Adherence to Treatment for HIV
A Training Curriculum for Peer Educators

Facilitator’s Guide
This curriculum is dedicated to all the peer educators who are reaching out to people living with HIV, with information on positive living and treatment.
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PREFACE

With funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Round IV - the National AIDS Control Organization (NACO) aims to provide Antiretrovirals (ARV) for 1,37,000 people living with HIV/AIDS (PLHA) in India. As part of this program, the Global Fund awarded a grant to an NGO Consortium to complement NACO’s efforts in six HIV high prevalence states by providing care and support services to clients who will be receiving Anti-retroviral therapy (ART). The NGO consortium aims to increase the number of NGO sector providers capable of delivering high quality care and support services in accordance with the National Treatment Guidelines, this will help clients achieve and sustain adherence to treatment for effective antiretroviral therapy. In order to achieve this aim, the NGO consortium supports the program through improving the capacity of existing Indian health care training institutions to provide training and follow-up support to service providers. The NGO consortium is comprised of the Population Foundation of India (PFI), Indian Network for People Living with HIV/AIDS (INP+), EngenderHealth Society (EHS), Confederation of Indian Industry (CII) and Freedom Foundation (FF).

EngenderHealth Society recognizes access to treatment education as one of the key component for improving the quality of life of a person living with HIV. Our work aims to build the confidence and skills of individuals to make small changes in their lives and become key actors in managing and integrating their treatment in their life styles in ways that maximise the overall care and support that these individuals and their families can access. EHS recognizes that people living with HIV are critically important partners and that their meaningful involvement is essential to strengthen prevention, care and support and to remove barriers to access to information and services. We work closely with people living with HIV to assert their rights to health and to be treated with dignity and respect.

EngenderHealth Society also recognizes that adherence to treatment is a life long process requiring on-going support and a variety of skills and strategies to enable clients to overcome the many challenges they may face to continue
treatment effectively. Our work aims to build the capacity of service providers and of grass roots support systems to respond to these needs and to adapt experiences and learning to continue to innovate and improve services for people living with HIV.

This four-day curriculum expresses our commitment to achieve these aims. It engages the peer educators in a meaningful dialogue with their audiences to engender a sense of ownership of their health and their well-being and motivate them to sustain treatment adherence. The curriculum makes complex information understandable and accessible to the audience, and this helps to remove a critical barrier to personal empowerment around what are often perceived to be daunting treatment issues. The curriculum focuses both on individual effort involved in adherence to therapy and self care, as well as on providing guidance on health seeking behavior and ways of accessing support. This curriculum also recognizes the critical role of a person living with HIV in the prevention of further HIV transmission, in preventing the development of ART resistance and in reducing the transmission from parent to children.

The enormous effort of the scientific community to understand the HIV virus and to find a cure for the disease is bringing about rapid changes in the body of knowledge in this field. We hope that these efforts will soon result in a cure for the disease. We are aware that over time new research may make some of the content in this edition outdated or irrelevant. Therefore we encourage the users of this manual to pro-actively complement our materials with technical updates from other sources, as necessary.

We hope that this curriculum will equip the peer educators to support people living with HIV in their efforts to access quality ART services and the necessary care and support that will enhance their quality of life and their right to health.

Jyoti Vajpayee
Country Director
EngenderHealth Society
We acknowledge with gratitude Andrew Levack, EngenderHealth primary writer of the manual assisted by Dr. Vijayabhaskar Reddy Kandula and Geetha Venugopal. Our special appreciations are due to Charlotte Storti for her detailed editorial review of the English version of the curriculum.

The manual follows National AIDS Control Organization (NACO) and World Health Organization (WHO) guidelines on HIV treatment and its contents are adapted from WHO’s Integrated Management of Adult Illnesses for HIV Treatment - WHO Basic ART Clinical Training Course 2004. We acknowledge WHO for allowing us to adapt the IMAI Manual and their continued support during the curriculum development process.

We thank Family Health International for allowing us to use concepts and illustrations from the ‘ART Basics Flip Chart’ and ‘ART Side Effects Flip Chart’ developed by them. We thank the International Training and Education Centre on HIV (ITECH) for allowing us to use concepts and illustrations from their brochures ‘Tips for ART Adherence’ and ‘HIV and ART’ in some sessions.

A series of three consultative workshops were conducted for assessing training needs in August 2005 by EngenderHealth Society in consultation with Anjali Gopalan and her team from Naz Foundation, we acknowledge their contribution in content development. We appreciate the participation and inputs of representatives from Tamilnadu State AIDS Control Society (TNSACS), Karnataka State AIDS Control Society (KSACS), Andhra Pradesh State AIDS Control Society (APSACS), Maharashtra State AIDS Control Society (MSACS), Nagaland State AIDS Control Society (NSACS), Manipur State AIDS Control Society (MSACS), Mumbai Districts AIDS Control Societies (MDACS) and NGOs from the GFATM ACT project states in content development.

EngenderHealth Society gratefully acknowledges the contribution of the partner organizations of Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)
Round IV NGO consortium: Indian Network for People Living with HIV/AIDS (INP+), Population Foundation of India (PFI), Confederation of Indian Industry (CII) and Freedom Foundation for their assistance in content development and pre-testing of the manual. Our special thanks to all the members of the State and District Level Networks of people living with HIV of INP+ from Maharashtra, Tamil Nadu, Andhra Pradesh, Karnataka, Nagaland and Manipur, for participating in the content development, pilot testing of the manual and master peer educators training and for providing valuable feedback.

We thank the National AIDS Control Organization (NACO), World Health Organization (WHO) India office, Centres for Disease Control (CDC), India office, International Training and Education Centre on HIV (ITECH), India and the NGO Consortium partners for being an active part of the Technical Advisory Group for the curriculum development and for critically reviewing the curriculum.

A number of EngenderHealth Society staff and consultants have contributed to the research, concept, writing, development, translation and production of this curriculum. We appreciate their substantial contribution and special thanks to Dr. Vijayabhaskar Reddy Kandula, Geetha Venugopal, Vaibhavi Bhalekar, Chandramouli Peyyala, Dr. Sethuramashankaran, Thepuphi Kapuh, Meenu Ratnani and Shishir Seth for their contribution to this manual. We are grateful to Dr. Jyoti Mehra and Susmita Das for providing overall guidance and support throughout the process. We thank Dr. Jyoti Vajpayee, Country Director for her leadership and guidance in this endeavour.

We are thankful to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Round IV Access to Care and Treatment (ACT) project for providing financial support to this pioneering initiative.

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<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>ART</td>
<td>Antiretroviral therapy</td>
</tr>
<tr>
<td>CD4</td>
<td>A type of white blood cell used to monitor HIV disease state</td>
</tr>
<tr>
<td>GFATM</td>
<td>Global Fund to Fight AIDS, Tuberculosis, and Malaria</td>
</tr>
<tr>
<td>IVDU</td>
<td>Intravenous drug user</td>
</tr>
<tr>
<td>MSM</td>
<td>Men having sex with men</td>
</tr>
<tr>
<td>NNRTI</td>
<td>Non-nucleoside reverse transcriptase inhibitor</td>
</tr>
<tr>
<td>NRTI</td>
<td>Nucleoside reverse transcriptase inhibitor</td>
</tr>
<tr>
<td>PLHA</td>
<td>People Living with HIV/AIDS</td>
</tr>
<tr>
<td>PPTCT</td>
<td>Prevention of parent-to-child transmission</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually transmitted infection</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
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</table>
Adherence to Treatment for HIV - A Curriculum for Peer Educators has been developed for training people living with HIV/AIDS as peer treatment educators and build their capacity to reach out to their peers with information on living healthy with HIV, with a special focus on antiretroviral therapy (ART), adherence to ART, positive living and prevention among HIV positive people. “HIV Treatment Education” empowers people living with HIV/AIDS by making them understand the role of ART in leading a healthy life so they can adhere successfully to their ART regimen and follow-up visits to clinic and laboratory. This prevents development of resistance by HIV virus against ART and ensures success of antiretroviral therapy both for the individual and for the national ART roll out program.

The peer educators can use the knowledge and skills that they gain from this training to educate their peers, either through informal one-on-one or through small group contacts. The basic premise behind peer education is that people living with HIV are more likely to listen to and be influenced by others living with the same condition.

Written in a simple, non-technical language, this curriculum can be used with people in a training setting of groups of 15-25 participants. The training curriculum has been designed in such a way so as to provide ample opportunities for participants to interact in a supportive environment through a variety of exercises and activities. The curriculum can be used as a whole or in parts, but for sake of completeness and to ensure quality of peer education it is crucial that all the sessions be covered adequately and the suggested duration for each session adhered to.

The peer educator’s curriculum consists of a ‘Facilitator Guide’ and a ‘Participant Manual’. The facilitator’s should refer to both the Facilitator Guide and the Participant Manual. A copy of the Participant Manual should be given to participants in the training.
The Facilitator Guide consists of:

- Trainer’s Notes: provides instructions for the facilitator on how to conduct the sessions.
- Trainer’s Resources: provides important technical information that the trainer will need to refer to before or during sessions

The Participant Manual consists of:

- Handouts: contain important technical information for the participants to use as they participate in the sessions and also for them to refer to later.
- Participant’s Resources: contains important information about the topics that are covered in the training program.

The facilitator should tell the participants in advance on the first day, that they would need to refer to the manual when asked to do so. Facilitators must emphasize to the participants that most activities require that participants, while answering questions posed by the facilitator, speak from their personal experiences. This makes the interaction and discussion lively and ensures learning of new facts.

ABOUT THE FACILITATOR GUIDE

The Facilitator Guide is organized into sections coinciding with the four-day training program. Each day focuses on one or more specific themes mentioned in the manual as ‘Sections’. The sections are linked to one another so as to make a logical sequence. Each section consists of a series of ‘Sessions’ that cover different aspects of the section’s theme. Each session begins with objectives followed by suggested time allotted for that session, instruction on preparation to conduct the session and then detailed step-by-step instructions for the facilitators to conduct the session. In most sessions, the
themes are explored through one or more activities. The methodology and the activities in the curriculum are simple, but if need arises each session can be modified as per the facilitator's discretion depending on the time and number of participants. Facilitators are also encouraged to use energizers in between sessions to keep the participants alert and cheer them up.

The sessions in the curriculum have been designed so that a team of two to three facilitators works together, to ensure that the sequence of activities are logical and the transition between them smooth. Working in teams reduces stage fear and performance anxiety that is inherent to the nature of job thus allowing trainers to deliver the messages in a more relaxed manner. The facilitating team members should plan well in advance for conducting each session and assign responsibilities for handling specific tasks for each session. However, they should feel free to be creative and flexible and be prepared to improvise in the event there are unexpected constraints of time, resources or other limiting factors.

Facilitators should note that the training is designed at a pace that is conducive for participant comfort with smooth transitions from one section of the agenda to the next, summarizing what has been learnt, reminding participants of where they are with respect to the agenda and the learning objectives, followed by an introduction and the rationale for the subsequent section. Facilitators should ensure that the participants are engaged, checking in with them frequently before and at the end of the sessions to determine their understanding of the subjects and the task at hand and making sure their questions are answered or documented for later attention.

*The Facilitator Guide contains only the Trainer's Notes and Resources. It does not contain the handouts so the facilitator needs to refer the Participant Manual throughout the training. Along with the Guide, the facilitators should read all the handouts in the participant manual well in advance and become very familiar with the technical content and the training methodology.*
How to use the facilitator guide

The Schedule at the beginning of each day is intended to give at-a-glance information on the activities for the day. It also lists all the materials that will be required to conduct these activities, so that the trainers can keep them ready at the beginning of the day. The recommended time for each activity is also mentioned this will help them to plan the day better.

**SCHEDULE FOR DAY 1**

<table>
<thead>
<tr>
<th>Session Title and Estimated time</th>
<th>Methodology</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Introduction (1 hour)</td>
<td>Lecture</td>
<td>Cards with pictures</td>
</tr>
<tr>
<td>1.2 Orientation to HIV Treatment Initiative (30 minutes)</td>
<td>Lecture, Powerpoint, discussion, review agenda, ground rules</td>
<td>Agenda printed on flip chart, handouts, marker pens, clip, flip charts, pens, questionnaires</td>
</tr>
<tr>
<td>BREAK (15 minutes)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3 Experiential Learning (30 minutes)</td>
<td>Group discussion</td>
<td>Flip chart with graphs</td>
</tr>
<tr>
<td>1.4 HIV Basics (1 hour)</td>
<td>Questions &amp; answers and Time / Kill inner game</td>
<td>Tapes, string, chalk, handouts</td>
</tr>
<tr>
<td>LUNCH (1 hour)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Energiser Activity (15 minutes)</td>
<td>To be determined by training team</td>
<td></td>
</tr>
<tr>
<td>1.5 Antiretroviral Treatment (1 hour; 30 minutes)</td>
<td>Individual, discussion, picture charts, group work on advantages and disadvantages of ART</td>
<td>Flip charts, marker pens, handouts</td>
</tr>
<tr>
<td>BREAK (15 minutes)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.6 Antiretroviral Specifics (1 hour)</td>
<td>Discussion picture charts, design practice scenarios for workshop</td>
<td>Flip charts with pictures, 1 handout containing 12 scenarios based on treatment chart</td>
</tr>
<tr>
<td>Reflection on Day One (15 minutes)</td>
<td>Seminar style and Multi / White</td>
<td>Flip charts markers</td>
</tr>
</tbody>
</table>

**Trainer’s Notes**

The Training Notes provided for each session lays out instructions for the facilitators on how to conduct the session. Each session begins by listing the objectives for that session. The facilitators should clearly spell out the objectives by requesting one of the participants to volunteer and read them out to the whole group at the start of each session. At the end of the session after summarizing the key information for that session the facilitator should refer back...
to the objectives and ensure that the objectives for that session have been achieved. Many sessions have more than one activity.

In order to make the training process interesting and interactive, a variety of methodologies-such as games, discussions and case studies-have been used to convey the messages. The methodology used for a particular activity is listed at the beginning of the activity, as is the estimated time and materials that will be required to conduct the various activities.

The steps give detailed, step-by-step instructions on how to conduct the activity. It includes questions that need to be asked, the key points for the particular discussion and suggestions for summing up the sessions.

Certain visual cues have been provided to make it easy to read and follow the training instructions. These cues are explained below.

This symbol indicates the time required to conduct the session

This symbol indicates the steps in conducting the session
Then read out this definition:

"A Peer Educator is a person living with HIV who has adequate knowledge of HIV and its treatment. The Peer Educator will assist people living with HIV by providing ART treatment education and psychological support to those on ART and to their families and caregivers, help PMA cope with side effects, and facilitate timely access to health care services, thus ensuring adherence to ART."

3. Then ask: "What is the role of a Peer Educator?" Write the responses on the flip chart. Highlight those responses that cover any of the points mentioned below.

A Peer Educator’s main roles are to:

- Provide information and education regarding ART, side effects, and the importance of adherence.
- Provide psychosocial support to people living with HIV on ART treatments.
- Assist and facilitate the people living with HIV in adhering to treatment.
- Refer people to appropriate services within the district and outside it.
- Organize and coordinate treatment support groups.

4. Explain that the essential criteria for a treatment peer educator are:

- Willingness to disclose their status to people living with HIV and their family.
- Good communication skills.
- Convenient in local language.
- Basic record keeping skills.

Steps

1. Ask the group if they have ever heard the term "CD4 count." Allow any volunteers to explain how they understand it and correct any misinformation. Tell them we will explain this in more detail in a moment.

CD4 cells are white blood cells that play important roles in the immune system. Doctors use a test that counts the number of CD4 cells in a cubic millimeter of blood. A normal count in a healthy, HIV-negative adult can vary but is usually between 600 and 1200 CD4 cells/mm³. It is useful to have your CD4 count measured regularly for two reasons:

- To monitor your immune system and help you decide whether and when to take ART and treatments to prevent infections.
- To help monitor the effectiveness of any ART you are taking.

2. Ask the group if they have ever heard of the term "viral load." Allow any volunteers to explain how they understand it and correct any misinformation. Explain that we will explain this in more detail in a moment.

Viral load is the term used to describe the amount of HIV in your blood. The more HIV in your blood, the fewer you have CD4 cells.

3. Explain that a person’s CD4 count and viral load are crucial indicators of the condition of a person’s immune system and how far along a person’s HIV infection has progressed. Doctors use this information to help determine when a person needs to begin ART. Doctors also use this to monitor how a person is responding to ART.
Trainer’s Resource

Based on the theme, some sessions have Trainer’s resources to complement the Trainer’s Notes. The trainer’s resource will help to guide the facilitator in preparing for the session and to put the content in context. The trainer/facilitator should be familiar with these resources and should therefore review ahead of time. The trainers may need to refer to these resources while conducting some sessions.

Trainer’s resources have role-play scenarios or case studies given in the following format, the facilitators can photocopy this pages, cut and paste the relevant box on a card. This can be distributed to groups or used as a reference for scenarios / questions / statements for the training.
SECTION 2

HIV AND ANTIRETROVIRAL TREATMENT

SESSION 2.1: HIV BASICS

Trainer's resource 'A'

What is HIV?

HIV stands for Human Immunodeficiency Virus. This virus attacks the body's immune system, which protects the body against illness. HIV infects only humans.

What is AIDS?

AIDS stands for Acquired Immune Deficiency Syndrome. Becoming infected with HIV leads to a weakened immune system. This makes a person who has HIV vulnerable to a group of illnesses that a person who does not have HIV probably would not get.

What is the difference between HIV and AIDS?

A person infected with HIV may remain healthy for several years with no physical signs or symptoms of infection. A person with the virus but no symptoms is a person living with HIV or HIV-positive.

After a person has been infected with HIV for a period of time (often many years), symptoms caused by the virus begin to develop. At this stage, people with HIV are likely to develop opportunistic infections. "AIDS" is a clinical definition associated with HIV-positive people suffering from one or a number of specific infections, including tuberculosis, rare cancers, and eye, skin, and nervous system conditions.

SESSION 3.3: ADHERENCE CASE STUDIES

Trainer's resource 'A': Adherence Case Studies

Case Study 1:

Satish, a person living with HIV on regular ARV medication

In 1999, when he was first diagnosed with HIV, Satish came in contact with a doctor working in Chennai. At that time, ART was not available in the country, but Satish learned a lot about it from him.

In 2002 his condition started deteriorating and he started getting more symptoms such as skin infections, weight loss, and diarrhea. He approached an NGO and after some time, including a CDH counsellor, he was put on ART. Once on ART he needed to attend a daily ART and achieve good through different training that he attended.

Satish had a lot of side effects in the first two months. But he had an extremely involved doctor who took time to explain things to him. This same doctor even provided home-based care for him. He also served as a counsellor, helping him with emotional problems and helping Satish break his status to his wife.

Satish understands that ART is not a permanent solution. He says it is good to wait as long as possible before starting ART, since there is no second line of drugs available. He faces resistance due to this reason. He has an extremely supportive and involved family who convinces him to take medicine on time, including his children.

Discussion Questions

- What factors have helped Satish adhere to his medication?
- How has Satish's doctor played a critical role?
- Why did the doctor encourage Satish to disclose his status to his wife?
Using flip charts

To aid learning, the use of flip charts is strongly recommended for this training. Write in separate sheets of a flip chart in a neat and legible handwriting - session heading, objectives of each section, important points for discussions and the summary or concluding points of each sessions. This will keep the flow of the training smooth and help the facilitator in providing complete information.

ABOUT THE PARTICIPANT’S MANUAL

The participant’s manual complements the Facilitator’s guide and its sections correspond to the sections detailed in the Facilitators guide. For the participants, the manual functions as a workbook during the training and as a reference after the training. Participant’s manual contains all the essential learning points that is required to understand HIV treatment and adherence. It includes simplified visual representation of medical information in the form of pictures charts and graphs from the curriculum. Participants who complete the training will receive the copy of the participant manual. Although the curriculum is designed to provide complete information about HIV treatment, participants are encouraged to seek more knowledge of the subject and update their information.

How to use a participant’s manual

Participant’s manual is organized as handouts and participants resources.

1. Handouts contain information to be used in the process of the workshop for group discussion and group learning. Handouts are to be used as per the instruction in the peer educators manual.

2. Participant’s resource contains information, which is imparted in the training program. It has been presented either in a question and answer format or listed as bullet points for easy learning and recall.
**SECTION 1**

**SESSION 1.1 ORIENTATION TO HIV TREATMENT INITIATIVE**

1. **“Who is a Peer Educator?”**

   A Peer Educator is a person living with HIV who has adequate knowledge of HIV and its treatment. The Peer Educator will assist people living with HIV by providing ART treatment education and psychological support to those on ART and to their families and caregivers, help PLHIV cope with side effects, and facilitate timely access to health care services, thus ensuring adherence to ART.

2. **“What is the role of a Peer Educator?”**

   A Peer Educator’s main roles are to:
   - Provide information and education regarding ART, side effects, and the importance of adherence.
   - Provide psychosocial support to people living with HIV on ART treatment.
   - Assist and facilitate people living with HIV in adhering to treatment.
   - Refer people to appropriate services within the district and outside it.
   - Organize and coordinate treatment support groups.

**SECTION 4**

**PREVENTION PRACTICES FOR PLHIV**

**SESSION 4.1 PREVENTION OF PARENT-TO-CHILD TRANSMISSION**

Handout 1: Reducing Parent-to-Child Transmission

Diagram 1: No needle and breastfeeding = 30-45% HIV transmission rate

Diagram 2: No needle and bottle-feeding = 25-30% HIV transmission rate
# Schedule for Day 1

**Day One: Introduction, Basics of HIV/AIDS and Antiretroviral Treatment**

<table>
<thead>
<tr>
<th>Session Title and Estimated time</th>
<th>Methodology</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Introductions (30 minutes)</td>
<td>Game</td>
<td>Cards with pictures</td>
</tr>
<tr>
<td>1.2 Orientation to HIV Treatment Initiative (30 minutes)</td>
<td>Lecture, brainstorm expectations, review agenda, ground rules</td>
<td>Agenda printed on flip chart/handouts, marker pens, blank flip charts, pre test questionnaire</td>
</tr>
<tr>
<td>BREAK (15 minutes)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3 Experiential Learning (30 minutes)</td>
<td>Group discussion</td>
<td>Flip chart with graphs</td>
</tr>
<tr>
<td>2.1 HIV Basics (1 hour)</td>
<td>Question &amp; answers and True / false river game</td>
<td>Tape, string, chalk, handouts</td>
</tr>
<tr>
<td>LUNCH (1 hour)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Energizer Activity (15 minutes)</td>
<td>To be determined by training team</td>
<td></td>
</tr>
<tr>
<td>2.2 Antiretroviral Treatment (1 hour, 30 minutes)</td>
<td>Brainstorm, discuss picture charts, group work on advantages and disadvantages of ART</td>
<td>Flip charts, marker pens, handouts</td>
</tr>
<tr>
<td>BREAK (15 minutes)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.3 Antiretroviral Specifics (1 hour)</td>
<td>Discuss picture charts, assign practice regimens for workshop</td>
<td>Flip charts with pictures, 1 packet containing 12 candies per participant based on treatment card</td>
</tr>
<tr>
<td>Reflection on Day One (15 minutes)</td>
<td>Sentence stems and Plus / Delta</td>
<td>Flip charts, markers</td>
</tr>
</tbody>
</table>
SESSION 1.1: INTRODUCTIONS

Trainer’s notes

Objectives

• To learn more about the participants in the workshop.
• To explain the training to the participants.

Methodology

Game

Recommended Time

30 minutes

Materials

• Sheets of A4 paper cut in half, with the same picture or symbol provided on both halves.
• Facilitator’s guide session 10.2: Trainer’s resource ‘C’ pre/post test questionnaire enough copies made according to number of participants.

Steps

1. Before the session, prepare sets of A4 sheets, cut in half, with the same picture or symbol provided on both halves. The images could include a flower, the sun, the moon, a tree, an animal.

2. Hand out one of the images to each participant. Explain that their task is to find the other person with the same image as the one they received.
3. Once they have found their match, explain that each participant will be responsible for sharing three pieces of information about their partner.

4. Allow five minutes for participants to introduce themselves and share information.

5. Ask participants to rejoin the group and make a circle. Then go around the circle, allowing each pair of participants to introduce each other to the larger group.

6. Explaining that everyone in the room now knows at least one person much better.

**By the end of the workshop we hope everyone in the group will know each other, so that we can continue to support each other in the important work that we do.**

7. Extend welcome to the participants, introduce the workshop, duration of each day of the workshop, logistics arrangements including breaks during the day, food, location of toilets.

8. Invite volunteer from the participants and assign the task of noting ‘reflections’ from the participant at the end of each day of the workshop. Also ensure that volunteers are assigned the role of recaping the previous days sessions at the beginning of each day. Inform that this is applicable to all the days of the workshop.

9. Distribute the pre test questionnaire (session 10.2, Trainer’s resource ‘C’) and ask participants to fill it.

*Refer ‘Session 10.1: Reflection on the Workshop’ to conduct the reflection of each day which is under the Section 10 ‘Closing’.***
SESSION 1.2: ORIENTATION TO HIV TREATMENT INITIATIVE

Trainer’s notes

Objectives

• To understand the larger training initiative that guides this workshop.
• To understand the role of a peer educator.
• To identify participant expectations from the workshop.
• To review the agenda.
• To establish ground rules.

Methodology

Lecture, brainstorm expectations, review agenda, ground rules

Recommended Time

60 minutes

Materials

• Participant’s manual Session 1.2, Handout ‘A’: Orientation to HIV treatment initiative.
• Copy of the agenda on flip chart or provided as a handout.

Steps

Activity A

20 minutes

1. Start by explaining that the Government of India through the National AIDS Control Organization (NACO) has several programs for HIV/AIDS and one of them is providing ARV treatment for people living with HIV. Use information in Session 1.2. Handout A.
2. Ask the participants “How does ART help in controlling the HIV epidemic?” Write their responses and when participants have exhausted their inputs the facilitator summarizes the key points. Use information from Session 1.2. Handout A.

3. Now ask the group to brainstorm the Factors that support the national ART Rollout and Challenges for scaling up ART. Write responses on chart and facilitate brief discussions on the response. Use information from Session 1.2. Handout A.

4. Explain that all the service providers; doctors, nurses, pharmacists, field workers, counselor and Peer Educators (people living with HIV) need to work as a team to make HIV treatment with ART a success.

5. Conclude the activity with

“This is where Peer Educators can play an important role in making this national initiative a success. This training is an effort towards building human capacity to provide HIV treatment and offer support to HIV positive people”.

Activity B

20 minutes

1. Explain the role of Peer Educators. Explain that the participants will be trained on the role that they can play in providing support to their peers who are living with HIV and accessing antiretroviral therapy.

2. Start by asking the audience: “Who is a Peer Educator?” Write the responses on the flip chart.
Then read out this definition:

“A Peer Educator is a person living with HIV who has adequate knowledge of HIV and its treatment. The Peer Educator will assist people living with HIV by providing ART treatment education and psychological support to those on ART and to their families and caregivers, help PLHA cope with side effects, and facilitate timely access to health care services, thus ensuring adherence to ART.”

3. Then ask: “What is the role of a Peer Educator?” Write the responses on the flip chart. Highlight those responses that cover any of the points mentioned below.

A Peer Educator’s main roles are to:

• Provide information and education regarding ART, side effects, and the importance of adherence.
• Provide psychosocial support to people living with HIV on ART treatment.
• Assist and facilitate the people living with HIV in adhering to treatment.
• Refer people to appropriate services within the district and outside it.
• Organize and coordinate treatment support groups.

4. Explain that the essential criteria for a treatment peer educator are

• Willingness to disclose their status to people living with HIV and their family.
• Good communication skills.
• Conversant in local language.
• Basic record keeping skills.
5. Conclude that these will be discussed in greater detail through the next few days and that participants will have a chance to learn and apply the skills during this training. Remind the participants that Peer Educators are not expected to prescribe ART medicine or provide medical advice for people living with HIV. Only a doctor can treat HIV and prescribe ART.

Activity C

10 minutes

1. Ask the group to share the expectations they have for this training. Write their responses on a flip chart. After getting their responses, review the list and mention which issues will be covered in the workshop and which issues will not. Explain that the issues covered in this workshop were developed through a consultative process involving health care providers, counselors, and PLHA from all the regions of the project. Show the 4-day agenda to the participants and review it with them.

Activity D

10 minutes

1. Ask the group to think about what ground rules will be needed over the 4-day period as we embark on this agenda. Write the group’s responses on the board. Be sure to refer back to the ground rules whenever there are challenges in managing the group: for example, when people come late to a session, interrupt the facilitator frequently, speak out of turn, do not allow others to give their opinion, do not participate in group activity and do not share their views.
SESSON 1.3 : EXPERIENTIAL LEARNING

Trainer’s notes

Objectives

• To understand basic principles of participatory learning.

• To identify how participatory learning will be used in this workshop and in future training of peer educators.

Methodology

Group discussion

Recommended Time

30 minutes

Materials

• Flip chart with the following question:

  Think of a time when you had a positive learning experience (inside or outside a classroom). What factors helped you learn?

• Flip chart with the learning graph from the Participant’s Manual Session 1.3—Handout ‘A’ : The ways we learn.

Steps

1. Explain that before we start the workshop, we want to reflect on how training participants learn most effectively.

2. Divide the participants into small groups of four. Ask the small groups to consider the question on the flip chart and discuss it with each other for approximately 10 minutes.
3. Afterwards, bring the group back together in a large circle. **Ask participants from the different groups to share factors that contributed to a positive learning environment.** Make sure that all the different groups get a chance to share their answers by allowing each small group to alternate in providing one answer at a time.

4. Review the list and make a note of any comments that were based on people learning based on their experiences or “learning by doing.”

5. Explain that studies have found that

**People tend to learn best when they can apply their learning to their own world and own life experiences.**

Therefore, this workshop is designed in a very participatory manner in which people reflect on their own life experiences and apply them to their work. This approach is especially important in this workshop, where a lot of you have very personal experiences and knowledge of issues related to HIV/AIDS. We want to build on that experience.

6. Note that even this activity is an example of experiential learning! We are asking you to think about how you have learned in the past and apply it to how you will help others learn in the future.

7. Finish the session by showing a flip chart with a graph as portrayed in Handout ‘A’, showing the relative effectiveness of different ways to learn.
Summarize the results as follows:

**We Learn**

- 20% of what we...read
- 40% of what we...hear
- 60% of what we...see
- 80% of what we...discuss
- 100% of what we...do

You might also cite the following well-known proverb in discussing this point:

“I hear and I forget. I see and I remember. I do and I understand.”

8. Conclude the session by explaining that a lot of this workshop will be based on seeing things, discussing things, and doing things. So let’s get started!
SESSION 2.1 : HIV BASICS

Trainer’s notes

Objectives

- To understand the extent of the HIV/AIDS epidemic globally and in India.
- To understand how HIV impacts the immune system.
- To understand the routes of transmission of HIV.

Methodology

Question & Answers, True river and false river game

Recommended Time

60 minutes

Materials

- Participant’s manual, Session 2.1—Handout ‘A’ : The Global HIV/AIDS Epidemic
- Participant’s manual, Session 2.1—Handout ‘B’ : Routes of HIV Transmission
- Facilitator’s guide, Session 2.1—Trainer’s resource ‘B’ : HIV/AIDS true river and false river
- Tape, string, or chalk

Steps

1. Begin by ensuring that everyone in the group has some basic knowledge about HIV and AIDS. To do this, Ask the questions provided in the Trainer’s Resource 2.1 on the following page. As the participants provide their answers, make sure to clarify any misconceptions they have.
2. During the discussion, pass out Handouts A and B so that the participants can refer to the information on the global AIDS epidemic and HIV transmission.

3. After, explain that we will be doing an activity to clarify misconceptions about HIV and AIDS. Using string, chalk, or tape, draw two rivers down the middle of the room. Ask participants to stand in a single line between the two rivers. Explain that they are standing on a bank between two rivers. The river to their right-hand side is the True River. The river on the left-hand side is the False River. Explain that you will read a series of statements about HIV: If they believe the statement is true they should stand in the True River; If they believe the statement is false they should stand in the False River. Consult Trainer’s resource B in session 2.1 for the statements and their responses.

Facilitator’s Note

*If you are running short on time, you can limit the number of statements you use in the True River, False River game.*
SESSION 2.1 : HIV BASICS

Trainer’s resource ‘A’

What is HIV?

HIV stands for Human Immunodeficiency Virus. This virus attacks the body’s immune system, which protects the body against illness. HIV infects only humans.

What is AIDS?

AIDS stands for Acquired Immune Deficiency Syndrome. Becoming infected with HIV leads to a weakened immune system. This makes a person who has HIV vulnerable to a group of illnesses that a person who does not have HIV probably would not get.

What is the difference between HIV and AIDS?

A person infected with HIV may remain healthy for several years with no physical signs or symptoms of infection. A person with the virus but no symptoms is ‘A person living with HIV’ or ‘HIV-positive’.

After a person has been infected with HIV for a period of time (often many years), symptoms caused by the virus begin to develop. At this stage, people with HIV are likely to develop opportunistic infections. “AIDS” is a clinical definition associated with HIV-Positive people suffering from one or a number of specific infections, including tuberculosis, rare cancers, and eye, skin, and nervous system conditions.
Where does HIV come from?

Nobody knows where HIV came from, exactly how it works, or how to cure it. When HIV first appeared in each country, people blamed HIV on certain communities. Often, people think the fault lies with people from “other places” or those who look and behave “differently.” This leads to problems of blame and prejudice. It also means that many people believe that only people in those groups are at risk for HIV infection and that “it can’t happen to me.” Confusion about where HIV comes from and whom it affects also makes many people willing to deny that it even exists.

How many people are infected with HIV in the world and in India?

UNAIDS estimates that in 2005 there were 4.03 crores* people living in the world with HIV. NACO estimates that in India there are 53 lakhs* people living with HIV.

How is HIV transmitted?

Getting infected with HIV does not happen as easily as getting measles or influenza. For example, viruses like measles and influenza are transmitted by air, when having social contacts with infected people. HIV needs “transport” to get into the body of a person. This “transport” can be blood, semen, vaginal fluid, or breast milk. As a consequence, the virus can be transmitted through the following:

- Unprotected sexual intercourse
- Transfusion with blood or blood products
- Using shared unsterile needles, syringes and cutting objects
- From a mother who is HIV-positive to her baby during pregnancy, delivery or breast feeding

* 4.03 crores = 40.3 million
* 53 lakhs = 5.3 million
Section 2

Important

The presence of sexually transmitted infections (discharge, ulcers) increases the risk of acquiring and transmitting HIV. This is because people with a sexually transmitted infection have a higher concentration of HIV in the genital mucosa and/ or because the entry of the virus is facilitated due to the presence of lesions in the mucosa.

How HIV is not transmitted

HIV is NOT transmitted by:

- Other body fluids like tears, saliva, sweat, and urine
- Personal contacts: kisses on the mouth, hugging, shaking hands
- Social contacts: during work, in school, at a cinema, theatre, restaurant, or sauna
- Air or water: sneezing, coughing, swimming pool/ponds, swimming in the sea
- Objects: pens, toilets, towels, sheets, soap
- Insects: mosquito bites or other insects
SESSION 2.1: HIV BASICS

Trainer’s resource ‘B’

HIV and AIDS: True River and False River

1. **You can become infected with HIV from mosquito bites.** - FALSE

   It has been proven that HIV cannot be transmitted this way.

2. **Anal sex is the riskiest form of sexual contact.** - TRUE

   Anal sex carries a higher risk of HIV transmission than other types of sexual contact. During anal sex, the penis can tear the mucous membrane of the anus, which provides the virus with an entry point into the bloodstream.

3. **People can become infected with HIV if they perform oral sex on a man.** - TRUE

   HIV is present in the semen of infected men. Therefore, HIV may be transmitted if semen enters the person’s mouth. A man can reduce the risk of transmitting HIV by wearing a condom and ensuring that no semen enters his partner’s mouth.

4. **When used correctly, condoms can protect men and women from becoming infected with HIV.** - TRUE

   Latex condoms are the most effective way of preventing HIV and other sexually transmitted infections (STI).
5. **Special medicines can cure HIV infection.** - **FALSE**

Currently, there is no cure or vaccine for HIV infection. However, there are drugs that can slow down the production of the virus in a person living with HIV. There are also drugs that help prevent or cure certain opportunistic infections caused by HIV.

6. **HIV is a disease that affects only sex workers and homosexuals.** - **FALSE**

Anyone can become infected with HIV. A person's risk for HIV is not related to the type of person he or she is, but rather the behavior he or she engages in.

7. **If you stay with only one partner, you cannot become infected with HIV.** - **FALSE**

Individuals who are faithful to their partner may still be at risk for HIV if their partner engages in sexual activity or sharing needles with other people.

8. **People with STI are at higher risk for becoming HIV-infected than people who do not have STI.** - **TRUE**

STI - sexually transmitted infections in the genital area provide HIV with an easy way to enter the bloodstream.

9. **A man can be cured of HIV by having sex with a girl who is a virgin.** - **FALSE**

Some people believe this misconception, but it is not true. Virgins do not have any power to heal HIV-infected individuals. There is no way to cure HIV once a person is infected.
10. You cannot contract HIV simply by living in the same house as someone who has the disease. - TRUE

Living in the same house with someone who is HIV positive does not put those in contact with him or her at risk; HIV is not transmitted through casual contacts within a household.

11. You can always tell if a person has HIV by his or her appearance. - FALSE

Most people who become infected with HIV do not show any signs of illness for years. However, the virus remains in their body and can be passed on to other people. People living with HIV usually look ill when they are suffering from opportunistic infections.

12. Traditional healers can cure HIV. - FALSE

Over the years, many traditional healers have claimed to be able to cure AIDS. To this day, no treatments done by healers have proven to cure HIV infection. People living with HIV often feel better and seem to recover a little after taking ineffective treatments just because they have the hope of a longer life. Unfortunately, there is no cure at the moment for HIV infection.

13. HIV can be transmitted from one person to another when they share needles while using drugs. - TRUE

Sharing needles during injection drug use carries a very high risk of HIV transmission. Infected blood is easily passed from one person to another via an infected needle or other equipment used to prepare or inject drugs.
SESSION 2.2 : ANTIRETROVIRAL TREATMENT

Trainer’s notes

Objectives

• To understand how ART delays the progression of HIV infection.
• To consider the advantages and challenges of ART.
• To understand the implications of ART in combating the HIV/AIDS epidemic.

Methodology

Brainstorm, discuss picture charts, group work on advantages and disadvantages of ART

Recommended Time

90 minutes

Materials

• Flip chart and markers
• Participant’s Manual Session 2.2—Handout ‘A’ : Antiretroviral Treatment
• Flip chart on advantages of ART
• Flip chart on challenges of ART

Steps

1. Explain that we now have basic information about HIV and want to talk more about how HIV-positive people can stay healthy. Ask the group to brainstorm a list of behaviours that HIV-positive people can adopt that will help them live longer.
The list may include the following:

- Eat well
- Get plenty of rest
- Stop smoking and drinking alcohol
- Exercise
- Keep a positive mental attitude
- Start taking antiretroviral drugs when needed

2. Review the list and circle any of the comments that involve antiretroviral therapy (ART). Tell the group that we are going to talk more about ART in this session. However, before we do, stress the following points:

- There are a lot of important things HIV-positive people can do both before and after they begin receiving ART.

- Healthy behaviours such as a good diet, exercise, adequate rest, and abstaining from drugs/smoking/alcohol are important habits to begin adopting before a person begins ART and can help delay the need for taking ART medications.

- Just because a person is HIV-positive does not mean he or she needs ART immediately.

- However, over time, HIV diminishes a person’s ability to fight off diseases. When this occurs, a person will need to start taking ART for the rest of his or her life.

3. Explain that you are going to help the participants understand ART by having a discussion using a series of handouts. Discuss Handout A: Antiretroviral Therapy.

4. After the handout has been discussed, divide the group into two teams. Explain that starting ART is a big decision. Explain that
the groups will be asked to think about the things a person should consider when making a decision about starting ART. Provide each group with a sheet of flip chart paper. **Ask Group One to identify the advantages of starting ARV. Ask Group Two to identify the challenges of starting ARV.** Allow the groups 10 minutes to discuss and write down their answers. Bring the groups back together and review their responses. Make sure the following responses are included:

### Advantages of ART

- You can live longer and have a better quality of life.
- You won’t get sick as often.
- You will have more time to fulfill your dreams and goals.
- If you have children, you will see them grow up and go through life.
- You will have the opportunity to continue earning a living because you are well.
- You have more time to do things that you enjoy.

### Challenges of ART

- ART is a lifelong treatment that must be taken every day at the same time and in the same way.
- In the beginning ART seems complicated.
- Sometimes you have to adjust what you eat and when you eat it according to the drugs you take.
- Some types of ART require that you take several pills each day.
- Some types of ART may be harmful if taken with other drugs or during pregnancy.
- ART can give side effects. Some of them will go away after a few weeks, while others will need to be addressed by the health worker.
• If you do not take your ART regularly, the medicine will not work anymore. This means that you will have fewer options for ART in the future.

• It is difficult to start taking ART when one has TB.

• Only limited regimens are available in the government roll out in some areas.

• There is a lack of clarity about when to really start the ARV medication and who should make the decision: the person taking it or the doctor.

5. Conclude the session by asking the following discussion question:

We know that ART can prolong a person’s life and improve a person’s quality of life. **What other benefits does ART bring to families and communities?**

6. Raise the following points if they are not mentioned:

• Households can stay intact

• Decreased number of orphans

• Reduces parent-to-child transmission of HIV

• Increased number of people who accept HIV testing and counselling

• Increased awareness in the community since more people do the test

• Decreased stigma surrounding HIV infection since treatment is now available

• Less spent to treat opportunistic infections and provide palliative care

• Increased motivation of health workers since they feel they can do more for HIV positive people

• Businesses can stay intact
SESSION 2.3 : ANTIRETROVIRAL SPECIFICS

Trainer’s notes

Objectives

- To explain the basics of ART regimens and when they can be accessed.
- To practice taking medication at the same time daily in order to better understand the challenges of adherence.
- To understand the purpose of the laboratory tests needed to provide optimal ART care, and what can be done when access to such tests is limited.

Methodology

- Discuss picture charts, assign practice regimens for workshop

Recommended Time

60 minutes

Materials

- Participant’s manual Session 2.3—Handout ‘A’ : ART Specifics
- Participant’s manual Session 2.3—Handout ‘B’ : ART Regimens
- Flip chart on CD4 count
- Flip chart on viral load
- Flip chart on how doctors determine when a person should begin ART
Steps

1. Ask the group if they have ever heard the term “CD4 count”? Allow any volunteers to explain how they understand it and correct any misinformation. Tell that we will explain this in more detail in a moment.

CD4 cells are white blood cells that play an important role in the immune system. Doctors use a test that ‘counts’ the number of CD4 cells in a cubic millimetre of blood. A normal count in a healthy, HIV-negative adult can vary but is usually between 600 and 1200 CD4 cells/mm$^3$. It is useful to have your CD4 count measured regularly for two reasons:

- To monitor your immune system and help you decide whether and when to take ART and treatment to prevent infections.
- To help monitor the effectiveness of any ART you are taking.

2. Ask the group if they have ever heard of the term “viral load”? Allow any volunteers to explain how they understand it and correct any misinformation. Explain that we will discuss this in more detail in a moment.

Viral load is the term used to describe the amount of HIV in your blood. The more HIV in your blood, the faster you lose CD4 cells.

3. Explain that a person’s CD4 count and viral load are crucial indicators of the condition of a person’s immune system and how far along a person’s HIV infection have progressed. Doctors use this information to help determine when a person needs to begin ART. Doctors also use this to monitor how a person is responding to ART.
4. Pass out Handout A: ART Specifics. Review the concepts of CD4 count and viral load using the diagrams provided. Check to make sure the participants have an understanding of the concepts.

5. Share some basic information on how doctors determine when a person should begin ART (based on NACO treatment guidelines) by explaining the following points:

- After the doctor has made a detailed study of the patient’s past and present medical history, it will be decided whether the patient requires antiretroviral therapy (ART).

The decision will be based on the following:

- Identification of current and past HIV-related illnesses.
- Identification of other medical conditions that might influence the timing and choice of ART.
- Current symptoms and physical signs of other medical conditions, such as TB or pregnancy.
- The CD4 count of the person.
- The NACO treatment guidelines state that the criteria to begin ART for a person is that he or she has a CD4 cell count < 200/mm3.
- Cost incurred to a person for ART in 2006 is around Rs 700-1000 for the first-line drugs from the class of Nucleoside Reverse Transcriptase Inhibitors (NRTI) and Non Nucleoside Reverse Transcriptase Inhibitors (NNRTI). If drugs from the class of Protease Inhibitors (PI) is involved then it increases the cost.
- The fact is that CD4 count facility is only available in selected centers in the country.
6. Tell the group that to better understand the challenges of taking ART, each participant will be assigned a regimen of treatment for the remaining workshop. Participants will not be given actual medication, but rather candy and/or multivitamins that will symbolically represent ART medication.

7. Explain that there are different regimens of pills that can be taken for ART. Pass out Handout B: ART Regimens, which summarizes each regimen.

8. Assign each participant a specific regimen selected from Handout ‘B’. Review all of the information on the handout and explain what candy/vitamins each person will need to take for his/her regimen.

9. Allow for questions to ensure that everyone is clear about their assignment.
## SCHEDULE FOR DAY 2

### Day Two: Resistance and Adherence, Parent-to-Child Transmission

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<thead>
<tr>
<th>Session Title and estimated time</th>
<th>Methodology</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recap of Day 1 (30 minutes)</td>
<td>Icebreaker activity, discuss ART regimens</td>
<td>Flip chart &amp; marker pen</td>
</tr>
<tr>
<td>3.1 Resistance (30 minutes)</td>
<td>Discussing picture charts, group activity</td>
<td>Flip chart &amp; marker pen</td>
</tr>
<tr>
<td>3.2 Adherence (1 hour)</td>
<td>Venn diagrams, group activity, gallery walk</td>
<td>Scissors, markers, colour paper, tape</td>
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<tr>
<td>BREAK (15 minutes)</td>
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<tr>
<td>3.3 Adherence Case Studies</td>
<td>Group discussion</td>
<td>Case studies cards</td>
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<td>LUNCH (1 hour)</td>
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<tr>
<td>Energizer Activity (15 minutes)</td>
<td>To be determined by training team</td>
<td>Flip charts stuck together to make two big murals on the wall</td>
</tr>
<tr>
<td>3.4 Promoting Adherence (45 minutes)</td>
<td>Mural making</td>
<td>Case study cards, handouts</td>
</tr>
<tr>
<td>3.5 Side Effects (45 minutes)</td>
<td>Body mapping, discussing picture charts</td>
<td>Case study and handouts</td>
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<tr>
<td>BREAK (15 minutes)</td>
<td></td>
<td></td>
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<tr>
<td>4.1 Prevention of Parent-to-Child Transmission (PPTCT) (1 hour)</td>
<td>Discussing picture charts</td>
<td>Flip charts and markers</td>
</tr>
<tr>
<td>Reflection on Day Two (15 minutes)</td>
<td>Sentence stems and Plus/Delta</td>
<td>Flip charts and markers</td>
</tr>
</tbody>
</table>
SESSION 3.1 : RESISTANCE

Trainer’s notes

Objectives

• To understand the meaning of ART resistance.
• To understand how resistance occurs and how to prevent it.

Methodology

Discussing picture charts, group activity

Recommended Time

30 minutes

Materials

• Flip chart and markers
• Participant’s manual Session 3.1—Handout ‘A’ : ART Resistance

Steps

1. Ask if anyone in the group knows what ART resistance is? After taking answers, clarify that

ART resistance is the ability of HIV in a person body to multiply & destroy CD4 cells and ART medication that he or she takes does not work anymore for the person.
Explain that

**ART resistance occurs when people do not take their medication regularly.**

2. To help people understand the concept of resistance, take them through Handout ‘A’.

3. After this, check for understanding with the group. Allow for questions until everyone’s understanding is confirmed.

4. Explain that

**When the ART resistance of HIV in a person’s body becomes too strong we call this “treatment failure.”**

At this point the person will become sick again. Sometimes a new regimen of a different medicine can be provided that can battle the HIV that is resistant to other drugs. However, there are only a few drug regimens, so HIV can eventually become resistant to all drugs.

5. If time allows, ask someone in the group to share how they would explain resistance to someone who was about to start ART.

6. Conclude the session with the following key message:

**When a person living with HIV does not adhere, he/she will develop treatment failure and become sick again. If a person who is on ARV medicines forgets more than two or more pills per month, there are chances that resistance will develop!**
SESSION 3.2 : ADHERENCE

Trainer’s notes

Objectives

• To understand what adherence is and how it prevents resistance.
• To explore reasons for poor adherence.

Methodology

Venn diagrams, group activity, gallery walk

Recommended Time

60 minutes

Materials

• Colored construction paper, cut into different sized circles
• Scissors
• Markers
• Tape
• Flip chart paper

Steps

1. Explain that we are now going to discuss the concept of adherence. Ask the participants if anyone can tell us what adherence is? Allow for responses and correct any misconceptions. Explain that adherence means strictly following a person’s ART schedule.
2. Give the group the summarized meaning of adherence:

Adherence means taking medicines daily as advised and following up regularly at the clinic.

3. Ask the group to explain why adherence is so important in order for ART to be effective. (Answer: to prevent the development of drug-resistant HIV in the body, which causes treatment failure. Poor adherence causes resistance.)

4. Tell the group that there are a lot of reasons for poor adherence to ART. Tell the participants that they are going to have a chance to explore these reasons by working on a project.

5. Divide participants into small groups of four or five people.

6. Provide each group with cut shapes of colored paper, additional paper, scissors, flip chart paper, markers, and tape. Tell the groups that they will be asked to describe the reasons why some people do not adhere to ART by using the materials they have been given. They can use the materials to make any visual representation they like; they can make a flowchart, Venn Diagram, or any other type of picture. They can write or draw on their chart as they wish. The chart could include any of the following, but is not limited to:

- Reasons why people stop using ART
- Reasons people forget to take their treatment on time
- Reasons why people don't take the right amount of their medication
- Other factors that hinder consistent use of ART

Explain that there are no “rules” for this activity. Groups can represent their current situation in whatever way they feel is
most appropriate. Creativity is encouraged. Bigger shapes could represent more important issues. Different colors could represent different categories of factors. Placement of particular issues next to or overlapping each other could suggest their interrelation.

7. After the diagrams are completed, post the visual representations on the wall and allow everyone to walk around the room and view them. We call this methodology a "gallery walk".

8. Finish the activity with the following questions.

- **Based on the diagrams, what issues seemed to be the biggest factors that hinder adherence?**
- **Did the different groups come to similar findings or was there a lot of difference between the findings of the groups? Why do you think that is?**
- **What did you learn from doing this exercise?**
SESSION 3.3 : ADHERENCE CASE STUDIES

Trainer’s notes

Objectives

• To examine actual cases of adherence to ART.
• To assess what helps and hinders adherence.

Methodology

Group discussion

Recommended Time

60 minutes

Materials

• Facilitator’s guide Session 3.3—Trainer’s resource ‘A’ : Adherence case studies
• Adherence case studies on cards

Steps :

1. Divide the participants into three groups. If the groups are large, divide each of those groups in half, so that there are a total of six groups.

2. Assign each group one of the three case studies provided in Handout A.

3. Ask one person from the group to read the case study. If literacy is a problem, have a facilitator read the case study.
4. Provide 15 minutes for the group to discuss the questions provided at the end of the case study.

5. After the groups have completed their assignment, return to the large group. Ask a person from each group to read the case study and share their answers. If two groups have reviewed the same case study, ask the second group to provide any additional comments to the discussion questions.

6. After all of the case studies are completed, ask the following final closing questions:

   - **How did these stories make you feel?**
   - **What did you learn from the stories?**
   - **What can we do to promote adherence based on these stories?**
Case Study #1

Satish, a person living with HIV on regular ARV medication

In 1999, when he was first diagnosed with HIV, Satish came in contact with a doctor working in Chennai. At that time, ART was not available in the country, but Satish learned a lot about it from him.

In 2002 his condition started deteriorating and he started getting more symptoms such as skin infections, weight loss, and diarrhea. He approached an NGO and after some tests, including a CD4 count, he was put on ART. Over time he learned a lot about ART and adherence through different training that he attended.

Satish had a lot of side effects in the first two months, but he had an extremely involved doctor who took time to explain things to him. This same doctor even provided home-based care for him. He also served as a counselor, helping him with emotional problems and helping Satish disclose his status to his wife.

Satish understands that ART is not a permanent solution. He says it is good to wait as long as possible before starting ART, since there is no second line of drugs available. He fears resistance due to this reason. He has an extremely supportive and involved family who reminds him to take medicine on time, including his children.

Discussion Questions

• What factors have helped Satish adhere to his medication?
• How has Satish’s doctor played a critical role?
• Why did the doctor encourage Satish to disclose his status to his wife?
Case Study #2

Devi, a person living with HIV who has quit treatment

Devi came to know of her status in early 2002. After a few months she approached a doctor who advised her against beginning ART due to its toxicity. She then went to another doctor who started her on ART; her CD4 was 200 at the time. In a few months, her CD4 count went up and she started feeling better.

During this time, she met other PLHA and families of people on ART who had died. Many of these people gave Devi incorrect messages about ART, which came out of their own misunderstanding or limited knowledge. After these conversations, Devi thought that people on ART died quicker. Therefore, after taking ART for a year, she discontinued.

Devi did not consult her doctor before stopping. However, the doctor had never conveyed the consequences of discontinuing the medication.

Discussion Questions

- What were the main reasons for Devi stopping her treatment?
- What could have been done in order to prevent this from happening?
Case Study #3

Anand, a person living with HIV who discontinued treatment and then restarted

Anand was diagnosed as being positive in 1994. Three years later he began to take an ART drug, which was being imported by the NGO that he was working for. This was done with no advice from a doctor and no understanding of ART. When Anand stopped working with the NGO, he stopped taking the medicine because he found it too expensive in the open market.

Later he began experiencing a lot of infections and lost a lot of weight. He went to a doctor and found that his CD4 count was 40. The doctor put him on a 3-drug combination. After six months, his CD4 count had increased and he began to feel better; he decided to stop the ART on his own as he found it expensive and difficult to monitor due to the fact that he lives alone and travels a lot.

A couple of months later Anand suffered severe headache and was diagnosed with Cryptococcal Meningitis in a private hospital. Soon after, he resumed his ART, but he still misses his doses. The doctor has recommended second-line treatment to fight his ART resistance; however, he does not have the resources to afford that.

Discussion Questions

• What were the main reasons for Anand stopping his treatment?
• What could have been done in order to prevent this from happening?
SESSION 3.4 : PROMOTING ADHERENCE

Trainer’s notes

Objectives

- To identify strategies to promote adherence.
- To identify ways that peer educators can promote adherence.

Methodology

Mural making

Recommended Time

45 minutes

Materials

- Flip chart paper
- Markers
- Tape
- Participant’s manual Session 3.4—Handout ‘A’ : Adherence Do’s and Don’ts

Steps

1. Before the session begins, tape several pieces of flip chart paper horizontally to the wall so that they create a blank mural. Do this twice so that there are two blank mural spaces in the room.

2. Divide the participants into two groups.
3. Tell the first group that their assignment is to fill their mural with as many things as possible that **PEOPLE who are on ART can do to adhere to ART?** They can use pictures, symbols, words, or anything else to show this.

4. Tell the second group that their assignment is to fill their mural with as many things as possible that **A PEER EDUCATOR can do to help someone else adhere to ART?** They can use pictures, symbols, words, or anything else to show this.

5. Allow each group about 15 minutes to fill in their mural. After the murals are complete, let the participant’s view each mural by doing a gallery walk. During the gallery walk, encourage the viewers to ask the artists to clarify the meaning of any symbols, words, or pictures.

6. After, bring the group back together and ask the following discussion questions:

   • **What strategies do you think are most important for a client to use when trying to adhere to ART?**
   
   • **What strategies do you think are most important for a peer educator to use when trying to help others adhere to ART?**
   
   • **What did you learn from doing this exercise?**
7. Finish the session by reviewing Handout ‘A’ on Adherence Do’s and Don’ts.
SESSION 3.5 : SIDE EFFECTS

Objectives

- To identify common side effects caused by ART and ways to manage them.
- To understand the relationship between side effects and poor adherence.

Methodology

- Body mapping, discussing picture charts

Recommended Time

- 45 minutes

Materials

- Flip chart paper or old newspapers
- Markers
- Participant’s Manual Session 3.5—Handout ‘A’ : Common side effects and responses

Steps

1. Before the session, tape pieces of flip chart paper/newspaper together so that they are long enough to cover a person’s height. Lay the paper on the floor.
2. Ask for a volunteer to lie down on the floor over the paper and draw an outline of his or her body.

3. Hang the outline of the body up on the wall in front of the group so that everyone can see it. Or ask the group to stand around the body map for the next part of this exercise.

4. Explain that we are going to take turns identifying parts of the body that experience the side effects of ART.

5. Ask the first volunteer to draw or label a side effect on the area of the body where the side effect is experienced.

6. As each side effect is identified, describe this side effect and what it could be caused by. Also, ask the group what a person can do to alleviate the side effect. Identify the cases in which a side effect needs to be referred to a doctor.

7. After the first effect has been covered adequately, ask another volunteer to identify a new side effect and label it on the body map.

8. Repeat the process of Step #6 above until all of the side effects have been identified.

9. Refer the participants to Handout ‘A’ : Common side effects and responses. Highlight any side effects that were not mentioned on the body map.
10. Conclude the session by asking the following question:

**Why is it so important to make sure people living with HIV can manage their side effects successfully?**

**Answer:** Some side effects such as jaundice are signs of serious problems and may require immediate medical attention. Other side effects are more easily managed, but if left alone could discourage a patient from adhering to ART.
SESSION 4.1 : PREVENTION OF PARENT-TO-CHILD TRANSMISSION

Trainer’s notes

Objectives

• To understand what can be done to prevent parent-to-child transmission (PPTCT) of HIV.
• To explore barriers to PPTCT programs being effective.

Methodology

Discussing picture charts

Recommended Time

60 minutes

Materials

• Participant’s manual Session 4.1—Handout ‘A’ : Reducing PPTCT
• Facilitator’s guide Session 4.1—Trainer resource ‘A’ : Case studies/ PPTCT

Steps

1. Explain that this session will look at how to prevent HIV transmission during and after pregnancy from a mother to her child.

2. First, tell the group that there are three different times when a mother can transmit HIV to a child. HIV can be transmitted:
   1) when the baby is still growing in the uterus
   2) during delivery
   3) while breastfeeding.
3. Explain that we now know many ways to reduce the risk of HIV being transmitted on from a mother to child. Take the participants through Handout ‘A’. The diagrams are designed to share the information below in an easy-to-understand format. Refer to this chart while explaining the diagrams in the handout.

4. While showing the handouts, explain the difference between the one pill shown in the first four diagrams (single dose nevirapine), and the group of pills shown in the final diagram (triple ART). Explain that it is recommended that

Most HIV-positive pregnant women receive one dose of the drug nevirapine at the onset of labor. The newborn should also receive a dose of nevirapine 2 to 3 days after delivery. However, if a pregnant woman has a CD4 count of 200 or less, then a woman should start ART immediately during her pregnancy. Pregnant women already on ART should continue their ART regimen. If the woman is on efavirenz, then she will be asked to stop taking it or change the combination if she is considering pregnancy.

5. The final page of the handout stresses the importance of exclusive breastfeeding or exclusive bottle-feeding. Explain that

Parents may not be able to exclusively bottle-feed, even though this reduces the risk of HIV transmission.

Ask the group why bottle-feeding may not be possible?
Reasons include

- Parents may not be able to afford baby formula.
- Parents may not have access to clean water.
- Parents may insist on breastfeeding for cultural reasons or for fear due to the stigma of bottle-feeding.

If parents decide to breastfeed it is essential that they do not bottle-feed.

If the parents decide to bottle-feed, it is essential that they do not breastfeed.

The use of both kind of feeding makes it more likely that HIV can be transmitted during breastfeeding.

6. Distribute case studies and divide participants into small groups. Ask each group to discuss the two cases and answer the questions (10 minutes). Then call the groups back together and discuss their answers to each case study (10 minutes).
Case Study #1

Sindu, A woman living with HIV/ AIDS.

It has been six years that she has been married and she has two children, aged 5 and 2 years respectively. During her first delivery she was not aware of her positive status as her husband and in-laws chose not to tell her. She was surprised by the discrimination that she faced at the hospital and the rude remarks passed by some junior doctors. She discovered her status only after she delivered and her mother-in-law would not let her breastfeed. She was put on the Prevention of Parent to Child Transmission program without her knowledge.

By the time she decided to have her second child, she had been part of a support group where she had received information on prevention methods and heard other success stories from other HIV-positive mothers. “In the network,” Sindu says, “we are constantly learning about living a positive and healthy life; this I feel is very important. The medical facility is needed only when I am not well.”

Discussion Questions

- Why do you think her family did not tell Sindu about her HIV status?
- Why did the doctors treat her rudely? How could their behavior be changed in this respect?
- What were the advantages she realized from joining the support group?
Case Study #2

Usha, a women living with HIV

Usha tested positive for HIV in 1995. She had heard about AIDS but did not know much about HIV. After she was found positive, her in-laws blamed her for the infection and threw her out, and she went back to her parent’s place.

A colleague supported her during this difficult period and later she married him. When they planned to have a family and consulted a doctor, all the decisions were left to them, whether to have a child or not and whether to go for a normal delivery or a cesarean section. And after delivery there was confusion among the doctors as to what vaccinations to give the child. Usha and her husband decided not give polio vaccine to the child until he was two years old. Living in a joint family, it was very difficult not to breastfeed the child, but her in-laws and other family members supported her.

When the child completed two years, Usha asked the counselor and the doctor if she should get the child tested for HIV, but they just said, “you decide.” She decided on her own to have the child tested, and he tested negative.

Discussion Questions

- Why do you think Usha’s second set of in-laws were supportive of her while her first set threw her out?
- Why were the doctors and counselors unwilling to recommend to Usha what to do (about the type of delivery, vaccinations, HIV testing)?
- What would you have done if Usha had asked you about the same topics?
DAY + 3
Session 4.2 - 5.5
## SCHEDULE FOR DAY 3

### Day Three: Positive Prevention Practices, Counseling

<table>
<thead>
<tr>
<th>Session Title and estimated time</th>
<th>Methodology</th>
<th>Materials</th>
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<tr>
<td>Recap of Day 2 (15 minutes)</td>
<td>Icebreaker activity, discuss ART regimens</td>
<td>Flip chart &amp; markers</td>
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<tr>
<td>4.2 Prevention of HIV Transmission to Partners (45 minutes)</td>
<td>Brainstorm, role-plays</td>
<td>Flip chart, role-play cards</td>
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<tr>
<td>4.3 Condom use (30 minutes)</td>
<td>Demonstration</td>
<td>Model penis, male/female condoms</td>
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<tr>
<td>4.4 Controversies in Prevention (45 minutes)</td>
<td>Values clarification: agree/disagree</td>
<td>Four signs, value statements, markers</td>
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<td>BREAK (15 minutes)</td>
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<td>5.1 Counseling Introduction (30 minutes)</td>
<td>Discussion</td>
<td>Flip charts and markers</td>
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<td>5.2 Communication Skills (30 minutes)</td>
<td>Brainstorm and game</td>
<td>Closed questions</td>
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<td>LUNCH (1 hour)</td>
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<td>Energizer Activity (5 minutes)</td>
<td>To be determined by training team</td>
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<tr>
<td>5.3 Characteristics of a Good Peer Educator (1 hour)</td>
<td>Brainstorm, role-plays</td>
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<td>5.4 Counseling Issues (1 hour)</td>
<td>Role-play wagon wheel</td>
<td>Role play assignment cards</td>
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<td>BREAK (15 minutes)</td>
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<td>5.5 Challenges Experienced by PLHA and Peer Educators (1 hour)</td>
<td>Fishbowl activity</td>
<td>None</td>
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<tr>
<td>Reflection on Day Three (15 minutes)</td>
<td>Sentence stems and Plus/Delta</td>
<td>Flip charts and marker</td>
</tr>
</tbody>
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SESSION 4.2 : PREVENTION OF HIV TRANSMISSION TO PARTNERS

Trainer’s notes

Objectives

• To understand the role PLHA play in preventing transmission to others.
• To explore the concept of reinfection of HIV.
• To explore the issue of sero-discordancy.

Methodology

Brainstorm, role-plays

Recommended Time

45 minutes

Materials

• Flip chart paper
• Markers
• Facilitator’s guide Session 4.2—Training resource ‘A’ : Prevention role-plays

Steps

1. Explain that we are now going to discuss what an HIV-positive person needs to know about HIV prevention.

2. Begin the session by asking the following question: “Why should an HIV positive person worry about safer sex if he or she is already infected?”
Write responses from the participants on a flip chart. Make sure the following issues are mentioned:

- A person’s partner could still be HIV-negative, so the couple could still prevent a new infection.
- HIV-positive people need to disclose their HIV status to sexual partners and engage in safe sex in order to prevent passing their infection to others.
- A person can become reinfected with a different type of HIV from a partner. This can make a person’s immune system weaker.
- A person can become reinfected with a drug resistant HIV virus.

3. Explain that we are going to spend some time looking at issues related to the four bullets above: 1) discordancy* of HIV status in couples; 2) disclosure; 3) HIV reinfection and 4) transmission of drug resistant strain. To do this, divide the participants into four small groups.

4. Pass out role-play cards: Prevention role-plays. Alternatively, you can give the assignment to the group verbally using the trainer’s resource ‘A’ as a guide. Allow each group 10 minutes to prepare their role-play. Inform them that they will only be given two minutes to perform in front of the group.

* Discordant couple: when one person in HIV positive and other in negative.
5. After all four role plays are completed, finish the session with the following discussion questions:

- **How did the role-plays make you feel?**
- **What did you learn from the role-plays?**
- **What can we do to promote better prevention practices among people living with HIV?**
SESSION 4.2 : PREVENTION OF HIV TRANSMISSION TO PARTNERS

Training resource ‘A’ : HIV Prevention Role-Plays

Each group will develop a role-play in which two volunteers from your group will discuss the following issue. You will be given ten minutes to develop your role-play. Each group will be given two minutes to act out the scene.

**Group One**

Discordant Couple

You are a peer educator. You are visiting a man who recently tested for HIV with his wife. When the couple received their results, the man learned that he was HIV-positive, but his wife was HIV-negative. The man still does not understand how this could happen. Try to help the man understand how he could be HIV-positive while his wife is not. Also, help the man understand why he needs to use condoms to protect his wife from infection.

**Group Two**

Disclosure

You are a peer educator. A woman recently tested for HIV when she was pregnant. Her results were positive. Her doctor told her that she should inform her husband of the results and encourage her husband to also test for HIV. The woman does not know how to bring up the issue with her husband and is scared of how her husband may react. Try to help the woman identify a plan for talking with her husband.
**Group Three**

Reinfection

You are a peer educator. You are talking with a man who recently tested for HIV and learned that he is HIV-positive. He says that the only good part about being HIV-positive is that he doesn’t need to worry about getting infected anymore, so he doesn’t need to bother with condoms. Try to help him understand the need to use condoms so that he doesn’t infect others and doesn’t get reinfected himself.

**Group Four**

Transmission of drug resistant HIV

You are a peer educator. You meet a man who is on ART for the last two years. His wife is not on ART but has been thinking about it. The NGO that he visited had insisted that he use condoms. But he is confused about the transmission of drug resistant strain of HIV. He wants to know how and why it will impact their lives.
SESSION 4.3 : CONDOM USE

Trainer’s notes

Objectives

• To examine the correct steps for using a condom.

Methodology

Demonstration

Recommended Time

30 minutes

Materials

• Condoms and penis model
• Female condom

Steps

1. Invite a volunteer who can demonstrate using a condom with the help of a penis model.

2. Ask the whole group to observe the steps.

3. After the demonstration ask the participants if the procedure was done correctly.

4. Demonstrate correct condom use if necessary.

5. Allow time for the group to practice steps for using condom in pairs.

6. Provide 15 minutes for the participants to discuss and come up with barriers to condom use. Then lead a discussion of how to overcome the barriers.

7. The facilitator demonstrates the steps for using female condom.
SESSION 4.3 : CONDOM USE

Trainer’s resource

This session usually has people laughing and shy, so humor can help ease the difficulty in explaining how to use a condom.

Steps in condom use

1. Buying: Always check the expiry date on the package to make sure that the date has not already passed. If used after its expiry date, the quality of the condom cannot be assured. Do not use the condom after the expiry date.

2. Storing: Store the condom in a cool, dry place. Do not carry the condom in your wallet for a long period. Heat can destroy the condom.

How to use?

Using a male condom

a. Use a new condom for each act of vaginal, anal, or oral intercourse.

b. Use the condom throughout sex- from start to finish.

c. The wrapper should be opened after the penis is erect and the condom should be removed carefully. The wrapper should not be opened using teeth or scissors as it may tear into the condom.

d. Pinch the air out of the tip of the condom by holding the tip of the condom between two fingers. If there is air inside the tip of the condom, it could burst.

e. Holding the condom tip between your index finger and thumb of one hand, place the condom on the tip of the erect penis.
f. Unroll the condom over the length of the penis with the other hand, leaving 1 to 2 centimeters of the condom at the tip of the penis. Do not apply Vaseline, lotions, oil or cold cream on the condom as this can weaken it.

g. After ejaculation, hold the condom at the base while the penis is still erect.

h. Remove the penis from the partner’s body, take the condom off, tie it to prevent spills, and dispose it.

Condoms should not be re-used.

Using a female condom

a. Female condoms are expensive and only a very minimal population of women have access to it. But the benefit is same as that of the using male condoms.

b. Buying: Always check the expiry date on the package to make sure that the date has not already passed. If used after its expiry date, the quality of the condom cannot be assured. **Do not use the condom after the expiry date.**

c. Unroll the condom, and separate the two rings. Rub the condom gently to evenly spread the lubricant. The loose ring inside the
pouch is called the inner ring and the ring connected to the opening of the pouch is called the outer ring.

d. Hold the inner ring with your thumb and your middle finger and pinch the edges together.

e. Place your index finger between the thumb and middle finger to prevent the condom from slipping. Use the middle finger to guide the condom into the vagina. Push the ring until it covers the mouth of the uterus, once it is inserted the ring will fall into place.

f. The outer ring will protect the outer lip of the vagina. Insert a finger to ensure that the condom is in place and is not twisted.

g. After ejaculation remove the condom by pulling it and removing it carefully so that you don’t spill its contents.

h. Dispose the condom.

Steps in Condom Use

Source: http://www.ripnroll.com/female_condoms.htm
Rip n Roll Inc 1996-2003 - female condom picture page
SESSION 4.4 : CONTROVERSIES IN PREVENTION

Trainer’s notes

Objectives

1. To explore controversial issues about living with HIV including traditional medicine, childbearing, ART in children, drug use and disclosure.

2. To understand how different values and attitudes impact client-provider interactions.

Methodology

Values clarification : Agree/Disagree

Recommended Time

45 minutes

Materials

• Four signs (“Strongly Agree”, “Strongly Disagree”, “Agree” and “Disagree”)

• Markers and tape

1. Before the activity begins, put up the four signs around the room. Leave enough space between them to allow a group of participants to stand near each one. Review the statements provided below.
Choose four or five that you think will help the discussion most.

2. Explain to the participants that this activity is designed to give them a general understanding of their own and each other’s values and attitudes about HIV prevention among PLHA. It is designed to challenge some of their current attitudes, and also help them clarify exactly how they feel about certain issues. Remind the participants that everyone has a right to his or her own opinion, and no response is right or wrong.

3. Read aloud the first statement you have chosen. Ask participants to stand near the sign that says what they think about the statement. After the participants have moved to their sign, ask for one or two participants beside each sign to explain why they are standing there. Ask them to say why they feel this way about the statement.

4. After a few participants have talked about their attitudes toward the statement, ask if anyone wants to change his/her mind and move to another sign. Then bring everyone back together to the middle of the room and read the next statement.

5. Repeat steps 3 and 4. Continue for each of the statements you have chosen.

6. After discussing all of the statements, lead a discussion on attitudes about the topic by asking the questions below:

   - How did it feel to do this activity?
   - What did you learn from this activity?
   - How do our own opinions and attitudes impact how we
carry out our role as peer educators?

**Statements**

1. HIV tests should be mandatory for all pregnant women.
2. HIV tests should be mandatory for all adults.
3. A woman who is HIV-positive should not get pregnant and have a child.
4. If a man is HIV-positive, he must tell a sexual partner of his status, even if he is using a condom.
5. If a man and wife are both HIV-positive, they should not bother with trying to prevent reinfecting each other.
6. People, who drink, use drugs and smoke should not be allowed to access ART.

7. People should be discouraged from using traditional medicine
SESSIO N 4.4 : CONTROVERSIES : TALKING POINTS

Trainer’s resource

HIV tests should be mandatory for all pregnant women.

There are strong arguments both for and against mandatory HIV testing of pregnant women. The issues to be considered are the right of privacy and the right of autonomy—for a woman to make decisions for her own health—versus the rights of the infant for protection and treatment. Mandatory testing identifies pregnant women who are unaware that they are carrying the HIV virus and allows for prenatal ARV therapy, resulting in a significant reduction in the chances of transmitting HIV to the unborn child. Considering the seriousness of HIV as a health issue and the fact that there are PPTCT programs in every government antenatal clinic, it is mandatory to offer to test all pregnant women so as to prevent HIV transmission to the unborn child. However, if for whatever reason a pregnant woman does not want to get tested for HIV, she should not be forced to get an HIV test. When this situation arises, it is best that doctors, nurses, and counselors speak with the woman and try to convince her to have the test.

HIV tests should be mandatory for all adults.

The national AIDS policy states that no individual should be made to undergo mandatory testing for HIV. There is no public health rationale for mandatory testing as it could scare away people who have HIV from getting tested and treated. Mandatory HIV testing violates the right of offering people the highest attainable standard of physical and mental health. Mandating an HIV test for everyone (even without their
(consent) will only discourage those at risk of contracting HIV from getting tested, thus resulting in the further spread of the virus. The best way to get the maximum number of people tested for HIV is to increase awareness, offer pre and post-test counseling, ensure confidentiality, and respect the rights of people. The fight against HIV requires implementing and applying accepted public health standards and guidelines with a respect for human rights.

A woman who is HIV-positive should not get pregnant and have a child.

Living with HIV does not change the basic right of a woman to give birth to a child. The desire to create a new life and ensure the continuity of oneself is inherent in every woman, especially among Indian communities where there are strong pressures to have children. As Peer Educators our duty is to ensure that we provide the correct information about the risks and benefits of childbearing and, when necessary, refer women to an HIV specialist for further counseling. Not all babies born to HIV-positive women will have HIV; only about 25% of babies are at risk of getting HIV from the mother. With the availability of nevirapine and other ART medicines, it is now possible to reduce this chance even further. If she is provided with all the relevant information about the risks involved in the transmission of HIV to the unborn, including during breastfeeding, a woman can make an informed decision about having a child.

If a man is HIV-positive, he must tell a sexual partner of his status, even if he is using a condom.

HIV prevention efforts are placing new emphasis on informing one’s sexual partners. The primary purpose of this is to ensure the prevention of HIV, and the second objective is to inform the partner that he/she might be exposed to the virus and should get tested. Condoms, if used properly, are very effective in preventing HIV transmission. Therefore, it is the duty of HIV+ people to inform their sex partners about their
HIV status. Disclosing one’s HIV+ status to partners increases the possibility the partner might offer support later when it is needed.

**If a man and wife are both HIV-positive, they should not bother with trying to prevent reinfecting each other.**

It is very commonly thought and is in fact intuitive to think that two HIV+ persons need not practice safe sex. But in sexual intercourse without a condom, there is always the risk of being exposed to sexually transmitted diseases. If either or both people are on ART, there is a risk of drug-resistant strains being passed between the couple and also to a child (if the woman becomes pregnant) if it were to become HIV-infected, and this would limit the family’s treatment options for the future. There is also the possibility of the husband and wife infecting each other with different types of HIV. It is important that couples understand these risks and adopt safe sex options.

**People who drink and smoke should not be allowed to access ART.**

When antiretroviral drugs are given in combination, HIV replication and immune deterioration can be delayed and survival and quality of life improved. Many doctors question the value of providing ARV to people who drink and smoke, fearing that they will not follow treatment protocols and thereby compromise their health. However, if the person demonstrates adherence to ART, then that person should not be denied medicines.

**People should be discouraged from using traditional medicine in order to combat HIV infection.**

Traditional medical systems like Ayurveda, Siddha, Yunani and other indigenous systems have been used by people for centuries. But for HIV-related conditions there is no remedy in any Indian systems of medicine. There are metal conjugates in some form of medicines, which can damage the liver or kidney of a person using the medicine regularly. Moreover, these medicines are sometimes advertised as “cures,” so people should be warned not to take these drugs. Even if someone starts Ayurveda, Siddha, or other medicines, it is important not to stop ART (if the person is already on it). It is always important that the doctor giving ART be informed about the use of any other medicines.
SESSION 5.1: COUNSELING INTRODUCTION

Trainer’s notes

Objectives

• To define the term counseling.
• To identify the issues that PLHA may need counseling on.

Methodology

Discussion

Recommended Time

15 minutes

Materials

• Flip chart
• Markers

Steps

1. Begin the session by explaining that so far in this workshop we have reviewed a lot of information about how clients can adhere to ART and prevent HIV transmission. Explain that we now want to explore how peer educators can communicate effectively with PLHA about these issues.

2. Write the term "counseling" on a flip chart and ask the group what it means? Write their responses on the flip chart as they provide them.
3. After, provide the following definition of counseling:

Counseling is a process to help an individual identify problems, examine potential solutions, and make decisions that are best for him or her.

4. Ask the group to think about the issues we have discussed so far in the workshop. Ask them to identify some issues where peer educators could offer counselling to PLHA.

If participants have a difficult time identifying issues, make the following suggestions:

- Helping peers develop strategies to take pills regularly
- Encouraging peers to practice safer sex
- Helping peers disclose to their partner
- Helping peers make decisions about starting ART
- Helping peers manage side effects
- Challenging misconceptions about ART

5. Conclude the session by explaining that the

Next few exercises are going to look at ways that peer educators can provide effective counselling on these and other issues.
SESSION 5.2 : COMMUNICATION SKILLS

Trainer’s notes

Objectives

• To demonstrate effective communication skills including nonverbal communication, verbal encouragement, and asking open-ended questions.

Methodology

Brainstorm and game

Recommended Time

30 minutes

Materials

• None

Steps

1. Tell participants that you will be introducing some key concepts of interpersonal communication that are the foundation for effective counseling.

2. Inform the group that a major part of communication does not involve any words at all. This is called nonverbal communication. Explain that there is positive nonverbal communication and negative nonverbal communication. Ask participants to raise their hand and to quickly call out some examples of both positive and negative nonverbal communication.
Some examples could include the following:

**Positive nonverbal cues**

- Leaning towards a client
- Smiling
- Avoiding nervous mannerisms
- Presenting interested facial expressions
- Maintaining eye contact
- Making encouraging gestures such as nodding one’s head

**Negative nonverbal cues**

- Reading from a chart
- Glancing at one’s watch
- Yawning
- Looking out the window
- Fidgeting
- Frowning
- Not maintaining eye contact

3. Tell the group you want to play a game to better understand nonverbal communication. Explain that you will walk around the room and when you stop and stand in front of a participant, that person should give you a positive nonverbal cue. After a few examples, repeat the game but now ask participants to show a negative nonverbal cue.
4. Summarize the game activity by explaining that

**A good relationship with a peer is often based not only on what the peer hears, but also on what he or she observes and senses about the peer educator.**

5. Explain that another effective communication skill is verbal encouragement. This lets the client know that the provider is interested and paying attention. Ask participants to give examples of things that providers can say to encourage a client as she or he is talking. Examples include:

- Yes
- I see
- Right
- OK
- Really? Tell me more about that.
- That's interesting.

6. Part of verbal encouragement involves asking open-ended questions. These require that the person answering the question must reply with a full answer rather than a simple “yes” or “no.” Questions that only require a “yes” or “no” are called closed questions. Provide an example of the difference:

Closed question: Do you want counseling?

Open-ended question: What can I do to help you today?
7. Tell the group that we are going to play another game. Move around the room and stand in front of different participants. When you stop, ask that person a closed question. The person’s job is to rephrase the question into an open-ended question. Use the following closed questions:

- **Do you have questions about ART?**
- **Are you scared to test for HIV?**
- **Are you having trouble remembering to take your medication?**
- **Are you worried about telling your wife about your HIV status?**
- **Is it difficult to only bottle-feed your baby?**
- **Are you having financial problems?**
SESSION 5.3: CHARACTERISTICS OF A GOOD PEER EDUCATOR

Trainer’s notes

Objectives

• To identify at least five important characteristics of good counselor.
• To identify at least five qualities of a poor counselor.

Methodology

Brainstorm, role-plays

Recommended Time

60 minutes

Materials

• Flip chart
• Markers
• Tape

Steps

1. Divide the participants into two groups. Each group will receive flip chart paper and markers.

2. Tell the two groups to imagine that they are speaking to a counselor about ART. Ask the first group to make a list of the qualities they would like their counselor to have (positive qualities), and have them draw or write these qualities on the flip chart. Meanwhile, ask the second group to make a list of the qualities that they would NOT like their counselor to have (negative qualities),
and have them draw or write these qualities on the flip chart. Do not have the groups share their lists with each other yet.

3. After the groups have completed their lists, ask them to develop a role-play in which they act out the qualities of the counselor that they have listed on the flip chart. Each group should identify one person to act as the counselor and one person to act as the client.

4. Ask each group to share its role-play with the participants in front of the room. Allow maximum 8 minutes for each role play followed by a 5 minutes of discussion and comments. After each group completes its role-play, ask the audience to identify the characteristics of the counselor that they observed. Write these down on a flip chart and compare them with the original flip chart that the group created.

5. Discuss any characteristics of a good or bad counselor at the end that were not shared by the group. The Trainer's resource 'A' 5.3 on the next page contains some basic characteristics of a good and bad counselor. Make sure all of these qualities are discussed.
SESSION 5.3 : CHARACTERISTICS OF A GOOD PEER EDUCATOR

Trainer’s resource ‘A’

**Characteristics of an Effective Peer Educator / Counselor**

- Genuineness: Reliable, factual source of information
- Creates an atmosphere of privacy, respect and trust
- Good communicator: Engages in a dialogue or open discussion
- Nonjudgmental: Offers choices and does not judge the person’s decisions
- Empathy
- Comfort with sexuality
- Patience
- Makes client comfortable, including offering privacy
- Talks in moderate pace and appropriate volume
- Presents a message in clear and simple language (language clients can understand)
- Asks questions of the listener to make sure that he/she understands
- Demonstrates patience when the client has difficulty expressing or understanding
- Identifies obstacles and removes them
Characteristics of a Poor Peer Educator / Counselor

- Interrupts conversations (meeting other people, telephone)
- Provides counseling in the presence of other people (without consent)
- Makes decisions for clients
- Breaks confidentiality
- Poor nonverbal communication (looks away, frowns etc.)
- Lacks knowledge on reproductive health issues
- Uncomfortable with sexuality
- Difficult to understand
- Doesn’t ask questions, only tells the person what to do
- Impatient
- Rude
SESSION 5.4 : COUNSELING ISSUES

Trainer’s notes

Objectives

• To practice providing effective communication as a peer counsellor.

Methodology

Role-play wagon wheel

Recommended Time

60 minutes

Materials

• Facilitator guide Session 5.4—Trainer’s resource ‘A’ : Role-play assignments for people on ART
• The assignments pasted on individual cards
• Flip chart
• Markers

Steps

1. Explain that you are now going to provide an opportunity to practice applying good communication skills and responding to the concerns of person on ART.
2. Ask for six volunteers. Explain that each volunteer will be assigned a role to play as a person on ART. Provide the volunteers with: Role-play assignments for people on ART. The facilitator can explain the role of each volunteer if participants have difficulty reading the handout.

3. The other participants will work in teams and play the role of peer educators. There will be six teams that will consist of two or three participants per team. The teams will take turns talking to each of the six different people on ART.

4. Ask the people on ART (volunteers) to stand in a large circle around the room. Ask the teams to stand in front of one of the people on ART. Tell the teams to begin talking to the ART client. Allow two minutes for the teams to interact with the ART client.

5. After two minutes, tell the groups to stop. Tell the ART clients to stay where they are. Ask the teams to move to the next person on ART to their left. Ask the teams to resume and spend two minutes interacting with the new ART client.

6. After the teams have interacted with all six clients, ask everyone to sit down.

7. Draw a line down a sheet of flip chart paper. Write, “What the counsellor did well” on the left-hand side. Write, “How the counsellor can improve” on the right-hand side.
8. Ask the counseling teams to begin the discussion by giving feedback on what they thought they did well, and how they thought they could improve.

9. Allow the person on ART to add any comments that were not shared already.
SECTION 5.4: COUNSELING ISSUES

Trainer’s resource ‘A’: Role-Play assignments for people on ART

Person on ART #1  Your concern is:
- “How can I possibly remember to take a drug twice a day at the same time forever?”

Person on ART #2  Your concern is:
- “My wife is HIV+ as well and she has not been given ART. How can I take it when she does not?”

Person on ART #3  Your concern is:
- “You are talking about side effects which might really bother me. How can I take drugs that make me feel so bad?”

Person on ART #4  Your concern is:
- “What if other people can see that I am taking ART?”

Person on ART #5  Your concern is:
- “You are saying that I need to tell at least one person that I am HIV+. I have changed my mind about telling another person. I do not need anybody to support me. I can do it all on my own.”

Person on ART #6  Your concern is:
- “I feel fine now that I have been taking the drugs. I’m healthy again. I can stop taking these drugs now. Besides, they make me feel sick.”
SESSION 5.5: CHALLENGES EXPERIENCED BY PEOPLE LIVING WITH HIV/AIDS AND PEER EDUCATORS

Objectives

- To speak out and be listened to on the psychological and emotional impact of living with HIV/AIDS and caring for others with HIV/AIDS.

Methodology

Fishbowl activity

Recommended Time

- 60 minutes

Materials

- None needed

Steps

1. Explain that we want to create an opportunity to learn about each other’s personal experiences both as person on ART and as caregivers to others living with HIV.

2. Explain that we would like people to volunteer to participate in one of two discussions:

   - **Group one will discuss people’s own experiences living with HIV and AIDS.**
   - **Group two will discuss people’s experiences caring for others with HIV and AIDS.**

3. Try to identify six to eight participants to volunteer for each group. Ask that the volunteers only participate in one of the two groups.

4. Ask the group one to sit in a circle in the middle of the room and the other participants to sit around the outside of the circle facing in.
5. Begin a discussion with group one by asking the questions listed at the end of the session (questions section). The job of the other participants is to observe and listen to what is being said. They are not allowed to speak out.

6. Once group one has talked for 20 minutes, close the discussion. Then ask the group two to switch places with group one. Lead a discussion with the group two while the other participants listen. The questions for the group two are also listed at very end of this session.

7. After the group two has finished, ask the participants to return to one large circle. Process the activity using the following discussion questions:

- What did it feel like to speak about or listen to those experiences?
- What did you learn from this activity?
- Why do you think we did this activity?

8. Thank everyone for sharing their personal stories with the group. Remind people that we can participate in this type of activity on a daily basis - we can simply ask others to share their experiences and actively listen to what they have to say.

Questions for group one:

People's experiences living with HIV and AIDS

- What do you think is the most difficult thing about living with HIV?
- What positive things have you gained or learned from living with HIV?
- What do others need to understand about people living with HIV?
- How can people with HIV be supported and empowered?
- What else do you want to share with us about your experience as a person living with HIV?
Questions for group two:

People’s experiences caring for others with HIV and AIDS

- What do you think is the most difficult thing about caring for others with HIV?
- What positive things have you gained or learned from living with someone with HIV?
- How can caregivers be supported and empowered?
- What else do you want to share with us about your experience as a caregiver of someone living with HIV?
# SCHEDULE FOR DAY 4

Day Four : Care and Support, Positive Living, Services, Skills for Peer Educators

<table>
<thead>
<tr>
<th>Session Title and estimated time</th>
<th>Methodology</th>
<th>Materials</th>
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</thead>
<tbody>
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<td>Recap of Day 3 (30 minutes)</td>
<td>Icebreaker activity, discuss ART regimens</td>
<td>Flip charts and markers</td>
</tr>
<tr>
<td>5.6 Treatment and adherence issues for special populations (30 minutes)</td>
<td>Sungraphs</td>
<td>Flip charts and markers</td>
</tr>
<tr>
<td>5.7 Children and antiretroviral therapy (30 minutes)</td>
<td>Brainstorm, discussion</td>
<td>Flip chart and markers</td>
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<tr>
<td>BREAK (15 minutes)</td>
<td></td>
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<tr>
<td>6.1 Home-Based Care (1 hour)</td>
<td>Brainstorm, discussing picture charts</td>
<td>Picture charts handouts</td>
</tr>
<tr>
<td>6.2 Universal Precautions (45 minutes)</td>
<td>Brainstorm, discussing picture charts</td>
<td>Picture charts handouts</td>
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<td>LUNCH (1 hour)</td>
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<tr>
<td>7.1 Positive practices (45 minutes)</td>
<td>Small group drawing assignments</td>
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<td>7.2 Nutrition (45 minutes)</td>
<td>Recipe competition</td>
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<td>BREAK (15 minutes)</td>
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<tr>
<td>8.1 Mapping services for PLHA (30 minutes)</td>
<td>Mapping</td>
<td>Flip charts and markers color dots</td>
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<td>8.2 Referral (30 minutes)</td>
<td>Small groups with referral scenarios</td>
<td>Referal cards</td>
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<td>9.1 Protecting confidentiality and encouraging disclosure (45 minutes)</td>
<td>Disclosure advantages/disadvantages, problem trees</td>
<td>Flip chart with problem tree, yellow stickies</td>
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<td>9.2 Facilitating communication between PLHA and their doctor (30 minutes)</td>
<td>Case study</td>
<td>Case study cards</td>
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<td>9.3 Team building (30 minutes)</td>
<td>Picture discussion</td>
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<tr>
<td>10.2 Evaluation and closing (30 minutes)</td>
<td>Evaluation &amp; closing game</td>
<td>Post test evaluation questionnaire, workshop questionnaire, candles and matches</td>
</tr>
</tbody>
</table>
SESSION 5.6: TREATMENT AND ADHERENCE ISSUES FOR SPECIAL POPULATIONS

Trainer’s notes

Objectives

• To understand the specific issues of special population.

Methodology

Sungraphs

Recommended Time

30 minutes

Materials

• Flip charts
• Markers

Steps

1. Before the session, prepare three cards with ‘Sex Worker’ ‘Men Who Have Sex with Men’ and “Intravenous Drug Users (IVDU)” written on them. Divide participants into three groups and make sure each group has flip chart paper to work with.

2. Ask the groups to draw a sun graph in the middle of the chart. Pass out one of the cards to each group. Explain that their task is to discuss and list the special needs of the population on their cards in reference to ART.
3. They should write their list down as the rays of the sun graph, with the population written on the centre of the graph. Allow 15 minutes for them to complete the task.

4. Ask participants to rejoin the group and begin by going through each group’s presentation, with the facilitator adding on the extra information as necessary (referring to the Trainer’s resource below).

5. Conclude the session by explaining that as

**Peer educators we have to be aware of the special needs of sub-populations in the larger population of people living with HIV so that we can continue to support each other in treatment adherence.**
While antiretroviral therapy improves the quality of life of people living with HIV, access to these drugs is very difficult if you are a person from a population with special needs such as intravenous drug users (IVDU), sex workers, and men who have sex with men (MSM). Such populations suffer from double stigma associated with their social and their HIV status and require tailored programs to address their needs in treatment and adherence. Criminal laws and enforcement practices can also influence the risks for intravenous drug users, sex workers, and MSM by affecting the ability of public health agencies to effectively deliver prevention, care, and treatment services to these populations.

I. Issues specific to drug users:

1. Everyone believes that drug users are incapable of following the prescribed regimen for antiretroviral therapy.

2. It is not possible to insist on stopping the use of drugs as a condition of medical treatment if this is beyond the capabilities of the drug user. It is also unjust to judge people as likely to be noncompliant with ART simply because they are drug users and to withhold ART on this basis.

3. Criteria for initiating ART in substance-using people do not differ from general recommendations; therefore, intravenous drug users who are eligible for ART should be ensured access to this life-saving therapy.
4. Adherence to treatment is profoundly affected by systems of care; if the system meets the needs of the socially marginalized, there is a vast improvement in adherence to treatment.

5. The key to effective treatment is careful assessment and education of the person, leading to development of an individualized treatment plan to maximize adherence.

6. Special considerations for this population include
   a. Dealing with instability in lifestyle, which challenges drug adherence.
   b. Accounting for the potential drug interactions of ARV with agents such as methadone, which decreases the level of Efavirenz in the body.
   c. Dealing with arrest and detention can affect adherence for drug users in prison.
   d. ART medications can cause liver side effects, and for people using drugs there is a higher risk of having liver complications because people using IV drugs are likely to have Hepatitis ‘B’ and ‘C’, which damage the liver.

7. To help people adhere to ART in such settings, peer educators can recommend the following:
   a. Directly observed therapy can be implemented.
   b. Dispensing of medications in pre-filled pillboxes, initially on a weekly basis, then every two or four weeks.
   c. Dispensing on a weekly or more frequent basis at needle exchange or other harm reduction sites.
II. Issues specific to sex workers:

1. Lack of information about ART; stigma, blame, and fear of discrimination prevent HIV+ sex workers from seeking treatment.

2. Criteria for initiating ART are the same for everyone irrespective of their occupation; therefore, sex workers who are eligible for ART should be ensured access to this life-saving therapy.

3. The uncertainty in lifestyle created by the socioeconomic situation of a sex worker impacts access to ART and adherence.

4. Arrest and detaining of sex workers in prison can affect their adherence.

5. Peer educators can play a role by acting as a bridge between the service providers and the sex workers who need treatment, informing, educating, and supporting them to access the treatment and motivating them to adhere to their drugs.

6. Educating police personnel about the importance of ART, timely medication dosing, and communicating with other facilities in advance can eliminate or limit missed doses.
III. Issues specific to men who have sex with men:

1. Lack of information about ART; stigma, blame, and fear of discrimination prevent HIV+ MSM from seeking treatment.

2. Criteria for initiating ART are the same for everyone irrespective of their sexuality; therefore, men who have sex with men who are eligible for ART should be ensured access to this life-saving therapy.

3. Peer educators can play a role by acting as a bridge between the service providers and the HIV positive MSM who need treatment by informing, educating, and supporting them to access the treatment and motivating them to adhere to their drugs.
SESSION 5.7 : CHILDREN AND ANTIRETROVIRAL THERAPY

Trainer’s notes

Objectives

- Identify differences between HIV/AIDS in children and adults.
- Discuss implications of prior ART treatment of the mother during pregnancy in selection of regimens for her infant.

Methodology

Brainstorm, discussion

Recommended Time

30 minutes

Materials :

- Flip chart
- Markers

Steps

1. Divide the group into small groups of four.
2. Groups are given the task to discuss and identify the special needs of children living with HIV with respect to ART.
3. Allow ten minutes for discussion. Participants are asked to put their points down on paper.
4. The groups rejoin to form a larger group and make a presentation. Allow 3 minutes for each group to present. Facilitator adds any information left out by referring to the Trainer’s resource ‘A’.
SESSION 5.7: CHILDREN AND ANTIRETROVIRAL THERAPY

Trainer's resource ‘A’

Key Points

1. Standard HIV tests will show a positive HIV test in children born to HIV-infected mothers until they are 18 months old.

2. CD4 counts are used differently in children (% used instead of absolute CD4 count).

3. Similarity in comparison with the adults:
   a. The same “window period” of three months applies to HIV antibody tests on babies as in adults.
   b. A negative antibody test on a baby proves that the baby was not HIV infected within the past few months. An HIV antibody test that is negative three months after a baby has stopped breastfeeding reliably proves that the baby is not HIV infected.
   c. ART in children reduces opportunistic diseases, hospitalizations, prolongs survival, and improves the quality of life.
   d. Similar ART regimens are used.
   e. First-line regimen in children is the same as the first-line regimen in adults.
   f. Some adult preparations can be used in children.
   g. They have similar drug side effects and toxicity.
h. Drug adherence is the most critical factor in treatment success.

i. Poor adherence results in drug resistance and treatment failure.

4. Differences with adults and issues with ART in children:
   a. Determining the dose of ART medicine is more complicated.
   b. Taste issues affect adherence in children
   c. Follow-up is dependent on care takers
   d. Adherence depends primarily on the caretaker.
   e. Nevirapine, as a single drug is given during delivery to prevent HIV transmission to children. However this does not prevent transmission in all children. Among children who become infected with HIV in spite of Nevirapine there is likelihood that the virus in their body will be resistant to Nevirapine. In such cases Nevirapine-based ART regimens will not work.
   f. The family must be counseled and educated about ARV, including the need for adherence with follow-up medical visits and with medications. Giving medication twice daily to a small child without ever missing a dose is difficult and usually requires the participation of more than one caregiver. One caregiver may be at work or away when a dose is due, and then the other caregiver must give the child the medication. Usually several counseling sessions should be provided to the family before medications are prescribed, so that adherence is excellent from the first dose.
   g. All infants born to HIV positive mothers should be on cotrimoxazole starting at six weeks of age and until they are proven to NOT have HIV which usually is confirmed at 18 months of age. Cotrimoxazole prevents PCP-a kind of pneumonia (an opportunistic infections of the lungs).
SESSION 6.1 : HOME-BASED CARE

Trainer’s notes

Objectives

• To understand basic elements of home-based care and first aid for PLHA.

• To explore the role that family members can play in home-based care.

Methodology

Brainstorm, Discussing picture charts

Recommended Time

60 minutes

Materials

• Flip chart
• Markers
• Tape
• Participant’s manual Session 6.1—Handout ‘A’ : Preventive Home-Based Care
• Participant’s manual Session 6.1—Handout ‘B’ : Managing Symptoms

Steps

1. Begin the session by asking participants to try to answer the following questions:

• What is home-based care?

• Why is home-based care effective and important?

Refer to trainer’s resource ‘A’ for answers to these questions as
they are being discussed.

2. Ask the group to brainstorm all of the tasks that a family member or peer educator can perform when providing home-based care. Remind the group that these tasks include physical, emotional, and spiritual tasks. (List these tasks on the flip chart as people identify them.)

3. Explain that we are going to talk more specifically about care that can be provided to people living with HIV in the home. Review Participant’s Handouts ‘A’ and ‘B’ with the group and discuss issues that are raised as you go. While reviewing the handouts, facilitator can get two volunteers from the participants to demonstrate steps mentioned in the handout, in helping a HIV positive person while he or she is sick.

**SESSION 6.1 : HOME-BASED CARE QUESTIONS**
What is home-based care?

- Home-based care means any form of care given to sick people in their own home instead of in a hospital.
- It can mean the things people might do to take care of themselves or the care given by the family members, health-care workers or other providers of care.
- Home-based care includes physical, emotional, spiritual, and social aspects.

Why is home-based care effective and important?

- Many illnesses and infections associated with HIV and AIDS can be managed at home if people have some basic information.
- Home care is less expensive and can be given with compassion and dignity in a familiar environment rather than in a hospital.
- A caregiver (spouse, parents, children, neighbor, health worker, or a friend) can attend to other responsibilities if the person living with HIV is at home.
- The person living with HIV doesn’t have to travel long distances to seek care at a hospital.
Trainer’s notes

**Objectives**

- To understand the universal precautions that should be carried out by all health professionals and caregivers.

**Methodology**

Brainstorm, Discussing picture charts

**Recommended Time**

30 minutes

**Materials**

- Flip chart
- Markers
- Tape
- Participant’s manual Session 6.2—Handout ‘A’: Universal Precautions

**Steps**

1. Begin the session by reviewing the following two points about universal precautions:

   - **Simple and practical recommendations exist for implementing universal precautions while providing home-based care in any low-resource setting.**
   - Universal precautions prevent infections in both caregivers and people receiving care, and should be used with all people accessing health care units, regardless of their known or presumed HIV status.

2. Ask the group to make a list of the precautions that a family member or peer educator can adopt when providing home-based care.
(List these tasks on the flip chart as people identify them.)

3. After, review Participant’s Handout ‘A’: Universal Precautions with the group and discuss issues that are raised as you go.
SESSION 7.1: POSITIVE PRACTICES

Trainer’s notes

Objectives:

• To identify behaviours that contribute to better health while living with HIV.

Methodology

Small group drawing assignments

Recommended Time

45 minutes

Materials

• Flip chart
• Markers
• Tape
• Participant’s manual Session 7.1—Handout ‘A’ : Positive Practices

Steps

1. Explain that we are going to explore how people living with HIV can implement positive living practices.

2. Divide the participants into five groups.
3. Assign each group one of the following categories
   Group One : **Washing the body and avoiding drugs and alcohol**
   Group two : **Clean water and clean food**
   Group three : **Exercise and activity**
   Group four : **Nutrition**
   Group five : **Social interaction and relationships**

4. Provide each group with flip chart paper and markers. Ask them to draw positive things that PLHA can do related to their topic. Allow 10 minutes for the groups to draw.

5. When the groups are finished, ask each group to quickly present its drawings.

6. If there are issues that were not discussed, review them using Handout A : Positive Practices.
SESSION 7.2 : NUTRITION

Trainer’s notes

Objectives

• To develop simple recipes that PLHA can use for a healthy and nutritional diet.

Methodology

Recipe competition

Recommended Time

45 minutes

Materials

• Flip chart
• Markers
• Tape
• Participant’s manual Session 7.2 — Handout ‘A’: Healthy Foods

Steps

1. Explain that we are going to explore how people living with HIV can eat nutritiously and economically for optimal health.

2. Begin by asking the group to identify types of food that are healthy and nutritious. To help them, provide a list of three headings in which to classify these healthy foods:

   Energy-giving foods (carbohydrates), Health-giving foods (fruits and vegetables), and Bodybuilding foods (proteins). List these foods on a sheet of flip chart paper.
3. Review Handout 7.2: Healthy Foods, which provides examples of three types of important food.

4. Divide the participants into three teams. Explain that they will have 15 minutes to identify a meal that has at least one food from each of the three food groups mentioned in Handout ‘A’. After, each group will be given five minutes to tell us the ingredients necessary for the meal and share with others how it would be prepared.

5. The facilitators will vote on the best meal, based not only on taste but also on its economical merit!
SESSION 8.1: MAPPING CARE AND SUPPORT SERVICES FOR PLHA

Trainer’s notes

Objectives

- To identify what public services exist for PLHA.
- To map and list HIV services in the local area.

Methodology

Mapping

Recommended Time

30 minutes

Materials

- Flip chart or board
- Paper and pencil

Steps

1. Ask participants to brainstorm as a group all the services in the local area that are part of the care and support continuum for people living with HIV. Trainer’s resource 8.1 will give the facilitator an idea of services that are usually available. Add on to the participant list any items that were overlooked. Assign a colour dot/ number to each type of service delivery point on the list.
2. Participants will now draw a map of the services they have in their respective districts/taluka. Ask participants to draw a map of their geographic area (district/taluka) and indicate the important cities, towns, villages, blocks etc. Draw a demonstration map as you give these instructions. The map need not be perfect.

3. Based on the information they have about the services available in their area, ask participants to place the colour dot/number of each type of service delivery point (from the numbers assigned at the end of step 1) in the place(s) that service delivery point can be found in their district. For example: Write “12” near the town/city where an ART roll out centre is located. Repeat the same process for all types of services available in their area.

4. The participants should now be encouraged to repeat this exercise with participants from the neighbouring district, as they may have to refer people to services in other districts.

5. The facilitator will now ask each question in Trainer’s resource ‘A’ 8.1. Allow the participants a chance to respond to each question, based on their experiences with HIV/AIDS services. After participants respond, provide any additional information if necessary.
6. Conclude the session by explaining that

Participants can use the mapping exercise they have just done as a referral checklist in their workplace and that they could do a similar mapping exercise for their block and village level area too.
### No. List of Services for People Living with HIV/AIDS

<table>
<thead>
<tr>
<th>No.</th>
<th>Service Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Government HIV clinic, hospital</td>
</tr>
<tr>
<td>2</td>
<td>NGO Health Center providing HIV care</td>
</tr>
<tr>
<td>3</td>
<td>Private hospital (nursing) for HIV care</td>
</tr>
<tr>
<td>4</td>
<td>Private doctor treating HIV</td>
</tr>
<tr>
<td>5</td>
<td>Other government facilities addressing needs of people living with HIV</td>
</tr>
<tr>
<td>6</td>
<td>NGO facilities addressing needs of people living with HIV</td>
</tr>
<tr>
<td>7</td>
<td>Private hospital (nursing home) addressing needs of people living with HIV</td>
</tr>
<tr>
<td>8</td>
<td>NGO ‘s for orphans of HIV affected people</td>
</tr>
<tr>
<td>9</td>
<td>ART pharmacies</td>
</tr>
<tr>
<td>10</td>
<td>Laboratory services (CD4 test)</td>
</tr>
<tr>
<td>11</td>
<td>TB treatment/direct observation therapy (DOT) centers</td>
</tr>
<tr>
<td>12</td>
<td>ART roll out center</td>
</tr>
<tr>
<td>13</td>
<td>Pediatrician who specializes in HIV treatment</td>
</tr>
<tr>
<td>14</td>
<td>HIV/AIDS voluntary counseling testing center</td>
</tr>
<tr>
<td>15</td>
<td>Prevention of Parent-to-Child-Transmission centers, including PPTCT + services</td>
</tr>
<tr>
<td>16</td>
<td>Nutrition support available in the district</td>
</tr>
<tr>
<td>17</td>
<td>Educational institution providing services for children living with HIV and/or affected by it</td>
</tr>
<tr>
<td>18</td>
<td>Care homes for people living with HIV</td>
</tr>
<tr>
<td>19</td>
<td>Detoxification and de-addiction centers</td>
</tr>
<tr>
<td>20</td>
<td>Legal services for people living with HIV</td>
</tr>
<tr>
<td>21</td>
<td>Drop-in services</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>
Questions to be asked by the facilitator:

- Where are ART services provided locally?
- How far away are the services located?
- What is the cost involved for people to travel to these services?
- What is the process involved in accessing those services? Registration? How long one has to wait? Etc.
- What are the criteria for one to receive ARV? For example, if I am a person who has been recently diagnosed with HIV infection, and I have a CD4 count of 150, what is the likelihood that I will receive ART at these sites?
- Will I have to pay for that treatment? If so, what do I do if I have no financial resources?
- How are these services linked?
- How do I contact these services? Who are the contact people?
- How many people in India are currently on ART?
- How many people in India need immediate access to ART?
- Given that demand is higher than supply, how do programs decide who gets access to ART first?
SESSION 8.2 : REFERRAL

Trainer’s notes

Objectives

• To explore what referral options exist for management of ART side effects, OI management, PPTCT, VCT, lab tests, and other needs of PLHA.

Methodology: Small groups with referral scenarios

Time

30 minutes

Materials

• Facilitator’s guide session 8.2, Trainer’s resource ‘A’ : Referral scenarios

Steps

1. Explain that the last session discussed what services exist for PLHA. Now we are going to look at what services peer educators can provide referrals for and where specifically that could be done.

2. Divide the participants into four groups. Provide each group with a card that has a referral scenario on it. If the participants have difficulty reading the information on cards, you can read the scenario
and questions to them out loud. Allow five minutes for the groups to discuss their scenario and develop a referral plan.

3. Bring the groups back together and take turns having the groups present their referral scenario and plan.

4. Complete the session with the following discussion questions:

   • Which of these scenarios were similar to ones that you see in your community? Why?
   • What other scenarios could you imagine that would require referral? For those scenarios, where would you refer?
SESSION 8.2 : REFERRAL SCENARIOS

Referral Scenario Cards:

**Group One**

A client you know has tested HIV positive and has recently been experiencing a number of opportunistic infections.

- What types of services should your client be referred to?
- Where would you refer your client?
- What would you do to help ensure that your client seeks and receives the care he/she needs?

**Group Two**

The husband of a woman who enrolled in a PPTCT program asks you about HIV testing. He is unsure if he should get tested. He expresses concern about going to the maternal and child health clinic where his wife was tested. He thinks they will be unfriendly to men.

- What types of services should your client be referred to?
- Where would you refer your client?
- What would you do to help ensure that your client seeks and receives the care he needs?
Group Three

A patient who has been on ART is starting to get very sick. She has been on treatment for three years, but has not been adhering to her medications regularly due to financial problems. You fear that she may be experiencing treatment failure.

• What types of services should your client be referred to?
• Where would you refer your client?
• What would you do to help ensure that your client seeks and receives the care she needs?

Group Four

A young man recently received a positive HIV test result. He uses IV drugs and has poor nutritional habits. As a result, his health is not good.

• What types of services should your client be referred to?
• Where would you refer your client?
• What would you do to help ensure that your client seeks and receives the care he needs?
SESSION 9.1 : PROTECTING CONFIDENTIALITY AND ENCOURAGING DISCLOSURE

Trainer’s notes

Objectives

• To consider the reasons why a person would want or not want to disclose his or her HIV status.
• To understand the causes and effects of confidentiality breaches.
• To understand the conditions that encourages disclosure and the benefits that can come from it.
• To identify ways to avoid confidentiality breaches and promote disclosure.

Methodology

Disclosure advantages/disadvantages, problem trees

Recommended Time

45 minutes

Materials

• Flip chart
• Markers
• Tape

Steps

1. Explain that this session will explore the issues of disclosing one’s HIV status, especially when someone is HIV-positive.

2. Acknowledge that this activity may be difficult for some of us. All of our lives are affected personally by HIV, and some of us have
had challenges in disclosing our status to others. Remind people that they can decide not to participating in the activity at any point.

3. Ask the group to consider the advantages and disadvantages of disclosing one’s status. Have them list the advantages on one side of a flip chart and the disadvantages on another.

4. Explain that we want to encourage people to disclose their status if they feel comfortable doing so because of the advantages mentioned. We also want to make sure a person’s status is not disclosed if they do not want it to be because of the disadvantages mentioned.

5. Explain that to explore the concept of not accidentally disclosing a person’s status for them, we will do an exercise called a “problem tree.” Divide the participants into three or four small groups. Each group will be asked to draw a “problem tree” that looks at confidentiality breaches.

6. Provide the following instructions for the groups:

• Draw one tree trunk in the middle of a flip chart and label it “Not Keeping Confidentiality.”

• Ask the group to discuss some of the causes of why a peer educator would accidentally not keep the confidentiality of a PLWHA? On the problem tree, each of the causes should be depicted as one of the roots of the tree.

• The problem tree will also look at the effects of confidentiality breaches. In their picture of a problem tree, the outcomes will be depicted as the branches of the tree.
7. After all groups are finished, ask participants to post the flip charts on the wall. Allow all of the participants to walk up to the wall and observe the tree.

8. Bring the group back in a circle. Ask the participants the following discussion questions:

- **What did you learn from doing the problem tree?**
- **What can we do to help prevent confidentiality breaches in our work?**
- **If PLHA decide that they want to disclose their HIV status, what can we do to help them do this?**
SESSION 9.2: FACILITATING COMMUNICATION BETWEEN PLHA AND THEIR DOCTOR

Trainer’s notes

Objectives

• To identify how peer educators can help PLHA provide good information about their HIV status and adherence to doctors and nurses.

Methodology

Case study

Time

30 minutes

Materials

• Flip charts
• Marker pens
• Facilitator’s guide Session 9.2—Trainer’s resources ‘B’: Scenarios

Steps

1. Introduce the session by making these two points: As HIV infection is a lifelong condition:
A good relationship with a primary caregiver is essential, as the doctor is the key in maintaining the health and well being of a person living with HIV.

Since doctors are busy and have a heavy patient load, they may not be able to gather all the important information about a patient’s HIV status and his/her ability to adhere to ART. You as peer educators spend more time with the patient and are able to elicit more information from the PLWHA than a doctor.

2. Explain that peer educators can help people living with HIV in the following ways (using the Trainer’s Resource as a reference):

- By preparing the person for the doctor’s visit
- By showing the person how to describe conditions and symptoms
- By encouraging the person to be honest with the doctor
- By encouraging the person to follow up with the doctor if something was not discussed/clarified
- By encouraging the person to discuss all medicines with the doctor

3. Divide participants into four groups. Assign one of the four case studies/scenarios from Trainer’s resource ‘B’ to each group. Allow 10 minutes for each group to discuss the scenario and apply the above methods. After 10 minutes allow each group 4 minutes (total 16 minutes) to present their case and how they would advise an HIV+ person to be well prepared for the doctors visit.

4. Conclude the session by explaining that as peer educators we have to be aware of the ways of building lasting relationships with doctors and other health care providers so that they can come up with practical solutions in supporting people living with HIV to adhere to treatment.
People living with HIV need to build a good relationship with their doctor. Therefore, it is crucial for people living with HIV to identify a doctor and to keep him/her informed about the status of their health. Regular health check-ups and regular follow-up are important to keep the doctor informed about the health status. Doctors assess health status by inquiring about health problems, performing a thorough physical examination, analyzing lab reports, reviewing medications, and considering other information collected during the visit before deciding on a treatment plan.

The relationship with the doctor should be based on open and frank communication and not hiding any information necessary for the doctor to make a correct diagnosis and offer appropriate treatment. It helps if PLHA and doctors trust each other and if the PLHA is honest with the doctor and feels free to ask questions or seek clarification regarding treatment, including ART drugs.

**Being Prepared**

Before going for a visit to the doctor people should be prepared; this includes preparing a mental or written note of the list of the symptoms one has, questions about medication such as side effects or having a child while on ART. The person should remember to take along copies of any prescriptions, the latest lab reports, and any medicines they are taking. It is very important to bring the actual medicine packet or
bottle with the label so the doctor can identify the medicine by its name. Many pills have the same color and shape, so it is not always possible to identify the medicine just by looking at the tablets.

**Communicating about Conditions and Symptoms**

When people are with a doctor they are usually anxious and worried that they may forget to ask something they wanted to ask. Therefore, they start telling the doctor all their symptoms at one time. It is better to let the doctor ask questions and then give specific answers to each question. If the person brings a checklist of what they want to ask or tell the doctor, then they can consult their list and make sure everything is covered during the visit. The person should be sure to provide the doctor with complete information about all conditions and symptoms. Pointing to the areas affected by the symptoms and describing the feeling in this area is a good way to do this.

**Asking Questions**

People living with HIV have a right to receive an explanation of their condition. Doctors sometimes assume that people living with HIV know much more about their condition or about their medication than he or she actually does. So if one does not have a lot of information they need to be sure to ask questions. They can ask the doctor directly during the visit or they can make an appointment to speak with someone else (such as a counselor). Some of the important questions to ask are: “What is wrong?” “What is the cause of my condition?” “What are advantages and disadvantages of treatment options?”

**Being Honest**

Being honest may mean sharing some very personal information, such as about lifestyle or embarrassing habits. But it is in the person’s best
interest to share this information so the doctor can determine the best course of treatment. If the person finds a particular topic embarrassing, he/she should let the doctor know, and the doctor may be able to help discuss the topic in a more comfortable way.

**Follow-up**

If the person forgets to ask certain questions, he/she should not hesitate to call the doctor’s office and get the information needed.

**Discussing Medication**

The person must inform the doctor about any medications he/she is taking, whether they are ayurvedic, homeopathic, or allopathic. When the doctor prescribes a new medication, should make sure they get all the information they need, such as how the medication will help, any side effects, any foods or drinks to avoid while on the medication, any drug interactions that may occur, when and how often the medicine should be taken, and if it has to be taken on any empty stomach or with food?
SESSION 9.2 : FACILITATING COMMUNICATION BETWEEN PLHA AND THEIR DOCTOR

Scenario 1.

Anuradha is a 35-year-old woman diagnosed with HIV four years ago. She was diagnosed with TB six months back and was started on TB medicines. She took the medicine for three months, felt better, and stopped taking the medicines. She was started on TB medicines again three weeks back by the government doctor when she had fever, cough, and weight loss. She is not feeling any better after three weeks of taking the TB medicines again. You as a peer educator are meeting with her today before she sees the doctor tomorrow. What documents, medications, prescriptions, records, and test results should she take when she visits the doctor?

Scenario 2.

Anil is a 36-year-old man known to be infected with HIV for three years and has been feeling fine up to now. But he has had blurring of vision and an occasional fever for the last ten days. He tells you that his vision is worsening gradually and that he cannot see very well. He also has frequent headaches. How do you think that he can get help from his doctor? And what information should he provide his doctor with?
Scenario 3.

Sameer is a 26-year-old who has been on ART for the past four months. He is a drug user and has been relapsing into drug use, which is affecting his adherence to ART. He wants to continue his ART medication, but he is very reluctant to talk about this to his doctor and finds it very awkward. How can you help him talk about his problems to the doctor?

Scenario 4.

Rema is a 28-year-old woman who is meeting the doctor tomorrow to discuss starting ART. She is being prescribed ARV. What are the things Rema should know about the medications? How can you help her find out about her medications from the doctor?
SESSION 9.3 : TEAM BUILDING

Trainer’s notes

Objectives

- To help peer educators understand how their role is part of a larger effort to support PLHA.

Methodology

Picture Discussion

Recommended Time

30 minutes

Materials

- Flip chart
- Markers
- Tape
- Participant’s manual Session 9.3—Handout ‘A’ : Coordinated Approach to Care.

Steps

1. Explain that this final session of the workshop will look at how peer educators can effectively work with other team members to provide optimal care for PLHA.

2. On a flip chart, draw the triangle diagram shown in Handout ‘A’ : Coordinated Approach to Care. Label the three sides of the triangle as follows : 1) Community Workers/Peer Educators; 2) Health Care Team; 3) People living with HIV, Families and Friends.
3. Explain that each of the three sides of the triangle have an important role to play in the health of PLHA. Clarify exactly who is included in these three categories of caregivers.

4. Distribute Handout ‘A’: Review the tasks of each category of caregiver and discuss.

5. Conclude the session with the following discussion question:

• What can be done to ensure that the three categories of caregivers work effectively together as a team?
SESSION 10.1 : REFLECTION OF THE WORKSHOP

Trainer’s notes

Objectives

• To reflect on what was experienced and learned during the day.

Methodology

Sentence stems and Plus/Delta

Recommended Time

15 minutes

Materials

• Flip Chart
• Markers
• Tape

Steps

1. If this is the first time for the participants to do this exercise, explain that the final fifteen minutes of each day will be devoted to the process of reflection. Ask, “What is reflection?” and discuss the responses. If necessary, explain that reflection is the process of thinking carefully about activities and events that have happened in our lives.

2. Write the following two sentence stems on a flip chart:

   • One thing I learned today was...
   • I want to think more about...
3. Ask a few volunteers to complete the statements and share their response with the group.

4. After, draw a line down a sheet of flip chart paper. On one side of the sheet write a “+”. On the other side of the sheet, write a triangle (delta), which is the symbol of change.

5. Ask participants to share things they liked about the day’s events and write them on the plus side.

6. Ask participants to share things they would like to change about the day’s events and write them on the delta side.
SESSION 10.2: EVALUATION AND CLOSING OF THE WORKSHOP

Trainer’s notes

Objectives

• To evaluate the process and content of the workshop.

Methodology

Evaluation & closing game

Recommended Time

30 minutes

Materials

Facilitator’s guide Session 10.2—Trainer’s resource ‘A’ : Written evaluation

Steps

1. Explain that this evaluation is very important, as the facilitators can make changes to the content and/or methodology to improve subsequent trainings.

2. Decide with the group if they want to carry out a written or verbal evaluation.

3. If the evaluation is written, pass out Trainer’s resource ‘A’. If any of the participants cannot read and write, either you or another facilitator or any other participant can fill out the form for the person.
4. If the evaluation is verbal, break participants into groups of three people each. Ask each group of three to discuss the following questions:

- **What are the three most important things I learned in the workshop?**
- **How will this workshop affect the way I do my work and live my life?**
- **What was good about the content of the workshop? Which aspects of the content need improving?**
- **What was good about the process of the workshop? Which aspects of the process need improving?**

5. After 15 minutes, bring the participants back together. Ask them to share their discussions. Note the suggested improvements in content, process, and logistics on newsprint. Allow 15 minutes for this.

6. Distribute the post test questionnaire (Trainer’s resource ‘C’) and ask the participants to fill it.

7. Closing of the workshop is also as important as beginning the workshop. Thank the participants, and all those who have contributed to the process of the workshop and provide them. Facilitator to use the four-day experience and appreciate the participants and provide with positive feedback. Talk about the follow up actions required from the participants. Leave your contact details and support that the participants can expect from you.

8. Closing activities like making a storm, patting shoulders, lighting candles are all very good way to go do it. Refer trainer’s resource ‘B’
SESSIO N 10.2 : EVALUATION AND CLOSING OF THE WORKSHOP

Trainer’s resource ‘A’ : Written Evaluation

Please circle the number below that best describes your response to the workshop:

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization of the workshop</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Effectiveness of facilitators</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Overall evaluation of workshop</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Please share with us the sessions you found most useful (include reasons why):

Please share with us the sessions that you found least useful (include reasons why):

Were there any particular training techniques that you found effective? Please share why...

Please share any suggestions on how to improve the workshop or a particular session:

Other Comments:
SESSION 10.2 : EVALUATION AND CLOSING OF THE WORKSHOP

Trainer’s resource ‘B’ : Closing games

1. Rainstorm—cooling down game :

Gather the participants standing in a circle facing inwards. Stand in the center of the circle facing the participants. Tell the participants that you are going to create a “rainstorm.” They are to do what you do when you make eye contact with them and continue doing that until you come back around the circle to them again, then they should do the new action you show them. Then they will start doing what you are doing at that time, continue until you come back around and so on. Move quickly and smoothly around the circle meeting every one eye to eye. Change actions when you have made a complete circle.

Here are the actions :

Begin by rubbing your hands together (gentle rain)
Snap fingers together (harder rain)
Clap hands on thighs (even harder rain)
Stomp feet (thunder)

Then go in reverse :

Clap hands on thighs
Snap fingers together
Rub hands together
End by holding your hand silently at your mouth
(in a silent “shush” action)
As you go around the circle the storm will gradually build, peak, then ebb away to calm. When all is quiet, have the participants thanked.

2. Circle of light

Lighting candles and standing in a circle, the participants are encouraged to talk about their feeling about the training, their future plans about taking their training forward. Facilitator should make arrangement for candles and matches to light them in advance. Also make arrangements for a safe place where they can put their lighted candles away, like a tray with sand in it, or a cardboard box with sand in it.
PRE/ POST TEST QUESTIONNAIRE

Trainer’s resource ‘C’

Instructions: In the space provided, put T if the statement is true and F if it is false:

1. You can become infected with HIV from mosquito bites

2. When used correctly, condoms can protect men and women from HIV infection

3. HIV is a disease that affects only sex workers and homosexuals

4. HIV medicines can cure the HIV infection

5. HIV treatment is to be taken life long

6. Adherence means strictly following the ART schedule

7. Pregnant women on ART should continue taking the ART regime

8. Communication skills involves the use of words only

9. Traditional healers can cure HIV

10. All patients infected with HIV need treatment with ART

Put A tick on the right answer

11. Participants learn best by:
   • Reading
   • Hearing
   • Seeing
   • Doing
12. Number of people living with HIV infection in India:
   • 1 lakh
   • 53 lakh
   • 1 crore
   • 10 crore

13. HIV cannot be transmitted by:
   • Sexual route
   • Sharing needles
   • Touching an infected person
   • Parent to child transmission

14. Side effects of ART medicines are:
   • Severe abdominal pain
   • Jaundice
   • Nausea
   • All of the above
   • None of the above

15. What is the cost of HIV medications/month in India:
   • 700-1000 rupees/month
   • 100 rupees/month
   • 5000 rupees/month

16. List two important characteristics of a good counselor:

17. List two advantages of taking ART:

18. List two positive behaviors for HIV infected persons:

19. List two energy giving foods:

20. List two advantages of Home based care:
PRE/ POST TEST QUESTIONNAIRE-ANSWER KEY

Total Marks : 20

Instructions: In the space provided, put T if the statement is true and F if it is false:

1. You can become infected with HIV from mosquito bites  False
2. When used correctly, condoms can protect men and women from HIV infection  True
3. HIV is a disease that affects only sex workers and homosexuals  False
4. HIV medicines can cure the HIV infection  False
5. HIV treatment is to be taken life long  True
6. Adherence means strictly following the ART schedule  True
7. Pregnant women on ART should continue taking the ART regime  True
8. Communication skills involves the use of words only  False
9. Traditional healers can cure HIV  False
10. All patients infected with HIV need treatment with ART  False

Put a tick on the right answer

11. Participants learn best by :
   • Reading
   • Hearing
   • Seeing
   • Doing*

12. Number of people living with HIV infection in India :
   • 1 lakh
   • 53 lakh*
   • 1 crore
   • 10 crore
13. HIV cannot be transmitted by:
   • Sexual route
   • Sharing needles
   • Touching an infected person*
   • Parent to child transmission

14. Side effects of ART medicines are:
   • Severe abdominal pain
   • Jaundice
   • Nausea
   • All of the above*
   • None of the above

15. What is the cost of HIV medications per month in India:
   • 700-1000 rupees/month*
   • 100 rupees/month
   • 5000 rupees/month

16. List two important characteristics of a good counselor:
   • Good communicator
   • Makes client feel comfortable

17. List two advantages of taking ART:
   • Live a longer & quality life
   • Opportunity to continue earning

18. List two positive behaviors for HIV infected persons:
   • Eating healthy food
   • Use of condoms if sexually active

19. List two energy giving foods:
   • Rice
   • Sugar

20. List two advantages of Home based care:
   • Less expensive
   • A care giver can attend to other household responsibilities
Notes
Cover Concept: 'Treatment information and education empowers people living with HIV, enhances access to treatment and improves the quality of life'.