Supportive Care for People on HIV Treatment

Community Health Evangelism
HIV/AIDS Training Module

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Supportive Care for People on HIV Treatment

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OVERVIEW FOR TRAINERS

Community Health Evangelism
HIV/AIDS Training Module
Supportive Care for People on HIV Treatment

Cynthia Calla, Executive Director, LifeRise AIDS Resources
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Summary
HIV Treatment (called antiretroviral treatment, or “ART”) is now recommended for all people living with HIV (PLWH) worldwide as soon as they know they are infected. Once people who are HIV-infected start on treatment, they must stay on it for life. Treatment has 2 main benefits: 1) improves the health of the person living with HIV; 2) prevents transmission of the virus to others. HIV treatment for all PLWH means that the core of caring for them is supportive care while they are on ART. This Community Health Evangelism (CHE) HIV/AIDS training module trains Community Health Evangelists (CHEs) to provide supportive care for PLWH on ART. CHEs serve as Christian volunteer Community Health Workers (CHWs).

Steps for treatment are called the “Care Pathway”: 1) get tested; 2) link to medical care as soon as possible after testing positive, preferably on the same day; 3) stay in medical care at the clinic until ready to start ART; 4) start ongoing ART; 5) become stable on ART (called “virally suppressed” when copies of the virus are no longer found in the blood); 6) stay on ART for life. Although the CHE program does not supply the ART medicines, CHEs can have a big impact by providing supportive care for PLWH on ART all along the Care Pathway. If the CHE program is only able to do one intervention, the priority is to assist with community-based distribution of ART through adherence support groups.

The lessons in this training module cover: 1) vision for treatment for all people living with HIV; 2) how treatment works and benefits; 3) supportive care for specific steps along the Care Pathway; 4) overcoming barriers to treatment; 5) needs of special groups; 6) home visits; 7) emotional and spiritual care; 8) support groups; 9) community-based ART distribution; 10) ART for pregnant women; 11) special issues in treatment – tuberculosis and pre- and post-exposure prevention (PrEP and PEP); 12) treatment failure and hospice; 13) how ART is God’s healing; 14) why behavioral prevention is still important; and 15) planning a CHE supportive care project.

The vision for this module is that CHE programs will be mobilized and CHEs will become engaged in providing supportive care for PLWH on ART. CHEs will help people stay in medical care and become stable on their medicines for life. People will no longer die from HIV and HIV transmission will be reduced in the communities where CHEs serve. CHEs will fulfill Christ’s calling to care for the sick, show compassion, and bring healing. They will have opportunity through the long-term relationships they develop with PLWH to share the gospel, bring people to Christ, and help them grow in their faith. The lives of PLWH will be transformed through Christ.

HIV Treatment for All
HIV Treatment (called antiretroviral treatment, or “ART”) is now recommended for all people living with HIV (PLWH) worldwide as soon as they know they are infected. ART is lifesaving and brings healing for PLWH. People can be on death’s door and return to health with treatment. Even so, ART is a treatment but not a cure. The person infected still has the virus in his or her body. But ART can turn HIV from a deadly disease to a chronic disease. A person stable on ART most likely will not die from HIV.
OVERVIEW FOR TRAINERS

ART has 2 major benefits. The first benefit is that ART improves the health of the person who is infected. It helps restore the body’s system to fight infection which has been destroyed by HIV. ART is also good for the body’s major organs like the brain, heart, lungs, liver, and kidneys. The second benefit is that people who are stable on ART do not pass the virus to others. The hope is that if everyone gets on ART and becomes stable, HIV can be eliminated.

A lot of progress has been made in ART over the years. It has been extended to poor countries and communities. Medicines have been simplified from multiple pills to one pill a day. There are fewer harmful side effects to the medicines. Laboratory tests to monitor treatment are more available.

Given the benefits of ART and the progress made, the goal has now become that everyone who is HIV-infected everywhere in the world begins treatment. In the past, people had to wait to start on ART until they got sick. But as of September 30, 2015, the World Health Organization (WHO) removed all the limits to start on ART. Now people can start on treatment as soon as they know they are infected when they have a positive test. This is great news for people with HIV.

The UNAIDS has a strategy called “90-90-90”: 1) 90% of all PLWH get tested so they know their status; 2) 90% of these receive ongoing ART (81% of all PLWH); 3) 90% of these become stable on ART (73% of all PLWH). CHE programs can help fulfill this strategy.

Care Pathway
Steps to stable treatment are called the “Care Pathway.” Other names for the Care Pathway are the “HIV Cascade” and the “Care Continuum.” Steps along the Care Pathway are transitions to deliver supportive care services and means to monitor programs. The steps for PLWH are: 1) get tested; 2) link to medical care as soon as possible after testing positive, preferably on the same day; 3) stay in medical care at the clinic until ready to start ART; 4) start ongoing ART; 5) become stable on ART (called “virally suppressed” when copies of the virus are no longer found in the blood); 6) stay on ART for life. The Care Pathway steps are sequential and many ART programs show fall off at each step. Many people are lost to follow up from medical care. By providing supportive care services all along the Care Pathway, CHEs can help PLWH stay in care and become stable on ART.

For CHEs to provide supportive care for people on HIV treatment along the Care Pathway, the CHE program needs to partner with clinics that are providing ART. This may be a closer relationship than the CHE program has had in the past with clinics. CHEs will serve as the link between the clinic and the PLWH who live in the community. The main role of CHEs to visit PLWH in their homes and provide health education will continue, but new roles will also be important.

Community-based ART Distribution
Once started on ART, people have to stay on it for life. Although ART destroys the virus circulating in the blood, the virus still hides in the body where ART can’t reach. If a person stops treatment, the virus returns in full force. Also, if PLWH stop their ART even for one day, the virus can become unresponsive to the medicine and it no longer works. Therefore, once started on ART, PLWH cannot skip pills or stop ART. They must take every pill every day at the same time of day. This is called “adherence.” PLWH must stay on ART for life and remain in medical care.

Treatment for all PLWH means that in the years ahead, many more people will start on ART and need to stay on it for life and require lifelong medical care. At present, PLWH on ART have to make frequent visits to the clinic for routine care and to refill their medicines. Traveling to the clinic and waiting to be seen may take all day. People are away from their families and lose time from work. Clinics are currently overburdened with caring for PLWH. In the future, with the demand for treatment for all PLWH, clinics will be overwhelmed unless alternative models to streamline care are adopted.
OVERVIEW FOR TRAINERS

One alternative model is community-based distribution of ART. If the CHE program can provide only one supportive care intervention in this training module, community-based distribution of ART is the priority. Community-based distribution of ART means bringing ART from the clinic to the community, right to where PLWH live and where CHEs serve. PLWH do not have to make as many visits to the clinic. Routine tasks are shifted from clinic staff to trained lay workers like CHEs. The burden for both PLWH and the clinic is reduced. CHEs help people adhere to their medicine and not skip any pills.

Médecins Sans Frontières (MSF) has been a pioneer in community-based models for delivery of ART. See References below. If you are able, look at some of the videos on their website, www.msf.org. These will touch your heart and inspire you to see the church and CHE programs engage in community-based distribution of ART and supportive care. As one woman member of an adherence club stated, “The Community ART groups are like a church. We greet each other; we visit each other; we listen to each other; and we feel each other’s pain.”

Supportive Care
In addition to providing community-based ART distribution, there are many other ways CHEs can provide supportive care along the Care Pathway. The lessons in this module explore these ways related to: 1) testing and linkage to care; 2) staying in medical care; 3) staying on treatment for life; 4) overcoming barriers to care; 5) needs of special groups who are more vulnerable; 6) what to do on home visits; 7) emotional and spiritual care; 8) what to do in support groups; 9) HIV treatment for pregnant and breastfeeding women; 10) special issues in ART, including people with tuberculosis and pre- and post-exposure prevention (PrEP and PEP); 11) HIV treatment failure and hospice care; 12) how ART is God’s healing; 13) continued need for behavioral prevention even though treatment decreases transmission; 14) planning a CHE supportive care project.

Studies of community-based supportive care provided by community health workers (CHWs) like CHEs for PLWH on ART have shown improved (or at least no worse) outcomes than clinic care, including: 1) increased adherence to ART; 2) increased retention in care and reduced loss to follow up; 3) more people stable on ART; 4) reduced treatment failures; 5) decreased death rates; 6) increased understanding about HIV and ART; 7) improved dignity, quality of life, and positivity; 8) helped people feel a sense of belonging and less alone; 9) improved family support and relationships; 10) improved disclosure; 11) reduced stigma in the community; 12) extended the reach and increased the uptake of services; 13) decreased barriers and improved access to care; 14) reduced burden of frequent clinic visits; 15) timely referrals which reduced delays in care; 16) improved quality of care of clinic services; 17) reduced waiting times and helped streamline care at clinics; 18) reduced workload of staff at clinics; 19) improved communication between patients and medical providers; 20) decreased costs and improved cost-effectiveness. These positive outcomes call for the church, CHE programs, and Christian ministries to rise to the challenge of providing supportive care for PLWH on ART.

Conclusion -- Ultimate Vision
The time has come in the HIV/AIDS crisis that all PLWH should be on HIV treatment. By providing supportive care for PLWH on ART, CHEs can be part of something highly significant. They will see PLWH restored to health through holistic services. Those who are infected will no longer die of HIV. Children will not be orphaned. CHEs will enjoy long-term, fulfilling relationships with PLWH and their family members. They will respond to Christ’s calling to care for the sick, bring compassion and healing, and help transform lives.

In addition, CHEs will prevent HIV not only through promotion of God’s design for marriage and behavioral prevention but also through HIV treatment. People will no longer become infected with a tragic disease. Mothers will not pass the virus to their infants. The CHE program can be part of eliminating HIV in an ever widening sphere extending to their entire country. The AIDS epidemic could come to an end!

This is a vision worth the all-out effort of CHE programs and CHEs who so faithfully serve in their communities.
Abbreviations Used in this Module
ART – Antiretroviral treatment (HIV treatment)
CHE – Community Health Evangelism
CHEs – Community Health Evangelists (Christian volunteer Community Health Workers (CHWs))
PLWH – People living with HIV

References
HIV TREATMENT FOR ALL PEOPLE LIVING WITH HIV

Date: 03/2016

(1 HOUR)

OBJECTIVES: After working through this lesson, participants will be able to:
1. Have a vision for all people living with HIV (PLWH) to be on lifesaving treatment
2. Explain the steps to stable treatment – the Care Pathway
3. Understand that they can help all PLWH to be on treatment by providing supportive care

OVERVIEW FOR TRAINERS: This lesson gives an overall vision as the first in the training module, Supportive Care for People on HIV Treatment. This module trains CHEs to provide supportive care to help all PLWH to be on lifesaving treatment.

METHOD

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<td>Starter: Discuss together:</td>
<td>10’</td>
<td>There are no right answers. Just allow participants to dream.</td>
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What would life be like without HIV/AIDS:
- For the individual, the partner, and the family?
- For the health system?
- For the community?

I. Good news – Treatment is now for all PLWH
Discussion in large group.
A. What is HIV treatment called?
B. Does HIV treatment save lives?
C. What is the latest good news about HIV treatment?

I. Treatment for all PLWH
A. It is called “ART” – antiretroviral treatment
B. It is lifesaving. People living with HIV can be close to death and return to health on ART.
C. Latest good news
1. In the past, PLWH had to wait until they got sick to start on treatment
2. The good news is that now they can start as soon as they know they are infected
3. Treatment is for all PLWH, including pregnant women and children
4. PLWH who test HIV-positive should go as soon as possible to a clinic that gives ART
5. They should avoid delay in coming to the clinic until after they start getting sick
II. Sheila’s Story – A Second Chance (follows this lesson)
Read story in large group. Make a chart with 2 columns: 1) Before ART; 2) After ART. Make 2 rows for each column: 1) Physical; 2) Emotional. Fill in the chart comparing Sheila’s life before and after ART to discover how ART restored her physical and emotional health.

A. What was Sheila’s health before ART?

B. What was Sheila’s health after ART?

III. Strategy for all people living with HIV to be on treatment
A. If ART is so effective and life-changing, then what do you recommend for people living with HIV? What is our goal for them?

B. What are the steps to achieve this stable HIV treatment? Work through the steps as a sequential process. Each step is dependent on the previous step. For example, first people get tested and discover they are positive. Next, they link to a clinic that gives ART. Next, . . . etc.

III. Strategy for all PLWH to be on treatment
A. If ART is so effective and life-changing, then what do you recommend for people living with HIV?

B. Steps to stable HIV treatment are called the “Care Pathway”

Before ART

After ART

Physical

Emotional

A. Before ART
1. Physical – could hardly walk; tired; skeleton; felt terrible; too ill to work; immune system not working
2. Emotional – desperate; feared the worst

B. After ART
1. Physical – felt better; able to get out of bed; looking for a job
2. Emotional – better relationship with husband; turned life around; new confidence and hope; no longer robbed of hope; facing HIV head on; seizing a second chance

A. If ART is so effective and life-changing, then what do you recommend for people living with HIV?
1. All PLWH should be on antiretroviral treatment!
2. They can start as soon as they know they are infected
3. So everyone needs to be tested for HIV and offered treatment if they test positive
4. ART is lifesaving!

B. Steps to stable HIV treatment are called the “Care Pathway”
1. Get tested
2. Link to medical care as soon as possible after testing positive, preferably on the same day
3. Stay in medical care at the clinic until ready to start ART
4. Start ongoing ART
5. Become stable on ART (called “virally suppressed”)
6. Stay on ART for life
HIV TREATMENT FOR ALL PEOPLE LIVING WITH HIV

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<td>C. The United Nations, or UNAIDS, has a strategy to get all PLWH on treatment called &quot;90-90-90.&quot; What does that mean?</td>
<td></td>
<td>C. UNAIDS has a strategy to get all PLWH on treatment called &quot;90-90-90&quot;</td>
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<tr>
<td>1. 90%, or 9 out of 10, of all PLWH are tested so they know their status</td>
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<td>2. 90% of those testing positive for HIV receive ongoing ART*</td>
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<td>*This is 81% of all PLWH</td>
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<td>3. 90% of those receiving treatment are stable on ART**</td>
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<td>**This works out to 73% of all PLWH</td>
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<td>D. To achieve the UNAIDS strategy, how is ART delivery changing, allowing CHEs to play a vital role?</td>
<td></td>
<td>D. ART delivery is changing to allow CHEs to have a vital role. It is:</td>
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<td>1. Simplified so it is not so complex</td>
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<td>2. Decentralized out to communities where people live</td>
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<td>3. Integrated into primary health care</td>
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<td>4. Provided by community health workers (task shifting and task sharing with medical providers)</td>
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IV. CHEs can help all PLWH to be on HIV treatment

A. How can CHEs provide supportive care to help all PLWH to be on ART?
   This training module, Supportive Care for People on HIV Treatment, provides guidance what CHEs can do.

IV. CHEs can help all PLWH to be on HIV treatment

A. CHEs can have a big impact by providing supportive care for people on HIV treatment
   1. CHE programs can partner with clinics giving ART, public health departments, and other community responses
   2. CHEs serve as link from the local clinic to PLWH in the community
   3. CHEs provide supportive care to help people at all the treatment steps along the Care Pathway
      --Get tested
      --Link to medical care
      --Stay in medical care at the clinic
      --Start ongoing ART
      --Become stable on ART
      --Stay on ART for life
   4. CHEs can do home visits to see how the PLWH are doing and to encourage them in their treatment
   5. In addition to home visits, CHEs can provide other supportive care, as we will cover in the lessons in this training module
HIV TREATMENT FOR ALL PEOPLE LIVING WITH HIV

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<td>V. Himanshu’s Story (Meeting Local Needs) (follows this lesson)</td>
<td>10’</td>
<td>V. Meeting local needs in the community</td>
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Read story in large group. Discuss the following question.

A. What are examples of providing supportive care in the community in this story?

A. Examples of supportive care in the community

1. Himanshu receives care at local clinic instead of distant hospital
2. Support groups
3. Counseling
4. Nutritional care
5. Christian care
6. Peer support, as Himanshu volunteers to help other patients and accompanies them to hospital

References:
References for this training module, Supportive Care for People on HIV Treatment, are listed in the Overview for Trainers which precedes this lesson.

ATTITUDE: Participants will develop a vision to help all PLWH get on lifesaving HIV treatment

SKILL: Participants will learn through this training module how to provide supportive care for PLWH on HIV treatment

EVALUATION: Participants will be able to share the vision for HIV treatment for all PLWH with others

MATERIALS: - Newsprint, markers, masking tape
- Sheila’s Story – A Second Chance (follows this lesson)
- Himanshu’s Story (Meeting Local Needs) (follows this lesson)

This lesson is used in: HIV
SHEILA'S STORY—A SECOND CHANCE

INTRODUCTION: This story is adapted from the collection of the World Health Organization.

STORY:
A normal life can sometimes be a miracle. This is how Sheila feels as she prepares lunch and watches her children play in the morning sun.

Sheila is HIV-positive. She is also leading a normal life, thanks to Botswana’s proactive stance on providing AIDS treatment to those who need it. Sheila now has a second chance at life.

Not so long ago, Sheila's life was anything but normal. Before she started taking her medication, she could hardly walk. She was more tired than she thought possible for a human to be. Her friends compared her to a skeleton.

“I had heard about the symptoms of HIV on the radio. I compared them to my own symptoms. I began to wonder if that was what was making me feel so terrible. I was desperate to find out if I too could be infected with HIV.”

Sheila went to her local health clinic in Mochudi for a free HIV test. Her tests showed very high levels of HIV. There were almost no white cells left in her blood—a sign that her immune system was not working. She and her family began to fear the worst.

But as soon as Sheila received her test results, she was prescribed antiretroviral medicines for HIV free of charge.

The treatment turned Sheila’s life around. She felt better within days. Within weeks, she could get out of bed and start putting the pieces of her life back together.

Today, she is well enough to care for her family again. She even looks after little things, like caring for her plants—something she didn't have the strength to do during the darkest days of her battle with HIV.

Before Sheila became too ill to work, she supported her family by doing various jobs—a shop keeper, a petrol attendant, and a maid.

Sheila still hasn't found a job, but now feels fit enough to go out and look for opportunities. Her second chance at life has given her new confidence and new hope.

Sheila wants her partner of eighteen years to have a second chance too. He used to be a truck driver in Botswana, until he felt too weak to do his job. Sheila encouraged him to test for HIV. After all, she argued, if medication is now freely available what did he have to be afraid of?

He discovered that he too was HIV-positive. Now he is awaiting medication. But instead of despairing, he too has hope because his treatment will soon be available.

The availability of antiretroviral treatment has not only changed the way people think about HIV in Mochudi—it has changed their lives. HIV no longer robs them of hope. Now that they have access to treatment; they are facing HIV head on and seizing their second chance at life.
HIMANSHU’S STORY (MEETING LOCAL NEEDS)

INTRODUCTION: This story is adapted from Tearfund’s Transforming Lives.

STORY:
Himanshu Shah attends the clinic in Charkop, India regularly. He has been living with HIV for 20 years, and is open about his diagnosis and raising awareness. He has valued the medical support offered at the clinic, as he says, “When I am ill, I can’t go to hospital, because it is too far, but I can come here. In an emergency I know they will help.”

Himanshu particularly appreciates the personal and spiritual support he has received here. He attends a monthly support group at the clinic for people living with HIV, and receives ongoing counseling from Raju, a local pastor who works as a counselor at the clinic. Himanshu explains, “Pastor Raju lives locally, he stays here and he loves the people. He visits us at home; he gives counseling as well as medical and nutritional support. Christians helped me, they cared for me. Now I want to start helping.”

Himanshu now volunteers to help other patients, for example by accompanying them into government hospitals to help them to access services.
HOW HIV TREATMENT WORKS AND BENEFITS

Date: 03/2016 (1 HOUR)

OBJECTIVES: After working through this lesson, participants will be able to:
1. Review a few basics of HIV
2. Know how HIV treatment (ART) works
3. Understand the 2 major benefits of ART: improves health of people living with HIV (PLWH); decreases transmission of HIV

OVERVIEW FOR TRAINERS: This lesson describes how ART works and the 2 major benefits – improves health and decreases transmission

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| Role Play: | 5’ | -----
| A patient who is living with HIV talks with his nurse at the clinic about HIV treatment (ART) | | -----
| Patient | I’m not sure this ART is working. I heard that even though the virus is gone from my blood, it is still in my body. | | -----
| Nurse | Yes, that’s true. If you stop your ART, the virus will return to circulate in your blood in full force. | | -----
| Patient | So what if that happens? | | -----
| Nurse | When the virus is in your blood, it destroys the cells that fight infection. Also, it is bad for major organs like your brain and heart. Plus, you can pass the virus to others. | | -----
| Patient | You mean my wife, who is not infected, can get HIV from me if I stop my ART? | | -----
| Nurse | Yes. You can protect her by taking your ART and using condoms. | | -----

----SHOWD questions----
S = What do you See?
H = What is Happening?

I. Brief review of HIV basics 5’ I. Brief review of HIV basics
A. What is HIV? A. HIV is:
1. A tiny germ called a virus passed from person to person
2. HIV destroys the body’s cells which fight infection
B. What are the main ways HIV is spread? B. Main ways HIV is spread -- through:
1. Sexual relations –
   • vaginal;
   • anal;
   • oral sex
2. Exposure to blood or body fluids that contain blood –
   • sharing needles or syringes in injecting drug use;
   • contaminated blades;
   • blood transfusions which have not been tested properly to exclude HIV
3. Pregnant or breastfeeding woman to her baby –
   • in the womb;
   • during delivery;
   • through breastfeeding
HOW HIV TREATMENT WORKS AND BENEFITS

II. How ART works
   A. Is ART a cure?
      ART is a treatment not a cure
      1. ART is a combination of 3 drugs, usually in one or 2 pills a day
      2. ART turns HIV from a deadly to a chronic disease
      3. PLWH need to be in lifelong medical care

   B. How does ART work?
      ART kills the virus circulating in the blood
      1. When the virus can no longer be found in the blood, a person is stable on ART
      2. ART is not a cure because HIV still hides in areas of body where treatment doesn’t reach
      3. If ART is stopped, the virus returns to the blood in full force

   C. How long do people need to take ART?
      Once started on ART, people must take it for life
      1. PLWH must take every pill every day at the same time of the day. This is called “adherence.” It must stay almost perfect (greater than 95%).
      2. If ART is stopped even for one day, the virus can become unresponsive and ART stops working. This is called “resistance” of the virus.

III. 2 major benefits of ART
   A. First benefit: How does ART improve health?
      people living with HIV (PLWH) stable on ART have better health
      1. The virus no longer destroys the body’s system to fight infection. Instead, the system may even recover from the damage and get stronger.
      2. ART improves the health of major body organs like the brain, heart, lungs, liver, and kidneys
      3. ART helps prevent growth and development delays in children infected from birth
      4. They do not develop TB
      5. They do not develop cancers related to HIV
      6. They no longer die from HIV or causes related to HIV

   B. Second benefit: How does ART decrease transmission?
      PLWH stable on ART do not pass the virus to others (almost perfect, 96% decrease)
      1. With ART and condoms, an infected partner most likely does not pass the virus to an uninfected partner
HOW HIV TREATMENT WORKS AND BENEFITS

**METHOD** | **TIME** | **KNOWLEDGE**
---|---|---

2. A pregnant or breastfeeding woman on ART does not pass the virus to her baby

IV. CHEs make a big difference by helping people experience the benefits of ART
A. How do CHEs make a big difference related to the benefit of ART to improve health?
B. How do CHEs make a big difference related to the benefit of ART to prevent transmission?

V. Despite the benefits of ART, people living with HIV should be free to choose when to start
A. What are important safeguards to start ART?

VI. Activity
Practice answering questions about how ART works and the benefits
CHEs divide into partners. For 5 minutes, one person is the PLWH and the other is the CHE. Then switch for the next 5 minutes.

10’ IV. CHEs make a big difference by helping people experience the benefits of ART
A. The benefit of ART to improve health means that CHEs fulfill Christ’s calling to:
  1. Care for the sick
  2. Show compassion
  3. Bring healing
B. The benefit of ART to prevent transmission means that CHEs will:
  1. Help eliminate HIV in their communities, regions, and countries
  2. Be part of something big -- to end HIV/AIDS around the world!

5’ V. Despite the benefits of ART, PLWH should be free to choose when to start
A. Important safeguards to start ART
  1. Starting ART should be voluntary and with informed consent
  2. People should not be coerced or forced to start ART for their own benefit or the benefit of others or the community
  3. CHEs should help people understand the benefits of ART but respect their choices whether and when to start
  4. CHEs should maintain confidentiality of PLWH related to ART

10’ VI. Activity
Questions and answers will vary
References:
References for this training module, Supportive Care for People on HIV Treatment, are listed in the Overview for Trainers which precedes Lesson 1.

ATTITUDE: Participants gain hope for people living with HIV (PLWH) from the benefits of ART

SKILL: Participants will be able to help PLWH understand how ART works and the benefits and encourage them to start ART

EVALUATION: Participants will be able to explain how ART works and the benefits

MATERIALS: - Newsprint, markers, masking tape

This lesson is used in: HIV
**CARE PATHWAY - TESTING AND LINKAGE TO CARE**

**Date:** 03/2016

**OBJECTIVES:** After working through this lesson, participants will be able to:
1. Explore ways to help people who are at risk to get tested for HIV
2. Explore ways to link people who test HIV-positive to medical care
3. Understand tracing of contacts for people who test HIV-positive

**OVERVIEW FOR TRAINERS:** This lesson explores how CHEs can help with the first 2 steps of the Care Pathway: assist all who are at risk for HIV, including contacts of people who are infected, to get tested; link all who test positive to medical care.

<table>
<thead>
<tr>
<th>METHOD</th>
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<tbody>
<tr>
<td><strong>Starter:</strong></td>
<td>5'</td>
<td>6 volunteers holding signs for each step of the Care Pathway arrange themselves in the correct order of the steps.</td>
</tr>
<tr>
<td>Use the same starter for this lesson and the next 2 lessons on the Care Pathway.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Make 6 large newsprint signs. Write one of the 6 steps of the Care Pathway on each sign (write only the description, not the number of the step): 1) Get tested 2) Link to medical care 3) Stay in medical care 4) Start ongoing ART 5) Become stable on ART 6) Stay on ART for life</td>
<td></td>
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</tr>
<tr>
<td>• Ask for 6 volunteers and ask them to each hold one of the signs and arrange themselves in the correct order of the steps</td>
<td></td>
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</tr>
<tr>
<td>• After they are lined up correctly, read out all the steps to review them</td>
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<tr>
<td>• Explain that this lesson will cover the first 2 steps, and read these 2 steps again</td>
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</table>

I. HIV testing for all who are at risk  
A. **Now that HIV treatment (ART) is for all who are HIV-infected, what does this mean for people who are at risk?**

I. HIV testing for all who are at risk  
A. Everyone who is at risk needs to be tested so they know their status. Who is at risk?  
1. Anyone who has ever had sexual relations, including adolescents  
2. Pregnant women  
3. Partners of people who have tested HIV-positive  
4. Children whose parents are infected  
5. Household contacts of people who are infected  
6. Anyone who has ever injected drugs  
7. Anyone who has ever had a blood transfusion
### CARE PATHWAY – TESTING AND LINKAGE TO CARE

<table>
<thead>
<tr>
<th>METHOD</th>
<th>TIME</th>
<th>KNOWLEDGE</th>
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</thead>
<tbody>
<tr>
<td>B.</td>
<td>10’</td>
<td>Explore ways CHEs can help with HIV testing</td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td>CHEs learn where HIV testing is being done in their communities and refer people</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>Accompany people to the clinic to be tested</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>Help transport people to the clinic to be tested</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td>Conduct or join in testing outreaches in communities</td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td>Test people at churches</td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td>Assist people to test themselves at home (self-testing)</td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td>Assist with mobile testing</td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td>Join in door to door testing</td>
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<tr>
<td>9.</td>
<td></td>
<td>Promote annual testing for adolescents at schools, universities, and in church youth groups</td>
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<tr>
<td>C.</td>
<td>10’</td>
<td>Participants share their experience with HIV testing. Some of the following may be shared</td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td>What they experienced when they themselves were tested or their family members</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>Emotions they have seen people who have been tested show, such as fear or crying if positive, or relief if negative</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>Opportunities for Christian ministry they’ve had when they’ve assisted with testing</td>
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### II. Linkage to care

<table>
<thead>
<tr>
<th>METHOD</th>
<th>TIME</th>
<th>KNOWLEDGE</th>
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<tbody>
<tr>
<td>A.</td>
<td>15’</td>
<td>People who test HIV-positive need to link to medical care:</td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td>As soon as possible</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>Preferably on the same day as the testing</td>
</tr>
<tr>
<td>B.</td>
<td></td>
<td>Explore ways CHEs can help link a person who tests positive link to medical care</td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td>CHEs learn where they are giving ART in their communities and refer people</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>Accompany people for their visits to the clinic</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>Help transport people to the clinic</td>
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</tbody>
</table>
Tracing of contacts of a person who tests HIV-positive

A. One of the most efficient ways to help people know their HIV status is to trace the contacts of a person who tests positive and encourage them to be tested.

How can CHEs help trace the contacts of a person who tests HIV-positive?

B. What contacts should be traced?

C. How can CHEs encourage contacts to be tested?

Tracing of contacts of a person who tests HIV-positive

A. Explore ways CHEs can help trace the contacts of a person who tests HIV-positive

1. Assist people who test positive to disclose to partners

2. Partner with a clinic or public health department and receive special training for tracing contacts. Trace contacts in your community referred to you by the partner clinic.

3. Make home visits

4. Arrange to meet the contact in a safe private place

B. Who should be traced:

1. Sexual partners

2. Children of a person who tests HIV-positive

3. Household contacts

4. Injecting drug use partners

C. Encourage contacts to be tested

1. Share the most important message, which is the need for the contact to get tested

2. Share the hope of ART

3. Assure confidentiality for people who test positive and their contacts

References:
References for this training module, Supportive Care for People on HIV Treatment, are listed in the Overview for Trainers which precedes Lesson 1.

ATTITUDE: Participants desire to help people at risk for HIV to begin the Care Pathway

SKILL: Participants will be able to help people at risk for HIV to get tested; link those who test positive to medical care; trace contacts of an HIV-positive person

EVALUATION: Participants will be able to explain the importance of the first 2 steps of the Care Pathway as well as tracing the contacts of a person who tests HIV-positive

MATERIALS: - Newsprint, markers, masking tape

- 6 large newsprints signs – write one of the 6 steps of the Care Pathway on each sign (just the description, not the number of the step)

This lesson is used in: HIV
CARE PATHWAY – STAYING IN MEDICAL CARE

OBJECTIVES: After working through this lesson, participants will be able to:
1. Explore ways to help people living with HIV (PLWH) to stay in medical care before they start HIV treatment (ART) and after they start
2. Explore ways to follow up people who are lost to care

OVERVIEW FOR TRAINERS: This lesson explores how CHEs can help PLWH with Steps 3 and 4 of the Care Pathway: stay in medical care before and after they start HIV treatment (ART). Also, this lesson explores the critical role for CHEs to follow up those who are lost to care.

METHOD

Starter:
Use the same starter for this lesson as for the previous lesson on the Care Pathway.
- Use the 6 large newsprint signs made for the previous lesson on the Care Pathway. One of the 6 steps of the Care Pathway is written on each sign (just the description, not the number of the step):
  1) Get tested
  2) Link to medical care
  3) Stay in medical care
  4) Start ongoing ART
  5) Become stable on ART
  6) Stay on ART for life
- Ask for 6 volunteers (different from the previous lesson) and ask them to each hold one of the signs and arrange themselves in the correct order of the steps
- After they are lined up correctly, read out all the steps to review them
- Explain that this lesson will cover Steps 3 and 4, and read these 2 steps again

I. Staying in medical care
   A. In the previous lesson, we learned to encourage people at risk for HIV to get tested, and to link people who test HIV-positive to medical care at the clinic. In this lesson, we will learn how once linked to care, PLWH need to stay in care both before they start on ART and after they start. What does staying in medical care mean?

   I. Staying in medical care
      A. What it means to stay in medical care
         1. Keep all visits according to the clinic's schedule for care –
            • To see the medical care provider
            • To have laboratory testing
            • To refill medicines
CARE PATHWAY – STAYING IN MEDICAL CARE

<table>
<thead>
<tr>
<th>METHOD</th>
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<tbody>
<tr>
<td>B. How can CHEs help people living with HIV (PLWH) stay in medical care?</td>
<td></td>
<td>B. Explore ways CHEs can help PLWH stay in medical care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. Understand the clinic’s schedule for care and help PLWH keep track of when they need to make a visit</td>
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<td></td>
<td></td>
<td>2. Encourage PLWH to continue their medical care</td>
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<td></td>
<td>3. Accompany PLWH to the clinic</td>
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<td>4. Provide transport for clinic visits</td>
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<td></td>
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<td>5. Provide child care so PLWH can visit the clinic</td>
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</table>

II. Follow up people who are lost to care

A. What does it mean to be lost to care?

B. Why are CHEs critical to following up PLWH who are lost to care from the clinic?

C. What are 3 important reasons why PLWH might be lost to care?

D. What can CHEs do in each of these cases? Discuss in a large group.

II. Follow up people who are lost to care

A. Lost to care means:
1. PLWH miss a scheduled clinic visit
2. They don’t show up for laboratory testing as scheduled
3. They fail to pick up or refill ART or other medicines

B. The critical role of CHEs to follow up PLWH lost to care
1. CHEs know the people in their communities
2. Clinics are too overburdened to follow up PLWH in the community
3. CHEs serve as the link between the clinic and PLWH in their communities
   - The clinic can refer PLWH to CHEs to follow in the community
   - CHEs can visit them in their homes
   - PLWH can communicate to CHEs why they have stopped medical care and CHEs can pass this information on to the clinic
   - CHEs can encourage them to keep follow-up appointments

C. 3 important reasons why PLWH might be lost to care
1. They may have stopped medical care and ART
2. Perhaps they have transferred to another clinic
3. Or they may have died

D. What can CHEs do in each of those cases?
1. PLWH have stopped medical care and ART --
   - CHEs seek to understand why PLWH have stopped care and educate them on the need to return to care
CARE PATHWAY – STAYING IN MEDICAL CARE

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<tr>
<td>• CHEs may ask the clinic to send a staff member to visit PLWH, like a nurse or social worker</td>
<td></td>
<td></td>
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<tr>
<td>2. PLWH transfer care to another clinic – CHEs may still have a role to help them stay in care if:</td>
<td></td>
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</tr>
<tr>
<td>• They still live in the same community even though they have switched clinics, so the CHEs can keep on visiting them</td>
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<tr>
<td>• They move to a new community, but one where there is another CHE serving, so another CHE can work with them</td>
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<tr>
<td>3. PLWH die –</td>
<td></td>
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</tr>
<tr>
<td>• CHEs still continue to visit their family members</td>
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<td></td>
</tr>
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</table>

D. What are some ways CHEs can follow up PLWH who are lost to care?
D. Explore ways CHEs can follow up PLWH who are lost to care
1. Connect with phone, email, or text message
2. Continue to visit them at home and encourage them in their care
3. Keep records of individuals and families they visit
4. Keep a confidential register of all PLWH in the community

References:
References for this training module, Supportive Care for People on HIV Treatment, are listed in the Overview for Trainers which precedes Lesson 1.

ATTITUDE: Participants desire to help people living with HIV stay in medical care along the Care Pathway

SKILL: Participants will be able to help PLWH stay in medical care before and after they start ART and follow up people who are lost to care

EVALUATION: Participants will be able to explain the importance of Steps 3 and 4 of the Care Pathway for PLWH, including staying in medical care before and after they start ART. Also, participants will understand the critical role of CHEs to follow up PLWH who are lost to care.

MATERIALS: -Newsprint, markers, masking tape
-6 large newsprint signs from the previous lesson with one of the 6 steps of the Care Pathway written on each sign

This lesson is used in: HIV
CARE PATHWAY – STAYING ON TREATMENT FOR LIFE

Date: 03/2016

OBJECTIVES: After working through this lesson, participants will be able to:
1. Explore ways to help people living with HIV (PLWH) to become stable on HIV treatment (ART) and stay on it for life

OVERVIEW FOR TRAINERS: This lesson explores how CHEs can help PLWH with Steps 5 and 6 of the Care Pathway: become stable on ART; stay on it for life.

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<td>• Ask for 6 volunteers (different from the previous lessons) and ask them to each hold one of the signs and arrange themselves in the correct order of the steps</td>
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<td></td>
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<tr>
<td>• Explain that this lesson will cover Steps 5 and 6, and read these 2 steps again</td>
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I. Stable on HIV treatment (ART) for life
A. In the previous 2 lessons on the Care Pathway, we learned how PLWH need to get tested, link to medical care, stay in medical care and start ongoing ART. In this lesson, we will learn the final 2 steps of the Care Pathway to become stable on ART and stay on it for life.

What are the 2 most important goals for people living with HIV (PLWH)?

A. 2 most important goals for PLWH
1. Step 5 of the Care Pathway -- Become stable on ART
2. Step 6 of the Care Pathway -- Stay on ART for life
II. Becoming stable on ART and staying on it for life through adherence

A. What is adherence?

B. What does it mean to be stable on ART?

B. Stable on ART means:
1. They are “virally suppressed” – copies of the HIV virus are no longer found in the blood
2. This is measured by a “viral load” blood test that measures the amount of HIV virus in the blood
3. If viral load tests are not available, stable can mean:
   • PLWH on ART are well without signs of worsening
   • PLWH on ART have stable or rising blood counts of the cells in the body that fight infection (white blood cells or CD4 cells). (HIV in the blood destroys these cells without ART.)

B. Why is it important to take every ART pill every day at the same time of day?

1. If people living with HIV miss doses of ART or take the pills irregularly, then their HIV may no longer respond to the treatment.
2. HIV may become resistant to treatment and their medicines may no longer work well.
3. They may become sick or need to change medicines.

C. What are ways CHEs can help PLWH on ART take their pills every day on schedule?

C. Ways CHEs can help with adherence
1. Connect with PLWH through daily phone, email, or text messages to remind them to take their medicine
2. Count pills in a pill bottle and check pill boxes on home visits
3. Make a calendar or schedule where the PLWH can mark off when pills are taken
4. Observe daily dosing of medicines (called “DOT - directly observed therapy”) in homes or at welcoming places created by the CHE program
5. Facilitate adherence support groups – we’ll cover this more in a future lesson in this module.
### III. Additional ways to become stable on ART and stay on it for life

**A. What are additional ways CHEs can help PLWH become stable on ART and stay on it for life?**

1. Encourage PLWH to join a support group or a prayer group so they can encourage each other.
2. Provide ongoing education about ART.
3. Grow food in a community garden or help people grow their own food. Some of the medicines need to be taken with food.
4. Assist people on ART to have a stable, permanent place to live so they can keep the routine schedule of ART.
5. Assist with emergency support services during a life crisis which may cause a treatment interruption.
6. Assist people to be free of the use of alcohol or injecting drugs which disrupt a routine schedule.

### IV. Sustainability of ART Supply

**A. Why is sustainability of ART supply important?**

1. At present, most people who start on ART in poor communities receive the medicines for free. They are provided by donors and governments.
2. Now that the goal is that all PLWH in the world become stable on ART and stay on it for life, the supply needs to increase.
3. People who start on ART know they must be on it lifelong and fear that the free supply will run out. They fear the supply will not be enough to cover everyone and may not last for all the years they need medicine.
4. Most Christian ministries like the CHE program are not able to purchase and supply ART, since this requires a lifetime commitment to PLWH.

**B. What can CHEs do to help ART supply be sustainable for PLWH?**

1. Assist the clinic with supply chains for ART so they always have it on hand and they do not run out of medicines.
2. CHE programs can help people to afford their own ART through:
   - Vocational training
   - Provide small loans to assist people to start small businesses (Self-help program)
   - Income generation activities of support groups

References:
References for this training module, Supportive Care for People on HIV Treatment, are listed in the Overview for Trainers which precedes Lesson 1.

**ATTITUDE:** Participants desire to help people living with HIV become stable on ART and stay on it for life along the Care Pathway

**SKILL:** Participants will be able to help PLWH become stable on ART and stay on it for life

**EVALUATION:** Participants will be able to explain the importance of Steps 5 and 6 of the Care Pathway, including becoming stable on ART and staying on it for life

**MATERIALS:**
- Newsprint, markers, masking tape
- 6 large newsprint signs from the previous lesson with one of the 6 steps of the Care Pathway written on each sign

This lesson is used in: HIV
OVERCOMING BARRIERS TO TREATMENT

OBJECTIVES: After working through this lesson, participants will be able to:
1. Explore barriers to HIV treatment in 3 areas: with the individual, their partner, and family; in the health system; and in the community and culture
2. Explore how CHEs can help to overcome these barriers

OVERVIEW FOR TRAINERS: This lesson explores barriers to HIV treatment in 3 areas: with the individual, their partner, and family; in the health system; and in the community and culture. CHEs also discuss how to overcome the barriers.

METHOD | TIME | KNOWLEDGE
--- | --- | ---
Role Play: 5' A woman living with HIV (PLWH) is talking with a CHE
PLWH I am having difficulty hiding my HIV treatment (ART) from my husband, as my house is so small. I have not yet told him I have HIV. I'm afraid of what he will do to me when he finds out.
CHE I can help you disclose to him so you do not have to hide anymore.
PLWH I would appreciate your help. But today, I do not have time. I have to go for my monthly visit to the clinic to refill my ART. I dread going. It is a long walk to the clinic. I am feeling well but I still have to wait in long lines to be seen. I am away from my children all day.
CHE I have time today to stay with your children while you go to the clinic.
PLWH Thank you. I am grateful.

Focus discussion of the role play on barriers to ART.

Overview of this Lesson
• First, divide participants into 3 groups. Each group discusses barriers to HIV treatment in one of 3 areas.
• Second, groups come back together and report on barriers.
• Third, the large group will discuss what CHEs can do to overcome barriers.

I. Barriers to HIV treatment (ART) 20’ I. Barriers to ART
Divide participants into 3 groups. Each group discusses barriers to ART in one of the following 3 areas:
• With the individual, their partner, and family;
• In the health system;
• In the community and culture

II. Groups report on barriers to ART 15’ II. Groups report on barriers to ART
Spokesperson from each group reports to the larger group the results of their discussion on barriers.
A. What are barriers to ART:
   • With the individual, their partner, and family?
## OVERCOMING BARRIERS TO TREATMENT

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<thead>
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<tbody>
<tr>
<td></td>
<td></td>
<td>1. People do not know they are HIV-positive</td>
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<tr>
<td></td>
<td></td>
<td>2. People living with HIV (PLWH) do not</td>
</tr>
<tr>
<td></td>
<td></td>
<td>understand ART and where to get it</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. PLWH do not know they can start on ART as</td>
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<tr>
<td></td>
<td></td>
<td>soon as possible after a positive HIV test</td>
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<tr>
<td></td>
<td></td>
<td>4. PLWH have not disclosed to partners or other</td>
</tr>
<tr>
<td></td>
<td></td>
<td>family members</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Household is not supportive</td>
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<td></td>
<td></td>
<td>6. Long distances to travel to clinic and time</td>
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<tr>
<td></td>
<td></td>
<td>away from family and work</td>
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<tr>
<td></td>
<td></td>
<td>7. Challenges to manage chronic disease</td>
</tr>
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<td></td>
<td></td>
<td>8. Emotional and spiritual needs</td>
</tr>
</tbody>
</table>

### B. What are barriers to ART:

- In the health system?
  
  1. Shortage and turnover of staff
  2. Poor staff-patient interactions
  3. Access to services, including long wait times
  4. The health center is too busy to spend time with patients
  5. Apathy. Sometimes health care workers do not seem to care about the PLWH.
  6. Costs of care
  7. Stock outs of ART – The clinic runs out of ART and there is not enough HIV medication available.
  8. Clinic is using older guidelines that make PLWH wait to start ART until their CD4 drops below a threshold limit. (CD4 is the blood cell that fights infections that HIV destroys.)
  9. Lack of follow-up after clinic visits
  10. No time for prayer or emotional support

- In the community and culture?

  1. Stigma and discrimination against PLWH
  2. Gender inequality – women have low status compared to men and they are not treated as well.
  3. Domestic violence and abuse towards women which causes them to fear disclosure of HIV status
  4. Preference for traditional healers and distrust of Western medicine
  5. Myths about how to cure HIV
  6. PLWH need to understand that no other treatment other than ART works for HIV.
### III. What CHES can do to help overcome barriers to ART

**A. What can CHEs do to help overcome barriers to ART: With the individual, their partner, and family?**

- CHEs can encourage testing for HIV
- Help PLWH get connected to a clinic where they can receive ART
- Teach PLWH about ART
- Explain that it is important to start ART right after diagnosis of HIV
- Help PLWH talk with their partners and family members about their HIV status
- Help PLWH to get to the clinic
- Provide child care while PLWH go to the clinic
- Provide emotional and spiritual care for PLWH and their families

**B. What can CHEs do to help overcome barriers to ART: In the health system?**

- CHEs can volunteer at the clinic
- Become involved in community-based distribution of ART to bring ART from the clinic to the community where PLWH live
- Talk with the clinic staff about the latest guidelines for ART
- Provide follow-up for those on ART

**C. What can CHEs do to help overcome barriers to ART: In the community and culture?**

- CHE trainers and CHEs can teach about HIV in the community
- Trainers and CHEs can model acceptance and care for PLWH
- CHE committees, trainers, and CHEs can help communities to become more supportive of PLWH
- CHEs can work to change cultural beliefs and norms in their communities
- Help women join together to improve their status in the community
- CHEs can promote the message in the community that HIV treatment is now for all PLWH. PLWH no longer need to wait until they are sick to start ART.
- Dispel myths about how to cure HIV
- Promote in the community that no other treatment other than ART works
IV. Conclusion
A. What are the most important ideas that we have discussed today?

5’ IV. Conclusion
A. Most important ideas
1. There are many barriers to HIV treatment.
2. There are barriers for individual PLWH, their partners, in families, in the health system, and in our community and culture.
3. But CHEs can help to overcome these barriers.
4. CHEs can help PLWH stay on treatment.
5. We need to help PLWH overcome barriers so they can be healthy and live!

References:
References for this training module, Supportive Care for People on HIV Treatment, are listed in the Overview for Trainers which precedes Lesson 1.

**ATTITUDE:** Participants will have a desire to overcome barriers to ART for people living with HIV

**SKILL:** Participants will understand barriers to ART and how to overcome them in 3 areas: with the individual, their partner, and family; in the health system; and in the community and culture

**EVALUATION:** Participants will be able to explain to others barriers to ART and how to overcome them

**MATERIALS:** -Newsprint, markers, masking tape

This lesson is used in: HIV
**HIV TREATMENT FOR SPECIAL GROUPS**

**OBJECTIVES:** After working through this lesson, participants will be able to:

1. Understand the needs of special groups who are more vulnerable for HIV treatment, including: adolescents; children; homeless; people with mental health illness; people with disabilities; migrant and mobile workers; sex workers; men who have sex with men; people who use alcohol and injecting drugs; prisoners

**OVERVIEW FOR TRAINERS:** This lesson covers the needs of special groups who are on HIV treatment as listed above in Objectives. By understanding these needs, CHEs can have greater sensitivity and compassion in caring for people who are part of these groups.

<table>
<thead>
<tr>
<th>METHOD</th>
<th>TIME</th>
<th>KNOWLEDGE</th>
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</thead>
<tbody>
<tr>
<td>I. Explore the needs of special groups of people on HIV treatment who are more vulnerable</td>
<td>30’</td>
<td>I. Explore the needs of special groups of people on HIV treatment who are more vulnerable</td>
</tr>
<tr>
<td>A. What are special needs of adolescents?</td>
<td></td>
<td>A. Special needs of adolescents</td>
</tr>
<tr>
<td>1. Have a difficult time when they begin to understand their disease – how they became infected and what it means for the rest of their lives</td>
<td></td>
<td>1. Have a difficult time when they begin to understand their disease – how they became infected and what it means for the rest of their lives</td>
</tr>
<tr>
<td>2. Having been cared for as a child, they now face the new challenge of increased responsibility for their own care</td>
<td></td>
<td>2. Having been cared for as a child, they now face the new challenge of increased responsibility for their own care</td>
</tr>
<tr>
<td>3. Peer pressure and desire to be like other adolescents</td>
<td></td>
<td>3. Peer pressure and desire to be like other adolescents</td>
</tr>
<tr>
<td>4. Inconsistent daily routine and forgetfulness to take medicines</td>
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<td>4. Inconsistent daily routine and forgetfulness to take medicines</td>
</tr>
<tr>
<td>5. Rebel against a lifestyle in which they must take ART</td>
<td></td>
<td>5. Rebel against a lifestyle in which they must take ART</td>
</tr>
<tr>
<td>6. May have a difficult time with loss of supportive care as they transition in the health system from pediatric to adult care</td>
<td></td>
<td>6. May have a difficult time with loss of supportive care as they transition in the health system from pediatric to adult care</td>
</tr>
<tr>
<td>B. What are special needs of children, including orphans?</td>
<td></td>
<td>B. Special needs of children, including orphans</td>
</tr>
<tr>
<td>1. HIV testing to determine if infants are infected is specialized and may not be available</td>
<td></td>
<td>1. HIV testing to determine if infants are infected is specialized and may not be available</td>
</tr>
<tr>
<td>2. The form of ART medicines for young children can be challenging</td>
<td></td>
<td>2. The form of ART medicines for young children can be challenging</td>
</tr>
<tr>
<td>• Liquids may require refrigeration</td>
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<td>• Liquids may require refrigeration</td>
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<tr>
<td>• Powders and tablets may require mixing with pure water</td>
<td></td>
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</tr>
<tr>
<td>• Large pills may need to be cut in half or crushed to make them easier to swallow</td>
<td></td>
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</tr>
<tr>
<td>• Capsules may need to be opened and sprinkled in food</td>
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<td>• Capsules may need to be opened and sprinkled in food</td>
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</tbody>
</table>
C. Special needs of the homeless
   1. Lack of a stable place to live makes it difficult to keep the schedule of ART
   2. Lack of access to the health system

D. Special needs of people with mental health illness
   1. Forgetfulness to take pills
   2. Poor organization to keep the schedule of ART
   3. Poor understanding of treatment plans

E. Special needs of people with disabilities
   1. They may need to rely on caregivers to give them ART
   2. Physical challenges to visit the clinic

F. Special needs of migrant and mobile workers
   1. Transient lifestyles make it difficult for them to stay in care

G. Special needs of sex workers
   1. Having multiple partners and not being able to use condoms may expose them to new infection with resistant strains of the HIV virus

H. Special needs of men who have sex with men
   1. They may face stigma and discrimination from medical staff and the community

I. Special needs of people who use alcohol and injecting drugs
   1. Chaotic lives and altered states of mind make it difficult to keep the schedule of ART and stay in care
HIV TREATMENT FOR SPECIAL GROUPS

<table>
<thead>
<tr>
<th>METHOD</th>
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<tbody>
<tr>
<td>J. What are special needs of prisoners?</td>
<td>J. Special needs of prisoners</td>
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<tr>
<td></td>
<td>1. Transition into prison and release from prison interrupts ART</td>
<td></td>
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<td></td>
<td>2. Poor medical and supportive care in prison</td>
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<td></td>
<td>3. Taking ART in prison makes it more difficult to keep HIV status confidential and they face stigma from other prisoners</td>
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</table>

II. **Mwavita’s Story (Children and HIV)** (follows this lesson)
Read story in large group.
Discuss the following question.
A. What special challenges of ART for children has Mwavita experienced in this story?
A. Special challenges of ART for children Mwavita has experienced
1. Mwavita’s primary caregivers, her parents, have both died. She is cared for by her relative and lives in a large extended family with 12 siblings. This is a lot of children to care for and her story shows that her past care has not always been the best.
2. She was most likely infected with HIV at birth but was not diagnosed until she was 10 years old. This is a long time that HIV has had to destroy the blood cells that fight infection in her body. She was late to receive ART and has been hospitalized for infection.
3. She had to be treated for tuberculosis (TB) at the same time as for HIV, which complicates her care
4. She stopped her HIV medicines because she did not have food to take them with. Stopping and then restarting her medicines may cause resistance of her virus to ART.
5. Easy-to-use medicines are not available for her. Her caregiver must cut up pills used for adults. This leads to a variation in dose that may be less effective.
6. Despite the challenges, Mwavita is healthy and hopeful on ART.

B. What do you think, based on Mwavita’s story? Is HIV treatment of children worth all the extra challenges?
B. What do you think, based on Mwavita’s story?
1. There are many challenges to treating children with HIV.
2. CHEs can help children like Mwavita to live.
3. That is worth the extra effort!
HIV TREATMENT FOR SPECIAL GROUPS

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<tr>
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References:
References for this training module, *Supportive Care for People on HIV Treatment*, are listed in the *Overview for Trainers* which precedes Lesson 1.

ATTITUDE: Learn sensitivity and compassion for the needs of special groups of people for HIV treatment who are more vulnerable

SKILL: Participants will understand the needs of special groups of people for HIV treatment so they can care for them better

EVALUATION: Participants are able to explain the needs of special groups of people for HIV treatment

MATERIALS: - Newsprint, markers, masking tape
- *Mwavita’s Story (Children and HIV)* (follows this lesson)

This lesson is used in: HIV

MWAVITA’S STORY (CHILDREN AND HIV)

INTRODUCTION: This story is adapted from the collection of the World Health Organization.

STORY:
Mwavita, age 12, is considered to be the family favorite if you ask her sisters, because of the special treatment she receives for HIV. However, life has not been easy for her. Mwavita's parents died before she was two years old. She tested positive for both HIV and TB only recently when she reached the age of 10. Mwavita now lives with her extended family of ten sisters and two brothers on the outskirts of Kigali, Rwanda.

Doctors believe that Mwavita acquired HIV at birth, or as a result of breastfeeding, but they are not sure as her mother never had an HIV test. Once diagnosed, Mwavita was urgently treated for both TB and HIV. She finished her TB treatment successfully, but she had to stop her HIV treatment after only one month because the medicines had to be taken with food and there was often nothing to eat. Within a year Mwavita was hospitalized again with AIDS-related infections.

Recently, Mwavita was able to restart her HIV treatment, after a neighbor offered to provide food whenever Mwavita’s family had none. Healthcare workers are visiting Mwavita today at home. They explain to her the importance of taking her medicine regularly.

Most of the solid, easy-to-use, fixed-dose combination antiretroviral (ARV) medicines are unavailable for children. Therefore, health workers often have to cut and divide up the tablets designed for adults in order to treat children living with HIV. This makes pediatric HIV treatment more complicated. Cutting up adult ARV pills is not easy and may lead to variations in dosing that could put children at risk of developing drug resistance or treatment failure.

A few months after restarting her HIV treatment, Mwavita is now healthier than ever. She has put on weight and enjoys playing football with her sisters. She has also returned to school, where she is top of her class, and she hopes to be a doctor one day. "I am joyous," Mwavita says. "Other children who are ill should have a blood test, and if they are HIV-positive, should take their treatment every day—it is very important."

In Africa, hundreds of thousands of children like Mwavita need similar "special treatment"—HIV tests, children’s formulations of anti-HIV medicines, and food to take with them—so that they, too, can regain their health and hope.
**HOME VISITS**

**Date:** 03/2016

(40 MINUTES)

**OBJECTIVES:** After working through this lesson, participants will be able to:

1. Learn activities they can do on home visits which are helpful to people living with HIV (PLWH) who are on HIV treatment (ART)

**OVERVIEW FOR TRAINERS:** This lesson covers what CHEs can do on home visits to PLWH who are on ART.

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<tr>
<th>METHOD</th>
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<tbody>
<tr>
<td>I. Important safeguard for CHEs: Keep the HIV status of PLWH confidential on home visits</td>
<td>5’</td>
<td>I. Important safeguard for CHEs: Keep the HIV status of PLWH confidential on home visits</td>
</tr>
<tr>
<td>Before we discuss what to do on home visits to people living with HIV (PLWH) who are on HIV treatment (ART), there is one very important safeguard for CHEs to remember. This is the safeguard for CHEs to keep the HIV status of PLWH confidential if household members or visitors are present on home visits.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. How can CHEs keep the HIV status of PLWH who they are visiting with confidential?</td>
<td></td>
<td>A. Keeping the HIV status of PLWH confidential on home visits</td>
</tr>
<tr>
<td>1. If there are household members or other visitors within hearing distance of the conversation on home visits, CHEs should not mention the HIV status of PLWH they are visiting. This is because PLWH may not have disclosed their status to the household members or visitors.</td>
<td></td>
<td>1. If there are household members or other visitors within hearing distance of the conversation on home visits, CHEs should not mention the HIV status of PLWH they are visiting. This is because PLWH may not have disclosed their status to the household members or visitors.</td>
</tr>
<tr>
<td>2. If PLWH mention their HIV status openly in front of others, then CHEs know they have disclosed and may talk more freely with them.</td>
<td></td>
<td>2. If PLWH mention their HIV status openly in front of others, then CHEs know they have disclosed and may talk more freely with them.</td>
</tr>
<tr>
<td>3. In private with PLWH, CHEs can ask who in the household knows their status. CHEs can keep this information in mind if household members or visitors are present on home visits.</td>
<td></td>
<td>3. In private with PLWH, CHEs can ask who in the household knows their status. CHEs can keep this information in mind if household members or visitors are present on home visits.</td>
</tr>
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</table>

II. What to do on home visits to people living with HIV (PLWH) who are on HIV treatment (ART)

A. How do home visits for PLWH on HIV treatment (ART) differ from home visits for other PLWH?

II. What to do on home visits for PLWH on ART

A. How home visits differ for PLWH on HIV treatment (ART) from home visits for other PLWH

1. PLWH on ART are usually well compared to PLWH who are sick with AIDS

2. CHEs can also check how they are doing with ART
B. Activities CHEs can do on home visits

1. Spend time with PLWH and family members and build relationships
2. Encourage PLWH to stay in medical care and to take their ART
3. Ask how they are doing with their medical care:
   - Do they have transportation to the clinic?
   - Do they have enough pills?
   - Do they have any problems with their medical care?
4. Educate and answer questions about ART and HIV/AIDS as well as general health
5. Go over the latest lesson CHEs have learned
6. Check adherence to ART
   - Schedule of taking pills
   - Count number of pills in pill bottle
   - Check pill boxes
   - Review calendars of taking pills
   - Observe PLWH taking pills (Directly Observed Treatment, or DOT)
7. Screen PLWH for signs of failing on treatment or other health problems. Standardized screening tools may be available to use. Screen for:
   - Weight loss
   - Diarrhea
   - Infections
   - Other acute illness
   - Side effects of ART
   - Malnutrition
8. Check the growth and development of children on ART
9. Provide emotional and spiritual care
   - Share the gospel
   - Share Scriptures or Bible storying
   - Share a devotional
   - Sing songs
   - Encouragement
   - Counsel
   - Coaching
   - Prayer
10. Bring a meal to share with PLWH or cook a meal together
11. Assist with household chores
   - Going out to get food or water
   - Cooking
   - Running errands
   - Cleaning
### HOME VISITS

<table>
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<tr>
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<tbody>
<tr>
<td>12.</td>
<td></td>
<td>Provide child care while PLWH run errands</td>
</tr>
<tr>
<td>13.</td>
<td></td>
<td>Help make the home a place of good hygiene and sanitation, since PLWH are at risk for infections</td>
</tr>
<tr>
<td>14.</td>
<td></td>
<td>Help celebrate birthdays, anniversaries, holidays, graduations or other important milestones or events</td>
</tr>
<tr>
<td>15.</td>
<td></td>
<td>Assist with backyard gardens for people to grow their own food</td>
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</table>

**III. Exercise**

In the large group, choose some of the activities mentioned in this lesson and ask CHEs to share their experiences with these activities on home visits they have made.

If they are just starting with home visits with PLWH, divide into small groups to act out a simulation or a role play of a visit.

Participants share their experience with home visits.

If they are just starting with home visits with PLWH, divide into small groups to act out a simulation or a role play of a visit.

**References:**

References for this training module, *Supportive Care for People on HIV Treatment*, are listed in the Overview for Trainers which precedes Lesson 1.

**ATTITUDE:** Participants will encourage and assist people living with HIV (PLWH) who are on HIV treatment (ART) by making home visits.

**SKILL:** Participants will be able to do helpful activities when they visit PLWH in their homes.

**EVALUATION:** Participants will be able to explain to others what activities are helpful to PLWH on home visits.

**MATERIALS:** Newsprint, markers, masking tape

This lesson is used in: HIV
**EMOTIONAL AND SPIRITUAL CARE**

**Date:** 03/2016

(About 1 hour and 30 minutes)

**OBJECTIVES:** After working through this lesson, participants will be able to:

1. Understand essential principles of providing emotional and spiritual care for people living with HIV (PLWH) who are on HIV treatment (ART)

**OVERVIEW FOR TRAINERS:** This lesson covers essential principles of providing emotional and spiritual care for PLWH on ART. This lesson may be split into two shorter lessons.

<table>
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<tr>
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<tbody>
<tr>
<td><strong>Role Play:</strong></td>
<td>5’</td>
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<tr>
<td>A man living with HIV is talking with a CHE on a home visit.</td>
<td></td>
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</tr>
<tr>
<td>CHE</td>
<td>How are you feeling emotionally and spiritually?</td>
<td></td>
</tr>
<tr>
<td>PLWH</td>
<td>I am feeling low these days. Having this HIV is getting me down. I can hardly believe that I have to be on this treatment for the rest of my life. I wonder what my future holds.</td>
<td></td>
</tr>
<tr>
<td>CHE</td>
<td>I am sorry to hear you are feeling badly. This must be very difficult for you.</td>
<td></td>
</tr>
<tr>
<td>PLWH</td>
<td>Yes, it is. I am glad I have someone like you to talk to. It helps to talk about it.</td>
<td></td>
</tr>
<tr>
<td>CHE</td>
<td>I am available to talk with you anytime. (CHE pauses to allow the man to respond. When he does not respond, CHE starts a new topic.) Share with me about your faith background. How do you draw strength from your faith to help lift your spirits?</td>
<td></td>
</tr>
<tr>
<td>PLWH</td>
<td>I do not have much of a faith background. My grandmother was a Christian. She used to pray for me. Perhaps it would help me to start praying.</td>
<td></td>
</tr>
<tr>
<td>CHE</td>
<td>That sounds like a good plan. We can start right now if you would like me to pray for you. We will pray that the Lord will help lift your spirits.</td>
<td></td>
</tr>
<tr>
<td>PLWH</td>
<td>Yes, I appreciate this very much.</td>
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---- SHOWD questions ----

S = What do you See?  
H = What is Happening?

I. Why it is important for CHEs to provide emotional and spiritual care for people living with HIV (PLWH) who are on HIV treatment (ART)  
   A. What is a gap in care that clinics do not provide for PLWH that CHEs can provide?

Che can fill a gap in care by providing emotional and spiritual care and support

I. Why it is important for CHEs to provide emotional and spiritual care for PLWH on ART

A. A gap in care that clinics do not provide for PLWH that CHEs can provide

1. Although PLWH have many emotional and spiritual needs, clinics do not provide much emotional and spiritual care
2. Clinics are overburdened with providing medical care and often do not have the time to provide emotional and spiritual care
3. Clinics are not well equipped to provide emotional and spiritual care. They do not have the trained staff or the space to do it well.
4. Clinics are mostly run as secular organizations and do not provide Christian care
5. CHEs can fill a gap in care by providing emotional and spiritual care and support
How can providing emotional and spiritual care lead to an ongoing Christian ministry?

1. PLWH are on ART for life. In caring for them, CHEs will develop ongoing and long-term relationships.
2. By providing emotional and spiritual care, CHEs will bring the compassion, healing, and transformation of Christ to PLWH and their family members.
3. CHEs will have opportunities to share the gospel and invite people to come to Christ.
4. CHEs can disciple PLWH and their family members and see them grow in their faith.

Explore essential principles of providing emotional and spiritual care – what to do and what not to do.

Discuss in large group:

A. How do CHEs show concern?

1. Show empathy – feel the suffering of PLWH as if it were your own.
2. Show comfort, caring, love, and compassion.
3. Affirm and encourage.
4. Help PLWH connect with their feelings:
   a. Ask them, “How are you feeling?”
   b. If they share only how they are feeling physically, then ask, “How are you feeling emotionally and spiritually?”
   c. Or, “How are your spirits?”
   d. Or, “How is your soul and spirit doing?”
5. Feelings that PLWH often experience:
   a. Fear and anxiety
   b. Depression – feeling downcast, low, and hopeless
   c. Alone and isolated
   d. Helpless and victimized
   e. Anger and betrayal
   f. Guilt and shame if they have sinned

B. How do CHEs listen well?

1. People often just need someone to listen to what they are thinking or feeling. Just allowing PLWH time to share their concerns and listening well can bring healing.
EMOTIONAL AND SPIRITUAL CARE

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2. To show you are listening:
   - Maintain eye contact
   - Turn your body towards them
   - Interject small expressions like “yes” but without interrupting
   - Reflect back what you are hearing by saying “What I am hearing you say is . . .”

3. Allow for pauses in the conversation. If PLWH are finished talking about one topic, CHEs can start a new topic.

4. If you share your own perspective or experience related to what PLWH are sharing, keep this brief. PLWH, not the care provider, should be doing most of the talking.

C. How can CHEs help PLWH to come to self-discovery about problems they share?

   1. Ask leading, open-ended questions to guide PLWH to come to self-awareness. Open-ended questions are those that cannot be answered with a simple “yes” or “no.” For example:
      - Ask questions starting with “What” or “How”
      - Or, use statements starting with “Share with me” or “Describe” or “I’d like to hear more about”
      - However, avoid the use of “Why” questions, as these can feel threatening
   2. Share Biblical principles in ways that encourage PLWH to apply the principles in their own way
   3. Allow PLWH to “own” their problems and action steps to address them. Do not give advice or tell PLWH what they “ought” to do.

D. How can CHEs connect PLWH to their own faith resources from which to draw strength?

   1. Ask people what their faith background is and how they draw strength from their faith.
   2. Ask if they attend a church or faith group and find out what support they have received from them.
   3. Ask them what faith resources they have that they would like to share. For example if PLWH are Christians, ask what Bible verse do they know which can help with the current problem?
EMOTIONAL AND SPIRITUAL CARE

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4. If PLWH are from another faith other than Christianity, try to bridge to their faith as much as possible without compromising your own beliefs and integrity. Try to introduce concepts of Christianity. For example, you can offer to pray for someone who is Muslim “in the name of ‘Esa who is known in the Koran to have done miracles and healed sick people.” ‘Esa is Jesus in the Koran.

5. If PLWH do not have faith resources to call on, CHEs may share
   - The gospel
   - Encouraging verses from Scripture
   - Blessings
   - Devotionals
   - Songs

6. Do not overwhelm a PLWH with too many Bible verses or other resources – provide no more than 1 or 2 verses or short passages from the Bible or other resources in a visit.

E. How can CHEs pray for PLWH?

1. Offer to pray for PLWH. Allow them the opportunity to refuse if they would not like prayer.
2. If they would like you to pray, ask for specific needs and cover these
3. Ask if they would like to pray for themselves out loud after you are finished. This helps them draw from their own faith resources.
4. If they do not want you to pray but do not seem to be against prayer, say “I will be praying for you as I go”
5. If they do not want you to pray and seem to be against prayer, say, “I am thinking good thoughts about you.”

F. How can CHEs be non-judgmental?

1. Although HIV may sometimes be related to sinful actions, such as sexual relations outside of marriage, be non-judgmental.
2. Focus on PLWH coming to Christ and developing their relationship with God rather than on past or present actions or how they got infected. Deepening their relationship with God through Christ will lead to right actions.
3. Be aware of your own assumptions that you may be imposing on PLWH
4. Showing love for PLWH no matter what they have done draws people to
EMOTIONAL AND SPIRITUAL CARE

<table>
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<tbody>
<tr>
<td>G.</td>
<td></td>
<td>Christ</td>
</tr>
<tr>
<td>G.</td>
<td></td>
<td>How can CHEs bring healing and hope?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. Help PLWH appreciate God’s healing through ART and that HIV is no longer a death sentence</td>
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<tr>
<td></td>
<td></td>
<td>2. Help PLWH understand that healing is more than physical wellness. It is harmony with God, others, self, and the environment. It is holistic to include emotional, social, and spiritual health as well as physical health.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Help PLWH live in the present and move toward the future with hope, rather than dwelling on hurts or problems of the past</td>
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<td></td>
<td></td>
<td>4. Assist PLWH to understand how God forgives them and how they can forgive others who have hurt them</td>
</tr>
<tr>
<td>H.</td>
<td></td>
<td>Be led by the Holy Spirit</td>
</tr>
<tr>
<td>H.</td>
<td></td>
<td>1. Pray before and during your visit.</td>
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<td></td>
<td></td>
<td>2. PLWH are all unique and the Holy Spirit knows what they need and guides the CHE what to say and do</td>
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<tr>
<td></td>
<td></td>
<td>3. Avoid using the same “cookie cutter” approach for everyone</td>
</tr>
<tr>
<td>III.</td>
<td>5’</td>
<td>2 important safeguards for CHEs when providing emotional and spiritual care</td>
</tr>
<tr>
<td>A.</td>
<td></td>
<td>What are 2 important safeguards for providing emotional and spiritual care?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. Maintain confidentiality of what PLWH share except if they are a danger to themselves (risk of suicide) or others</td>
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<td></td>
<td></td>
<td>• For risk of suicide, obtain additional help as soon as possible from the clinic, a professional counselor, pastor, or social worker</td>
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<td></td>
<td>• For danger to others, contact the police.</td>
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<td></td>
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<td>2. Refer PLWH with more serious needs to professional counselors or pastors.</td>
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<tr>
<td>IV.</td>
<td>10’</td>
<td>Explore additional ways to provide emotional and spiritual care for PLWH on ART</td>
</tr>
<tr>
<td>A.</td>
<td></td>
<td>What are some additional ways to provide emotional and spiritual care?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. Partner with pastors from churches to provide pastoral care and counseling</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Partner with chaplains from the hospital or clinic</td>
</tr>
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<td></td>
<td></td>
<td>3. Form support groups for PLWH that meet regularly. CHEs can facilitate the groups.</td>
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## EMOTIONAL AND SPIRITUAL CARE

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<thead>
<tr>
<th>METHOD</th>
<th>TIME</th>
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<tbody>
<tr>
<td>4. Engage PLWH to provide peer support for others</td>
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<tr>
<td>5. PLWH connect as prayer partners</td>
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<tr>
<td>6. Pastors, counselors, or chaplains make home visits with CHEs</td>
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<tr>
<td>7. Assist couples with marriage counseling</td>
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<tr>
<td>8. Assist PLWH to attend a small group or church</td>
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<tr>
<td>9. CHE committees may set up a counseling center</td>
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</table>

### Exercise

Divide participants into pairs. One person is the CHE and the other is a person living with HIV (PLWH). The PLWH shares something he or she is struggling with. CHE provides emotional and spiritual care for the PLWH for 10 minutes using essential principles learned in this lesson. Work in pairs and then reverse roles after about 10 minutes.

**References:**

References for this training module, *Supportive Care for People on HIV Treatment*, are listed in the Overview for Trainers which precedes Lesson 1.

**ATTITUDE:**

Participants help bring holistic healing to people living with HIV (PLWH) who are on HIV treatment (ART) by providing emotional and spiritual care

**SKILL:**

Participants will understand essential principles of emotional and spiritual care and apply them in their own ministry

**EVALUATION:**

Participants will be able to explain essential principles of providing emotional and spiritual care to others

**MATERIALS:**

- Newsprint, markers, masking tape

This lesson is used in: HIV
SUPPORT GROUPS

Date: 03/2016

(1 HOUR 30 MINUTES)

OBJECTIVES: After working through this lesson, participants will be able to:
1. Learn activities they can do in support groups for people living with HIV (PLWH) who are on HIV treatment (ART)
2. Practice facilitating and participating in a support group

OVERVIEW FOR TRAINERS: This lesson covers what activities CHEs can do in support groups for PLWH who are on ART. CHEs will also have an opportunity to practice facilitating and participating in a support group.

<table>
<thead>
<tr>
<th>METHOD</th>
<th>TIME</th>
<th>KNOWLEDGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role Play:</td>
<td>10’</td>
<td></td>
</tr>
<tr>
<td>A CHE is facilitating a support group for people living with HIV (PLWH) who are on HIV treatment (ART). 5 members are participating in the support group. (In the role play script below, support group members are abbreviated SGM and numbered 1 through 5.)</td>
<td></td>
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</tr>
<tr>
<td>CHE Who would like to share first today?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SGM1 I would like to share. I have been feeling very anxious lately. I am worried about my HIV treatment. My doctor does not think the medicines are working and he says I need to switch my pills to a different kind. He has to check if they are available. I worry what will happen if the new medicines are not available.</td>
<td></td>
<td></td>
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<tr>
<td>CHE Who else can relate to that who would like to share?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SGM2 (Brief pause) I can relate. I also have been feeling anxious. I have been worried since I got pregnant that my baby will get HIV even though I am on ART. My husband is worried as well. What has helped me is to remember the Bible verse Philippians 4:6 about not being anxious but instead giving my requests to God in prayer with thanksgiving, and the peace of God will come. Every time I get anxious, I try to pray. I picture myself leaving my fears at the foot of the cross and walking away, giving them to the Lord.</td>
<td></td>
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<tr>
<td>SGM3 (Brief pause) I can relate as well. I am anxious about my future. What is in store for me as I get older? I feel well on ART now but what if I get sick? I do not have anyone to take care of me. I have been trying to trust God, believing that He will take care of me.</td>
<td></td>
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<tr>
<td>CHE (Long pause -- CHE waits out the pause until it seems that no other members desire to share about feeling anxious.) Can anyone else relate to that? If not, who would like to share different feelings and start a new cycle?</td>
<td></td>
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</tr>
<tr>
<td>SGM4 I would like to share different feelings. I have been feeling angry and betrayed lately. I am mad at my wife for giving me this HIV. I feel like leaving her sometimes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHE (Brief pause) Who else can relate to that who would like to share?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SGM5 I can relate to that. I felt the same way towards my husband when I tested HIV positive. I asked him to go for marriage counseling with the pastor. He refused to go. So I went on my own and the counseling really helped me.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

----SHOWD questions---- 10’ Focus the discussion on the process of sharing:

S = What do you See?
H = What is Happening?

- One member shares feelings about something he or she is struggling with. He or she may also share what has helped with the struggle.
- Other members who can relate to those feelings share in turn.
- When the cycle plays out, a member can begin a new cycle with different feelings.
- Members use "I" and "me" language to share feelings and what has helped them. This is instead of "you" language that can sound like members telling other members how they should feel and what they should do to help themselves.
I. The benefits of support groups for people living with HIV (PLWH) who are on HIV treatment (ART)
   A. How are support groups helpful for PLWH on ART?

II. Important safeguard of confidentiality for support groups
   A. What is an important safeguard for support groups?

III. Explore what to do in support groups
   A. What are some activities that can be done in support groups for PLWH on ART?
5. Provide a time of emotional and spiritual care when members may share their feelings and emotions. Steps for this process are in IV. below. Groups set aside a specific time for sharing.

6. Income generation activities –
   - Making small loans to members to start a business (Self-help program)
   - Vocational training

7. Communal projects the group can do together –
   - Backyard and community gardens
   - Chicken coops
   - Livestock raising
   - Fish farms
   - Latrine construction

**IV. Conducting a time of sharing feelings and emotions in a support group**

A. What are the steps to start a time of sharing feelings and emotions in a support group?

1. First, the facilitator goes over the guidelines which follow in B. below. These are also on the handout which follows this lesson.

2. Second, after going over the guidelines, the facilitator begins the time of sharing among members.

B. What are the guidelines for a time of sharing feelings and emotions in a support group?

   The trainer makes a list of the guidelines on large newsprint. The trainer also gives participants a copy of the handout which follows this lesson. This handout has guidelines for facilitators to conduct a time during a support group for members to share feelings and emotions.

   1. Members will share briefly for up to 5 minutes only to allow others an opportunity to share as well.
   2. To begin the time of sharing, the facilitator asks, “Who would like to share first today?”
   3. The first member who has something he or she is struggling with shares feelings and emotions. He or she may also share what has helped.
   4. After the first member shares, the facilitator asks “Who else can relate to that who would like to share?”
   5. Then, a second member who can relate to what the first member shared may share his or her own feelings and what has helped.
   6. This process continues until the cycle plays out when no other member relates to the feelings shared by the first member.
7. There is a brief silence while members pause. The facilitator steps in and says, “Can anyone else relate to that? If not, who would like to share different feelings and start a new cycle?”

8. Another member may now start a new cycle. Other members who can relate share in turn and the process continues.

9. It is very important that members share only their own feelings and emotions about their own struggles and what has helped. They should avoid telling others how they should feel and giving advice what they should do to help themselves.
   - Each member uses “I” and “me” language – for example, “I feel . . .” and “This is what helped me . . .”
   - Members should avoid “you” language – for example, “You feel . . .” and “This is what you should do . . .”

V. Exercise to practice a time of sharing feelings and emotions in a support group
Divide participants into groups of 6. One person serves as the facilitator. The other 5 people serve as support group members who share feelings and emotions about struggles they are having. Groups share for 10 to 15 minutes and then rotate the facilitator. Give out copies of the handout which follows this lesson.

Exercise to practice a time of sharing feelings and emotions in a support group
First, the facilitator goes over the guidelines for the time of sharing in IV. B. above, using the handout which follows this lesson.

Second, the facilitator begins the time of sharing by saying, “Who would like to share first today?”

Members who can relate to the feelings share in turn.
SUPPORT GROUPS

References:
References for this training module, Supportive Care for People on HIV Treatment, are listed in the Overview for Trainers which precedes Lesson 1.

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**ATTITUDE:** Participants will care for PLWH through support groups

**SKILL:** Participants will learn what activities can be done in support groups and practice facilitating and participating in a support group

**EVALUATION:** Participants will be able to explain: 1) what activities can be done in support groups to help people living with HIV who are on HIV treatment (ART); and, 2) how to conduct a time during a support group for sharing feelings and emotions

**MATERIALS:**
- Newsprint, markers, masking tape
- Handout, Guidelines for Facilitators to Conduct a Time During a Support Group for Members to Share Feelings and Emotions (follows this lesson)

This lesson is used in: HIV
Guidelines for Facilitators
to Conduct a Time During a Support Group
for Members to Share Feelings and Emotions

Facilitator reads the following guidelines at the start of the time to share feelings and emotions:

- Members will share briefly for up to 5 minutes only to allow others an opportunity to share as well.

- To begin the time of sharing, I (the facilitator) will ask, “Who would like to share first today?”

- The first member who has something he or she is struggling with shares feelings and emotions. He or she may also share what has helped.

- After the first member shares, I (the facilitator) will ask, “Who else can relate to that who would like to share?”

- Then, a second member who can relate to what the first member shared may share his or her own feelings and what has helped.

- This process continues until the cycle plays out when no other member relates to the feelings shared by the first member.

- We will wait a brief time while members pause. Then, I (the facilitator) will step in and say, “Can anyone else relate to that? If not, who would like to share different feelings and start a new cycle?”

- Another member may now start a new cycle. Other members who can relate share in turn and the process continues.

- It is very important that members share only their own feelings and emotions about their own struggles and what has helped. They should avoid telling others how they should feel and giving advice what they should do to help themselves.

  - Each member uses “I” and “me” language – for example, “I feel . . .” and “This is what helped me . . .”

  - Members should avoid “you” language – for example, “You feel . . .” and “This is what you should do . . .”
COMMUNITY-BASED DISTRIBUTION OF HIV TREATMENT

Date: 03/2016 (1 HOUR)

OBJECTIVES: After working through this lesson, participants will be able to:
1. Understand the importance of community-based distribution of HIV treatment (ART) for people living with HIV (PLWH)
2. Explore ways for CHEs to help with community-based distribution

OVERVIEW FOR TRAINERS: This lesson covers the importance of community-based distribution of HIV treatment (ART) and how CHEs can help with it.

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<tr>
<th>METHOD</th>
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<tr>
<td>Starter: Before starting the lesson, ask for 6 volunteers. 3 volunteers are patients at the clinic. 3 volunteers are CHEs. Ask the 3 patients to act out walking with huge burdens on their backs along the paths of life. The burdens are so heavy that they are stumbling along and falling and struggling to get back on their feet. Then the 3 CHE volunteers come along and lift the burdens from the patients. The 3 patients are now able to walk light and free. Ask participants what they see. Explain that the 3 patients are those with chronic diseases who are carrying the huge burdens of needing to visit the clinic often and take medicines for years. 3 CHEs have come along and helped to lighten the burdens the patients are carrying. Discuss some of the burdens or challenges that people with chronic diseases face. (See the Knowledge section.) After discussion of the burdens, explain that this lesson covers one way that participants can help lighten the burden of chronic diseases for HIV patients who are on HIV treatment for life. This way is called community-based distribution of HIV treatment (ART).</td>
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<tr>
<td>10’</td>
<td></td>
<td>What are some of the burdens or challenges that people with chronic diseases face? • Long distances to travel to get to the clinic • Time away from family and work • Cost of travel and lost work time • Long waiting lines at the clinic • The need for a visit with the medical provider in order to refill medicines even when they feel well • Very brief visits with the medical provider once they are seen • Clinic staff are overburdened • Shortage of clinic staff • Turnover of clinic staff – New staff do not know the patients and their histories</td>
</tr>
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</table>

CHEs can help lighten the burden by bringing ART to the community, where PLWH live and CHEs serve

I. Community-based distribution of HIV treatment (ART) Community-based distribution of ART can help lighten the burden for patients with the chronic disease of HIV. If the CHE program can do only one thing in this entire training module, community-based
distribution of ART is the highest priority!
A. What is community-based distribution of ART?

B. How does community-based distribution of ART lighten the burden for PLWH and the clinic?

II. Community-based distribution of HIV treatment (ART) through adherence support groups
One way to do community-based distribution of ART is through adherence support groups.
A. What is adherence to ART?

B. Who are the members of adherence support groups?

II. Community-based distribution of HIV treatment (ART) through adherence support groups

A. What is community-based distribution of ART?
   1. It is bringing ART from the clinic to PLWH in the local community, where they live and where the CHE serves
   2. It separates medical checkup visits at the clinic from refilling and picking up ART medicines in the community
   3. Community-based distribution of ART is done in partnership with the clinic where PLWH receive their medical care. It is done under the supervision of the clinic.

B. How community-based distribution of ART lightens the burden
   1. Community-based distribution lightens the burden on PLWH to make frequent clinic visits.
   2. The clinic is less crowded since PLWH are not coming for medications.
   3. This lightens the burden on the clinic to provide routine care for large numbers of PLWH.
   4. It involves task sharing and task shifting from medical care providers at the clinic to care providers in the community like CHEs.

A. Adherence is:
   1. Taking every ART pill every day at the same time of day for life
   2. It must be almost perfect
   3. Skipping pills makes the HIV virus resistant to ART. Then ART no longer works to fight the virus.

B. Who the members of adherence support groups are
   1. The members of adherence support groups are PLWH who are stable on ART.
   2. They are keeping to the schedule of their medical visits and taking all their pills correctly.
   3. The virus is no longer found in their blood (although it is still in their bodies where ART does not reach).
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C. Where are adherence support groups held?

C. Where adherence support groups are held
   1. Adherence support groups are held in the local community where PLWH live and where the CHE serves.
   2. They meet in a church or other safe space, such as a public place like a library.
   3. Or, the groups may meet in the homes of members.

D. Who leads the groups?

D. Who leads the groups
   1. Groups are facilitated by the CHE
   2. Or, they may be facilitated by a staff member from the clinic or lay person, with the CHE assisting

E. How often do the groups meet?

E. How often the groups meet
   1. The groups meet according to the schedule determined by the clinic. This is usually monthly or bimonthly but may vary depending on how often PLWH need to have a medical checkup at the clinic and how often ART needs to be refilled.

F. How are the ART medicines packaged for delivery to the adherence groups?

F. How the ART medicines are packaged
   1. Packaging and community distribution of medicines is done under the supervision of the clinic.
   2. The clinic pharmacy assembles medicines for each member of the adherence group in a package labeled with the member’s name and directions for taking the medicine.
   3. The clinic is responsible that each member receives the correct medicines and dosages.

G. How do the packaged ART medicines get to the adherence groups?

G. How packaged ART medicines get to the groups
   1. On a set schedule, either the CHE or a group member (rotating turns) travels to the clinic to pick up the pre-packaged ART for group members
   2. CHE distributes ART to members at the meeting place or delivers it to homes of members who were not able to attend
   3. Or, staff from the clinic brings pre-packaged ART to the adherence group

H. What happens at the meetings?

H. Meetings may include
   1. Taking weights of group members
   2. Checking adherence, such as by reviewing a pill schedule or calendar and counting pills
   3. Checking members for signs of illness
   4. Teaching about HIV or other topics
I. What happens if a member misses a group meeting?

J. What are the benefits for PLWH of being together in the groups?

K. As one woman member of an adherence support group run by Médecins Sans Frontières (MSF) stated, “The groups are like a church. We greet each other; we visit each other; we listen to each other; and we feel each other’s pain.”

III. Community-based distribution of HIV treatment (ART) in ways other than adherence support groups

A. What are ways CHEs can assist with community-based distribution of ART other than through adherence support groups?

B. Explore ways other than adherence support groups for CHEs to assist with distributing ART in the community

C. Ways CHEs can assist with community-based distribution of ART other than through adherence support groups?

D. CHEs volunteer with community ART distribution points set up by the clinic or public health department.

E. CHEs help to arrange transportation for a group of PLWH to go to the clinic at the same time.

F. CHEs take laboratory tests like dried blood spots of a group of PLWH to the clinic for processing.

G. CHEs assist with mobile medical vans.

H. A local church starts a clinic or community distribution point to maintain and dispense ART.
6. CHEs take more responsibility and special training to know when to refer or accompany a PLWH on ART to the clinic. Standardized assessment tools may be available for CHEs to use.
   - CHEs learn to recognize signs that ART has stopped working, such as weight loss or signs of infection or other illness;
   - CHEs learn to recognize side effects of ART.

References:
References for this training module, *Supportive Care for People on HIV Treatment*, are listed in the *Overview for Trainers* which precedes Lesson 1.

**ATTITUDE:** CHEs desire to lighten the burden for PLWH who have a chronic disease and must be in medical care and take medicines for life

**SKILL:** Participants will understand the importance of bringing ART to PLWH in the community and ways to help

**EVALUATION:** Participants will be able to explain community-based distribution of ART

**MATERIALS:** Newsprint, markers, masking tape

This lesson is used in: HIV
**Objectives:** After working through this lesson, participants will be able to:

1. Understand the importance of HIV treatment (ART) for HIV-infected pregnant and breastfeeding women to prevent the tragedy of their babies becoming infected with HIV.
2. Learn what CHEs can do to help women and their babies.

**Overview for Trainers:** This lesson covers the importance of ART for HIV-infected pregnant and breastfeeding women to prevent their babies from being infected with HIV and what CHEs can do to help.

<table>
<thead>
<tr>
<th>Method</th>
<th>Time</th>
<th>Knowledge</th>
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<tbody>
<tr>
<td>Role Play:</td>
<td>5’</td>
<td>A pregnant woman living with HIV is talking with a CHE</td>
</tr>
<tr>
<td>PLWH</td>
<td></td>
<td>The clinic has started me on HIV treatment (ART) since I got pregnant. It seems it will keep me from passing HIV to my baby. I am so happy about this. My baby can be born free of HIV! I am grateful.</td>
</tr>
<tr>
<td>CHE</td>
<td></td>
<td>It is wonderful! You are being kind and loving to your baby.</td>
</tr>
<tr>
<td>PLWH</td>
<td></td>
<td>I think I will stop my ART after my baby is delivered. Why keep it going after my baby is safe?</td>
</tr>
<tr>
<td>CHE</td>
<td></td>
<td>Now that you have started ART, you should stay on your ART for life. It will keep you from passing the virus to your baby when you are breastfeeding. It is important for your own health. And you will not have to restart ART if you get pregnant again. Stopping and then restarting ART can make your virus unresponsive so ART no longer works.</td>
</tr>
<tr>
<td>PLWH</td>
<td></td>
<td>I did not realize this. I will keep my ART going for life! Thank you for helping me with this information.</td>
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</table>

**Showd Questions**

S = What do you See?
H = What is Happening?

1. The Importance of HIV Treatment (ART) for Pregnant and Breastfeeding Women
   It is very important for CHEs to help HIV-infected pregnant and breastfeeding women take ART and continue it for life. ART is lifesaving for women and for their infants.
   A. How is ART important for pregnant women and their babies?

2. The Importance of HIV Treatment (ART) for Pregnant and Breastfeeding Women
   A. How ART is important for pregnant women and their babies
      1. ART is good for the health of a woman who is HIV-infected whether she is pregnant and breastfeeding, or she is not pregnant.
      2. Women who are stable on ART during pregnancy and breastfeeding do not pass the virus to their babies.
      3. All HIV-infected pregnant and breastfeeding women should be on ART and continue it for life.
      4. Pregnant or breastfeeding women newly diagnosed with HIV should start on ART as soon as possible.
5. If women are already on ART, they should continue it when they get pregnant. ART is generally safe for developing babies.

6. Pregnant women who stop ART after delivery or breastfeeding may have a decline in their health from HIV.

7. Pregnant women who stop ART after delivery may still pass the virus to their babies while breastfeeding.

8. Women who continue ART for life after pregnancy and breastfeeding may feel safe to have another pregnancy.

9. Women who stop ART may make their HIV virus resistant to ART so that it will not work for future pregnancies.

B. What is the tragedy of babies being born infected with HIV?

1. Babies exposed to HIV may become infected in the womb, during delivery, or with breastfeeding. This tragedy can be prevented by ART.

2. Infants who are infected have poor health and are very sickly.

3. If infants are infected, their HIV may progress rapidly and they may die in the first few months of life unless they are treated early with ART.

4. Most infants who are infected die before age 2 unless they are treated with ART.

5. Since there is no cure for HIV, infants who are infected start a lifelong journey of HIV disease and need to be on ART for life.

6. It is difficult to diagnose early infant infection. HIV testing for infants is complex and depends on what tests the clinic has available.
   - Although some tests can be performed in the first few months of life, others cannot be done until 9 to 18 months of age.
   - Results of tests may not be available for a few weeks or longer.
   - These delays increase the chance that infants will die before they can get started on ART.
HIV TREATMENT FOR PREGNANT WOMEN

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</table>

C. How does ART taken by pregnant women and their babies prevent infection?

1. All pregnant and breastfeeding women should be stable on ART to prevent transmission to babies.
2. All infants born to HIV-infected mothers are considered to be exposed to HIV. Exposed infants should receive one or two ART medicines from the clinic for the first few months of life to prevent infection.
3. All exposed infants should have an HIV test at as young an age as possible to give a definite result whether they are infected with HIV.
4. All infants who are infected should start on full ART (3 medicines) as young as possible.

D. How does ART allow HIV-infected women to breastfeed their babies?

1. Breastfeeding is considered more healthy for infants than baby formula in places where safe water is not available to mix formula, even for women who are HIV-infected.
2. Women who are stable on ART do not pass the virus to their babies through breastfeeding.
3. A small amount of ART may reach babies through breastmilk. But this does not hurt babies.
4. Women who stop ART after delivery but who are breastfeeding continue to expose their infants to infection.

II. Explore what CHEs can do to help pregnant women and their infants

A. What can CHEs do to help pregnant women and their infants?

By helping pregnant women and their infants, CHEs will share in the joy mothers feel when their babies are born free of HIV!
5. They should encourage HIV-infected pregnant women to deliver their babies at the clinic or hospital where they can receive care from trained birth attendants.

6. Many programs that care for pregnant women and their infants show a high number who are lost to care. CHEs can closely monitor HIV-infected women and their infants and help them stay in medical care:
   - During pregnancy—to help them follow the clinic schedule for prenatal visits
   - While breastfeeding—so that they continue ART, and their infants are not exposed to HIV through breastfeeding
   - Until infants have an HIV test which gives a definite result whether they are infected or not
   - As women make the change from prenatal care back to regular adult medical care and their babies start pediatric care
   - Help HIV-infected women stay in medical care even when they are not pregnant

7. CHEs can help with adherence:
   - For infected women to take their ART
   - For exposed infants to take their preventive ART
   - For infected infants to take their treatment ART

8. They can help women who do not wish to risk another pregnancy to obtain contraception.

9. CHEs can monitor sickly infants in the community. CHEs can help sickly infants and their mothers to get HIV tests.

III. Exercise
Divide participants into pairs. One person is a CHE and the other is a pregnant woman living with HIV. The CHE answers questions from the woman about ART during pregnancy and breastfeeding for 5 minutes. Pairs then reverse roles for another 5 minutes.

III. Exercise
Participants practice answering questions from a pregnant woman about ART during pregnancy and breastfeeding.
**HIV TREATMENT FOR PREGNANT WOMEN**

<table>
<thead>
<tr>
<th>METHOD</th>
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<th>KNOWLEDGE</th>
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</table>

**References:**
References for this training module, *Supportive Care for People on HIV Treatment*, are listed in the *Overview for Trainers* which precedes Lesson 1.

**ATTITUDE:** Participants will share the joy of HIV-infected women who are able to protect their babies from HIV with ART.

**SKILL:** Participants will understand what pregnant and breastfeeding women can do to keep their babies from becoming infected with HIV and what CHEs can do to help.

**EVALUATION:** Participants will be able to explain how pregnant and breastfeeding women can prevent HIV infection for their babies.

**MATERIALS:** Newsprint, markers, masking tape.

This lesson is used in: HIV
SPECIAL ISSUES – TUBERCULOSIS AND PRE- AND POST-EXPOSURE PREVENTION

Date: 03/2016

OBJECTIVES: After working through this lesson, participants will be able to:
1. Understand treatment for people who are infected with both tuberculosis (TB) and HIV
2. Understand prevention of HIV infection using HIV treatment (ART) medicines before exposure (PrEP) or after exposure (PEP)

OVERVIEW FOR TRAINERS: This lesson covers: 1) treatment for HIV and TB for people who have both infections; and, 2) treatment with ART medicines to prevent infection for people at high risk.

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<tr>
<th>METHOD</th>
<th>TIME</th>
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<tbody>
<tr>
<td>Role Play: 5'</td>
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</table>
| A woman living with HIV is talking with a CHE PLWH My husband has been sick and he was just diagnosed with having HIV and TB at the same time. CHE He can start on medicines to treat both his HIV and his TB. Most likely, the clinic will start his TB medicines first for a few weeks and then start his HIV medicines. Have you been tested for HIV and TB? PLWH I was tested and I did not have either HIV or TB. CHE Well, there is some medicine you can take to protect yourself from getting HIV from your husband called PrEP. I will find out if the clinic has it available. You should also use condoms to protect yourself.

----SHOWD questions----
S = What do you See?
H = What is Happening?

As participants discuss the role play, explain that in this lesson we will cover 2 special issues of HIV treatment (ART):
1) Treatment for HIV and TB for people who have both infections;
2) Treatment with ART medicines to prevent infection for people at high risk, such as uninfected people who have infected partners.

I. People with both HIV and tuberculosis (TB) infection
A. What is important about TB for people living with HIV (PLWH)?

B. What are the signs of TB?

I. People with both HIV and tuberculosis (TB) infection
A. What is important about TB for people living with HIV (PLWH):
1. People often become infected with both HIV and tuberculosis (TB)
2. Both of these diseases are deadly. The combination is even more deadly than either disease alone.
3. All people with HIV need to be tested for TB
4. All people with TB need to be tested for HIV

B. Signs of TB
1. People have a positive test for TB and are sick from the disease
2. Tests for TB may be skin, blood, or other tests
3. People sick with TB commonly show signs of:
   • Fever
   • Cough
   • Weight loss (or poor weight gain in children)
### SPECIAL ISSUES – TUBERCULOSIS AND PRE- AND POST-EXPOSURE PREVENTION

<table>
<thead>
<tr>
<th>METHOD</th>
<th>TIME</th>
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<tbody>
<tr>
<td>C. What medicines do people who have both HIV and TB take together?</td>
<td></td>
<td>• Sweating while sleeping at night</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. People living with household members who have TB are at high risk for infection</td>
</tr>
<tr>
<td>D. How are TB medicines and ART medicines different?</td>
<td></td>
<td>C. Medicines that people who have both HIV and TB take together</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. People who have both HIV and TB take medicines for both infections at the same time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. People who are newly diagnosed generally start TB medicines first for a few weeks before starting ART</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. People who are sicker with HIV start ART medicines sooner</td>
</tr>
<tr>
<td>E. How are TB medicines and ART medicines similar?</td>
<td></td>
<td>D. How TB and ART medicines are different</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. TB medicines are a cure for tuberculosis but ART medicines are not a cure for HIV</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. People can stop their TB medicines after a complete course but must stay on ART medicines for life</td>
</tr>
<tr>
<td>F. What can CHEs do for people with HIV and TB?</td>
<td></td>
<td>E. How TB and ART medicines are similar</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. Both TB and ART medicines require almost perfect adherence – people must take every pill every day at the same time of day without skipping pills.</td>
</tr>
<tr>
<td>II. Pre-exposure prevention (PrEP) for people who are at high risk for infection</td>
<td>15’</td>
<td>F. What CHEs can do for people with HIV and TB</td>
</tr>
<tr>
<td>A. What is pre-exposure prevention (PrEP)?</td>
<td></td>
<td>1. Help people get tested for both HIV and TB</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Help PLWH adhere to both TB medicines and ART</td>
</tr>
<tr>
<td>B. What is important for couples in which one partner is infected with HIV and the other partner is not infected?</td>
<td></td>
<td>II. Pre-exposure prevention (PrEP) for people who are at high risk for infection</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A. What pre-exposure prevention (PrEP) is</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. Pre-exposure prevention (PrEP) is using ART medicines before the exposure happens to prevent HIV infection</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. One group of people at special risk who should consider use of PrEP is discordant couples. These are couples in which one partner is infected and the other partner is not infected.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B. What is important for couples in which one partner is HIV-infected and the other partner is not infected</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. The partner who is not infected is at high risk for infection</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Every effort should be made to prevent the tragedy of the partner who is infected passing the virus to</td>
</tr>
<tr>
<td>METHOD</td>
<td>TIME</td>
<td>KNOWLEDGE</td>
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</tr>
<tr>
<td>C. What can be done to protect the uninfected partner?</td>
<td></td>
<td>the partner who is not infected</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. To prevent infection for the uninfected partner, the partner who is infected should be stable on full HIV treatment (ART) using 3 medicines</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. The couple should also use condoms</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. The uninfected partner may also take one or two ART medicines to prevent infection (PrEP) if they are available from the clinic</td>
</tr>
<tr>
<td>D. What can CHEs do to help discordant couples?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. Help both partners get HIV tests</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Help partners disclose their status to each other</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Help uninfected partners who are in long-term and committed relationships with infected partners get annual HIV tests</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Help infected partners become stable on full ART and stay on it for life</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Find out if PrEP is available from the clinic. If so, refer uninfected partners to see if they are eligible.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. Just like for full ART, it is important that people taking PrEP have almost perfect adherence. CHEs can help people on PrEP to take every pill every day at the same time of day just like they do for people on full ART.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7. The marriages of discordant couples often break up. CHEs can provide emotional and spiritual care as well as other supportive care to help couples stay together. Also, CHEs can refer couples for marriage counseling.</td>
</tr>
<tr>
<td>E. Who else may need PrEP?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| | | 1. PrEP may also be used if available by other people who are at high risk of infection such as:
| | | • Those who have multiple partners
| | | • Men who have sex with men
| | | • Injecting drug users |
| | | 2. For people engaged in high risk behavior, many Christian programs prefer encouraging behavior change rather than using PrEP |

III. Post-exposure prevention (PEP) for people who are at high risk for infection

A. What is post-exposure prevention (PEP)?

10’ III. Post-exposure prevention (PEP) for people who are at high risk for infection

A. What post-exposure prevention (PEP) is using ART medicines after the
B. Who may need PEP?

1. Women who have been exposed to HIV through sexual assault (rape)
2. Caregivers who have had a needlestick from a dirty needle or a cut from a dirty blade used by people who may be HIV-infected

C. How are ART medicines taken as PEP after exposure?

1. Test the person who is the source of the exposure for HIV if their status is unknown
2. The person exposed must get to the clinic to be assessed for PEP as soon as possible, preferably within 72 hours after exposure
3. Usually, 3 ART medicines are used for 4 weeks.

IV. What are the most important points that you have learned from this lesson?

1. PLWH may sometimes need to take both HIV and TB medicines
2. CHEs can help them take every HIV and TB pill every day at the same time of day without skipping pills
3. When only one partner is HIV-infected, the other may take medicines to prevent HIV infection. This is called pre-exposure prevention (PrEP).
4. Post-exposure prevention (PEP) may be used to protect women who have been sexually assaulted (raped)

**References:**

References for this training module, Supportive Care for People on HIV Treatment, are listed in the Overview for Trainers which precedes Lesson 1.

**ATTITUDE:**

Care for people who are suffering from both HIV and TB, as well as for those who are at high risk for infection from exposure to HIV

**SKILL:**

Participants will understand treatment for people who have both HIV and TB. Also, they will understand prevention of HIV infection using ART medicines before exposure (PrEP) or after exposure (PEP).

**EVALUATION:**

Participants will be able to explain how people take both HIV and TB medicines, as well as ART medicines to prevent HIV infection

**MATERIALS:**

- Newsprint, markers, masking tape

This lesson is used in: HIV
HIV TREATMENT FAILURE AND HOSPICE

Date: 03/2016

(1 HOUR 30 MINUTES)

OBJECTIVES: After working through this lesson, participants will be able to:
1. Understand how to care for people who have failed HIV treatment (ART) and are on hospice
2. Protect caregivers who are providing hospice care from infection with HIV

OVERVIEW FOR TRAINERS: This lesson covers how to care for people who have failed HIV treatment and are on hospice. CHEs educate caregivers to provide care, and may also provide direct care themselves. Also in this lesson are guidelines for caregivers to protect themselves from infection with HIV, since they are at risk from close contact with dying patients. This lesson may be split into two shorter lessons and allow participants more group time to share experiences caring for the dying.

<table>
<thead>
<tr>
<th>METHOD</th>
<th>TIME</th>
<th>KNOWLEDGE</th>
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</thead>
<tbody>
<tr>
<td>I. The Need for Hospice Care When There is Lifesaving HIV Treatment</td>
<td>20’</td>
<td>I. The Need for Hospice Care When There is Lifesaving HIV Treatment</td>
</tr>
<tr>
<td>A. Why hospice care is needed in the current time of lifesaving ART?</td>
<td></td>
<td>A. Why hospice care is needed in the current time of lifesaving ART?</td>
</tr>
<tr>
<td>1. In the current time when lifesaving HIV treatment is available, all people living with HIV (PLWH) should have an opportunity to be on ART. No HIV-infected person should die without a trial of ART.</td>
<td></td>
<td>1. In the current time when lifesaving HIV treatment is available, all people living with HIV (PLWH) should have an opportunity to be on ART. No HIV-infected person should die without a trial of ART.</td>
</tr>
<tr>
<td>2. However, some people still fail treatment. They develop AIDS and begin a process of dying. They need hospice care.</td>
<td></td>
<td>2. However, some people still fail treatment. They develop AIDS and begin a process of dying. They need hospice care.</td>
</tr>
<tr>
<td>3. CHEs can help at this time of great need</td>
<td></td>
<td>3. CHEs can help at this time of great need</td>
</tr>
<tr>
<td>4. CHEs can educate caregivers how to best care for HIV-infected people who are dying, as well as provide direct care themselves</td>
<td></td>
<td>4. CHEs can educate caregivers how to best care for HIV-infected people who are dying, as well as provide direct care themselves</td>
</tr>
<tr>
<td>B. The natural course of HIV is:</td>
<td></td>
<td>B. The natural course of HIV is:</td>
</tr>
<tr>
<td>1. When people are first infected with HIV, they may feel ill for a few days or weeks. They have signs like they have the flu, including fever, sore throat, rash, feeling tired, muscle aches, and swollen lymph glands.</td>
<td></td>
<td>1. When people are first infected with HIV, they may feel ill for a few days or weeks. They have signs like they have the flu, including fever, sore throat, rash, feeling tired, muscle aches, and swollen lymph glands.</td>
</tr>
<tr>
<td>2. They will get better from the flu-like illness, and then they may not feel ill again for a long time, even up to 8 to 10 years</td>
<td></td>
<td>2. They will get better from the flu-like illness, and then they may not feel ill again for a long time, even up to 8 to 10 years</td>
</tr>
<tr>
<td>3. If PLWH do not receive ART, or if ART stops working, the virus gradually destroys the body’s system and blood cells (CD4 cells) that fight infection</td>
<td></td>
<td>3. If PLWH do not receive ART, or if ART stops working, the virus gradually destroys the body’s system and blood cells (CD4 cells) that fight infection</td>
</tr>
<tr>
<td>4. People develop symptoms of AIDS, which is the end stage of HIV infection</td>
<td></td>
<td>4. People develop symptoms of AIDS, which is the end stage of HIV infection</td>
</tr>
<tr>
<td>5. Ultimately, they die of AIDS</td>
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<td>5. Ultimately, they die of AIDS</td>
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</tbody>
</table>
C. How is hospice care used when people are dying of AIDS?

1. Hospice care is when active medical care and treatment is stopped. Measures to prolong life are no longer used. Although nothing is done to hasten death, HIV disease is allowed to take its natural course.

2. The goals of hospice care are to keep people comfortable during the process of dying and help them to die in peace with dignity.

3. Hospice care is more than care for just the last few days of life. It is care during the entire process of dying. Although some people die suddenly, for many this process is gradual over months.

4. People first become weaker and less active, then they become bed-bound, and then they enter the immediate time of dying in their last few weeks or days.

D. Why do people fail HIV treatment?

1. ART may fail if the HIV virus has become unresponsive (resistant) to it.
   - This is mostly likely caused by people skipping pills and not taking every pill every day at the same time of the day.
   - When ART is interrupted, the virus becomes resistant to ART.

2. People may have been infected with virus from another HIV-infected person which is already resistant.

3. People need to switch ART medicines when the virus becomes unresponsive, but these may not be available.

4. People may come too late for medical care when the system that fights infection in their bodies is already so destroyed by HIV that it cannot be restored with ART.

5. They may develop other serious illnesses like cancer that go along with AIDS but that ART cannot help.

6. They may become depressed and grow weary of taking ART and side effects and refuse to take it any longer.
E. What are the signs of HIV treatment failure?
Participants may list a few signs of AIDS that they know. These signs are underlined in section II. A. below, which we will cover in the next section of this lesson.

II. Hospice Care in the Process of Dying
A. What hospice care is done by caregivers to relieve patients’ symptoms of AIDS?

We will cover caring for bed-bound patients in the next section of this lesson.
### HIV Treatment Failure and Hospice

<table>
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<tr>
<th>Method</th>
<th>Time</th>
<th>Knowledge</th>
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<tbody>
<tr>
<td><strong>9.</strong> Cough and shortness of breath – Cough syrup; raise patients up to sitting position; do not smoke or cook indoors</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10.</strong> Swelling of legs, arms, and abdomen – Elevate limbs</td>
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<tr>
<td><strong>11.</strong> Pain – Give paracetamol</td>
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<tr>
<td><strong>12.</strong> Mental confusion and memory loss – Provide a calm environment; go along with what patients are saying without arguing or trying to correct</td>
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</table>

#### B. What hospice care is done for bed-bound patients?

1. Keep patients as active as possible by assisting them to walk or using a wheelchair, as well as moving them from the bed to sit in a chair
2. Keep clothing, linens, and bedding clean
3. Help patients with dressing; combing hair; scrubbing teeth
4. Feed patients sitting up in bed, not while lying down
5. Provide bed baths – Wash the cleanest parts of the body first, starting with the face, then the arms and legs, then the body, and last, clean the genital areas
6. Use gentle touch and massage
7. To prevent bedsores -- Turn patients to lie on back, sides, and abdomen every 2 hours; position patients so they are not lying on bony parts of the body; use soft padding for bony parts. To treat bedsores, consult with medical providers.
8. Handling urine, stool, and menstrual blood – Use bedpans, urinals, or basins; use plastic pads on top of bed linens; use plastic sheets under bed linens

#### C. What hospice care is done when death is near in the last few weeks or days?

1. Keep the room quiet, peaceful, and calm; give patients private space; play soft Christian music; loving attendance at the bedside so patients do not die alone; hold long or distressing conversations away from patients’ hearing

#### C. Hospice care when death is near in the last few weeks or days

1. Keep the room quiet, peaceful, and calm; give patients private space; play soft Christian music; loving attendance at the bedside so patients do not die alone; hold long or distressing conversations away from patients’ hearing
2. Lead patients to Christ if they do not already know Him and give hope of eternal life; pray out loud for patients; read Scripture; help patients with guilt issues from the past and confession; help patients with forgiveness and unresolved conflicts
3. Give paracetamol or morphine for pain that comes from stiffening of joints and muscles; adjust bedding and patients’ positioning to relieve pain
4. Keep lips and mouth moistened with water
5. Give only as much liquid to drink or food to eat as patients want or can take
6. Keep dying patients’ confidences; hear last wishes; contact family members who patients would like to see who are not present

III. Protection of caregivers from HIV infection
A. Why do caregivers providing hospice care need protection from HIV infection?
1. Caregivers providing hospice care are in close contact with sick and dying patients. This means they are at risk for infection with HIV and must protect themselves.
2. Blood, body fluids which contain blood, or open sores from people on hospice can transmit HIV to caregivers.

B. What are precautions for caregivers to prevent infection?
1. Cover patients’ open sores as well as those of caregivers with clean bandages or cloths
2. Household members do not share razor blades, toothbrushes, needles, syringes, or blades used by HIV-infected patients
3. Cleaning up surfaces or handling linens soiled with blood or body fluids --
   • Clean surfaces with a solution of 1 part 5% bleach solution and 9 parts water (1/10 dilution)
   • Wear gloves if possible or put plastic bags on hands, or use a piece of plastic, paper, or a large leaf to clean surfaces or to handle soiled linens
HIV TREATMENT FAILURE AND HOSPICE

<table>
<thead>
<tr>
<th>METHOD</th>
<th>TIME</th>
<th>KNOWLEDGE</th>
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</thead>
<tbody>
<tr>
<td>• Wash hands with soap and water after cleaning surfaces or handling soiled linens</td>
<td></td>
<td>4. Washing linens soiled with blood –</td>
</tr>
<tr>
<td>• Separate linens soiled with blood from other laundry</td>
<td></td>
<td>• Wash those that can be salvaged in hot, soapy water with bleach</td>
</tr>
<tr>
<td>• Wash those that can be salvaged in hot, soapy water with bleach</td>
<td></td>
<td>• Incinerate or bury those that cannot be rewashed</td>
</tr>
<tr>
<td>• Incinerate or bury those that cannot be rewashed</td>
<td></td>
<td>5. Handling needles or blades soiled with blood --</td>
</tr>
<tr>
<td>• Do not recap needles</td>
<td></td>
<td>• Place used needles or blades in an empty can with a lid</td>
</tr>
<tr>
<td>• Place used needles or blades in an empty can with a lid</td>
<td></td>
<td>• Incinerate or bury the can when it is full</td>
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</table>

IV. Additional hospice care CHEs can provide

A. What additional hospice care can CHEs provide?

1. CHEs make home visits and set up visitation from pastors and church members
2. Provide emotional and spiritual care for patients and family members
3. Help with buying food; preparing meals; running errands; doing laundry
4. Provide child care and respite care for caregivers
5. Help patients prepare for death --
   • Talk with patients about spiritual readiness
   • Make arrangements to care for spouses and children
   • Make a will for inheritance of houses, land, finances, and possessions
   • Help patients make arrangements to discharge debts
   • Funeral arrangements
   • Make memory boxes – these are shallow boxes with one side open to look like a stage. Inside, arrange photos and other special objects which represent the dying person’s life.
   • Write farewell letters
6. Attend and assist with funerals
7. Provide bereavement support for family members
## HIV TREATMENT FAILURE AND HOSPICE

<table>
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<tr>
<th>METHOD</th>
<th>TIME</th>
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<tbody>
<tr>
<td>V.</td>
<td>15’ V.</td>
<td>Exercise</td>
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<tr>
<td>Exercise</td>
<td></td>
<td>Participants share their experiences caring for people who are dying.</td>
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</table>

**References:**
References for this training module, *Supportive Care for People on HIV Treatment*, are listed in the *Overview for Trainers* which precedes Lesson 1.

**ATTITUDE:** Participants will provide hospice care with loving compassion for people dying of HIV

**SKILL:** Participants will educate caregivers how to provide hospice care and also provide direct care themselves

**EVALUATION:** Participants will be able to explain how to provide hospice care for people who have failed HIV treatment. Also, they will be able to explain what caregivers can do to protect themselves from infection with HIV given the close contact of hospice care.

**MATERIALS:** - Newsprint, markers, masking tape

This lesson is used in: HIV
OBJECTIVES: After working through this lesson, participants will be able to:
1. Understand how ART is God’s gift of healing for people living with HIV (PLWH)

OVERVIEW FOR TRAINERS: This lesson covers how God heals through medical care and how ART is God’s gift of healing for PLWH.

<table>
<thead>
<tr>
<th>METHOD</th>
<th>TIME</th>
<th>KNOWLEDGE</th>
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</thead>
<tbody>
<tr>
<td>I. Explore the Different Ways that God Heals through His Grace</td>
<td>5’</td>
<td>A. Different ways that God heals</td>
</tr>
<tr>
<td>I. Explore the Different Ways that God Heals through His Grace</td>
<td>5’</td>
<td>1. Supernaturally or through medical care</td>
</tr>
<tr>
<td>I. Explore the Different Ways that God Heals through His Grace</td>
<td>5’</td>
<td>2. Immediately or over time</td>
</tr>
<tr>
<td>I. Explore the Different Ways that God Heals through His Grace</td>
<td>5’</td>
<td>3. Completely or one part of a disease but not the entire disease</td>
</tr>
<tr>
<td>I. Explore the Different Ways that God Heals through His Grace</td>
<td>5’</td>
<td>4. Prevents or heals complications of disease</td>
</tr>
<tr>
<td>I. Explore the Different Ways that God Heals through His Grace</td>
<td>5’</td>
<td>5. Prevents or heals side effects of medicines</td>
</tr>
<tr>
<td>II. God’s Healing through Medical Care in the Bible</td>
<td>15’</td>
<td>A. How God healed King Hezekiah</td>
</tr>
<tr>
<td>II. God’s Healing through Medical Care in the Bible</td>
<td>15’</td>
<td>1. First, God spoke through the prophet Isaiah to Hezekiah that he was going to die</td>
</tr>
<tr>
<td>II. God’s Healing through Medical Care in the Bible</td>
<td>15’</td>
<td>2. Then, Hezekiah prayed for healing</td>
</tr>
<tr>
<td>II. God’s Healing through Medical Care in the Bible</td>
<td>15’</td>
<td>3. God responded to Hezekiah’s prayers and spoke again through Isaiah to Hezekiah that He would heal him</td>
</tr>
<tr>
<td>II. God’s Healing through Medical Care in the Bible</td>
<td>15’</td>
<td>4. Then, God sent Isaiah to put a poultice of figs on Hezekiah’s wound</td>
</tr>
<tr>
<td>II. God’s Healing through Medical Care in the Bible</td>
<td>15’</td>
<td>5. God healed Hezekiah by using:</td>
</tr>
<tr>
<td>II. God’s Healing through Medical Care in the Bible</td>
<td>15’</td>
<td>• A man, Isaiah – Like medical staff at the clinic</td>
</tr>
<tr>
<td>II. God’s Healing through Medical Care in the Bible</td>
<td>15’</td>
<td>• A poultice of heat and herbal medicine – A treatment like HIV treatment (ART)</td>
</tr>
<tr>
<td>II. God’s Healing through Medical Care in the Bible</td>
<td>15’</td>
<td>6. Like the healing of Hezekiah, God uses medical care and ART to heal PLWH</td>
</tr>
<tr>
<td>III. In HIV, God Heals through Medical Care and ART</td>
<td>20’</td>
<td>A. Why should PLWH accept ART as God’s healing for HIV?</td>
</tr>
<tr>
<td>III. In HIV, God Heals through Medical Care and ART</td>
<td>20’</td>
<td>1. ART is a treatment but not a cure of HIV. PLWH should stay on ART and never stop it thinking God has healed them supernaturally by curing them of HIV.</td>
</tr>
<tr>
<td>III. In HIV, God Heals through Medical Care and ART</td>
<td>20’</td>
<td>2. ART kills HIV in the blood but the virus still hides in the body. To test for the virus where it is hiding requires</td>
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ART AS GOD’S GIFT OF HEALING

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<tr>
<td></td>
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<td>very special tests that are not available or reliable.</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>People who are stable on ART do not show virus in the blood on the viral load test – it looks like the virus is gone and they have been cured</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td>However, if ART is stopped, the virus returns to the blood in full force</td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td>If ART is interrupted, the virus no longer responds to it. The virus becomes resistant to ART. ART will not work if it is restarted at a later date when PLWH are sick and dying.</td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td>This means that people should not stop their ART thinking that God has cured them supernaturally, but accept His gift of healing through ART</td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td>Through ART, God has restored their health, even though they still need to keep taking the medicines</td>
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<tr>
<td>8.</td>
<td></td>
<td>There are many myths about how to treat or cure HIV using ineffective and harmful ways. PLWH should accept ART as the only way to treat HIV.</td>
</tr>
</tbody>
</table>

IV. Vladimir’s story from Russia, ARV Treatment is God’s Mercy to Me!

ARV in the story stands for antiretrovirals, which is the same as antiretroviral treatment (ART). Discuss in small groups:
- Why didn’t he want to take antiretroviral medicines at first?
- How is ARV “God’s mercy” for him?
- How does this story illustrate God’s healing through medical care and ART?

References:
References for this training module, Supportive Care for People on HIV Treatment, are listed in the Overview for Trainers which precedes Lesson 1.

ATTITUDE: Participants are grateful for the grace of God to heal people living with HIV (PLWH) through HIV treatment (ART)

SKILL: Participants will understand how ART is God’s gift of healing for PLWH and encourage them to accept this healing and stay on their ART

EVALUATION: Participants will be able to explain how God heals through medical care and ART

MATERIALS: - Newsprint, markers, masking tape
- Vladimir’s story from Russia, ARV Treatment is God’s Mercy to Me! (next page)

This lesson is used in: HIV
ARV TREATMENT IS GOD’S MERCY TO ME!

INTRODUCTION: This story is adapted from Tearfund.

STORY:
Vladimir grew up in a poor family in Russia, and started using drugs at a young age. Through using non-sterile injecting equipment, he contracted HIV.

Ten years later, Vladimir’s life was dramatically different. He had encountered God powerfully in his life, and had received emotional and practical support from a partner. All this had helped him to break free from drug addiction. He even started leading a church project reaching out to other drugs users.

Vladimir’s faith in God was strong. However, he believed that God would show him mercy by curing him of HIV. He therefore rejected the advice of his friends and doctors to start taking antiretroviral medications (ARVs). Instead, he waited expectantly on the Lord.

One day Vladimir attended a workshop. He heard new facts about the human immune system and learnt more about the way ARVs work. This led to a revelation for Vladimir.

"I understood that ARV treatment is God’s mercy to me!" he says. “This is his plan to provide us with the ability to control HIV so we can live and serve him. When I realized this amazing plan, I cried, and thanked God for the hope that I have had from him, but did not want to believe in.”
BEHAVIORAL PREVENTION STILL VERY IMPORTANT

Date: 03/2016 (45 MINUTES)

OBJECTIVES: After working through this lesson, participants will be able to:
1. Understand why behavioral prevention of HIV is still important even though HIV treatment (ART) prevents transmission
2. Learn ways to prevent HIV through behavioral change

OVERVIEW FOR TRAINERS: This lesson covers behavioral prevention of HIV and why it is still important for Christians to promote even though ART prevents transmission.

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<tr>
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<tr>
<td>Role Play:</td>
<td>10’</td>
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<tr>
<td>A male adolescent talks with a CHE about how to prevent HIV</td>
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<tr>
<td>Young man</td>
<td>I have not yet had sex but I have a new girlfriend and maybe I will start. I do not know her HIV status. I heard at school about HIV and I am afraid of getting it. I heard that infected girls who take their HIV medicines do not pass the virus to their boyfriends. Maybe I should just rely on that to protect me.</td>
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<tr>
<td>CHE</td>
<td>Then you are relying on your girlfriend to take her medicine so that you will be protected. What if she is unreliable and skips her pills? Then you will get infected. A better way to prevent HIV is to live by God’s plan for relationships and marriage. It is very effective.</td>
<td></td>
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<tr>
<td>Young man</td>
<td>What is God’s plan?</td>
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<tr>
<td>CHE</td>
<td>It is waiting until you are married to have sex. And marrying a woman who has also waited and is not already infected with HIV. Then, being faithful to each other for life. This plan will give you the greatest happiness and fulfillment in marriage. You will also please God.</td>
<td></td>
</tr>
<tr>
<td>Young man</td>
<td>I would like to please God and also be happy and fulfilled in life. I am going to ask God to help me to live by His plan.</td>
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----SHOWD questions----

S = What do you _see_?
H = What is _happening_?

I. Christians Still Need to Promote Behavioral Prevention of HIV
   A. Why should Christians still promote behavioral prevention of HIV in the current time of HIV treatment (ART)?
   1. Behavioral prevention of HIV is changing behavior to lower the risk of infection
   2. Even though ART decreases transmission of HIV, the church, CHE programs, and Christian ministries should still promote prevention through behavior change
   3. It will take years for all PLWH to be stable on ART so they are no longer infectious to others
   4. A person should not rely on another person to take ART to protect him or herself
   5. People can catch virus from PLWH who have interrupted their treatment. Their virus has already become resistant to ART available in the community.
### Behavioral Prevention of Sexual Transmission

**A.** What is behavioral prevention of sexual transmission by promoting **ABC**?

**B.** What does **A** stand for in **ABC**?

**C.** What does **B** stand for in **ABC**?

**D.** What does **C** stand for in **ABC**?

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<td>15’</td>
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6. Christians should still promote God’s principles for health and Christian values, including God’s design for marriage as between one adult male and one adult female for life, with sexual relations taking place only within marriage.

7. People who follow God’s plan for marriage will not be infected with HIV.
BEHAVIORAL PREVENTION STILL VERY IMPORTANT

METHOD | TIME | KNOWLEDGE
--- | --- | ---
E. What behavioral prevention of sexual transmission is there in addition to ABC? | | E. Additional behavioral prevention of sexual transmission
1. Preventing and treating sexually transmitted infections other than HIV, such as those that cause open sores like syphilis and herpes
2. Male circumcision at birth or as an adult also helps to prevent HIV

III. Behavioral Prevention of Transmission through Injecting Drug Use

A. How can behavior change prevent the spread of HIV through injecting drugs?

10’  III. Behavioral Prevention of Transmission through Injecting Drug Use

A. Behavior change to prevent the spread of HIV through injecting drugs
1. Another common way HIV is transmitted is through injecting drug use by sharing dirty needles and syringes
2. Christian rehabilitation programs are the best way to prevent transmission, helping people break completely free from addiction
3. CHEs can educate people to avoid sharing needles and syringes
4. Exchange programs that provide clean needles and syringes to injecting drug users in exchange for dirty needles and syringes
5. Opioid substitution programs are a solution in some countries when injecting drug users are started on Methadone by a clinic. However, Christians may not consider this a good solution as it just substitutes addiction to one drug for addiction to another. It does help addicts to better control their states of mind and reduce chaos in their lives.

References:
References for this training module, Supportive Care for People on HIV Treatment, are listed in the Overview for Trainers which precedes Lesson 1.

ATTITUDE: Participants will understand that it is still important to promote God’s plan for behavioral prevention of HIV even though HIV treatment prevents transmission

SKILL: Participants will be able to promote behavioral prevention for HIV

EVALUATION: Participants will be able to explain how people can change their behavior to decrease the risk of HIV infection

MATERIALS: -Newsprint, markers, masking tape

This lesson is used in: HIV
PLAN A CHE SUPPORTIVE CARE PROJECT

Date: 03/2016

OBJECTIVES: After working through this lesson, participants will be able to:
1. Understand what is important in planning a supportive care project for people living with HIV (PLWH), including those on HIV treatment (ART) and those not yet on ART, as well as those who are vulnerable to HIV
2. Plan a project of their own

OVERVIEW FOR TRAINERS: This lesson covers how to plan a CHE supportive care project and gives participants an opportunity to plan their own project.

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<tr>
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<tbody>
<tr>
<td>I. The Opportunity to Plan a CHE Supportive Care Project In this lesson, you will have an opportunity to bring all your learning together and plan a project</td>
<td>5’</td>
<td>I. The Opportunity to Plan a CHE Supportive Care Project</td>
</tr>
<tr>
<td>A. What is a supportive care project? What will happen through a supportive care project?</td>
<td></td>
<td>A. What is a supportive care project?</td>
</tr>
<tr>
<td>B. What impact will a supportive care project have in people’s lives?</td>
<td></td>
<td>B. Impact of a supportive care project</td>
</tr>
<tr>
<td>II. Levels of a Project</td>
<td>5’</td>
<td>II. Levels of a Project</td>
</tr>
<tr>
<td>A. What are the 3 levels at which the project can be conducted? What can be done at each level?</td>
<td></td>
<td>A. The 3 levels at which the project can be conducted</td>
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<tr>
<td></td>
<td></td>
<td>1. Projects can be conducted at the following 3 levels: local; regional; and national (underlined below).</td>
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<tr>
<td></td>
<td></td>
<td>2. It is best to start small on a local level and for a limited time such as for one year. If the project is successful, it can be expanded.</td>
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<td></td>
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<td>3. Local level – A single CHE program may partner with a local clinic</td>
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PLAN A CHE SUPPORTIVE CARE PROJECT

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<tr>
<td>4.</td>
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<tr>
<td>Regional level – A group of CHE programs and churches may partner with a central clinic to serve the entire catchment area of the clinic</td>
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<td>5.</td>
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<tr>
<td>National level –</td>
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<tr>
<td>• CHE programs, churches, and other Christian ministries may join together to conduct a national CHE HIV project in their entire country</td>
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<tr>
<td>• They can partner with all the clinics providing ART in their country to provide national coverage and fill gaps through a network of services</td>
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<td>• A national CHE committee can coordinate efforts and engage churches</td>
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<tr>
<td>• A national CHE training team can train CHEs to serve all over the country</td>
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III. Factors to Consider in Planning a Project

A. What are factors to consider in planning a project?
   Divide into small groups to discuss for 10 minutes. Report back in the large group. Make a list of the factors on large newsprint so participants may refer to it when planning their project in section IV. below

1. Determine what needs there are in the community related to HIV and ART
   • Find out how common HIV is in the project area and how many people are estimated to be infected. National statistics can be obtained from the UNAIDS website. Regional and local statistics can be obtained from the public health department.
   • Find out which clinics in the project area are providing ART, how many patients are receiving it, and where they live

2. Focus on a few core health, social, and spiritual needs and plan services to meet these needs. Plan the following:
   • What will be done in the project
   • How will it be done
   • Who will do it
   • When will it be done
   • Where will it be done
   • What are the Costs
   • What will be the Results

3. Explore how community and church leaders will be involved

4. Consider which clinics and churches the project will partner with
IV. Participants Plan a Project
Divide participants into 4 groups. Each group has 50 minutes to plan a supportive care project. Then each group has 10 minutes to present their project to the large group. Participants decide which project they would like to implement.

V. Conclusion of this Training Module
You have learned a lot in this training module about what you can do to care for people who are living with HIV (PLWH) as well as for those who are vulnerable to HIV. You have thought about how you can take action by planning a project. You may feel God’s calling and a desire to serve PLWH and those who are at risk in your community. Now you can go out to your communities and make a difference to transform people’s lives in Christ!

Give participants a copy of the handout which follows this lesson with factors to consider when planning a supportive care project.
# PLAN A CHE SUPPORTIVE CARE PROJECT

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**References:**
References for this training module, *Supportive Care for People on HIV Treatment*, are listed in the *Overview for Trainers* which precedes Lesson 1.

**ATTITUDE:** Participants will desire to apply all they have learned in this training module by taking action to plan and conduct a supportive care project

**SKILL:** Participants will plan a project for supportive care for people living with HIV (PLWH), including those on HIV treatment (ART) and those not yet on ART, as well as those who are vulnerable to HIV

**EVALUATION:** Participants will be able to explain important factors to consider in planning a supportive care project

**MATERIALS:**
- Newsprint, markers, masking tape
- Handout, Planning a CHE Supportive Care Project for People Who Are Living With or At Risk For HIV/AIDS (follows this lesson)

This lesson is used in: HIV
Planning a CHE Supportive Care Project for People Who Are Living With or At Risk For HIV/AIDS

Factors to Consider in Planning a Project:

- Determine what needs there are in the community related to HIV and ART
  - Find out how common HIV is in the project area and how many people are estimated to be infected. National statistics can be obtained from the UNAIDS website. Regional and local statistics can be obtained from the public health department.
  - Find out which clinics in the project area are providing ART, how many patients are receiving it, and where they live.

- Focus on a few core health, social, and spiritual needs and plan services to meet these needs. Plan the following:
  - What will be done in the project
  - How will it be done
  - Who will do it
  - When will it be done
  - Where will it be done
  - What are the Costs
  - What will be the Results

- Explore how community and church leaders will be involved

- Consider which clinics and churches the project will partner with

- Plan who will lead the project and who will coordinate it

- Determine the roles of the CHE committee, CHE trainers, and CHES

- Plan for what training will be needed and who will do the training

- Map out the steps and a timeline to implement the project

- Consider how the project will be monitored to see if it is meeting the planned objectives

- Estimate what resources will be needed and where they will come from:
  - The project may use only locally available assets and resources
  - Or, the project may decide to raise funds in local communities from individuals, churches, and businesses
  - Or, the project may seek grant funds from the public health department or from local or international Christian organizations

- Envision how the project will transform lives in Christ