



ENGLISH-HAITI

Accompagnateur Training Guide

FACILITATOR MANUAL

A unit of the PIH community health worker training series





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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

ddl Didanosine

DOT Directly Observed Therapy

E Ethambutol

EFV Efavirenz

HIV Human immunodeficiency virus

IDV IndinavirINH 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

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.

This Facilitator Manual and its accompanying Accompagnateur Handbook, flipchart, and slide presentation comprise the initial training that all accompagnateurs receive. Like all PIH community health workers, accompagnateurs also receive ongoing support and training from PIH staff members to learn and reinforce the knowledge and skills they need to successfully carry out their work. In addition, they participate in monthly meetings that include learning from their colleagues, problem-solving, and review of clinical content or changes in protocols.

This accompagnateur training is 1 training in a series used to train PIH community health workers. The series includes:

- Family Planning
- Reproductive Health
- Nutrition and Malnutrition
- Vaccinations
- Diarrheal Disease
- Malaria
- Hygiene and Sanitation
- Respiratory Illness
- Gender Violence
- Mental Health

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- Preventing Mother-to-Child Transmission of HIV (PMTCT)
- Chronic Illness
- Cancer
- HIV, Tuberculosis, and Sexually-Transmitted Infections

TRAINING MATERIALS

This training has a Facilitator Manual, Accompagnateur Handbook, slide presentation, and flipchart. In order to deliver the training effectively, facilitators must use these materials together.

- Facilitator Manual Contains all the information needed to carry out the training, including preparation and material lists, session steps, preand post-tests, and all topic content. Facilitators must read the Facilitator Manual before the first day of the training, and also use the Facilitator Manual during all training activities.
- Accompagnateur Handbook Contains all information that
 participants need to know about the topic and also any case studies,
 scenarios, or role plays needed for the training. Facilitators must give
 participants the Accompagnateur Handbook at the beginning of the
 training, so that they can use it during the training. After the training,
 participants must take the handbook home and use it to review and
 reinforce what they have learned.
- **Slide Presentation** At sites where electricity and AV equipment are available, facilitators can use the slide presentation. It contains all the images needed for the training. In sessions that use the slides/flipchart, the session steps contain the images (thumbnail size), with the text needed to explain the image below it.
- **Flipchart** At sites without electricity or AV equipment, facilitators should use the flipchart. It contains the same images as the slide presentation, with the text on the back of the flipchart pages needed to explain each image on the front.

FACILITATOR MANUAL

The Facilitator Manual contains all the information needed to carry out this training, including the following information for each unit:



Overview – A brief description of the unit's purpose and content.



Objectives – A list of the skills and knowledge that participants will gain during the unit.



Unit Overview – A table containing a content summary, teaching methods, time required, and materials needed for each session in the unit.

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Key Points – The central ideas of the unit; facilitators can summarize key points at the end of the training.

Training Sessions – A series of sessions with step-by-step instructions that explain how to carry out the activities.

Pre-Test and Post-Test – The pre- and post-tests with answers are inserted into the Facilitator Manual for the facilitator's reference.



Accompagnateur Checklists – lists of Accompagnateur roles and responsibilities related to specific topics. Facilitators must review the checklists with participants throughout the training.



Notes – Blank pages where the facilitator can write notes as needed.

TRAINING SESSIONS

In order to deliver effective training, facilitators must read all sessions, complete all preparation, gather all materials needed, and become familiar with session steps **before** the first day of the training. If facilitators do not do this ahead of time, they will not be prepared.

Each session contains:



Method – The teaching method(s) used during the session, for example, brainstorming, small group activity, or presentation.



Time Required – The suggested time needed to complete the session. Within the session steps, suggested times are also given for various parts of the session, for example, 15 minutes for small group work, 10 minutes for a discussion, etc. Times are approximate, but facilitators should try to stay more or less within the suggested times. If this is not possible, facilitators must adjust the training accordingly.



Preparation – A list of what the facilitator must do *ahead of time* in order to prepare for the session.



Materials – A list of materials needed to complete the session. Facilitators must review the materials list and gather all materials *before* the first day of the training.



Steps – Detailed steps that guide the facilitator through each session. Steps include content to deliver, questions and sample answers for discussion, thumbnail versions of slides/flipchart pictures used, case

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studies, role plays, picture stories, and any other information needed to complete the session.



Tips – Suggestions for the facilitator about how to adapt or change activities if appropriate, handle cultural considerations, or encourage participation.



Check Information – This icon marks information that may change (treatment protocols, forms, etc.). Facilitators must check any information marked with this icon and make sure it is up to date.

The Accompagnateur training starts with these sessions:

Participant Introductions – Participants introduce themselves and share what they hope to learn during the training.

Introduction to the Training – Participants review the training's general content and objectives.

Ground Rules – Participants brainstorm and establish ground rules for the training, discuss the importance of confidentiality, and learn about the Anonymous Question Box: a box where they can put any questions or concerns they have about training content if they feel uncomfortable asking in these questions in front of the group.

Pre-Test – Participants take a simple written test to determine what they already know about training content.

The Accompagnateur training ends with these sessions:

Post-Test – The same as the pre-test; participants take the post-test to determine what they have learned during the training. The facilitator corrects the post-test and participants compare their pre- and post-tests.

Evaluation and Anonymous Question Box – Participants evaluate the training.

EVALUATION

This training contains a pre-test and post-test designed to measure what participants learn during the training. The Facilitator Manual contains pre- and post-tests with answers. The Accompagnateur Handbook contains pre- and post-tests at the back of the handbook (without answers), which participants tear out and complete during the training. To accommodate participants' varying literacy skills, facilitators should read test questions

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aloud 1 at a time, and pause after reading each question to give participants time to circle the answer. Facilitators should compare participants' pre-and post-test results to see how much they have learned and identify particular content that may need further review during future training sessions.

If more than a few participants do poorly on the post-test, this may indicate that facilitators should improve their training techniques and strive to do a better job of facilitating learning.

The training also contains an evaluation session designed to capture participants' feedback on the training, including what worked well, what did not, and suggestions to improve future training. Facilitators can ask the evaluation questions orally and record participant responses, or ask participants to tear out and complete the evaluation form at the back of their handbooks. Facilitators may also photocopy the evaluation form in the Facilitator Manual. Facilitators must collect and review participants' evaluations and feedback, so that they may be used to improve future trainings. Facilitators should conduct an evaluation at the end of each training day.

FACILITATOR PREPARATION

Facilitators must become thoroughly familiar with the training unit before the first day of the training. They must read all sessions, complete all preparation, gather all necessary materials, and become familiar with session steps and unit content.

If 2 or more facilitators will deliver the training together, they should meet before the first day of the training to determine the agenda and decide who will facilitate which sessions. They should also meet at the end of each training day to discuss what worked well, what did not, and how to proceed for the next day.

This training does not require elaborate preparation or materials. For many sessions, facilitators will only need the Facilitator Manual, Accompagnateur Handbook, slide or flipchart presentation, chart paper, markers, and tape. However, *some sessions require special materials that facilitators must gather ahead of time*, for example, ARV and TB medication samples, and condoms.

Materials:

- Chart paper pads (at least 3 pads of plain white chart paper)
- Chart paper easel
- Markers (4–6 for the facilitator and 1 each for participants)
- Pencils or pens (plenty for every participant)
- Tape (strong enough to hold chart paper to the wall)
- Penis substitutes (1 for every 2 participants; for example, cucumbers, bananas, wooden penises, or zucchinis)
- Vagina substitutes (1 for every 2 participants; for example, toilet paper tubes, or hair elastics)

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- Male condoms (1 for every participant)
- Female condoms (1 for every participant)
- Scissors (1 pair for the facilitator)
- Antiretroviral (ARV) pill samples (at least 5 samples of each type of ARV used at the site; see Unit 5, Session 1)
- Tuberculosis (TB) pill samples (at least 5 samples of each type of TB pill used at the site; see Unit 12, Session 1)
- Audiovisual equipment (if slides are used instead of the flipchart)
- List of contact information for health center staff (varies by site; 1 copy for each participant)
- Baby bottles
- Water, and stove for boiling water (for infant formula demonstration)
- Infant formula (similar to what HIV-positive mothers receive)
- Measuring spoons (similar to what HIV-positive mothers receive)

PARTICIPANT LITERACY SKILLS

Accompagnateurs are required to be able to read and write in order to carry out their responsibilities. But literacy levels among Accompagnateurs vary. This training is designed to accommodate varying literacy levels, so that even those with limited literacy skills can learn effectively. For example, the Accompagnateur Handbook is printed in large text, uses simple language, contains many pictures, and uses simple checklists to convey key information. Training sessions use pictures, discussions, and short case studies read aloud, rather than relying on extensive written work.

Session steps often contain specific instructions for the facilitator on how to accommodate varying literacy levels. For example, facilitators are instructed to read information aloud, ask participants to work in pairs or small groups for writing tasks so that they can help each other, make sure that pairs or small groups have at least 1 fairly literate participant each, and explain slide or flipchart pictures aloud slowly and clearly.

In addition to following these instructions, facilitators must actively take note of participants' literacy needs during the training and plan accordingly. For example, if facilitators notice that certain participants are struggling with reading or writing, they should offer help and make sure that other participants help also.

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ADAPTING THE TRAINING

Training activities are designed for groups of 20–30 participants, but will also work well for smaller groups of 12–20 participants. If facilitators must work with larger groups of participants, they should adapt activities accordingly. For example, for certain small group activities, facilitators may need to create small groups of 10 participants each rather than 5 participants each. For role plays, facilitators may need to limit performance time.

Sessions sometimes contain tips for how to adapt the activities, for example, suggestions about how to shorten the session if time is limited or participants are very tired. In addition to reading these tips, facilitators should use their own judgment and adapt activities accordingly. For example, in certain contexts, facilitators may need to adapt discussion questions, role plays, or case studies in order to take local cultural practices or beliefs into account.

Facilitators must keep track of participants' energy and interest levels constantly, and adapt or change plans if participants' energy or concentration is waning. If, by the afternoon, participants are having trouble concentrating, facilitators should add more energizers, give an extra break, or do a short review game to revive participants' energy.

DISCUSSION

The manual provides specific questions and sample answers for all discussions. Sample answers appear in italics. Facilitators should try to elicit these answers during the discussion, rather than simply providing answers themselves. Facilitators may have to rephrase a question a few times or give an example in order to elicit answers from participants. But facilitators should only provide answers after participants have had ample opportunity to respond, and should only give answers that participants do not name themselves.

REVIEW

Facilitators should schedule a half hour for review at the beginning of Days 2 through 8. Review may be conducted as a game with teams of participants competing to answer questions, or as a general question-and-answer session. Review instructions and questions for each unit are located at the back of the Facilitator Manual.

ADULT LEARNING PRINCIPLES

This training is based on important adult learning principles, including:

- **Respect** Adult students must feel respected and feel like equals.
- **Affirmation** Adult students need to receive praise, even for small attempts.
- Experience Adult students learn best by drawing on their own knowledge and experience.

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- **Relevance** Learning must meet the real-life needs of adults for their work, families, etc.
- **Dialogue** Teaching and learning must go both ways, so that the students enter into a dialogue with the teacher.
- **Engagement** Adult students must engage with the material through dialogue, discussion, and learning from peers.
- **Immediacy** Adult students must be able to apply their new knowledge immediately.
- **20-40-80 Rule** Adult students typically remember 20 percent of what they hear, 40 percent of what they hear and see, and 80 percent of what they hear, see, and do.
- **Thinking, feeling, and acting** Learning is more effective when it involves thinking, feeling (emotions), and also acting (doing).
- **Safety and comfort** Adult students need to feel safe and comfortable in order to participate and learn. They need to know that their ideas and contributions will not be ridiculed or belittled.

METHODOLOGY

To put these principles of adult learning into practice, the training uses a variety of *participatory methodologies* including large and small group discussions, role plays, case studies, and stories. These activities are designed to elicit and build on participants' experiences and knowledge, promote discussion and reflection on key issues, provide hands-on practice of content learned, and help participants learn from each other.

Some activities include short facilitator presentations. But in contrast to many training manuals, this manual does not use facilitator presentation as the primary teaching method. Rather, activities use participatory methodologies that promote higher retention of content and create an open, engaging, and supporting learning environment. Remember, adult students typically remember 20 percent of what they hear, 40 percent of what they hear and see, and 80 percent of what they hear, see, and do. Effective training involves participants in hearing, seeing, and doing. If participants only hear facilitator lectures all day, they will not learn or retain information effectively.

Participatory methodologies include:

- Small group activity
- Large group activity
- Small group discussion
- Large group discussion
- Brainstorm
- Role play

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- Case study
- Reflection journey
- Demonstration
- Facilitator presentation
- Picture story
- Peer teaching

LARGE GROUP DISCUSSION

A large group discussion is a dialogue between the facilitator and the whole group of participants, with participants responding to questions the facilitator has prepared ahead of time. During discussions, new questions may also surface. To start the discussion, the facilitator must give clear instructions. During the discussion, the facilitator must manage the discussion by keeping participants focused, eliciting participants' responses, and limiting participants who like to talk a lot.

To facilitate a large group discussion, what should you do?

- Set a time limit and keep track of time.
- Explain that participants who want to speak should raise their hands.
- Keep the discussion on target.
- · Keep the discussion moving and flowing.
- Encourage everyone to participate.
- Look around the room and make sure you call on everyone who raises her/his hand.
- Limit participants who like to talk a lot.
- Manage the flow of the discussion.
- If participants do not respond to a question, try asking the question a different way.
- Ask questions to encourage more responses to a question, for example: "What else?" "What other ideas do you have?"
- Wrap up the discussion; repeat and summarize main points.

What are the benefits of using large group discussions?

- Everyone has the chance to participate.
- Everyone hears everyone else's ideas.

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- Hearing many ideas can stimulate further discussion.
- Participants who do not feel comfortable speaking in a large group can participate by listening.

What are the challenges of using large group discussions?

- More talkative or assertive participants tend to dominate large group discussions.
- Shy or less-experienced participants may not feel comfortable speaking in a large group.
- Large group discussions can get off track if there are many competing ideas.

SMALL GROUP DISCUSSION

A small group discussion is a dialogue among a small group of participants (usually 3–6 participants per group), with participants responding to questions the facilitator has prepared ahead of time. During discussions, new questions may also surface. To start the discussion, the facilitator must give clear instructions before dividing participants into small groups. As small groups are discussing, the facilitator must circulate among the groups to make sure that they are keeping the discussion on target and eliciting all group members' participation.

To facilitate a small group discussion, what should you do?

- Before you divide participants into small groups, give clear instructions about what participants are expected to discuss. Writing and posting instructions on chart paper is a good way to do this.
- Instruct small groups to make sure that all group members participate.
- Ask small groups to choose a facilitator and timekeeper for their groups.
- Keep track of time and give small groups half-time, 5-minute, and 1-minute warnings.
- As small groups are working, move from group to group to make sure participants have understood the task and are making progress.

What are the benefits of using small group discussions?

- Many people feel more comfortable speaking and participating in a small group than in a large group, so small groups tend to elicit more ideas and participation from everyone.
- For sensitive topics, participants may share ideas in a small group that they would be reluctant to share in a large group.

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What are the challenges of using small group discussions?

- Effective small group discussion depends on group members facilitating and participating, and some small groups may do this better than others.
- Small group discussions may get off track if group members do not manage the discussion well.

REFLECTION JOURNEY

A reflection journey is guided thinking and reflection about personal experiences. Facilitators use reflection journeys to allow participants to think about experiences from the past or present – events, situations, people, or feelings – that are connected to the training topic. Reflection journeys work best when participants feel comfortable and safe and trust each other and the facilitator.

To facilitate a reflection journey, what should you do?

- Ask participants to relax and close their eyes.
- Use a short series of statements, questions, or a brief story to guide the reflection journey.
- Read each statement or question slowly and clearly, and pause for several seconds between each so that participants have time to think and reflect.
- Depending on the topic, a reflection journey can raise strong emotional reactions. The facilitator must be aware of this and respond sensitively.
- After a reflection journey, participants might want to write their thoughts or share their thoughts with a partner or the large group.

What are the benefits of using reflection journeys?

- Participants learn best if they can connect new information to their own experiences.
- Reflection journeys allow participants to think about their own experiences in an organized way.
- Reflection journeys can be used to introduce a topic, identify issues or challenges, or generate new ideas.

What are the challenges of using reflection journeys?

- Reflection journeys can raise strong emotions. It is important to be aware of this and respond sensitively.
- Participants who like to talk a lot may find it challenging to be quiet for several minutes.

INTRODUCTION

FACILITATOR PRESENTATION

The facilitator presents information by speaking to the whole group, sometimes using visuals such as slides, posters, pictures, or a flipchart. Facilitator presentations are a traditional teaching and training method. Most people who went to school are very familiar with facilitator presentations because most teachers in primary, secondary, and university-level classes teach in this way. Presentations work well for introducing new information, but they should be short and accompanied by visuals and discussion.

To do a facilitator presentation, what should you do?

- Prepare and organize your presentation ahead of time so that it is clear and easy to follow.
- Check any equipment (slide projector, flipchart) ahead of time to make sure it is working properly.
- Keep the presentation short, between 5 and 15 minutes if possible.
- Use simple, clear language that participants will understand.
- Use questions during the presentation to engage participants in the material you are presenting.
- Use open body language and a friendly, clear tone of voice.
- Watch participants during the presentation; if they look confused or bored, ask questions or move along more quickly.
- Move around the room as you present (if possible).
- Face participants when you are explaining a visual (do not face the visual).
- To wrap up your presentation, summarize and repeat the main points.

What are the benefits of using facilitator presentations?

- Presentations work well for introducing new information quickly and succinctly.
- Sometimes participants need to have new information presented before they can use or practice it.
- Most participants who went to school are familiar and comfortable with presentations.

What are the challenges of using facilitator presentations?

- Presentations are not as active or engaging as small groups, role plays, or other, more participatory activities.
- Sometimes participants stop paying attention.
- If the facilitator is not well-organized, participants will not learn the information effectively.

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BRAINSTORMING

Brainstorming is a method in which the facilitator asks a question or poses a problem and asks participants to give as many ideas as they can in response. Facilitators can use brainstorming with large or small groups. Brainstorming is a good way to quickly generate lots of new ideas. The purpose of brainstorming is not to get only 1 correct answer to the question or problem, but to generate as many ideas as possible.

To facilitate brainstorming, what should you do?

- Explain that the purpose of brainstorming is not to arrive at 1 correct answer, but to generate as many ideas as possible.
- During brainstorming, take 1 idea per participant, 1 at a time.
- Accept all ideas and do not judge or criticize any ideas.
- Encourage participants to let their ideas flow.
- Keep the pace lively.
- Encourage all participants to give ideas. Do not rely on a few participants to give all the ideas.
- One person should facilitate the brainstorming and another person should record the ideas.
- After the brainstorming, the facilitator and participants can use the list of ideas to address a problem, prioritize ideas, put ideas into categories, etc.
- For example, if participants have brainstormed possible solutions to a particular problem, the next steps may be to review each possible solution, choose the top 3 solutions (as a group), discuss them further, and perhaps finally choose the most appropriate solution.

What are the benefits of brainstorming?

- Participants quickly generate lots of ideas.
- Brainstorming can be engaging and energizing.
- Because there are no correct or incorrect answers, participants usually feel comfortable giving ideas.

What are the challenges of brainstorming?

- Some participants may offer ideas that are not appropriate.
- More talkative participants may dominate.

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ROLE PLAY

A role play is a brief, informal performance where participants act roles in order to show a particular situation and feel what it is like to be in those roles and situation. Role playing is informal – participants do not need to memorize "lines" or perform perfectly. The point is to illustrate a problem, situation, or idea with acting. Role plays give participants the opportunity to act a real-life situation and practice handling it. Participants can use role plays to illustrate ideas and information for patients and community members. Role plays also help participants learn and practice communication and counseling skills, empathetic behavior, and proper ways to approach community members. Role plays can be improvised and informal, or more formal, and can be done in small or large groups.

To facilitate a role play, what should you do?

- Plan enough time for participants to prepare and perform role plays.
- Explain clearly what the role play is, how participants will prepare, and what the role play should show.
- If participants are not familiar with role plays, model the role play to show how it is done.
- Set a time limit for role play performances and manage time well.
- Remind participants that role plays are not perfect performances, but rather
 opportunities to practice handling situations that participants encounter in
 reality. It is okay to make mistakes during a role play.
- After a role play performance, lead a discussion about the ideas shown in the role play. Focus the discussion on the important issues raised by the role play, not participants' acting skills.

What are the benefits of using role plays?

- Role plays engage participants and give them the opportunity to think, feel, and act.
- Role plays give participants a chance to practice skills in a safe setting and receive feedback.
- You can use 2 short role plays to show 1) the wrong way to handle a situation; and 2) the right way to handle a situation.
- Role plays can raise many issues and lead to useful discussions.

What are the challenges of using role plays?

- Role plays take a lot of time.
- Some participants may be uncomfortable performing in front of the group.

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• Participants may not be familiar with doing role plays.

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LARGE GROUP ACTIVITY

The facilitator leads the whole group in an activity together. Examples of large group activities include voting, sorting pictures, learning songs, etc. Large group activities often work best for groups of 10–25 participants, but with good planning and organization, facilitators can successfully lead large group activities with much larger groups.

To facilitate a large group activity, what should you do?

- Set a time limit and keep track of time.
- If participants need to move around the room during the activity, make sure that chairs and tables are moved away.
- Explain the activity clearly.
- Keep the activity moving along.
- Encourage everyone to participate.
- Highlight key points throughout the activity if appropriate.
- Wrap up the activity by repeating and summarizing its main points.

What are the benefits of using large group activities?

- Large group activities involve everyone and can be energizing.
- Large group activities require less intense participation than small group activities, and can be alternated with small group activities so that participants do not grow too tired.

What are the challenges of large group activities?

- Some participants may not participate as actively as they would in a smaller group.
- Large group activities require lots of energy from the facilitator.
- Large group activities can be challenging to manage if the group is very large.

SMALL GROUP ACTIVITY

The facilitator divides participants into small groups to do an activity. Examples of small group activities include small group discussions, case studies, planning role plays, solving problems, and looking at picture stories. Small groups allow each person to participate more than they would in a large group activity. Small group activities also help participants get to know each other and experience working with different people.



To facilitate a small group activity, what should you do?

- Explain the small group activity clearly.
- Tell small groups how they will share their small group work with the large group. For example, will they write information on chart paper to share with the group, report information orally, or perform a role play?
- Divide participants into small groups. Small groups of 4–6 participants work best, but some activities may require groups of 3, or larger groups of 10–12.
- Divide participants into small groups according to the task to be completed. For example, for gender-sensitive topics such as reproductive health, you might group men with men and women with women.
- If the topic does not require any particular kind of grouping, you can divide participants by asking them to count off, "1, 2, 3, 4, etc." Then group 1s together, 2s together, etc.
- Group participants so that they are not always working with people they know well. Counting off is a good way to do this.
- If the small group activity requires reading or writing, make sure that at least 1 participant in each group has sufficient literacy skills.
- Tell groups how much time they will have to work. Then help groups manage time by giving periodic time warnings, for example, a half-time warning, 5-minute warning, and a 1-minute warning. If you see that time is almost up and groups are not yet finished, you can allow groups more time to work if your schedule permits.
- While small groups are working, circulate around the room, observe the work to make sure that groups understand the task and are making progress, help, and answer questions as needed.
- Manage time during small group reports or presentations. For example, give
 each small group 5 minutes to present and a few minutes to respond to questions
 or comments.

What are the benefits of using small groups?

- Small groups allow everyone to participate more than in a large group.
- Many people feel more comfortable speaking in small groups.
- Small groups often enable more in-depth learning and discussion because everyone is engaged.

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What are the challenges of using small groups?

- Small group work takes more time than some other methods.
- Some small groups find it hard to work together or stay on task. If you observe a small group having difficulty, help them re-focus, give examples, explain the task again, etc.

CASE STUDY

A case study is a brief story or scenario that presents a realistic situation for participants to discuss and analyze. Case studies give participants the opportunity to use newly acquired knowledge to discuss, analyze, and solve problems related to the training topic. For example, a case study might describe a sick person's symptoms, and then ask participants to identify the symptoms and discuss what they would do for the sick person. Depending on the size of the group, case studies can be discussed and analyzed in pairs, small groups, or a large group. The goal of using case studies is to help participants generate possible solutions to issues that may arise in the course of their work.

To facilitate a case study, what should you do?

- Read the case study aloud (or ask a volunteer to read aloud) so that even participants with limited literacy skills will understand the case study.
- Explain clearly what participants should do with the case study (discuss the case study questions, or solve a problem represented in the case study, etc.).
- If you write your own case studies, make them simple. Write a short, realistic situation that is similar to situations that participants face. Give essential information. Do not include too many unnecessary details. Provide questions to guide participants in analyzing the case study.

What are the benefits of using case studies?

- Case studies give participants the opportunity to use information that they have learned in a realistic way.
- Case studies give participants the opportunity to practice handling problems that they might encounter during their work.

What are the challenges of using case studies?

- Case studies require problem-solving, which can be challenging and require more time than traditional presentations or simple discussions.
- Participants with limited literacy skills may be intimidated by case studies.

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DEMONSTRATION

The facilitator or an experienced participant shows and tells participants how to do something step by step, and then asks participants to practice the steps themselves. Examples of demonstrations might include how to use male and female condoms, how to mix infant formula, or how to mix Oral Rehydration Solution.

To do a demonstration, what should you do?

- Before the training, gather all the materials and equipment that you will use during the demonstration.
- Make sure that all the participants will be able to see the demonstration. Ask them to stand and move forward or gather around you, if needed.
- Explain each step slowly and clearly as you demonstrate it.
- Demonstrate 2 or 3 times if needed.
- After the demonstration, ask a volunteer to repeat the demonstration in front
 of the whole group. The facilitator and other participants can provide positive
 feedback and correct the volunteer if needed.
- Then divide participants into small groups or pairs and ask them to practice what you and the volunteer have just demonstrated.
- As participants are practicing, circulate around the room and help or answer questions as needed.

What are the benefits of using demonstrations?

- Demonstrations are the best way to teach hands-on skills.
- Demonstrations give participants the opportunity to practice a skill before they have to use it in real life.

What are the challenges of using demonstrations?

- In large groups, it may be challenging to do a demonstration that everyone will be able to see and hear well. If needed, divide large groups into 2 or 3 smaller groups and demonstrate to each of the smaller groups separately.
- In large groups, it may be challenging to gather enough materials and equipment for all pairs or small groups to practice at the same time. If this is the case, ask pairs or small groups to take turns until everyone has practiced.

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PICTURE STORY

A picture story is a short series of pictures that depict a story or situation. Picture stories usually do not contain words. Picture stories can be used to assess participants' knowledge or to identify issues or challenges related to a given topic.

To use a picture story, what should you do?

- Give clear instructions so that participants understand what they are supposed to do and how they should do it.
- Make sure that participants understand the sequencing of the pictures and how to "read" the story (for example, how to distinguish between a thought bubble and a speech bubble).
- After participants have "read" the story, lead a discussion by asking a set of guiding questions.

What are the benefits of using picture stories?

- Picture stories engage participants visually.
- Even participants with very limited literacy skills can "read" picture stories.

What are the challenges of using picture stories?

• If pictures are not clear, the picture story may not effectively convey content.

PEER TEACHING

The facilitator asks participants to learn content in small groups and then present it to their fellow participants (instead of the facilitator presenting the content). Participants may use slide or flipchart images during their presentations, or they may prepare information on chart paper.

What are the benefits of using peer teaching?

- Peer teaching helps participants to learn and remember information more effectively because they have to master it in order to teach it to others.
- Peer teachers often communicate information effectively to their fellow participants because they share the same background and experience.

What are the challenges of using peer teaching?

- Peer teaching takes more time than facilitator presentation because participants need time to prepare.
- If the content is not clear and simple, participants may have trouble understanding it well enough in order to teach it.
- Some participants may be uncomfortable presenting in front of the group.



ICEBREAKER

An icebreaker is a short activity used to help participants relax and get to know each other or get used to working together. Icebreakers are usually used at the beginning of trainings. They often use training themes or content. Examples of icebreakers are: asking participants to introduce the person next to them, describe what they like best about their work, or name expectations they have for the training.

To facilitate an icebreaker, what should you do?

- Explain the icebreaker instructions clearly.
- Give an example of what you would like participants to do during the icebreaker.
- Keep the pace moving.
- Keep the icebreaker short, no more than 15-20 minutes.
- Do not ask participants to share very personal information during icebreakers.

What are the benefits of using icebreakers?

- Icebreakers help to "break the ice" at the beginning of a training session.

 They help participants to relax, share something about themselves, and learn something about other participants.
- In groups where participants do not know each other well, icebreakers can help participants feel more comfortable with each other.

What are the challenges of using icebreakers?

- Shy participants may not feel comfortable introducing themselves in front of a large group.
- If the group is very large, icebreakers can take too much time. If your group is very large, consider dividing participants into small groups to do an icebreaker. Then small groups can each share 1 or 2 items with the large group if there is time.

ENERGIZER

An energizer is a short, fun, activity that involves physical movement. Energizers are used to raise participants' energy levels when they are tired or need a break after a long activity. Energizers do not have to be related to training content. Energizers can help to build rapport among participants because the activities are fun and involve interaction. Examples of energizers are dancing, singing, clapping, imitating a leader's movements, stretching, and physical games.

Facilitators should plan for at least 4 or 5 energizers per day of training. This manual does not include examples of energizers, but facilitators can find many good examples in 100 Ways to Energise Groups: Games to Use in Workshops, Meetings and the Community, by the



International HIV/AIDS Alliance, www.aidsalliance.org, published by Progression, www.progressiondesign.co.uk. Energizers can be very simple, for example, asking a participant to lead the group in a song or dance.

To facilitate an energizer, what should you do?

- Explain the energizer instructions clearly.
- Keep the pace moving quickly.
- Use humor and encourage laughter.
- Stop when enough energy has been generated, 5–10 minutes maximum.
- Use energizers frequently, at least every hour or so.
- Choose energizers that will not make participants uncomfortable or embarrassed. For example, do not choose energizers that involve touching other people if participants will be uncomfortable with this.
- Choose energizers that everyone will be able to do, for example, no complicated or difficult movements.
- Make sure that participants have enough space to do the energizer. Move chairs and tables away if needed.

What are the benefits of using energizers?

- Energizers raise participants' energy levels.
- Energizers help participants refocus and feel ready to learn more.
- Energizers make training fun.

What are the challenges of using energizers?

• If your group is very large, you may not have enough room to do certain types of energizers. Plan energizers that can be done in the space that you have.

GAMES

Training activities occasionally include games, usually to help participants review content they have already learned. The game usually requires dividing participants into teams, asking teams questions, and keeping score. If no game is provided in the Facilitator Manual, facilitators can prepare their own review games by creating lists of questions based on unit content.

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FACILITATION AND COMMUNICATION CHECKLIST
Uphold the principles of adult learning.
Be respectful.
Treat everyone equally.
Listen and observe.
Maintain good eye contact.
Use open and friendly body language.
Be flexible and adjust training sessions and approaches as needed.
Be patient, open, and approachable.
Encourage participation from all participants.
Give participants time to respond to questions.
When participants ask questions, take them seriously and respond promptly.
Give participants constructive, positive feedback.
Be aware of participants' interest, energy, and level of understanding.
Be honest. If you do not know the answer to a question, say so. Then tell the participant where she/he can get the information, or find the information after the training and give it to the participant later.
Be aware of participants' literacy levels and adjust activities accordingly.
Thank participants for their participation and effort.

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TRAINING PREPARATION AND LOGISTICS CHECKLIST

Be	Before the training				
	Identify when training will take place.				
	Identify where training will take place, and reserve and prepare the space.				
	Identify participants, inform them, and arrange for transportation, food, and lodging as needed.				
	Read all training materials thoroughly so that you are very familiar with training content and activities.				
	If you have questions about the training content, get them answered.				
	Complete all preparation for training activities (making photocopies, contacting guest speakers, gathering supplies for demonstrations, etc.).				
	Gather all supplies needed for the training (chart paper, tape, markers, supplies needed for demonstrations, AV equipment, etc.).				
	If you are working with another facilitator, decide ahead of time who will handle which parts of the training, and divide up the work accordingly.				
At	the start of the training				
	Make sure that all training materials are ready and that chairs and tables are arranged.				
	Welcome participants as they arrive for the training.				
	Welcome the whole group formally when everyone has arrived.				
	Review locations of bathrooms, water, the Anonymous Question Box, and other logistics.				
	Ask participants to introduce themselves.				
	Use an icebreaker to put participants at ease.				
	Brainstorm and establish ground rules for the training.				
	Review the training objectives and agenda.				
	Ask participants to name their hopes and expectations for the training.				
	Assign specific participants to help you with timekeeping, energizers, flipcharts, etc.				
	Give participants the Pre-Test, collect the tests, and correct them during a break.				
	CONTINUED >				

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TRAINING PREPARATION AND LOGISTICS CHECKLIST (CONTINUED)

Th	Throughout the training				
	Uphold the principles of adult learning.				
	Keep track of time and pace activities accordingly.				
	Provide drinks and food.				
	If the room is becoming hot or uncomfortable, arrange for fans, open windows, etc.				
	Write neatly and large enough so that everyone can see.				
	Position visuals so that everyone can see them.				
	Explain instructions clearly and repeat instructions as needed.				
	Use energizers and breaks to raise participants' energy levels.				
	Summarize the main points at the end of each activity.				
	Acknowledge and thank participants for their ideas and contributions.				
At	the end of the training				
	Thank participants for their participation and effort.				
	End with a final energizer and applause.				
	Give participants the Post-Test. Then give participants their corrected Pre- Tests and ask them to compare results. Collect and save all Pre- and Post-Tests.				
	Leave at least 15–20 minutes at the end for participants to evaluate the training.				
	Make sure that participants have all the training materials to take home.				
Aft	er the training				
	Make note of what worked well during the training, what did not work well, and what should be revised for future trainings.				
	Make note of challenges or problems that arose during the training that need to be addressed. For example, if during a training on malaria, participants raise the issue of home-based treatment supplies not being available, tell the appropriate staff members at the health center so that supplies can be obtained.				
	Review and record Pre- and Post-Test results and use them to inform future trainings as needed.				



ACCOMPAGNATEUR TRAINING SCHEDULE

This schedule outlines the suggested order for training sessions. The schedule is designed for 8 full days of training. The schedule does not include breaks or lunch; you should plan for at least 1 half-hour break, and 1 hour for lunch.

The schedule includes a half hour of review at the beginning of each day for Days 2 through 8. Review may be conducted as a game with teams of participants competing to answer questions, or as a general question-and-answer session. Review questions for each unit are located at the back of the Facilitator Manual. (See next page.)



DAY 1 – 5 hours of training sessions

Unit and Session	Content	Time	Methods
Unit 1	Unit Introduction to the Partners In Health Accompagnateur Training Course		
Session 1	Participant Introductions	45 minutes	Pair activityIcebreaker
Session 2	Introduction to the Course	45 minutes	Facilitator presentation
Session 3	sion 3 Ground Rules and Confidentiality		Brainstorm Facilitator presentation
Session 4	Pre-Test	45 minutes	• Assessment
Unit Introduction to Partners In Health			
Session 1	Partners In Health, Solidarity, and Human Rights	40 minutes	Pair activity Large group discussion
Session 2 Introduction to Partners In Health		30 minutes	Facilitator presentation
Session 3	Session 3 The Patient-Accompagnateur Relationship		• Reflection journey
Session 4 The Important Role of Accompagnateurs		30 minutes	• Case study



DAY 2 – 30 minutes of review, and 4 hours and 55 minutes of training sessions

Unit and Session	Content	Time	Methods
Review	Review of Day 1 Content	30 minutes	• Question and answer game
3	HIV and AIDS		
Session 1	HIV/AIDS and Germ Theory	20 minutes	Brainstorm
Session 2	What Is HIV/AIDS? 20 minutes • Facilitator president		Facilitator presentation
Session 3	Stages and Symptoms of HIV/AIDS	1 hour	• Peer teaching
Unit HIV/AIDS Prevention and Transmission			
Session 1 Transmission of HIV/AIDS		30 minutes	• Large group activity • Facilitator presentation
8		20 minutes	• Small group activity • Large group discussion
Session 3	Male and Female Condoms	1 hour	• Demonstration • Peer teaching
Session 4	Teaching Others about Transmission	30 minutes	Role play Large group discussion
Session 5 Health Center Referrals		55 minutes	Role play Large group discussion



DAY 3 – 30 minutes of review, and 5 hours and 20 minutes of training sessions

Unit and Session	Content	Time	Methods
Review	Review of Day 2 Content	30 minutes	• Question and answer game
5	Treatment of HIV/AIDS		
Session 1	Antiretroviral Medicines (ARVs)	1 hour	 Facilitator presentation Small group activity
Session 2	Supporting Adherence	30 minutes	Pair activityCase study
Unit 6	Side Effects of Antiretroviral Medicines		
Session 1	Side Effects of ARVs	1 hour and 15 minutes	• Large group activity • Picture story
Session 2	Side Effects Referrals	rals 35 • Case study minutes	
7	Women and HIV/AIDS		
Session 1	Women and HIV	30 minutes	Large group activity
Session 2	HIV and Pregnancy	1 hour	Role play Small group activity
Session 3	Follow-up after Delivery	30 minutes	• Role play

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DAY 4 – 30 minutes of review, and 5 hour and 45 minutes of training activities

Unit and			
Session	Content	Time	Methods
Review	Review of Day 3 Content	30	• Question and answer
100 110 11	neview of Bay o content	minutes	game
Unit			
7	Women and HIV/AIDS		
Session 4	Preparing Infant Formula	45	Demonstration
		minutes	• Large group discussion
Session 5	Post-Test 1	30	• Assessment
		minutes	
Unit	Sexually-Transmitted Infections		
8	(STIs)		
Session 1	Pre-Test 2	30	• Assessment
		minutes	
Session 2	Clinical Aspects of Sexually-	20 minutes	• Large group discussion
Transmitted Infections (STIs)		minutes	
Session 3	Treatment and Prevention of	40	• Picture story
	Sexually-Transmitted Infections (STIs)	minutes	
G		20	- D 1 1
Session 4	Social Aspects of Sexually- Transmitted Infections (STIs)	30 minutes	• Role play
11!4			
Unit	Negative Attitudes (Stigma) and		
9	Discrimination		
Session 1 Experiencing Negative Attitud		30	Reflection journey
	(Stigma) and Discrimination	minutes	
Session 2 Definitions, Causes, and Effects		1 hour	• Large group discussion
	of Negative Attitudes (Stigma)	and 15 minutes	
	and Discrimination		
Session 3	Preventing Negative Attitudes	. 45	• Pair activity
	(Stigma) and Discrimination	minutes	• Large group discussion

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DAY 5 – 30 minutes of review, and 5 hours and 30 minutes of training sessions

Unit and Session	Content	Time	Methods
Review	Review of Day 4 Content	30 minutes	• Question and answer game
Unit Negative Attitudes (Stigma) and Discrimination			
Session 4	Evaluation of Negative Attitudes (Stigma) and Discrimination	1 hour	• Case study
Unit 10	Effective Communication and Psychological and Social Issues		
Session 1	Impact of HIV/AIDS	1 hour and 45 minutes	Small group activity Large group discussion
Session 2	Sion 2 Effective Communication 1 hour and 10 minutes • Role play		• Role play
Session 3	Providing Psychological and Social Support	1 hour and 15 minutes	• Role play
Session 4	Post-Test 2	30 minutes	• Assessment



DAY 6 – 30 minutes of review, and 4 hours and 45 minutes of training sessions

Unit and Session	Content	Time	Methods
Review	Review of Day 5 Content	30 minutes	• Question and answer game
Unit 11	Tuberculosis (TB)		
Session 1	Pre-Test 3	30 minutes	• Assessment
Session 2	Transmission, Diagnosis, and Groups at Risk	 30 minutes Facilitator presen 	
Session 3	Symptoms of TB	oms of TB 15 minutes • Large group ac	
Session 4	Preventing TB	30 minutes	• Picture story
Unit 12	TB Treatment and Side Effects		
Session 1	TB Treatment	45 minutes	 Facilitator presentation Large group discussion
Session 2	Identifying TB Side Effects	35 minutes	 Pair activity Large group activity
Session 3	Counseling Patients with TB	40 minutes	• Role play
^{Unit} 13	Roles and Responsibilities of an Accompagnateur		
Session 1	Accompagnateur Responsibilities	1 hour	Panel discussion



DAY 7 – 30 minutes of review, and 4 hours and 30 minutes of training sessions

Unit and Session	Content	Time	Methods
Review of Day 5 Content		30 minutes	• Question and answer game
13 Roles and Responsibilities of an Accompagnateur			
Session 2	Noticing Needs	1 hour	Small group activity
Session 3	Orientation to Health Center and Staff	1 hour	• Large group activity
Session 4	Session 4 Accompagnateur Forms		Demonstration
Unit Challenges Faced by the Accompagnateur			
Session 1	What We Have in Common	30 minutes	• Large group activity • Large group discussion
Session 2 Identifying and Handling Challenges		1 hour	Panel discussion



DAY 8 – 30 minutes of review, and 5 hours and 10 minutes of training sessions

Unit and Session	Content	Time	Methods	
Review	Review of Day 6 Content	30 minutes	• Question and answer game	
Unit 14	Challenges Faced by the			
Session 3	Support for Accompagnateurs	1 hour and 10 minutes	Small group discussion	
15	Summary and Evaluation			
Session 1	Being an Accompagnateur	1 hour and 30 minutes	Role play Small group activity	
Session 2	Post-Test 3	45 minutes	• Assessment	
Session 3	An Accompagnateur Pledge	1 hour and 15 minutes • Large group discuss • Small group activity		
Session 4	Evaluation and Feedback	30 minutes	Large group discussion Written evaluation	



Introduction to the Partners in Health Accompagnateur Training Course



OVERVIEW

The aim of this unit is to provide a framework for the training so that participants know what to expect. This unit sets the tone for the training by establishing ground rules and creating a collaborative and respectful learning environment. This unit is designed to help participants begin to develop positive, trusting relationships with fellow participants that will sustain them in their roles as accompagnateurs. Participants will also assess their knowledge by taking a pre-test.



OBJECTIVES

By the end of the unit, participants 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.** Descibe the importance of confidentiality, both of patient information and information shared during the training.



TIME REQUIRED: 2 hours and 45 minutes



UNIT OVERVIEW

Session	Content	Methods	Time	Materials
1	Each participant meets a new partner and then introduces their partner to the group.	Pair activity Icebreaker	45 minutes	 Chart paper Markers Tape
2	The facilitator reviews the goals and schedule of training and explains the Accompagnateur Handbook.	Facilitator presentation	45 minutes	 Slide or flipchart presentation AV equipment (if using slides) Schedule of activities Accompagnateur Handbook
3	Participants discuss and decide upon ground rules for the training.	Brainstorm Facilitator presentation	30 minutes	 Chart paper Markers Tape
4	Participants assess their prior knowledge.	Assessment	45 minutes	Pencils or pensPhotocopies of Pre-Test 1



TIP: Encourage everyone to contribute frequently to the discussions and exercises. Try to learn everyone's name and encourage participants to do the same. Encourage the participants to ask questions at any time throughout the course.



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.

SESSION 1 PARTICIPANT INTRODUCTIONS



Methods: Pair activity and Icebreaker



Time: 45 minutes



Objective

Participants will be able to:

a. Recognize the facilitator(s) and fellow participants.



Preparation

• Write the 4 questions from Step 4 below on a sheet of chart paper and hang the sheet where participants will be able to see it.



Materials

- Chart paper
- Markers
- Tape



TIP: If there is an odd number of participants, ask 1 person to be your partner and ask each other the same questions. If participants have already been working as accompagnateurs, change the 3rd question in step 4 questions to: What do you like best about being an accompagnateur?



STEPS



5 minutes

- **1.** Greet participants and introduce yourself.
- **2.** Welcome participants to the 8-day Accompagnateur Training and tell them that to start, they will do an activity that will help everybody get to know each other better.

- **3.** Tell participants that they will work in pairs and have 10 minutes to get to know their partners, after which they will have to introduce each other to the group.
- **4.** Post the questions you prepared and ask pairs to discuss them:
 - What is your name?
 - Where do you live?
 - Why do you want to be an accompagnateur?
 - What do you hope to learn during this training?
- **5.** As an example, briefly state your name, where you live, what you do during the day, and how you got interested in medicine and public health.



10 minutes

- **6.** Ask everyone to get up and find someone that they do not already know. One person should immediately start asking the other person questions. Remind them that they will each have 5 minutes to ask questions.
- **7.** After 4 minutes, tell participants that they have only 1 minute left until they switch and the person who was answering the questions will have to ask them of the other person. At 5 minutes, ask them to switch. When they only have 1 minute left, tell them that time is almost up.



30 minutes

- **8.** Gather everyone together again and ask each participant to introduce his or her partner to the group.
- **9.** As participants share what they hope to learn in the course, write their comments on chart paper.
- **10.** Tell participants that they will look at these comments during the next session.

SESSION 2 INTRODUCTION TO THE COURSE



Method: Facilitator presentation



Time: 45 minutes



Objectives

Participants will be able to:

- **b.** Describe the key topics to be covered throughout the training.
- **c.** Use the Accompagnateur Handbook, including the Table of Contents, graphics, and objectives.



Preparation

- Look through the Accompagnateur Handbook Unit 3 beforehand to identify page numbers so that you can orient participants to the handbook.
- Review the training schedule on pages xxxix-xlvi of the Facilitator Manual.
- If your schedule will be different from the schedule on pages xxxix–xlvi, type a revised schedule.
- Photocopy the schedule on pages xxxix—xlvi or your revised schedule for participants, or write the schedule on chart paper.



Materials

- Accompagnateur Handbooks for all participants
- Training schedule (photocopied or written on chart paper)
- Chart paper
- Markers
- Tape
- Slide or flipchart presentation
- AV equipment (if using slides)



STEPS



10 minutes

1. Use the slide or flipchart presentation to present the information in Steps 2 through 8 below.



Introduction to Accompagnateur Training

Welcome participants to the Partners In Health Accompagnateur Training.



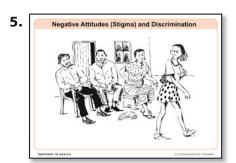
The Role of Accompagnateurs

Say: 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.



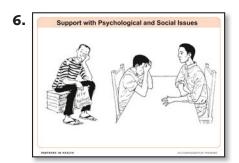
Communication Skills

Say: 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.



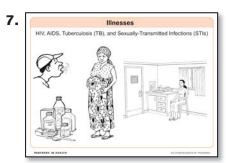
Negative Attitudes (Stigma) and Discrimination

Say: 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

Say: 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)

Say: 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.

8 - Information and Support Network for Accompagnateurs

Information and Support Network for Accompagnateurs

Say: 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.



10 minutes

9. Give participants copies of the training schedule or post the schedule you prepared on the wall for all participants to see. Tell participants how frequent and how long breaks are. Review any outstanding general information or administrative issues, tell participants where and when lunch will be served, and give them a chance to ask other questions about logistics. If there are any issues that will take too much time to clear up, tell participants you will answer them as soon as possible, but keep moving with the unit.



10 minutes

10.



Aims of Accompagnateur Training

Say: 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

Ask:

- How do the stated aims and topics of the course compare with what you expected (the expectations written on chart paper from the previous activity)?
- Do you think the training is missing something important? What?
- What other comments or questions do you have about the general objectives of this training?
- **11.** If there are topics that participants would like to learn more about, but are not covered in this course, discuss potential times and ways for them to get more information.



15 minutes

- 12. Hold up the Anonymous Question Box. Explain that at any point during the day, participants are welcome to write down any questions they may have and put them in the box. They do not have to put their names on their questions, and they should feel free to ask about anything. At the end of each day, you will review questions from the Anonymous Question Box with the group.
- 13. Explain that the Accompagnateur Handbook includes all the visuals from the presentations and all the information that participants will be learning over the next 8 days. Tell participants that they should bring their handbook to every session. Point out that the handbook will also help them do their jobs as accompagnateurs; if they ever have questions about something they learned during this training, they can consult their handbook for answers.
- **14.** Give participants the Accompagnateur Handbook. Orient participants to the handbook's layout and how to use the handbook by asking them to turn to the Table of Contents of the handbook. Ask what page Unit 3 starts on (page XX). Ask participants to turn to Unit 3 and review the objectives, key points, and so on.
- **15.** Encourage participants to look over the Accompagnateur Handbook each morning before the sessions start, and to review the material again that evening. This will help them to remember information better and to learn how to use the handbook as a resource.
- **16.** Explain that there is space for participants to take notes when they are reviewing the material at home. Have them turn to page XX as an example.
- 17. Ask participants if they have any questions and answer them accordingly.

TRAINING SCHEDULE



DAY 1 – 5 hours of training sessions

Unit and Session	Content	Time	Methods
Unit 1	Introduction to the Partners In Health Accompagnateur Training Course		
Session 1	Participant Introductions	45 minutes	Pair activity Icebreaker
Session 2	Introduction to the Course	45 minutes	Facilitator presentation
Session 3	Ground Rules and Confidentiality	30 minutes	Brainstorm Facilitator presentation
Session 4	Pre-Test	45 minutes	• Assessment
Unit 2	Introduction to Partners In Health		
Session 1	Partners In Health, Solidarity, and Human Rights	40 minutes	Pair activity Large group discussion
Session 2	Introduction to Partners In Health	30 minutes	Facilitator presentation
Session 3	The Patient-Accompagnateur Relationship	35 minutes	• Reflection journey
Session 4	The Important Role of Accompagnateurs	30 minutes	• Case study



DAY 2 – 30 minutes of review, and 4 hours and 55 minutes of training sessions

Unit and Session	Content	Time	Methods	
Review	Review of Day 1 Content	30 minutes	• Question and answer game	
3	HIV and AIDS			
Session 1	HIV/AIDS and Germ Theory	20 minutes	Brainstorm	
Session 2	What Is HIV/AIDS?	20 minutes	Facilitator presentation	
Session 3	Stages and Symptoms of HIV/AIDS	1 hour	• Peer teaching	
Unit 4	HIV/AIDS Prevention and Transmission			
Session 1	Transmission of HIV/AIDS	30 minutes	 Large group activity Facilitator presentation	
Session 2	HIV Testing and Prevention	20 minutes	Small group activityLarge group discussion	
Session 3	Male and Female Condoms	1 hour	• Demonstration • Peer teaching	
Session 4	Teaching Others about Transmission	30 minutes	Role play Large group discussion	
Session 5	Health Center Referrals	55 minutes	• Role play • Large group discussion	



DAY 3 – 30 minutes of review, and 5 hours and 20 minutes of training sessions

Unit and Session	Content	Time	Methods
Review	Review of Day 2 Content	30 minutes	• Question and answer game
5	Treatment of HIV/AIDS		
Session 1	Antiretroviral Medicines (ARVs)	1 hour	 Facilitator presentation Small group activity
Session 2	Supporting Adherence	30 minutes	Pair activityCase study
Unit 6	Side Effects of Antiretroviral Medicines		
Session 1	Side Effects of ARVs	1 hour and 15 minutes	• Large group activity • Picture story
Session 2	Side Effects Referrals	35 minutes	• Case study
7	Women and HIV/AIDS		
Session 1	Women and HIV	30 minutes	Large group activity
Session 2	HIV and Pregnancy	1 hour	Role play Small group activity
Session 3	Follow-up after Delivery	30 minutes	• Role play



DAY 4 – 30 minutes of review, and 5 hour and 45 minutes of training activities

Unit and				
Session	Content	Time	Methods	
Review	Review of Day 3 Content	30 minutes	• Question and answer game	
7	Women and HIV/AIDS			
Session 4	Preparing Infant Formula	45 minutes	Demonstration Large group discussion	
Session 5	Post-Test 1	30 minutes	• Assessment	
Unit 8	Sexually-Transmitted Infections (STIs)			
Session 1	Pre-Test 2	30 minutes	• Assessment	
Session 2	Clinical Aspects of Sexually- Transmitted Infections (STIs)	20 minutes	• Large group discussion	
Session 3	Treatment and Prevention of Sexually-Transmitted Infections (STIs)	40 minutes	• Picture story	
Session 4	Social Aspects of Sexually- Transmitted Infections (STIs)	30 minutes	• Role play	
Unit 9	Negative Attitudes (Stigma) and Discrimination			
Session 1	Experiencing Negative Attitudes (Stigma) and Discrimination	30 minutes	Reflection journey	
Session 2	Definitions, Causes, and Effects of Negative Attitudes (Stigma) and Discrimination	1 hour and 15 minutes	• Large group discussion	
Session 3	Preventing Negative Attitudes (Stigma) and Discrimination	45 minutes	Pair activity Large group discussion	



DAY 5 – 30 minutes of review, and 5 hours and 30 minutes of training sessions

Unit and Session	Content	Time	Methods
Review	Review of Day 4 Content	30 minutes	• Question and answer game
Unit 9	Negative Attitudes (Stigma) and Discrimination		
Session 4	Evaluation of Negative Attitudes (Stigma) and Discrimination	1 hour	• Case study
10	Effective Communication and Psychological and Social Issues		
Session 1	Impact of HIV/AIDS	1 hour and 45 minutes	Small group activity Large group discussion
Session 2	Effective Communication	1 hour and 10 minutes	• Role play
Session 3	Providing Psychological and Social Support	1 hour and 15 minutes	• Role play
Session 4	Post-Test 2	30 minutes	• Assessment



DAY 6 – 30 minutes of review, and 4 hours and 45 minutes of training sessions

Unit and Session	Content	Time	Methods	
Review	Review of Day 5 Content	30 minutes	• Question and answer game	
Unit 11	Tuberculosis (TB)			
Session 1	Pre-Test 3	30 minutes	• Assessment	
Session 2	Transmission, Diagnosis, and Groups at Risk	30 minutes	Brainstorm Facilitator presentation	
Session 3	Symptoms of TB	15 minutes	• Large group activity	
Session 4	Preventing TB	30 minutes	• Picture story	
12	TB Treatment and Side Effects			
Session 1	TB Treatment	45 minutes	 Facilitator presentation Large group discussion	
Session 2	Identifying TB Side Effects	35 minutes	Pair activityLarge group activity	
Session 3	Counseling Patients with TB	40 minutes	• Role play	
13	Roles and Responsibilities of an Accompagnateur			
Session 1	Accompagnateur Responsibilities	1 hour	• Panel discussion	



DAY 7 – 30 minutes of review, and 4 hours and 30 minutes of training sessions

Unit and Session	Content	Time	Methods	
Review	Review of Day 5 Content	30 minutes	• Question and answer game	
13	Roles and Responsibilities of an Accompagnateur			
Session 2	Noticing Needs	1 hour	Small group activity	
Session 3	Orientation to Health Center and Staff	1 hour	• Large group activity	
Session 4	Accompagnateur Forms	1 hour	Demonstration	
Unit 14	Challenges Faced by the Accompagnateur			
Session 1	What We Have in Common	30 minutes	 Large group activity Large group discussion	
Session 2	Identifying and Handling Challenges	1 hour	Panel discussion	



DAY 8 – 30 minutes of review, and 5 hours and 10 minutes of training sessions

Unit and Session	Content	Time	Methods	
Review	Review of Day 6 Content	30 minutes	• Question and answer game	
14	Challenges Faced by the Accompagnateur			
Session 3	Support for Accompagnateurs	1 hour and 10 minutes	Small group discussion	
15	Summary and Evaluation			
Session 1	Being an Accompagnateur	1 hour and 30 minutes	Role playSmall group activity	
Session 2	Post-Test 3	45 minutes	• Assessment	
Session 3	An Accompagnateur Pledge	1 hour and 15 minutes	Large group discussionSmall group activity	
Session 4	Evaluation and Feedback	30 minutes	 Large group discussion Written evaluation	

SESSION 3 GROUND RULES AND CONFIDENTIALITY



Methods: Brainstorm and Facilitator presentation



Time: 30 minutes



Objectives

Participants will be able to:

- **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.



Preparation

• Review the sample ground rules in step 4 below and make a note of additional rules if needed.



Materials

- Chart paper
- Markers
- Tape



STEPS



25 minutes

- **1.** Tell participants that for the training to be effective, the group will agree on some ground rules. Ground rules are rules that will help the training run smoothly, maximize learning, encourage participation, and make participants feel welcome and respected.
- **2.** Ask participants to brainstorm a brief list of ground rules. As people name rules, write them in large letters on a sheet of chart paper.
- **3.** Make sure each participant offers only 1 idea, and that everyone who wants to speak gets a chance.

- **4.** After the brainstorm, add the following rules if they are not already on the list:
 - Punctuality
 - Confidentiality
 - Participation in discussions and activities
 - Respect for different opinions
- **5.** Hang the sheet of ground rules on the wall for the rest of the training.



5 minutes

6. Explain the concept and importance of confidentiality. Tell participants:

As you know, confidentiality is an important requirement of the accompagnateur's job. You must keep everything that community members tell you and everything you know about their medical conditions **confidential.** You should only share such information with the person's doctors and nurses. You should not share this information even with the person's spouse, siblings, or children, or with your own spouses, siblings, or children.

Some of you may need to share information about your assigned households during the training or ask questions about specific cases. You must share or ask in a way that maintains confidentiality. For example, do not use the person's name, say where she or he lives, or give any other information that would reveal the person's identity. Everyone in this room must do this. Also, you must not talk about confidential information outside of this training.

7. Ask:

• What could happen if you told confidential medical information about 1 of your households to someone else?

(The person might be discriminated against, the person would not trust you anymore, the person would not want to share important healthrelated information with you anymore, etc.)

 How would you feel if someone shared confidential information about you with other people?

(You would feel betrayed, you would not trust that person, you would not feel safe telling them anything else, etc.)

8. Tell participants:

Confidentiality is one of the most important parts of being an accompagnateur.

9. Remind participants that they can use the Anonymous Question Box for questions about particular cases or any other issue. This will help to maintain confidentiality.

SESSION 4 PRE-TEST



Method: Assessment



Time: 45 minutes



Objectives

Participants will be able to:

• Assess prior knowledge of the training topic



Preparation

• Review the pre-test questions.



Materials

- Pencils or pens for all participants
- Photocopies of Pre-Test 1 for all participants



TIP: Explain the pre-test carefully in case some participants are not familiar with taking tests.



STEPS



45 minutes

- **1.** Explain that participants will now take a "pre-test." The purpose of this pre-test is not to judge participants, but rather to better understand what participants already know, to make sure this training addresses their needs. The pre-test will also help assess the effectiveness of this training and improve it for future trainings.
- **2.** Give each participant a photocopy of Pre-Test 1.
- **3.** Before the pre-test, ask participants to complete the information on the top of each page of the test and give it to you. If a participant does not know the exact date the became a CHW, tell him or her to write the year that he or she became a CHW and record the day as "30" and the month as "b."

- **4.** Explain that you will read aloud some questions about the training topic. Participants will answer the questions by circling the best response for each question on their pre-test.
- **5.** Tell participants that if they do not know the answer to a question, they should leave it unanswered.
- **6.** Explain that you will do the first question together.
- **7.** Read the first question and possible answers aloud. Ask a volunteer to answer, or answer it yourself. Explain that, to answer this question, participants should circle that answer on their papers.
- **8.** Walk quickly around the room and check to make sure that participants have marked the answer to the first question correctly.
- **9.** Read the rest of the pre-test questions and possible answers aloud slowly, 1 at a time. Repeat questions as needed. After you read each question, give participants time to circle the answer.
- **10.** Explain that at the end of this training, participants will take this test again to see how much they have learned. You will review the correct answers then.



TIP: Correct the pre-tests during a break, since you will need to give them back for the participants after they take the post-test. For any incorrect answer, underline the correct answer so that the participants will see the difference between their wrong answers and the correct answers.

PRE-TEST 1 ANSWER KEY Date: _ ID# Trainer: _____ Health Center: _____

Circle "true" or "false" for the following questions:

When did you become a community health worker?_

**The trainer is a man.		
	True	False
1. Anyone can get HIV, even babies, young	\odot	
women, old men, and doctors.	<u>True</u>	False
2. You can get HIV by shaking hands with	\odot	
someone who has HIV.	True	<u>False</u>
3. Antiretroviral medicine kills HIV forever and	\odot	
cures patients.	True	<u>False</u>
4. HIV/AIDS is a life-long disease. Once it	\odot	
enters the body it never leaves.	<u>True</u>	False
5. All pregnant women who have not been tested for HIV should be referred to a health	\odot	6
center and tested.	<u>True</u>	False
6. A person can have HIV and not show any	\odot	
symptoms.	<u>True</u>	False

7.	HIV tests are inaccurate within the first 4 to 12 weeks of infection.	\odot	
		<u>True</u>	False
8.	Women are more vulnerable than men to HIV.	\odot	
		<u>True</u>	False
9.	HIV-positive pregnant women should deliver their babies at home to avoid passing HIV on	\odot	
	to their babies.	True	<u>False</u>

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

NOTES	



UNIT 2 Introduction to Partners In Health



OVERVIEW

The aim of this unit is to introduce participants to 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. Accompagnateurs 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. This unit should create a sense of excitement and purpose among participants. They are joining a network of over 15,000 employees in 14 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, participants 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.



TIME REQUIRED: 2 hours and 45 minutes



UNIT OVERVIEW

Session	Content	Methods	Time	Materials
1	Participants discuss the goals of PIH and human rights.	Pair activity Large group discussion	40 minutes	• Chart paper • Markers • Tape
2	Participants learn about the mission and vision of PIH.	Facilitator presentation	30 minutes	Slide or flipchart presentationAV equipment (if using slides)
3	Participants discuss the qualities of good accompagnateurs.	Reflection journey	35 minutes	 Chart paper Markers Tape
4	Participants hear patient stories and discuss the importance of accompagnateurs.	Case study	30 minutes	 Slide or flipchart presentation AV equipment (if using slides)



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.

SESSION 1 PARTNERS IN HEALTH, SOLIDARITY, AND HUMAN RIGHTS



Methods: Pair activity and Large group discussion



Time: 40 minutes



Objectives

Participants 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.



Preparation

- Write the 3 questions from Step 3 on a piece of chart paper and post them where everyone can see.
- Write this definition of human rights on a sheet of chart paper:

What is a human right? A human right is a right to which ALL people are entitled, regardless of race, ethnicity, age, religion, gender, political opinion, birth, or social status. Human rights set standards that people need to live in dignity. Human rights are equal and universal for all people.



Materials

- Chart paper
- Markers
- Tape



STEPS



10 minutes

1. Ask participants to pair up with the person next to them. Explain that this unit explores the mission and vision of PIH and what the organization hopes to accomplish around the world.

- **2.** Post the 3 questions you prepared and ask a volunteer to read them aloud:
 - What do you already know about PIH?
 - What does a person need to be healthy?
 - What is solidarity? What does it mean to be in solidarity with the sick and poor?
- **3.** Ask pairs to think about and answer the questions. They can either write down their responses or just keep them in mind. Give pairs 5 minutes to work.
- **4.** Gather the large group together again. Repeat the questions and solicit responses by asking the first pair to give 1 of their answers and the next pair to give another answer, and so on, until all of the ideas have been shared without repetition.



15 minutes

5. As the pairs offer their ideas about the questions, write down key points and main ideas on a piece of chart paper. These points will be discussed and clarified after the flipchart or slide presentation in Session 2.



15 minutes

6. Tell participants:

Remember that you work as part of a health care system that has a human rights-based approach to health care. This means that part of your work is to help community members to live in dignity, achieve good health, and secure basic human rights.

Let us review this idea for a moment.

7. Ask participants:

What is a human right? What does it mean to have human rights? (*Take a few volunteer responses*.)

8. Post the definition of human rights that you prepared and read it aloud or ask a volunteer to read:

What is a human right?

A human right is a right to which ALL people are entitled, regardless of race, ethnicity, age, religion, gender, political opinion, birth, or social status. Human rights set standards that people need to live in dignity. Human rights are equal and universal for all people.

9. Ask participants to think about their own experiences and those people in their communities.

Ask: What are some examples of human rights? In other words, what are some examples of things or conditions that all people need in order to live freely and with dignity? (Invite participants to think about their own lives and those of their neighbors in order to help them think of examples of human rights. If participants have trouble naming examples, give 1 or 2 examples to start the brainstorm.)

Examples of human rights include the right to:
(Be free from slavery)
(Think and express oneself freely)
(Not be tortured or treated cruelly)
(Participate in one's government (voting, etc.))
(Own property)
(Have a standard of living adequate for the health and well-being of oneself and of one's family, including the right to good medical care)
(Get an education)
(Live freely and be safe from harm)

10. Tell participants:

All people have the right to adequate food, housing, and medical care. All people have the right to receive an education. All people have the right to these things in order to achieve health and well-being. This includes men, women, boys, and girls.

But sometimes in our communities and our nation, people are denied these basic human rights. They may not have enough food, or a good house, or enough education, or adequate medical care. They may not have good health and well-being.

11. Ask participants:

As accompagnateurs, what can you do to help people achieve these human rights and live in dignity?

(Serve as the link between the health center and communities so that people can access health care.)

(Provide medicine and support to people with HIV and tuberculosis.)

(Help poor patients to get food and housing support.)

(Participants may name other ideas.)

SESSION 2 INTRODUCTION TO PARTNERS IN HEALTH



Method: Facilitator presentation



Time: 40 minutes



Objectives

Participants 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.



Materials

- Slide or flipchart presentation
- AV equipment (if using slides)
- Chart paper with key ideas recorded from Unit 2, Session 1



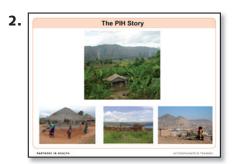
STEPS



20 minutes

1. Tell participants:

This presentation is about the mission and vision of PIH. We will discuss how we started and where we work now. Feel free to ask questions at any time and make sure to stop me if there is anything you do not understand.



The PIH Story

Say: 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 15,000 employees. Today, PIH works in 14 different countries all around the world.



PIH around the World

Say: 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. These offices support all the other projects.



PIH in Action

Say: 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

Say: 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.



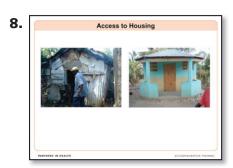
Health Facility Improvements

Say: 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

Say: 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

Say: 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

Say: 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

Say: 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

Say: 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.

12. Tell participants:

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.

13.



Accompagnateurs

Say: 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.



10 minutes

- **14.** Refer to the chart paper with comments the participants had made during Session 1. Ask participants:
 - What did you learn about PIH and human rights that you did not already know?

(Take volunteer responses.)

 How do accompagnateurs improve the health of patients and communities?

(Take volunteer responses.)

- What does it mean to be in solidarity with the poor?

 (To be in solidarity with the poor, you must walk with the poor; listen to them; provide support; help them to understand the causes of their poverty and illness; help them gain access to health care, food, water, etc.; be advocates for the poor notice what the poor need and speak up about it.)
- **15.** Ask for additional questions or comments.

SESSION 3 THE PATIENT-ACCOMPAGNATEUR RELATIONSHIP



Method: Reflection journey



Time: 35 minutes



Objectives

Participants will be able to:

- **d.** Describe the importance of accompagnateurs to the Partners In Health (PIH) model and in the community.
- e. Explain how accompagnateurs are chosen.
- **f.** Describe important qualities of the patient-accompagnateur relationship.



Materials

- Chart paper
- Markers
- Tape



STEPS



5 minutes

- **1.** Tell participants that the relationships they form with their patients have to be very strong in order to work they will visit their patients at least once every day, and their patients need to trust them with private information about their bodies, their fears, and their needs. It is essential that accompagnateurs be non-judgmental and respectful so that their patients can feel comfortable around them.
- **2.** Tell participants to think about a time in their lives when they were really sick. Ask them to close their eyes as you slowly ask the following questions:
 - Were you alone when you were sick?
 - Did you want to be alone?
 - Who did you want to be with you?
 - What help did you need?

- Who helped you?
- Did you have medicine to take?
- Who helped you take your medicine and took care of you?
- Did you feel vulnerable? Why?



10 minutes

3. Tell participants that they can open their eyes. Ask if some participants would like to share what they thought about and how they felt.

4. Ask participants:

Why do you think we did this exercise?

(Take a few volunteer responses.)

5. Tell participants:

It can be frightening to be sick, especially when you are alone. Part of the job of an accompagnateur is to ease the fears of patients and make them feel more comfortable.

Accompagnateurs see their patients every day to give them support and help them take their medicines, so they are a very important link between the health center and the patient. If the patient is not feeling well, it is the accompagnateur's job to make sure the patient gets to the health center. If the patient has a question about a symptom, it is the accompagnateur's job to help.



10 minutes

6. Ask participants:

What attributes do you think an accompagnateur should have so that patients will trust them? (Ask experienced accompagnateurs what qualities they have noted to be especially important in their work. Are there certain accompagnateurs they look up to? What about those accompagnateurs is so admirable? What qualities do they possess?)

(Take volunteer responses, for example, it is important for accompagnateurs to be respectful so that their patients feel comfortable asking them questions and telling them about their symptoms.)

- **7.** Accept participants' suggestions about those attributes, and write them on a piece of chart paper. Add the following attributes if participants do not suggest them:
 - Responsible
 - Trustworthy
 - Non-judgmental
 - Empathetic
 - Respectful
 - Someone who can express solidarity who can walk with people who are suffering



10 minutes

8. Ask participants:

What do you know about the process of choosing accompagnateurs? Who can be an accompagnateur?

- **9.** Write responses on chart paper and add the following information as needed. Then ask "why" for each item:
 - Accompagnateurs should live close to the patient. Why? (Accompagnateurs must visit patients every day, etc.)
 - Accompagnateurs should come from the same community as the patient or have lived in that community for at least 2 years. Why? (Accompagnateurs must be familiar to and trusted by community members, etc.)
 - Accompagnateurs should know how to read and write. Why?

 (Accompagnateurs must keep written records and read information from the health center, etc.)
 - Accompagnateurs have to be accepted and trusted by the patient.
 Why?

(Patients may have to share personal, confidential information, etc.)



TIP: You may need to add other selection criteria for accompagnateurs based on the specific requirements of your site.

10. Summarize by telling participants:

Being an accompagnateur is a very important job. Doctors, nurses, and patients all rely on accompagnateurs to be the link between the community and the health center – to notice symptoms of disease, to refer sick people to the health center, to answer patients' questions, to support patients in taking their medicines by visiting them every day, to give information to doctors about patients, to provide support and companionship to patients, and to stand in solidarity with patients. You will learn more about the roles and responsibilities of accompagnateurs throughout this training.

SESSION 4 THE IMPORTANT ROLE OF ACCOMPAGNATEURS



Method: Case study



Time: 30 minutes



Objectives

Participants will be able to:

- **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 in the community.



Materials

- Slide or flipchart presentation
- AV equipment (if using slides)



STEPS



15 minutes

1. Explain to participants that accompagnateurs can save lives by finding people in the community who need help and getting them to the health center. In this session, participants will hear the stories of real patients whom accompagnateurs have helped at various PIH sites.





Joseph Jeune

Say: 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.

Ask:

- Do you think Joseph can survive?
- How do you think Joseph got to this point?
 (Lack of food; poverty; lack of information about how HIV and tuberculosis are transmitted and prevented.)
- What does Joseph need?
 (Medicine, food, and an accompagnateur.)
- Why do you think Joseph did not visit the health center?

 (He was too sick to travel; his family thought they were too poor to afford health center fees.)
- Who can help Joseph?
 (Doctors, nurses, social workers, or an accompagnateur.)
- What would you do, as an accompagnateur, if you visited Joseph?

 (Arrange to have Joseph brought to the health center; tell doctors and nurses about Joseph's condition and where he lived.)



Joseph Jeune, Today

Say: 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."

Ask:

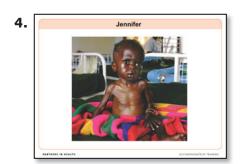
- How did the accompagnateur help Joseph?

 (She saw that Joseph was sick and recommended that he go to the health center; she arranged for transportation, told Joseph's family not to worry about health center fees, and made sure that Joseph took his medicine every day.)
- What was important for the accompagnateur to know and do in this situation?
 - (She visited people's homes in their community; recognized HIV and TB symptoms; told Joseph to visit the health center; arranged for transportation to the health center; did not pass judgment on Joseph or his family for having HIV/AIDS; brought Joseph his medicine every day, and watched Joseph take his medicine every day.)
- What human rights are involved in Joseph's story?

 (Joseph did not have access to health care or adequate food.)



15 minutes



Jennifer's Story

Say: 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.

Ask:

- Do you think Jennifer can survive?
- What does Jennifer need?

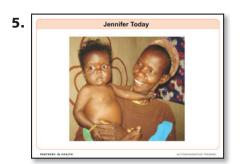
 (Medicine, food, and an accompagnateur.)
- How do you think Jennifer got to this point?

 (Lack of food; poverty; her family did not know that she had HIV; her family thought they were too poor to afford health center fees.)

- Who can help Jennifer?

 (Doctors, nurses, social workers, or an accompagnateur.)
- As an accompagnateur, what would you do if you saw Jennifer in your community?

(Arrange to bring her to the health center, tell doctors and nurses about her condition and where she lives, and recommend that her parents and other family members get tested for HIV and TB.)



Jennifer Today

Say: 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.

Ask:

- Why is it important that Jennifer's mother teaches other mothers of malnourished children how to make infant formula?
 (By teaching other mothers how to prepare infant formula, malnutrition like Jennifer's can be avoided; now that she has a paying job, Jennifer's mother can afford to buy her children food.)
- How does the accompagnateur help Jennifer?

 (The accompagnateur visits Jennifer every day to see how she and her family are doing; makes sure that Jennifer takes the medicine that she needs to survive; if Jennifer's family needs food, the accompagnateur will tell health center staff.)
- What human rights are involved in Jennifer's story?

 (Jennifer did not have access to health care or food; her mother did not have access to economic opportunities.)
- **6.** Stress that accompagnateurs are an important link between the health center and the community; they bring sick people to the health center, educate the community, and bring patients necessary medicine every day.



ACCOMPAGNATEUR CHECKLIST

- \square 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.
- \square Remember that everyone has the same fundamental human rights, including the right to health care.



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. Accompagnateurs must be able to recognize the stages of HIV/AIDS and the symptoms of various opportunistic infections. This unit starts their clinical training with basic information about HIV and AIDS.



OBJECTIVES

By the end of the unit, participants 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.



TIME REQUIRED: 1 hour and 40 minutes

UNIT OVERVIEW

Session	Content	Methods	Time	Materials
1	Participants asses their prior knowledge about HIV/AIDS, and discuss germ theory.	Brainstorm	20 minutes	 Chart paper Markers Tape Slide or flipchart presentation AV equipment (if using slides)
2	Participants review the definitions of HIV and AIDS.	Facilitator presentation	20 minutes	Slide or flipchart presentationAV equipment (if using slides)
3	Participants present information about HIV stages and symptoms.	Peer teaching	1 hour	 Chart paper Markers Tape Information about HIV/AIDS stages (Page xx of the Accompagnateur Handbook) Slide or flipchart presentation AV equipment (if using slides)



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.

SESSION 1 HIV/AIDS AND GERM THEORY



Method: Brainstorm



Time: 20 minutes



Objectives

Participants will be able to:

a. Describe the concept of germ theory.



Materials

- Chart paper
- Markers
- Tape
- Slide or flipchart presentation
- AV equipment (if using slides)



STEPS



5 minutes

- **1.** Tell participants that this unit covers basic information about HIV and AIDS. Explain to participants that in this session, they are going to learn about what HIV and AIDS are. To understand that, they have to understand how people get sick.
- **2.** Ask participants:
 - Did you ever notice how if 1 person in your family gets a cold, a lot of other people also get it?
 - Why does that happen?
 (Take a few volunteer responses.)

3. Tell participants:

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.



15 minutes

- **4.** Ask participants:
 - What do you already know about HIV and AIDS?
- **5.** Write the responses on chart paper. Include correct and incorrect information.
- **6.** If some information is wrong, explain that by the end of the session, participants will know which of the information is right and which is wrong. As accompagnateurs, 1 of their tasks will be to inform people about HIV/AIDS and to correct misinformation.
- **7.** Tape the chart paper on the wall so you can refer to it later.

SESSIONS 2 WHAT IS HIV/AIDS?



Method: Facilitator presentation



Time: 20 minutes



Objectives

Participants will be able to:

b. Explain what the terms HIV and AIDS mean, what the diseases are, and how they differ.



Materials

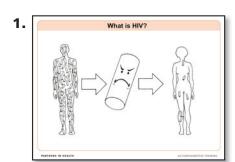
- Slide or flipchart presentation
- AV equipment (if using slides)



STEPS

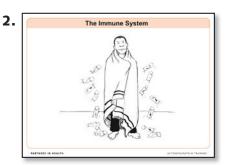


10 minutes



What is HIV?

Say: 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

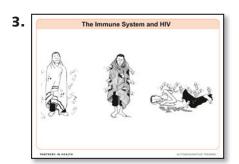
Say: Everyone has an immune system that fights off germs. Think of the immune system as a blanket that protects your body and helps it fight germs. HIV attacks the immune system. That is like moths eating through a blanket. When this happens, the immune system cannot fight off other illnesses as well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



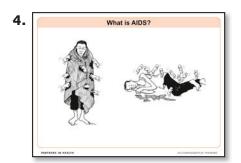
TIP: Facilitators should check with hospital staff to confirm the correct CD4 count below which a person with HIV must start taking ARVs. If it has changed, make this clear to the accompagnateurs and ask them to change the CD4 count in their manuals.



The Immune System and HIV

Say: 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?

Say: 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

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

Ask: 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.)

6. Explain that the accompagnateur's job 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.



10 minutes

- **7.** Review by asking participants:
 - What is the difference between HIV and AIDS?
 - What is HIV?
 - What is AIDS?
- **8.** Ask participants to look at the chart paper with the information about HIV/AIDS that they generated during Session 1. Read each item aloud and ask if it is correct or not. If it is incorrect, ask participants to correct the information. Identify any myths or misconceptions about HIV/AIDS on the paper, and make sure that participants understand the correct information.

SESSION 3 STAGES AND SYMPTOMS OF HIV/AIDS



Method: Peer teaching



Time: 1 hour



Objectives

Participants will be able to:

- **c.** Define the 4 different stages of HIV/AIDS.
- **d.** Recognize the major symptoms associated with HIV/AIDS.
- **e.** Explain that there are multiple opportunistic infections associated with AIDS.



Materials

- Chart paper
- Markers
- Tape
- Slide or flipchart presentation
- AV equipment (if using slides)



STEPS



10 minutes

- **1.** As a review, ask participants to quickly share what they already know about HIV/AIDS. Clarify any misconceptions.
- **2.** Explain that participants will now learn more about the stages of HIV/ AIDS and their related symptoms. Ask participants the following questions and take a few volunteer responses:
 - What are the signs and symptoms of HIV/AIDS?
 - How can HIV symptoms vary among patients?
 - How can HIV symptoms change over time?
- **3.** Tell participants:

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.

- **4.** Divide the participants into 4 groups by selecting them yourself, making sure that at least 1 literate person and, when possible, 1 experienced accompagnateur is in each group. Assign Stage 1 to Group 1, Stage 2 to Group 2, Stage 3 to Group 3, and Stage 4 to Group 4. Explain that each group will become knowledgeable about their assigned stage of HIV/AIDS, and will then teach the other participants about that stage.
- **5.** After participants are in their assigned groups, ask them to find the information about the stages of HIV/AIDS on pages xx of their Accompagnateur Handbooks. Groups must read the information for their group's stage and prepare a poster that presents the information. Then groups will present their posters. Groups will each have 5 minutes to present. Encourage the experienced accompagnateurs to facilitate rather than dominate their groups.
- **6.** Give each group chart paper and markers. Explain that they can draw pictures, write information onto the chart paper, and do whatever they think will help them teach the other groups about their stage.



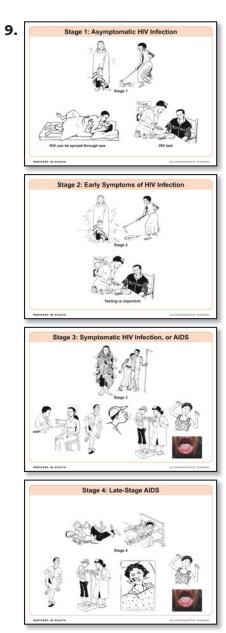
20 minutes

7. Give groups 20 minutes to work. As groups are working, circulate and help as needed. Give groups 5- and 1-minute warnings.



30 minutes

8. Reassemble the whole group. Ask each of the small groups to do a 5-minute presentation on their poster.



The Four Stages of HIV/AIDS

After all 4 groups have presented, show the slide or flipchart images of the 4 stages of HIV/AIDS, and clarify information as needed.

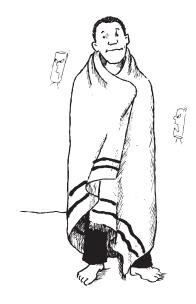
10. Tape the posters up in the training room for the remainder of the training.



PEER TEACHING: GROUP 1

(page XX of Accompagnateur Handbook)

STAGE 1: ASYMPTOMATIC HIV INFECTION



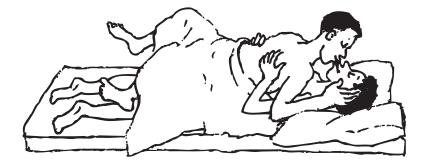
Stage 1

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

CONTINUED >



PEER TEACHING: GROUP 1 (CONTINUED)



HIV test

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.



PEER TEACHING: GROUP 2

(page XX of Accompagnateur Handbook)

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.



Stage 2

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



Testing is important

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.



PEER TEACHING: GROUP 3

 $(page\ XX\ of\ Accompagnateur\ Handbook)$

STAGE 3: EARLY SYMPTOMS OF HIV INFECTION

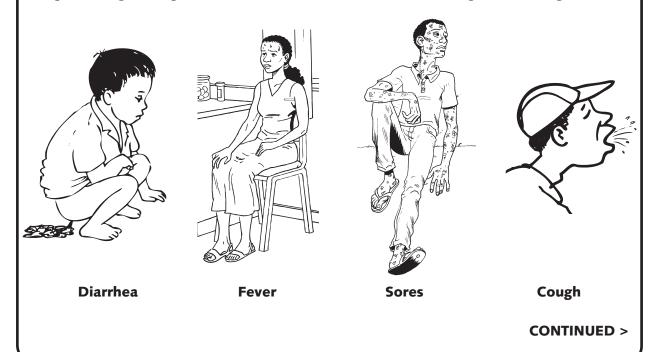


Stage 3

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.



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PEER TEACHING: GROUP 3 (CONTINUED)



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.

CONTINUED >



PEER TEACHING: GROUP 4

 $(page\ XX\ of\ Accompagnateur\ Handbook)$

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.



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PEER TEACHING: GROUP 4 (CONTINUED)





Hair loss

Thrush

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.

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.





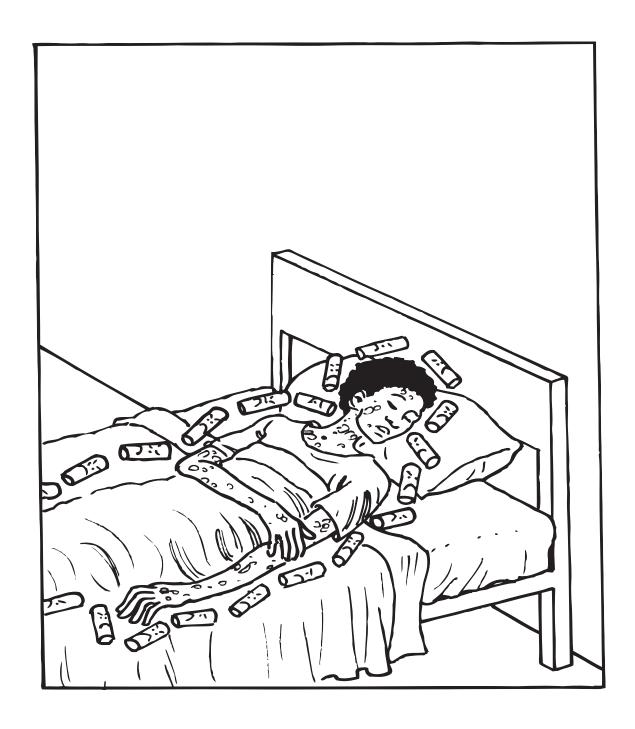














ACCOMPAGNATEUR CHECKLIST

- 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.



UNIT 4 HIV and AIDS Prevention and Transmission



OVERVIEW

The job of an accompagnateur 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 accompagnateurs know about HIV/AIDS and its signs and symptoms, the better they will do their jobs. In this unit, participants will learn how HIV is transmitted, and how to avoid getting HIV. This will enable them to better support patients, and know when to refer those who are experiencing HIV and AIDS-like symptoms to the health center.



OBJECTIVES

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

- **a.** Describe who can get HIV.
- **b.** Name the ways in which HIV can and cannot be transmitted.
- **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.



TIME REQUIRED: 3 hours and 15 minutes



UNIT OVERVIEW

			1	
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Session	Content	Methods	Time	Materials
1	Participants review modes of HIV transmission and groups at risk of getting HIV.	Large group activity Facilitator presentation	30 minutes	 Images of modes of HIV transmission Chart paper Markers Tape Slide or flipchart presentation AV equipment (if using slides)
2	Participants review information about HIV testing and prevention.	Large group discussion Small group activity	20 minutes	 Chart paper Markers Tape
3	Participants learn how to use male and female condoms, and how to teach their peers to use them.	Demonstration Peer teaching	1 hour	 Male and female condoms Substitutes for penis Substitutes for vagina Posters with steps for using male and female condoms Slide or flipchart presentation AV equipment (if using slides)
4	Participants learn how to counsel community members about HIV transmission and prevention.	Role play Large group discussion	30 minutes	• Role play in Accompagnateur Handbook
5	Participants practice referring people for HIV testing.	Role play Large group discussion	55 minutes	• Role plays in Accompagnateur Handbook



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.

SESSION 1 TRANSMISSION OF HIV/AIDS



Methods: Large group activity and Facilitator presentation



Time: 30 minutes



Objectives

Participants will be able to:

- a. Describe who can get HIV.
- **b.** Name the ways in which HIV can and cannot be transmitted.



Preparation

- Photocopy the pictures of How HIV Can/Cannot Be Transmitted on pages 90–109 of this Facilitator Manual, (1 copy of each picture).
- Make 2 large signs on chart paper: "HIV **can be** transmitted" and "HIV **cannot** be transmitted." Post each one on opposite sides of the room.



Materials

- Slide or flipchart presentation
- AV equipment (if using slides)
- Photocopies of HIV Can/Cannot be Transmitted pictures
- HIV Can/Cannot be Transmitted pictures and information on pages xx of Accompagnateur Handbook



STEPS



15 minutes

1. Ask participants:

How can HIV be **transmitted** from one person to the next? In other words, if a person has HIV, how can it spread to another person?

(Take some volunteer responses. The idea is not to have participants name all the correct answers, but for you to hear what they already know and think about the transmission of HIV. Answers may include: sex, blood transfusion, breastfeeding, etc.)

(If a volunteer answers incorrectly, do not correct the person yet. You will have the chance to correct the information later.)

2. Tell participants:

Now we will review how HIV can be transmitted, and how HIV cannot be transmitted so that you will be able to teach the people under your care.

3. Divide participants into pairs (different pairs from the previous activity). Give each pair 1 of the HIV Can/Cannot Be Transmitted pictures. If you have more pairs than pictures, ask some participants to form groups of 3.

4. Explain the task:

- Look at the picture you have been given. With your pair partner (or small group), discuss and decide whether the picture depicts a way that HIV **can** be transmitted, or a way that HIV **cannot** be transmitted.
- If you think your picture depicts a way that HIV can be transmitted, go and stand near the "HIV can be transmitted" sign. If you think your picture depicts a way that HIV cannot be transmitted, go and stand near the "HIV cannot be transmitted" sign.
- **5.** Give pairs (small groups) a few minutes to discuss, decide, and move to the signs.
- **6.** When everyone is standing near one sign or the other, ask them to hold up their pictures so that everyone can see them.
- **7.** Ask participants to see if everyone is in the right place. If someone thinks that a picture is not in the right place, ask that person to explain. Then have the group decide where the picture should be, and ask the pair to move if needed.
- **8.** After participants have decided that everyone is in the right place, check the HIV can/cannot lists below. If any pairs are in the wrong place, ask them to move.

HIV CAN be transmitted by: HIV CANNOT be transmitted by: Open wounds Shaking hands • Blood transfusion Hugging Sex between a man and woman Coughing • Oral sex between a man and Kissing woman Mosquitoes Anal sex between a man and Animals woman • Oral sex between 2 men Sitting next to someone with HIV • Anal sex between 2 men Living with someone who has • Reusing needles and razor blades HIV • HIV-infected mother to baby • Eating or drinking together during pregnancy • HIV-infected mother to baby during delivery • HIV-infected mother to baby during breastfeeding

9. Tell participants:

Look for a moment at the ways that HIV can be transmitted. There are 3 main ways:

- Contact with another person's blood (transfusions, wounds)
- Contact with another person's bodily fluids through sex
- From mother to child during childbearing

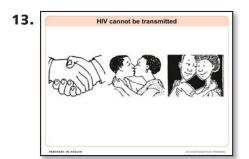
HIV is in the blood, semen, vaginal fluids, and breast milk, so the virus can pass from one person's body to another through any of these fluids.

- **10.** Ask the participants who are holding the "HIV Can be Transmitted" pictures to group themselves according to these 3 main ways.
- **11.** Thank everyone and ask them to be seated.



15 minutes

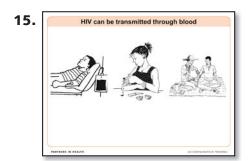
12. Review the ways that HIV can and cannot be transmitted by showing the slides/flipchart pictures quickly, 1 at a time.



HIV cannot be transmitted (1)



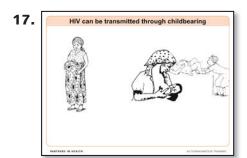
HIV cannot be transmitted (2)



HIV can be transmitted through blood



HIV can be transmitted through sex

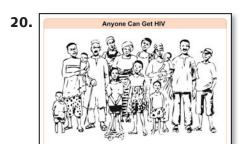


HIV can be transmitted through childbearing

18. Tell participants:

Now let's think for a moment about the kinds of people who can get HIV. I will name a type of person. If you think that type of person can get HIV, raise your hands.

- If you think that single men can get HIV, raise your hands. (Then put them down.)
- If you think that single women can get HIV, raise your hands.
- If you think that men who visit prostitutes can get HIV, raise your hands.
- If you think that married men can get HIV, raise your hands.
- If you think that married women can get HIV, raise your hands.
- If you think that grandfathers and old men can get HIV, raise your hands.
- If you think that grandmothers and old women can get HIV, raise your hands.
- If you think that babies and children can get HIV, raise your hands.
- If you think that doctors and nurses can get HIV, raise your hands.
- **19.** As participants vote, do not correct participants. Simply take note of how they vote. Then show the slide or flipchart picture below.



Anyone can get HIV

Say: There are many kinds of people in this picture, young and old people, married and single people, children, and babies. All these kinds of people can get HIV. **Anyone** can get HIV.

21. Tell participants:

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.

- **22.** Ask participants to find the information about HIV transmission on pages xx of their handbooks. Remind them that they must study this information at home so that they learn it well and can educate community members about it.
- **23.** Ask participants what remaining questions they have about how HIV is transmitted and not transmitted, and answer accordingly.



Shaking hands



Hugging



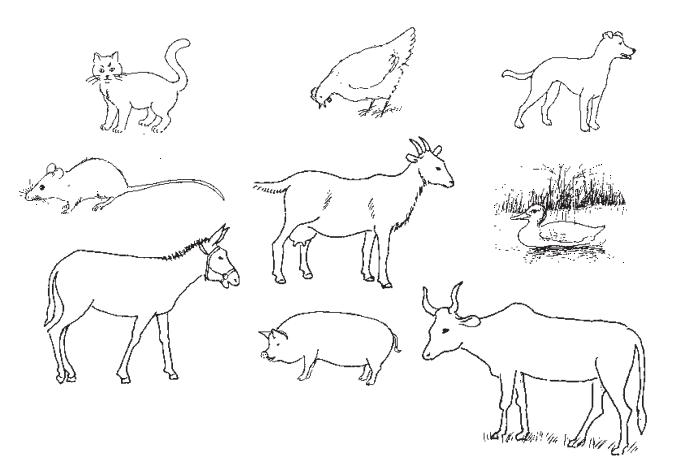
Coughing



Kissing



Mosquitoes



Animals



Sitting next to someone with HIV



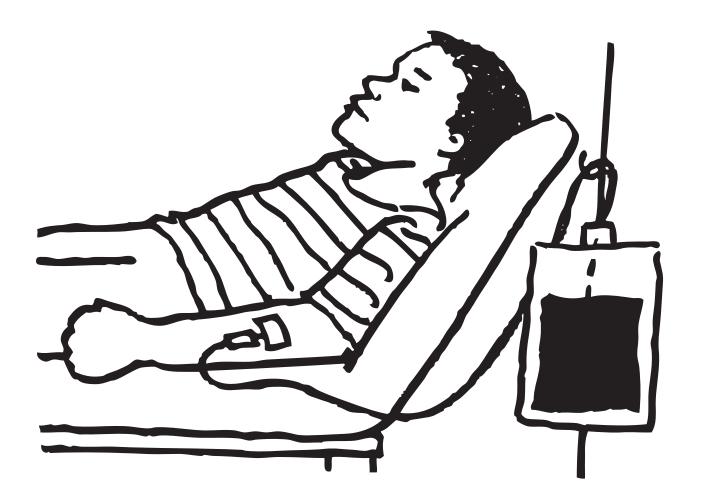
Living with someone who has HIV



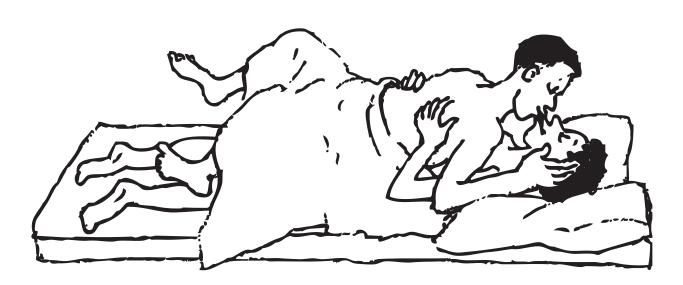
Eating or drinking together



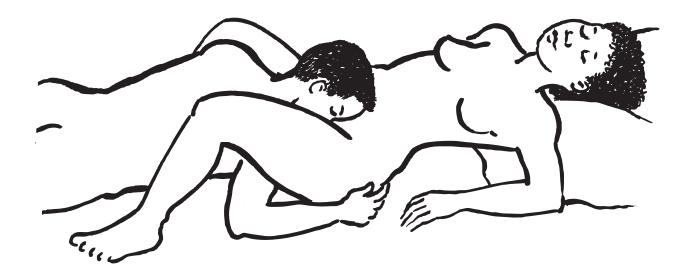
Open wounds

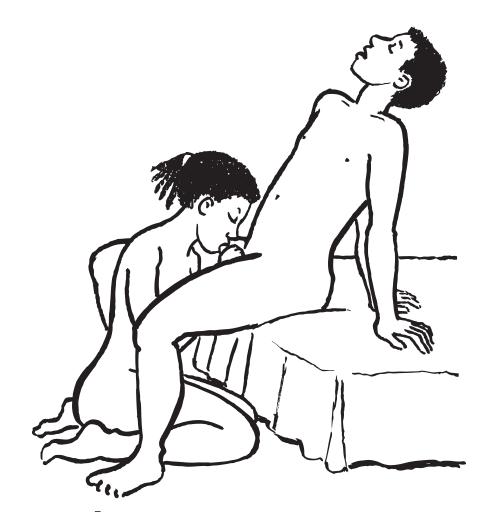


Blood transfusion

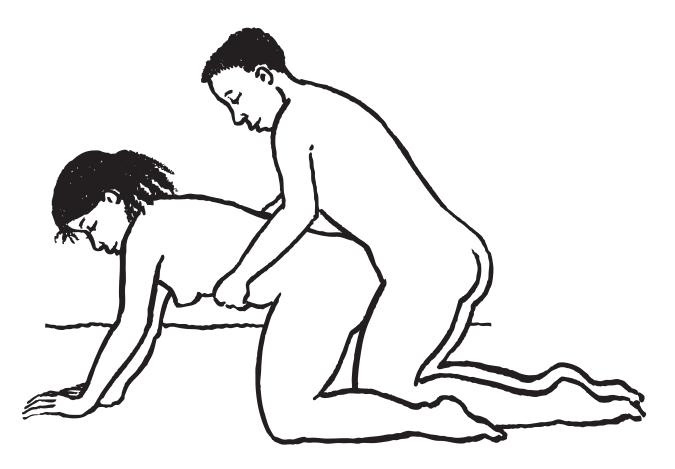


Sex between a man and a woman

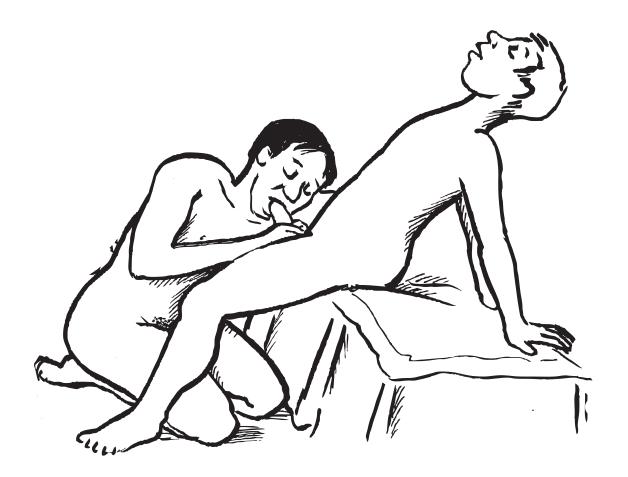




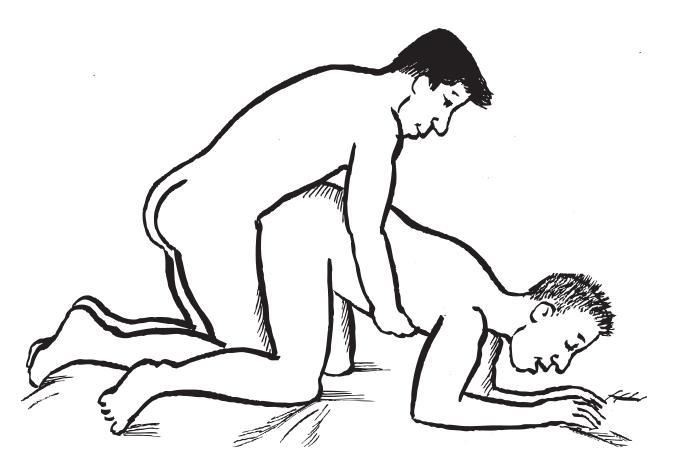
Oral sex between a man and a woman



Anal sex between a man and a woman



Oral sex between 2 men



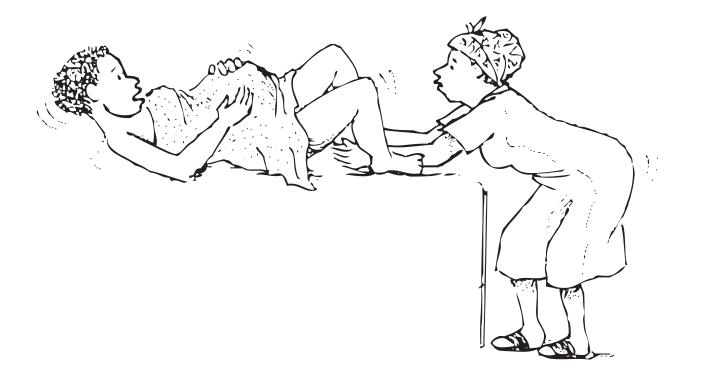
Anal sex between 2 men



Reusing needles and razor blades



HIV-infected mother to baby during pregnancy



HIV-infected mother to baby during delivery



HIV-infected mother to baby during breastfeeding

SESSION 2 HIV TESTING AND PREVENTION



Methods: Large group discussion and Small group activity



Time: 20 minutes



Objectives

Participants will be able to:

- **c.** Explain what an HIV test is, and why it is important to be tested.
- **d.** Describe how to avoid getting infected with HIV.



Materials

- Chart paper
- Markers
- Tape



STEPS



5 minutes

1. Tell participants:

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.

2. Ask participants:

Why is it so important to be tested?

(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; you can learn how to avoid infecting others; if you do not have HIV, you can learn how to avoid getting it in the future.)

3. Ask participants:

• Even if the test is negative, the person should be tested again 6 months later. Why?

(If it was a new infection, it would not have shown up on the previous test; the person's partner could have become infected and then infected him or her.)

• What are some reasons that people do not get tested?

(Fear of HIV; fear that other people will think you have HIV just because you got tested; not knowing what to do if you do have HIV; fear of being discriminated against if you do have HIV)

4. Tell participants:

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.

- **5.** Divide participants into small groups of 3 or 4. Make sure that at least 1 member of each group is literate. If there are experienced accompagnateurs in the group, make sure that they are spread among the groups.
- **6.** Tell groups that they will have 5 minutes to write down all the ways they can think of to protect themselves from HIV. They should also choose a group member to write the group's ideas into her or his handbook and to present their group's ideas.



5 minutes

7. Give the small groups 5 minutes to work. As groups are working, circulate and help as needed.



- **8.** Ask each group to share 1 idea, 1 at a time. Correct misinformation as needed. Continue until all the ideas have been shared without repeating information. Write all correct ideas on a sheet of chart paper. Make sure that the following ideas are included:
 - Abstinence (not having sex)
 - Sex with only 1 partner who has tested negative for HIV
 - Using condoms
 - Not using a needle or razor blade that someone else has used
 - Not touching someone else's blood
 - Bottle feeding with infant formula if the mother is HIV-positive
- **9.** Remind participants that as accompagnateurs, they will be responsible for teaching people in their communities how to avoid getting HIV. In the next activity, participants will learn how to use condoms and how to teach others to use condoms.

SESSION 3 MALE AND FEMALE CONDOMS



Methods: Demonstration and Peer teaching



Time: 1 hour



Objectives

Participants will be able to:

e. Demonstrate how to use male and female condoms.



Preparation

- Arrange for an experienced community health worker, accompagnateur, clinician, or another facilitator to help with this activity.
- Assemble enough male condoms for every participant.
- Assemble enough female condoms for every participant.
- Assemble enough substitute penises for half the group (possible substitutes: wooden penises, bananas, zucchinis, cucumbers, toilet paper tubes, 2 fingers).
- Assemble enough substitute vaginas for half the group (possible substitutes: toilet paper tubes, hair elastics, thumb and forefinger held in a circle).



Materials

- Male condoms for every participant
- · Female condoms for every participant
- Penis substitutes for half the group
- Vagina substitutes for half the group
- Male and female condom posters
- Slide or flipchart presentation
- AV equipment (if using slides)



TIP: If female condoms are not available in your area, conduct the activity for male condoms only (do not divide the group in half). Tell the participants that female condoms are not currently available, but that the Accompagnateur Handbook contains information about both male and female condoms, in case female condoms become available at some point.



STEPS



5 minutes

1. Explain that in this session, participants are going to review how to use male and female condoms. Display the condoms and explain what they are. Explain that both male and female condoms provide a barrier between 2 people so that sperm, vaginal secretions, and the HIV virus or other STIs cannot pass between them.

2. Ask participants:

- To prevent pregnancy, when should people use condoms? (Any time they have sex)
- Where can you get condoms? (At the health center)
- **3.** Divide participants into 2 groups by counting them off by 2s. The "1s" should go with you to 1 area of the room to learn about female condoms, and the "2s" should go with the other facilitator to another area of the room to learn about male condoms.



20 minutes

- **4.** In your group, display the female poster, demonstrate the steps, and have the group practice inserting and withdrawing female condoms on the substitute vaginas. (There is a copy of this poster following this session.)
- **5.** At the same time, have the other facilitator teach the other group how to use male condoms, displaying the poster and demonstrating the steps. Participants should practice with the substitute penises. (There is a copy of this poster following this session.)



20 minutes

- **6.** Call the participants back together.
- **7.** Divide the entire group into pairs; each pair should include 1 participant who learned how to use a male condom and 1 participant who learned how to use a female condom. Make sure the posters with the instructions on using male and female condoms are displayed.

- **8.** Explain that each pair partner will teach the other how to use the condom they just learned about. Female condom group members will teach their partners how to use female condoms and help them practice. Then male condom group members will teach their partners how to use male condoms and help them practice. Give the pairs about 20 minutes to work.
- **9.** As pairs are working, circulate around the room and help or answer questions as needed.



5 minutes

10. After everyone is finished, review the steps on how to use male and female condoms using the slide or flipchart presentation. Answer any questions.



5 minutes

- **11.** Ask the following questions and encourage a discussion:
 - How did it feel to teach someone how to use a condom? If it was difficult, why?
 - Do you think a lot of people use male condoms? Why or why not?
 - Do you think a lot of people use female condoms? Why or why not?
 - If someone tells you that they do not want to use condoms, what could you say to them?
 - If a woman tells you she is scared to ask her partner to use condoms, what could you tell her?
 - If a woman is having sex only with her partner, does she need to use condoms? Why?
 - If a woman is pregnant, does she need to use a condom? Why?
 - Do you know where people in your community can get condoms? If you do not, how can you find out?
 - What are some myths that people believe or fears that they have about using condoms?
- **12.** Remind participants that they will be teaching people in their communities how to use condoms.

MALE AND FEMALE 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.



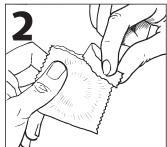
HOW TO USE A MALE CONDOM

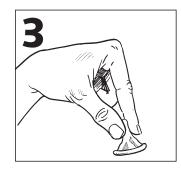
(page XX of Accompagnateur Handbook)

- **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.

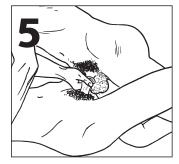
How to Use a Male Condom















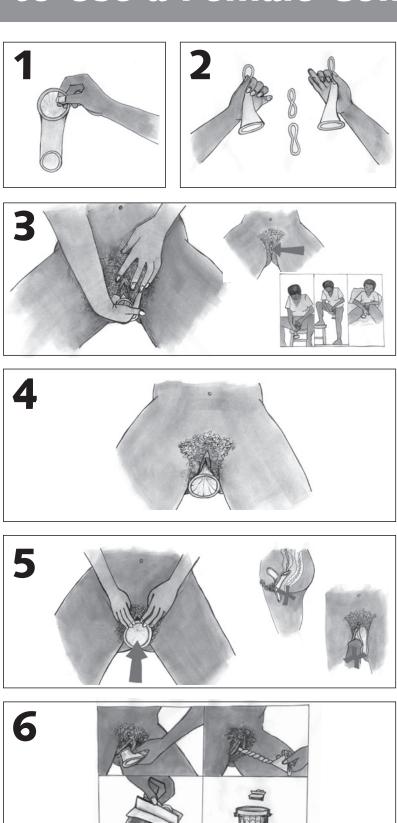


HOW TO USE A FEMALE CONDOM

(page XX of Accompagnateur Handbook)

- **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



SESSION 4 TEACHING OTHERS ABOUT TRANSMISSION



Methods: Role play and Large group discussion



Time: 30 minutes



Objectives

Participants will be able to:

f. Share information with community members about HIV/AIDS.



Preparation

- Ask an experienced accompagnateur to perform the role play. Show him or her the role play on page XX of the Accompagnateur Handbook. Practice the role play ahead of time if possible.
- Organize the room so there is space for a role play at the front.



Materials

• Role play on page xx of the Accompagnateur Handbook



STEPS



5 minutes

- **1.** Explain to the participants that as accompagnateurs, they will be teaching people about HIV and AIDS. Ask participants the following questions and encourage a brief discussion:
 - What ideas do you have for how to teach people about HIV and AIDS?
 - What are the key points that you would include?



10 minutes

2. Explain that the participants will watch a role play. The actors will stop at a certain point during the role play so that participants can discuss how best to share information about HIV/AIDS. Tell participants that you will be playing the role of an accompagnateur.

- **3.** Invite the volunteer actor forward and perform the role play.
- **4.** After part 1, stop and ask participants:
 - What is the problem?
 (Multiple sex partners; increased risk of contracting HIV; risk of passing HIV and other sexually-transmitted infections on to others; risk of pregnancy.)
 - What should the accompagnateur do?

 (Counsel the friend about the dangers of his or her behavior; urge the friend to get tested; if the test is positive, urge the friend to inform sex partners; urge the friend to use condoms.)



15 minutes

- **5.** Perform part 2 of the role play.
- **6.** After part 2, ask participants:
 - What did the accompagnateur tell his sexually active friend?
 - Did he forget anything? What?
 - How did the accompagnateur talk to his sexually active friend? Did he show concern, or did he just scold and lecture?
 - What do you think the sexually active friend will do now?
 - If an accompagnateur was giving you this advice, how would you feel?
 - Do you think that you can talk with people in your community about HIV? Why or why not? If not, what would enable you to talk to them?
- 7. Point out that as accompagnateurs, the participants will be talking to community members about sexually-transmitted infections such as HIV. Ask any experienced accompagnateurs or community health workers present what it was like when they first started talking to people about HIV and AIDS.
- **8.** After they speak, ask participants what they think might be difficult about talking to others about HIV and AIDS, and encourage a brief discussion.



ROLE PLAY

 $(page\ XX\ of\ Accompagnateur\ Handbook)$

Part 1

An accompagnateur and his/her friend are sitting together talking about their lives.

The friend starts talking about how he has 3 girlfriends (or boyfriends) and none of them know about each other.



Stop the role play

Part 2

The accompagnateur talks to his/her friend about HIV, how it can be contracted, and where he can get tested.

SESSION 5 **HEALTH CENTER REFERRALS**



Methods: Role play and Large group discussion



Time: 55 minutes



Objectives

Participants will be able to:

g. Describe the AIDS-like symptoms that mean the person should be referred to the health center.



Preparation

- Choose an experienced accompagnateur or another participant to perform the 2 role plays on pages xx of the Accompagnateur Handbook with you. You should play the accompagnateur.
- Practice the role plays ahead of time if possible.



Materials

• Role plays on pages xx of the Accompagnateur Handbook



STEPS



10 minutes

1. Tell participants:

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.

2. Ask participants:

• What should accompagnateurs do when they see someone who has symptoms of HIV/AIDS? (Take a few volunteer responses.)

- **3.** Explain that participants will watch and then discuss 2 role plays about what accompagnateurs can do when they see someone with HIV/AIDS-like symptoms. Emphasize that the role plays are not always meant to demonstrate the correct way of handling a situation; sometimes they depict problems that the participants will then discuss. Inform participants that you (the facilitator) will be playing the role of an accompagnateur.
- **4.** Invite the volunteer actor to come forward. Perform the first role play.
- **5.** After the role play, ask participants the following questions and encourage a brief discussion:
 - What happened?
 - How did the accompagnateur handle the situation?
 - What could he or she have done differently to be more effective?



10 minutes

- **6.** Act out the second role play.
- **7.** After the role play, ask participants:
 - What happened?
 - What did the accompagnateur do well?
 - What could he or she have done differently to be more effective?



5 minutes

- **8.** Divide participants into small groups of 3 by instructing participants sitting near each other to form groups.
- **9.** Explain the small group task:
 - Develop the script for a new, short role play with 2 actors in it. Groups can write the script or just discuss and remember it.
 - The role play should feature an accompagnateur talking to someone who has a symptom of primary HIV infection, or Stage 1. Pick a symptom from the Stage 1 information in the Accompagnateur Handbook.
 - When you have planned the role play, 2 of the group members should perform the role play, and the third member will observe and give feedback.

- Then they will change roles so that a different person observes.
- Do this 3 times so that all 3 group members have had a chance to play all 3 roles: the accompagnateur, the person with HIV/AIDS-like symptoms, and the observer.
- You will have 25 minutes to work.



25 minutes

10. Give the groups 25 minutes to work. As groups are working, circulate, observe, and help as needed. Give groups 5- and 1-minute warnings.



5 minutes

- **11.** After everyone is finished, encourage a brief discussion by asking:
 - How did it feel to try to counsel someone to get tested for HIV?
 - What was easiest? Why?
 - What was most challenging? Why?
 - What should an accompagnateur keep in mind when 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.)

12. Remind participants:

Accompagnateurs never act alone. There are people in various support roles whom 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.



ROLE PLAY 1: CLINIC REFERRALS

(page XX of Accompagnateur Handbook)

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

 $(page\ XX\ of\ Accompagnateur\ Handbook)$

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?"

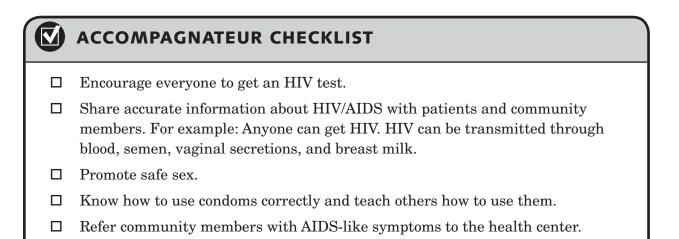
Accompagnateur: "It's a good idea to have it checked. I'll go with you. They'll look at your rash and give you a test for HIV to make sure it's not caused by HIV. The test is free."

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."





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 accompagnateurs understand about HIV/AIDS treatment, the easier it will be for them to encourage their patients to continue treatment and to avoid behaviors that will endanger their health. In this unit, participants 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, participants 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.



TIME REQUIRED: 1 hour and 30 minutes



UNIT OVERVIEW

Session	Content	Methods	Time	(Materials
1	Participants learn information about ARVs and adherence.	Facilitator presentation Small group activity	1 hour	 Slide or flipchart presentation AV equipment (if using slides) Treatment cards ARV pill samples Accompagnateur Handbook
2	Participants discuss potential adherence problems.	Pair activity Case study	30 minutes	• Treatment cards and case studies in the Accompagnateur Handbook



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.

SESSION 1 ANTIRETROVIRAL MEDICINES (ARVS)



Methods: Small group activity and Facilitator presentation



Time: 1 hour



Objectives

Participants 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.



Preparation

- Review the ARV slide/flipchart information below.
- Gather 5 complete sets of all the ARV pills below (in their original bottles or boxes).
- Gather 5 sets of ARV treatment cards or photocopy and cut 5 sets of the cards on pages xx of this Facilitator Manual.
- Place 1 set of ARV pills and 1 set of treatment cards each in 5 different areas of the room, on benches or tables.
- There should be enough areas so that 5 people can be at each one. If your group is large, prepare more sets of ARV pills, treatment cards, and areas if possible.



Materials

- 5 complete sets of all the ARV pills (or more)
- 5 complete sets of ARV treatment cards or photocopied cards (or more)
- 5 or more areas around the room with 1 set of ARV pills and 1 set of treatment cards placed in each area
- Slide or flipchart presentation
- AV equipment (if using slides)
- ARV information on pages xx of Accompagnateur Handbook



STEPS



5 minutes

- **1.** Ask participants the following questions and correct their answers as needed:
 - In this activity you will learn about HIV/AIDS treatment. But first let's discuss a few questions. First, is there a cure for HIV?

 (There is no cure for HIV. Once HIV is in the body, it will stay there forever. But HIV can be controlled.)
 - What is the treatment for HIV? (Antiretroviral drugs, or ARVs)
 - If a person is taking ARVs, how often does he or she have to take them?

 (2 times a day, every day)
 - If a person must take ARVs, when does the treatment end? When can the person stop taking ARVs?

(For most people, the treatment never ends. Once people start taking ARVs, they must take them for the rest of their lives.)

(In some cases, pregnant women and newborns take ARVs for short periods of time only, following the recommendations of their doctors.)

• When a person is taking ARVs, is it still possible for that person to pass HIV to someone else?

(Yes, if the person has HIV/AIDS, he or she can still infect someone else, even if he or she is taking ARVs.)



5 minutes

2. Tell participants:

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.

Now you will learn more about ARV drugs.



10 minutes

- **3.** Divide the participants into 5 small groups (more if your group is large), and tell each small group to go to one of the areas you prepared (the areas with the sets of drugs and treatment cards).
- **4.** Ask small groups to study the drugs and treatment cards to learn the times of day and doses in which each drug should be taken. The groups should also match each card with the drug it represents.

5. Give the small groups up to 10 minutes to study and match the drugs and cards. As they are working, circulate and help as needed. Make sure that participants understand the "morning" and "evening" symbols on the cards.



25 minutes

- **6.** Call for everyone's attention and explain that the small groups will now play a game to review the ARV information that they have been studying. Explain the game:
 - I will say the name of an ARV.
 - When I say the name, quickly hold up the correct treatment card and drug.
 - The first small group to hold up the correct card and drug will win a point.
 - We will do this for all of the ARVs.
- 7. Say: "Zidovudine or AZT!"
- **8.** Watch to see which small group finds and holds up the Zidovudine card and drug sample first.
- **9.** Walk over to that group to verify that they have identified the correct card and drug. Then walk around to the rest of the groups to make sure they have also identified the correct card and drug.
- **10.** Give the winning small group 1 point (record the point on chart paper).
- **11.** Ask the winning group to describe how to take Zidovudine (at what dose, at what times, and any other special conditions).
- **12.** Show the slide or flipchart image for Zidovudine, and review the information.
- **13.** Repeat this process for each ARV: call out the drug name, identify the winning group, check to see that all groups have identified the drug and card correctly, ask the winning group to describe how to take the drug, and then show the slide or flipchart image and review the information.

Take 2 times per day:

Take 2 times per day:

Morning – 6 A.M.

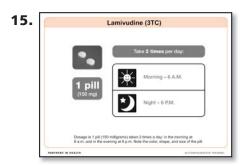
(Soo mg)

Night – 6 P.M.

Disage is 1 pel (200 miligrans) lakes 2 times a day in the morning at 6 a.m. and in the evening of 6 p.m. Note the color, shape, and size of the pill.

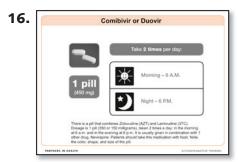
Zidovudine (AZT)

Say: 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. Note the color, shape, and size of the pill.



Lamivudine (3TC)

Say: 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. Note the color, shape, and size of the pill.



Comibivir or Duovir

Say: 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. Note the color, shape, and size of the pill.

Take 2 times per day:

Take 2 times per day:

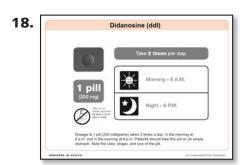
Morning = 6 A.M.

Night = 6 P.M.

Dosage is 1 pit (40 miligrams) blan 2 times a day in the morning at

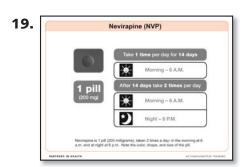
Stavudine (d4T)

Say: 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. Note the color, shape, and size of the pill.



Didanosine (ddl)

Say: 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. Note the color, shape, and size of the pill.



Nevirapine (NVP)

Say: 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. Note the color, shape, and size of the pill.

Abacavir (ABC)

Take 2 times per day:

Take 2 times per day:

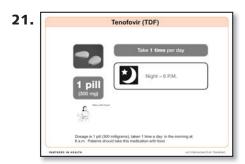
Morning – 6 A.M.

Night – 6 P.M.

Disage is 1 pill (300 milligams) 2 times a day in the noming at 6 a.m. and at right at 6 p.m. Patients must take the medicine with food.

Abacavir (ABC)

Say: 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)

Say: 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)

Say: 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

Take 3 times per day

Morning - 6 A.M.

Noon - 12 P.M.

Dosage 12 P.M.

Dosage 12 P.M.

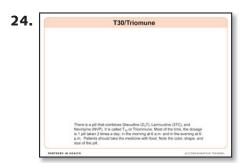
Dosage 12 P.M.

Dosage 12 P.M.

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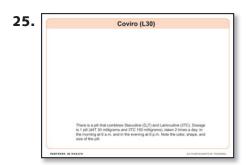
Indinavir (IDV)

Say: 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. Note the color, shape, and size of the pill.



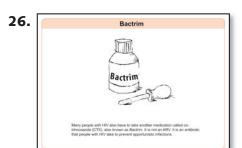
T30/Triomune

Say: There is a pill that combines Stavudine (D4T), Lamivudine (3TC), and Neviripine (NVP). It is called T30 or Triomune. 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. Note the color, shape, and size of the pill.



Coviro (L30)

Say: 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. Note the color, shape, and size of the pill.



Bactrim

Say: 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.

27. Thank everyone for participating in the game. Tally points and declare the winning group. Then ask everyone to be seated.



10 minutes

28.



Directly Observed Therapy

Say: 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.

29. Show the following slides or flipchart pictures and use the text below to explain them.

30.



Storing Medications

Say: 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.

31.



Living Healthfully

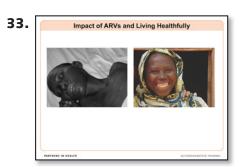
Say: People living with HIV/AIDS can stay healthy when they are on ARVs by not smoking, not drinking alcohol, maintaining a healthy diet, walking, getting lots of rest, and participating in everyday life.

32.



Protected Sex Only

Say: 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

Say: 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.

34. Ask: Why do think she looks so different in the 2 pictures?

(The first picture was taken before she had ever received ARVs.)

35. Say: In the first photo Solange had not started to take 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.



5 minutes

- **36.** Ask participants to find the ARV information on pages xx of their handbooks. Tell participants that they can use this information to help themselves remember the ARV information and help their patients take ARVs correctly.
- **37.** Ask participants what remaining questions they have about ARVs and answer accordingly, or ask experienced participants to answer.

SESSION 2 SUPPORTING ADHERENCE



Methods: Pair activity and Case study



Time: 30 minutes



Objectives

Participants will be able to:

- **e.** Recognize signs that patients are consistently taking antiretroviral medicines (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 of adherence.



Preparation

Review the case studies at the end of this activity.



Materials

- Treatment cards on pages xx of the Accompagnateur Handbook
- Case studies on pages xx of the Accompagnateur Handbook



STEPS



5 minutes

- **1.** Separate the group into pairs. Make sure that each pair has at least 1 literate person.
- **2.** Ask the participants to find the treatment cards on pages xx of their Accompagnateur Handbooks.
- **3.** Explain that participants will practice using the treatment cards by listening to some case studies.



20 minutes

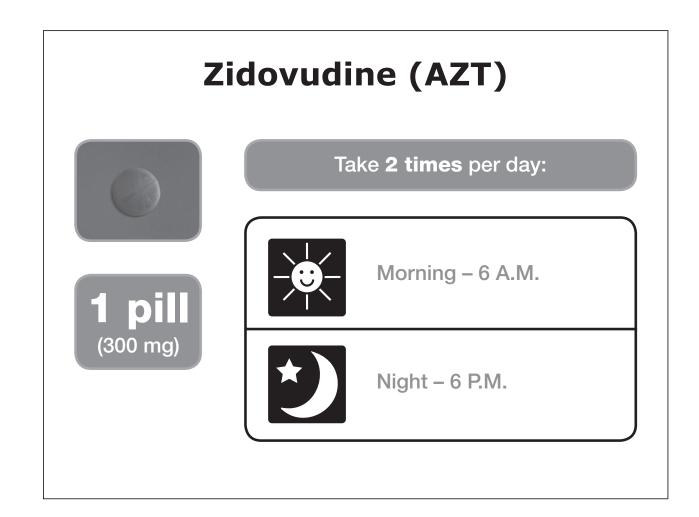
4. Read the first case study aloud and give the pairs 2 minutes to discuss it.

- **5.** Ask 1 pair to share their answer with the whole group. Then ask everyone to confirm the answer. Clarify their answers as needed.
- **6.** Continue in this way until all of the case studies have been read and discussed, asking a different pair each time.



5 minutes

7. Ask what remaining questions participants have about ARVs and answer accordingly, or ask experienced participants to answer.



Lamivudine (3TC)



Take 2 times per day:





Morning – 6 A.M.



Night - 6 P.M.

Combivir or Duovir

A combination of AZT and 3TC



Take 2 times per day:





Morning – 6 A.M.



Night – 6 P.M.

Stavudine (d4T)



Take 2 times per day:

1 pill
(40 mg)



Morning - 6 A.M.



Night - 6 P.M.

Didanosine (ddI)



Take 2 times per day:





Morning – 6 A.M.



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



Night – 6 P.M.

Nevirapine (NVP)



Take 1 time per day for 14 days



Morning – 6 A.M.

1 pill (200 mg)

After 14 days take 2 times per day



Morning – 6 A.M.



Night – 6 P.M.

Abacavir (ABC)



Take 2 times per day:





Morning – 6 A.M.



Night – 6 P.M.

Tenofovir (TDF)



Take 1 time per day





Night – 6 P.M.



Take with food

Efavirenz (EFV)



Take 1 time per day





Night – 6 P.M.



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

Indinavir (IDV)



Take 3 times per day





Take on an empty stomach with water



Morning – 6 A.M.



Noon - 12 P.M.



Night - 6 P.M.



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.



UNIT 5, SESSION 2: CASE STUDIES

 $(page\ XX\ of\ Accompagnateur\ Handbook)$

You have a patient who is on Lamivudine (3TC). How many pills does he need to take in the morning? (1 pill)

You have a patient on the starter pack. When should he take LS30? (*In the evening at 6 p.m.*)

You have a patient who is taking T30. When should she take it? (Once in the morning, once in the evening)

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? *(Two)*

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 pill twice a day)

One of your patients is on Efavirenz. How many times a day must be take this medicine? *(Once)*

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? (Yes. The medicine should be taken on an empty stomach.)

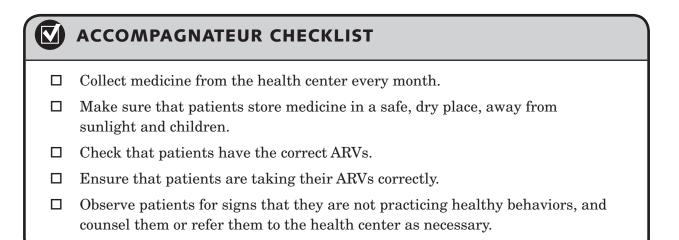
You have a patient who has been on Nevirapine for 8 days. How many pills must be take each day and when?

(1 pill a day for 6 more days, then 1 pill twice a day.)

You have a patient who smokes constantly. Should you do something? If so, what? (Smoking can make the medicine less effective. The accompagnateur should talk to the patient and also ask the nurse to talk to the patient.)

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

(Yes. Alcohol can make the medicine less effective. You should talk to the patient and also have the nurse talk to the patient.)





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 provides accompagnateurs with the knowledge and skills they 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, participants 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.



TIME REQUIRED: 1 hour and 50 minutes



UNIT OVERVIEW

Session	Content	Methods	Time	Materials
1	Participants learn about the urgent and non-urgent side effects of ARVs, and when to refer patients experiencing side effects to the health center.	Large group activity Picture story	1 hour and 15 minutes	 Slide or flipchart presentation AV equipment (if using slides) Images of urgent and non-urgent side effects of ARVs Picture stories in Accompagnateur Handbook Chart paper Markers Tape
2	Participants discuss how to handle patients who experience urgent side effects of ARVs.	Case study	35 minutes	• Case studies in Accompagnateur Handbook



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.

SESSION 1 SIDE EFFECTS OF ARVS



Methods: Large group activity and Picture story



Time: 1 hour and 15 minutes



Objectives

Participants 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 non-urgent side effects of ARVs that require referral to the health center within 1 week.
- **e.** Recognize urgent side effects of ARVs that require immediate referral to the health center.



Preparation

- Photocopy the pictures of non-urgent and urgent side effects of ARVs on pages xx of this Facilitator Manual (1 copy of each picture).
- Make 2 large signs on chart paper: "Non-urgent Side Effects of ARVs" and "Urgent Side Effects of ARVs." Post them on opposite sides of the room.



Materials

- Slide or flipchart presentation
- AV equipment (if using slides)
- Photocopies of non-urgent and urgent side effects of ARVs pictures.
- Side effects picture stories on pages xx of Accompagnateur Handbook.
- Non-urgent and urgent side effects of ARVs pictures and information on pages
 xx of Accompagnateur Handbook



STEPS



5 minutes

1. Tell participants:

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.

Now we will review the **non-urgent** and **urgent** side effects of ARVs.

2. Divide the participants into pairs and give each pair 1 side effect picture. If you have pictures left over, split up some of the pairs and give the remaining pictures to individual participants.



20 minutes

3. Ask a pair to come to the front of the room, hold up their side effect picture and say its name aloud. Then ask participants:

Do you think this is a **non-urgent** side effect (not serious) or an **urgent** side effect (very serious, one for which you would refer someone to the health facility immediately)?

- **4.** Ask participants to decide together quickly. Once participants have decided either "non-urgent" or "urgent," confirm the correct answer and ask the pair to go stand near the correct sign.
- **5.** Repeat this process for each side effect. Encourage participants to decide quickly for each side effect. Do not spend more than a minute or so on each.

URGENT NON-URGENT Go to the Health Center Go to the health facility within **Immediately** one week Difficulty breathing Muscle Pains Trouble swallowing Diarrhea Swollen eyes Nervousness or anxiety Strange dreams Blisters or sores Vomiting Difficulty sleeping

CONTINUED >

URGENT Go to the Health Center Immediately

NON-URGENT Go to the health facility within one week



Rash



Abdominal Pain



Yellow eyes (jaundice)



Fever



Swollen tongue



Headache



Loss of appetite



Burning or tingling feet



Weakness or fatigue



Night sweats



5 minutes

6. Once everyone is standing under one sign or the other, ask participants standing under the "non-urgent" sign to hold up their pictures and say the side effects aloud, 1 at a time.

7. Tell participants:

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.



5 minutes

8. Ask participants standing under the "urgent" sign to hold up their pictures and say the side effects aloud, 1 at a time.

9. Tell participants:

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.

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.



10 minutes

10. Thank the participants and ask them to be seated. Collect the side effects pictures.

- **11.** Divide participants into pairs again. Ask pairs to find the 1st side effects picture story on page xx of their handbooks.
- **12.** Tell participants that this is a picture story (a story told with pictures, not words) about a severe side effect. Explain that participants should "read the story" from left to right, across, and then down.
- **13.** Ask the pairs to spend 5 minutes or so discussing what is happening in the picture story. As they are discussing, circulate and help as needed.
- **14.** Call everyone's attention. Show the slide or flipchart picture of the story. Ask a volunteer to come to the front of the room and explain what is happening in the picture story, 1 picture at a time. Confirm or correct as needed.



Side Effects of ARVs: Story 1

Picture 1: The man greets the accompagnateur.

Picture 2: The man takes his 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.

16. Thank the volunteer and ask her or him to be seated.



10 minutes

17. Repeat this process for the 2nd side effects picture story on page xx of the Accompagnateur Handbook.

18.



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.



5 minutes

19. Lead a quick review: hold up each side effects picture 1 at a time, say it aloud, and ask participants to call out whether it is urgent or non-urgent. Correct as needed.



15 minutes

20. As a final review, show the slide or flipchart pictures of mild and serious side effects of ARVs.

21.



Non-urgent Side Effects of ARVs

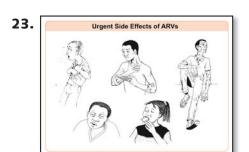
- Muscle pains
- Diarrhea
- Nervousness or anxiety
- Strange dreams
- Difficulty sleeping

22.



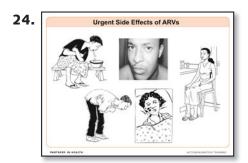
Non-urgent Side Effects of ARVs

- Headache
- Loss of appetite
- Burning or tingling feet
- Weakness or fatigue
- Night sweats



Urgent Side Effects of ARVs

- Difficulty breathing
- Trouble swallowing
- Swollen eyes
- Swollen tongue
- Blisters or sores

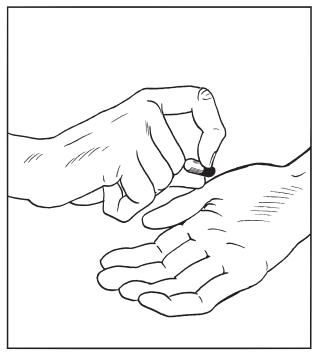


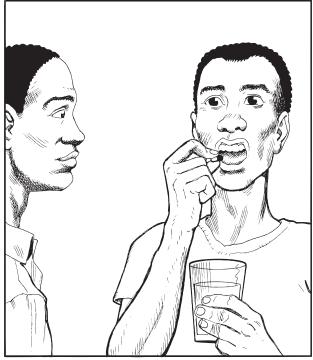
Urgent Side Effects of ARVs

- Vomiting
- Rash
- Abdominal pain
- Yellow eyes (jaundice)
- Fever
- **25.** Ask the participants to find the pictures and information about non-urgent and urgent side effects of ARVs on pages xx of their handbooks. Tell participants that they must study this information at home so that they learn it well. They can also use the pictures to educate people under their care who are taking ARVs.

UNIT 6, SESSION 1: PICTURE STORY #1









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UNIT 6, SESSION 1: PICTURE STORY #2





Difficulty breathing



Trouble swallowing



Swollen eyes



Blisters or sores



Vomiting



Rash



Abdominal pain



Yellow eyes (jaundice)



Fever



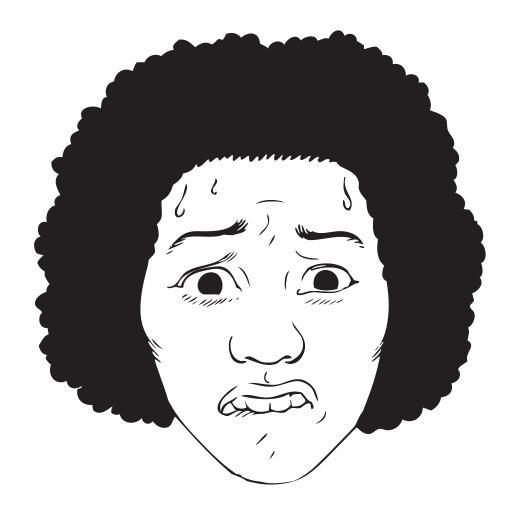
Swollen tongue



Muscle pains



Diarrhea



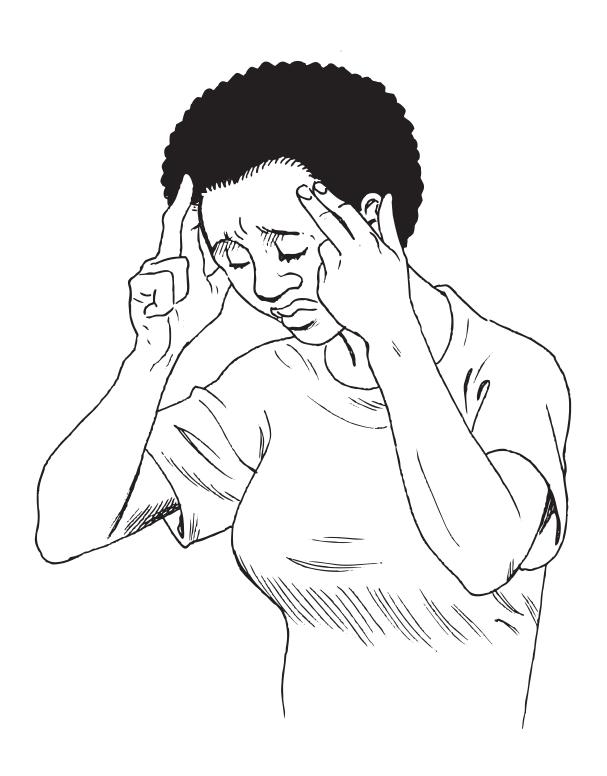
Nervousness or anxiety



Strange dreams



Difficulty sleeping



Headache



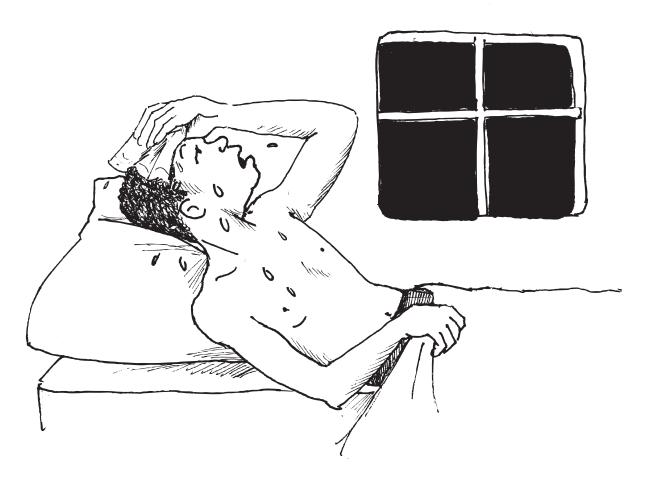
Loss of appetite



Burning or tingling feet



Weakness or fatigue



Night sweats

SESSION 2 SIDE EFFECTS REFERRALS



Method: Case study



Time: 35 minutes



Objectives

Participants will be able to:

e. Recognize urgent side effects of ARVs that require immediate referral to the health center.



Preparation

• Review the case study and sample answers at the end of this activity.



Materials

• Case study on page xx of the Accompagnateur Handbook.



STEPS



5 minutes

- **1.** Divide the participants into small groups of 3. Make sure that each group has at least 1 literate person in it.
- **2.** Explain the small group task:
 - Ask 1 member of your group to read aloud the case study on page xx of your Accompagnateur Handbook.
 - Discuss the case study questions.
 - Ask 1 group member to write the answers in her or his handbook.
 - You will have 15 minutes to work.



15 minutes

3. Give the small groups 15 minutes to work. As small groups are working, circulate and help as needed.



15 minutes

- **4.** Ask a small group to share their answer to the 1st question. Then ask the other groups if they have anything to add. Continue in this manner for the remaining case study questions, asking a different group each time. Provide clarification as necessary.
- **5.** Summarize by telling participants these important points:
 - It is essential to ask patients about specific side effects. Instead of asking, "How do you feel?" Pierre should have asked, "Do you have a stomachache? Do you have a headache? Are you dizzy?" and so on.
 - Patients should feel relaxed around their accompagnateurs. Because Pierre left Marie-Fleur's house quickly to hurry to the market, perhaps Marie-Fleur did not feel comfortable bringing up her side effect with him.
 - All patients experiencing side effects should visit the health center to see a doctor. Patients with urgent side effects should go immediately, and patients with less urgent side effects should go within 1 week.
 - If patients are too sick to walk to the health center, accompagnateurs should arrange for their transportation or go to the health center themselves and talk to the staff there to find transportation for the patient.



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?

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?



ACCOMPAGNATEUR CHECKLIST

- \square 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.



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 deepens the accompagnateurs' understanding of issues related to HIV/AIDS and women, and it provides them with an opportunity to practice how they will work with women in their communities.



OBJECTIVES

By the end of the unit, participants 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.



TIME REQUIRED: 3 hours and 15 minutes

^{*}This unit Does not contain updated protocols.

UNIT OVERVIEW

Session	Content	Methods	Time	Materials
1	Participants discuss the special vulnerability of women to HIV/AIDS.	Large group discussion	30 minutes	• Statistics on the prevalence of HIV/AIDS in your country
2	Participants review information on HIV, pregnancy, and breastfeeding.	Small group activity Role play	1 hour	 Information on HIV and pregnancy in Accompagnateur Handbook Case studies in Accompagnateur Handbook Chart paper Markers Tape Slide or flipchart presentation AV equipment (if using slides)
3	Participants discuss how to follow up after delivery.	Role play	30 minutes	Role play scenario (following this session)Baby bottle
4	Participants learn how to prepare infant formula.	Demonstration Large group discussion	45 minutes	 Baby bottle Infant formula Boiling water Measuring spoons Slide or flipchart presentation AV equipment (if using slides)
5	Post-Test	Assessment	30 minutes	Pecils or pensPhotocopies of Post-Test 1



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.

SESSION 1 WOMEN AND HIV



Method: Large group discussion



Time: 30 minutes



Objectives

Participants will be able to:

- **a.** Describe the impact of HIV on women.
- **b.** Describe ways that women are more vulnerable than men to HIV/AIDS.



Preparation

• Gather statistics on the prevalence of HIV/AIDS in your country from the district medical doctor or head of the health center, with a particular emphasis on the disparity between men and women living with HIV/AIDS.



Materials

• Statistics on the prevalence of HIV/AIDS in your country



STEPS



10 minutes

1. Tell participants:

In this unit, we will discuss why women are particularly vulnerable to getting HIV, and to being negatively affected if they have HIV.

2. Ask participants:

Why might women be more vulnerable to getting HIV, and more likely to be negatively affected if they have HIV? (Take some volunteer responses.)

- **3.** Share the following statistics on HIV prevalence among women around the world, and any additional statistics on your country that you prepared:
 - 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

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

- In sub-Saharan Africa in 2007, 61 percent of adults living with HIV were women.²
- In 2004, there were 13 HIV-positive women for every 10 HIV-positive men in sub-Saharan Africa.³



20 minutes

- **4.** Ask participants:
 - Women are at least 4 times more vulnerable than men to HIV/AIDS.
 What do you think makes women more vulnerable to HIV/AIDS than men? (Take volunteer responses.)
- **5.** Make sure that the following points are mentioned:

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.
- 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

² 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.pd

³ UNAIDS 2004 Report on the Global AIDS Epidemic. http://www.unaids.org/bangkok2004/report.html

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.

6. Ask participants:

- What does the prevalence of HIV/AIDS among women, and all the issues that women have to deal with, mean for accompagnateurs? (Accompagnateurs must educate women about HIV/AIDS prevention and transmission; they must watch for clues of domestic violence and alert a social worker or the health center staff if necessary; and they 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? (Possible answers: use condoms correctly; have only 1 sexual partner; be aware of how women are more vulnerable to HIV; educate their sisters, daughters, and wives.)

SESSION 2 HIV AND PREGNANCY



Methods: Small group activity and Role play



Time: 1 hour



Objectives

Participants will be able to:

c. Describe how women with HIV can transmit HIV to their infants and how they can prevent transmission.



Preparation

Review the slide or flipchart information in this activity.



Materials

- Information about HIV and pregnancy on pages xx of the Accompagnateur Handbook
- Role play on page xx of the Accompagnateur Handbook
- Chart paper
- Markers
- Tape
- Slide or flipchart presentation
- AV equipment (if using slides)



STEPS



10 minutes

- **1.** Ask participants the following questions and take some volunteer responses:
 - Do you know anyone with HIV who has become pregnant?
 - What did the woman do?
 - Did she take any precautions to make sure her baby did not get HIV?
 - How and where did she deliver?
- **2.** Tell participants that this unit provides information about how HIV affects pregnant women and how it is possible to protect unborn babies from getting HIV from their mothers. Participants will learn how to teach HIV-positive women in their community to prevent the transmission of HIV to their babies by having healthy pregnancies and deliveries.

- **3.** Divide participants into groups of 4 or 5 participants. Make sure there is at least 1 literate person and, if possible, an experienced accompagnateur in each group.
- **4.** Ask participants to find the information on pregnancy and HIV on pages xx of their Accompagnateur Handbooks, and the role play on page xx.
- **5.** Explain the small group task:
 - Choose 1 group member to read the information about pregnancy and HIV aloud. Make sure that everyone understands the information.
 - Read the role play situation aloud. With your group members, decide what the accompagnateur and Lourdes will say and do.
 - Choose 2 group members to perform your role play. The 2 members should practice the performance and the other group members should provide feedback.
 - You will have 25 minutes to work.

6. Tell participants:

As you are working, I will walk around, observe, and choose 1 small group to perform the small group task.



25 minutes

- **7.** Give small groups 25 minutes to work. As groups are working, circulate, observe, and help as needed. Choose a group to perform. Give groups 5-and 1-minute warnings.
- **8.** Ask the group you chose to come forward and perform their role play.
- **9.** After the role play, ask participants the following questions and encourage a brief discussion:
 - What did the accompagnateur do well?
 - How did Lourdes respond?
 - What could the accompagnateur do better next time?
- **10.** To summarize and review, ask participants:
 - How can babies get HIV?
 - (Make sure to cover all of these answers: during pregnancy, during childbirth, by drinking HIV-infected breast milk, by having HIV-infected breast milk rubbed into their eyes.)

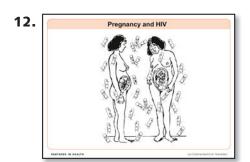
• How can HIV transmission from mother to baby be prevented?

(The mother takes ARVs during pregnancy; the mother takes ARVs during childbirth; the mother delivers the baby in the health center; the baby takes ARVs; the mother feeds the baby infant formula instead of breast milk.)



10 minutes

11. Briefly review the material covered using the flipchart or slide presentation.



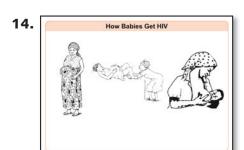
Pregnancy and HIV

Say: 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

Say: 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

Say: 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.

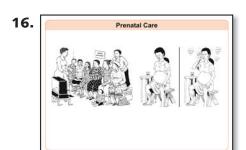


Preventing Mother-to-Child Transmission of HIV

Explain to participants that PMTCT stands for "prevention of mother-to-child transmission" of HIV.

Say:

- 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

Say: 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

Say: 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

Say: 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

Say: 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

Say: The accompagnateur 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.
- **21.** Ask participants if they have any questions, and answer or ask experience participants to answer.



ROLE PLAY: HIV, PREGNANCY, AND BREASTFEEDING

 $(page\ XX\ of\ Accompagnateur\ Handbook)$

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.

SESSION 3 FOLLOW-UP AFTER DELIVERY



Method: Role play



Time: 30 minutes



Objectives

Participants will be able to:

d. Explain how accompagnateurs should follow up with mothers after delivery.



Preparation

- Choose 3 fairly literate participants to act as mothers in the 3 role plays. Show them role play scripts 1, 2, and 3 on pages xx of their handbooks and ask them to spend a few minutes preparing to perform.
- Find a baby bottle to use during the role plays.



Materials

- Role plays on pages xx of the Accompagnateur Handbook
- Baby bottle



STEPS



10 minutes

- **1.** Ask participants:
 - What should accompagnateurs do when they visit HIV-positive mothers who have just given birth?

(Ask how the mother and baby are feeling; ask if they have enough formula; ask if the mother and baby have visited the health center yet for their postnatal visit, etc.)

2. Ask the participant you chose for role play 1 to come forward. Perform role play 1.

3. Ask participants:

• What is the problem with this scene?

(The accompagnateurs should have ensured that the mother was comfortable with delivering in the health center and able to get there before she gave birth; if an HIV-positive mother delivers outside of the health center, she must go to the health center as soon as she is able. The medicines administered to the child after delivery are most effective within 12 hours of delivery.)

What should the accompagnateur do?

(Advise the mother to visit the health center to get AZT syrup and formula for the baby immediately. Accompany her to the health center if necessary. If she is too weak to go to the health center herself, go to the health center and inform a doctor or nurse that one of your HIV positive patients has delivered outside of the health center and needs immediate care.)



Visit the health center within 3 days of delivery

Say: 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.

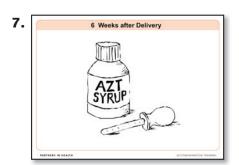


10 minutes

- **5.** Ask the participant you chose for role play 2 to come forward. Perform role play 2.
- **6.** Ask participants:
 - When is this scene taking place? (4 weeks after the baby is born.)
 - What is the accompagnateur doing?

(Checking in on the mother and her baby; making sure that the mother is formula-feeding instead of breastfeeding; reminding the mother about their 6-week health center appointment and encouraging her to go; giving AZT syrup to the baby twice a day for 45 days.)

• What will happen when the mother and baby go to the health center? (The baby will start taking Bactrim and have an HIV test; the mother can pick up more formula.)



6 Weeks after Delivery

Say: 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.



10 minutes

- **8.** Ask the participant you chose for role play 3 to come forward. Perform role play 3.
- **9.** Ask participants:
 - What should the accompagnateur say?

 (It is necessary to go to the health center any time the mother or infant feels sick; the accompagnateur can arrange for transportation to the health center or child care for any other children to help make it easier for the mother to visit the health center.)
 - Why?

(An HIV-positive mother and her new HIV-exposed baby can get sick very easily, and it is very important for them to visit the health center if they feel any symptoms at all.)



If the mother or baby feels sick

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



Visit the health center 18 months after delivery

Say: 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

Say: 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.

13. Afterward, ask participants:

- What is the role of the accompagnateur after the baby is born?

 (He or she watches the mother give the baby AZT syrup twice a day for 7 days or as prescribed by the doctor or nurse, makes sure the mother knows how to prepare formula, makes sure the mother has enough formula, and reminds the mother about postnatal visits.)
- Who should the accompagnateur coordinate with at the health center? (Social workers, midwives, POSER team members, doctors, or nurses.)



ROLE PLAY: FOLLOW-UP VISITS AFTER DELIVERY

 $(page\ XX\ of\ Accompagnateur\ Handbook)$

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

SESSION 4 PREPARING INFANT FORMULA



Methods: Demonstration and Large group discussion



Time: 45 minutes



Objectives

Participants will be able to:

e. Demonstrate how to prepare infant formula.



Preparation

- Arrange to have water and a stove available.
- Gather the materials listed below, enough for pairs or small groups of participants to practice mixing infant formula.



Materials

- · Baby bottles
- Infant formula
- Water, and stove for boiling water
- Measuring spoons
- Slide or flipchart presentation
- AV equipment (if using slides)



TIP: If you do not have enough materials for pairs, divide participants into small groups instead.



STEPS



5 minutes

1. Tell participants:

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.

2. Ask participants:

• 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.)



15 minutes

3. Ask for a volunteer who knows how to prepare infant formula to come to the front of the room and demonstrate. Help the volunteer to demonstrate by following the steps on the flipchart or slide presentation. If there are no experienced participants in the group, do the demonstration yourself.



Preparing Infant Formula: Step 1

Say: Wash your hands with soap and clean water.

Ask:

- Where do you get clean water?
- Where can your patients get clean water?



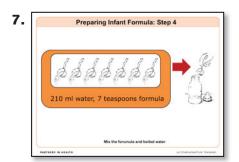
Preparing Infant Formula: Step 2

Say: 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.)



Preparing Infant Formula: Step 3

Say: 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.)



Preparing Infant Formula: Step 4

Say: 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.)



Preparing Infant Formula: Step 5

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



Preparing Infant Formula: Step 6

Say: 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.



Discard or drink extra formula

Say: 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.



20 minutes

- **11.** Organize participants into pairs (or small groups), preferably matching up experienced accompagnateurs with inexperienced participants. Give each pair a bottle, measuring spoon, etc. Ask 1 participant in each pair to pretend to know nothing about how to prepare formula. The other person must give him or her instructions, as if instructing a mother.
- **12.** Give pairs 15 minutes to work. As pairs are working, circulate and help as needed.



5 minutes

- **13.** Bring the pairs back together into the larger group. Ask participants:
 - What was your experience teaching someone to prepare infant formula?
 - 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; etc.)
 - 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, etc.)



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.

SESSION 5 **POST-TEST**



Method: Assessment



Time: 45 minutes



Objectives

Participants will be able to:

• Assess prior knowledge of the training topic



Preparation

• Review the pre-test questions.



Materials

- Pencils or pens for all participants
- Photocopies of Post-Test 1 for all participants



TIP: Explain the post-test carefully in case some participants are not familiar with taking tests.



STEPS



45 minutes

- 1. Explain that participants will now take a "post-test." The purpose of this post-test is not to judge participants, but rather to better understand what participants already know, to make sure this training addresses their needs. The post-test will also help assess the effectiveness of this training and improve it for future trainings.
- **2.** Give each participant a photocopy of Post-Test 1.
- **3.** Before the post-test, ask participants to complete the information on the top of each page of the test and give it to you. If a participant does not know the exact date the became a CHW, tell him or her to write the year that he or she became a CHW and record the day as "30" and the month as "b."

- **4.** Explain that you will read aloud some questions about the training topic. Participants will answer the questions by circling the best response for each question on their post-test.
- **5.** Tell participants that if they do not know the answer to a question, they should leave it unanswered.
- **6.** Explain that you will do the first question together.
- **7.** Read the first question and possible answers aloud. Ask a volunteer to answer, or answer it yourself. Explain that, to answer this question, participants should circle that answer on their papers.
- **8.** Walk quickly around the room and check to make sure that participants have marked the answer to the first question correctly.
- **9.** Read the rest of the post-test questions and possible answers aloud slowly, 1 at a time. Repeat questions as needed. After you read each question, give participants time to circle the answer.
- **10.** Explain that at the end of this training, participants will take this test again to see how much they have learned. You will review the correct answers then.



TIP: Correct the pre-tests during a break, since you will need to give them back for the participants after they take the post-test. For any incorrect answer, underline the correct answer so that the participants will see the difference between their wrong answers and the correct answers.

POST-TEST 1 ANSWER KEY 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. (i)2. You can get HIV by shaking hands with someone who has HIV. **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. **6.** A person can have HIV and not show any symptoms. **True False**

	HIV tests are inaccurate within the first 4 to 12 weeks of infection.	\odot	
•••••		<u>True</u>	False
8.	3. Women are more vulnerable than men to HIV.	\odot	
		<u>True</u>	False
	HIV-positive pregnant women should deliver their babies at home to avoid passing HIV on	\odot	
	to their babies.	True	<u>False</u>

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



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 them to do this.



OBJECTIVES

By the end of the unit, participants 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.



TIME REQUIRED: 2 hours and 30 minutes

UNIT OVERVIEW

Session	Content	Methods	Time	Materials
1	Pre-Test	Assessment	30 minutes	Pencils or pensPhotocopies of Pre-Test 2
2	Participants learn about symptoms, transmission, and treatment of STIs.	Large group discussion	20 minutes	 Images of STI symptoms in Accompagnateur Handbook Slide or flipchart presentation AV equipment (if using slides) Chart paper Markers Tape
3	Participants discuss STI symptoms and prevention.	Picture story	40 minutes	 Picture stories 1 and 2 in Accompagnateur Handbook Slide or flipchart presentation AV equipment (if using slides)
4	Participants discuss the social aspects of STIs, including the importance of testing partners, and communication with the community.	Role play	30 minutes	Images of STI symptomsChart paperMarkersTape



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.

SESSION 1 PRE-TEST



Method: Assessment



Time: 45 minutes



Objectives

Participants will be able to:

Assess prior knowledge of the training topic



Preparation

• Review the pre-test questions.



Materials

- Pencils or pens for all participants
- Photocopies of Pre-Test 2 for all participants



TIP: Explain the pre-test carefully in case some participants are not familiar with taking tests.



STEPS



45 minutes

- 1. Explain that participants will now take a "pre-test." The purpose of this pre-test is not to judge participants, but rather to better understand what participants already know, to make sure this training addresses their needs. The pre-test will also help assess the effectiveness of this training and improve it for future trainings.
- **2.** Give each participant a photocopy of Pre-Test 2.
- **3.** Before the pre-test, ask participants to complete the information on the top of each page of the test and give it to you. If a participant does not know the exact date the became a CHW, tell him or her to write the year that he or she became a CHW and record the day as "30" and the month as "b."

- **4.** Explain that you will read aloud some questions about the training topic. Participants will answer the questions by circling the best response for each question on their pre-test.
- **5.** Tell participants that if they do not know the answer to a question, they should leave it unanswered.
- **6.** Explain that you will do the first question together.
- **7.** Read the first question and possible answers aloud. Ask a volunteer to answer, or answer it yourself. Explain that, to answer this question, participants should circle that answer on their papers.
- **8.** Walk quickly around the room and check to make sure that participants have marked the answer to the first question correctly.
- **9.** Read the rest of the pre-test questions and possible answers aloud slowly, 1 at a time. Repeat questions as needed. After you read each question, give participants time to circle the answer.
- **10.** Explain that at the end of this training, participants will take this test again to see how much they have learned. You will review the correct answers then.



TIP: Correct the pre-tests during a break, since you will need to give them back for the participants after they take the post-test. For any incorrect answer, underline the correct answer so that the participants will see the difference between their wrong answers and the correct answers.

PRE-TEST 2 ANSWER KEY 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. **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 **False** where HIV can enter the body. (:)**2.** All STIs are life-long diseases. They can never be (i)**3.** Discrimination means treating someone unfairly because you think she or he is bad or different. **False True 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. **False**

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





<u>True</u>

ı<u>e</u> Fals

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

SESSION 2 CLINICAL ASPECTS OF SEXUALLY-TRANSMITTED INFECTIONS (STIS)



Method: Large group discussion



Time: 20 minutes



Objectives

Participants 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.



Preparation

• Photocopy or tear out the images of STI symptoms following this session.



Materials

- Images of STI symptoms
- Slide or flipchart presentation
- AV equipment (if using slides)
- Chart paper
- Markers
- Tape



STEPS



5 minutes

- **1.** Ask participants the following questions, and add or correct answers as needed:
 - What are STIs, and how are they transmitted?
 (An STI is a sexually-transmitted infection an illness that is passed from person to person during sex.)
 - Is HIV an STI?

 (Yes)

• Why is it important to think about HIV and other STIs together?

(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.)



15 minutes

- **2.** Ask participants:
 - 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. Often, conjunctivitis (an eye infection) in newborns is a sign that the mother has an STI.)
- **3.** As participants respond, give them the STI images that correspond with their answers and ask them to come and stand at the front of the room. For example, if a participant answers "vaginal itching," give her or him the image of vaginal itching. After participants have named all the symptoms they know, give any remaining symptoms to participants at random.
- **4.** Ask each participant with an image to hold it high and say it aloud. Then tell participants:

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.

5. Thank participants and ask them to be seated. Show the slide or flipchart images of STI symptoms and review them briefly.



Symptoms of STIs

7. Ask the participants if they have any questions about STI symptoms, and answer or ask experienced participants to answer.



STI SYMPTOMS

 $(page\ XX\ of\ Accompagnateur\ Handbook)$

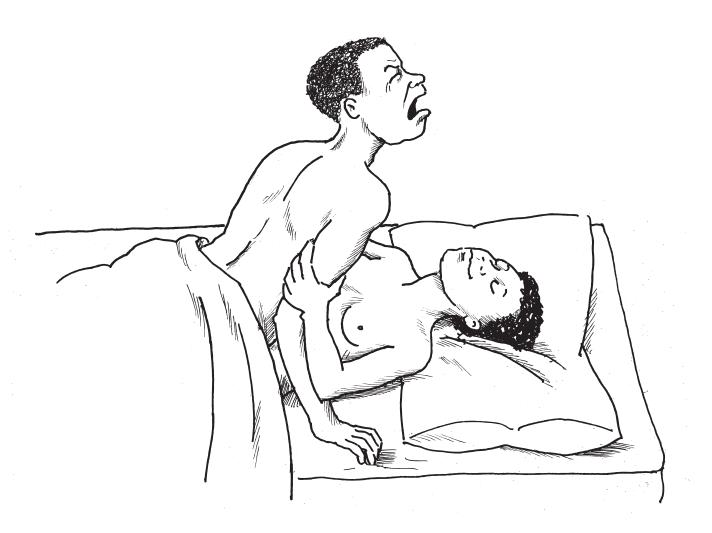
- Vaginal itching or discharge
- Burning during urination
- Discharge from penis
- Sores or blisters on the penis or vagina
- Pain during sex
- Lower abdominal pain
- Eye infection in newborns



Discharge from penis



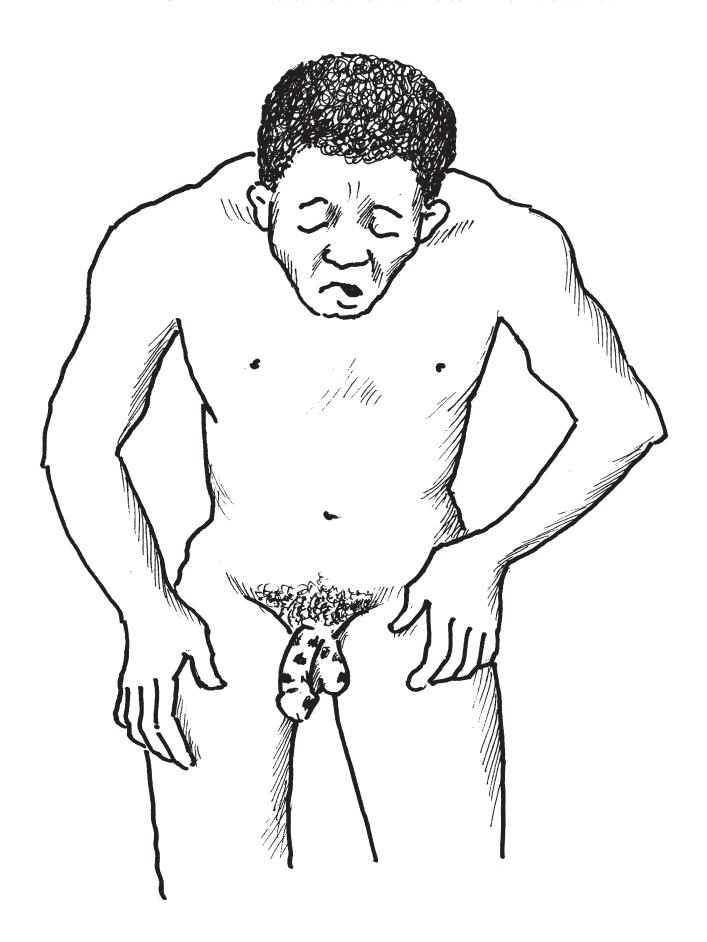
Vaginal itching



Pain during sex



Burning during urination



Sores on penis



Lower abdominal pain



Eye infection in newborns

SESSION 3 TREATMENT AND PREVENTION OF SEXUALLY-TRANSMITTED INFECTIONS (STIS)



Method: Picture Story



Time: 40 minutes



Objectives

Participants will be able to:

- **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.



Preparation

• Review picture stories 1 and 2 below.



Materials

- Picture stories 1 and 2 on pages xx of the Accompagnateur Handbook
- Flipchart or slide presentation
- AV equipment (if using presentation slides)



STEPS



10 minutes

- **1.** Explain that participants will be evaluating and discussing 2 picture stories about STIs.
- **2.** Divide participants into pairs and have them find picture story 1 on page XX of their Accompagnateur Handbooks. Ask them to look at the story together and discuss what is happening in each frame of the story.



Picture Story 1
Signs and Symptoms of STIs



10 minutes

- **4.** Bring the whole group back together. Ask a volunteer to come to the front of the room and tell the story frame by frame.
- **5.** Afterwards, ask participants:
 - What was the doctor telling the man? (STIs can be cured with medicine.)
 - What was the man thinking? Why?

 (The man was afraid that he was going to die from the STI, probably because he did not know what an STI was or how he got it.)
 - Do you think that everyone with STI symptoms visits the health center as quickly as this man did? Why or why not?

 (Many people are afraid to go to the health center because they do not want to hear bad news or because they are worried about the cost of treatment; some people live far away from the health center; people may be ashamed of STI symptoms, etc.)

6. Tell participants:

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.



10 minutes

7. Ask participants to work with the same partners again and have them find picture story 2 in their Accompagnateur Handbook on page XX. Ask them to look at the story with each other and discuss what is happening in each frame. Tell participants that this is the story of a young couple, Joel and Marie. They are dating.



10 minutes



Picture Story 2
Get tested for STIs before sex

- **9.** Bring the whole group together and ask a volunteer to come to the front of the class and tell the story, frame by frame.
- **10.** Afterwards, ask participants:
 - Why did each partner want the other to get tested?

 (If one partner had an STI, he or she could pass it to the other.)
 - Why is getting tested for STIs important?

 (If you know you have an STI, you can get treatment and prevent passing it to your partner.)
 - Will this couple ever have to get tested again? Why?

 (It is a good idea to continue getting tested in case either partner is not monogamous.)

• Why did the couple still want to use condoms?

(In case one person gets an STI from someone else before getting tested again, or to prevent pregnancy.)

11. Tell participants:

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.

PICTURE STORY 1

Signs and Symptoms of STIs

 $({\color{red}page~X\!X}~of~Accompagnateur~Handbook)$



PICTURE STORY 1 (CONTINUED)

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

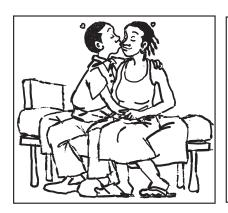
Frame 8: The doctor says "STI" to a man from the previous frame. The man looks frightened and has a picture of a cemetery or funeral in a thought bubble.

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

 $(page\ XX\ of\ Accompagnateur\ Handbook)$

















PICTURE STORY 2 (CONTINUED)

- **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.

SESSION 4 SOCIAL ASPECTS OF SEXUALLY-TRANSMITTED INFECTIONS (STIS)



Method: Role play



Time: 30 minutes



Objectives

Participants will be able to:

- **g.** Share information about STI prevention and treatment with community members.
- **h.** Encourage anyone with symptoms of an STI to get tested for HIV.



Preparation

• Be prepared to give suggestions after the improvised role play.



Materials

- Chart paper
- Markers
- Tape



STEPS



10 minutes

- **1.** Explain that patients rarely offer up information about STI symptoms they may be having because it is potentially embarrassing and difficult to talk about. It is common for patients to come to the health center complaining about an illness that they do not have because they are too ashamed to talk about their genitals. The doctor or nurse often has to ask many questions before discovering that the patient has symptoms of an STI.
- **2.** Ask participants the following questions and encourage a discussion:
 - How can accompagnateurs politely and delicately draw out this information?
 - What are direct and specific questions you can ask?
- **3.** Write participants' suggestions on chart paper.

4. Remind participants:

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.

Some tips 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, and ask about specific signs and symptoms.



10 minutes

- **5.** Ask for 2 volunteers to come to the front of the room to improvise a role play.
- **6.** Explain the role play:
 - One volunteer will play an accompagnateur and the other will play a patient.
 - The patient has symptoms of an STI but is reluctant to talk about them.
 - The accompagnateur makes the patient comfortable and eventually the patient mentions the symptoms.
 - Etc.
- **7.** Ask the volunteers to start the role play.



10 minutes

- **8.** After the volunteers have finished, ask everyone the following questions and encourage a brief discussion:
 - What did the accompagnateur do well?
 - What could the accompagnateur do better the next time?
 - How did the patient respond? Why?
 - Who has experience speaking with patients and community members about STIs? What advice can you share?
- **9.** Ask participants what remaining questions they have about STIs, and answer accordingly or ask experienced participants to answer.



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.



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 accompagnateurs understand and recognize stigma and discrimination, acknowledge how their own attitudes contribute to stigma and discrimination, recognize their own attitudes toward people living with HIV/AIDS, and decrease stigma and discrimination in their communities.



OBJECTIVES

By the end of the unit, participants 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 their own attitudes may contribute to discrimination and how these attitudes affect their work.
- **f.** List strategies that accompagnateurs can use to decrease negative attitudes and discrimination related to HIV/AIDS in their communities.



TIME REQUIRED: 3 hours and 30 minutes

UNIT OVERVIEW

Session	Content	Methods	Time	Materials
1	Participants reflect on their personal experiences with discrimination.	Reflection journey	30 minutes	• Experiencing Discrimination story in Facilitator Manual
2	Participants discuss the definitions, causes, and effects of negative attitudes and discrimination toward people living with HIV/AIDS.	Large group discussion	1 hour and 15 minutes	 Slide or flipchart presentation AV equipment (if using slides) Chart paper Markers Tape
3	Participants reflect on negative attitudes they may have about people with HIV/AIDS, or times they may have discriminated against people living with HIV/AIDS.	Pair activity Large group discussion	45 minutes	 Slide or flipchart presentation AV equipment (if using slides) Chart paper Markers Tape
4	Participants identify examples of negative attitudes (stigma) and discrimination by discussing case studies.	Case study	1 hour	 Case studies (following this activity) Accompagnateur Handbooks



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.

SESSION 1 **EXPERIENCING STIGMA AND DISCRIMINATION**



Method: Reflection journey



Time: 30 minutes



Objectives

Participants will be able to:

a. Identify challenges faced by people living with HIV/AIDS who are discriminated against.



Preparation

• Familiarize yourself with the story and practice telling it well for maximum impact.



Materials

• Experiencing Discrimination story below



TIP: This activity may bring up painful memories for some participants, and they may react with strong emotions. Before you begin, ask participants to be aware of this and to respect each others' memories, responses, and emotions. Be prepared to respond kindly and appropriately if any participants experience traumatic emotions or memories.



STEPS



10 minutes

1. Tell participants that you are going to tell a story. As you read the story, participants should close their eyes and imagine that they are the character in the story.

2. Read the following 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.

- **3.** Afterwards, ask participants to open their eyes. Ask participants the following questions and encourage a brief discussion about the story:
 - Why do you think the community members in the story ignored the person and told their children to stay away?
 - How did it feel to imagine being treated that way?



5 minutes

- **4.** Explain that feelings of isolation and rejection are very common among people living with HIV/AIDS or other diseases. Tell participants to close their eyes as you ask the following questions. Tell them that they should not answer out loud, just quietly reflect on their answers. Pause for awhile after you ask each question to allow participants to think about it.
 - 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?



15 minutes

5. After you have asked all the questions, ask if 1 or 2 volunteers would feel comfortable sharing their experiences with the group.

6. Ask participants:

• Why did I ask you to reflect on these things? How does this relate to your role as accompagnateurs?

(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.)

SESSION 2 **DEFINITION, CAUSES, AND EFFECTS OF NEGATIVE ATTITUDES (STIGMA) AND DISCRIMINATION**



Method: Large group discussion



Time: 1 hour and 15 minutes



Objectives

Participants will be able to:

- **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.



Preparation

- Write the following questions on a sheet of chart paper:
- What are the causes of negative attitudes and discrimination against people with HIV/AIDS?
- What are the consequences of negative attitudes and discrimination against people living with HIV/AIDS, their families, and their communities?
- What are the benefits of reducing discrimination in our communities?



Materials

- Slide or flipchart presentation
- AV equipment (if using slides)
- Chart paper
- Markers
- Tape



STEPS



5 minutes

1. Explain that in this unit participants will talk about discrimination against people with HIV/AIDS, how to recognize it, and what accompagnateurs can do about it.

2. Ask participants:

- Many people have negative ideas (attitudes) or misconceptions about people with HIV/AIDS. What are some of these negative ideas or misconceptions?
 - (People living with HIV/AIDS are bad and dirty; they deserve to have HIV because they have done something wrong; they are promiscuous and have sex with a lot of people; they use drugs; they cheat on their partners; they are cursed; they are being punished by God; they are poor; they should not go to school or church, etc.)
- How do you think these negative ideas (attitudes) affect people living with HIV/AIDS and their communities?

(These ideas can make those living with HIV/AIDS, their family members, and their caregivers feel guilty and ashamed; they can lead to people with HIV/AIDS being treated badly and discriminated against, they can create divisions within communities, etc.)



10 minutes





Discrimination

Say: 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.

Ask:

- 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?

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

4. Ask participants:

 What are some ways in which people discriminate against people living with HIV/AIDS?

(They are insulted and gossiped about; they are socially isolated; children are not allowed to go to school; they are not allowed medical treatment; they are barred from events such as weddings and funerals; they are refused jobs; people refuse to sit with them, eat with them, touch them, etc.)



5 minutes

- **5.** Divide participants into 2 groups by having them count off by 2s. The "1s" should be in Group 1 and the "2s" should be in Group 2. Once they are in 2 groups, ask them to choose someone to take notes and report back to the whole group after the discussion. Post the questions you prepared and ask groups to discuss them:
 - What are the causes of negative attitudes and discrimination against people with HIV/AIDS?
 - What are the consequences of negative attitudes and discrimination against people living with HIV/AIDS, their families, and their communities?
 - What are the benefits of reducing discrimination in our communities?



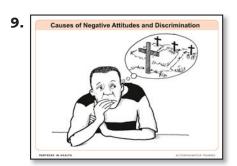
20 minutes

6. Give groups 20 minutes to work. As groups are working, circulate and help as needed.



10 minutes

- **7.** Ask Group 1 to report their ideas about the causes of negative attitudes and discrimination related to HIV/AIDS and ask Group 2 to add any additional causes they discussed.
- **8.** Show the following flipchart or slide image and review the information.



Causes of Negative Attitudes and Discrimination

Say: Causes of negative attitudes and discrimination include: lack of information; myths and fears about transmission; fears about death and illness; moral judgments and assumptions about people living with HIV/AIDS.



10 minutes

- **10.** Ask Group 2 to report their ideas about the consequences of negative attitudes and discrimination and ask Group 1 to add any additional consequences they discussed.
- **11.** Show the following flipchart or slide image and review the consequences of negative attitudes and discrimination.



15 minutes

12.



Consequences of Negative Attitudes and Discrimination

Say: 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.

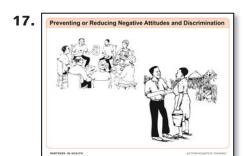
- **13.** Ask Groups 1 and 2 together what the benefits are of reducing negative attitudes and discrimination, and allow them to share their ideas.
- **14.** Show the following slide or flipchart image and review the benefits.



Benefits of Reducing Negative Attitudes and Discrimination

Say: 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.
- **16.** Show the following slide or flipchart image and review the responsibilities of accompagnateurs.



Preventing or Reducing Negative Attitudes and Discrimination

Say: Be aware of your negative attitudes. 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. Involve people living with HIV/AIDS in discussions with community members about HIV/AIDS and discrimination.

18. Ask participants to find the information about negative attitudes and discrimination on pages xx of the Accompagnateur Handbook. Remind them to review this information at home, and use it to educate community members.

SESSION 3 PREVENTING NEGATIVE ATTITUDES (STIGMA) AND DISCRIMINATION



Methods: Pair activity and Large group discussion



Time: 45 minutes



Objectives

Participants will be able to:

- **e.** Recognize how their own attitudes may contribute to discrimination and how these attitudes affect their work.
- **f.** List strategies accompagnateurs can use to decrease negative attitudes and discrimination related to HIV/AIDS in their community.



Preparation

- Think of a time that you personally have discriminated against someone people living with HIV/AIDS.
- Write these questions on a sheet of chart paper:
 - What are some ways in which you personally or someone you know might have had a negative attitude toward or discriminated against someone living with HIV/AIDS (or another serious illness or problem)?
 - What are some actions you can take as accompagnateurs to help prevent negative attitudes and discrimination against people living with HIV/ AIDS?



Materials

- Chart paper
- Markers
- Tape



STEPS



5 minutes

1. Explain to participants that it is important to recognize any personal negative attitudes they may have about people living with HIV/AIDS so that they can address them and prevent them from happening in the future.

- **2.** Share with participants your recollection of a time when you personally had negative attitudes toward people living with HIV/AIDS or discriminated against them in some way.
- **3.** Ask participants to turn to a person sitting next to them and discuss the following 2 questions:
 - What are some ways in which you personally or someone you know might have had a negative attitude toward or discriminated against someone living with HIV/AIDS (or another serious illness or problem)?
 - What are some actions you can take as accompagnateurs to help prevent negative attitudes and discrimination against people living with HIV/AIDS?



10 minutes

4. Give the pairs 10 minutes or so to discuss the questions.



10 minutes

5. Ask for 2 or 3 volunteer pairs to share ways in which they might have had negative attitudes toward or discriminated against people living with HIV/AIDS (the first question that pairs discussed).



20 minutes

6. Tell participants:

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.

- **7.** Ask volunteer pairs to share their ideas for the second question that they discussed:
 - What are some actions you can take as accompagnateurs to help prevent negative attitudes and discrimination against people living with HIV/AIDS?

- **8.** Write all their responses on chart paper, then add the following points if participants do not mention them:
 - 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.
- **9.** Refer participants to page XX of the Accompagnateur Handbook for information on the role of the accompagnateur in reducing or preventing negative attitudes and discrimination. Ask participants to review this information at home.

SESSION 4 EVALUATION OF NEGATIVE ATTITUDES (STIGMA) AND DISCRIMINATION



Method: Case study



Time: 1 hour



Objectives

Participants will be able to:

- **b.** Define and recognize stigma and discrimination toward people with HIV/AIDS.
- **c.** Identify the causes of stigma and discrimination toward people with HIV/AIDS.
- **d.** Describe the consequences of stigma and discrimination toward people with HIV/AIDS.
- **e.** Recognize how their own attitudes may contribute to discrimination and how these attitudes affect their work.
- **f.** Name strategies accompagnateurs can use to decrease negative attitudes and discrimination related to HIV/AIDS in their community.



Materials

- Case studies⁴ on pages xx of the Accompagnateur Handbook
- Slide or flipchart presentation (optional)
- AV equipment (if using slides)



STEPS



5 minutes

- **1.** Divide the participants into 3 small groups by having them count off by 3s. All the "1s" should work together, all the "2s" should work together, and all the "3s" should work together. Ask each group to choose a person to record their work and report back to the larger group.
- **2.** Ask the groups to find the case studies on pages xx of their Accompagnateur Handbooks. Assign each group 1 of the 3 case studies.

⁴ From Understanding and Challenging HIV Stigma: Toolkit for Action. Developed by Ross Kidd and Sue Clay, 2007.

Explain the small group task:

- Choose 1 group member to read the case study and questions aloud.
- Discuss the questions and make sure that all group members participate in the discussion.
- Ask 1 group member to record the group's answers in his or her handbook.
- Choose 1 group member who will present your answers to the whole group.
- You will have 20 minutes to work.



20 minutes

3. Give the groups 20 minutes to work. As they are working, circulate and help as needed.



25 minutes

4. After the small groups are done with their discussions, show the picture from the first case study and ask that group to report what they discussed. Repeat this process for the remaining case studies.



10 minutes

- **5.** Ask the following questions and lead a large group discussion:
 - Why is it so important to confront negative attitudes and discrimination toward people living with HIV/AIDS?
 (People who are discriminated against will feel sad and lonely; people with HIV/AIDS will hide their status; people will refuse to get tested, making the problem of HIV bigger; people with HIV will not get treatment, etc.)
 - How can you decrease negative attitudes and discrimination toward people living with HIV/AIDS in your community?
 (Correct misunderstandings and myths about HIV/AIDS; talk to people about the dangers of negative attitudes and discrimination; be a role model; educate people in your community about HIV/AIDS, etc.)
- **6.** Ask if participants have any questions, and provide clarifications if necessary.



CASE STUDY 1

(page XX of Accompagnateur Handbook)



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

(page XX of Accompagnateur Handbook)



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?



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.



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 accompagnateurs to understand the psychological and social issues associated with HIV/AIDS and provide them with the communication skills necessary to support people living with HIV/AIDS.



OBJECTIVES

By the end of the unit, participants 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.



TIME REQUIRED: 4 hours and 40 minutes

UNIT OVERVIEW

Session	Content	Methods	Time	Materials
1	Participants learn about the effects of HIV/AIDS on individuals, families, and communities.	Small group activity Large group discussion	1 hour and 45 minutes	 Chart paper Markers Tape List of emotions associated with living with HIV/AIDS
2	Participants identify and explore effective communication skills through a role play.	Role play	1 hour and 10 minutes	Role play scenario in Accompagnateur Handbook
3	Participants practice providing psychological and social support and making referrals.	Role play	1 hour and 15 minutes	 Chart paper Markers Tape Role play scenarios in the Accompagnateur Handbook List of emotions associated with living with HIV/AIDS
4	Post-Test	Assessment	30 minutes	Pencils or pensPhotocopies of Post-Test 2



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.

SESSION 1 IMPACT OF HIV/AIDS



Method: Small group activity and Large group discussion



Time: 1 hour and 45 minutes



Objectives

Participants 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.



Preparation

- Review the emotions associated with living with HIV/AIDS and impacts of HIV/AIDS in the presentation below.
- Write these items on a sheet of chart paper:
 - Father
 - Mother
 - Single young man
 - Single young woman
 - School-aged girl
 - School-aged boy
 - Family with a parent who has HIV/AIDS
 - Family with a child who has HIV/AIDS
 - Community with some community members who have HIV/AIDS
 - Teacher
- Write these items on another sheet of chart paper:
 - Accompagnateurs
 - Neighbors
 - Spiritual leaders
 - The whole community
 - Teachers
 - Family members
 - Social workers
 - Nurses
 - Friends



Materials

- Chart paper
- Markers
- Tape



STEPS



10 minutes

- **1.** Explain that this unit provides information on how accompagnateurs can support and effectively communicate with their patients.
- **2.** Explain that during this activity, participants will discuss the many different ways in which HIV/AIDS affects patients, their families, and their communities. Then, after they have identified the impacts of HIV/AIDS, they will explore different ways to support people living with HIV/AIDS.
- **3.** Divide the participants into groups of 3 by matching them up with people of roughly the same height. Give each group a piece of chart paper and some markers.
- **4.** Post the first chart sheet you prepared, read the list aloud, and assign each group a character or group of characters:
 - Father
 - Mother
 - Single young man
 - Single young woman
 - · School-aged girl
 - · School-aged boy
 - Family with a parent who has HIV/AIDS
 - Family with a child who has HIV/AIDS
 - Community with some community members who have HIV/AIDS
 - Teacher



TIP: If there are fewer groups than characters, choose the most relevant characters or groups.

- **5.** Explain the small group task:
 - Imagine that each of the characters or groups you have is living with HIV/AIDS.
 - Draw the character, family, or group you have been assigned in the middle of the chart paper.
 - Around that picture, write feelings or experiences they may have because of HIV/AIDS.
 - For example, if a family has a child with HIV/AIDS, how does it affect the child? How does it affect the parents? The brothers and sisters? What are their lives like because of HIV/AIDS?
 - When you are done, tape your posters up on the wall.



15 minutes

6. Give groups 15 minutes to work. As they are working, circulate and help as needed.



10 minutes

7. Call everyone's attention. Ask participants to walk around the room, look at each poster, and analyze its features and comments. Give everyone 10 minutes to do this.



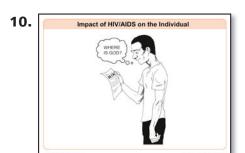
5 minutes

- **8.** After everyone has viewed all the posters, ask participants:
 - What are some feelings or experiences that appear in many of these posters?
 - Is there anything missing that you would like to add?
 - What questions would you would like to ask the other groups?



10 minutes

9. Thank groups for their work. Explain that you will review some of the main impacts of HIV/AIDS by giving a short presentation.



Impact of HIV/AIDS on the Individual

Say: HIV can impact individuals in many ways:

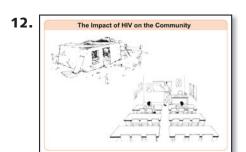
- Physical: Illness can make someone too weak to do regular activities.
- **Economic:** A person with HIV/AIDS can lose his job because of discrimination or illness, which can lead to or worsen poverty.
- **Social:** A person can feel isolated or isolate him or herself from others, can be subject to 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

Say: HIV can impact a family or household in many ways:

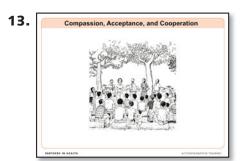
- **Social:** The entire family can become isolated from the community if they are discriminated against.
- Emotional and Psychological: Heads of household may not be able to provide for family members, increasing the burden of responsibility for others. As a result, children may have to drop out of 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

Say: 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

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

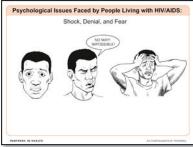
14. Tell participants:

The feelings and experiences of the characters that you drew involve psychological factors, such as emotions, and social factors, such as interactions with others. People diagnosed with HIV can experience different emotions.

As an accompagnateur you must recognize these psychological and social issues so that you can effectively support your patients.

15. Using the flipchart or slide presentation, review some of the emotions that people living with HIV/AIDS can experience.



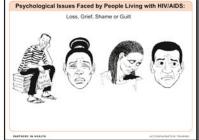


Psychological Issues Faced by People Living with HIV/AIDS: Shock, Denial, and Fear

Say: 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.



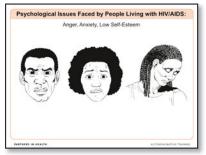


Psychological Issues Faced by People Living with HIV/AIDS: Loss, Grief, Shame or Guilt

Say: 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.

18.

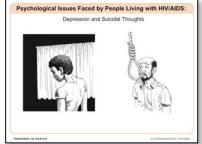


Psychological Issues Faced by People Living with HIV/AIDS: Anger, Anxiety, Low Self-Esteem

Say: 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.

19.



Psychological Issues Faced by People Living with HIV/AIDS: Depression and Suicidal Thoughts

Say: 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.

20. Tell participants:

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.



5 minutes

- **21.** Re-form the same small groups as before, and give them new pieces of chart paper.
- **22.** Post the second chart sheet you prepared, read the items aloud, and assign each group 1 of the characters:
 - Accompagnateurs
 - Neighbors
 - Spiritual leaders
 - The whole community
 - Teachers
 - Family members
 - Social workers
 - Nurses
 - Friends
- **23.** Explain the small group task:
 - Draw the character, family, or group you have been assigned in the middle of the chart paper.
 - Around that picture, write ways in which that character or group can support people living with HIV/AIDS.



15 minutes

24. Give groups 15 minutes to work. As groups are working, circulate and help as needed. Give groups 5- and 1-minute warnings.



10 minutes

- **25.** When the groups are finished, ask them to tape their posters up on the wall for another viewing session, as before.
- **26.** After everyone has viewed all the posters, ask participants:
 - What are some ways to support people living with HIV/AIDS that appear in many of these posters?
 - Is there anything missing that you would like to add?
 - Which of these would be easy to do? Hard to do? Why?
 - What questions you would like to ask the other groups?

27. Tell participants:

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.

28.



Sources of Psychological and Social Support

Say: There are many ways to support people living with HIV/AIDS, including:

- Volunteer counseling and testing
- Spiritual support from a religious leader
- Support from community or family members
- Support from a social worker or doctor
- Support from an accompagnateur
- **29.** Ask the participants to find the information about psychological and social issues on pages xx of their handbooks. Ask them to review this information at home.
- **30.** Ask what questions participants have about these issues, and answer accordingly or ask experienced participants to answer.

SESSION 2 EFFECTIVE COMMUNICATION



Method: Role play



Time: 1 hour and 10 minutes



Objectives

Participants will be able to:

g. Identify and demonstrate effective communication and helping skills.



Preparation

• If possible, choose a participant (preferably an experienced accompagnateur) to perform the role play with you. You should play the accompagnateur and the participant should play the patient. Show the participant the role play instructions on pages xx of the Accompagnateur Handbook, and give him or her time to prepare. Practice the role play together if possible.



Materials

- Slide or flipchart presentation
- AV equipment (if using slides)
- Role play instructions on pages xx of the Accompagnateur Handbook



STEPS



10 minutes

1. Tell participants:

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.

2. Ask for the participant you chose to come forward and perform the role play with you. Ask participants to watch role play of an accompagnateur visiting a patient.

3. Perform the role play.



10 minutes

- **4.** Ask participants the following questions and encourage a discussion:
 - What happened in the role play?
 - How did the accompagnateur treat the patient?
 - What did the accompagnateur do that was supportive of the patient?
 - What did the accompagnateur do that was not supportive?
 - How did the patient react to the accompagnateur? How do you think the patient felt?
 - What do you think will be the consequence of such a visit? How will this affect future communication between the accompagnateur and the patient?
 - What should the accompagnateur have done differently?



10 minutes

5. Ask participants to brainstorm a list of the communication and helping skills that an accompagnateur needs to have. As participants respond, write their ideas on a sheet of chart paper.



10 minutes

6. Give the flipchart or slide presentation below. As you present, connect the presentation information to the ideas that the participants brainstormed.



Effective Communication: Respect, Empathy, Patience

Say: 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

What's errorg

Information

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Patient Information
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Ask Questions, Summarize, Keep Information Confidential

Say: 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

Say: 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, drawings, and stories, while teenagers might prefer talking about issues in a peer group of other teenagers.

10. Tell participants:

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.



15 minutes

- **11.** Divide the participants into pairs and ask them to recreate the role play, but this time the person playing the accompagnateur should practice good communication and helping skills. Pairs should take turns playing the role of the accompagnateur and the role of the patient.
- **12.** Give pairs 15 minutes to work. As they are working, circulate, observe, and decide which pair you will ask to perform in front of the whole group.



15 minutes

- **13.** Ask 1 of the pairs to present their role play to the large group. After the role play, ask participants:
 - Which communication and helping skills did the accompagnateur use effectively?
 - What, if anything, could the accompagnateur do to improve communication with the patient?
- **14.** Ask participants to find the information about communication and helping skills on pages xx of their handbooks. Remind them that they must study this information at home. Answer any questions.



ROLE PLAY INSTRUCTIONS

(page XX of Accompagnateur Handbook)

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.

SESSION 3 PROVIDING PSYCHOLOGICAL AND SOCIAL SUPPORT



Method: Role play



Time: 1 hour and 15 minutes



Objectives

Participants will be able to:

- **c.** Describe the psychological and emotional issues faced by people living with HIV/AIDS.
- **d.** Recognize the 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.



Preparation

• Make a few copies of the role play scenarios (following this session).



Materials

• Role play scenarios (following this session)



STEPS



10 minutes

- **1.** Explain to participants that people living with HIV/AIDS can experience psychological and emotional problems while trying to deal with their disease. They discussed some of these issues in Activity 1. Ask participants:
 - What are some feelings someone might have if he or she was diagnosed with HIV/AIDS?
 (Shock, denial, fear, loss, grief, shame or guilt, anger, anxiety, low selfesteem, despair, depression, suicidal thoughts.)
- **2.** If necessary, supplement the examples with more in-depth information. An explanation of the feelings listed here is included following this activity and in the Accompagnateur Handbook, for future reference.

- **3.** Explain to participants that they are going to participate in some role plays in order to practice good communication and helping skills, while also providing psychological and social support to patients.
- **4.** Divide participants into groups of 3 by having them choose people they have not worked with very much during this training. Tell participants that you are going to give each group 3 different role plays. Each one provides a description of a patient's emotional state.
- **5.** Ask participants to find the role plays on pages **xx** of their handbooks.
- 6. Explain that in their small groups, participants should act out the first role play with 1 person being the patient, 1 person being the accompagnateur, and the 3rd person being an observer. They should discuss the role play afterward, focusing on the role of the accompagnateur in such a situation. Participants should then switch roles and act out the second role play, discuss it, and then switch roles one more time for the third role play and discussion. This will give everyone a chance to play all 3 roles. Tell participants that they should focus on using their communication and helping skills, while keeping in mind whom to refer patients to if necessary. Answer any questions that come up about how to proceed. Tell groups they will have 30 minutes to work.



30 minutes

7. Give groups 30 minutes to work. Visit each group to make sure that the assignment has been understood and that effective communication and helping skills are being displayed by the participants playing accompagnateurs. Every 10 minutes, remind participants how much time they have left.



TIP: If you notice that participants in the small groups are not displaying effective helping and communication skills, do 1 of the role plays afterward in front of the large group. In this case, you should facilitate and play the accompagnateur and a volunteer should play the patient.

- **8.** Gather the large group back together again. For each role play, ask participants:
 - What were the patient's psychological and social issues?
 - How did the accompagnateur help the patient?
 - What did you find challenging and how can those challenges be handled?
 - For each situation, were there other people who could be called upon for assistance?
 - What questions do you have about handling such a situation?

9. Tell participants:

Depression is a serious psychological and social problem that people living with HIV may experience. Accompagnateurs need to know how to recognize signs of depression and to refer patients who show those signs to the health center. Depression is not something that accompagnateurs should try to deal with alone.



5 minutes

10. Ask participants:

- Were any of these patients depressed? (The patient in role play 2.)
- How do you know?

 (The person showed signs of depression and suicidal thoughts.)
- What are the signs of depression that you should be looking for?

 (Too much or too little sleep; overeating or not eating at all; experiencing feelings of hopelessness or irritability; not participating in social events and daily activities.)
- What should you do if you think your patient is depressed? (Refer him or her to the social worker.)

11. Tell participants:

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.

12. Ask if there are any questions and clarify information as needed. Ask participants to find the information on psychological and social issues and sources of support on page XX of the Accompagnateur Handbook, for future reference and review.



ROLE PLAY SCENARIOS

 $(page\ XX\ of\ Accompagnateur\ Handbook)$

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.



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 selfesteem, 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.
- 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.

SESSION 4 POST-TEST



Method: Assessment



Time: 45 minutes



Objectives

Participants will be able to:

Assess prior knowledge of the training topic



Preparation

• Review the post-test questions.



Materials

- · Pencils or pens for all participants
- Photocopies of Post-Test 2 for all participants



TIP: Explain the post -test carefully in case some participants are not familiar with taking tests.



STEPS



45 minutes

- **1.** Explain that participants will now take a "post-test." The purpose of this post-test is not to judge participants, but rather to better understand what participants already know, to make sure this training addresses their needs. The post-test will also help assess the effectiveness of this training and improve it for future trainings.
- **2.** Give each participant a photocopy of Post-Test 2.
- **3.** Before the post-test, ask participants to complete the information on the top of each page of the test and give it to you. If a participant does not know the exact date the became a CHW, tell him or her to write the year that he or she became a CHW and record the day as "30" and the month as "b."

- **4.** Explain that you will read aloud some questions about the training topic. Participants will answer the questions by circling the best response for each question on their post-test.
- **5.** Tell participants that if they do not know the answer to a question, they should leave it unanswered.
- **6.** Explain that you will do the first question together.
- **7.** Read the first question and possible answers aloud. Ask a volunteer to answer, or answer it yourself. Explain that, to answer this question, participants should circle that answer on their papers.
- **8.** Walk quickly around the room and check to make sure that participants have marked the answer to the first question correctly.
- **9.** Read the rest of the post-test questions and possible answers aloud slowly, 1 at a time. Repeat questions as needed. After you read each question, give participants time to circle the answer.
- **10.** Explain that at the end of this training, participants will take this test again to see how much they have learned. You will review the correct answers then.



TIP: Correct the pre-tests during a break, since you will need to give them back for the participants after they take the post-test. For any incorrect answer, underline the correct answer so that the participants will see the difference between their wrong answers and the correct answers.

POST TEST 2 ANSWER KEY Date: _______ Your name: ______ ID#_____ Health Center: ______ Trainer: ______

Circle "true" or "false" for the following questions: **The trainer is a man. **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. (:)2. All STIs are life-long diseases. They can never be cured. (:)**3.** Discrimination means treating someone unfairly because you think she or he is bad or different. **False 4.** It is okay to discuss the lives of your patients with your family and friends. True **False** (i) **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.

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





<u>True</u>

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



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 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.



TIME REQUIRED: 1 hour and 45 minutes

UNIT OVERVIEW

Session	Content	Methods	Time	Materials
1	Pre-Test	Assessment	30 minutes	Pens or pencilsPhotocopies of Pre-Test 3
2	Participants learn about the transmission and diagnosis of TB, groups at risk, and the difference between active and inactive TB.	Brainstorm Facilitator presentation	30 minutes	 Slide or flipchart presentation AV equipment (if using slides)
3	Participants review TB symptoms.	Large group activity	15 minutes	 Images of TB symptoms Chart paper Markers Slide or flipchart presentation AV equipment (if using slides)
4	Participants discuss ways to prevent TB from spreading.	Picture story	30 minutes	 Chart paper Markers Slide or flipchart presentation AV equipment (if using slides) TB picture story in Accompagnateur Handbook Accompagnateur Handbooks



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.

SESSION 1 PRE-TEST



Method: Assessment



Time: 45 minutes



Objectives

Participants will be able to:

Assess prior knowledge of the training topic



Preparation

• Review the pre-test questions.



Materials

- Pencils or pens for all participants
- Photocopies of Pre-Test 3 for all participants



TIP: Explain the pre-test carefully in case some participants are not familiar with taking tests.



STEPS



45 minutes

- 1. Explain that participants will now take a "pre-test." The purpose of this pre-test is not to judge participants, but rather to better understand what participants already know, to make sure this training addresses their needs. The pre-test will also help assess the effectiveness of this training and improve it for future trainings.
- **2.** Give each participant a photocopy of Pre-Test 3.
- **3.** Before the pre-test, ask participants to complete the information on the top of each page of the test and give it to you. If a participant does not know the exact date the became a CHW, tell him or her to write the year that he or she became a CHW and record the day as "30" and the month as "b."

- **4.** Explain that you will read aloud some questions about the training topic. Participants will answer the questions by circling the best response for each question on their pre-test.
- **5.** Tell participants that if they do not know the answer to a question, they should leave it unanswered.
- **6.** Explain that you will do the first question together.
- **7.** Read the first question and possible answers aloud. Ask a volunteer to answer, or answer it yourself. Explain that, to answer this question, participants should circle that answer on their papers.
- **8.** Walk quickly around the room and check to make sure that participants have marked the answer to the first question correctly.
- **9.** Read the rest of the pre-test questions and possible answers aloud slowly, 1 at a time. Repeat questions as needed. After you read each question, give participants time to circle the answer.
- **10.** Explain that at the end of this training, participants will take this test again to see how much they have learned. You will review the correct answers then.



TIP: Correct the pre-tests during a break, since you will need to give them back for the participants after they take the post-test. For any incorrect answer, underline the correct answer so that the participants will see the difference between their wrong answers and the correct answers.

PRE-TEST 3 ANSWER KEY 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. 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 False where HIV can enter the body. **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. **False 4.** It is okay to discuss the lives of your patients (ii) with your family and friends. **True 5.** If a person is diagnosed with an STI, her or his partner should get tested for STIs. **True 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

SESSION 2 TRANSMISSION, DIAGNOSIS, AND GROUPS AT RISK



Methods: Brainstorm and Facilitator presentation



Time: 30 minutes



Objectives

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.



Materials

- Slide or flipchart presentation
- AV equipment (if using slides)



STEPS



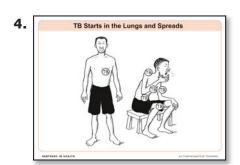
10 minutes

- **1.** Explain that in this unit, participants will review basic facts about tuberculosis (TB), including diagnosis, transmission, prevention, symptoms, and groups at risk.
- **2.** Ask participants the following questions and encourage a brief brainstorm. Accept volunteer responses. The idea is to help participants to identify what they already know about TB before the material below is presented:
 - How is tuberculosis (TB) transmitted?
 - How is TB diagnosed?
 - What can people do to prevent TB from spreading?
 - What are the symptoms of TB?
 - What groups of people are particularly at risk for TB?



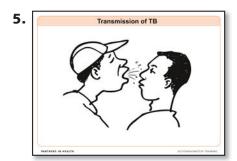
20 minutes

3. Present the following information with the slide or flipchart presentation. As you present, refer to participants' responses during the brainstorm, confirming or correcting the information they give.



TB Starts in the Lungs and Spreads

Say: 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.



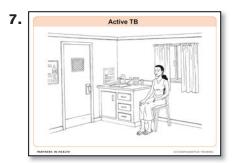
Transmission of TB

Say: 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.



Inactive TB

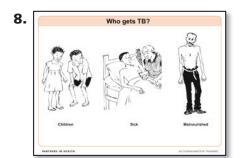
Say: There are 2 types of TB: inactive and active. Inactive TB is in the lungs but it is not growing. The person feels healthy, and she cannot give anyone else TB, even through coughing. However, a person with inactive TB could become sick later if the TB becomes active ("wakes up") in the lungs and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



Active TB

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

Ask: Why do you think inactive TB would become active (start to grow)? (It would start to grow if a person's immune system is not developed (children) or is weak (the person is already sick or malnourished).)



Who Gets TB?

Say: 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

Say: 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

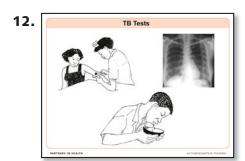
Say: HIV causes a chronic disease – HIV cannot be cured once you have it. However, TB is not an incurable disease – it can be treated and cured. With medicine, the body can get rid of TB. If a patient has active TB, he should take TB medication.



Sick People and Their Families Should Be Tested for TB

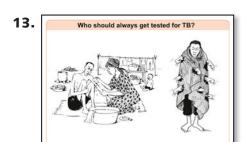
Say: Because TB can spread very easily among people who are living close together, if a person in a home or family has TB, everyone in the home or family should go to the health center to get tested for TB. Even if someone just thinks she or he has TB, everyone in her or his home or family should go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

Say: 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?

Say: 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.

14. Ask participants to find the information about TB transmission, diagnosis, and groups at risk on pages xx of their handbooks. Ask them to review the information at home.

SESSION 3 SYMPTOMS OF TB



Method: Large group activity



Time: 15 minutes



Objectives

Participants will be able to:

g. Name the symptoms of TB.



Preparation

• Photocopy the images of TB symptoms on pages xx of the Facilitator Manual.



Materials

- Photocopies of TB symptoms images
- Chart paper
- Markers



STEPS



15 minutes

- **1.** Ask 7 volunteers to come to the front of the room. Give each volunteer 1 of the TB symptoms images. Tell the volunteers that they must not show their images to anyone.
- **2.** Ask the first volunteer to act out the symptoms he or she has been given, without using words. Ask participants to guess the symptom.
- **3.** When someone makes the correct guess, confirm the answer. Then ask the volunteer to show his or her image.
- **4.** Repeat this process until all 7 TB symptoms have been acted and identified.

5. Tell participants:

People living with HIV/AIDS and TB 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.

6. Ask participants to find the information about TB symptoms on pages xx of their Accompagnateur Handbooks. Remind them that they must review this information at home.



TB SYMPTOMS

 $(page\ XX\ of\ Accompagnateur\ Handbook)$

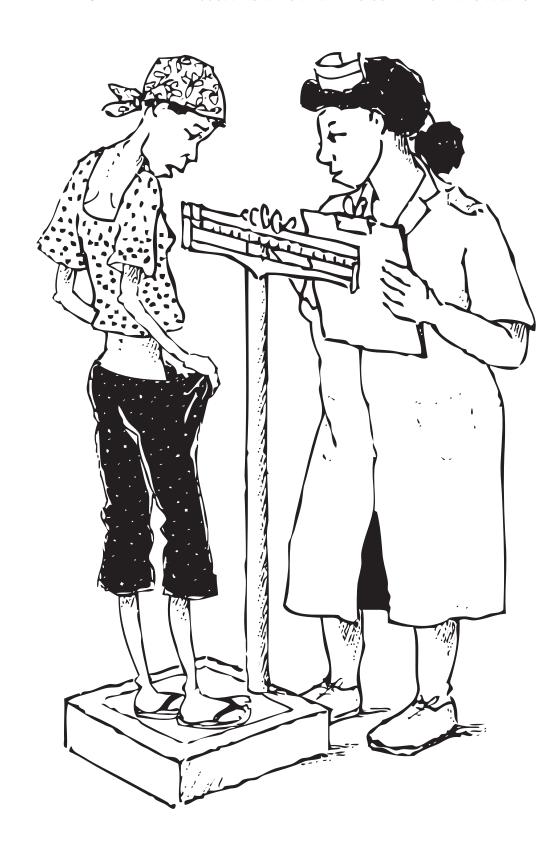
- Coughing
- Fever
- Weight loss
- Chest pain
- Loss of appetite
- Fatigue
- Night sweats



Coughing



Fever



Weight Loss



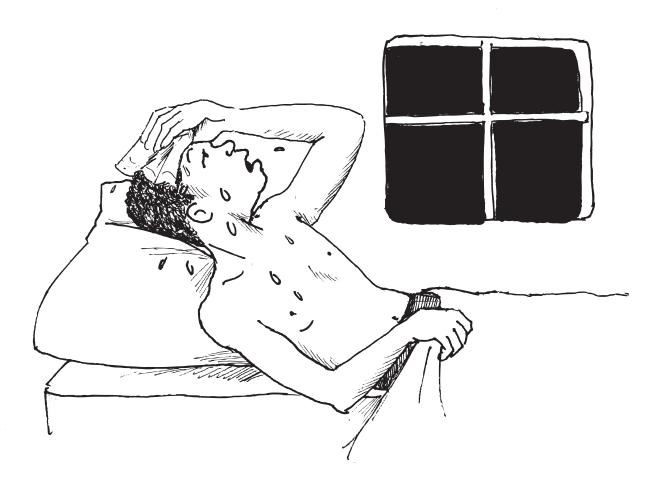
Chest Pain



Loss of Appetite



Fatigue



Night Sweats

SESSION 4 PREVENTING TB



Method: Picture story



Time: 30 minutes



Objectives

Participants will be able to:

h. Describe ways to prevent the spread of TB.



Materials

- Chart paper
- Markers
- Slide or flipchart presentation
- AV equipment (if using slides)
- Picture story on page xx of the Accompagnateur Handbook



STEPS



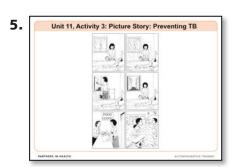
10 minutes

- 1. Explain that there are several ways to prevent TB from spreading.
- **2.** Ask participants to find the picture story on page XX of their Accompagnateur Handbooks.
- **3.** Divide participants into pairs by asking them to work with the person on either side of them. Ask them to discuss what is happening in the picture story.



10 minutes

4. Bring the whole group back together and ask a volunteer to come to the front of the room and tell the story, frame by frame, using the slide or flipchart picture story.



Picture Story 1: TB



10 minutes

- **6.** When the volunteer has finished, ask participants:
 - What happened when the patient's wife opened the window?

 (Fresh air came into the house and blew away the TB droplets in the air.

 Sunlight came into the house and killed the TB droplets (germs) in the air.)
 - What happened when the patient covered his mouth while he coughed?

(He stopped the TB droplets from entering the air; since the droplets were not floating in the air, no one else could breathe them in and catch TB.)

How did the accompagnateur help the situation?

(The accompagnateur brought medicine that prevents the spread of TB to the patient's children – children are a group that is especially at risk, so they should take preventive medicine. The accompagnateur also brought food to the patient and his family.)

• What are 5 ways to prevent TB?

(Expose TB germs to sunlight and fresh air.)

(Cover your mouth when coughing.)

(Take preventive medicine.)

(Eat nutritious foods.)

(Vaccinate babies for TB.)

7. Summarize how to prevent TB from spreading by telling participants:

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. Meet TB patients outside in the fresh air and sunlight. If you meet them inside, wear a mask. This will prevent you from getting TB. Babies should be vaccinated against TB.

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.

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.

8. Tell participants:

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.

PICTURE STORY 1

Preventing TB

 $(page~X\!X~of~Accompagnateur~Handbook)$

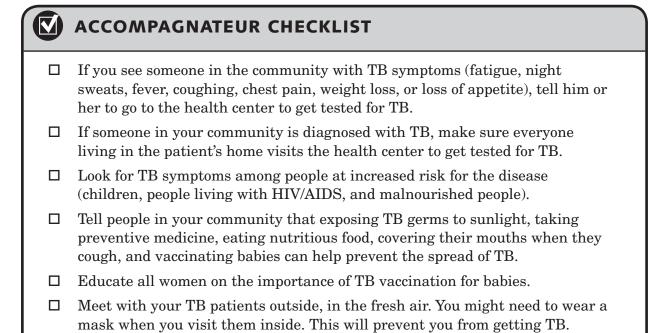


CONTINUED >

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.
- **Image 4:** The sunlight kills the droplets. 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 gives the child medicine. The accompagnateur stays outside of the house.





TB Treatment and Side 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 multidrugresistant 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.



TIME REQUIRED: 2 hours



UNIT OVERVIEW

Session	Content	Methods	Time	Materials
1	Participants review information on drug regimens and resistance.	Facilitator presentation Large group discussion	45 minutes	 Slide or flipchart presentation AV equipment (if using slides) TB pill samples
2	Participants review the urgent and non-urgent side effects of TB medications.	Pair activity Large group activity	35 minutes	 Chart paper Markers Tape
3	Participants practice counseling patients.	Role play	40 minutes	 Role play scenarios (following this activity) Accompagnateur Handbook



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.

SESSION 1 TB TREATMENT



Methods: Facilitator presentation and Large group discussion



Time: 45 minutes



Objectives

Participants will be able to:

- **a.** Explain when to take tuberculosis (TB) medicine, how much to take, and how often to take 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.



Preparation

- Review the TB medication slide or flipchart information below.
- Gather 5 complete sets of all the TB pills below (in their original bottles or boxes).
- Gather 5 sets of TB treatment cards, or photocopy and cut 5 sets of the cards on pages xx of this Facilitator Manual.
- Place 1 set of TB pills and 1 set of treatment cards each in 5 different areas of the room, on benches or tables.
- There should be enough areas so that 5 people can be at each one. If your group is large, prepare more sets of TB pills, treatment cards, and areas if possible.



Materials

- 5 complete sets of all the TB pills (or more)
- 5 complete sets of TB treatment cards or photocopied cards (or more)
- 5 or more areas around the room with 1 set of TB pills and 1 set of treatment cards placed in each area
- Slide or flipchart presentation
- AV equipment (if using slides)
- TB information on pages xx of the Accompagnateur Handbook



TIP: TB drugs vary by country. You may need to adjust the information on dosage according to the norms in your area.



STEPS



5 minutes

1. Tell participants:

TB medications, like antiretroviral drugs (ARVs), must be taken with care. Some people have to take several medicines a day. In this activity, you will learn about TB treatment regimens: what medications people must take and how much, how often, and when.

- **2.** Divide participants into 5 small groups (more groups if needed), and send each small group to go to 1 of the areas you prepared (the areas with the sets of drugs and treatment cards).
- **3.** Ask the small groups to study the drugs and treatment cards to learn the times of day and doses in which each should be taken. Small groups should also match each card with the drug it represents.



10 minutes

4. Give the small groups up to 10 minutes to study and match the drugs and cards. As they are working, circulate and help as needed. Make sure that participants understand the "morning" and "evening" symbols on the cards.



20 minutes

- **5.** Call everyone's attention and explain that the small groups will now play a game to review the TB medication information that they have been studying. Explain the game:
 - I will say the name of a TB medication.
 - When I say the name, quickly hold up the correct treatment card and drug.
 - The first small group to hold up the correct card and drug will win a point.
 - We will do this for all of the TB medications.

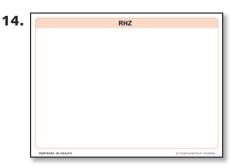
6. Say: "RHZE!"

7. Watch to see which small group finds and holds up the RHZE card and drug sample first.

- **8.** Walk over to that group and verify that they have identified the correct card and drug. Then walk around to the rest of the groups to make sure they have also identified the correct card and drug.
- **9.** Give the winning small group 1 point (record the point on chart paper).
- **10.** Ask the winning group to describe how to take RHZE (dosage, times, and any special conditions).
- **11.** Show the slide or flipchart image for RHZE and review the information.
- **12.** Repeat this process for each TB medication: call out the drug name, identify the winning group, check to see that all groups have identified the drug and card correctly, ask the winning group to describe how to take the drug, show the slide or flipchart image, review the information, and ask participants to note the color, size, and shape of each pill.

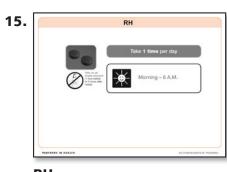


Say: RHZE is 1 type of combination pill that contains 4 different medicines: Rifampicin, Isoniazid, Pyrazinamide, and Ethambutol. R stands for Rifampicin, H stands for Isoniazid, Z stands for Pyrazinamide, and E stands for Ethambutol. It is given to adults. RHZE is taken once per day in the morning at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



RHZ

Say: 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.



RH

Say: 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.



Say: 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.

Take 1 time per day

Take 1 time per day

Morning – 6 A.M.

Ethambutol (E)

Say: 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

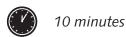
Say: The abbreviation for Isoniazid is H. There is only 1 medication in this pill. Isoniazid is used to treat both children and adults. Isoniazid is taken once a day, in the morning at 6 a.m. on an empty stomach. The correct dose is prescribed by the doctor.



Streptomycin (S)

Say: 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.

20. Thank everyone for participating in the game. Tally points and declare the winning group. Then ask everyone to be seated.



21. Tell participants:

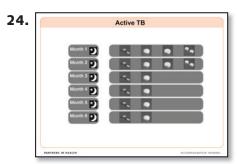
One of your main responsibilities as accompagnateurs is to make sure that the people with TB who are under your care take their TB medications correctly every day.

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.

22. Ask participants:

- What is the difference is between inactive TB and active TB?

 (Patients with inactive TB have no symptoms; patients with inactive TB are not contagious; by contrast, patients with active TB have symptoms and are contagious.)
- **23.** Show the following slides or flipchart pictures, and use the text below to explain.



Active TB

Say: 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.

25.



Inactive TB

Say: 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.

26.



Multidrug-Resistance

Say: 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.

27. Ask participants:

• 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 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.)

28. Tell participants:

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.

- **29.** Ask if there are any questions, and clarify as needed.
- **30.** Ask participants to find the information about TB medications on pages xx of their Accompagnateur Handbooks. Ask them to review the material at home.

Rifampicin (R)





Take 1 time per day



Morning – 6 A.M.

Isoniazid (H)





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



Morning – 6 A.M.

Take 1 time per day

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



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

Take 1 time per day



Morning - 6 A.M.

Ethambutol (E)



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



Morning – 6 A.M.

Take 1 time per day

Pyrazinamide (Z)



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





Morning – 6 A.M.

Streptomycin (S)

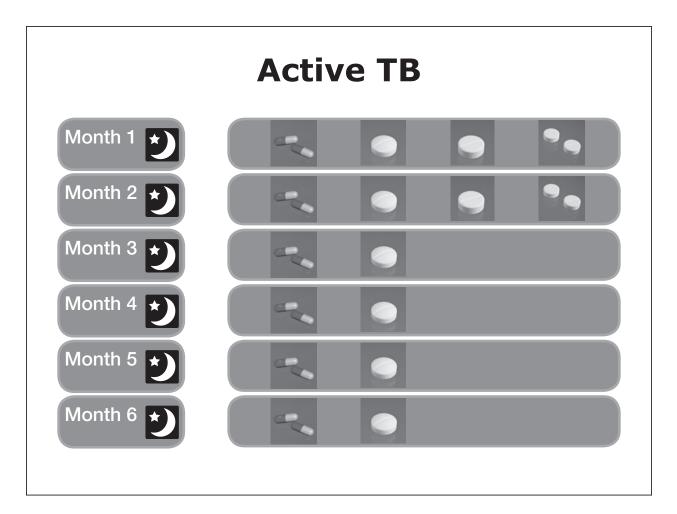


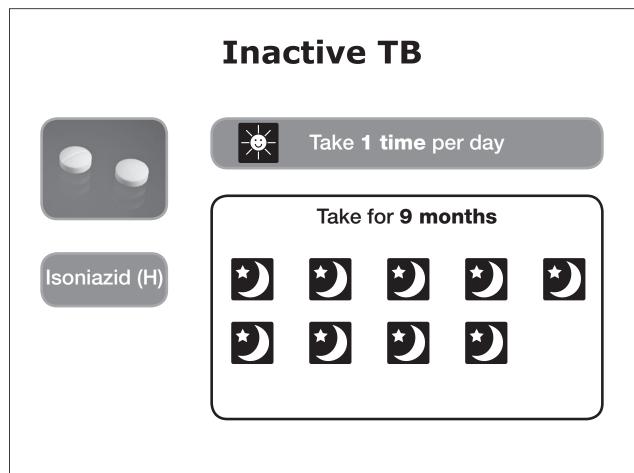


One injection per day **for the** first 2 months **of treatment**



Morning – 6 A.M.





SESSION 2 IDENTIFYING TB SIDE EFFECTS



Methods: Pair activity and Large group activity



Time: 35 minutes



Objectives

Participants will be able to:

- **e.** Recognize urgent side effects of TB medicines that require immediate referral to the health center.
- **f.** Recognize non-urgent side effects of TB medicines that require referral to the health center within 1 week.



Preparation

- Photocopy the pictures of non-urgent and urgent side effects of TB medications on pages xx of this Facilitator Manual (1 copy of each picture).
- Make 2 large signs on chart paper: "Non-urgent Side Effects of TB
 Medications" and "Urgent Side Effects of TB Medications." Post each on
 opposite sides of the room.



Materials

- Slide or flipchart presentation
- AV equipment (if using slides)
- Photocopies of non-urgent and urgent side effects of TB medication pictures
- Non-urgent and urgent side effects of TB medication pictures and information on pages xx of the Accompagnateur Handbook



STEPS



5 minutes

1. Tell participants:

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.

Now we will review the **non-urgent** and **urgent** side effects of TB medications.

2. Divide participants into pairs and give each pair 1 side effect picture. If you have pictures left over, split up some of the pairs and give the remaining pictures to these individual participants.



15 minutes

- **3.** Ask a pair to come to the front of the room, hold up their side effect picture, and say its name aloud. Then ask participants:
 - Do you think this is a **non-urgent** side effect (not serious) or an **urgent** side effect (very serious, one for which you would refer someone to the health facility immediately)?
- **4.** Ask participants to decide together quickly. Once participants have decided either "non-urgent" or "urgent," confirm the correct answer and ask the pair to go stand near the correct sign.
- **5.** Repeat this process for each side effect. Encourage participants to decide quickly for each side effect. Do not spend more than a minute or so on each.

Non-Urgent Side Effects of TB medications	Urgent side effects of TB medications
Loss of appetiteBurning or tingling feet	• Difficulty breathing • Chest pains
• Dizziness	• Trouble swallowing
• Weakness or fatigue	Swollen eyesSwollen tongue
	• Vomiting
	Rash Abdominal pain
	• Yellow eyes (jaundice)



5 minutes

6. Once everyone is standing under one sign or the other, ask participants standing under the "non-urgent" sign to hold up their pictures and say the side effects aloud, 1 at a time. Tell participants:

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.



5 minutes

- **7.** Ask participants standing under the "urgent" sign to hold up their pictures and say the side effects aloud, 1 at a time.
- 8. Tell participants:

People under your care who are taking TB medications may experience one 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. 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.

9. Thank participants, collect the pictures of TB medications side effects, and ask participants to be seated.



5 minutes

10. Ask participants:

- What are some questions you will ask your patients every week so that you can discover if they are experiencing urgent side effects?

 (Do you have a rash anywhere on your body? Are you eating well? Do you feel weak? Are you nauseated or vomiting? Do you have headaches? Do you have stomachaches? Do you have diarrhea? Do you feel burning or tingling in your hands or feet?)
- **11.** Ask participants to find the side effects questions on pages **xx** of their handbooks. Tell them that they can refer to this information to help themselves remember what to ask.

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

12. Tell participants:

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.

13. Summarize by telling participants:

If a patient is experiencing an urgent side effect, he or she should visit the health center immediately. If a patient is experiencing a non-urgent side effect, he or she should visit the health center within a week. If a patient is too sick to travel to the health center alone, arrange a ride for him or her. If this is not possible, come to the health center to notify the doctor or nurse, who will arrange for transportation for the patient.

14. Ask if there are any questions, and clarify as needed.



Loss of appetite



Burning or tingling feet



Dizziness



Weakness or fatigue



Difficulty breathing



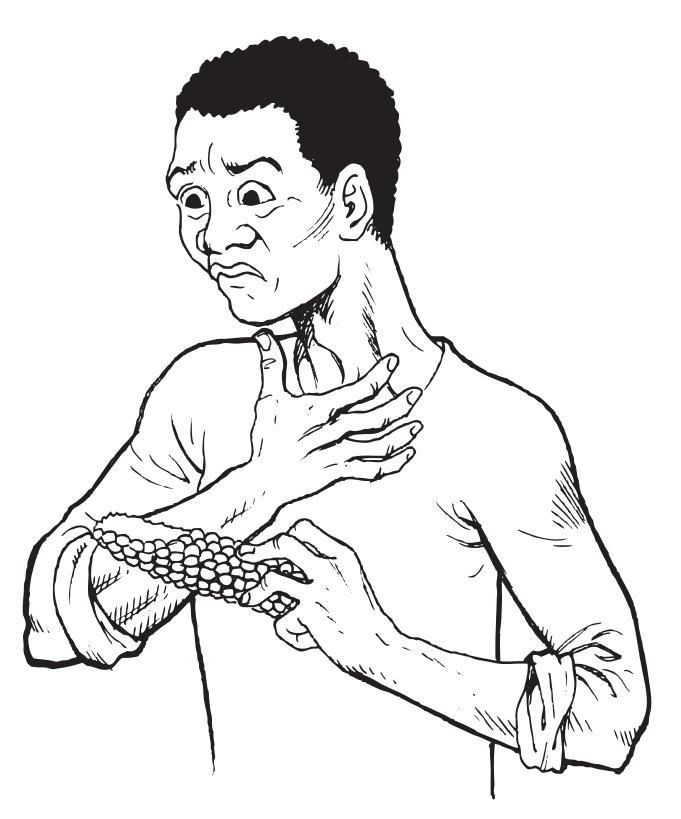
Chest pain



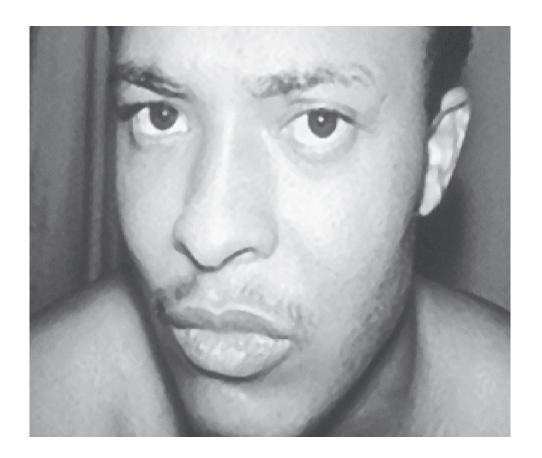
Rash



Vomiting



Trouble swallowing



Jaundice



Swollen eyes



Swollen tongue

Changes in vision



Hearing loss

SESSION 3 COUNSELING PATIENTS WITH TB



Method: Role play



Time: 40 minutes



Objectives

Participants will be able to:

- **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 by providing support and counseling.



Preparation

- Review the role plays below.
- Choose 2 volunteers to play the patients in the role plays. Show them the role plays on pages xx of the Accompagnateur Handbook and ask them to read and prepare the role plays.



Materials

• Role plays on pages xx of the Accompagnateur Handbook



STEPS



10 minutes

- **1.** Tell participants that you will perform 2 role plays with the help of 2 participants. Ask the volunteer for role play 1 to come to the front of the room. Tell the participants that you will play the role of the accompagnateur and the volunteer will play the role of the patient.
- **2.** Perform the 1st role play.



10 minutes

- **3.** Lead a discussion about the first role play with the whole group by asking:
 - What did the accompagnateur tell the patient about the importance of taking TB medicine?
 - Did the accompagnateur do a good job of explaining why it is important to continue many months of treatment? Why or why not?
 - How did the accompagnateur show understanding and support for the patient?
 - When a patient is feeling sad about something, what are some ways you can try to get him to discuss how he is feeling?
 - What questions did the accompagnateur ask to find out if the patient was sick or having any side effects to the medicine?
 - What other questions can you ask to see if the patient is feeling well or having side effects?
 - If the patient does not feel like talking that day, what should you do?
 - Did the patient have any problems? If so, what were they?
 - What other problems or side effects would we be worried about if the patient said she had them?
 - What should you, as an accompagnateur, do after a patient tells you about her problems? Did the person playing the accompagnateur in the role play do this?
 - What if the patient is too sick to go to the doctor or the nurse? What should the accompagnateur do?



20 minutes

- **4.** Repeat this process for role play 2, using the same discussion questions after the role play.
- **5.** Ask participants what questions they have about counseling and supporting TB patients, and answer accordingly or ask experienced participants to answer.



ROLE PLAY SCENARIO

 $(page\ XX\ of\ Accompagnateur\ Handbook)$

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.

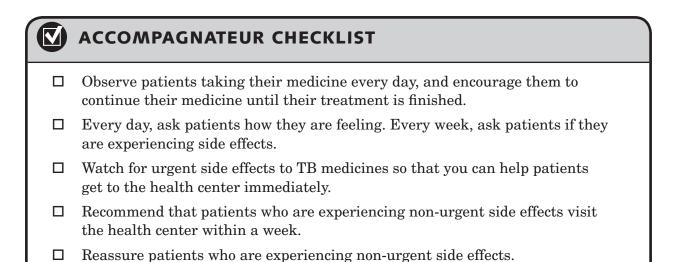
The accompagnateur should explain to the patient why it is important to continue taking her medicine. The accompagnateur should try to understand the patient's feelings and offer her support.

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.





Roles and Responsibilities of an Accompagnateur



OVERVIEW

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



TIME REQUIRED: 4 hours

UNIT OVERVIEW

Session	Content	Methods	Time	Materials
1	Participants discuss patient visits and the roles and responsibilities of accompagnateurs.	Panel discussion	1 hour	 Home Visit, Never Do, and Roles and Responsibilities Checklists in Accompagnateur Handbook Slide or flipchart presentation AV equipment (if using slides)
2	Participants learn to notice the needs of patients, their patients' families, and other community members.	Small group activity	1 hour	 Case studies (following this activity) Slide or flipchart presentation AV equipment (if using slides)
3	Participants tour the facilities and meet the health center staff.	Large group activity	1 hour	 Lists of health center staff members Pictures and case studies in Accompagnateur Handbook Slide or flipchart presentation AV equipment (if using slides)
4	Participants practice filling out Accompagnateur Forms.		1 hour	 Accompagnateur Form in Accompagnateur Handbook Slide or flipchart presentation AV equipment (if using slides) Samples of properly completed Accompagnateur Forms



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.

SESSION 1 ACCOMPAGNATEUR RESPONSIBILITIES



Method: Panel Discussion



Time: 1 hour



Objectives

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.



Preparation

- A day before this activity, ask 4 or 5 experienced accompagnateurs to be in a panel discussion to describe their roles and responsibilities. The experienced accompagnateurs can be members of the training group or they can be invited specifically for this activity. Ask them to focus on DOT, education, psychological and social support, and serving as the link between the health center and the community. They should also share the things they do during patient visits and discuss the behaviors and actions that are inappropriate for accompagnateurs.
- Share the checklists on pages xx of the Accompagnateur Handbook with the panelists to help them prepare.
- Assign each panelist 1 or 2 of the following questions. Tell them that they will have an opportunity to respond to all questions, but they should focus on the 2 questions that you have assigned:
 - Why is Directly Observed Therapy (DOT) important?
 - How have you educated patients, their families, and other community members?
 - How have you supported patients psychologically or emotionally?
 - How have you acted as a link between the health center and the community?
 - What do you always do during patient visits?
 - What have you been trained to never do as an accompagnateur?
- Arrange the room so that the experienced accompagnateurs can sit in front facing the participants.



Materials

- Checklists on pages xx of the Accompagnateur Handbook
- Slide or flipchart presentation
- AV equipment (if using slides)



STEPS



5 minutes

- **1.** Explain to participants that they have already learned about the roles and responsibilities of accompagnateurs in the previous units, but that now they will hear from experienced accompagnateurs about their experiences with DOT, education, and psychological and social support. Participants will also hear about their main responsibilities during patient visits.
- **2.** Ask the experienced accompagnateurs to sit in the front of the room facing the group. Introduce them if needed, and explain that they will speak about some of the accompagnateur's most important responsibilities.



40 minutes

- **3.** Ask 1 question at a time, and ask the panelist assigned that question to respond. Then give the other panelists a chance to add anything they would like to share before the next question is asked. Make sure that there is enough time for all of the questions. Add any key information that the panelists forgot to mention:
 - Why is Directly Observed Therapy (DOT) important?
 - How have you educated patients, their families, and other community members?
 - How have you supported patients psychologically or emotionally?
 - How have you acted as a link between the health center and the community?
 - What so you always do during patient visits?
 - What have you been trained to never do as an accompagnateur?
- **4.** Thank the panelists and ask them to be seated.



15 minutes

- **5.** Ask everyone to find the checklists on pages xx of their handbooks. Remind participants that they have already discussed these responsibilities; this is just a review. For each checklist:
 - Ask a volunteer to read the items aloud.
 - Clarify any items that did not get clarified during the panel discussion.
- **6.** Ask what remaining questions participants have about these responsibilities, and answer accordingly or ask experienced participants to answer.



LIST OF ROLES AND RESPONSIBILITIES

Directly Observed Therapy (DOT)

center within 1 week.

, , , , , , , , , , , , , , , , , , , ,
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

CONTINUED >

that patients who are experiencing non-urgent side effects visit the health



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.
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

 □ Help your patients and their family members understand the different psychological and emotional issues related to HIV/AIDS: shock, denial, loss, grief, shame, guilt, anger, anxiety, low self-esteem, depression, an suicidal thoughts. □ Recognize signs of depression and thoughts of suicide in your patients, 	and
☐ Recognize signs of depression and thoughts of suicide in your patients,	
help them to seek help from a social worker or doctor.	UII/
Recognize that children of different ages will respond differently to being positive or having a caregiver who is HIV-positive. Listen to them and them feel recognized and special. Be aware of what services exist for chin the community and link children and their families to those services	make ildren
☐ Meet children at their level and communicate in a way that is appropriate to their age.	te
☐ Spend time with each patient and be a good listener.	
☐ Encourage patients to seek support from spiritual and religious leaders	š.
☐ Encourage patients to meet with other people living with HIV/AIDS to experiences and be a source of support for one another.	share
\square Link patients to community resources such as social workers and support	groups.
☐ Encourage patients to live positively by eating nutritious food, getting sleep, exercising, limiting alcohol intake, and taking part in family and community life.	_
Remember good communication skills when speaking with patients, the family members, or community members: be respectful, be empathetic, time to listen and be patient, be caring and not judgmental, be aware of own attitudes and beliefs and do not let them interfere with providing patients, ask open-ended questions, clarify misunderstandings, summare and keep information confidential.	take f your care to



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.

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. **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.



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.
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.
CONTINUED >



HOME VISIT (CONTINUED)

- □ 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.

ACTIVITY 2 NOTICING NEEDS



Method: Small group activity



Time: 1 hour



Objectives

Participants will be able to:

- **d.** Describe active case finding, and understand that accompagnateurs help the whole community, not just the patients they serve.
- **e.** Explain how accompagnateurs can help patients, their families, and other community members get access to health care, education, food, water, and shelter.



Materials:

- Slide or flipchart presentation
- AV equipment (if using slides)
- Noticing Needs pictures and case studies on pages xx of the Accompagnateur Handbook



STEPS



10 minutes

1. Ask participants:

- What are the main principles of PIH?

 (Access to health care; access to education; addressing social and economic needs; building community partnerships; working in partnership with local governments.)
- What human rights does PIH strive to help people access? (Access to health care, education, food, water, and shelter.)

2. Tell participants:

As accompagnateurs, you need to notice whether your patients and their families have adequate health care, education, food, water, and shelter. You must also recognize signs of HIV/AIDS, TB, and pregnancy among community members so that you can refer those people to the health center.

- **3.** Explain that, in this activity, participants will practice their observation skills so that they can refer patients and community members for various services. They will also understand how to make sure that a patient and his or her family are getting the help and treatment they need, and how to advocate for their human rights.
- **4.** Divide participants into 6 groups by having them count off from 1 to 6 (All the "1s" become Group 1, all the "2s" become Group 2, and so on. Assign each group a section of the room in which to work.
- **5.** Ask participants to find the Noticing Needs pictures on pages xx of their handbooks. Assign each group a picture. Explain that small groups should examine the picture and discuss the questions under the picture. They should choose 1 person to report their answers to the large group.



10 minutes

6. Give small groups 15 minutes to work. As they are working, circulate and help as needed. Give groups 5- and 1-minute warnings.



35 minutes

- **7.** Gather the large group back together.
- **8.** Show the first Noticing Needs image using the slide or flipchart presentation. Give the groups a few minutes to look at the picture. Then ask the group that was assigned that picture to share their answers. After the group's presentation, ask for additional comments or questions from the other groups. Then add any additional points as needed.
- **9.** Repeat this process for the remaining groups.

10.



Noticing Needs: Picture 1

Questions:

- What do you see in this picture?
 (Children at home working instead of going to school)
- What needs do you see?
 (Education, meeting basic needs)
- What may be the causes of these needs?

 (Poverty, perhaps there is no father, unemployment)
- How could you talk about this with the leader of the family?

 (Ask questions about the family's situation, be a good listener, suggest that they go visit the social worker at the clinic for additional help)
- Who should you talk to at the clinic about this situation? (A social worker)

11.



Noticing Needs: Picture 2

Questions:

- What do you see in this picture?
 (Sick man, dirty household, hungry children, stressed mother)
- What needs do you see?
 (Health care, food, need for a cleaner environment)
- What may be the causes of these needs?

 (The father is ill and cannot work; the mother has to take care of the father so can't fully take care of the family's needs such as food and a clean environment)

- How could you talk about this with the leader of the family?

 (Ask questions about the family's situation, be a good listener, suggest they go visit the doctor and social worker at the clinic for additional help)
- Who should you talk to at the clinic about this situation? (A doctor, nurse or social worker)





Noticing Needs: Picture 3

Questions:

- What do you see in this picture?

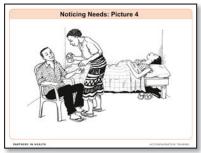
 (Untidy house with dirty dishes, bed netting with holes in it, cracked walls, unattended baby crying)
- What needs do you see?

 (A need for better housing, a baby that needs to be taken care of, a need for a cleaner environment, a need for better bed netting)
- What may be the causes of these needs? (*Poverty*, *illness*)
- How could you talk about this with the leader of the family?

 (Ask questions about the family's situation, be a good listener, suggest they go visit the social worker at the clinic for additional help, suggest that if anyone is not well they visit the doctor or nurse at the clinic)
- Who should you talk to at the clinic about this situation?

 (A social worker, nurse, or doctor if the child or anyone else is sick)





Noticing Needs: Picture 4

- What do you see in this picture?

 (An accompagnateur is giving the man his ARVs. The woman is lying in bed looking sick and far along in her pregnancy.)
- What needs do you see?
 (A woman needs medical attention. She is pregnant and needs an HIV test. She needs to see a doctor.)
- Who should you talk to and what should you say?

 (Talk to the man and the woman and ask questions about the woman's condition and health. Ask if she has had any prenatal visits and explain the benefits of prenatal visits. Be a good listener. Suggest that you bring the woman to the clinic for a checkup. Explain to the man (separately) that since he is HIV-positive, the woman may be as well. Ask the man if his wife knows that he is HIV-positive. If she does not know, encourage him to tell her so that they can take precautions to protect the baby. Explain how it is done if the woman has not been tested already.)
- Who should you talk to at the clinic about this situation? (A doctor or nurse)

Noticing Needs: Picture 5

Noticing Needs: Picture 5

Questions:

- What do you see in this picture?
 (A man beating a woman)
- What needs do you see?

 (The woman needs a safe place to be and someone to talk to. The man needs counseling.)
- Who should you talk to and what should you say?

 (Try to calm them down. Ask if you can help them, listen and suggest they go with you to the clinic to talk to the social worker, who has helped people in similar situations before.)
- Who should you talk to at the clinic about this situation?
 (A social worker)



Noticing Needs: Picture 6

manage HIV/AIDS.)

- What do you see in this picture?

 (An accompagnateur arrives with medicine. The patient appears drunk, with many beer cans around.)
- What needs do you see?

 (The patient needs counseling and support. He should be made aware, if he is not already, that he should not drink alcohol. He should be told that taking care of his body will help him prevent sickness and better

- Who should you talk to and what should you say?

 (Talk to the patient and any other adults who live in the house and explain the benefits of taking care of one's health, including eating well and not drinking alcohol. If the man is too drunk, help him to bed and visit him after he has slept.)
- Who should you talk to at the clinic about this situation? (A social worker, doctor or nurse)

16. Summarize by telling participants:

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.



 $(page\ XX\ of\ Accompagnateur\ Handbook)$



Noticing Needs: Picture 1

- 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?



 $(page\ XX\ of\ Accompagnateur\ Handbook)$



Noticing Needs: Picture 2

- 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?



 $(page\ XX\ of\ Accompagnateur\ Handbook)$



Noticing Needs: Picture 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?



 $(page\ XX\ of\ Accompagnateur\ Handbook)$



Noticing Needs: Picture 4

- 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?



 $(page\ XX\ of\ Accompagnateur\ Handbook)$



Noticing Needs: Picture 5

- 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?



 $(page\ XX\ of\ Accompagnateur\ Handbook)$



Noticing Needs: Picture 6

- 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?

SESSION 3 ORIENTATION TO HEALTH CENTER AND STAFF



Method: Large group activity



Time: 1 hour



Objectives

Participants will be able to:

- **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.



Preparation

- Coordinate logistics with the clinical staff for the tour.
- Find or create a list of health center staff and their contact information. Photocopy the list for participants.
- Find or create a map of the health center (if appropriate) and photocopy the map for participants.
- Review the Health Center Staff Questions and Answers following this session, and revise or change them as needed.



Materials

- Photocopies of clinic staff and contact information lists
- Map of the health center



TIP: Change or add case studies as needed to fit your group.



STEPS



5 minutes

1. Tell participants that they are going to have a lot of contact with different people at the health center. Since one of their responsibilities is to refer people to the health center, they need to know to whom they should refer patients and other community members.

- **2.** Tell participants that they are going on a tour of the health center. They are going to meet the people with whom they will be having regular contact. By the end of the tour, they will know where to find all of these people.
- **3.** If available, give participants the list of all the health center staff members and their contact information for future reference, and the health center map (if appropriate).



40 minutes

- **4.** Take participants on a tour of the health center and introduce them to members of the staff. Possible people to include on the tour are nurses, doctors, social workers, pharmacists, lab technicians, accountants, cooks, data entry clerks, and other support staff.
- **5.** After the tour, bring participants back to the training room.



10 minutes

- **6.** Tell participants that you want to make sure that they understand the roles of everyone at the health center.
- **7.** Read aloud the first question, then ask participants:
 - Which member of the health center staff should you go to for help with this problem?
- **8.** Confirm or correct answers as needed.
- **9.** Repeat this process for all of the questions.
- **10.** Summarize by reminding participants that accompagnateurs should never feel alone in their work. All the people they met today at the health center are part of a network that accompagnateurs will work with in supporting people living with HIV/AIDS and other members of the community.



HEALTH CENTER STAFF QUESTIONS AND ANSWERS

You go to visit a patient to deliver his medicine in the morning. The patient tells you that he did not sleep all night because it rained very hard and his roof leaks right over his bed.

(A social worker or POSER team member)

A patient tells you that she has had a fever and diarrhea for more than a week, but it is not time for her regular checkup.

(A doctor or nurse)

Your patient tells you that she is pregnant.

(A doctor or nurse)

It is time for your patient to stop taking TB medicine.

(A doctor or nurse)

You need to talk to the nurse, but the nurse is unavailable.

(A doctor)

Your patient is seriously ill and cannot walk to get to the health center.

(A doctor or nurse)

Your patient complains of hearing voices and having trouble seeing.

(A doctor or nurse)

Your patient complains of not having money to buy food or send her kids to school. (A social worker or POSER team member)

Your patient has suddenly refused to take his medicine.

(A doctor, nurse or social worker)

It is time for you to get paid.

(An accountant or a nurse)

You need to pick up medicine.

(A pharmacist)

SESSION 4 **ACCOMPAGNATEUR FORMS**



Method: Demonstration



Time: 1 hour



Objectives

Participants will be able to:

h. Fill out the Accompagnateur Form correctly.



Preparation

• Obtain or prepare samples of a few properly filled-out Accompagnateur Forms. Do not use real patient information.



Materials

- Accompagnateur Forms on page xx of the Accompagnateur Handbook
- Slide or flipchart presentation
- AV equipment (if using slides)
- Samples of properly filled-out Accompagnateur Forms



TIP: Some sites may use different types of forms or Patient Referral Forms. Check with the health center to see which forms accompagnateurs at your site use most often, and adjust the activity accordingly.



TIP: If participants need more practice, create more examples of patient information, dates, times, and medicines.



STEPS



5 minutes

1. Ask participants to find the Accompagnateur Form on page **xx** of their handbooks. Explain that during this activity, they will practice filling out this form.

2. Tell participants:

Sometimes it can be very time-consuming to fill out forms, but it is very important to make sure that the form is filled out correctly and that the information is accurate. Accurate information enables doctors and nurses to make decisions regarding the care of your patients. If information is not accurate, decisions could be made that are inappropriate or wrong for the patient.

This is an Accompagnateur Form. When a patient is assigned to you, 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, you should take it and put it in your bag along with the patient's medicine. Each day that you provide the patient with DOT, mark an X on the correct day and time. When you and your patient go to the health center every month for their appointment, have the nurse or doctor review this form to assure that the medicines and dosages are still accurate. When you go to the pharmacy each month to refill the patient's medicines, show the pharmacist, doctor, or nurse this form.



10 minutes

3. Read aloud the hypothetical information below slowly, 1 piece of information at a time. Show participants how to record the information on the form by writing on a sheet of chart paper. Have participants practice filling out the form in their Accompagnateur's Handbook:

You have a patient named Marie Danticat. She is taking T30 RH Rifampicin and Isoniazid. You visit her at 6:00 a.m. on January 15 to give her medicine. After she swallows the medicine, where do you check off?

4. Continue with the following examples, giving participants a chance to fill in the information and then checking their work before continuing with the next example:

What about March 18 at 6:00 p.m.?

August 24 at 6:00 a.m.?

October 31 at 6:00 p.m.?

November 21 at 6:00 p.m.?



30 minutes

- **5.** Continue giving examples until all participants are comfortable filling in the form.
- **6.** Answer any questions they may have.
- **7.** Give participants the sample Accompagnateur Forms that you prepared.



15 minutes

- **8.** Ask for volunteers to read the information on the forms to the group. They should include the information that is on the forms, such as the name of the person, the medicine he or she is taking, how often and at what time, and so on.
- **9.** Answer any remaining questions.



PARTNERS IN HEALTH ACCOMPAGNATEUR FORM

 $(page\ XX\ of\ Accompagnateur\ Handbook)$

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.

Accompagnateur Form

Patient Name	Accompagnateur Name	

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

	Já	an	Fe	∍b	M	ar	A	pr	M	ay	Jı	ın	J	ul	Αι	ug	Se	∍p	0	ct	No	οV	De	ec
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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 introduces some of the challenges they will face while at the same time encouraging them to recognize their own strengths and the support they can offer each other.



OBJECTIVES

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

- **a.** Name things they 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.



TIME REQUIRED: 2 hours and 40 minutes



UNIT OVERVIEW

Session	Content	Methods	Time	Materials
1	Participants learn about what they have in common, thus beginning to form a support system.	Large group activity Large group discussion	30 minutes	 Slide or flipchart presentation AV equipment (if using slides)
2	Experienced accompagnateurs answer questions and solve common problems.	Panel discussion	1 hour	 Scenarios (following this activity) Prop that can be used as a microphone (marker, stick) Cell phone or prop that can be used as a cell phone Music (optional)
3	Participants discuss problems introduced during the panel discussion.	Small group discussion	1 hour and 10 minutes	 Chart paper Marker Slide or flipchart presentation AV equipment (if using slides)



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.

SESSION 1 WHAT WE HAVE IN COMMON



Methods: Large group activity and Large group discussion



Time: 30 minutes



Objectives

Participants will be able to:

- **a.** Name things participants have in common with other accompagnateurs.
- **b.** Describe the meaning of solidarity between accompagnateurs and patients.



Preparation

- Prepare a list with 10 to 12 characteristics that most participants will have in common and some characteristics that only a few participants will have in common. Use the list of sample characteristics following this activity for inspiration.
- Arrange the room so that there is space to move around.



Materials

- List of characteristics
- Slide or flipchart presentation
- AV equipment (if using slides)



TIP: This exercise relies heavily on the facilitator to complement information. Monitor the group and provide additional information when the panel of experts cannot answer or when information is incomplete.



STEPS



15 minutes

1. Explain that this unit covers typical challenges faced by accompagnateurs and how they can work to address them through a network of other accompagnateurs and health center staff.

- **2.** Ask all participants to stand in the back of the room.
- **3.** Explain that you are going to name a characteristic. Everyone for whom the characteristic is true should move to the front of the room. Everyone for whom the characteristic is not true should stay at the back of the room.
- **4.** Read the first characteristic aloud. Give participants time to move around.
- **5.** After reading the first characteristic aloud, tell participants to look around and notice who is standing where. Tell participants that by the end of the activity they will see what they have in common with other participants. Ask participants to all return to the back of the room.
- **6.** Invite volunteers from the front of the room to comment on the characteristic that they have in common if they would like to.
- **7.** Repeat this process for each characteristic.
- **8.** Invite participants to return to their seats after all the characteristics have been read.
- **9.** Point out that the people in the room have a lot in common. Ask participants the following questions and take a few volunteer responses:
 - What did you observe during this activity?
 - What surprised you? What did you learn about your fellow participants?
 - Why is it important to think about things we have in common?



15 minutes

10. Tell participants:

When we know what we have in common, we begin to understand how we can work together and support each other. As accompagnateurs doing the same work with a common goal, you will work together and support one another.

- **11.** Ask participants the following question and encourage a brief brainstorm:
 - You will also work with and support patients, so it is important to think about what you have in common with patients. What do you have in common with patients?
 - (From the same community, affected by illness in the community, have family members who must be supported and cared for, etc.)

- **12.** Ask participants to think back to the earlier discussions about solidarity. Encourage another brief brainstorm by asking participants:
 - What does it mean to be in solidarity with other accompagnateurs and for accompagnateurs to be in solidarity with patients?
 (To be in solidarity is to listen, to provide emotional support, to commit to struggling alongside those who are sick and in need of help, and to understand the factors underlying sickness and the barriers to good health, etc.)
- **13.** Thank participants for their ideas. Encourage them to remember what they have in common with each other and with patients as they carry out their work.



SAMPLE LIST OF CHARACTERISTICS

- Walked more than 3 kilometers to get to a health center
- Knew a lot about HIV and TB before coming to this training
- · Have children
- Want the best for your children
- Are responsible for caring for a sick or elderly family member
- Can remember a time when someone helped you and you were grateful for the help
- Know someone who has had a serious accident or illness
- Have had an accident or serious illness yourself
- Know someone living with HIV
- · Know someone who has died of AIDS
- Believe that everyone should have access to free health care
- Want to work to improve the health of your community
- Enjoyed hearing and learning from your colleagues during this training

SESSION 2 IDENTIFYING AND HANDLING CHALLENGES



Method: Panel discussion



Time: 1 hour



Objectives

Participants will be able to:

- **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 type of help is needed.
- **e.** Reinforce effective communication and problem solving among accompagnateurs.



Preparation

- Identify 5 or 6 experienced accompagnateurs (from the group or from outside the group) to serve as a panel of experts for the radio show.
- Choose at least 5 challenges from the list at the end of this activity. You can change challenges or create new ones to fit the needs of your group. Write the challenges you chose onto a sheet of note paper.
- Photocopy the sheet of challenges you prepared and give copies to the panel members.
- Cut up 1 photocopied list of challenges so that you can give 1 challenge each to 5 different audience members.
- Arrange the room so the panel members can sit in the front of the room facing the participants.
- Obtain a cell phone or another prop that can serve as a phone, a source of music (on the cell phone, or another source), and a marker or another prop that can serve as a microphone.
- Review the steps for setting up the radio show so that the show will run smoothly.



Materials

- Photocopies of list of challenges for panel members
- 5 challenges, photocopied and cut
- Cell phone or another prop that can serve as phone
- Marker or another prop that can serve as a microphone
- Music source for playing at the beginning of the radio show and in between questions



TIP: This exercise relies on the facilitator to supplement information provided by the panelists. You must be ready to provide additional information when the panel of experts cannot answer or when the information that they give is incomplete.



STEPS



10 minutes

- **1.** Explain that in this activity, the group will role play a radio show for the imaginary "Network Accompagnateur." The radio show will address some issues faced by accompagnateurs.
- **2.** Ask the experienced accompagnateurs you identified earlier to come to the front of the room and be seated facing the group.
- **3.** Tell participants that the accompagnateurs at the front of the room have been chosen to serve on an expert panel for a radio show. This is a special show for accompagnateurs called "Challenges Faced by the Accompagnateur." Other participants will be the audience and will call the radio show to get the experts' advice on how to handle various challenges they are facing.

- **4.** Tell the panel of experts to respond to the questions as best they can. They can respond individually or discuss and then provide a collective response. If they are unable to respond, provide additional information or offer the question up to the other participants.
- **5.** Give 5 participants 1 challenge each. Tell the group that these 5 people will be the first audience members of the radio show to call in to share their challenges. After they have called in, other participants can call in with other challenges, or express opinions.
- **6.** Tell everyone that all callers must raise their hands. You will give each person the phone, 1 at a time, so that they can pose their challenge to the panel.



50 minutes

- **7.** Act as the radio show host. Welcome everyone to the show, take calls, make sure the phone is passed to each caller in turn, etc.
- **8.** After every question asked by a caller, play some music for about 10 seconds while the panel decides how to answer.
- **9.** Continue in this way for 50 minutes, so that many participants have the chance to call in to the radio show.
- **10.** End the radio show by thanking the panel of experts and callers, and playing some music.
- **11.** Remind participants that all accompagnateurs are part of a support network with other accompagnateurs. Any challenges they encounter can probably be solved with the help of other accompagnateurs like themselves and the health center staff. People should not be afraid to ask for help.



TIP: Choose the 5 most appropriate challenges for your group of accompagnateurs. You can change these challenges or create new ones to fit the needs of your group.



CHALLENGES FACED BY ACCOMPAGNATEURS

- The neighbor of your patient asks you why you visit that patient every day.
- Your patient drinks a lot of alcohol every day.
- When you arrive at your patient's house to give him medicine, he is not there.
- Your relative dies and you must leave your village tomorrow for a funeral far away.
- You witness people in your community refusing to carry a patient to the health center because she is HIV-positive.
- Your patient is fighting all the time with his wife, who is HIV-negative, because she refuses to have sex with him.
- The husband of your patient approaches you while you are alone. He asks you what medicines you are giving his wife and why you visit every day.
- Your patient does not want to go to her appointments after 10 months because she has stopped receiving food and sees no reason to take the time and energy to travel to the health center.
- You visit a patient to deliver her medicine. The patient refuses to take her medicine.
- You visit a patient to deliver his medicine. The patient tells you that he is going out of town for 3 days and will not be home to take his medicine.
- You are physically attracted to your patient.
- Your patient tells you that you can leave his medicine at his house and you do not need to come to visit if you give him a small amount of your salary. This way you will still get paid but you have to do almost no work.
- You discover that a patient is selling the food he receives from the hospital instead of eating it.
- Your patient asks for part of your salary. He complains that you live and profit from his illness because if he were not sick you would not have a job.
- You witness another accompagnateur asking a patient for money for delivering the medicine each day.
- The wife of your patient tells you that her husband is having sex with other women and not using a condom. He also refuses to wear a condom when having sex with her.

SESSION 3 SUPPORT FOR ACCOMPAGNATEURS



Method: Small group discussion



Time: 1 hour and 10 minutes



Objectives

Participants will be able to:

- **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.



Preparation:

• Review the questions below.



Materials:

- Questions on pages xx of the Accompagnateur Handbook
- Chart paper
- Markers
- Tape
- Slide or flipchart presentation
- AV equipment (if using slides)



STEPS



15 minutes

- **1.** Divide the participants into 3 groups by asking them to count off by 3s. Ask participants to assemble into their assigned groups.
- **2.** Ask everyone to find the questions on pages **xx** of their Accompagnateur

Handbook. Give each group their assigned 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?



15 minutes

3. Give groups 15 minutes to work. As they are working, circulate and help as needed.



30 minutes

- **4.** Ask Group 1 to present the ideas they discussed.
- **5.** After the presentation, ask for questions, comments, and additional ideas from participants.
- **6.** Repeat this process for Groups 2 and 3.



10 minutes

- **7.** Summarize the main points from the small group presentations and discussion. Include the following points:
 - Accompagnateurs must create and maintain a strong support network among themselves, and between themselves and health center staff.
 - Accompagnateurs and their patients must communicate well.
 - Accompagnateurs must work together to solve problems.
 - Accompagnateurs must trust and have confidence in other accompagnateurs and the health center staff.

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ACCOMPAGNATEUR CHECKLIST

- ☐ Identify key people and resources that can help you solve problems.
- ☐ When you feel overwhelmed, seek out the support of other accompagnateurs and health center staff.



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, participants need to practice in a comfortable environment. This unit is designed to assess whether participants absorbed the content of the training and to evaluate their ability to analyze information so that they 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 their 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 their 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 their knowledge of the mission and vision of Partners In Health (PIH).



TIME REQUIRED: 4 hours

UNIT OVERVIEW

Session	Content	Methods	Time	Materials
1	Participants practice responding to situations they will face as accompagnateurs.	Role play Small group activity	1 hour and 30 minutes	• Role plays on pages xx of the Accompagnateur Handbook
2	Post-Test	Assessment	45 minutes	Pencils or pensPhotocopies of Post-Test 3
3	Participants create an Accompagnateur Pledge.	Large group discussion Small group activity	1 hour and 15 minutes	 Chart paper Markers Tape Slide or flipchart presentation AV equipment (if using slides)
4	Evaluation	Large group discussion Written evaluation	30 minutes	 Evaluation forms Chart paper Markers Slide or flipchart presentation AV equipment (if using slides)



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.

SESSION 1 BEING AN ACCOMPAGNATEUR



Methods: Role play and Small group activity



Time: 1 hour and 30 minutes



Objectives

Participants will be able to:

- **a.** Demonstrate their 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 their 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.



Preparation

- Review the role plays below.
- Change names in the role plays to names common in your area if needed.



Materials

• Role plays on pages xx of the Accompagnateur Handbook



TIP: If participants are very inexperienced, you may wish to choose 1 participant from each small group to play the role of the accompagnateur, and you can play the opposite role (the Minister of Health, the various patients). In this way, you can guide the discussion, ask more questions, improvise, and respond further.



STEPS



10 minutes

1. Organize participants into 4 small groups. At least 1 of the groups should have a minimum of 4 participants.

- **2.** Assign each group 1 of the role plays on page XX of the Accompagnateur Handbook. Role play 1 requires at least 4 participants.
- **3.** Explain the small group task:
 - Ask a member of your group to read your assigned role play aloud.
 - Then discuss and answer the role play questions as a group. Make sure that everyone participates in the discussion. You do not need to write answers, just remember them.
 - Choose group members to perform the role play for the whole group. For role play 1, all group members should perform. For groups 2, 3, and 4, choose 2 group members to perform.
 - As you answer the questions and prepare your role play, explore the attitudes, fears, and anxieties of the roles and make sure your role plays reflects them.
 - You will have 7 minutes to perform.



20 minutes

4. Give groups 20 minutes to work. As groups are working, circulate and help as needed.



15 minutes

- **5.** Ask group 1 to come forward and perform their role play.
- **6.** Afterwards, ask participants to ask questions and give comments. After participants have had the chance to respond, add or clarify information yourself if needed.



45 minutes

7. Repeat this process for role plays 2, 3, and 4.



 $(page\ XX\ of\ Accompagnateur\ Handbook)$

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?



 $(page\ XX\ of\ Accompagnateur\ Handbook)$

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?



 $(page\ XX\ of\ Accompagnateur\ Handbook)$

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?



 $(page\ XX\ of\ Accompagnateur\ Handbook)$

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?

SESSION 2 POST-TEST



Method: Assessment



Time: 45 minutes



Objectives

Participants will be able to:

Assess prior knowledge of the training topic



Preparation

• Review the post-test questions.



Materials

- Pencils or pens for all participants
- Photocopies of Post-Test 3 for all participants



TIP: Explain the post-test carefully in case some participants are not familiar with taking tests.



STEPS



45 minutes

- 1. Explain that participants will now take a "post-test." The purpose of this post-test is not to judge participants, but rather to better understand what participants already know, to make sure this training addresses their needs. The post-test will also help assess the effectiveness of this training and improve it for future trainings.
- **2.** Give each participant a photocopy of Post-Test 3.
- **3.** Before the post-test, ask participants to complete the information on the top of each page of the test and give it to you. If a participant does not know the exact date the became a CHW, tell him or her to write the year that he or she became a CHW and record the day as "30" and the month as "b."

- **4.** Explain that you will read aloud some questions about the training topic. Participants will answer the questions by circling the best response for each question on their post-test.
- **5.** Tell participants that if they do not know the answer to a question, they should leave it unanswered.
- **6.** Explain that you will do the first question together.
- **7.** Read the first question and possible answers aloud. Ask a volunteer to answer, or answer it yourself. Explain that, to answer this question, participants should circle that answer on their papers.
- **8.** Walk quickly around the room and check to make sure that participants have marked the answer to the first question correctly.
- **9.** Read the rest of the post-test questions and possible answers aloud slowly, 1 at a time. Repeat questions as needed. After you read each question, give participants time to circle the answer.
- **10.** Explain that at the end of this training, participants will take this test again to see how much they have learned. You will review the correct answers then.



TIP: Correct the pre-tests during a break, since you will need to give them back for the participants after they take the post-test. For any incorrect answer, underline the correct answer so that the participants will see the difference between their wrong answers and the correct answers.

When did you become a community health worker?_

Circle "true" or "false" for the following questions: **The trainer is a man. 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 False where HIV can enter the body. 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. **False 4.** It is okay to discuss the lives of your patients (ii) with your family and friends. **True 5.** If a person is diagnosed with an STI, her or his partner should get tested for STIs. **True 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

SESSION 3 AN ACCOMPAGNATEUR PLEDGE



Methods: Small group activity and Large group discussion



Time: 1 hour and 15 minutes



Objectives

Participants will be able to:

c. Demonstrate their 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.



Preparation

Arrange for a doctor to come and say a few words about the Hippocratic Oath.
 Tell the doctor that that you only want a short, informal presentation, 5 minutes or less.



Materials

- Chart paper
- Markers
- Tape



STEPS



5 minutes

1. Tell participants:

Throughout this training we have discussed your roles and responsibilities as accompagnateurs. You must accompany, educate, and treat patients and their families. As accompagnateurs, you are health care professionals. When health care professionals have been trained and are ready to start work, sometimes they take an **oath**.

2. Ask participants:

• What is an oath (a pledge)?

(Take a few volunteer responses.)

3. After you have taken volunteer responses, summarize by telling participants:

An **oath** is a commitment, a solemn promise, a written or oral pledge to do something. Sometimes an oath is done in the name of God or in the name of a parent, ancestor, or organization.

4. Ask participants:

• When do people take oaths or pledges?

(When people swear on the bible to tell the truth in court; when elected officials swear to uphold all the duties of their office; when doctors take the Hippocratic Oath, etc.)



5 minutes

5. Invite the doctor to the front of the room, introduce her or him, and ask her or him to explain the Hippocratic Oath (what it is and why it is important). The doctor should limit the explanation to 5 minutes or less and should explain simply and clearly.



5 minutes

- **6.** Explain that participants will now work together to create their own oath an Accompagnateur Oath.
- **7.** Divide participants into small groups of 4 to 5 participants each (different groups from previous activities). Make sure that each group has at least 1 fairly literate participant.
- **8.** Write the following phrase at the top of a sheet of chart paper and read it aloud or ask a volunteer to read:

"As an accompagnateur, I swear to..."

- **9.** Explain the small group task:
 - With your small group members, discuss what an Accompagnateur
 Oath should include. Think about what we have discussed today. In
 general, an oath does not include details like "ask the patient if he or
 she has abdominal pain." And oath includes the most important and
 biggest responsibilities.
 - Then write your ideas down by completing the phrase "As an accompagnateur, I swear to..."

- Write all the ideas you think should be included in the oath. Choose a group recorder to record your ideas in the "Notes" pages of her or his handbook. All ideas should be expressed as "As an accompagnateur, I swear to…"
- You will have 25 minutes to work.
- When you have finished working, choose 1 group member to report your group's ideas to the whole group.



25 minutes

10. Give small groups 25 minutes to work. As groups are working, circulate and help as needed.



5 minutes

11. Ask groups to stop working. Invite the small group reporters to stand and read aloud their group's ideas 1 at a time. All ideas should be expressed as "As an accompagnateur, I swear to..." This process should only take 5 minutes or so.



15 minutes

- **12.** Ask participants:
 - Now we must create a final Accompagnateur Oath together. To do this, we must decide which of the small group ideas should be included in the final oath. Which ideas should we include in the final oath?
- **13.** Post at the front of the room the chart paper sheet where you wrote, "As an accompagnateur, I swear to..." (if it is not there already).
- **14.** Ask for a volunteer to name an idea from one of the small group lists that should be included in the final oath. Ask the whole group if this idea should be included. If the group agrees, write the item on the chart paper sheet. Allow discussion if needed, and rephrase ideas as needed so that the whole group agrees to the idea.
- **15.** Repeat this process until all ideas that the whole group agrees to are written on the chart paper sheet. (You do not need to write "as an accompagnateur, I swear to..." each time.)



15 minutes

- **16.** Ask a volunteer to read the final list aloud for the group. Then ask the group if any final adjustments need to be made, and make changes on the chart paper sheet as needed.
- **17.** Check the sample Accompagnateur Oath below, and make sure that its main ideas are included on the chart paper sheet. The ideas on the chart paper do not have to be written exactly as the sample, but the main ideas from the sample should be represented. If anything important is missing, add it.
- **18.** Ask participants to stand and tell them:

This is your Accompagnateur Oath. Now you will all take the oath together.

I will read each line of the oath aloud. After I read each line, please respond, "I do." By responding "I do," you are agreeing to keep these promises.

- **19.** Read each line of the oath aloud slowly and clearly. After each line, participants should respond, "I do."
- **20.** Thank participants and invite applause. Then ask everyone to be seated.
- **21.** If there is time, ask participants to copy the oath into their Accompagnateur Handbooks on page xx. If there is not enough time, tell participants that you will type the oath and distribute copies to all participants.
- **22.** Leave the oath posted for the remainder of day.

ACTIVITY 4 **EVALUATION AND FEEDBACK**



Method: Large group discussion or Written evaluation



Time: 30 minutes



Objectives

Participants will be able to:

• Provide feedback on the training.



Preparation

- Make enough copies of the evaluation form for each participant.
- Invite the local authorities or the director of the health center for the official closing of the training program.
- Prepare Certificates of Completion for all participants.



Materials

- Evaluation form on pages xx of the Accompagnateur Handbook
- Chart paper
- Markers
- Certificates of Completion
- Slide or flipchart presentation
- AV equipment (if using slides)



TIP: You can conduct the evaluation orally (steps 1–3) or ask participants to tear out and complete the written evaluation form in their handbooks.

The advantages of conducting an oral evaluation are: even participants with very limited literacy skills can participate easily; asking the questions orally may generate useful discussion; oral evaluation may take less time than written evaluation.

The advantages of asking participants to complete a written evaluation are: shy participants are more likely to give feedback in writing than orally; participants may give more honest feedback if they are answering privately in writing, instead of in front of the whole group.



STEPS



30 minutes

- 1. Thank participants for being engaged and active in today's training.
- **2.** Tell participants that you would like to know what they thought of this training. You will use their comments and feedback to gauge revise and improve future trainings if needed.
- **3.** If you chose to conduct the evaluation orally, ask participants the following questions and record responses on chart paper (or notebook paper):
 - What training activity did you like most? Why?
 - What training activity did you like 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?
- **4.** If you chose to have participants complete the written evaluation, ask participants to find the evaluation form on page xx of their handbooks and tear it out. Read the evaluation questions aloud. Ask participants to complete the evaluation. As participants work, circulate and help as needed.
- **5.** Take down and save the responses from the oral evaluation, or collect and save the written evaluation forms.



Congratulations!

Say: Congratulations! You have completed the accompagnateur training program.

- **7.** Ask participants if they have any final questions or remarks.
- **8.** Ask the local authority or director of the health center to say a few words.
- **9.** Thank all participants and pass out Certificates of Completion.

FINAL WORKSHOP EVALUATION FORM

(Insert Evaluation Form Pages from AH)

(Insert Evaluation Form Pages from AH)

(Insert Evaluation Form Pages from AH)

REVIEW SESSION INSTRUCTIONS



Method: Game



Time: 30 minutes



Objective

• Review all unit objectives.



Preparation

• Read through the game questions ahead of time.



Materials

- Chart paper
- Markers
- Tape



STEPS



5 minutes

- **1.** Divide participants into 4 teams by having them count off in 4s (1, 2, 3, 4, etc.).
- **2.** Ask participants to rearrange themselves so that all of the 1s are sitting together, all of the 2s together, etc.
- **3.** Explain the rules of the game:
 - The facilitator will alternate between teams, asking each team 1 question at a time.
 - Teams will have 30 seconds to discuss their answer.
 - If the team answers correctly, they receive 1 point.
 - If the first team's answer is incorrect, the next team has a chance to answer the question.
 - If the next team answers correctly, they receive 1 point.
 - If all teams answer incorrectly, nobody receives the point and the facilitator gives the answer.
 - The next question goes to the next team.
 - When the game is over, the team with the most points wins the game.

- **4.** Start the game and play until all questions have been answered (or until you have played for 30 minutes or so).
- **5.** Keep score on a sheet of chart paper. At the end of the game, announce the winner.
- **6.** On the last day of the training, tally each team's points and announce the winning team.

DAILY REVIEW QUESTIONS



TIP: Questions with multiple answers may be asked multiple times (asking for one answer each time). In addition, facilitators can alter the existing review questions or make up their own questions to use during the training.

REVIEW QUESTIONS, UNIT 2

- Name 4 countries where PIH works.
 (Haiti, Rwanda, Lesotho, Peru, Russia, Malawi, United States, Mexico, Guatemala)
- **2.** Where is PIH's main office located? (Boston, in the United States)
- **3.** How many employees does PIH have? *(Over 15,000)*
- **4.** How many years ago did PIH start? (Over 20)
- **5.** What is a human right? (Something to which all people are entitled regardless of ethnicity, age, gender, or income)
- **6.** Name 3 human rights that PIH believes in.

 (Right to health care, right to food, right to housing, right to education, right to work)
- **7.** Where did PIH begin? (Central Plateau in Haiti)
- **8.** Why does PIH work with the local community? (To ensure that PIH is well integrated into the community and addresses its greatest needs)
- **9.** Name 3 qualities that an accompagnateur should have. (Be responsible, trustworthy, nonjudgmental, respectful, empathetic)
- **10.** Is it possible to have social justice if people do not have access to health care, food and water, and education? (*No*)

CONTINUED >



REVIEW QUESTIONS, UNIT 2 (CONTINUED)

11. PIH helps a lot of people, but it places an emphasis on helping what kind of people?

(Those most in need – the poorest)

- 12. What does it mean to be in solidarity with the poor?

 (To listen to the poor; provide support; help them get access to health care, food, water, etc.; to notice what their needs are and speak up about them)
- **13.** Name 3 criteria for selecting accompagnateurs.

 (Live close to the patient, come from the same community as the patient, know how to read and write, be accepted and trusted by the patient)
- 14. Accompagnateurs play a special role between the health center and the community. What is this role?(Make a link or bridge between the health center and the community)
- **15.** What is confidentiality? (Keeping patient information private and secret, sharing the information only with the health center team)
- **16.** How did the accompagnateur help Joseph Jeune?

 (Got Joseph to the health center, arranged transportation for Joseph, told

 Joseph's family not to worry about health center fees, watched Joseph take his medicine)



- **1.** Is there a cure for HIV? (No, HIV stays in the body for life.)
- **2.** What is the body's defense system called? *(The immune system)*
- 3. Name 3 symptoms of HIV.

 (Possible answers: weight loss, diarrhea, white covering in the mouth, rash on the body, blisters or sores on the skin, hair loss, fever, cough)
- **4.** What are opportunistic infections? (Infections that develop because the immune system is weak; the weakened immune system gives them the "opportunity" to sneak in.)
- **5.** Name 2 opportunistic infections. *(TB, pneumonia)*
- **6.** The doctor can tell how strong or weak the immune system is by counting what? (CD4s)
- **7.** What does it mean if the number is more than 350? (The immune system is still pretty strong and can fight off diseases.)
- **8.** What does it mean if the measurement of CD4s in the body is less than 350? (The immune system is weak and the patient should start taking ARVs.)



REVIEW QUESTIONS, UNIT 4

- **1.** Since you cannot tell from looking at a person whether or not he or she has HIV, how can you know if someone is HIV-positive?

 (Ask them to get tested it is a simple blood test.)
- 2. What does the expression "window period" mean?

 (The time between when a person is infected with HIV and when it shows up on the HIV test)
- **3.** Name 2 ways that HIV is transmitted. (Sexual contact, blood, from mother to child during pregnancy or birth)
- **4.** Name 2 ways to prevent HIV. (Possible answers: using condoms, abstinence, fidelity, bottle-feeding with infant formula if a baby's mother is HIV-positive)



- **1.** What does ARV stand for? (Antiretroviral, or antiretroviral medicine)
- **2.** What do ARVs do? (ARVs prevent HIV from multiplying in the body.)
- **3.** Once people start taking ARVs, can they ever stop taking them? (No, HIV-positive patients must take ARVs twice a day every day for the rest of their lives.)
- **4.** How many ARVs does a patient take? (Every patient on ARVs will take 3 ARVs. For most patients it will be only 1 pill, T30.)
- 5. Why is it important to take ARVs every day?

 (Because if you forget to take your ARVs, HIV can multiply and you can get sick and die. Also, if you start taking ARVs and then stop, the virus could become able to resist them and then they will not work anymore.)
- **6.** Where should you store ARVs? (*In a dry place, away from heat and sunlight, and away from children*)
- **7.** To stay healthy, what else should an HIV-positive person do along with taking ARVs?

(Avoid alcohol and tobacco and eat healthy foods.)

8. Can you infect someone else with HIV if you are taking ARVs? (Yes, if you are HIV-positive you can always infect someone else, even if you are taking ARVs.)



- **1.** What is the name of the bad reactions that patients can have to ARVs? *(Side effects)*
- **2.** True or false: ARVs are the only medicines that have side effects. (False)
- **3.** Side effects can be broken down into 2 categories. What are the 2 categories? *(Urgent and non-urgent)*
- **4.** What should an accompagnateur do if she or he notices that a patient is experiencing side effects? (Refer them to the health center)
- **5.** How soon should the patient go to the health center for non-urgent side effects? *(Within 1 week)*
- **6.** How soon should the patient go to the health center for urgent side effects? (He or she should go to the health center immediately)
- 7. Name 5 side effects of ARVs.

 (Possible answers: blisters, jaundice, vomiting, fever, abdominal pain, rash on face or body, diarrhea, strange dreams, loss of appetite, diarrhea, burning or tingling feet, headaches, dizziness, muscle pain, fatigue, difficulty sleeping,
- 8. Name 5 more side effects of ARVs.

 (Possible answers: Loss of appetite, blisters, jaundice, vomiting, fever, abdominal pain, rash on face or body, diarrhea, strange dreams, diarrhea, burning or tingling feet, headaches, dizziness, muscle pain, fatigue, difficulty sleeping, nervousness or anxiety)
- **9.** True or false: Everyone has the exact same side effects. *(False)*

nervousness or anxiety)

10. What is the most important question that accompagnateurs need to ask patients every day?

(How are you feeling?)



- **1.** True or false: It is better for a pregnant woman with HIV to give birth at home. *(False)*
- **2.** Why is it important for an HIV-positive pregnant woman to feed her baby only infant formula?
 - (It is the best way to prevent the baby from becoming infected with HIV. She might give HIV to her baby by breastfeeding.)
- **3.** How can a mother pass HIV on to her baby? (During pregnancy, during labor and delivery, or by breastfeeding)
- 4. Name 3 reasons why women are more vulnerable to HIV. (Possible answers: Biologically, women have a larger surface area that can be exposed to HIV; vaginal tearing during sex is common, and HIV can easily enter the tears; there is more HIV in sperm than in vaginal secretions; women are less likely to be able to negotiate condom use and the terms of sex; women have a greater risk of experiencing sexual violence; women tend to be less educated than men.)
- **5.** If a woman gives birth at home what should an accompagnateur do? (Get the mother to go the health center as soon as possible, and no more than 3 days after giving birth.)
- **6.** Why should accompagnateurs tell all pregnant women to go to the health center for prenatal care?
 - (The doctor will make sure the woman and fetus are healthy; the woman will receive medicine and vitamins; the woman can get tested for HIV and, if positive, learn how to prevent giving HIV to her baby.)
- **7.** What does PMTCT stand for? (Prevention of mother-to-child transmission of HIV)



REVIEW QUESTIONS, UNIT 8

- 1. How do HIV and STIs work together?

 (Having an STI increases the risk of getting HIV and having HIV increases the risk of getting other STIs.)
- 2. Name 3 signs of an STI.

 (Possible answers: Pain when urinating, pain during sex, sores on the genitals, genital itching, discharge from the penis or vagina, conjunctivitis in newborns)
- **3.** What are the 2 best ways to prevent the transmission of STIs? *(Using condoms, abstinence)*



- 1. Many people have negative ideas (attitudes) or misconceptions about people with HIV/AIDS. What are some of these negative ideas or misconceptions? (People living with HIV/AIDS are bad and dirty; they deserve to have HIV because they have done something wrong; they are promiscuous and have sex with a lot of people; they use drugs; they cheat on their partners; they are cursed; they are being punished by God; they are poor; they should not go to school or church, etc.)
- 2. What is discrimination?

 (Discrimination is an unfair way of treating someone or acting towards someone because you think he or she is different. Discrimination is what you do as opposed to what you think.)
- **3.** What are 3 causes of negative attitudes and discrimination related to HIV/AIDS? (Possible answers: Lack of information, myths and fears about HIV transmission, fears about death and illness, moral judgments, assumptions about people living with HIV)
- 4. What are the consequences of negative attitudes and discrimination? (They prevent people from getting tested or treatment, make people feel lonely and sad, prevent people from telling their partners they are HIV-positive, increase the school dropout rate, lead to violence and abandonment, and make the problem of HIV bigger.)
- **5.** What are the benefits of reducing negative attitudes and discrimination? (More people will get tested; more people will get treatment; people will not feel sad and lonely.)



1. Name 1 way that HIV/AIDS affects individuals.

(Possible answers: Illness can make someone too weak to do regular activities; a person with HIV/AIDS may lose his or her job because of discrimination or illness, which can lead to or worsen poverty; a person may feel isolated or isolate themselves from others, and may be subject to gossip or teasing; HIV-positive children may be discriminated against by other children at school; a person living with HIV/AIDS may lose faith and question whether there is a higher being.)

2. Name 1 way that HIV/AIDS affects families.

(Possible answers: The entire family may become isolated from the community if they are discriminated against; heads of household may not be able to provide for family members, increasing the burden and responsibility for others; children may have to drop out of school to work or run the household; increased expenses for medical care and medicine; increase in poverty; increased expenses to care for orphans and other vulnerable children.)

- **3.** Name 1 way that HIV/AIDS affects communities.
 - (Possible answers: Education suffers if children stop going to school in order to work or care for sick family members, or if teachers become infected with HIV/AIDS and cannot work anymore. 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 increases, and elders take on the responsibility of caring for the children who are left behind. In situations where a parent or both parents are ill, children must take 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 the community is not aware of how HIV/AIDS is spread or prevented.)
- **4.** Identify 3 psychological and social issues faced by people living with HIV/AIDS. (Possible answers: Shock, denial, fear, grief, shame, anger, anxiety, low selfesteem, depression, or suicidal thoughts)
- **5.** Identify 3 more psychological and social issues faced by people living with HIV/AIDS.
 - (Possible answers: Shock, denial, fear, grief, shame, anger, anxiety, low self-esteem, depression, or suicidal thoughts)
- **6.** Identify a way that accompagnateurs can provide psychological and social support to patients.
 - (Possible answers: Volunteer counseling and testing, spiritual support from a religious leader, support from community or family members, or support from a social worker or doctor)

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REVIEW QUESTIONS, UNIT 10 (CONTINUED)

- **7.** What psychological and emotional stage does a person living with HIV need to reach in order to receive treatment and get better? (Acceptance)
- **8.** A patient you have been working with for the last 3 months seems very sad and depressed. She tells you that she has not been eating or sleeping well and that she feels tired all the time. She wonders out loud whether life is worth living this way. What should you do?

 (Tell a POSER team member, a social worker, doctor, or nurse. Encourage the patient to go talk to the social worker at the health center.)
- **9.** For the patient from the previous example, give an example of an open-ended question that the accompagnateur could ask to get more specific information from her and to provide some support.

 (How long have you been feeling this way? Has something happened that has upset you over the past few days?)
- **10.** Name additional communication skills not mentioned in the last 2 scenarios. (Possible answers: Be patient and caring; listen; be respectful; ask open-ended questions; keep information confidential; summarize)
- 11. As an accompagnateur, you have noticed that very few people in the community interact with people living with HIV/AIDS. You want to encourage community members to provide support to people living with HIV/AIDS. Pretend you are at a community meeting (with other participants acting as the community members) to find out more and discuss the issue. Facilitate a discussion. (Suggested talking points: Negative attitudes and discrimination make the problem of HIV bigger, illness affects an entire community, anyone can get HIV, people with HIV should be treated like everyone else, HIV cannot be passed to other people by talking or touching them, people with HIV are already vulnerable and treating them poorly makes the problem worse. Ask the community members what they know about HIV/AIDS, dispel any myths, and provide accurate information on HIV/AIDS.)



- **1.** How is TB spread from one person to another? (By droplets of liquid that are coughed into the air)
- **2.** Can a person get TB by eating bad food? *(No)*
- **3.** Name 3 symptoms of TB. (Coughing, chest pain, fatigue, weight loss, loss of appetite, night sweats, or fever)
- 4. How do the TB symptoms of people living with HIV differ from typical symptoms?

 (People living with HIV may not have typical TB symptoms because the TB has already spread throughout the body. They may not have a cough or chest pain, but often have a swollen stomach and diarrhea.)
- **5.** Name 3 other symptoms of TB. (Coughing, chest pain, fatigue, weight loss, loss of appetite, night sweats, or fever)
- **6.** Is TB an incurable disease? (No. TB can be treated.)
- **7.** What are the 3 tests that doctors use to see if someone has TB? (*Sputum test, chest X-ray, and skin test*)
- **8.** What is the difference between active TB and inactive TB? (Inactive TB is in the lungs but not growing; the person feels healthy. Active TB is growing in the lungs and spreading to other parts of the body; the person may have symptoms of TB.)
- **9.** Can a person with inactive TB give it to someone else? (No)
- **10.** Where does TB live in the body in the very beginning of the disease? (*The lungs*)
- **11.** Where can TB spread to in the body? *(Everywhere)*

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REVIEW QUESTIONS, UNIT 11 (CONTINUED)

- **12.** Name 1 group of people who are at high risk of getting TB. (Possible answers: People who are already sick; malnourished people; people living with HIV; children; prisoners; or students living in dormitories)
- **13.** How does nutritious food prevent TB? (It makes people strong so that their bodies can fight off TB.)
- **14.** How do open windows and sunlight prevent TB? (TB germs are killed by fresh air and sunlight.)



REVIEW QUESTIONS, UNIT 12

- **1.** Why is it important for people who have HIV to get tested for TB? (HIV makes TB worse, and inactive TB is more likely to turn into active TB in people living with HIV.)
- **2.** What should an accompagnateur do if she thinks someone has TB symptoms? (*Refer them to the health center*)
- **3.** Why does covering the mouth while coughing prevent TB? (Covering the mouth prevents the TB droplets from entering the air and infecting others.)
- **4.** How should TB medication be taken? (*In the morning, without food*)
- 5. Name 5 side effects of TB medicines.

 (Possible answers: Difficulty breathing, difficulty seeing, swollen tongue, hearing loss, vomiting, loss of appetite, rash, jaundice, dizziness, muscle or joint pain, difficulty swallowing, weakness or fatigue)
- **6.** What can a person with inactive TB do to make sure he or she does not get active TB?

(He or she should take medicine to prevent the TB from becoming active.)



- 1. Why is it important for people who have HIV to get tested for TB?

 (HIV makes TB worse, and inactive TB is more likely to turn into active TB in people living with HIV.)
- **2.** What should an accompagnateur do if she thinks someone has TB symptoms? (*Refer them to the health center*)
- **3.** Why does covering the mouth while coughing prevent TB? (Covering the mouth prevents the TB droplets from entering the air and infecting others.)
- **4.** How should TB medication be taken? (*In the morning, without food*)
- 5. Name 5 side effects of TB medicines.

 (Possible answers: Difficulty breathing, difficulty seeing, swollen tongue, hearing loss, vomiting, loss of appetite, rash, jaundice, dizziness, muscle or joint pain, difficulty swallowing, weakness or fatigue)
- **6.** What can a person with inactive TB do to make sure he or she does not get active TB?

 (He or she should take medicine to prevent the TB from becoming active.)



- **1.** What does DOT mean?
 - (Directly Observed Therapy: visit the patient every day, directly hand the patient his or her medicine and watch him or her swallow the medicine.)
- **2.** Name 3 things that you should do every day when you visit a patient. (Ask the patient how he or she is feeling; fill out the Accompagnateur Form; provide support and encouragement to the patient.)
- **3.** How should you store medicine? (*In a safe, dry place away from children and sunlight*)
- **4.** What should you do if you cannot visit the patient one day because you have to go out of town?
 - (Find another accompagnateur or trustworthy person to deliver the medicine visit the patient, give that person instructions on what to do, and inform the patient that someone else will be delivering the medicine.)
- **5.** How often do you go to the health center with each patient to collect medicine from the health center?

 (Once a month)
- **6.** How often do you come to the health center for Accompagnateur Meetings? *(Once a month)*
- **7.** How often do you visit your patients? *(Every day)*
- **8.** How do you explain how to live healthfully to people living with HIV/AIDS? (Explain to patients that they should not smoke or drink alcohol because this could make the medicine not work. Patients should eat healthy foods and get a lot of rest.)
- **9.** Name 3 good communication skills.

 (Possible answers: be respectful, be empathetic, listen, be non-judgmental, ask open-ended questions, keep information confidential.)
- **10.** How often should you ask patients how they are feeling? $(Every \ day)$
- **11.** How often should you ask patients if they are experiencing specific side effects? (*Once a week*)
- **12.** If you saw a malnourished child in your community, to whom would you refer him or her at the health center?

 (A nurse)

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REVIEW QUESTIONS, UNIT 13 (CONTINUED)

- 13. Name 4 things that an accompagnateur should never do.

 (Never discuss patient information with anyone but the doctor or nurse; never ask the patient for money or gifts; never give patients medicine to take by themselves; never hide information from the doctor or nurse.)
- **14.** Describe the process for filling out the Accompagnateur Form. (Mark an X on the patient form under the correct day and time each time you visit the patient and give medicine.)
- **15.** Name 3 people who work at the health center. (Nurse, doctor, social worker, POSER team member, pharmacist, accountant.)
- **16.** Name 2 reasons you might refer a patient to the health center. (The patient is experiencing urgent side effects; is having an allergic reaction; is depressed; refuses to take medication; is pregnant.)
- 17. Name 2 ways in which accompagnateurs work with communities.

 (Notice needs in the community; teach the community about HIV; educate the community about health topics.)
- Name 2 things that you should do after an HIV-positive pregnant patient has given birth.(Make sure the mother has AZT syrup for the baby; make sure the mother has enough infant formula; alert the health center if the mother gave birth at home.)
- **19.** Name 2 things that you should do before an HIV-positive pregnant patient gives birth.
 - (Explain that giving birth in a health center is safer than giving birth at home; teach the woman about the importance feeding infant formula instead of breast milk; teach women how to prepare infant formula; provide information about ARVs and AZT syrup; encourage the mother to go to the health center for her appointments. Explain that an HIV-positive mother should not breastfeed because she can pass HIV along to her baby; encourage the mother to develop a plan for getting to the hospital before the delivery.)
- 20. What should an accompagnateur do if she notices that her patient's family is under a lot of stress or has other psychological and social needs, including intense poverty, insufficient food, a leaky roof, or sick children?

 (Talk to a POSER team member or social worker. Help the family connect to other formal and informal support networks.)

NOTES			

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

8. Women are more vul	Women are more vulnerable than men to HIV.	\odot	
		True	False
9.	HIV-positive pregnant women should deliver their babies at home to avoid passing HIV on		6
	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. 2. You can get HIV by shaking hands with someone who has HIV. False 3. Antiretroviral medicine kills HIV forever and cures patients. **False** True (i)**4.** HIV/AIDS is a life-long disease. Once it enters the body it never leaves. **False** **5.** All pregnant women who have not been (:)tested for HIV should be referred to a health center and tested. **6.** A person can have HIV and not show any symptoms. **False 7.** HIV tests are inaccurate within the first 4 to 12 weeks of infection.

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	©	6
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

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.		0
	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.

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- **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

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- **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.





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.





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

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

True



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





False

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





6. HIV and other STIs can be passed from a mother





to her child during pregnancy and delivery.

TESTS





False

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





True

False

Circle the best answer for each question:

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 - 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.	(i) 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:	\bigcirc	\bigcirc	
**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.		\odot		
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		True	False	
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		True	False	
3. Discrimination means treating someone unfairly	fairly	\odot	\odot	
because you think she or he is bad or different.		True	False	

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

4. It is okay to discuss the lives of your patients

5. If a person is diagnosed with an STI, her or his

with your family and friends.

partner should get tested for STIs.





False

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
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