

HIV Prevention Treatment, Care and Support – A Training Package for Community Volunteers



FACILITATOR'S GUIDE

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Introduction

Background to the Training Manual

In December 2003, the World Health Organization (WHO) launched 3 by 5 initiative, aimed at supporting countries to place three million people living with HIV/AIDS (PLWHA) on antiretroviral therapy (ART) by the end of 2005. The success of the “3 by 5” initiative rested largely on the mobilization of commitment and support from nations affected by HIV and AIDS and organizations seeking to mitigate the impact of HIV and AIDS on local, national and global scale.

In support of the global efforts and with the objective of assisting countries hard hit by HIV/AIDS in the roll out of comprehensive ART programmes, the International Federation of Red Cross and Red Crescent Societies (Federation) developed a service delivery model that can guide Red Cross and Red Crescent structures at national level in their undertakings in support of governments. Federation's model is based on WHO's public health approach and directly contributes to the “3 by 5” initiative.

The engagement of volunteers from the community to contribute to efforts addressing public health issues and the mobilization of the civil society at large for addressing similar health issues require training programmes at different levels. To facilitate such programmes, the development of a generic user-friendly training package was vital. In recognition of this, the Federation designed a terms of reference for the development of a set of training modules and approached Southern Africa HIV/AIDS Information Dissemination Service (SAfAIDS) to provide technical expertise towards the development of a generic training package for community based volunteers on HIV prevention, treatment, care and support services that can be implemented at community level in coordination with different stakeholders.

The community based generic training package represents a collaborative effort between the Federation, WHO and SAfAIDS. The generic training package has been designed for global use by facilitators to train and empower community based volunteers (CBVs) with the skills and knowledge required to support the roll out of comprehensive programmes on HIV/AIDS including ART. It is expected that trained CBVs will subsequently translate the knowledge and skills acquired in educating and mobilizing the community, in providing care and support services and in enhancing the roll out of ART for PLWHA in collaboration with technical institutions in charge of clinical management.

In the process of developing the generic training package, numerous consultative reviews were undertaken. Generous feedbacks provided by government ministries, UN agencies, Non Governmental Organizations, community trainers, care providers and PLWHA in Zimbabwe, Tanzania, Malawi, Burkina Faso and Cameroon have shaped the content and style of these training modules. Moreover, the final drafts of the modules were tested at the community level by training 22 community based volunteers actively involved in implementing programmes on HIV/AIDS at community level. The findings of the pre-testing were also instrumental for the further refinement of the final generic training package.

Goal of the Training Package

The goal of training will be to provide participants with the relevant knowledge, attitude, problem solving and skills transfer capabilities required to assist and support community-based HIV prevention, treatment, care and support.

Objectives of the Training Package

Objectives of the training package are to:

1. Increase **knowledge** of participants surrounding HIV prevention, treatment, care and support.
2. Address **attitudes** of participants at the personal level and general community level surrounding HIV prevention, treatment, care and support interventions.
3. Equip participants with **problem solving skills** for addressing community specific issues related to community-based HIV management.
4. Promote the **transfer of skills** from participants to clients and their family members regarding important information, skills and practical knowledge required for community based HIV management.

Targets of the Training

1. The Trainees

The targets of training are the **trainees**, or participants, who facilitators will be training using these materials.

The term '**Community Based Volunteer**' or **CBV**, is used throughout the training materials in reference to the trainee.

CBVs do not require any previous experience in community-based HIV management. This training content has been designed to suit the lowest level of education within your training audience. Facilitators are also expected to adapt content to match the particular skills and knowledge levels of the training audience, and meet the requirements of the working environment of CBVs in your community. Issues of adaptation will be further discussed throughout this facilitator's guide.

Who is a CBV?

A Community Based Volunteer, or CBV, can be described as a community member that provides home-based care and support to People Living with HIV and AIDS (PLWHA).

Depending on your country or community of operation, the concept of a CBV can represent a very diverse group of care providers. As this is a generic document, facilitators are expected to adapt the concept of Community Based Volunteer to suit the role of the training participants in your community.

What is the Role of CBVs in HIV Management?

The role of CBVs within community based HIV prevention, treatment, care and support will be mainly focused on preparing, monitoring and supporting clients in comprehensive care of HIV and AIDS, specifically when on ART. CBVs play an important role in linking clients to appropriate health services and acting as a health-care advocate, but do not replace the role of the clinical care team. Trainees will NOT be expected or qualified to stage clients, screen for illness, recommend prophylaxis, establish eligibility for ART, or determine a client's treatment regimen.

Facilitators will need to explain the roles and boundaries of CBVs in HIV prevention, treatment care and support activities very clearly. The roles of CBVs will be repeatedly addressed throughout training activities.

A Note on the Facilitators

While the training package has been designed for facilitators who may not have extensive experience in training specific to comprehensive HIV management, facilitators are expected to have the following minimum of skills:

- Prior experience in conducting training programmes
 - A working knowledge of training methodologies
 - The ability to read and write English to a secondary education level
- A health background which provides the capacity to understand the concepts within.
 - If facilitators do not have health background, they should be supported through contacts and resources in the community that can assist with specific, technical aspects of training.

The *HIV Prevention, Treatment, Care and Support Training Package for Community Volunteers* is NOT a Training of Trainers (TOT) manual. This training design assumes that facilitators have received a basic minimum of training in facilitation skills and organising and conducting training programmes at the community level. While the methodology section will cover an overview of training methodologies used in this training course, the organisations or institutions responsible for the implementation of training using this training package should ensure that their individual standards for facilitators are met prior to use of the training materials.

Materials to be used in this training course

Materials Supplied Through the Training Package

- *Facilitator's Guide (this manual)*
- *Introduction to Training Manual*
- *Modules 1-8 HIV Prevention, Treatment, Care and Support Training Package for Community Volunteers*
- *Participant's Handbook*
- *Evaluation Tools Manual*
- *Flipchart for Client Education*
- *Information Pamphlets For Each Module*

The training package has been designed to provide facilitators with eight training modules covering key areas of community-based HIV management. Training topics are presented in modular form so that they can be used individually, or in sequence, as part of a comprehensive training initiative.

MODULE	CONTENT
Module One: Basic Facts on HIV and AIDS	<ul style="list-style-type: none"> ▪ What are HIV and AIDS? ▪ Transmission and Prevention of HIV ▪ HIV Testing and Counselling ▪ Positive Prevention
Module Two: Treatment Literacy	<ul style="list-style-type: none"> ▪ Introduction to ART ▪ Basic Facts About ARVs ▪ Special Considerations for ART
Module Three: Treatment Preparedness	<ul style="list-style-type: none"> ▪ What is Treatment Preparedness? ▪ Treatment Preparedness for the Individual ▪ Treatment Preparedness for the Community
Module Four: Adherence	<ul style="list-style-type: none"> ▪ Introduction to Adherence ▪ Non-Adherence ▪ Adherence Initiation ▪ Adherence Monitoring and Support
Module Five: Community - Based Counselling	<ul style="list-style-type: none"> ▪ What is Counselling? ▪ Counselling Issues ▪ Counselling Process ▪ Counselling Children Affected by HIV and AIDS
Module Six: Nutrition	<ul style="list-style-type: none"> ▪ How CBVs Can Support Client Nutrition ▪ How HIV and AIDS Affect Nutrition ▪ Managing Symptoms with Food ▪ Special considerations for Nutrition and HIV ▪ Positive Living
Module Seven: Palliative Care: Symptom management and end-of-life care	<ul style="list-style-type: none"> ▪ Palliative Care The Basics ▪ Management of Pain ▪ Preventing Discomfort Before It Begins ▪ Management of Symptoms in PLWHA ▪ End-of-Life Care
Module Eight: Caring for Carers	<ul style="list-style-type: none"> ▪ What Caring Means ▪ Impact of Caregiving: Rewards and Challenges ▪ Caring for Carers: Practical Steps ▪ Special Considerations in Caring for Carers

Other Supplies and Equipment Needed for Training

Supplies needed for the facilitator in preparation for training:

- Access to a photocopy machine for making copies of the Participants Handbook and/or Handouts for Participants required for each session.
- Access to information and samples identified as necessary for training in the 'Recommended Preparation' section for each module session (for example, national information on HIV and AIDS, samples of commonly used ARVs in your community, etc.)

Supplies needed for each facilitator and participant during the course:

- Name tag and holder or adhesive tape (works well to write names on)
- Notebook/stationary
- Folder to organise handouts and other loose forms
- Ball point pen
- 2 pencils
- 1 eraser

Supplies needed for use in training setting:

- white putty or sticky tape for taping cards to wall
- 2 rolls transparent tape
- pencil sharpener
- stapler and staple remover
- extra pencils
- extra pens
- extra erasers
- rubber bands
- paper clips
- blank flip chart pad or blackboard and chalk
- set of white board markers (non-permanent)
- flipcharts

Brief Review of Principles of Adult Learning

Key characteristics of Adult Learners

It is important for facilitators to understand the needs and characteristics of adult learners. While the intended facilitators for this training package will have previous experience in training adults, a brief review of important concepts related to the methodology of the *HIV Prevention, Treatment, Care and Support Training Package for Community Volunteer* are explored in this section.

Malcolm Knowles, a pioneer in the field of adult learning, identified several key characteristics which influence adult learning.

Key Characteristics of Adult Learners	
Autonomous and Self Directed	Adults will direct their own learning based on their objectives and final goal. In addition to providing course content, facilitators need to help create an environment where trainees are encouraged to be involved in the learning process.
Accumulated life experience and knowledge	Adult learners will draw from their current and previous life experiences, such as education level, past training, work experience and family and social history while learning. Learning is more relevant when trainees can draw on their own life experiences and knowledge and related them to the course content.
Goal-Oriented	Adults undertake training for a specific reason or goal which they want to achieve. Facilitator's need to find out the goals, or expectations, of trainees prior to training and explain the course contents, objectives and show how the course will meet these goals.
Relevance-Oriented	Adult learners need to see the value of learning something new and how training will help them meet their needs. An important part of finding out the goals and expectations of trainees prior to training is to tailor training activities to meet the needs of trainees.
Practical	Adults want to learn new information or gain skills that have a practical application for their jobs or daily lives. Facilitators should help trainees to apply the knowledge gained through training in practically useful ways.
Require Respect	As all individuals participating in the course (both facilitators and trainers) are adults, each participant has skills and experience to contribute to the training. Facilitators should treat trainees as equals and provide ample opportunity for participants to express their thoughts freely in an open and productive learning environment.

How Facilitators can be Effective Teachers

In order for training to be successful, facilitators must create a stimulating environment and present materials in an interesting way.

Four elements which influence adult trainees to learn are:

1. Motivation

Once a trainee has decided to learn, facilitators must assist each trainee to remain motivated throughout the training course in order to keep learning.

Ways Facilitators Can Help Trainees Stay Motivated	
Friendly and supportive learning environment	An open and friendly learning environment will encourage trainees to participate in activities and share information and experiences.
Correct level of course difficulty	<p>Facilitators must adapt course contents to the right level of difficulty to be challenging, but capable of being understood by trainees.</p> <p>For example, to remain challenging, facilitators should ensure course content does not involve a needless repetition of skills and knowledge trainees already have. If the content is “too easy”, trainees will not be stimulated to learn.</p> <p>If the course content is too difficult and involves training on knowledge or skills that are not of practical use to participants, trainees are likely to become frustrated and lose interest.</p>
Feedback	<p>Facilitators should provide participants with feedback on their performance throughout the course.</p> <p>The evaluation tools such as pre-and post tests and demonstration of core skills at the end of each module are designed to assist facilitators in providing participants with constructive feedback on their performance.</p>

2. Reinforcement

Reinforcement or feedback is an important technique for facilitators when teaching trainees new knowledge and skills.

Positive reinforcement improves learning. For example, asking questions, praising participation, being warm and friendly, and only providing criticism of performance in a constructive way. Examples of positive feedback statements include “good work”, “that is a good question” or “excellent example”.

If providing negative feedback, it is best for facilitators to start with what has been done correctly. Facilitators should provide specific information on why a trainee is not doing something correctly, and ways in which they can improve.

If giving negative feedback, try not to do this in front of the rest of the group as this may discourage the trainee and make them resistant to learning.

For example, if providing negative feedback to a trainee who has incorrectly demonstrated how to move a bedridden client, take them aside and say something like, “Good. The way in which you helped the person to roll over is done very well, but you have not provided the client with enough support while in the sitting position. In order to help them maintain balance and avoid falling over, you should stand in front of the client and hold both of their shoulders while in the sitting position.”

3. Retention

One of the most important roles for facilitators is to ensure that trainees learn and retain the knowledge and skills taught.

Trainees retain information through:

- _ 20% of what they **hear**
- _ 30% of what they **see**
- _ 50% of what they **see** and **hear**
- _ 70% of what they **see, hear** and **say**
- _ 90% of what they **see, hear, say** and **do**

For this reason, the *HIV Prevention, Treatment, Care and Support Training Package for Community Volunteers* has been designed for facilitators to give short, mini-lectures (hear) with visual aids in the form of flipchart demonstrations and handouts (see) followed by activities that allow participants to discuss the topic (say) and practice the new skill (do).

4. Transference

Transference is when trainees have the ability to apply or practice what they have learnt in a new setting. Successful transference occurs when participants have successfully retained the knowledge and skills they have been trained on.

Training Methodology

As briefly reviewed in the previous section, the training methodology of the training package has been designed to support adult learning.

Session Outlines

Each of the modules in the training package is structured in sessions, during which important information under the session topic is discussed. At the beginning of each session, facilitators are provided with a session outline that covers:

- The **purpose** of the session;
- The **objectives** for trainees following session training;
- The approximate **duration** of the session;
- Any **required materials** for conducting session activities;
- Any **recommended preparation** that facilitators should conduct prior to beginning the session; and
- A table outlining the objectives, duration, content and methodologies used within session.

An example of a session outline is provided below:

1 Session One: What are HIV and AIDS?

Purpose: The purpose of Session One is to define HIV and AIDS and understand the magnitude of the epidemic in your country.

Objectives:

By the end of this session, CBVs should be able to:

1. Understand and define HIV and AIDS for clients in a manner that is easily understood.
2. Help clients and their families to understand the progression of HIV to AIDS through a clear explanation of the process that includes key information regarding each stage.
3. Provide clients with a simple overview of the history of HIV and AIDS in relation to their country
4. Impart information to their clients about the magnitude of HIV and AIDS in their own country and community

Duration: 2 hours

Required Materials: Flipchart, markers

Recommended Preparation:

- National statistics on HIV and AIDS by age, regions, and sex
- Factors contributing to the transmission of HIV in your area.

Objective	Content	Time	Activity
Understand and define HIV and AIDS for clients in a simple way.	1. Defining HIV and AIDS	10 minutes	Mini Lecture *Assessed in Tool Three (ST)
Explain to clients how HIV and AIDS affect the body in an easily understood manner.	2. The Progression on HIV Infection to AIDS	20 minutes	Mini Lecture *Assessed in Tool Three (ST)
Impart information to their clients about the impact of HIV and AIDS in their own country and community	3. HIV and AIDS in Your Community and Country	1 hour 30 minutes	Mini Lecture Tool One (A): Group Work Tool Two (K): Group Discussion Tool Three (ST): Role Play

At the end of each session outline is a table that provides a summary of:

- **Objectives** — each objective of the session is listed in this column
- **Content** — the section of session content where information and activities related to each objective can be found
- **Time** — the approximate amount of time required to complete the content
- **Methodology** — the activities completed within each content section

The amount of time provided in each major heading is only an indicator, and it may take facilitators more or less time to cover this material depending on the knowledge and experience of participants. In developing their timetable, facilitators should consider the level of their training audience in relation to each topic.

Session Content

Session content provides facilitators with a guide of lecture content and activities to be used in the training environment.

1. Topic Headings

Topic headings are provided to give facilitators a guide of the topic of discussion and the approximate time that should be taken to complete the mini-lecture and any activities related to that topic.

For example, in Module One, Session One, the first major topic heading seen in red is: **1. Defining HIV and AIDS (40 minutes)**. This is a major topic heading.

The subheadings under this topic include:

a) **Broad Definition: HIV (10 minutes)**

and

b) **Broad Definition: AIDS (30 minutes with Tool 1)**

The time allocated under subheadings will combine to produce the approximate amount of time required for facilitators to explore this topic with trainees. In the example provided, subheadings a) and b) combine to 40 minutes, as indicated in the major heading.

2. Mini Lectures

Each topic heading is followed by information that should be provided to participants during mini-lectures. This information is not designed to be read directly from the manual, but to provide a guide of key information to be imparted by facilitators. As this is a generic toolkit, facilitators should adapt mini-lectures to suit the knowledge level and experience of the training audience.

3. Important Terms

Each session contains a number of important terms that facilitators should know prior to training. The important terms in each session are indicated in **bold** font within the content. A glossary of all important terms is provided at the end of this Facilitator's Guide. Facilitator's should review this glossary and refer to it during training if a review of important terms is necessary.

4. Tools

Tools in each session represent activities designed to engage participants in group discussions, activities, games, demonstrations or role-plays related to the topic of discussion.

The intended purpose of each tool is identified for facilitators through a series of icons that appear in the right hand corner of each text box. There are four different icons that can appear, depending on the purpose of each tool:

1. Attitudes (A)
2. Knowledge (K)
3. Problem Solving (PS)
4. Skills Transfer (ST)

Two important things for facilitators to notice about different tool types include:

1. In addition to the icon appearing in each text box, the purpose of each Tool is also provided in the table of each session outline according to the letters appearing in brackets (A), (K), (PS), or (ST).
2. Each of the Tool types is directly linked to the goal and objectives of the Training Package.



Attitudes Tools: are intended to provide trainees with an opportunity to explore **attitudes** at the personal level and general community level surrounding HIV prevention, treatment, care and support interventions.



Knowledge Tools: are intended to provide an opportunity to increase and reinforce **knowledge** of participants surrounding HIV prevention, treatment, care and support.



Problem-Solving Tools: are intended to equip trainees with **problem solving skills** for addressing community specific issues related to community-based HIV management



Skills Transfer Tools: are intended to promote the **transfer of skills** from participants to clients and their family members regarding important information, skills and practical knowledge required for community based HIV management.

5. Handouts

Facilitators will notice that within the Recommended Preparation section, and throughout the instructions for each session, reference is made to a series of “Handouts”. For example, “Distribute copies of Handout 8-1 Signs of Stress and review each sign as a group”.

Important things to note about Handouts include:

- The first number of each handout (8 in our example above) makes reference to the module in which the handout is used (Module 8: Caring for Carers).
- The second number of each handout (1 in our example) refers to the order in which the handout is used in the training session. Therefore Handout 8-1 is the first handout used in Module 8.

Handouts can be found in the **Participant's Handbook** that is provided in Participant's Section of the training package. The structure of the training allows Facilitators to either:

- 1) Make copies of the **entire** Participant's Handbook for each trainee (this is the recommended methodology when resources permit).
- 2) Make copies **only** of the sections for which training will be provided if Facilitators do not plan to conduct training on all eight modules (for example, make copies of the Module One section of the Participant's Handbook if training will only be conducted on Module 1: Basic Facts on HIV and AIDS).
- 3) Make copies **only** of the Handouts for each module. A list of handouts within each Module of the Participant's Handbook is provided after the table of contents.

The decision of which methodology will be used is at the discretion of the Facilitator and Course Organisers. However, the information provided in the Participant's Handbook is very useful reference material for participants both during and after training while working in the community. For this reason, it is recommended that participants being trained on the entire training package are provided with the complete Participant's Handbook.

Participant Evaluation

Following the completion of each Module, participants will have the opportunity to be evaluated on that topic area.

Criteria for Evaluation

The criterion for evaluation for each Module of training involves a combination of two types of assessment.

1. Post Test Knowledge
2. Demonstration of Core Skills

In order to pass evaluation for any individual module, participants must achieve a **minimum of 50% pass** on the **post-test** and a **minimum level of performance to enter practice in core skill assessment**.

Participants failing to achieve a 50% pass on either or both of the criteria for evaluation should be provided with **3 opportunities** to pass evaluation exercises for each module.

For example, a participant unable to answer more than 50%, or more than half, of the question on a post-test correctly should be allowed to re-take the same test three times in order to achieve a passing mark. In the case of core skill assessment, if a participant is unable to demonstrate a minimum level of performance on a skill, facilitators should provide specific feedback for improvement and the participant should be given three opportunities to demonstrate.

The intention of training for participants is to develop the knowledge and skills required to assist with HIV management at the community level, and NOT to exclude or discourage participants from continuing their good work. Facilitators should provide participants with any support or additional instruction required in order to pass evaluations. For example, facilitators should provide participants displaying difficulty in achieving a pass on the post test evaluation with additional instruction areas of knowledge that have not been fully comprehended. In the case of core skills, facilitators should provide participants with additional coaching and demonstration so that they may successfully demonstrate any competency they are having difficulty mastering.

1. Post Test Administration

A **Pre- and Post-Test** has been designed for each module. Pre-and Post Tests are not intended to measure individual skills, but to capture the individual learning success of participants on important concepts in each module.

Pre and Post test forms, answer keys and instructions for administering Pre and Post tests are provided for facilitators in the Evaluation Tools Manual.

To achieve a 50% pass in post test evaluation, participants must provide correct answers to a minimum of 50% of questions asked.

2. Core Skill Evaluation

Tool 3: Providing Information in this Session to Clients



.It is important that CBVs are able to explain the information provided in this session to their clients in a manner that will be easily understood. Divide participants into pairs and have each pair take turns explaining the information topics below as they would with their clients using the **Flipchart for Client Education, Section 2 pages 2-1 to 2-15**.

1. **Defining HIV and AIDS**
2. **Addressing rumours and myths about the origin of HIV and AIDS in your community.**
3. **HIV and AIDS in Your Community and Nation**

Facilitator's Note: To ensure that CBVs are providing accurate information, core skill should ensure participants address the following points:

1. **How HIV Attacks Our Health**
 - How your body fights illness
 - HIV is a virus that attacks the body's immune system (shield)
 - Special white blood cells are called CD4 cells are important in helping the immune system shield stay strong
 - AIDS is the condition that results from HIV infection when the body's shield is so weak that it is no longer able to fight off illness
2. **Rumours and Myths About the Origin of HIV and AIDS**
 - Correct any identified rumours and myths about the origin of HIV and AIDS in your community using Handout 1-2
 - Discuss with clients and their families how rumours and myths can lead to stigma and discrimination about PLWHA
3. **HIV and AIDS in Your Community and Nation**
 - Major mode of transmission in your country/community
 - Group with the highest rate of new infection and why they are vulnerable or at risk.

Special factors in your community that contribute to the spread of HIV.

Each module of the training package has a list of core skills that participants should be capable of demonstrating to the satisfaction of facilitators following training.

Facilitators should remember that varying degrees of skill are observed at different points in time in a CBVs work. Usually, successful skills demonstration occurs when an individual enters practice at a novice level. Therefore, evaluation of core skills for the training represents a facilitators judgement that the participant has achieved the **minimum level of performance to enter practice of each core skill**. However, it is expected that participants will continue to develop and improve upon these skills over time.

The core skills required for certification are listed in the introduction of each Module. The activities used to assess core skills are also provided in this list. Facilitators can recognise a core skill activity within the module content by the formatting of the tool.

As the intention of training is to provide participants with the relevant knowledge, attitude, problem solving and skills transfer capabilities required to assist and support community-based HIV management:

- Facilitator's should review the core skills required for evaluation at the beginning of training for each module
- Participants will have the opportunity to practice the core skill during training by completing the activity as it is covered in the session content. Facilitators should remind participants that these activities are core skills and provide participants with constructive feedback on how their performance can be improved during training to help ensure a satisfactory demonstration of this skill in assessment at the end of the module.

The **facilitator's notes** within each core skill activity provide facilitators with an indication of how this core skill should be assessed at the end of training. Instructions on how to conduct core skills assessments at the end of training are described in the Evaluation Tools Manual.

The core skills for each of the modules in the *HIV Prevention, Treatment, Care and Support Training Package for Community Volunteers* are provided in the table on the following pages.

MODULE	CORE SKILLS
Module One: Basic Facts on HIV and AIDS	<ol style="list-style-type: none"> 1. Impart information to their clients about how HIV attacks our health, address rumours and myths about the origin of HIV and AIDS and the impact of HIV and AIDS in their community and nation. Session One; Tool 3 2. Identify and refer clients at risk to HIV infection/re-infection. Session Two; Tool 6 3. Explain to clients how they can make use of the 4 methods of preventing HIV transmission discussed in this module (Safer Sex, PPTCT, Harm Reduction and Universal Precautions) Session Two; Tool 8 4. Prepare clients to accept and/or seek out an HIV test by answering important questions related to HIV Testing and Counselling (why get tested, where to go, what tests are used, etc.). Session Three; Tool 7 5. Link PLWHA to health services that assist and support positive prevention. Session Four; Tool 4 6. Use the Flipchart for Client Education to educate clients on how to live well when you are HIV positive. Session Four; Tool 5

Module Two: Treatment Literacy	<ol style="list-style-type: none"> 1. Provide clients with important links with health facilities and information they should know before beginning ART. Session One; Tool 3 2. Effectively explain ART to clients using the Flipchart for Client Education and Client Education Cards. Session Two; Tool 2 3. Assist clients and client families to manage and record side effects to ARVs Session Two; Tool 4 4. Effectively inform clients about TB, identify clients with TB and refer clients with TB to HIV Testing and Counselling Services using the 5 As. Session Three; Tool 2 5. Assist women in their community to overcome identified challenges to ART. Session Three; Tool 3
Module Three: Treatment Preparedness	<ol style="list-style-type: none"> 1. Answer important questions clients might have about treatment preparedness. Session One; Tool 5 2. Demonstrate the ability to use the 5As when using the Preparing PLWHA for ART Checklist during home visits. Session Two; Tool 7 3. Conduct a community awareness meeting on the importance of community preparedness for ART interventions. Session Three; Tool 5 4. Organise Peer Support and Group Education Sessions for clients in the community. Session Three; Tool 7
Module Four: Adherence	<ol style="list-style-type: none"> 1. Help clients to develop the resources, support and arrangements needed for adherence, including the selection of a treatment supporter using the 5 As Session One; Tool 2 2. Prepare treatment supporters for clients with TB to effectively support clients to adhere to medications. Session One; Tool 4 3. Identify any factors related to non-adherence with clients and develop strategies to overcome these factors. Session Two; Tool 2 4. Demonstrate an ability to prepare clients for adherence initiation using the 5 A's. Session Three; Tool 6 5. Demonstrate the ability to use the 5 A's to monitor and support clients on ART. Session Four; Tool 4
Module Five: Community- Based Counselling	<ol style="list-style-type: none"> 1. Refer clients and families to appropriate services to meet counselling needs. Session One; Tool Four 2. Demonstrate the ability to conduct a counselling session with clients during a home visit, using the 5 As. Session 3; Tool 5. 3. Demonstrate the ability to effectively communicate with children of different ages affected by HIV and AIDS. Session 4; Tool 7.
Module Six: Nutrition	<ol style="list-style-type: none"> 1. Help clients to develop a set of nutritional goals to live by. Session One; Tool 4 2. Impart knowledge on the '5 Easy Steps to Food Safety' to individuals who do the cooking in client households. Session One; Tool 6 3. Describe to clients how HIV and AIDS affect nutrition in a manner that is easily understood Session Two; Tool 3 4. Refer client households to services that support food security in your community Session Two; Tool 4 5. Develop strategies with clients to follow dietary recommendations of medications, including ART Session Two; Tool 5 6. Provide information to client households on how to manage symptoms of HIV through diet. Session Three; Tool 2 7. Provide appropriate support to HIV positive mothers with child nutrition. Session Four; Tool 2

	<p>8. Develop an exercise schedule with clients that suit their health and needs. Session Five; Tool 1.</p>
<p>Module Seven: Palliative Care Symptom Management and End-of-Life Care</p>	<ol style="list-style-type: none"> 1. Provide information to clients and family members on the services and resources available in their community that make up their palliative 'care team' Session One; Tool 4 2. Assess pain with clients using the pain assessment tools and describe the pain assessment tool to primary caregivers. Session Two; Tool 2 3. Accurately describe the analgesic ladder using a method that clients and family members will understand and use effectively. Session Two; Tool 4 4. Demonstrate the ability to provide clients and their families with accurate information on Universal Precautions. Session Three; Tool 1 5. Demonstrate to primary caregivers how to manage symptoms in clients by providing information on how caregivers can help, local remedies for symptom management and knowledge on when to contact a health professional. Session Four; Tool 2 6. Impart information to family members and/or primary caregivers on how they can help clients cope with feelings and emotions experienced during illness. Session Five; Tool 3 7. Assist bereaved family members to understand the possible emotional, physical and spiritual experiences after the death of a loved one through bereavement counselling. Session Five; Tool 11
<p>Module Eight: Caring for Carers</p>	<ol style="list-style-type: none"> 1. Discuss "caring for carers" with clients and their families and why it is important in their community. Session One; Tool 4 2. Recognise ways in which they show stress as an individual and identify signs of stress in other caregivers. Session Two; Tool 4 3. Demonstrate techniques with clients and primary caregivers for coping with stress through self care. Session Three; Tool 7 4. Conduct a community awareness meeting on the needs of child carers. Session Four, Tool 3 5. Refer carers living with HIV or carers who do not know their status to the appropriate services in your community. Session Four; Tool 4

Toolkit Evaluation

The Evaluation Tools manual also provides facilitators with information forms for the evaluation of each module of training.

A standard evaluation form for module evaluation is provided for both facilitators and participants. These evaluation forms are intended to document valuable feedback on:

- Participant training satisfaction that will help facilitators to improve future training
- Facilitator impressions on the usefulness of the modules in the *HIV Prevention, Treatment, Care and Support Training Package for Community Volunteers* for future adaptation and revisions.

Issues of Adaptation

Matching Training to Participant Needs

The *HIV Prevention, Treatment, Care and Support Training Package for Community Volunteers* is intended as a generic training package. This means that the contents of training are intended to provide facilitators with each of the key components of community based HIV management. Depending on the previous training experience of your training audience, it is possible that facilitators may focus on some modules more than others.

For example, within your home-based care programme, CBVs may have already obtained training on facts on HIV and AIDS, symptom management and end-of life care and the importance of nutrition for PLWHA as part of positive living. In this case, less training time may be required on Modules 1 (Basic Facts on HIV and AIDS), 6 (Nutrition) and 7 (Palliative Care Symptom management and end-of-life care) of the training package.

The modular form of the training package is intended to provide facilitators with the opportunity to address training needs to **meet the demands of the working environment of CBVs**. Facilitators are therefore encouraged to review each of the modules of the training package and adapt the generic materials to suit their needs when developing a training programme.

Developing a Training Programme

Due to the modular form of the training materials, it is NOT necessary to undertake the entire training package during one block of time and may be conducted using a **phased approach**. In fact, given the length of training required to complete each session, facilitators are **discouraged from running training for all of the eight modules at one time**.

Community Based Volunteers play an essential and important role in providing care and support for PLWHA in the community. For this reason, removing CBVs from the working environment, even for training purposes, for too great a length of time is likely to do more harm than good for home based care clients requiring their services. The intention of training is to equip CBVs with the required tools for community-based HIV management and not to diminish the quality of services offered in current programmes. **Facilitators should carefully consider the existing roles and responsibilities of trainees when developing their training programme and do their best to avoid interfering with important duties of participants.**

The following table provides the approximate length of time required for training for each module of the *HIV Prevention, Treatment, Care and Support Training Package for Community Volunteers*. The number of training hours is rounded up for each module to provide an approximate total training time.

MODULE	SESSION TOPIC	SESSION LENGTH	APPROXIMATE TOTAL TRAINING TIME
Introductory Session for Participants	Session One: Introducing Participants to Training	3 hours	3 hours
Module One: Basic Facts on HIV and AIDS	Session One: What are HIV and AIDS?	2 hours	10 hours 30 minutes
	Session Two: Transmission and Prevention of HIV	3 hours	
	Session Three: HIV Testing and Counselling	3 hours	
	Session Four: Positive Prevention	2 hours 30 minutes	
Module Two: Treatment Literacy	Session One: Introduction to ART	2 hours 30 minutes	10 hours 30 minutes
	Session Two: Basic Facts about ARVs	4 hours	
	Session Three: Special Considerations for ART	4 hours	
Module Three: Treatment Preparedness	Session One: What is Treatment Preparedness?	3 hours	11 hours
	Session Two: Treatment Preparedness for the Individual	3 hours 45 minutes	
	Session Three: Treatment Preparedness for the Community	4 hours	
Module Four: Adherence	Module One: Introduction to Adherence	3 hours	12 hours 30 minutes
	Module Two: Non-Adherence	2 hrs 30 mins	
	Module Three: Adherence Initiation	4 hours	
	Module Four: Adherence Monitoring and Support	3 hours	
Module Five: Community-Based Counselling	Session One: What is Counselling?	2 hours	12 hours 30 minutes
	Session Two: Basic Counselling Issues	3 hours 30 minutes	
	Session Three: The Counselling Process	3 hours	
	Session Four: Counselling Children Affected by HIV and AIDS	4 hours	
Module Six: Nutrition	Session One: How CBVs Can Support Client Nutrition	4 hours 30 minutes	12 hours 30 minutes
	Session Two: How HIV and AIDS Affect Nutrition	3 hours	
	Session Three: Managing Symptoms with Food	2 hours	
	Session Four: Special Considerations for Nutrition and HIV	1 hours 30 minutes	
	Session Five: Positive Living	1 hour 30 minutes	

MODULE	SESSION TOPIC	SESSION LENGTH	APPROXIMATE TOTAL TRAIN
Module Seven: Palliative Care: Symptom management and end-of-life care	Session One: Palliative Care The Basics	2 hours	18 hours
	Session Two: Management of Pain	3 hours 30 minutes	
	Session Three: Preventing Discomfort Before it Begins	3 hours 30 minutes	
	Session Four: Management of Symptoms in PLWHA	3 hours	
	Session Five: End-of-life Care	6 hours	
Module Eight: Caring for Carers	Session One: What Caring Means	2 hours	8 hours 30 minutes
	Session Two: Impact of Caregiving Rewards and Challenges	2 hours 30 minutes	
	Session Three: Caring for Carers Practical Steps	2 hours	
	Session Four: Special Considerations in Caring for Carers	2 hours	
TOTAL TRAINING TIME FOR TRAINING PACKAGE			99 hours
NUMBER OF DAYS TRAINING for TRAINING PACKAGE (@ 8 hours per day)			Approximately 12.5 days

Schedule of Training

Based upon the training needs of participants and a review of the training time required for each module, facilitators should create a **calendar of dates** that cover when and where training will be conducted.

This should be prepared prior to the first training meeting and copies made for each participant and/or posted where all participants can view the schedule for discussion during the Introduction to Training Session.

Onsite Demonstrations and Practical Assessment

1. Onsite demonstrations

Onsite demonstrations provide an excellent opportunity for facilitators to provide participants with practical training.

Field demonstrations are the best form of skills based learning. Wherever possible, facilitators are encouraged to arrange training within the community and conduct tools and activities during real-life settings as appropriate in your community.

It is important to respect the privacy, dignity and culture of home-based care clients at all times, and the facilitator is entrusted to use their best judgment in determining the appropriate sections of this toolkit for field-based demonstration.

Suggested topics ideal for on-site demonstration include:

- Demonstrating Linkages with Health Facilities***
- Palliative Care
- Community Discussion Exercises
- Role Playing Exercises
- Skills Transfer Exercises
- Treatment Preparedness
- Adherence Support

Depending on your programme set-up, on-site demonstrations can be arranged with home-based care client through a local NGO or clinic taking the following important points into consideration:

- Demonstrations should be conducted in small groups, with consent of client prior to home visit.
- On-site demonstrations should be conducted strictly under the supervision of the facilitator or field supervisor.

2. Practical Assessments

Practical assessments are an ideal method of follow-up on core skill assessment. Whereas evaluation for each module refers to the presence of certain skills at a specific point in time, this method does not capture the development of skills over time.

The learning process does not end with training, and participants are likely to improve on their knowledge and skills as they apply what they have learned within their duties.

Facilitators are encouraged to develop a schedule of on-site visits with individual participants (or provide supervisors with information on assessing core skills) periodically following training to ensure retention of skills and knowledge over time.

Glossary of Terms

Acquired Immunodeficiency Syndrome (AIDS): the name given to a group of illnesses in HIV positive people. These are illnesses that arise when people living with HIV are no longer able to fight off infection because of lowered immunity.

Active listening: a counselling skill that involves paying close attention to what a client is telling you and showing the client that you are paying attention.

Adherence: means sticking to or being devoted to something. In ART, adherence involves taking medications in the correct amount, at the correct time and in the way they are prescribed.

Analgesics: the broad name given to medications used to treat physical pain.

Analgesic Ladder: a tool developed by the World Health Organization (WHO) to help people determine when to increase and decrease pain medication and what kind of pain medication to give.

Anticipatory Grief: grieving of both clients and their families once they realise he/she has an incurable illness.

Anti Retroviral (ARV): drugs used to treat HIV.

Anti Retroviral Therapy (ART): a term used to describe giving ARV drugs in the correct way, with adherence support

Asymptomatic: not showing any symptoms of an illness or disease.

Bedsores: the name of wounds of the skin that result from lying in one position for too long. Also called pressure sores, bedsore result from constant pressure on a particular part of the body.

Bereavement: a term used to describe the loss of something of value and grief associated with that loss.

Biological Markers: methods of measuring adherence that involve testing levels of viral load (called a viral load assay) or the amount of drugs in a person's blood (called Therapeutic Drug Monitoring, or TDM).

By the Clock: a method of treating chronic pain that involves giving pain medications in the appropriate doses at the appropriate times in an attempt to provide continuous relief of pain.

By the individual: a step in treating pain that involves giving each client's pain medication according to their needs and ensuring that both PLWHA and their families understand when and how pain medications should be taken.

By the Mouth: a recommendation for treating pain that encourages clients to take analgesics by the mouth whenever possible.

Caregiver Burnout: a term used to describe the state resulting from stress that is built up over time until a caregiver is no longer able to cope.

Caring for Carers: a term used to describe recognising that caring can produce stresses and strains on caregivers. Caring for carers involves ensuring the mental and physical well-being of people who provide care in the community and helping caregivers to relieve stress and lead a healthy lifestyle.

CD4: a common name for a type of white blood cell that fights infection that is destroyed by HIV. The more CD4 cells a person has, the healthier he or she is.

CD4 Count: The amount of CD4 cells in a person's blood is used to test for AIDS, and often used to determine when to start ART. CD4 count can be used as a clinical marker to follow the progression of the disease over time.

Checking Questions: questions which allow counsellors to find out how much a client has understood and what topics need further information or explanation.

Client Initiated (HIV Tests): when people seek out a facility through which they can take an HIV tests, is often referred to as voluntary counselling and testing.

Closed Question: a type of question which requires a one-word, often 'yes' or 'no', answer only.

Co-infected: a term used to describe being infected with two things at once. In terms of HIV and AIDS, 'co-infected' is a common way to describe people who are infected with HIV and Tuberculosis (TB) at the same time.

Combined Therapy (also called **Fixed-Dose Combination**): a combination of more than one ARV in a single tablet. Combined therapy is aimed at helping PLWHA on ART take fewer pills in a single day.

Community Mobilisation: involves ensuring a supportive environment for PLWHA before they start ART.

Community Preparedness: a term used to describe providing support and breaking down barriers for successful interventions in a community (such as ART roll out).

Confidentiality: the obligation owed by one person to another, not to disclose information given by or about another or the obligation to disclose it only in limited circumstances. Confidentiality means any information shared between two people is not revealed to anyone else without consent.

Continuity of Care: one of the general principles of good care for PLWHA which involves ensuring that care for PLWHA remains consistent over time

Continuum of Care: all aspects of caring for clients linked to different levels of care. Palliative care is thought of as a continuum of care.

Coping Mechanisms: a term used to describe thoughts or activities that people use to deal with stress.

Coping Strategies: methods of reducing stress and preventing burnout that involve 'acting' on a person's stress by gathering and using information, planning and taking real steps to help that person cope.

Cotrimoxazole or CTX: a commonly prescribed prophylaxis for people living with HIV and AIDS.

Counselling: a confidential dialogue that involves an interpersonal relationship between a person or group of people seeking help on a problem(s), and someone to assist in solving the problem.

Counselling process: steps that CBVs can take to prepare, begin, conduct and end a successful counselling session.

Counselling skills: techniques used by counsellors to communicate well with clients and develop a good counsellor/client relationship. These skills include listening, questioning, being non-judgemental and empathetic.

Counsellor: a term to describe a person who has developed special skills and experience in helping people work through their problems.

Culture: the beliefs, practices or values of a group of people.

Cyclical relationship: a type of relationship where one problem causes or improves/worsens the other. The relationship between poor nutrition and HIV is cyclical.

Dehydrated: a term used to describe the result of losing water from the body through sweating, fever, diarrhoea or vomiting.

Denial: when someone chooses to ignore or disbelieve the facts. People often go through denial when they do not want to accept the reality of a difficult situation.

Depression: a common term to describe feeling very sad or discouraged.

Diagnostic Testing (for HIV): when an HIV test is conducted by health professionals when trying to determine the cause of an illness.

Diarrhoea: a condition in which watery stools are passed three or more times a day.

Dietary management of symptoms: using food and nutritional practices to help manage HIV and AIDS related illness. Dietary management involves adjusting food intake to help people cope with the complications of HIV and opportunistic infections.

Directly Observed Therapy (DOT): a method for measuring and enhancing ART adherence that involves doctors or other medical staff being with a client when they take their medication.

Disclosure: the process a person living with HIV goes through to tell others about their HIV status.

Discordant Couple: when one partner tests HIV positive and the other HIV negative.

Discrimination: a term used to describe treating other people differently or unfairly because they are different from others.

Dual Method: when a second method of contraception is used along with condoms for added protection against pregnancy.

Dual Protection: use of condoms to protect from STIs, re-infection by HIV *and* to avoid transmission to sexual partners and undesired pregnancies.

ELISA: a type of HIV test

Empathy: a term used to describe trying to understand a situation from another person's point of view and showing that you care.

End of Life Care: helping a dying client with the physical, emotional, social and spiritual support and comfort they need during the end stages of life.

Exclusive breastfeeding: when a mother ONLY breastfeeds her child breast milk for the first few months of life.

Exclusive replacement feeding: when a mother only feeds her baby alternative feeds such as formula but no breast milk from birth.

First-line regimen: the name given to a combination of three ARV drugs used 'first' to treat HIV.

Food safety: a term used to describe keeping food safe from contamination or spoiling so that it is healthy to eat rather than a source of infection.

Food security: the ability of people to access and afford enough food to meet their nutritional needs and live a healthy and productive life.

Grief a term used to describe the feelings of pain and loss during bereavement. Grief affects people physically, mentally and spiritually

Harm Reduction: a term used to describe activities aimed at preventing or reducing negative health consequences associated with certain behaviours.

Highly Active Antiretroviral Therapy (HAART): a combination of three antiretroviral drugs used to treat HIV and AIDS.

Human Immunodeficiency Virus (HIV): the virus that causes AIDS by weakening the body's immune system.

HIV Related Illnesses: illnesses that PLWHA contract as a result of lowered immunity.

HIV infection: the result of HIV transmission, where HIV is introduced into the body and starts to multiply and spread.

HIV Testing and Counselling: a broad umbrella term that indicates the different ways of being tested for HIV.

HIV Transmission: the process of spreading or contracting HIV through one of the three modes of transmission (sexual contact, blood transmission, mother-to-child transmission).

Informed Consent: means that an individual has been important information, has fully understood what has been discussed, and based on this agrees to undergo a medical procedure (such as an HIV test)

Interdisciplinary Approach: a term used to describe the combined efforts of professional and community resources. Palliative care is thought to use an interdisciplinary approach involving hospitals, clinics, social workers, nurses, doctors, community members (like CBVs), PLWHA and the family of PLWHA.

Immune System: the body's defence against diseases.

Injecting Drug User (IDU): term preferable to drug addicts, which is seen as derogatory, often resulting in alienation rather than creating the trust and respect required when dealing with those who inject drugs.

Leading Questions: a type of question in which a counsellor guides (or leads) the client to give an answer that he/she wants to hear.

Legumes: foods such as beans, peas, lentils or nuts that provide the body with proteins needed to build and repair the body and build strong muscles.

Life cycle: a term used to describe different times in a person's life. People at different stages in their life cycle will have different needs, concerns and ways of coping with problems.

Lymphocytes: white blood cells that play an important role in helping the body's immune system.

Mal-absorption: a term used to describe the inability of the stomach to take up nutrients from foods that are eaten.

Malnutrition: a term used to describe a condition where the body does not either get enough of the right foods or process foods properly to remain healthy.

Meaningful Involvement of People Living with or Affected by HIV and AIDS (MIPA): one of the general principles of good care for PLWHA which recognizes the important contribution PLWHA can make in response to the fight against HIV and AIDS and creating a space within society for the involvement and active participation of PLWHA in such responses (like ART intervention).

Medication Diaries: booklets in which clients can write down the time and date each time they take their medications (such as ARVs), record when and why they have missed doses and write down any side effects experienced or questions or concerns they may have about their ART regimen.

Medication Events Monitoring System (MEMS): an electronic method of measuring adherence to ART that uses an electronic chip in the lid of a medication bottle that measures the opening and closing of the bottle. A computer program records information from the electronic chip and provides a report on how many times a bottle has been opened, the time it was opened and intervals between doses.

Memory Books/Boxes: treasure chest of family photographs, letters, stories or documents that help describe the history of a family.

Micronutrients: vitamins and minerals in food that play a special role in keeping people healthy.

Mixed Feeding: when a mother gives breast milk in addition to water, formula or dairy milk during the first few months of life. Mixed feeding increases the chance of transmission of HIV to infants.

Mother-to-Child Transmission (of HIV): when an HIV infected mother passes HIV to her baby through pregnancy, during childbirth, or after delivery through breastfeeding.

Mourning: a term used to describe the way in which grief is expressed. Mourning is the external activities or behaviour following a death.

Mouth care: ensuring the proper cleaning of the mouth (teeth and gums) to prevent infection and decay.

Non-adherence: not taking ARV medications as they are prescribed.

Nutrients: the substances we absorb from food that we need for growth, energy, to build our bodies and to stay strong.

Nutritional goals: specific ways in which PLWHA can prevent malnutrition and promote a healthy and active lifestyle with food.

Open Question: a type of question that requires more than a one-word answer and encourages people to explore their situation or feelings.

Opportunistic Infections or OIs: diseases that attack the body when it is weak.

Opt-Out: the choice of individuals to say 'no' to having an HIV test conducted during a provided initiation, or routine offer HIV testing and counselling.

Oral Rehydration Solution (ORS): a drink used to help prevent or treat dehydration.

Palliative Care: symptom management during both acute and chronic illness and at the end of life.

Peer Support: Support for people by people in the same situation.

Personal Hygiene: In terms of food safety, involves ensuring that people who are touching and handling food take proper care to ensure that they do not pass on bacteria or viruses.

Pharmacy Re-fill Tracking: a method of measuring adherence that involves recording if PLWHA are re-filling their ARV prescriptions at the appropriate time.

Pill boxes: containers for storing medication with dividers for each day and each dose during the day.

Pill burden: a term used to describe ART regimens that involve many doses of pills each day with specific food and fluid instructions. High pill burden is associated with decreased levels of adherence.

Pill charts: a visual display of medications and the dosages required in their treatment regimen. For example, pill charts use different colours and shapes to differentiate with different types of ARV drugs in a treatment regimen.

Pill count: counting the number of pills remaining in a prescription during a scheduled visit. If the number of pills remaining is greater or less than it should be, problems with adherence are revealed.

Positive Living: a term used to describe steps taken by people living with HIV or AIDS that enhance their lives and increase their health.

Positive Prevention: term used to describe activities aimed at increasing the self-esteem and confidence of HIV positive individuals to protect their own health and avoid passing the infection to others.

Post-Exposure Prophylaxis (PEP): ARVs intended to prevent the uptake of HIV after exposure to infection by blood or fluid contact with an HIV infected person.

Prevalence: measure of how common or widespread a disease or infection is in the community or population group at a given period of time. This measure includes existing and new cases.

Prevention of Mother to Child Transmission (PPTCT): methods that help prevent an HIV positive mother passing HIV onto her baby during pregnancy, child birth or breast feeding.

Preventive Care: a term used to describe caring efforts intended to prevent discomfort before it begins in PLWHA. Mouth care, prevention of bed sores, proper bathing, prevention of pain and stiffness in muscles and joints and moving bedridden clients comfortably are all methods of preventative care for PLWHA.

Primary Caregivers: the friends, family or neighbours that do most of the day-to-day home caring for sick clients.

Prophylaxis: a therapy or treatment taken to prevent infections.

Provider Initiated HIV Testing: when an HIV test is conducted by health professionals when trying to determine the cause of an illness, or when HIV tests are offered to all sexually active people seeking medical care.

Provider Judgement: health care professionals involved in the care and treatment of PLWHA making an estimation of how well a person is adhering to ART based on observation.

Psychosocial support: a term used to describe caring for the emotional, psychological, social and spiritual well-being of others.

Questioning: counselling skill that helps the counsellor to understand the client's situation, and can determine the quality of information a counsellor receives from the client

Range of Motion (ROM): a term used to describe the ability of people to move their joints (wrists, knees, elbows, ankles, shoulders, hips and neck) freely and without pain.

Rapid Tests: commonly used HIV tests that give quick results and do not require special equipment

Relaxation techniques: methods of reducing stress and preventing burnout that involve engaging in activities or thought processes that help a person to relax and let built up stress be released.

Resistance: the ability of HIV to change its structure in ways that make drugs, such as ARVs, less effective.

Respite care: a term used to describe arranging for another caregiver to provide care to client while you take a holiday or break from caring.

Retrovirus: a class of viruses, which includes HIV. Retroviruses are characterized by their ability to convert RNA to DNA in the host cell.

Routine Offer (HIV testing): when HIV tests are offered to all sexually active people seeking medical care.

Secondary Caregivers: people often thought of as 'specialists' of certain types of care who are trained for the care they provide.

Second-line Regimen: a combination of drugs prescribed to individuals on first-line ART regimens when treatment failure occurs, or if the side-effects of first-line drugs are too severe. A second-line regimen is therefore a new or changed prescription of ARV medications.

Self-Care: thoughts and activities that people use to deal with stress.

Self-Management: when a client takes responsibility for his or her own health care.

Self-Reports: when people report on their own adherence to taking medication over a pre-determined length of time.

Seroconversion: the development of antibodies to a particular antigen. In HIV, seroconversion is the time after the window period when a person's body begins to make antibodies to HIV.

Sexually Transmitted Infection (STIs): infections that are spread by the transfer of organisms from person to person during sexual contact.

Shared confidentiality: means that information about a client can not be shared with anyone other than the HIV care team staff without the client's consent.

Staple foods: types of foods eaten commonly/routinely by a given community which are in most cases grains or tubers that provide lots of energy and some protein.

Stigma: negative attitudes toward people who belong to a particular group or who have different characteristics than others.

Stress: a term used to describe feelings of being emotionally, physically or mentally overwhelmed when faced with a certain situation, event or person

Supplement: something you eat, often as a pill or tablet, in addition to food to improve diet and health.

Support Network: a term used to describe people in your life with whom you can talk openly and honestly about things that trouble you. A support network often includes people who you feel understand you and what you are going through.

Symptom: any perceptible, subjective change in the body or its functions that indicates disease or phases of disease, as reported by the client.

Therapeutic Drug Monitoring (TDM): a method of measuring adherence by testing the levels of ARV drugs in a person's blood.

Treatment failure: a condition in which drugs (such as ARVs) stop being effective.

Treatment preparedness: the process of preparing PLWHA and their surrounding community to initiate, or start, ART.

Treatment Literacy: providing individuals with the skills and knowledge necessary to manage HIV infection through ART.

Treatment Supporter: a person, usually a family member or friend and preferably someone who lives with the client and can help with 'day to day' adherence to ART.

Tuberculosis (TB): an illness caused by a germ that is breathed into the lungs. There are two types of TB, pulmonary (affecting the lungs) and extrapulmonary (affecting organs of the body other than the lungs).

Universal Precautions: simple infection control procedures that reduce the risk of transmitting infectious agents through exposure to blood, body fluids, or contaminated medical or other types of equipment among clients, family members and health care workers.

Viral load: a term used to describe the amount of HIV in a person's body. The more HIV, the higher a person's viral load will be.

Viral load assay: test conducted to measure viral copies (such as HIV) in a person's blood.

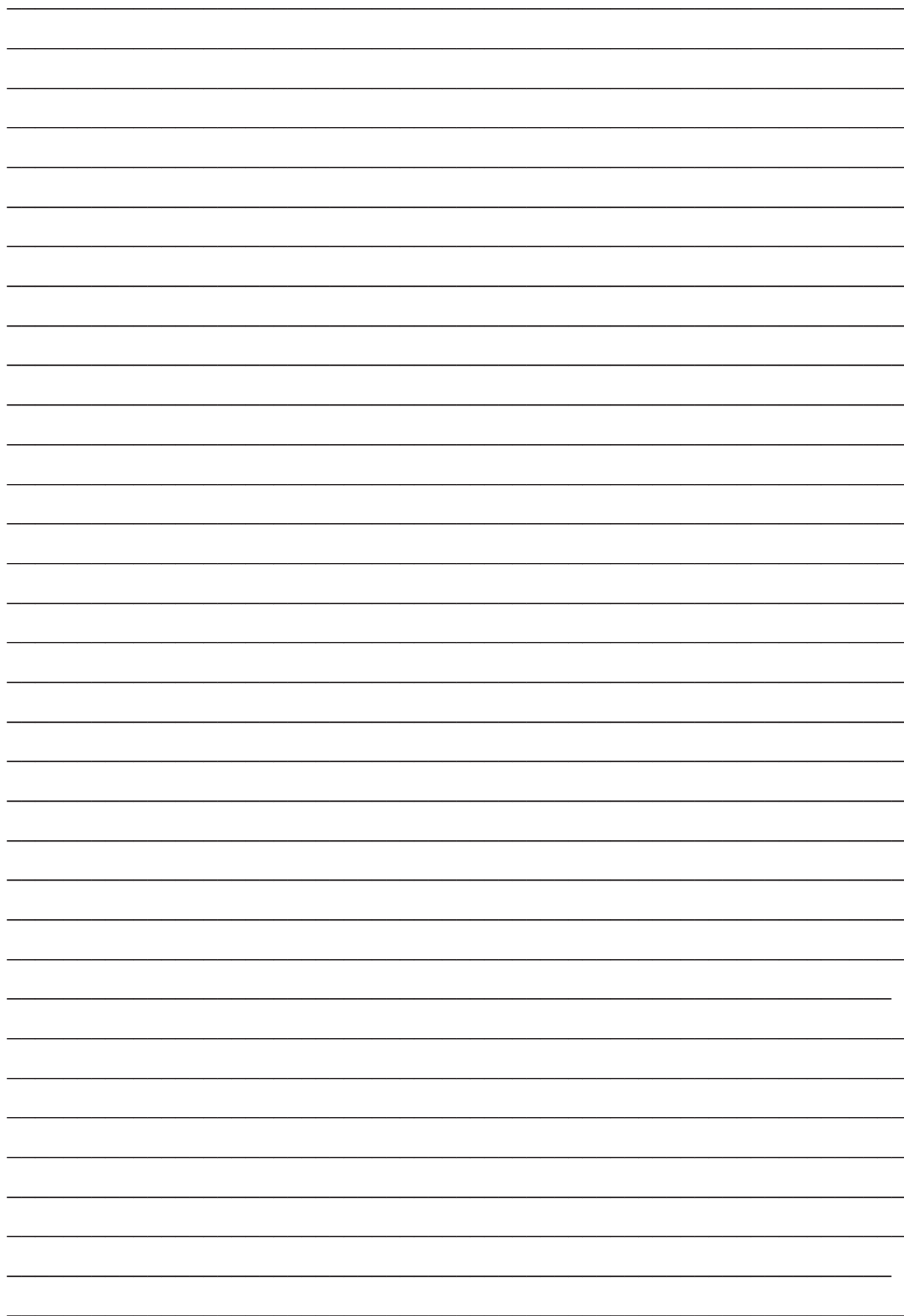
Virus: infectious organism that can only reproduce inside the cell of another plant or animal

Voluntary Counselling and Testing (VCT): the common term for the process of seeking out and taking an HIV test.

Western Blot: a type of HIV test

Window Period: time from infection with HIV until detectable seroconversion. A person will test negative for HIV during the window period but can still transmit the virus to others during this time.

My Notes



HIV Prevention, Treatment, Care and Support – A Training Package for Community Volunteers



INTRODUCTION TO TRAINING

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Introduction

The Introduction to Training Session for participants is intended to provide participants with an overview of training through an exploration of the following topics:

- Introduction to Training- (this manual)
- Goals and Objectives of Training
- Role of CBVs in HIV Prevention, Treatment, Care and Support
- Training Modules
- Schedule of Training
- Evaluation Tools Used in Training

Materials to be used in this introductory session:

1. Introduction to Training
2. Participants Handbook
3. Facilitator's Guide

Training time for this session is approximately 3 hours.

Session One: Introducing Participants to Training

Purpose: The purpose of this introductory session is to overview important information and concepts required before training begins.

Objectives:

By the end of this session, CBVs should be able to:

1. Demonstrate an understanding of the goal and objectives of training.
2. Define who CBVs are in their community and the role of CBVs in HIV prevention, treatment, care and support.
3. Demonstrate an understanding of the module topics they will be trained on.
4. Demonstrate the ability to use the 5 A's to communicate with clients.
5. Describe how they will be evaluated and how they will evaluate training.

Duration: 3 hours 30 minutes

Required Materials: Flipchart, markers, coloured paper/card.

Recommended Preparation:

- Create a schedule of training for participants
- Cut out 8 red (or other colour) and 8 green (or other colour) circles for each participant for distribution in the activity for Tool 7
- Make copies of 'Introductory Handout', 'Modules in the Training Package' for distribution to participants in Tool 7.

Objective	Content	Time	Methodology
	1. Introduction to Training	50 minutes	Mini Lecture Tool One (K): Group Activity Tool Two (K): Group Activity Tool Three (A): Group Discussion
Demonstrate an understanding of the goal and objectives of training	2. Goals and Objectives of Training	20 minutes	Mini Lecture Tool Four (K): Group Activity
Define who CBVs are in their community and the role of CBVs in HIV prevention, treatment, care and support	3. Role of CBVs in HIV prevention, treatment, care and support	40 minutes	Tool Five (K): Group Discussion Tool Six (K): Group Activity
Demonstrate an understanding of the module topics they will be trained on	4. Training Modules	30 minutes	Tool Seven (K): Group Activity
	5. Getting to Know the 5 A's	30 minutes	Tool Eight (K): Group Activity and Role Play
	6. Schedule of Training	10 minutes	
Describe how they will be evaluated and how they will evaluate training.	7. Evaluation Tools Used in Training	30 minutes	Tool Nine (K): Group Discussion

1. Introduction to Training (50 minutes)

Introductions provide an opportunity to set the tone for the training. As many modules are quite intensive, an environment that is welcoming, encouraging and fun should be developed from the beginning of the training.

a) Introducing Participants (15 minutes with Tool 1)

Welcome the participants, introduce yourself and facilitate the introduction exercise below.



b) Setting the Ground Rules for Training (15 minutes with Tool 2)

Before training begins it is important to create a set of ground rules of conduct for positive participation. As many potentially sensitive topics will be explored through training, participants should develop a set of mutually agreed upon 'dos and don'ts' for training.

Tool 1: Introductions - Creating a Fun Learning Environment



Separate participants into pairs and ask them to 'interview' the person they have paired up with. Their interview should include the following questions:

1. What is their name?
2. Where are they from?
3. What are their hobbies?
4. How did they come to be a Red Cross/Red Crescent volunteer?
5. How do they think the training course will contribute to their work?

After 5 minutes, have each person give a short presentation on their partner to the group. Encourage humour and bonding amongst participants and facilitator.

b) Setting the Ground Rules for Training (15 minutes with Tool 2)

Before training begins it is important to create a set of ground rules of conduct for positive participation. As many potentially sensitive topics will be explored through training, participants should develop a set of mutually agreed upon 'dos and don'ts' for training.

Ground rules include topics such as how opinions will be raised (by show of hands, by speaking openly), how to deal with issues raised not related to topic of discussion (to keep sessions focused introduce the “the parking lot”), and positive and negative forms of participation should be discussed and agreed upon.

Keeping Discussions Focused: “The Parking Lot”

Introduce the concept of a 'parking lot' flip chart for extra issues to be posted each day. If a participant raises an issue that is important, but not relevant to the discussion at hand, that issue will be placed in the parking lot and addressed at the end of that session.

Ten minutes should be allotted at the end of each session to address issues raised in the parking lot.

Put up the Parking Lot flip chart for the day, to be used for module one.

Tool 2: Setting Ground Rules for Training



PART A: As a group, identify positive behaviours that will assist the learning process (i.e., timeliness, attentiveness, working together, respecting others opinions, confidentiality, sensitivity, listening skills). Write answers down on a flipchart.

Questions for special consideration during the group discussion include:

1. Are there any local conditions or cultural beliefs that should be addressed before training begins (i.e., any problems openly discussing sex, illness or death, stigma surrounding HIV and AIDS, gender issues)?
2. If so, how will these issues be resolved so that training is as open and honest as possible?

After 10 minutes, review the flipchart as a group and create a master set of “Ground Rules of Training” that will act as an agreed code of conduct for training participants. The 'Ground Rules for Training' flipchart should remain posted on a wall of the training room for the entirety of training and referred back to if conflict or problems arise.

c) Expectations (20 minutes with Tool 3)

Participants should be given an opportunity to voice their own expectations for training.



Tool 3: Expectations of Training

Each participant enters training with a set of expectations of what they will gain from their participation.

As a group discuss participant expectations of what they will have gained following training.

2. Goals and Objectives of Training (20 minutes with Tool 4)

The goal of training will be to provide participants with the relevant knowledge, attitude, problem solving and skills transfer capabilities required to assist and support community-based HIV prevention, treatment, care and support.

Objectives of the training are to:

1. Increase **knowledge** of participants surrounding HIV prevention, treatment, care and support.
2. Address **attitudes** of participants at the personal level and general community level surrounding HIV prevention, treatment, care and support interventions.
3. Equip participants with **problem solving skills** for addressing community specific issues related to community-based HIV management.
4. Promote the **transfer of skills** from participants to clients and their family members regarding important information, skills and practical knowledge required for community based HIV management.

Therefore by the end of training, participants should be able to:

1. Educate clients on HIV prevention, treatment, care and support and services available in the community (Knowledge).
2. Address personal and community attitudes towards HIV prevention, treatment, care and support through self-reflection and contextualisation (Attitudes).
3. Facilitate problem solving at community and individual levels on issues related to HIV in their own lives and the lives of clients/families (Problem-Solving).
4. Impart information and practical skills to clients and families required for community based HIV management (Skills Transfer).



Tool 4: Understanding the Goals and Objectives of Training

Divide participants into four groups. Provide each group with one of the objectives of training and ask them to identify 5 types of knowledge, attitudes, problem solving skills, or transfer or skills they think they might gain through training as related to their objective.

After 10 minutes, ask each group to present their answers and review the four objectives.

3. Role of CBVs in Community - Based HIV Management (40 minutes)

Community-based resources such as volunteers, caregivers, family of people living with HIV and AIDS and PLWHA themselves are critical for the success management of HIV at the community level through prevention, treatment, care and support initiatives.

In many resource-scarce communities around the world, community-based volunteers represent key players in the care and treatment of PLWHA. Because of this, training has been specifically designed to provide CBVs with the knowledge and skills to become effective agents in assisting with prevention, treatment, care and support activities at the community level. The training is designed for participants with little to no medical background.

a) WHO is a CBV? (20 minutes with Tool 5)

A Community Based Volunteer, or CBV, can be described as a community member that provides home-based care and support to People Living with HIV and AIDS (PLWHA).

Depending on your country or community of operation, the concept of a CBV can represent a very diverse group of care providers.

Tool 5: Defining “CBV” in Your Training



As a group, create a definition for “CBV” for participants in your training group by answering the following questions:

1. What organisation or institution oversees the home-based care activities of participants?
2. “Who” are the CBVs that work for this organisation (for example, concerned members of the community, retired health care workers, PLHWA)?

Write down your definition of “A CBV in our community is....” on a flipchart.

b) The Role of CBVs in ART (20 minutes with Tool 6)

The role of CBVs within community based HIV management will be mainly focused on preparing, monitoring and supporting clients in comprehensive care of HIV and AIDS, specifically when on ART. CBVs play an important role in linking clients to appropriate health services and acting as a health-care advocate, but do not replace the role of the clinical care team. Trainees will NOT be expected or qualified to stage clients, screen for illness, recommend prophylaxis, establish eligibility for ART, or determine a client's treatment regimen.



Tool 6: The Role of CBVs in Community Based HIV Management

It is important that participants define their roles and responsibilities in HIV management specific to your community and not just rely on the roles provided. Divide participants into four groups and provide each group with a flipchart with the columns “CBV Do's” and “CBV Don'ts”. Ask participants in each group to outline the role of a typical CBV in your community context by listing the do's and don'ts of CBVs in your community with clients regarding:

1. HIV Prevention
2. HIV Treatment (including ART)
3. HIV Care
4. HIV Support

Have each group present their answers and refine if necessary.

Facilitator's note: Ensure that the roles and responsibilities of CBVs in HIV management outlined, and agreed upon with participants are in line with your institution/organisation's policies.

4. Training Modules (30 minutes with Tool 7)

Each module of the training has been specifically chosen to cover critical aspects of HIV management. Community-based volunteers may already have some experience in the topics covered in training. It should be emphasised that some CBVs may have more experience than others on certain topics covered in training.



Tool 7: Topics Covered in the Training Package

On separate flipcharts, write the name of each module in the training package. Distribute 8 red and 8 green cut circles and one copy of the Introductory Handout, 'Modules in the Training Package to each participant.

Ask participants to look at the description and topics within each module and place a 'dot' on each flipchart indicating their individual experience with each topic:
Red dot = existing knowledge (participants have already received training on this topic)
Green dot = new knowledge (participants feel they require training on this topic)

Facilitator's Note: As indicated in the Facilitator's Guide, facilitators are expected to tailor training to the needs of participants. Therefore, this activity is intended to allow facilitators to do an analysis of training topics based on frequencies of existing and new knowledge of participants and adapt the training schedule appropriately.

The activity in Tool 7 should be repeated at the end of training. This will allow participants to demonstrate new knowledge acquired through training.

MODULE	DESCRIPTION	SESSION TOPICS COVERED
Module 1: Basic Facts on HIV and AIDS	Setting the groundwork for understanding ART by exploring the basic facts about HIV and AIDS.	<ul style="list-style-type: none"> What are HIV and AIDS? Transmission and Prevention of HIV HIV Testing and Counselling Positive Prevention
Module 2: Treatment Literacy	Provides an overview of important terms and concepts required to accurately discuss ART with clients and families.	<ul style="list-style-type: none"> Introduction to ART Basic Facts About ARVs Special Considerations for ART
Module 3: Treatment Preparedness	Explores topics necessary to provide CBVs with the knowledge and skills to assist clients and the general community to prepare for comprehensive ART intervention.	<ul style="list-style-type: none"> What is Treatment Preparedness? Treatment Preparedness for the Individual Treatment Preparedness for the Community
Module 4: Adherence	Gives information required to provide CBVs with the knowledge and skills to assist clients to initiate and maintain adherence to ART.	<ul style="list-style-type: none"> Introduction to Adherence Adherence Preparation Non-Adherence Adherence Initiation Adherence Monitoring and Support
Module 5: Community - Based Counselling	Exploration of topics and provides skills required by CBVs to provide community - based counselling to clients, families, and children on issues regarding HIV, AIDS and ART.	<ul style="list-style-type: none"> What is counselling? Counselling Issues The Counselling Process Counselling Children Affected by HIV and AIDS
Module 6: Nutrition	Aims to provide CBVs with skills and knowledge regarding how to assist clients and their families to live positively and maintain good nutrition and live positively.	<ul style="list-style-type: none"> How CBVs Can Support Client Nutrition How HIV and AIDS Affect Nutrition Special Considerations for Nutrition and HIV Positive Living
Module 7: Palliative Care: Symptom management and end-of-life care	Provides CBVs with the knowledge and skills to improve the physical quality of life for clients and provide end-of-life care.	<ul style="list-style-type: none"> Palliative Care - The Basics Management of Pain Preventing Discomfort Before It Begins Management of Symptoms in PLWHA End-of-Life Care
Module 8: Caring for Carers	Provides CBVs with the knowledge and skills to care for themselves and other caregivers.	<ul style="list-style-type: none"> What Caring Means Impact of Caregiving - Rewards and Challenges Caring for Carers - Practical Steps Special Considerations in Caring for Carers

5. Getting to know the 5 A's (30 minutes with Tool 8)

Each module of the training package makes use of the 5 A's approach to communicating with clients. Before training begins, it will assist participants to be familiar with this approach.

The 5 A's are a series of steps that can be used in communicating during visits with clients. It has been shown that people do better if their health worker/CBV follows this process.

- ASSESS** questions asked about their health, family, situation, history
- ADVISE** information given about the illness, healthy living, prevention,
- AGREE** agreements made between the CBV and the client.
- ASSIST** discussions about how to manage difficulties.
- ARRANGE** actions the CBVs takes, such as arranging another appointment, referring onwards, giving a prescription, giving condoms, and recording.

The 5 A's will structure the work that CBV does with the clients.

- ASSESS:** ***“What would you like to talk about today?”***
Ask about their health or concerns.
Check the client's knowledge, beliefs or behaviours.
- ADVISE** ***“I have some information about... would you like to hear it?”***
Using non judgmental language to give correct information about their illness, the risks they might be taking, the benefits of treatments, positive living, etc. Provide options.
- AGREE** ***“Among the options we've discussed, what would you like to do?”***
Help the client decide what they want to do by discussing the possible advantages and disadvantages of each option. Help them select from the options discussed. Ensure that the decisions are clear, measurable and limited in number. The goals must be within the client's direct control.
- ASSIST** ***“What problems might arise when you follow this plan?”***
Help by providing written information or adherence equipment such as pill boxes or calendars. Help clients predict possible barriers to implementing their plans. Link to available support such as peer support or group education sessions.
- ARRANGE** ***“I would like to see you again (specific date if possible) to find out how you are doing.”***
Arrange follow up appointments, link to group support. Give a written record of dates for meetings. Record what happened during the visit.

By the end of this course, CBVs should be very familiar with the 5A's. Each section of the training will help participants practice using them.

Tool 8: Understanding the 5 A's

Write up on the flipchart **ASSESS, ADVISE, AGREE, ASSIST and ARRANGE**.

PART A: Exploring the 5 A's

Ask the participants to give other words or phrases for each of these words
Write the suggestions on the flipchart and make sure to include the following:

ASSESS	check out, find out, question, look into
ADVISE	give information, give advice, recommend
AGREE	make an agreement together, both people decide to do something
ASSIST	help, support, help solve
ARRANGE	do, make something happen

Explain the 5 A's as follows and incorporate the information above.

Assess	questions asked about their health, family, present situation, history
Advise	information given about the illness, healthy living, prevention
Agree	agreements made between the CBV and the client
Assist	discussions about how to manage difficulties, written information
Arrange	actions the CBV takes, such as arranging another appointment, referring onwards, giving condoms, recording

Ask: Is this the way you work at the present moment?

Ask: How does this vary from the way you work at the moment?

Ask: How easy would it be to change to this way of working?

PART B: Practicing the 5 A's

Split the participants into pairs.

List on flip chart the following

- Cutting down on smoking or stopping smoking.
- Cutting down or stopping drinking (alcohol)
- Starting to exercise or do more exercise
- Starting to have safe sex

Explain that they will take it in turns to be the client and CBV. The client should choose a topic from the list above. They can use their own personal lives or make them up. Encourage them to keep it simple.

The participant has 5-6 minutes to use the 5 A's. Encourage them to refer to the flipchart with the 5 A's. After 5 or 6 minutes, tell them to swap roles.

When both partners have finished, **ask:**

- Did they use the 5 A's to guide the session?
- Was it a useful process?
- How did it feel as the client?
- How did it feel as the CBV?

Explain that throughout the course they will be working with the 5 A's.

6. Schedule of Training (10 minutes)

Review and discuss the schedule of training with participants.

7. Evaluation Tools Used in Training (30 minutes)

a) Evaluation of Participants (10 minutes)

Upon completion of each module of training conducted, participants will have the opportunity to be evaluated.

In order to pass the evaluation for any individual module, participants must achieve a **minimum of 50% pass** on the **post-test** and a **minimum level of performance to enter practice in core skill assessment**.

Participants failing to achieve a 50% pass on either or both of the criteria for certification will be provided with **3 opportunities** to pass evaluation exercises for each module.

The intention of training is to develop the knowledge and competencies required to assist with HIV prevention, treatment, care and support activities at the community level, and NOT to exclude or discourage CBVs from continuing their good work. Facilitators will provide participants with any support or additional instruction required in order to achieve successful evaluation.

Participants will fill in a pre-test questionnaire to help acquaint them with the knowledge they will require following the completion of each module.

Facilitators will also inform participants of the core skills required for each module and participants will have the opportunity to practice each core skill and be provided with guidance on the skills and knowledge required to demonstrate each skill.

Achieving a pass in evaluation will not be 'hard' as long as CBVs are interested and motivated to make the most of the training they receive.

Facilitator's Note: During this session, it is important that facilitators dispel any anxiety surrounding issues of evaluation. Facilitators should explain the basis behind evaluation and the benefits of being evaluated for participants including:

- Helping to ensure that CBVs are well equipped to perform their tasks
- Showing others that CBVs are providing quality services
- Establishing standards for CBVs to work by
- Providing CBVs with something after training they can use to 'show' their skills and qualifications to others
- Increasing community respect and acknowledgement of the roles and qualifications of CBVs

b) Evaluating Training (20 minutes with Tool 9)

Participants will also be provided with the opportunity to evaluate the training they receive.

Following completion of each module, participants will be asked to provide their input and ideas about how training helped them, areas of training in the module they found too difficult or too easy, what parts of training they found most enjoyable and how they feel training could be improved.

The information participants provide following training will be very important to improving future training.

Facilitator's Note: To end this session on a positive note, facilitators should engage participants in a brief discussion on what they are most looking forward to during training. Encourage an easy-going and relaxed atmosphere. Help participants to feel confident and positive about the training by emphasising how their experience and knowledge in their community and their special status as CBVs will help to ensure a successful training experience.

Additional Notes

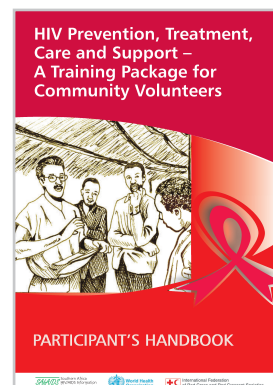
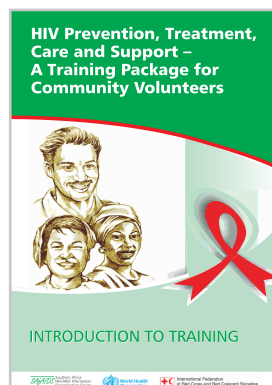
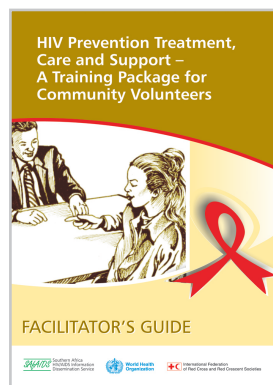
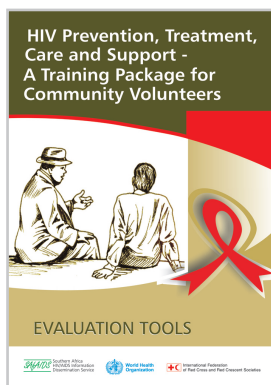
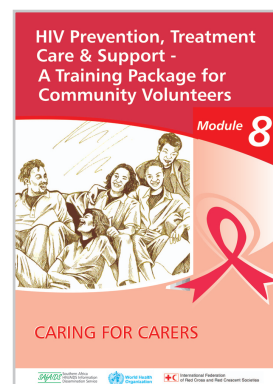
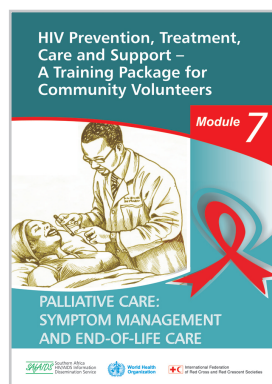
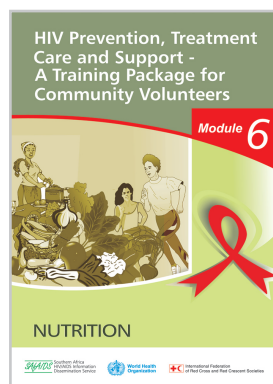
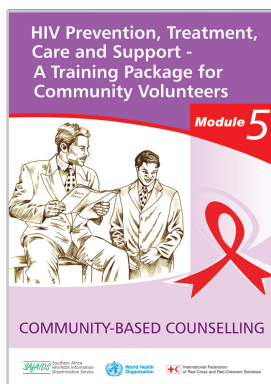
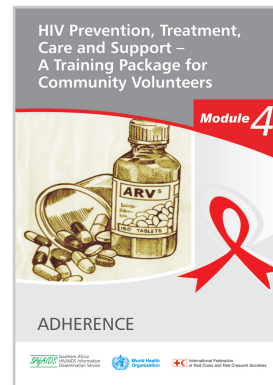
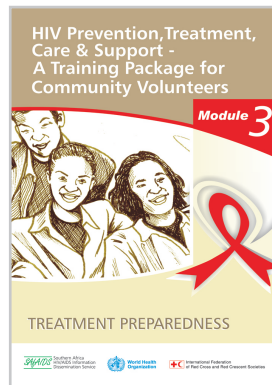
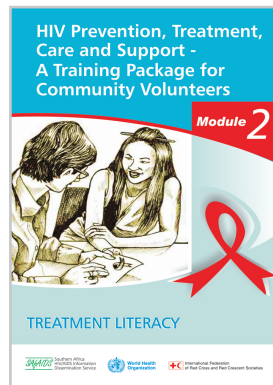
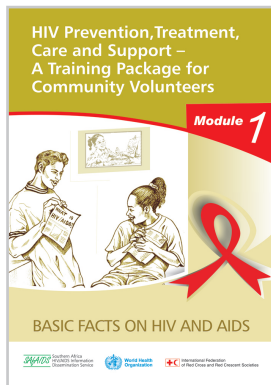
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TRAINING PACKAGE





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