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Date: 03/2016

(1 HOUR 30 MINUTES)

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

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

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

S = What do you **See**?  
 H = What is **H**appening?

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| <p>10'</p> | <p>Focus the discussion on the process of sharing:</p> <ul style="list-style-type: none"> <li>• One member shares feelings about something he or she is struggling with. He or she may also share what has helped with the struggle.</li> <li>• Other members who can relate to those feelings share in turn.</li> <li>• When the cycle plays out, a member can begin a new cycle with different feelings.</li> <li>• Members use "I" and "me" language to share feelings and what has helped them. This is instead of "you" language that can sound like members telling other members how they should feel and what they should do to help themselves.</li> </ul> |
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## SUPPORT GROUPS

| METHOD  | TIME | KNOWLEDGE   |
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| <p>I. The benefits of support groups for people living with HIV (PLWH) who are on HIV treatment (ART)</p> <p>A. How are support groups helpful for PLWH on ART?</p> | 10'  | <p>I. <u>The benefits of support groups for PLWH who are on ART</u></p> <p>A. How support groups help PLWH</p> <ol style="list-style-type: none"> <li>1. Members find fellowship with others who can relate to their experience in the journey of living with HIV. Support groups help PLWH to not feel alone and isolated.</li> <li>2. Provide peer support for each other</li> <li>3. Carry the burden and share responsibility for each other</li> <li>4. Learn about HIV with others</li> <li>5. Learn from others how to better manage their own illness</li> <li>6. Feel less stigma and discrimination by being with others suffering from the same disease</li> <li>7. Join in the energy of the group relating to each other (called the "group dynamic")</li> <li>8. Care for each other emotionally and spiritually</li> </ol> |
| <p>II. <u>Important safeguard of confidentiality for support groups</u></p> <p>A. What is an important safeguard for support groups?</p>                            | 5'   | <p>II. <u>Important safeguard of confidentiality for support groups</u></p> <p>A. Important safeguard for support groups</p> <ol style="list-style-type: none"> <li>1. An important safeguard for support groups is that members keep what is discussed and shared confidential</li> <li>2. What happens in the support group stays in the support group</li> </ol>   |
| <p>III. Explore what to do in support groups</p> <p>A. What are some activities that can be done in support groups for PLWH on ART?</p>                             | 10'  | <p>III. <u>Explore what to do in support groups</u></p> <p>A. Activities that can be done in support groups</p> <ol style="list-style-type: none"> <li>1. CHEs can serve as facilitators of support groups. Or, they may assist the facilitator, such as a staff member from the clinic who is leading an ART adherence support group.</li> <li>2. Members and the facilitator can rotate turns to give a 15 minute opening devotional</li> <li>3. The facilitator may provide a teaching on HIV</li> <li>4. In community-based ART adherence support groups, members are screened for medical issues and medicines are distributed. We will talk more about this in a future lesson.</li> </ol>  |











**COMMUNITY-BASED DISTRIBUTION OF HIV TREATMENT**

Date: 03/2016

(1 HOUR)

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

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

| METHOD   | TIME       | KNOWLEDGE   |
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| <p><b>Starter:</b><br/>Before starting the lesson, ask for 6 volunteers. 3 volunteers are patients at the clinic. 3 volunteers are CHEs. Ask the 3 patients to act out walking with huge burdens on their backs along the paths of life. The burdens are so heavy that they are stumbling along and falling and struggling to get back on their feet. Then the 3 CHE volunteers come along and lift the burdens from the patients. The 3 patients are now able to walk light and free.</p> <p>Ask participants what they see. Explain that the 3 patients are those with chronic diseases who are carrying the huge burdens of needing to visit the clinic often and take medicines for years. 3 CHEs have come along and helped to lighten the burdens the patients are carrying.</p> <p>Discuss some of the burdens or challenges that people with chronic diseases face. (See the Knowledge section.)</p> <p>After discussion of the burdens, explain that this lesson covers one way that participants can help lighten the burden of chronic diseases for HIV patients who are on HIV treatment for life. This way is called community-based distribution of HIV treatment (ART).</p> | <p>10'</p> | <p>What are some of the burdens or challenges that people with chronic diseases face?</p> <ul style="list-style-type: none"> <li>• Long distances to travel to get to the clinic</li> <li>• Time away from family and work</li> <li>• Cost of travel and lost work time</li> <li>• Long waiting lines at the clinic</li> <li>• The need for a visit with the medical provider in order to refill medicines even when they feel well</li> <li>• Very brief visits with the medical provider once they are seen</li> <li>• Clinic staff are overburdened</li> <li>• Shortage of clinic staff</li> <li>• Turnover of clinic staff – New staff do not know the patients and their histories</li> </ul> <p>CHEs can help lighten the burden by bringing ART to the community, where PLWH live and CHEs serve</p> |
| <p>I. Community-based distribution of HIV treatment (ART)<br/>Community-based distribution of ART can help lighten the burden for patients with the chronic disease of HIV.<br/>If the CHE program can do only one thing in this entire training module, community-based</p>   | <p>10'</p> | <p>I. <u>Community-based distribution of HIV treatment (ART)</u></p>  |

**COMMUNITY-BASED DISTRIBUTION OF HIV TREATMENT**

| METHOD  | TIME | KNOWLEDGE   |
|---|------|---|
| <p>distribution of ART is the highest priority!</p> <p>A. What is community-based distribution of ART?</p> <p>B. How does community-based distribution of ART lighten the burden for PLWH and the clinic?</p>   |      | <p>A. What is community-based distribution of ART?</p> <ol style="list-style-type: none"> <li>1. It is bringing ART from the clinic to PLWH in the local community, where they live and where the CHE serves</li> <li>2. It separates medical checkup visits at the clinic from refilling and picking up ART medicines in the community</li> <li>3. Community-based distribution of ART is done in partnership with the clinic where PLWH receive their medical care. It is done under the supervision of the clinic.</li> </ol> <p>B. How community-based distribution of ART lightens the burden</p> <ol style="list-style-type: none"> <li>1. Community-based distribution lightens the burden on PLWH to make frequent clinic visits.</li> <li>2. The clinic is less crowded since PLWH are not coming for medications.</li> <li>3. This lightens the burden on the clinic to provide routine care for large numbers of PLWH.</li> <li>4. It involves task sharing and task shifting from medical care providers at the clinic to care providers in the community like CHes.</li> </ol> |
| <p>II. Community-based distribution of HIV treatment (ART) through adherence support groups<br/>One way to do community-based distribution of ART is through adherence support groups.</p> <p>A. What is adherence to ART?</p> <p>B. Who are the members of adherence support groups?</p> | 25'  | <p>II. <u>Community-based distribution of HIV treatment (ART) through adherence support groups</u></p> <p>A. Adherence is:</p> <ol style="list-style-type: none"> <li>1. Taking every ART pill every day at the same time of day for life</li> <li>2. It must be almost perfect</li> <li>3. Skipping pills makes the HIV virus resistant to ART. Then ART no longer works to fight the virus.</li> </ol> <p>B. Who the members of adherence support groups are</p> <ol style="list-style-type: none"> <li>1. The members of adherence support groups are PLWH who are stable on ART.</li> <li>2. They are keeping to the schedule of their medical visits and taking all their pills correctly.</li> <li>3. The virus is no longer found in their blood (although it is still in their bodies where ART does not reach).</li> </ol>   |

## COMMUNITY-BASED DISTRIBUTION OF HIV TREATMENT

| METHOD  | TIME | KNOWLEDGE   |
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| C. Where are adherence support groups held?                                 |      | C. Where adherence support groups are held <ol style="list-style-type: none"> <li>1. Adherence support groups are held in the local community where PLWH live and where the CHE serves.</li> <li>2. They meet in a church or other safe space, such as a public place like a library.</li> <li>3. Or, the groups may meet in the homes of members.</li> </ol>   |
| D. Who leads the groups?  |      | D. Who leads the groups <ol style="list-style-type: none"> <li>1. Groups are facilitated by the CHE</li> <li>2. Or, they may be facilitated by a staff member from the clinic or lay person, with the CHE assisting</li> </ol>  |
| E. How often do the groups meet?  |      | E. How often the groups meet <ol style="list-style-type: none"> <li>1. The groups meet according to the schedule determined by the clinic. This is usually monthly or bimonthly but may vary depending on how often PLWH need to have a medical checkup at the clinic and how often ART needs to be refilled.</li> </ol>  |
| F. How are the ART medicines packaged for delivery to the adherence groups? |      | F. How the ART medicines are packaged <ol style="list-style-type: none"> <li>1. Packaging and community distribution of medicines is done under the supervision of the clinic.</li> <li>2. The clinic pharmacy assembles medicines for each member of the adherence group in a package labeled with the member's name and directions for taking the medicine.</li> <li>3. The clinic is responsible that each member receives the correct medicines and dosages.</li> </ol> |
| G. How do the packaged ART medicines get to the adherence groups?           |      | G. How packaged ART medicines get to the groups <ol style="list-style-type: none"> <li>1. On a set schedule, either the CHE or a group member (rotating turns) travels to the clinic to pick up the pre-packaged ART for group members</li> <li>2. CHE distributes ART to members at the meeting place or delivers it to homes of members who were not able to attend</li> <li>3. Or, staff from the clinic brings pre-packaged ART to the adherence group</li> </ol>       |
| H. What happens at the meetings?  |      | H. Meetings may include <ol style="list-style-type: none"> <li>1. Taking weights of group members</li> <li>2. Checking adherence, such as by reviewing a pill schedule or calendar and counting pills</li> <li>3. Checking members for signs of illness</li> <li>4. Teaching about HIV or other topics</li> </ol>   |

**COMMUNITY-BASED DISTRIBUTION OF HIV TREATMENT**

| METHOD   | TIME | KNOWLEDGE   |
|--|------|---|
| <p>I. What happens if a member misses a group meeting?</p> <p>J. What are the benefits for PLWH of being together in the groups?</p> <p>K. As one woman member of an adherence support group run by Médecins Sans Frontières (MSF) stated, “The groups are like a church. We greet each other; we visit each other; we listen to each other; and we feel each other’s pain.”</p> |      | <p>5. Other activities of support groups, such as emotional and spiritual care</p> <p>I. What happens if a member misses a group meeting?</p> <ol style="list-style-type: none"> <li>1. CHE follows up with the member by phone, email, text message, or on a home visit</li> <li>2. If a member keeps missing meetings, the clinic may bring them back into regular care at the clinic since they are no longer considered a stable patient</li> </ol> <p>J. The benefits for PLWH of being together in the groups</p> <ol style="list-style-type: none"> <li>1. Group fellowship</li> <li>2. Peer support</li> <li>3. Build friendships</li> <li>4. Shared responsibility for the wellbeing of members</li> </ol> <p>K. Summary</p>   |
| <p>III. Community-based distribution of HIV treatment (ART) in ways other than adherence support groups<br/>Explore ways other than adherence support groups for CHEs to assist with distributing ART in the community</p> <p>A. What are ways CHEs can assist with community-based distribution of ART other than through adherence support groups?</p>                         | 15'  | <p>III. <u>Community-based distribution of HIV treatment (ART) in ways other than adherence support groups</u></p> <p>A. Ways CHEs can assist with community-based distribution of ART other than through adherence support groups?</p> <ol style="list-style-type: none"> <li>1. CHEs volunteer with community ART distribution points set up by the clinic or public health department.</li> <li>2. CHEs help to arrange transportation for a group of PLWH to go to the clinic at the same time.</li> <li>3. CHEs take laboratory tests like dried blood spots of a group of PLWH to the clinic for processing.</li> <li>4. CHEs assist with mobile medical vans</li> <li>5. A local church starts a clinic or community distribution point to maintain and dispense ART.</li> </ol> |

## COMMUNITY-BASED DISTRIBUTION OF HIV TREATMENT

| METHOD | TIME | KNOWLEDGE |
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6. CHEs take more responsibility and special training to know when to refer or accompany a PLWH on ART to the clinic. Standardized assessment tools may be available for CHEs to use.
  - CHEs learn to recognize signs that ART has stopped working, such as weight loss or signs of infection or other illness;
  - CHEs learn to recognize side effects of ART.

**References:**

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

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

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

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

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

This lesson is used in: HIV

**HIV TREATMENT FOR PREGNANT WOMEN**

Date: 03/2016

(1 HOUR)

- OBJECTIVES:** After working through this lesson, participants will be able to:
1. Understand the importance of HIV treatment (ART) for HIV-infected pregnant and breastfeeding women to prevent the tragedy of their babies becoming infected with HIV
  2. Learn what CHEs can do to help women and their babies

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

| METHOD | TIME | KNOWLEDGE |
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**Role Play:** 5'

A pregnant woman living with HIV is talking with a CHE

PLWH The clinic has started me on HIV treatment (ART) since I got pregnant. It seems it will keep me from passing HIV to my baby. I am so happy about this. My baby can be born free of HIV! I am grateful.

CHE It is wonderful! You are being kind and loving to your baby.

PLWH I think I will stop my ART after my baby is delivered. Why keep it going after my baby is safe?

CHE Now that you have started ART, you should stay on your ART for life. It will keep you from passing the virus to your baby when you are breastfeeding. It is important for your own health. And you will not have to restart ART if you get pregnant again. Stopping and then restarting ART can make your virus unresponsive so ART no longer works.

PLWH I did not realize this. I will keep my ART going for life! Thank you for helping me with this information.

**----SHOWD questions----**

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

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| <p>I. The Importance of HIV Treatment (ART) for Pregnant and Breastfeeding Women</p> <p>It is very important for CHEs to help HIV-infected pregnant and breastfeeding women take ART and continue it for life. ART is lifesaving for women and for their infants.</p> <p>A. How is ART important for pregnant women and their babies?</p> | 25' | <p>I. <u>The Importance of HIV Treatment (ART) for Pregnant and Breastfeeding Women</u></p> <p>A. How ART is important for pregnant women and their babies</p> <ol style="list-style-type: none"> <li>1. ART is good for the health of a woman who is HIV-infected whether she is pregnant and breastfeeding, or she is not pregnant</li> <li>2. Women who are stable on ART during pregnancy and breastfeeding do not pass the virus to their babies</li> <li>3. All HIV-infected pregnant and breastfeeding women should be on ART and continue it for life</li> <li>4. Pregnant or breastfeeding women newly diagnosed with HIV should start on ART as soon as possible</li> </ol> |
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## HIV TREATMENT FOR PREGNANT WOMEN

| METHOD  | TIME | KNOWLEDGE  |
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| <p>B. What is the tragedy of babies being born infected with HIV?</p> |      | <ol style="list-style-type: none"> <li>5. If women are already on ART, they should continue it when they get pregnant. ART is generally safe for developing babies.</li> <li>6. Pregnant women who stop ART after delivery or breastfeeding may have a decline in their health from HIV</li> <li>7. Pregnant women who stop ART after delivery may still pass the virus to their babies while breastfeeding</li> <li>8. Women who continue ART for life after pregnancy and breastfeeding may feel safe to have another pregnancy</li> <li>9. Women who stop ART may make their HIV virus resistant to ART so that it will not work for future pregnancies</li> </ol> <p>B. The tragedy of babies being born infected with HIV</p> <ol style="list-style-type: none"> <li>1. Babies exposed to HIV may become infected in the womb, during delivery, or with breastfeeding. This tragedy can be prevented by ART.</li> <li>2. Infants who are infected have poor health and are very sickly</li> <li>3. If infants are infected, their HIV may progress rapidly and they may die in the first few months of life unless they are treated early with ART</li> <li>4. Most infants who are infected die before age 2 unless they are treated with ART</li> <li>5. Since there is no cure for HIV, infants who are infected start a lifelong journey of HIV disease and need to be on ART for life</li> <li>6. It is difficult to diagnose early infant infection. HIV testing for infants is complex and depends on what tests the clinic has available. <ul style="list-style-type: none"> <li>• Although some tests can be performed in the first few months of life, others cannot be done until 9 to 18 months of age</li> <li>• Results of tests may not be available for a few weeks or longer</li> <li>• These delays increase the chance that infants will die before they can get started on ART</li> </ul> </li> </ol> |



## HIV TREATMENT FOR PREGNANT WOMEN

| METHOD  | TIME | KNOWLEDGE   |
|---|------|---|
| C. How does ART taken by pregnant women and their babies prevent infection?   |      | C. How ART taken by pregnant women and their babies prevents infection <ol style="list-style-type: none"> <li>1. All pregnant and breastfeeding women should be stable on ART to prevent transmission to babies</li> <li>2. All infants born to HIV-infected mothers are considered to be exposed to HIV. Exposed infants should receive <u>one or two</u> ART medicines from the clinic for the first few months of life to prevent infection.</li> <li>3. All exposed infants should have an HIV test at as young an age as possible to give a definite result whether they are infected with HIV</li> <li>4. All infants who are infected should start on <u>full</u> ART (<u>3</u> medicines) as young as possible</li> </ol> |
| D. How does ART allow HIV-infected women to breastfeed their babies?  |      | D. How ART allows HIV-infected women to breastfeed their babies <ol style="list-style-type: none"> <li>1. Breastfeeding is considered more healthy for infants than baby formula in places where safe water is not available to mix formula, even for women who are HIV-infected</li> <li>2. Women who are stable on ART do not pass the virus to their babies through breastfeeding</li> <li>3. A small amount of ART may reach babies through breastmilk. But this does not hurt babies.</li> <li>4. Women who stop ART after delivery but who are breastfeeding continue to expose their infants to infection</li> </ol>   |
| II. Explore what CHEs can do to help pregnant women and their infants   | 20'  | II. <u>Explore what CHEs can do to help pregnant women and their infants</u>  |
| A. What can CHEs do to help pregnant women and their infants?<br>By helping pregnant women and their infants, CHEs will share in the joy mothers feel when their babies are born free of HIV! |      | A. What CHEs can do to help pregnant women and their infants <ol style="list-style-type: none"> <li>1. CHEs should encourage all pregnant women to be tested for HIV</li> <li>2. They can help pregnant women who test HIV-positive to disclose their status to their husbands or partners and help them to get tested</li> <li>3. CHEs can help husbands or partners to be supportive of women during pregnancy and after delivery. This has been shown to improve outcomes for mothers and their babies.</li> <li>4. CHEs can facilitate support groups for pregnant women</li> </ol>   |

## HIV TREATMENT FOR PREGNANT WOMEN

| METHOD  | TIME | KNOWLEDGE   |
|---|------|---|
|   |      | <ol style="list-style-type: none"> <li>5. They should encourage HIV-infected pregnant women to deliver their babies at the clinic or hospital where they can receive care from trained birth attendants</li> <li>6. Many programs that care for pregnant women and their infants show a high number who are lost to care. CHEs can closely monitor HIV-infected women and their infants and help them stay in medical care               <ul style="list-style-type: none"> <li>• During pregnancy—to help them follow the clinic schedule for prenatal visits</li> <li>• While breastfeeding—so that they continue ART, and their infants are not exposed to HIV through breastfeeding</li> <li>• Until infants have an HIV test which gives a definite result whether they are infected or not</li> <li>• As women make the change from prenatal care back to regular adult medical care and their babies start pediatric care</li> <li>• Help HIV-infected women stay in medical care even when they are not pregnant</li> </ul> </li> <li>7. CHEs can help with adherence               <ul style="list-style-type: none"> <li>• For infected women to take their ART</li> <li>• For exposed infants to take their preventive ART</li> <li>• For infected infants to take their treatment ART</li> </ul> </li> <li>8. They can help women who do not wish to risk another pregnancy to obtain contraception</li> <li>9. CHEs can monitor sickly infants in the community. CHEs can help sickly infants and their mothers to get HIV tests.</li> </ol> |
| <p>III. Exercise</p> <p>Divide participants into pairs. One person is a CHE and the other is a pregnant woman living with HIV. The CHE answers questions from the woman about ART during pregnancy and breastfeeding for 5 minutes. Pairs then reverse roles for another 5 minutes.</p> | 10'  | <p>III. <u>Exercise</u></p> <p>Participants practice answering questions from a pregnant woman about ART during pregnancy and breastfeeding.</p>  |

## HIV TREATMENT FOR PREGNANT WOMEN

| METHOD | TIME | KNOWLEDGE |
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**References:**

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

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

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

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

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

This lesson is used in: HIV

**SPECIAL ISSUES - TUBERCULOSIS AND  
PRE- AND POST-EXPOSURE PREVENTION**

Date: 03/2016

(45 MINUTES)

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

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

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

**----SHOWD questions----**

S = What do you **S**ee?  
H = What is **H**appening?

As participants discuss the role play, explain that in this lesson we will cover 2 special issues of HIV treatment (ART):

- 1) Treatment for HIV and TB for people who have both infections;
- 2) Treatment with ART medicines to prevent infection for people at high risk, such as uninfected people who have infected partners.

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| <p>I. People with both HIV and tuberculosis (TB) infection</p> <p>A. What is important about TB for people living with HIV (PLWH)?</p> <p>B. What are the signs of TB?</p> | <p>10'</p> | <p>I. <u>People with both HIV and tuberculosis (TB) infection</u></p> <p>A. What is important about TB for people living with HIV (PLWH)</p> <ol style="list-style-type: none"> <li>1. People often become infected with both HIV and tuberculosis (TB)</li> <li>2. Both of these diseases are deadly. The combination is even more deadly than either disease alone.</li> <li>3. All people with HIV need to be tested for TB</li> <li>4. All people with TB need to be tested for HIV</li> </ol> <p>B. Signs of TB</p> <ol style="list-style-type: none"> <li>1. People have a positive test for TB and are sick from the disease</li> <li>2. Tests for TB may be skin, blood, or other tests</li> <li>3. People sick with TB commonly show signs of:                             <ul style="list-style-type: none"> <li>• Fever</li> <li>• Cough</li> <li>• Weight loss (or poor weight gain in children)</li> </ul> </li> </ol> |
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## SPECIAL ISSUES – TUBERCULOSIS AND PRE- AND POST-EXPOSURE PREVENTION

| METHOD  | TIME | KNOWLEDGE   |
|---|------|---|
|   |      | <ul style="list-style-type: none"> <li>• Sweating while sleeping at night</li> </ul>  |
| C. What medicines do people who have both HIV and TB take together?   |      | <p>4. People living with household members who have TB are at high risk for infection</p> <p>C. Medicines that people who have both HIV and TB take together</p> <ol style="list-style-type: none"> <li>1. People who have both HIV and TB take medicines for both infections at the same time</li> <li>2. People who are newly diagnosed generally start TB medicines first for a few weeks before starting ART</li> <li>3. People who are sicker with HIV start ART medicines sooner</li> </ol> |
| D. How are TB medicines and ART medicines different?  |      | <p>D. How TB and ART medicines are different</p> <ol style="list-style-type: none"> <li>1. TB medicines are a cure for tuberculosis but ART medicines are not a cure for HIV</li> <li>2. People can stop their TB medicines after a complete course but must stay on ART medicines for life</li> </ol>  |
| E. How are TB medicines and ART medicines similar?  |      | <p>E. How TB and ART medicines are similar</p> <ol style="list-style-type: none"> <li>1. Both TB and ART medicines require almost perfect adherence – people must take every pill every day at the same time of day without skipping pills.</li> </ol>  |
| F. What can CHEs do for people with HIV and TB?   |      | <p>F. What CHEs can do for people with HIV and TB</p> <ol style="list-style-type: none"> <li>1. Help people get tested for both HIV and TB</li> <li>2. Help PLWH adhere to both TB medicines and ART</li> </ol>   |
| II. Pre-exposure prevention (PrEP) for people who are at high risk for infection                                  | 15'  | II. <u>Pre-exposure prevention (PrEP) for people who are at high risk for infection</u>   |
| A. What is pre-exposure prevention (PrEP)?  |      | <p>A. What pre-exposure prevention (PrEP) is</p> <ol style="list-style-type: none"> <li>1. Pre-exposure prevention (PrEP) is using ART medicines <u>before</u> the exposure happens to prevent HIV infection</li> <li>2. One group of people at special risk who should consider use of PrEP is discordant couples. These are couples in which one partner is infected and the other partner is not infected.</li> </ol>  |
| B. What is important for couples in which one partner is infected with HIV and the other partner is not infected? |      | <p>B. What is important for couples in which one partner is HIV-infected and the other partner is not infected</p> <ol style="list-style-type: none"> <li>1. The partner who is not infected is at high risk for infection</li> <li>2. Every effort should be made to prevent the tragedy of the partner who is infected passing the virus to</li> </ol>  |

## SPECIAL ISSUES – TUBERCULOSIS AND PRE- AND POST-EXPOSURE PREVENTION

| METHOD  | TIME | KNOWLEDGE   |
|---|------|---|
| C. What can be done to protect the uninfected partner?                            |      | <p>the partner who is not infected</p> <p>C. What can be done to protect the uninfected partner</p> <ol style="list-style-type: none"> <li>1. To prevent infection for the uninfected partner, the partner who is infected should be stable on <u>full</u> HIV treatment (ART) using <u>3</u> medicines</li> <li>2. The couple should also use condoms</li> <li>3. The uninfected partner may also take <u>one or two</u> ART medicines to prevent infection (PrEP) if they are available from the clinic</li> </ol>  |
| D. What can CHEs do to help discordant couples?                                   |      | <p>D. What CHEs can do to help discordant couples?</p> <ol style="list-style-type: none"> <li>1. Help both partners get HIV tests</li> <li>2. Help partners disclose their status to each other</li> <li>3. Help uninfected partners who are in long-term and committed relationships with infected partners get annual HIV tests</li> <li>4. Help infected partners become stable on full ART and stay on it for life</li> <li>5. Find out if PrEP is available from the clinic. If so, refer uninfected partners to see if they are eligible.</li> <li>6. Just like for full ART, it is important that people taking PrEP have almost perfect adherence. CHEs can help people on PrEP to take every pill every day at the same time of day just like they do for people on full ART.</li> <li>7. The marriages of discordant couples often break up. CHEs can provide emotional and spiritual care as well as other supportive care to help couples stay together. Also, CHEs can refer couples for marriage counseling.</li> </ol> |
| E. Who else may need PrEP?  |      | <p>E. Who else may need PrEP</p> <ol style="list-style-type: none"> <li>1. PrEP may also be used if available by other people who are at high risk of infection such as: <ul style="list-style-type: none"> <li>• Those who have multiple partners</li> <li>• Men who have sex with men</li> <li>• Injecting drug users</li> </ul> </li> <li>2. For people engaged in high risk behavior, many Christian programs prefer encouraging behavior change rather than using PrEP</li> </ol>  |
| III. Post-exposure prevention (PEP) for people who are at high risk for infection | 10'  | III. <u>Post-exposure prevention (PEP) for people who are at high risk for infection</u>  |
| A. What is post-exposure prevention (PEP)?  |      | <p>A. What post-exposure prevention (PEP) is</p> <ol style="list-style-type: none"> <li>1. Post-exposure prevention (PEP) is using ART medicines <u>after</u> the</li> </ol>  |

## SPECIAL ISSUES – TUBERCULOSIS AND PRE- AND POST-EXPOSURE PREVENTION

| METHOD   | TIME      | KNOWLEDGE  |
|--|-----------|--|
| <p>B. Who may need PEP?</p> <p>C. How are ART medicines taken as PEP after exposure?</p> |           | <p style="text-align: right;">exposure happens to prevent HIV infection</p> <p>B. Who may need PEP</p> <ol style="list-style-type: none"> <li>1. Women who have been exposed to HIV through sexual assault (rape)</li> <li>2. Caregivers who have had a needlestick from a dirty needle or a cut from a dirty blade used by people who may be HIV-infected</li> </ol> <p>C. How ART medicines are taken as PEP after exposure</p> <ol style="list-style-type: none"> <li>1. Test the person who is the source of the exposure for HIV if their status is unknown</li> <li>2. The person exposed must get to the clinic to be assessed for PEP as soon as possible, preferably within 72 hours after exposure</li> <li>3. Usually, 3 ART medicines are used for 4 weeks.</li> </ol> |
| <p>IV. What are the most important points that you have learned from this lesson?</p>    | <p>5'</p> | <p>IV. <u>What are the most important points that you have learned from this lesson?</u></p> <ol style="list-style-type: none"> <li>1. PLWH may sometimes need to take both HIV and TB medicines</li> <li>2. CHEs can help them take every HIV and TB pill every day at the same time of day without skipping pills</li> <li>3. When only one partner is HIV-infected, the other may take medicines to prevent HIV infection. This is called pre-exposure prevention (PrEP).</li> <li>4. Post-exposure prevention (PEP) may be used to protect women who have been sexually assaulted (raped)</li> </ol>   |

### References:

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

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

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

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

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

This lesson is used in: HIV

**HIV TREATMENT FAILURE AND HOSPICE**

Date: 03/2016

(1 HOUR 30 MINUTES)

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

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

| METHOD   | TIME       | KNOWLEDGE  |
|--|------------|--|
| <p>I. The Need for Hospice Care When There is Lifesaving HIV Treatment</p> <p>A. Why is hospice care needed in the current time when there is lifesaving ART?</p> <p>B. What is the natural course of HIV?</p> | <p>20'</p> | <p>I. <u>The Need for Hospice Care When There is Lifesaving HIV Treatment</u></p> <p>A. Why hospice care is needed in the current time of lifesaving ART</p> <ol style="list-style-type: none"> <li>1. In the current time when lifesaving HIV treatment is available, all people living with HIV (PLWH) should have an opportunity to be on ART. No HIV-infected person should die without a trial of ART.</li> <li>2. However, some people still fail treatment. They develop AIDS and begin a process of dying. They need hospice care.</li> <li>3. CHEs can help at this time of great need</li> <li>4. CHEs can educate caregivers how to best care for HIV-infected people who are dying, as well as provide direct care themselves</li> </ol> <p>B. The natural course of HIV is:</p> <ol style="list-style-type: none"> <li>1. When people are first infected with HIV, they may feel ill for a few days or weeks. They have signs like they have the flu, including fever, sore throat, rash, feeling tired, muscle aches, and swollen lymph glands.</li> <li>2. They will get better from the flu-like illness, and then they may not feel ill again for a long time, even up to 8 to 10 years</li> <li>3. If PLWH do not receive ART, or if ART stops working, the virus gradually destroys the body's system and blood cells (CD4 cells) that fight infection</li> <li>4. People develop symptoms of AIDS, which is the end stage of HIV infection</li> <li>5. Ultimately, they die of AIDS</li> </ol> |



## HIV TREATMENT FAILURE AND HOSPICE

| METHOD   | TIME | KNOWLEDGE   |
|--|------|---|
| C. How is hospice care used when people are dying of AIDS? |      | <p>C. How hospice care is used when people are dying of AIDS</p> <ol style="list-style-type: none"> <li>1. Hospice care is when active medical care and treatment is stopped. Measures to prolong life are no longer used. Although nothing is done to hasten death, HIV disease is allowed to take its natural course.</li> <li>2. The goals of hospice are to keep people comfortable during the process of dying and help them to die in peace with dignity</li> <li>3. Hospice care is more than care for just the last few days of life. It is care during the entire process of dying. Although some people die suddenly, for many this process is gradual over months.</li> <li>4. People first become weaker and less active, then they become bed-bound, and then they enter the immediate time of dying in their last few weeks or days</li> </ol>  |
| D. Why do people fail HIV treatment?                       |      | <p>D. Why people fail HIV treatment</p> <ol style="list-style-type: none"> <li>1. ART may fail if the HIV virus has become unresponsive (resistant) to it <ul style="list-style-type: none"> <li>• This is mostly likely caused by people skipping pills and not taking every pill every day at the same time of the day</li> <li>• When ART is interrupted, the virus becomes resistant to ART</li> </ul> </li> <li>2. People may have been infected with virus from another HIV-infected person which is already resistant</li> <li>3. People need to switch ART medicines when the virus becomes unresponsive, but these may not be available</li> <li>4. People may come too late for medical care when the system that fights infection in their bodies is already so destroyed by HIV that it cannot be restored with ART</li> <li>5. They may develop other serious illnesses like cancer that go along with AIDS but that ART cannot help</li> <li>6. They may become depressed and grow weary of taking ART and side effects and refuse to take it any longer</li> </ol> |

## HIV TREATMENT FAILURE AND HOSPICE

| METHOD   | TIME | KNOWLEDGE   |
|--|------|---|
| <p>E. What are the signs of HIV treatment failure?<br/>Participants may list a few signs of AIDS that they know. These signs are underlined in section II. A. below, which we will cover in the next section of this lesson.</p> |      | <p>E. What are the signs of HIV treatment failure?</p> <ol style="list-style-type: none"> <li>1. When people show signs of AIDS -- see II. A. below for signs of AIDS, which are underlined.</li> <li>2. When they have decreasing CD4 counts – CD4 cells are the blood cells in the body that fight infection which HIV destroys</li> <li>3. When they have increasing viral loads – ART is no longer killing the virus in the blood. Many copies of the virus (thousands to millions) are now found in the blood.</li> </ol>  |
| <p>II. Hospice Care in the Process of Dying</p> <p>A. What hospice care is done by caregivers to relieve patients' symptoms of AIDS?</p>   | 35'  | <p>II. <u>Hospice Care in the Process of Dying</u></p> <p>A. Hospice care done by caregivers to relieve patients' symptoms of AIDS</p> <ol style="list-style-type: none"> <li>1. <u>Fever</u> – Bathe with lukewarm water; give paracetamol; remove thick clothing or blankets; keep the room a comfortable temperature</li> <li>2. <u>Infections</u> – Simple infections or those that cause discomfort may be treated with short courses of antibiotics; more complicated infections like pneumonia may be allowed to take their natural course</li> <li>3. <u>Weight loss, wasting, and loss of appetite</u> – Provide favorite foods. Give small, frequent meals; soft foods which are easy to chew; high calorie and protein-rich foods.</li> <li>4. <u>Extreme tiredness</u> -- Keep patients active for as long as possible, but they will need to rest more in bed</li> <li>5. <u>Skin infections</u> – Wash and cover open sores; dress patients in loose fitting cotton clothing</li> <li>6. <u>Sore mouth and throat</u> – Give patients soothing liquids to drink; avoid spicy foods</li> <li>7. <u>Dehydration through loss of body fluids with nausea, vomiting and diarrhea</u> – Replace fluids with oral rehydration solution (ORS) (rice-based if possible)</li> <li>8. <u>Diarrhea</u> – Clean anal area and buttocks with warm, soapy water and dry well; apply warm compresses to painful anal area</li> </ol> |
| <p>We will cover caring for bed-bound patients in the next section of this lesson.</p>   |      |   |

## HIV TREATMENT FAILURE AND HOSPICE

| METHOD   | TIME | KNOWLEDGE   |
|--|------|---|
|  |      | 9. <u>Cough and shortness of breath</u> – Cough syrup; raise patients up to sitting position; do not smoke or cook indoors<br>10. <u>Swelling of legs, arms, and abdomen</u> – Elevate limbs<br>11. <u>Pain</u> – Give paracetamol<br>12. <u>Mental confusion and memory loss</u> – Provide a calm environment; go along with what patients are saying without arguing or trying to correct   |
| B. What hospice care is done for bed-bound patients?                           |      | B. Hospice care for bed-bound patients<br>1. Keep patients as active as possible by assisting them to walk or using a wheelchair, as well as moving them from the bed to sit in a chair<br>2. Keep clothing, linens, and bedding clean<br>3. Help patients with dressing; combing hair; scrubbing teeth<br>4. Feed patients sitting up in bed, not while lying down<br>5. Provide bed baths – Wash the cleanest parts of the body first, starting with the face, then the arms and legs, then the body, and last, clean the genital areas<br>6. Use gentle touch and massage<br>7. To prevent bedsores -- Turn patients to lie on back, sides, and abdomen every 2 hours; position patients so they are not lying on bony parts of the body; use soft padding for bony parts. To treat bedsores, consult with medical providers.<br>8. Handling urine, stool, and menstrual blood – Use bedpans, urinals, or basins; use plastic pads on top of bed linens; use plastic sheets under bed linens |
| C. What hospice care is done when death is near in the last few weeks or days? |      | C. Hospice care when death is near in the last few weeks or days<br>1. Keep the room quiet, peaceful, and calm; give patients private space; play soft Christian music; loving attendance at the bedside so patients do not die alone; hold long or distressing conversations away from patients' hearing   |

**HIV TREATMENT FAILURE AND HOSPICE**

| METHOD   | TIME | KNOWLEDGE  |
|--|------|--|
|  |      | <ol style="list-style-type: none"> <li>2. Lead patients to Christ if they do not already know Him and give hope of eternal life; pray out loud for patients; read Scripture; help patients with guilt issues from the past and confession; help patients with forgiveness and unresolved conflicts</li> <li>3. Give paracetamol or morphine for pain that comes from stiffening of joints and muscles; adjust bedding and patients' positioning to relieve pain</li> <li>4. Keep lips and mouth moistened with water</li> <li>5. Give only as much liquid to drink or food to eat as patients want or can take</li> <li>6. Keep dying patients' confidences; hear last wishes; contact family members who patients would like to see who are not present</li> </ol>  |
| <p>III. Protection of caregivers from HIV infection</p> <p>A. Why do caregivers providing hospice care need protection from HIV infection?</p> <p>B. What are precautions for caregivers to prevent infection?</p> | 10'  | <p>III. <u>Protection of caregivers from HIV infection</u></p> <p>A. Why caregivers providing hospice care need protection from HIV infection</p> <ol style="list-style-type: none"> <li>1. Caregivers providing hospice care are in close contact with sick and dying patients. This means they are at risk for infection with HIV and must protect themselves.</li> <li>2. Blood, body fluids which contain blood, or open sores from people on hospice can transmit HIV to caregivers.</li> </ol> <p>B. Precautions for caregivers to prevent infection</p> <ol style="list-style-type: none"> <li>1. Cover patients' open sores as well as those of caregivers with clean bandages or cloths</li> <li>2. Household members do not share razor blades, toothbrushes, needles, syringes, or blades used by HIV-infected patients</li> <li>3. Cleaning up surfaces or handling linens soiled with blood or body fluids -- <ul style="list-style-type: none"> <li>• Clean surfaces with a solution of 1 part 5% bleach solution and 9 parts water (1/10 dilution)</li> <li>• Wear gloves if possible or put plastic bags on hands, or use a piece of plastic, paper, or a large leaf to clean surfaces or to handle soiled linens</li> </ul> </li> </ol> |

## HIV TREATMENT FAILURE AND HOSPICE

| METHOD   | TIME | KNOWLEDGE   |
|--|------|---|
|  |      | <ul style="list-style-type: none"> <li>• Wash hands with soap and water after cleaning surfaces or handling soiled linens</li> </ul> <ol style="list-style-type: none"> <li>4. Washing linens soiled with blood –           <ul style="list-style-type: none"> <li>• Separate linens soiled with blood from other laundry</li> <li>• Wash those that can be salvaged in hot, soapy water with bleach</li> <li>• Incinerate or bury those that cannot be rewashed</li> </ul> </li> <li>5. Handling needles or blades soiled with blood --           <ul style="list-style-type: none"> <li>• Do not recap needles</li> <li>• Place used needles or blades in an empty can with a lid</li> <li>• Incinerate or bury the can when it is full</li> </ul> </li> </ol>  |
| <p>IV. Additional hospice care CHEs can provide</p> <p>A. What additional hospice care can CHEs provide?</p> | 10'  | <p>IV. <u>Additional hospice care CHEs can provide</u></p> <p>A. Additional hospice care CHEs can provide</p> <ol style="list-style-type: none"> <li>1. CHEs make home visits and set up visitation from pastors and church members</li> <li>2. Provide emotional and spiritual care for patients and family members</li> <li>3. Help with buying food; preparing meals; running errands; doing laundry</li> <li>4. Provide child care and respite care for caregivers</li> <li>5. Help patients prepare for death --           <ul style="list-style-type: none"> <li>• Talk with patients about spiritual readiness</li> <li>• Make arrangements to care for spouses and children</li> <li>• Make a will for inheritance of houses, land, finances, and possessions</li> <li>• Help patients make arrangements to discharge debts</li> <li>• Funeral arrangements</li> <li>• Make memory boxes – these are shallow boxes with one side open to look like a stage. Inside, arrange photos and other special objects which represent the dying person's life.</li> <li>• Write farewell letters</li> </ul> </li> <li>6. Attend and assist with funerals</li> <li>7. Provide bereavement support for family members</li> </ol> |

## HIV TREATMENT FAILURE AND HOSPICE

| METHOD  | TIME | KNOWLEDGE   |
|---|------|---|
| V. Exercise<br>Participants divide into small groups to share their experiences with caring for people who are dying. | 15'  | V. <u>Exercise</u><br>Participants share their experiences caring for people who are dying in small groups. |

**References:**

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

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

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

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

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

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This lesson is used in: HIV

**ART AS GOD'S GIFT OF HEALING**

Date: 03/2016

(1 HOUR)

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

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

| METHOD   | TIME | KNOWLEDGE  |
|--|------|--|
| I. Explore the Different Ways that God Heals through His Grace<br>A. What are the different ways that God heals through His grace?   | 5'   | I. <u>Explore the Different Ways that God Heals through His Grace</u><br>A. Different ways that God heals<br>1. Supernaturally or through medical care<br>2. Immediately or over time<br>3. Completely or one part of a disease but not the entire disease<br>4. Prevents or heals complications of disease<br>5. Prevents or heals side effects of medicines  |
| II. God's Healing through Medical Care in the Bible<br>A. How did God heal King Hezekiah in the Bible?<br>In the large group, read the story of Hezekiah's illness in II Kings 20:1-7. | 15'  | II. <u>God's Healing through Medical Care in the Bible</u><br>A. How God healed King Hezekiah<br>1. First, God spoke through the prophet Isaiah to Hezekiah that he was going to die<br>2. Then, Hezekiah prayed for healing<br>3. God responded to Hezekiah's prayers and spoke again through Isaiah to Hezekiah that He would heal him<br>4. Then, God sent Isaiah to put a poultice of figs on Hezekiah's wound<br>5. God healed Hezekiah by using: <ul style="list-style-type: none"> <li>• A man, Isaiah – Like medical staff at the clinic</li> <li>• A poultice of heat and herbal medicine – A treatment like HIV treatment (ART)</li> </ul> 6. Like the healing of Hezekiah, God uses medical care and ART to heal PLWH |
| III. In HIV, God Heals through Medical Care and ART<br>A. Why should PLWH accept ART as God's healing for HIV?   | 20'  | III. <u>In HIV, God Heals through Medical Care and ART</u><br>A. Why PLWH should accept ART as God's healing for HIV<br>1. ART is a treatment but not a cure of HIV. PLWH should stay on ART and never stop it thinking God has healed them supernaturally by curing them of HIV.<br>2. ART kills HIV in the blood but the virus still hides in the body. To test for the virus where it is hiding requires  |

## ART AS GOD'S GIFT OF HEALING

| METHOD   | TIME | KNOWLEDGE  |
|--|------|--|
|  |      | <p>very special tests that are not available or reliable.</p> <ol style="list-style-type: none"> <li>3. People who are stable on ART do not show virus in the blood on the viral load test – it looks like the virus is gone and they have been cured</li> <li>4. However, if ART is stopped, the virus returns to the blood in full force</li> <li>5. If ART is interrupted, the virus no longer responds to it. The virus becomes resistant to ART. ART will not work if it is restarted at a later date when PLWH are sick and dying.</li> <li>6. This means that people should not stop their ART thinking that God has cured them supernaturally, but accept His gift of healing through ART</li> <li>7. Through ART, God has restored their health, even though they still need to keep taking the medicines</li> <li>8. There are many myths about how to treat or cure HIV using ineffective and harmful ways. PLWH should accept ART as the only way to treat HIV.</li> </ol> |
| <p>IV. Vladimir's story from Russia, <u>ARV Treatment is God's Mercy to Me!</u> (follows this lesson)</p> <p>ARV in the story stands for antiretrovirals, which is the same as antiretroviral treatment (ART). Discuss in small groups:</p> <ul style="list-style-type: none"> <li>• Why didn't he want to take antiretroviral medicines at first?</li> <li>• How is ARV "God's mercy" for him?</li> <li>• How does this story illustrate God's healing through medical care and ART?</li> </ul> | 20'  | <p>IV. Vladimir's story from Russia, <u>ARV Treatment is God's Mercy to Me!</u></p>  |

**References:**

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

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

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

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

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

This lesson is used in: HIV



## **ARV TREATMENT IS GOD'S MERCY TO ME!**

**INTRODUCTION:** This story is adapted from Tearfund.

**STORY:**

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

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

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

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

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

**BEHAVIORAL PREVENTION STILL VERY IMPORTANT**

Date: 03/2016

(45 MINUTES)

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

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

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

**Role Play:** 10'

A male adolescent talks with a CHE about how to prevent HIV

Young man I have not yet had sex but I have a new girlfriend and maybe I will start. I do not know her HIV status. I heard at school about HIV and I am afraid of getting it. I heard that infected girls who take their HIV medicines do not pass the virus to their boyfriends. Maybe I should just rely on that to protect me.

CHE Then you are relying on your girlfriend to take her medicine so that you will be protected. What if she is unreliable and skips her pills? Then you will get infected. A better way to prevent HIV is to live by God's plan for relationships and marriage. It is very effective.

Young man What is God's plan?

CHE It is waiting until you are married to have sex. And marrying a woman who has also waited and is not already infected with HIV. Then, being faithful to each other for life. This plan will give you the greatest happiness and fulfillment in marriage. You will also please God.

Young man I would like to please God and also be happy and fulfilled in life. I am going to ask God to help me to live by His plan.

**----SHOWD questions----**

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

- |  |     |   |
|--|-----|---|
| <p>I. Christians Still Need to Promote Behavioral Prevention of HIV</p> <p>A. Why should Christians still promote behavioral prevention of HIV in the current time of HIV treatment (ART)?</p> | 10' | <p>I. <u>Christians Still Need to Promote Behavioral Prevention of HIV</u></p> <p>A. Why Christians should still promote behavioral prevention of HIV in the current time of ART</p> <ol style="list-style-type: none"> <li>1. Behavioral prevention of HIV is changing behavior to lower the risk of infection</li> <li>2. Even though ART decreases transmission of HIV, the church, CHE programs, and Christian ministries should still promote prevention through behavior change</li> <li>3. It will take years for all PLWH to be stable on ART so they are no longer infectious to others</li> <li>4. A person should not rely on another person to take ART to protect him or herself</li> <li>5. People can catch virus from PLWH who have interrupted their treatment. Their virus has already become resistant to ART available in the community.</li> </ol> |
|--|-----|---|

**BEHAVIORAL PREVENTION STILL VERY IMPORTANT**

| METHOD   | TIME | KNOWLEDGE   |
|--|------|---|
|  |      | <p>6. Christians should still promote God's principles for health and Christian values, including God's design for marriage as between one adult male and one adult female for life, with sexual relations taking place only within marriage.</p> <p>7. People who follow God's plan for marriage will not be infected with HIV</p>   |
| <p>II. Behavioral Prevention of Sexual Transmission</p> <p>A. What is behavioral prevention of sexual transmission by promoting <b>ABC</b>?</p> <p>B. What does <b>A</b> stand for in ABC?</p> <p>C. What does <b>B</b> stand for in ABC?</p> <p>D. What does <b>C</b> stand for in ABC?</p> | 15'  | <p>II. <u>Behavioral Prevention of Sexual Transmission</u></p> <p>A. Behavioral prevention of sexual transmission by promoting <b>ABC</b></p> <p>1. The most common way HIV is transmitted is through sexual relations. "<b>ABC</b>" is an easy way to remember how to prevent this transmission.</p> <p>B. What <b>A</b> stands for in ABC</p> <p>1. <b>A</b>bstinence -- until marriage, or return to abstinence for the unmarried</p> <p>2. This may also include delaying the age when a person has first sexual relations</p> <p>C. What <b>B</b> stands for in ABC</p> <p>1. <b>B</b>e faithful – mutual faithfulness with a marriage partner who is not infected with HIV</p> <p>2. This may also include decreasing the number of partners from having multiple partners to one partner</p> <p>D. What <b>C</b> stands for in ABC</p> <p>1. <b>C</b>ondoms – stands for <b>C</b>orrect and <b>C</b>onsistent use of <b>C</b>ondoms</p> <p>2. Condoms are for marriages in which one partner is infected and the other partner is not (discordant couples)</p> <p>3. Condoms are also for those who are not able, not ready, or not willing to practice <b>A</b> (abstinence) and <b>B</b> (faithfulness)</p> <p>4. Condoms are 50 – 80% effective if used correctly and consistently. But if they are not used correctly they do not prevent HIV.</p> <p>5. Condoms prevent HIV most of the time, if used correctly. But abstinence and mutual marital faithfulness works better—HIV prevention is nearly perfect!</p> <p>6. Condoms can be the kind that the male uses (male condoms), or the kind that the female uses (female condoms)</p> |

**BEHAVIORAL PREVENTION STILL VERY IMPORTANT**

| METHOD  | TIME | KNOWLEDGE   |
|---|------|---|
| E. What behavioral prevention of sexual transmission is there in addition to ABC? |      | E. Additional behavioral prevention of sexual transmission <ol style="list-style-type: none"> <li>1. Preventing and treating sexually transmitted infections other than HIV, such as those that cause open sores like syphilis and herpes</li> <li>2. Male circumcision at birth or as an adult also helps to prevent HIV</li> </ol>  |
| III. Behavioral Prevention of Transmission through Injecting Drug Use             | 10'  | III. <u>Behavioral Prevention of Transmission through Injecting Drug Use</u>  |
| A. How can behavior change prevent the spread of HIV through injecting drugs?     |      | A. Behavior change to prevent the spread of HIV through injecting drugs <ol style="list-style-type: none"> <li>1. Another common way HIV is transmitted is through injecting drug use by sharing dirty needles and syringes</li> <li>2. Christian rehabilitation programs are the best way to prevent transmission, helping people break completely free from addiction</li> <li>3. CHEs can educate people to avoid sharing needles and syringes</li> <li>4. Exchange programs that provide clean needles and syringes to injecting drug users in exchange for dirty needles and syringes</li> <li>5. Opioid substitution programs are a solution in some countries when injecting drug users are started on Methadone by a clinic. However, Christians may not consider this a good solution as it just substitutes addiction to one drug for addiction to another. It does help addicts to better control their states of mind and reduce chaos in their lives.</li> </ol> |

**References:**

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

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

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

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

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

This lesson is used in: HIV

**PLAN A CHE SUPPORTIVE CARE PROJECT**

Date: 03/2016

(2 HOURS)

**OBJECTIVES:**

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

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

| METHOD  | TIME      | KNOWLEDGE   |
|---|-----------|---|
| <p>I. The Opportunity to Plan a CHE Supportive Care Project<br/>In this lesson, you will have an opportunity to bring all your learning together and plan a project</p> <p>A. What is a supportive care project?<br/>What will happen through a supportive care project?</p> <p>B. What impact will a supportive care project have in people’s lives?</p> | <p>5’</p> | <p>I. <u>The Opportunity to Plan a CHE Supportive Care Project</u></p> <p>A. What is a supportive care project?</p> <ol style="list-style-type: none"> <li>1. A project is a special effort to make a difference in the lives of people living with HIV (PLWH) and also those who are vulnerable to HIV by providing supportive care services.</li> <li>2. The project works mainly by delivering services to care for people. These services are health and social services and spiritual care.</li> <li>3. The project is to serve:                             <ul style="list-style-type: none"> <li>• People living with HIV (PLWH) who are on ART</li> <li>• PLWH who are not yet on ART</li> <li>• People who are at risk for HIV</li> <li>• Family members</li> </ul> </li> </ol> <p>B. Impact of a supportive care project</p> <ol style="list-style-type: none"> <li>1. The impact of a supportive care project will be that it will bring:                             <ul style="list-style-type: none"> <li>• The compassion, healing and transformation of Christ to PLWH</li> <li>• Decreased transmission of HIV and the possibility to eliminate it in a community, region, or entire country</li> </ul> </li> </ol> |
| <p>II. Levels of a Project</p> <p>A. What are the 3 levels at which the project can be conducted?<br/>What can be done at each level?</p>   | <p>5’</p> | <p>II. <u>Levels of a Project</u></p> <p>A. The 3 levels at which the project can be conducted</p> <ol style="list-style-type: none"> <li>1. Projects can be conducted at the following 3 levels: local; regional; and national (<u>underlined below</u>).</li> <li>2. It is best to start small on a local level and for a limited time such as for one year. If the project is successful, it can be expanded.</li> <li>3. <u>Local level</u> – A single CHE program may partner with a local clinic</li> </ol>   |

**PLAN A CHE SUPPORTIVE CARE PROJECT**

| METHOD   | TIME | KNOWLEDGE   |
|--|------|---|
|  |      | <p>4. <u>Regional level</u> – A group of CHE programs and churches may partner with a central clinic to serve the entire catchment area of the clinic</p> <p>5. <u>National level</u> –</p> <ul style="list-style-type: none"> <li>• CHE programs, churches, and other Christian ministries may join together to conduct a national CHE HIV project in their entire country</li> <li>• They can partner with all the clinics providing ART in their country to provide national coverage and fill gaps through a network of services</li> <li>• A national CHE committee can coordinate efforts and engage churches</li> <li>• A national CHE training team can train CHEs to serve all over the country</li> </ul>   |
| <p>III. Factors to Consider in Planning a Project</p> <p>A. What are factors to consider in planning a project?<br/>Divide into small groups to discuss for 10 minutes. Report back in the large group.<br/>Make a list of the factors on large newsprint so participants may refer to it when planning their project in section IV. below</p> | 20'  | <p>III. <u>Factors to Consider in Planning a Project</u></p> <p>A. Factors to consider in planning a project</p> <ol style="list-style-type: none"> <li>1. Determine what needs there are in the community related to HIV and ART <ul style="list-style-type: none"> <li>• Find out how common HIV is in the project area and how many people are estimated to be infected. National statistics can be obtained from the UNAIDS website. Regional and local statistics can be obtained from the public health department.</li> <li>• Find out which clinics in the project area are providing ART, how many patients are receiving it, and where they live</li> </ul> </li> <li>2. Focus on a few core health, social, and spiritual needs and plan services to meet these needs. Plan the following: <ul style="list-style-type: none"> <li>• <u>What</u> will be done in the project</li> <li>• <u>How</u> will it be done</li> <li>• <u>Who</u> will do it</li> <li>• <u>When</u> will it be done</li> <li>• <u>Where</u> will it be done</li> <li>• <u>What are the Costs</u></li> <li>• <u>What will be the Results</u></li> </ul> </li> <li>3. Explore how community and church leaders will be involved</li> <li>4. Consider which clinics and churches the project will partner with</li> </ol> |

**PLAN A CHE SUPPORTIVE CARE PROJECT**

| METHOD  | TIME | KNOWLEDGE   |
|---|------|---|
|   |      | <ol style="list-style-type: none"> <li>5. Plan who will lead the project and who will coordinate it</li> <li>6. Determine the roles of the CHE committee, CHE trainers, and CHES</li> <li>7. Plan for what training will be needed and who will do the training</li> <li>8. Map out the steps and a timeline to implement the project</li> <li>9. Consider how the project will be monitored to see if it is meeting the planned objectives</li> <li>10. Estimate what resources will be needed and where they will come from:               <ul style="list-style-type: none"> <li>• The project may use only locally available assets and resources</li> <li>• Or, the project may decide to raise funds in local communities from individuals, churches, and businesses</li> <li>• Or, the project may seek grant funds from the public health department or from local or international Christian organizations</li> </ul> </li> <li>11. Envision how the project will transform lives in Christ</li> </ol> |
| <p>IV. Participants Plan a Project<br/>Divide participants into 4 groups. Each group has 50 minutes to plan a supportive care project. Then each group has 10 minutes to present their project to the large group. Participants decide which project they would like to implement.</p>  | 90'  | <p>IV. <u>Participants Plan a Project</u></p>   |
| <p>V. <u>Conclusion of this Training Module</u><br/>You have learned a lot in this training module about what you can do to care for people who are living with HIV (PLWH) as well as for those who are vulnerable to HIV. You have thought about how you can take action by planning a project. You may feel God's calling and a desire to serve PLWH and those who are at risk in your community. Now you can go out to your communities and make a difference to transform people's lives in Christ!</p> |      | <p>Give participants a copy of the handout which follows this lesson with factors to consider when planning a supportive care project.</p>  |

**PLAN A CHE SUPPORTIVE CARE PROJECT**

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

**References:**

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

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

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

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

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

This lesson is used in: HIV



## **Planning a CHE Supportive Care Project for People Who Are Living With or At Risk For HIV/AIDS**

### **Factors to Consider in Planning a Project:**

- Determine what needs there are in the community related to HIV and ART
  - Find out how common HIV is in the project area and how many people are estimated to be infected. National statistics can be obtained from the UNAIDS website. Regional and local statistics can be obtained from the public health department.
  - Find out which clinics in the project area are providing ART, how many patients are receiving it, and where they live.
  
- Focus on a few core health, social, and spiritual needs and plan services to meet these needs. Plan the following:
  - What will be done in the project
  - How will it be done
  - Who will do it
  - When will it be done
  - Where will it be done
  - What are the Costs
  - What will be the Results
  
- Explore how community and church leaders will be involved
  
- Consider which clinics and churches the project will partner with
  
- Plan who will lead the project and who will coordinate it
  
- Determine the roles of the CHE committee, CHE trainers, and CHEs
  
- Plan for what training will be needed and who will do the training
  
- Map out the steps and a timeline to implement the project
  
- Consider how the project will be monitored to see if it is meeting the planned objectives
  
- Estimate what resources will be needed and where they will come from:
  - The project may use only locally available assets and resources
  - Or, the project may decide to raise funds in local communities from individuals, churches, and businesses
  - Or, the project may seek grant funds from the public health department or from local or international Christian organizations
  
- Envision how the project will transform lives in Christ