it is spread, how to prevent it, and how to support people living with HIV/AIDS.
- ☐ Correct myths or people's misunderstandings about HIV/AIDS.
- ☐ Teach people how to use male and female condoms.
- ☐ Promote safe sex (use condoms, have only 1 partner at a time).
- ☐ Recognize opportunistic infections in patients and other community members and recommend that they seek treatment from the health center.
- ☐ Encourage all community members to get tested for HIV, especially those with HIV/AIDS-like symptoms.
- ☐ Encourage people with symptoms of STIs to get tested for STIs, including HIV.
- ☐ Provide people with information about STIs: HIV is an STI that can be treated but not cured; most other STIs can be treated and cured; people with STIs are more vulnerable to HIV; the spread of STIs can be prevented by using a condom.
- ☐ Encourage anyone with TB symptoms (fatigue, night sweats, fever, coughing, chest pain, weight loss, and loss of appetite), as well as the people they live with, to go to the health center to get tested for TB. In particular, keep an eye out for TB symptoms among people at increased risk for the disease (children, people living with HIV/AIDS, and malnourished people).
- ☐ Tell people in your community that the spread of TB can be prevented by exposing TB germs to sunlight and fresh air, taking preventive medicine, eating nutritious food, getting babies vaccinated, and people covering their mouths when they cough.

CONTINUED >



EDUCATING PATIENTS, THEIR FAMILIES, AND THE COMMUNITY (CONTINUED)

- ☐ Explain why patients must always take all of their medicines at the same time every day. By doing this, they will avoid developing resistance to the medication.
- ☐ Talk to people about the dangers of negative attitudes and discrimination.
- ☐ To help increase understanding about HIV/AIDS, involve people living with HIV/AIDS in the discussions with community members about HIV/AIDS and negative attitudes and discrimination toward people living with the disease.
- ☐ Be a role model in the community by respecting and caring for people living with HIV/AIDS.
- ☐ Encourage community members to accept and provide support to people living with HIV/AIDS. Community members can involve people living with HIV/ AIDS in community activities, or they can take care of the children of people living with HIV/AIDS and children who have been orphaned by HIV/AIDS.



PSYCHOLOGICAL AND SOCIAL SUPPORT

- ☐ Provide your patients not only with medicine, but also support. Talk with your patients each day about their lives, how they are feeling, and any concerns or problems that they may be experiencing.
- ☐ Help your patients and their family members understand the different psychological and emotional issues related to HIV/AIDS: shock, denial, fear, loss, grief, shame, guilt, anger, anxiety, low self-esteem, depression, and suicidal thoughts.
- ☐ Recognize signs of depression and thoughts of suicide in your patients, and help them to seek help from a social worker or doctor.
- ☐ Recognize that children of different ages will respond differently to being HIV-positive or having a caregiver who is HIV-positive. Listen to them and make them feel recognized and special. Be aware of what services exist for children in the community and link children and their families to those services.
- ☐ Meet children at their level and communicate in a way that is appropriate to their age.
- ☐ Spend time with each patient and be a good listener.
- ☐ Encourage patients to seek support from spiritual and religious leaders.
- ☐ Encourage patients to meet with other people living with HIV/AIDS to share experiences and be a source of support for one another.

CONTINUED >

**PSYCHOLOGICAL AND SOCIAL SUPPORT (CONTINUED)**

- ☐ Link patients to community resources such as social workers and support groups.
- ☐ Encourage patients to live positively by eating nutritious food, getting enough sleep, exercising, limiting alcohol intake, and taking part in family and community life.
- ☐ Remember good communication skills when speaking with patients, their family members, or community members: be respectful, be empathetic, take time to listen and be patient, be caring and not judgmental, be aware of your own attitudes and beliefs and do not let them interfere with providing care to patients, ask open-ended questions, clarify misunderstandings, summarize, and keep information confidential.



PREGNANT WOMEN

- ☐ Encourage pregnant women to get tested for HIV and other STIs.
- ☐ Provide pregnant women in the community with information about prenatal care, including HIV testing.
- ☐ Encourage all pregnant women to attend antenatal care at the health center and deliver in the health center.

During pregnancy:

- ☐ Encourage all HIV-positive pregnant women to go for a CD4 count early in their pregnancy. Most will be eligible for ARVs. The earlier they begin treatment in their pregnancy, the less likely they are to transmit HIV to the child during the pregnancy.
- ☐ Provide information and encouragement to pregnant patients on AZT or other ARVs.
- ☐ Encourage the mother to ask questions at the hospital if she is confused about how she can best prevent her children from becoming infected with HIV.
- ☐ Teach pregnant women how to use infant formula.
- ☐ Explain to pregnant, HIV-positive patients that giving birth is safer at the health center than at home.
- ☐ Encourage pregnant women to make a plan for getting to the hospital before they deliver.
- ☐ Remind the mother to bring appropriate supplies (pots, clean clothes, etc.) to the health center for her and the baby.

CONTINUED >



PREGNANT WOMEN (CONTINUED)

During birth:

- ☐ Help pregnant women get to the health center if they cannot get there themselves, especially if they are HIV-positive.
- ☐ Alert the health center immediately if an HIV-positive pregnant patient has given birth at home.

After birth:

- ☐ Obtain new ARVs and new instructions from the health center for the mother and her baby.
- ☐ Receive training on how to give AZT syrup to the baby, and give the baby the syrup for 45 days.
- ☐ Make sure that the mother always has enough formula for her baby, and inform the health center if she does not.
- ☐ When you visit every day, ask the mother how she is feeling and whether she has any questions.



LINKING THE HEALTH CENTER AND THE COMMUNITY

- ☐ Refer patients to the health center immediately if they have urgent side effects from taking medicine.
- ☐ Tell patients with non-urgent side effects to go to the health center within 1 week if the side effects do not go away.
- ☐ Send anyone with symptoms of HIV/AIDS, STIs, or TB to the health center.
- ☐ Encourage everyone to be tested for HIV.
- ☐ Send women who are pregnant but have not been to antenatal care or tested for HIV and other STIs to the health center.
- ☐ Communicate with the health center about problems that patients may be having (with medicine, housing, food, partners, family members, etc.).
- ☐ Attend the monthly accompagnateur meetings.
- ☐ Inform the health center if a patient moves to a different house or village.
- ☐ Inform the health center if a patient stops taking his or her medicine.
- ☐ Follow up on patients who have not attended their appointments as directed by health center staff.
- ☐ Let a doctor, nurse, or lead accompagnateur know if you and your patient are having problems getting along.
- ☐ Work together with all health center staff, including doctors, nurses, lead accompagnateurs, social workers, and pharmacists.

**NEVER DO**

- Never discuss patient information with anyone except the doctor or nurse.
- Never give other people medicine to give to the patient (unless you cannot make it that day).
- Never ask the patient for money or gifts.
- Never have more than 4 DOT households or 8 DOT patients at 1 time.
- Never give patients medicine to take by themselves.
- Never hide information from the doctor or nurse about the patient's health, problems, or concerns.



HOME VISIT

- ☐ Make daily home visits to give patients their medicine and watch them take their medicine (every day, at the same time, and in the right amount).
- ☐ Provide support and encouragement when a patient takes the medicine and explain the importance of taking the medicine every day.
- ☐ Reassure patients who are experiencing non-urgent side effects.
- ☐ Answer questions about medicines and their side effects. Tell the patient if you do not know an answer and then contact the health center for more information.
- ☐ Every day, ask patients how they are feeling. Every week, ask patients if they are experiencing specific side effects.
- ☐ Watch urgent side effects to medicines for HIV/AIDS and TB. If a patient is experiencing an urgent side effect, help get the patient to the health center immediately.
- ☐ Recommend that patients who are experiencing non-urgent side effects visit the health center within 1 week.
- ☐ Fill out the Accompagnateur Form for each patient every day.
- ☐ Remind patients when they have an appointment at the health center (every month for patients on ARVs and/or TB medication).
- ☐ Provide accurate information about HIV/AIDS, STIs, and TB as needed (what they are, how they are spread, how to prevent them).
- ☐ Watch for signs of opportunistic infections in patients and recommend that patients seek treatment from the health center as necessary.
- ☐ Talk with your patients each day about their lives, about how they are feeling, and about any concerns or problems that the patient might be having.

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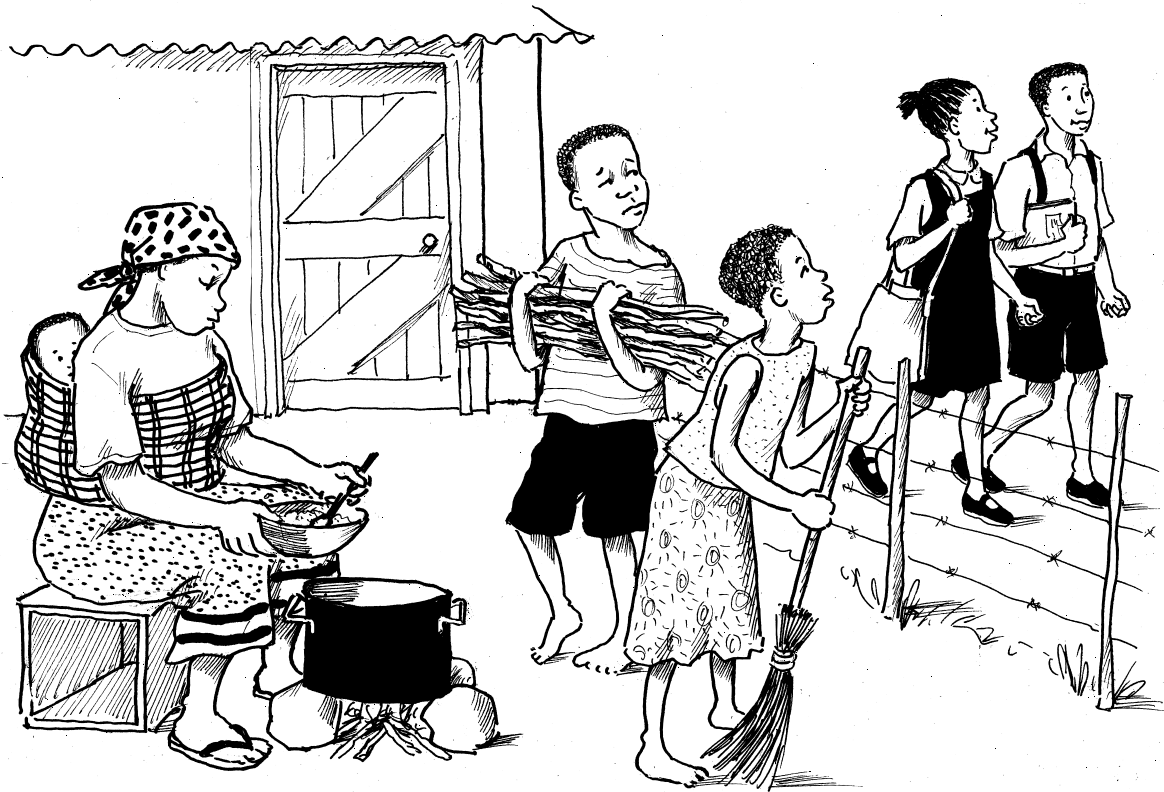


HOME VISIT (CONTINUED)

- ☐ Watch for any signs of depression and suicidal thoughts, and seek the help of a professional if a patient shows any of the danger signs.
- ☐ Spend time with other members of the household.
- ☐ Spend time with children who are HIV-positive or whose caregiver is HIV-positive and let them feel recognized and special.
- ☐ Spend quality time with each patient. Practice the skills of a good listener.
- ☐ Encourage each patient to live fully by eating nutritious food, getting enough sleep, exercising, and taking part in family and community life.
- ☐ Remember to use good communication skills when speaking with patients, their family members, or community members:
 - Be respectful.
 - Be empathetic.
 - Take time to listen and be patient.
 - Be caring and not judgmental.
- ☐ Be aware of your own attitudes and beliefs and do not let them interfere with your ability to care for your patients.
- ☐ Ask open-ended questions.
- ☐ Clarify misunderstandings.
- ☐ Summarize.
- ☐ Keep information confidential.
- ☐ Meet outside in the open air when you meet a person who has TB or wear a mask if you have to meet inside.



NOTICING NEEDS 1



Noticing Needs: Picture 1

Questions

- What do you see in the picture?
- What needs do you see?
- What could be the causes of these needs?
- How could you talk about this with the family?
- Who should you talk to at the health center about this situation?



NOTICING NEEDS 2



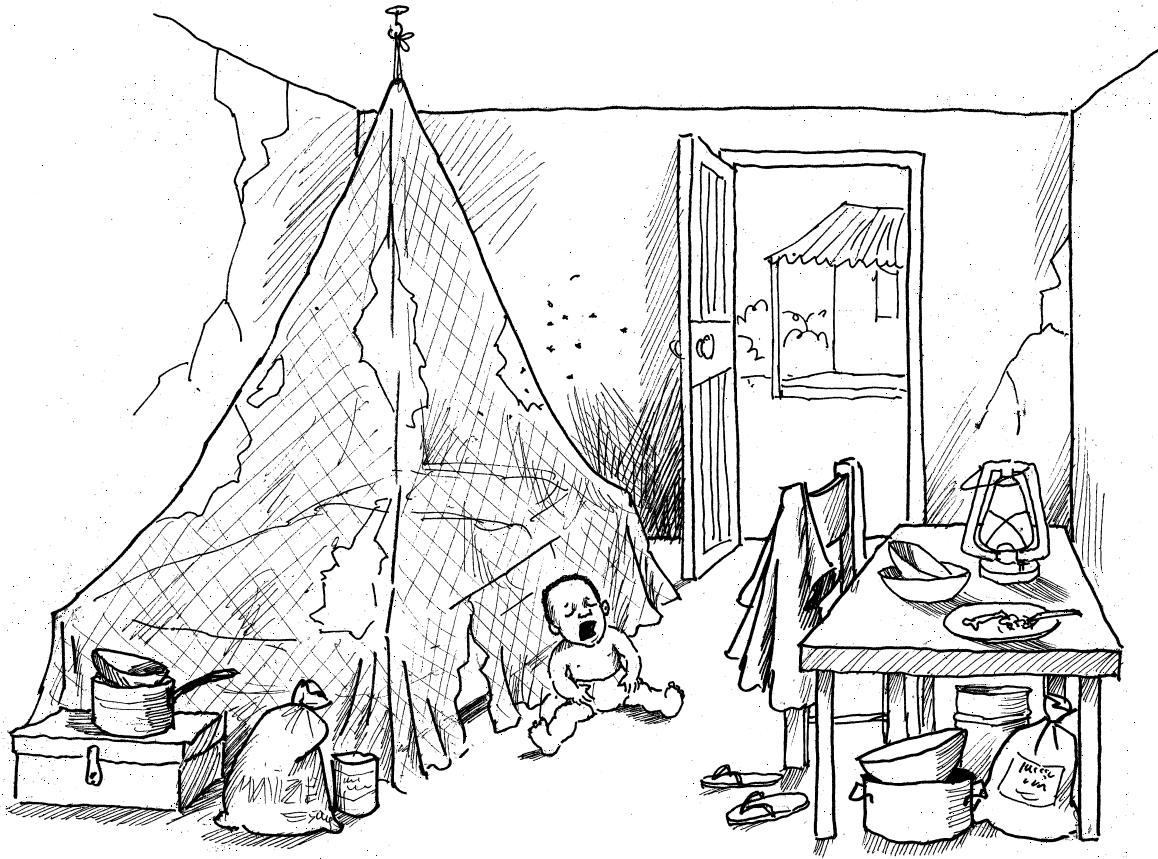
Noticing Needs: Picture 2

Questions

- What do you see in the picture?
- What needs do you see?
- What could be the causes of these needs?
- How could you talk about this with the family?
- Who should you talk to at the clinic about this situation?



NOTICING NEEDS 3



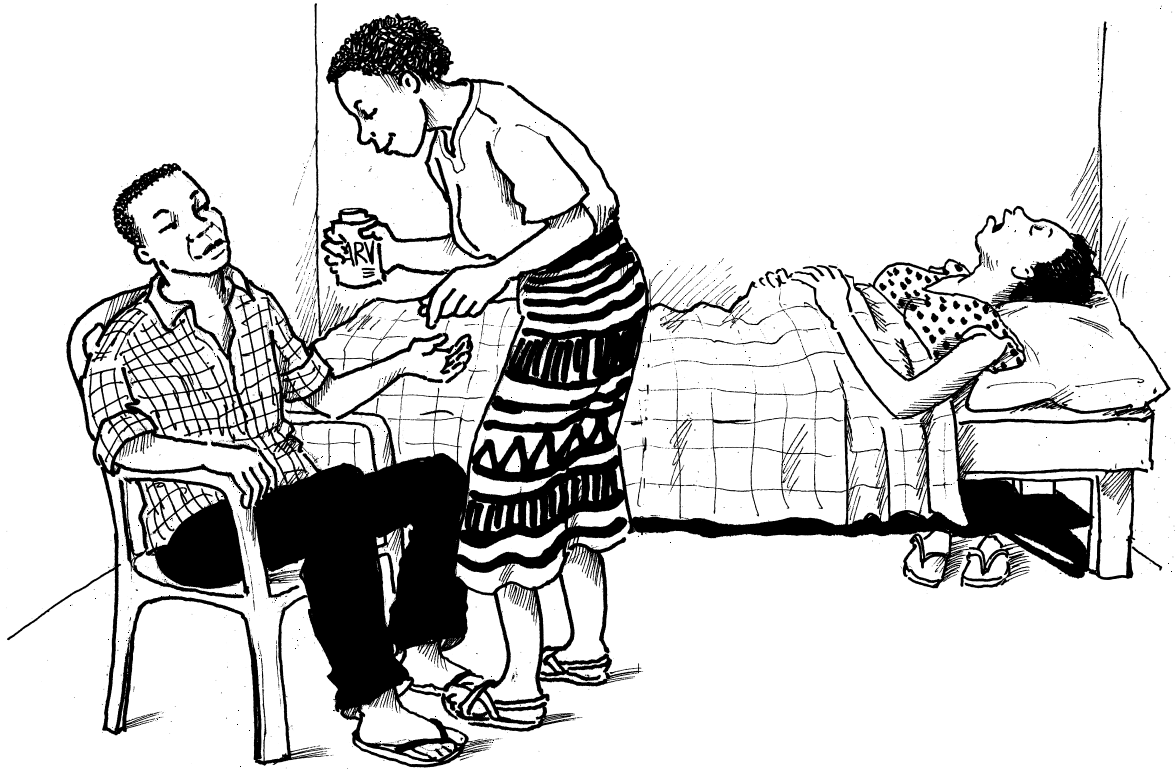
Noticing Needs: Picture 3

Questions

- What do you see in the picture?
- What needs do you see?
- What could be the causes of these needs?
- How could you talk about this with the family?
- Who should you talk to at the health center about this situation?



NOTICING NEEDS 4



Noticing Needs: Picture 4

Questions

- What do you see in the picture?
- What needs do you see?
- What could be the causes of these needs?
- How could you talk about this with the family?
- Who should you talk to at the health center about this situation?



NOTICING NEEDS 5



Noticing Needs: Picture 5

Questions

- What do you see in the picture?
- What needs do you see?
- What could be the causes of these needs?
- How could you talk about this with the family?
- Who should you talk to at the health center about this situation?



NOTICING NEEDS 6



Noticing Needs: Picture 6

Questions 3

- What do you see in the picture?
- What needs do you see?
- What could be the causes of these needs?
- How could you talk about this with the family?
- Who should you talk to at the health center about this situation?

**PARTNERS IN HEALTH ACCOMPAGNATEUR FORM****Accompagnateur Form instructions**

When the patient is assigned to an accompagnateur, the patient's name will be written at the top of this form and the doctor or nurse will write down the names and dosages of each medicine, as well as the time the medicine should be taken.

Once the form is filled out by the doctor or nurse, the accompagnateur takes it back to use during his or her patient visits, and puts it in his or her bag along with the patient's medicine.

Each day that the accompagnateur provides the patient with DOT, he or she marks an X on the correct day and time.

When the accompagnateur goes to the pharmacy each month to refill the patient's medicine, he or she shows the pharmacist, doctor, or nurse this form to assure that the information is accurate.



Partners In Health Accompagnateur Form

Patient Name _____ Accompagnateur Name _____

Medicine and Dosage	Times (AM)	Medicine and Dosage	Times (PM)
	6.00 AM		6.00 PM

	Jan		Feb		Mar		Apr		May		Jun		Jul		Aug		Sep		Oct		Nov		Dec	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
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NOTES

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UNIT 14

Challenges Faced by the Accompagnateur



OVERVIEW

The work of an accompagnateur is one of solidarity – of truly walking with people who are suffering. To be in solidarity with those who are suffering is to listen, to provide emotional support, and to understand the factors underlying sickness and the barriers to good health.

Accompagnateurs notice the needs of their patients, advocate on their behalf, and help them to develop a voice so that they can advocate for themselves. People living with HIV/AIDS, tuberculosis (TB), and other chronic illnesses are not suffering only from their disease – they are often suffering from extreme poverty, depression, a lack of support, and perhaps even grief at having lost loved ones. Because of this, their home situations may be quite sad or difficult. To do this work, it is very helpful to know the realities of the patients' lives. That is why it is so important that accompagnateurs come from the communities that they serve.

The job of an accompagnateur can be rewarding, because this relationship with the community can bring great improvement in people's lives. Yet it can also be stressful. When accompagnateurs develop trusting relationships with people, they will hear many problems that families face, far beyond the medical sphere. To prevent burnout, accompagnateurs need strong support networks, problem-solving abilities, and coping skills. This unit will introduce some of the challenges you will face in your work as accompagnateurs, and encourage you to recognize your own strengths and the support you can offer each other.



OBJECTIVES

By the end of the unit, participants will be able to:

- a. Name things you have in common with other accompagnateurs.
- b. Describe the meaning of solidarity between accompagnateurs and patients.
- c. Identify and discuss common challenges faced by accompagnateurs with respect to confidentiality, patient-accompagnateur relationships, patient care, negative attitudes, and discrimination.
- d. Identify when to ask for help, who to ask, how soon to get help, and what kind of help is needed.
- e. Reinforce and encourage communication and problem solving among accompagnateurs.



KEY POINTS

- Accompagnateurs face many challenges, but they are not responsible for dealing with all of these challenges by themselves.
- There are many people who can help accompagnateurs, such as nurses, doctors, social workers, psychologists, and other accompagnateurs.
- Accompagnateurs are part of a support system with other accompagnateurs, and they should act as a resource for each other.

SUPPORT NETWORK

Almost everyone uses informal support networks. When farmers ask each other which seed gives the best yield, they are supporting each other. When mothers talk to each other about how to get their children to study harder, they are working together in an informal support network. When an accompagnateur asks a nurse a question about how to best help a patient, she is using her support network.

You are one person in a network of caregivers who work together. All the other accompagnateurs who are participating in this course are part of your network. So are the doctors, nurses, social workers, and pharmacists who work at the health clinic. You can turn to them when you have medical questions. You can turn to them when you know your patient needs social or economic support. You can turn to them for advice on how to handle a difficult situation.



ACCOMPAGNATEUR CHECKLIST

- ☐ Observe patients taking their medicine every day, and encourage them to continue their medicine until their treatment is finished.
- ☐ Every day, ask patients how they are feeling. Every week, ask patients if they are experiencing side effects.
- ☐ Watch for urgent side effects to TB medicines so that you can help patients get to the health center immediately.
- ☐ Recommend that patients who are experiencing non-urgent side effects visit the health center within a week.
- ☐ Reassure patients who are experiencing non-urgent side effects.



GROUP DISCUSSION QUESTIONS

Questions for Group 1:

- Do you feel that you are part of a support network? Who is your support network?
- Do you feel comfortable asking these people for help and advice?
- How can we accompagnateurs support each other better?

Questions for Group 2:

- Sometimes there are problems between patients and accompagnateurs. What is often at the root of problems between patients and accompagnateurs?
- How can we improve the relationship between patients and accompagnateurs?

Questions for Group 3:

- Are there other challenges that you face (or think you may face in the future) that were not identified and discussed earlier?
- What are some of those challenges and some possible solutions?



NOTES

[illegible]



UNIT 15

Summary and Evaluation



OVERVIEW

There are 2 key questions to ask at the end of any training program. First, was the content delivered in a manner conducive to learning? And second, did the participants learn the material well enough to be able to apply their new skills effectively? Before they take their new skills into the field, accompagnateurs need to practice in a comfortable environment. This unit is designed to assess whether you absorbed the content of the training and to evaluate your ability to analyze information so that you can solve problems and support the mission of Partners In Health (PIH).



OBJECTIVES

By the end of the unit, participants will be able to:

- a. Demonstrate your knowledge of HIV/AIDS, tuberculosis (TB), sexually-transmitted infections (STIs), and other diseases covered in the training.
- b. Analyze situations related to treatment and support of people living with HIV/AIDS and TB.
- c. Demonstrate your knowledge of the role of the accompagnateur as a link between the health center, the patient, and the community, and as a source of psychological and social support to patients, especially those living with HIV/AIDS and TB.
- d. Demonstrate your knowledge of the mission and vision of Partners In Health (PIH).

**KEY POINTS**

- Accompagnateurs are not expected to memorize medications or symptoms. Instead, they should focus on danger signs and symptoms that indicate the need for attention at the health center.
- Consider the treatment and support for people living with HIV/AIDS from several different perspectives: that of the patient, the accompagnateur, the health center, and the community.
- Consider the psychological, social, and practical aspects of any situation carefully before deciding what to do.
- Rehearsing and being able to anticipate a variety of situations will help accompagnateurs to be prepared for dealing with ambiguous or difficult situations.
- Accompagnateurs need to practice communicating about sensitive issues and answering technical questions about disease and treatment.



ROLE PLAY 1

Roles: Minister of Health, a group of accompagnateurs

The Minister of Health has come to visit the health center and has heard about the good work being done by the health center and the accompagnateurs. But she does not really understand exactly what the work of an accompagnateur is. The accompagnateurs sit with the Minister and answer the Minister's questions.

The Minister asks:

- Tell me about your work. What do you do here, what are your responsibilities with the patients?
- How often do you visit your patients, and what do you do when you visit them?
- How many patients do you each have? (What is the maximum number of patients you could be assigned?)
- What is the most difficult or challenging thing about your work?
- What do you like most about your work?
- What training do you receive in order to do this work? What additional training do you think you need?
- What can the government and the Ministry of Health do to help you in your work of serving the patients?



ROLE PLAY 2

Roles: a new patient with HIV who has a high number of CD4s, an accompagnateur

While an accompagnateur is working in her garden one day, her neighbor, Joseph, approaches and asks her to come with him to the health center the next day. Joseph tells the accompagnateur that the health center said he must come back for a checkup because he tested positive for HIV, and he must go back for the results of some blood tests.

The next day they go together to the health center, and Joseph learns that he does not yet have to start taking ARVs. But he has many questions for the accompagnateur.

Joseph asks:

- Why did they take my blood last time, and what did they do with it?
- My friend also had her blood taken, but she had to start on ARV treatment. Why did she have to start but I did not?
- Does this mean that I do not really have HIV?
- If my CD4s are high, does this mean that I do not have to use a condom?
- What can I do so that my CD4s stay high?



ROLE PLAY 3

Roles: a new HIV patient with a low number of CD4s, an accompagnateur

While an accompagnateur is working in her house one day, her neighbor, Marie-Claire, approaches and asks her to come with her to the health center the next day. Marie-Claire tells the accompagnateur that the health center said she must come back and start her medication because she tested positive for HIV, and her blood test results indicate that she must start taking ARVs. The next day they go to the health center together, and the accompagnateur is assigned to help Marie-Claire with her treatment. They receive the medication and adherence counseling. On the way back, Marie-Claire has many questions for the accompagnateur.

Marie Claire asks:

- Now that I have medicine for my HIV, will I be cured?
- What will happen to me if I forget to take my medicine on time?
- The nurse said my CD4s are low. Will they go up again after I take the medicine?
- How long will I have to take ARVs?
- Does this mean that no one can get HIV from me, now that I am on medication?
- What if I get pregnant, what should I do? Will my baby get HIV also?
- I have not told anyone else that I am HIV-positive. What will you tell people if they ask you why I went to the health center with you?

**ROLE PLAY 4**

Roles: a new patient with tuberculosis, an accompagnateur

Rose is a young woman who was very sick and was diagnosed with TB. She started her treatment 1 month ago. Now that she is feeling better and has more energy, she has a lot of questions to ask her accompagnateur.

Rose asks:

- Will I have to take medicine for the rest of my life, like people with HIV?
- This illness made me so sick; I don't want my children to get it. What can I do so that my children do not get TB?
- I do not understand how I got TB. Where does TB come from?
- What if I get pregnant? Can my baby get TB from me?
- I am feeling much better now, so can I stop taking the medicine? Can I just take a break from the medicine every now and then?
- Since I have had TB once, does that mean I cannot get it again?

PRE-TEST 1

Date: _____

Your name: _____ ID# _____

Health Center: _____ Trainer: _____

When did you become a community health worker? _____

Circle “true” or “false” for the following questions:

**The trainer is a man.



True

False

1. Anyone can get HIV, even babies, young women, old men, and doctors.



True

False

2. You can get HIV by shaking hands with someone who has HIV.



True

False

3. Antiretroviral medicine kills HIV forever and cures patients.



True

False

4. HIV/AIDS is a life-long disease. Once it enters the body it never leaves.



True

False

5. All pregnant women who have not been tested for HIV should be referred to a health center and tested.



True

False

6. A person can have HIV and not show any symptoms.



True

False

7. HIV tests are inaccurate within the first 4 to 12 weeks of infection.



True

False

8. Women are more vulnerable than men to HIV.



True

False

9. HIV-positive pregnant women should deliver their babies at home to avoid passing HIV on to their babies.



True

False

Circle the best answer for each question:

10. A person can get HIV from:

- a. Mosquitos
- b. Having unprotected sex with someone who has HIV
- c. Sitting next to someone with HIV
- d. Sharing food or drink with someone who has HIV

11. A woman with HIV can reduce the risk of passing HIV to her baby by:

- a. Taking ARVs daily as early as possible during pregnancy
- b. Going for prenatal visits
- c. Giving birth at the health center
- d. All of these things

- 12.** A person with a progressed HIV infection may develop:
- a.** Sores or blisters
 - b.** Tuberculosis
 - c.** Weight loss
 - d.** All of these things
- 13.** If an HIV patient's CD4 count is higher than 350 and the patient does not have TB, this means:
- a.** The patient is very sick and has less than 3 months to live.
 - b.** The patient's immune system is still pretty strong and can fight off many of the same diseases as someone without HIV. The patient does not need to come back to the health center.
 - c.** The patient's immune system is still pretty strong and can fight off many of the same diseases as someone without HIV, but the patient needs to go to the health center regularly.
 - d.** The patient's immune system is weak and the patient should start taking ARVs immediately.
- 14.** "Directly observed therapy" (DOT) means that you:
- a.** Deliver the patient's medicine to her or him every week
 - b.** Ask the patient if she or he has taken her/his medicine
 - c.** Ask the patient's family member if she or he has taken her or his medicine
 - d.** Hand the patient her or his medicine and watch her or him swallow it at every visit

- 15.** Which of the following is a side effect of ARVs that DOES NOT require immediate medical attention?
- a.** Difficulty breathing
 - b.** Yellow skin or eyes
 - c.** Difficulty swallowing
 - d.** Feeling tired
- 16.** In the patient's home, ARVs should be stored:
- a.** On the floor
 - b.** On a tall shelf, away from sunlight
 - c.** In a warm place
 - d.** In a window
- 17.** Which of the following is an urgent side effect of ARV medication (requires immediate referral to the health center)?
- a.** Pain during urination
 - b.** Headache
 - c.** Loss of appetite
 - d.** Fever

- 18.** When a man uses a male condom, he must do 5 things in order. They are:
- a.** Pinch the tip, tie it in a knot, roll it down the penis, use, and check the expiration date.
 - b.** Roll it down the penis, use, check the expiration date, pinch the tip, and tie it in a knot.
 - c.** Check the expiration date, pinch the tip, roll it down the penis, use, and tie it in a knot.
 - d.** Check the expiration date, roll it down the penis, use, pinch the tip, and tie it in a knot.
- 19.** If you suspect that your patient is a victim of domestic violence, you should:
- a.** Alert a social worker
 - b.** Ignore it
 - c.** Tell her or him to fight back in the future
 - d.** Tell the rest of the patient's family

POST-TEST 1

Date: _____

Your name: _____ ID# _____

Health Center: _____ Trainer: _____

When did you become a community health worker? _____

Circle “true” or “false” for the following questions:

**The trainer is a man.



True



False

1. Anyone can get HIV, even babies, young women, old men, and doctors.



True



False

2. You can get HIV by shaking hands with someone who has HIV.



True



False

3. Antiretroviral medicine kills HIV forever and cures patients.



True



False

4. HIV/AIDS is a life-long disease. Once it enters the body it never leaves.



True



False

5. All pregnant women who have not been tested for HIV should be referred to a health center and tested.



True



False

6. A person can have HIV and not show any symptoms.



True



False

7. HIV tests are inaccurate within the first 4 to 12 weeks of infection.



True



False

8. Women are more vulnerable than men to HIV.



True



False

9. HIV-positive pregnant women should deliver their babies at home to avoid passing HIV on to their babies.



True



False

Circle the best answer for each question:

10. A person can get HIV from:

- a. Mosquitos
- b. Having unprotected sex with someone who has HIV
- c. Sitting next to someone with HIV
- d. Sharing food or drink with someone who has HIV

11. A woman with HIV can reduce the risk of passing HIV to her baby by:

- a. Taking ARVs daily as early as possible during pregnancy
- b. Going for prenatal visits
- c. Giving birth at the health center
- d. All of these things

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- a.** Sores or blisters
 - b.** Tuberculosis
 - c.** Weight loss
 - d.** All of these things
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- a.** The patient is very sick and has less than 3 months to live.
 - b.** The patient's immune system is still pretty strong and can fight off many of the same diseases as someone without HIV. The patient does not need to come back to the health center.
 - c.** The patient's immune system is still pretty strong and can fight off many of the same diseases as someone without HIV, but the patient needs to go to the health center regularly.
 - d.** The patient's immune system is weak and the patient should start taking ARVs immediately.
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- a.** Deliver the patient's medicine to her or him every week
 - b.** Ask the patient if she or he has taken her/his medicine
 - c.** Ask the patient's family member if she or he has taken her or his medicine
 - d.** Hand the patient her or his medicine and watch her or him swallow it at every visit

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 - d.** Feeling tired
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- a.** Pinch the tip, tie it in a knot, roll it down the penis, use, and check the expiration date.
 - b.** Roll it down the penis, use, check the expiration date, pinch the tip, and tie it in a knot.
 - c.** Check the expiration date, pinch the tip, roll it down the penis, use, and tie it in a knot.
 - d.** Check the expiration date, roll it down the penis, use, pinch the tip, and tie it in a knot.
- 19.** If you suspect that your patient is a victim of domestic violence, you should:
- a.** Alert a social worker
 - b.** Ignore it
 - c.** Tell her or him to fight back in the future
 - d.** Tell the rest of the patient's family

PRE-TEST 2

Date: _____

Your name: _____ ID# _____

Health Center: _____ Trainer: _____

When did you become a community health worker? _____

Circle “true” or “false” for the following questions:

**The trainer is a man.



True

False

1. If a person has a sexually-transmitted infection (STI), she or he is more likely to get HIV because STIs may cause open wounds where HIV can enter the body.



True

False

2. All STIs are life-long diseases. They can never be cured.



True

False

3. Discrimination means treating someone unfairly because you think she or he is bad or different.



True

False

4. It is okay to discuss the lives of your patients with your family and friends.



True

False

5. If a person is diagnosed with an STI, her or his partner should get tested for STIs.



True

False

6. HIV and other STIs can be passed from a mother to her child during pregnancy and delivery.



True

False

7. Using a condom can reduce the risk of transmitting STIs.



True



False

Circle the best answer for each question:

8. If one of your patients has symptoms of an STI, you should:
- a. Immediately warn the patient's sexual partners
 - b. Tell the patient that the symptoms will disappear over time
 - c. Tell the patient to go to the health center to get tested
 - d. Tell the patient that it is because she or he has had too many sexual partners, and advise the patient to stop having sex
9. STIs are dangerous for women because:
- a. They can lead to infertility.
 - b. They can cause problems during pregnancy, or make the baby sick.
 - c. Women are less likely than men to show symptoms of STIs, so they are less likely to get tested or treated.
 - d. All of these things.
10. Which of the following is a symptom of an STI?
- a. Dizziness
 - b. Sores on the genitals
 - c. Jaundice (yellowing of the eyes or skin)
 - d. Hearing loss

- 11.** Stigma and discrimination against people living with HIV/AIDS can:
- a.** Prevent people from getting tested for HIV
 - b.** Cause people with HIV/AIDS to hide their status from their partners
 - c.** Lead to violence and abandonment
 - d.** All of these things
- 12.** A person may be depressed if she or he:
- a.** Sleeps too much or too little
 - b.** Does not participate in social events
 - c.** Eats too much or too little
 - d.** All of these things
- 13.** If a patient comes to you for emotional or psychological support, you should:
- a.** Tell a member of the patient's family what she or he said
 - b.** Be patient and take time to listen to what she or he has to say, and refer her or him to a social worker if needed
 - c.** Tell the patient to pretend nothing is wrong
 - d.** Tell the patient you can't help her or him

POST-TEST 2

Date: _____

Your name: _____ ID# _____

Health Center: _____ Trainer: _____

When did you become a community health worker? _____

Circle “true” or “false” for the following questions:

**The trainer is a man.



True



False

1. If a person has a sexually-transmitted infection (STI), she or he is more likely to get HIV because STIs may cause open wounds where HIV can enter the body.



True



False

2. All STIs are life-long diseases. They can never be cured.



True



False

3. Discrimination means treating someone unfairly because you think she or he is bad or different.



True



False

4. It is okay to discuss the lives of your patients with your family and friends.



True



False

5. If a person is diagnosed with an STI, her or his partner should get tested for STIs.



True



False

6. HIV and other STIs can be passed from a mother to her child during pregnancy and delivery.



True



False

7. Using a condom can reduce the risk of transmitting STIs.



True



False

Circle the best answer for each question:

8. If one of your patients has symptoms of an STI, you should:
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 - a.** Tell a member of the patient's family what she or he said
 - b.** Be patient and take time to listen to what she or he has to say, and refer her or him to a social worker if needed
 - c.** Tell the patient to pretend nothing is wrong
 - d.** Tell the patient you can't help her or him

PRE-TEST 3

Date: _____

Your name: _____ ID# _____

Health Center: _____ Trainer: _____

When did you become a community health worker? _____

Circle “true” or “false” for the following questions:

**The trainer is a man.



True

False

1. If a person has a sexually-transmitted infection (STI), she or he is more likely to get HIV because STIs may cause open wounds where HIV can enter the body.



True

False

2. All STIs are life-long diseases. They can never be cured.



True

False

3. Discrimination means treating someone unfairly because you think she or he is bad or different.



True

False

4. It is okay to discuss the lives of your patients with your family and friends.



True

False

5. If a person is diagnosed with an STI, her or his partner should get tested for STIs.



True

False

6. HIV and other STIs can be passed from a mother to her child during pregnancy and delivery.



True

False

Circle the best answer for each question:

- 7.** The types of people most at risk for TB infection are:
- a.** Pregnant women, children, and people with cholera
 - b.** Children, people with HIV or malnutrition, and people who live very close together
 - c.** Pregnant women, children, and people over the age of 40
 - d.** People with HIV or malnutrition, pregnant women, and people who drink untreated water
- 8.** A person can get TB by:
- a.** Drinking from the same cup as someone with TB
 - b.** Eating food that is contaminated with feces
 - c.** Breathing in air that contains tuberculosis bacteria
 - d.** Smoking and drinking
- 9.** Some possible symptoms of TB include fever, coughing, and:
- a.** Blisters or sores
 - b.** Diarrhea and vomiting
 - c.** Chest pain
 - d.** Swelling of the feet or hands

- 10.** If a person with TB does not get treatment, the TB can spread to her or his:
- a.** Brain
 - b.** Bones
 - c.** Kidneys
 - d.** Whole body
- 11.** To prevent the spread of TB, people should:
- a.** Avoid drinking untreated water
 - b.** Expose their homes to sunlight and fresh air
 - c.** Use condoms during sex
 - d.** Sleep under a bet net
- 12.** One of your patients has stopped taking his medicines and refuses to go for his appointment. You should:
- a.** Wait to see if he changes his mind and goes to the health center
 - b.** Tell the doctor or nurse immediately
 - c.** Stop visiting him
 - d.** Scold him

- 13.** Your patient moves to another village and you lose contact with her and cannot deliver her medicines, you should inform:
- a.** A member of clinical staff
 - b.** Your supervisor
 - c.** A local leader from the village
 - d.** The pharmacy
- 14.** If a patient's skin or eyes turn yellow, you should:
- a.** Wait until her or his next appointment to tell the doctor
 - b.** Tell her or him to rest and drink a lot of water
 - c.** Refer her or him to the health center immediately
 - d.** Tell the patient that she or he should get tested for STIs
- 15.** If a patient is taking TB medicine and she tells you that all of a sudden she cannot hear or see well, you should:
- a.** Tell her it is normal and she should keep taking her medicine
 - b.** Tell her to stop taking her medicine for a few days
 - c.** Tell her she needs to go to the health center immediately and go with her
 - d.** Tell her to wait a week, continue taking her medicine, and then go to the health center if her condition does not improve

- 16.** One of the most important things that accompagnateurs can do while visiting patients is:
- a.** Ask if the patients need someone to go to the market for them
 - b.** Talk to the patients and ask them if they are experiencing specific side effects or symptoms
 - c.** Ask if the patients are bathing regularly
 - d.** Avoid asking questions

POST-TEST 3

Date: _____

Your name: _____ ID# _____

Health Center: _____ Trainer: _____

When did you become a community health worker? _____

Circle “true” or “false” for the following questions:

**The trainer is a man.



True



False

1. If a person has a sexually-transmitted infection (STI), she or he is more likely to get HIV because STIs may cause open wounds where HIV can enter the body.



True



False

2. All STIs are life-long diseases. They can never be cured.



True



False

3. Discrimination means treating someone unfairly because you think she or he is bad or different.



True



False

4. It is okay to discuss the lives of your patients with your family and friends.



True



False

5. If a person is diagnosed with an STI, her or his partner should get tested for STIs.



True



False

6. HIV and other STIs can be passed from a mother to her child during pregnancy and delivery.



True



False

Circle the best answer for each question:

- 7.** The types of people most at risk for TB infection are:
- a.** Pregnant women, children, and people with cholera
 - b.** Children, people with HIV or malnutrition, and people who live very close together
 - c.** Pregnant women, children, and people over the age of 40
 - d.** People with HIV or malnutrition, pregnant women, and people who drink untreated water
- 8.** A person can get TB by:
- a.** Drinking from the same cup as someone with TB
 - b.** Eating food that is contaminated with feces
 - c.** Breathing in air that contains tuberculosis bacteria
 - d.** Smoking and drinking
- 9.** Some possible symptoms of TB include fever, coughing, and:
- a.** Blisters or sores
 - b.** Diarrhea and vomiting
 - c.** Chest pain
 - d.** Swelling of the feet or hands

- 10.** If a person with TB does not get treatment, the TB can spread to her or his:
- a.** Brain
 - b.** Bones
 - c.** Kidneys
 - d.** Whole body
- 11.** To prevent the spread of TB, people should:
- a.** Avoid drinking untreated water
 - b.** Expose their homes to sunlight and fresh air
 - c.** Use condoms during sex
 - d.** Sleep under a bet net
- 12.** One of your patients has stopped taking his medicines and refuses to go for his appointment. You should:
- a.** Wait to see if he changes his mind and goes to the health center
 - b.** Tell the doctor or nurse immediately
 - c.** Stop visiting him
 - d.** Scold him

- 13.** Your patient moves to another village and you lose contact with her and cannot deliver her medicines, you should inform:
- a.** A member of clinical staff
 - b.** Your supervisor
 - c.** A local leader from the village
 - d.** The pharmacy
- 14.** If a patient's skin or eyes turn yellow, you should:
- a.** Wait until her or his next appointment to tell the doctor
 - b.** Tell her or him to rest and drink a lot of water
 - c.** Refer her or him to the health center immediately
 - d.** Tell the patient that she or he should get tested for STIs
- 15.** If a patient is taking TB medicine and she tells you that all of a sudden she cannot hear or see well, you should:
- a.** Tell her it is normal and she should keep taking her medicine
 - b.** Tell her to stop taking her medicine for a few days
 - c.** Tell her she needs to go to the health center immediately and go with her
 - d.** Tell her to wait a week, continue taking her medicine, and then go to the health center if her condition does not improve

- 16.** One of the most important things that accompagnateurs can do while visiting patients is:
- a.** Ask if the patients need someone to go to the market for them
 - b.** Talk to the patients and ask them if they are experiencing specific side effects or symptoms
 - c.** Ask if the patients are bathing regularly
 - d.** Avoid asking questions



EVALUATION FORM

What training activity did you like the most? Why?

What training activity did you like the least? Why?

What did you learn that was valuable and that you will use in your work?

Was there anything you did not understand? Give specific examples.

What are your recommendations to improve this training? What would you change? (For example, what activities, illustrations, etc. would you change?)

What additional comments do you have?

Thank you for completing this evaluation.



NOTES

[illegible]