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INTRODUCTION

Antiretroviral Therapy

Antiretroviral therapy (ART), including the use of antiretroviral drugs (ARVs), is quite new in many countries; because of this, delivery of ART services is a team effort, requiring the knowledge and skills of trained clinicians (physicians, nurses and midwives), as well as community-based providers. The material presented here is primarily designed for training community-based workers in all aspects of antiretroviral therapy and care. Efforts have been made to simplify it so that it can easily be understood by non-medical persons.

Course Design

This training course is designed to be as participatory as possible. The course aims at building on each participant's past knowledge and experience and takes advantage of their expected willingness to accomplish the learning tasks in the minimum time. Training emphasises doing, not just knowing, and uses competency-based evaluation of performance.

- During the first morning of the course, participants' knowledge is assessed using a Pre-course Questionnaire to determine their individual and group knowledge of ART issues
- Classroom and practical sessions focus on providing practice in ART education, counselling, and support

Course Outcomes

This course is designed to generate a pool of individuals with the capacity to provide support to people living with HIV and AIDS (PLWHA) who are on ART.
COURSE SYLLABUS

Course Goals

To produce community health care workers who are able to support PLWHA who are on ART, within their communities.

Learning Objectives

At the end of the course, participants will be able to:
1. Discuss the HIV situation globally and in the country
2. Describe HIV infection and progression to AIDS
3. Demonstrate an understanding of ART and how ARVs work
4. Explain adherence and its importance in ART
5. Describe the possible side effects of ARVs and how to deal with them
6. Discuss ways of preventing HIV transmission
7. Demonstrate basic counselling skills in the context of HIV and AIDS, with special focus on ART
8. Demonstrate an understanding of self care
9. Describe the importance of community support for ART and the role of different players
10. List the facilities providing ART services in Swaziland

Chapter specific objectives are outlined in the ARV Treatment Literacy Course Hand Book for participants.

Methods of Evaluation

For the participants the methods are:

- Pre-course test
- End of chapter evaluation
- Post-course test

For the Course:

A course evaluation will be carried out and the evaluation form should be completed by each participant.

Course Duration

Four days residential or five days non-residential

Suggested Course Composition

- 30 participants
- 4 trainers

The table on the following page provides the timetable for the ARV Treatment Literacy Course for Community Health Workers.
<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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</thead>
<tbody>
<tr>
<td>8.00-8.30</td>
<td>Registration Welcome Remarks</td>
<td>Prayer and Recap of Day 1</td>
<td>Prayer and Recap of Day 2</td>
<td>Prayer and Recap of Day 3</td>
<td>Prayer and Recap of Day 4</td>
</tr>
<tr>
<td>8.30-9.30</td>
<td>Ground Rules Introductions</td>
<td>Understanding Antiretroviral Therapy</td>
<td>When ARVs are NOT Taken Correctly</td>
<td>Self-care and Positive Living</td>
<td>Presentation of Group Work</td>
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<tr>
<td></td>
<td>Course Expectations Course Objectives</td>
<td></td>
<td>Drug Resistance</td>
<td>Communication and Facilitation Skills</td>
<td>ART Community Preparedness (Part I):</td>
</tr>
<tr>
<td>9.30-10.00</td>
<td>Pre-course test</td>
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<td></td>
<td>Mobilising and Empowering Communities for Improved Access to Care, Treatment and Support</td>
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<tr>
<td>10.00-10.30</td>
<td>Adherence exercise</td>
<td>How to take ARVs</td>
<td>Prevention of HIV Transmission</td>
<td>ART Community Preparedness (Part II)</td>
<td>Developing an ART Literacy Action Plan</td>
</tr>
<tr>
<td></td>
<td>An overview of HIV and AIDS: Global, Regional &amp; Swaziland</td>
<td>Discussion</td>
<td></td>
<td></td>
<td>Wrap-up Post-Test</td>
</tr>
<tr>
<td></td>
<td>Understanding HIV and AIDS</td>
<td>Adherence to ART (Part 1)</td>
<td>Role play</td>
<td>Where ART is Accessed in Swaziland</td>
<td>Closing and Certificates presentations</td>
</tr>
<tr>
<td>11.30-12.00</td>
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<td>Lunch</td>
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<tr>
<td>14.00-15.30</td>
<td>Disease Progression and Opportunistic Infections (OIs)</td>
<td>Adherence to ART (Part II) Possible Side effects of ART</td>
<td>Nutrition and Herbal Remedies Exercise on Nutrition &amp; Local Foods</td>
<td>Mapping for ART Community Programming (Part I)</td>
<td>Departure</td>
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<tr>
<td>Tea Break</td>
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<tr>
<td>15.45-16.45</td>
<td>HIV and AIDS related Stigma and Discrimination</td>
<td>Discussion and Testimonies</td>
<td>HIV and AIDS Counseling</td>
<td>Mapping for ART Community Programming (Part II)</td>
<td></td>
</tr>
</tbody>
</table>
PRE-COURSE QUESTIONNAIRE

Instructions:

The trainer will circulate the precourse questionnaire to the participants, who will answer individually, without discussion with neighbours. Participants will be asked to use an identity they will remember for both pre- and post-course evaluation.
CHAPTER 1: HIV AND AIDS SITUATION

Learning Objectives

Upon completion of this chapter, the participant will be able to:

1. Explain the HIV and AIDS situation globally, regionally and in Swaziland
2. Describe the national response to HIV and AIDS.
3. Explain the background to ART.

Chapter Outline

- Swaziland situation
- Important facts about the impact of HIV
- National response to HIV and AIDS
- Antiretroviral therapy (ART)

NOTES:

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CHAPTER 2: UNDERSTANDING HIV AND AIDS

Learning Objectives

Upon completion of this chapter, participants will be able to:

1. Define HIV
2. Discuss characteristics of HIV
3. Define AIDS
4. Explain the difference between HIV and AIDS
5. Describe the modes of HIV transmission
6. Discuss what happens in the body after HIV infection
7. Explain how HIV multiplies in the body

Chapter Outline

- What is HIV?
- What is AIDS?
- Differences between HIV and AIDS
- How is HIV transmitted?
- Ways in which HIV is not transmitted
- What happens after infection with HIV

NOTES:
CHAPTER 3: DISEASE PROGRESSION AND OPPORTUNISTIC INFECTIONS

Learning Objectives

Upon completion of this chapter, participants will be able to:

1. Describe how HIV progresses to AIDS
2. Discuss common opportunistic infections (OIs) and conditions suggestive of HIV infection
3. Explain the relationship between TB and HIV co-infection

Chapter Outline

- How HIV progresses to AIDS
- Common opportunistic infections
- What is TB?
- TB and HIV co-infection

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CHAPTER 4: UNDERSTANDING ART

Learning Objective

Upon completion of this chapter, participants will be able to:

1. Define ART
2. List goals of ART
3. Describe benefits of ART
4. Identify limitations of ART

Chapter Outline

- What is ART?
- Goals of ART
- Benefits of ART
- Limitations of ART

NOTES:

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CHAPTER 5: UNDERSTANDING ARVs

Learning Objectives

Upon completion of this chapter, participants will be able to:

1. Describe the replication of HIV
2. List classes of ARVs
3. Demonstrate an understanding of how ARVs work
4. Explain possible interactions and side effects associated with each ARV

Chapter Outline

- Classes of ARVs
- How do ARVs work?
- Possible interactions with ARVs

NOTES:

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CHAPTER 6: HOW TO TAKE ARVS

Learning Objectives

Upon completion of this chapter, participants will be able to:

1. Know when a person should start ART
2. Explain what preparation for ART entails
3. Describe the check-up time table for PLWHA on ART
4. List practical tips for PLWHA on ART

Chapter Outline

- When PLWHA should start ART
- Preparing for ART
- Check-up timetable for PLWHA on ART
- Practical tips for PLWHA on ART

Exercises

- Participants go into groups
- Each group chooses a group leader and someone to report back during the plenary
- In their groups they discuss the following topics:
  - When to start ART
  - What is required in preparation for ART
  - Practical tips for PLWHA who are on ART
- Each group should present during the plenary session

NOTES:
Learning Objectives

Upon completion of this chapter, participants will be able to:

1. Define adherence
2. Describe the importance of adherence
3. Discuss barriers to adherence
4. Explain the importance of supporting adherence
5. List at least six ways of enhancing adherence

Chapter Outline

- What is adherence?
- Importance of adherence
- Barriers to adherence
- Supporting adherence
- Enhancing adherence

Exercises

- Participants go into groups
- Each group chooses a group leader and someone to report back during plenary
- In their groups they discuss the different ways of enhancing adherence (20 minutes)
- Each group should present during the plenary session

NOTES:
CHAPTER 8: POSSIBLE SIDE EFFECTS
AND HOW TO DEAL WITH THEM

Learning Objectives

Upon completion of this chapter, the participant will be able to:

- Define side effects
- List the different types of side effects
- Discuss how side effects can be managed

Chapter Outline

- What are side effects?
- Types of side effects
- How to manage side effects

Exercises

- Participants go into groups
- Each group chooses a group leader and someone to report back during plenary
- In their groups they discuss the following:
  - The common side effects that members of the group have seen or experienced
  - How each side effect is, or can be managed
- Each group should present during the plenary session

NOTES:
CHAPTER 9: WHAT HAPPENS WHEN ARVs ARE NOT TAKEN PROPERLY

Learning Objectives

Upon completion of this chapter, the participant will be able to:

- Define viral resistance
- Discuss treatment failure
- Explain the concept of drug levels in the body
- Outline the dangers of forgetting to take medicines
- Discuss the importance of taking drugs correctly

Chapter Outline

- What is viral resistance?
- What is treatment failure?
- Maintenance of drug levels in the body
- The dangers of forgetting to take medicine
- Importance of taking ARVs correctly

NOTES:
CHAPTER 10: PREVENTION OF HIV TRANSMISSION

Learning Objectives

Upon completion of this chapter, participants will be able to:

1. List the different HIV prevention methods
2. Discuss the different HIV prevention methods
3. Demonstrate how to use male and female condoms
4. Discuss possible barriers to condom use

Chapter Outline

- Prevention of blood transmission
- Post exposure prophylaxis (PEP)
- Prevention of mother-to-child transmission
- Prevention of sexual transmission
- Main obstacles to condom use and effective responses
- Positive prevention

Exercises

- Participants go into groups
- Each group chooses a group leader and someone to report back during plenary
- In their groups they do the following:
  - Identify barriers to condom use
  - Discuss ways of overcoming these barriers
  - Discuss and demonstrate how to use the male condom
  - Discuss and demonstrate how to use the female condom
- Each group should present during the plenary session

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Course Handbook for community based health workers
Learning Objectives

Upon completion of this chapter, the participant will be able to:

1. Define counselling
2. List the aims of counselling
3. Explain the elements of counselling
4. Discuss the principles of counselling
5. Describe the different counselling skills
6. Discuss the counselling process
7. Differentiate between counselling and health education

Chapter Outline

- What is counselling?
- Elements of counselling
- Principles of counselling
- Counselling skills
- The counselling process
- How is counselling different from health education?

Exercise

Role play on counselling

- Design three cases demonstrating different problems that may be encountered in the counselling situation
- Divide the group into three
- Allow each group to create and present a role play relevant to the case study
- Allow the group three minutes to discuss the three role plays
- Wrap up the session by summarising the important points on counselling and HIV infection

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ART Literacy
CHAPTER 12: HIV AND AIDS COUNSELLING

Learning Objectives

Upon completion of this chapter, the participant will be able to:

1. Define HIV and AIDS counselling
2. Discuss the goals and benefits of HIV counselling
3. List the different types of HIV and AIDS counselling
4. Describe preventive and ART counselling

Chapter Outline

- What is HIV and AIDS counselling?
- Goals and benefits of HIV and AIDS counselling
- Types of HIV and AIDS counselling
- Preventive and ART counselling

Exercises

- Divide the participants into groups
- Each group performs a role play on one of the following topics related to HIV and AIDS counselling:
  - Supportive AIDS counselling
  - Disclosure counselling
  - Counselling for adherence, support and monitoring of ART
  - Counselling for client and treatment supporter ‘burnout’
  - Prevention counselling
  - Counselling on positive living

NOTES:

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## A. GUIDE FOR SUPPORTIVE COUNSELLING

<table>
<thead>
<tr>
<th>GUIDE FOR SUPPORTIVE COUNSELLING</th>
<th>TASK/ACTIVITY</th>
<th>CASES</th>
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</thead>
<tbody>
<tr>
<td><strong>PREPARATION</strong></td>
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</tr>
<tr>
<td>1.</td>
<td>Greet the patient/client with respect</td>
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<tr>
<td>2.</td>
<td>Ensure comfortable sitting arrangements and quiet surroundings</td>
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<tr>
<td>3.</td>
<td>Ensure privacy and confidentiality</td>
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<tr>
<td><strong>PROVIDE EMOTIONAL SUPPORT</strong></td>
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<tr>
<td>4.</td>
<td>Ask about the patient's or client's concerns and fears</td>
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<td>5.</td>
<td>Empathise with his or her concerns and fears</td>
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<tr>
<td>6.</td>
<td>Provide a secure opportunity for the patient/client to discuss his or her feelings openly</td>
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<tr>
<td>7.</td>
<td>Let the patient/client know that how he or she feels is a normal reaction</td>
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<tr>
<td><strong>EXPLORE THE FAMILY SETTING</strong></td>
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<tr>
<td>8.</td>
<td>Help the patient/client understand the social and psychological benefits of treatment for the patient/client, their sexual partners, family and the unborn child (if pregnant or planning pregnancy)</td>
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<tr>
<td>9.</td>
<td>Help the patient to find strategies to involve their partner and/or extended family members in sharing responsibilities</td>
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<td>10.</td>
<td>Tell the patient about the importance of family support</td>
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<td>11.</td>
<td>Ask if the patient/client remembers information given before or after HIV testing and counselling, especially on:</td>
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<td></td>
<td>- Safer sex</td>
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<td></td>
<td>- Positive living with HIV</td>
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<td></td>
<td>- Nutrition and HIV and ART</td>
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<td></td>
<td>- Risk of mother-to-child-transmission of HIV</td>
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<td></td>
<td>- Infant feeding options</td>
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<td></td>
<td>- Family planning</td>
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<tr>
<td></td>
<td>Fill in the gaps in knowledge</td>
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<tr>
<td>12.</td>
<td>Ask about the patient/client's sexual and reproductive intentions</td>
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<td>13.</td>
<td>Advise on family planning issues. Stress that condoms can prevent new HIV acquisition or transmission</td>
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<tr>
<td>14.</td>
<td>Promote DUAL protection to prevent pregnancy and new HIV acquisition or transmission</td>
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<tr>
<td><strong>ADDRESS STIGMA AND DISCRIMINATION</strong></td>
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<tr>
<td>15.</td>
<td>Ask if the patient/client has disclosed or intends to disclose their HIV status</td>
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<tr>
<td>16.</td>
<td>Inform the patient/client that the availability of treatment is gradually helping to reduce stigma as more and more people are coming forward for treatment, enabling them to live longer and healthier lives</td>
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</tbody>
</table>
**PROVIDE PSYCHOSOCIAL SUPPORT**

17. **Promote the use of peer support groups for:**
   - Patients/clients who have tested HIV positive
   - Couples infected and affected by HIV and AIDS
   - Older children whose parents are HIV positive
   - Workplaces

18. **Refer the patient/client to other existing support services and community resources e.g.**
   - Religious support groups
   - Community support groups
   - NGOs
   - Income-generating activities
   - Orphan care groups
   - Home-based care groups

19. **Facilitate or refer the patient/client for spiritual counselling if they want it. Such counselling may cover topics like:**
   - Death and bereavement
   - Stigma and discrimination
   - Illness
   - Planning ahead for care of children/succession planning
   - Palliative care

20. **Ask the patient/client if they have any questions or concerns. If so, address them.**

21. **Thank the patient/client for their time and assure them of continued counselling at the next visit.**

22. **Complete the patient/client's record forms.**
### B. GUIDE FOR DISCLOSURE COUNSELLING

#### GUIDE FOR DISCLOSURE COUNSELLING

<table>
<thead>
<tr>
<th>TASK/ACTIVITY</th>
<th>CASES</th>
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<tbody>
<tr>
<td><strong>PREPARATION</strong></td>
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<tr>
<td>2. Ensure comfortable sitting arrangements and quiet surroundings</td>
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<tr>
<td>3. Ensure privacy and assure confidentiality</td>
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<tr>
<td><strong>DISCUSSING DISCLOSURE</strong></td>
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<tr>
<td>4. Ask the patient/client if they have disclosed their HIV test result to anyone or if they are willing to disclose to anyone</td>
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<tr>
<td>5. Discuss patient's/client's concerns about disclosure to:</td>
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<tr>
<td>- Partner</td>
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<td>- Children</td>
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<td>- Other family members</td>
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<td>- Friends</td>
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<td>- School or work mates</td>
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<td>- Social peers</td>
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<td>6. Assess the patient/client's readiness to disclose their HIV status and to whom</td>
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<td>7. Assess the social support networks and needs available to the patient/client</td>
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<tr>
<td>8. Provide skills for disclosure:</td>
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<tr>
<td>- Role-play disclosure. Tell the patient/client to assume that you are the person to whom they want to disclose and to practise doing so</td>
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<tr>
<td>- If necessary, reverse the roles and demonstrate how the patient/client can disclose</td>
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<td>- Allow time for the patient/client to rehearse their role until they feel comfortable</td>
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<tr>
<td>9. Help the patient/client to make a plan for disclosure if now is not convenient or if they wish to postpone disclosure</td>
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<tr>
<td>10. Tell the patient/client to encourage their partner to attend the clinic for testing and counselling if their HIV status is unknown. Explore possible barriers and how to overcome them</td>
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<td>11. Reassure the patient/client that you will keep the result confidential</td>
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<td>12. Reinforce the benefits of disclosure</td>
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<tr>
<td><strong>COUNSELLING PATIENTS/CLIENTS WHO DO NOT WANT TO DISCLOSE</strong></td>
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<tr>
<td>13. Reassure the patient/client that what they have shared will remain confidential</td>
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<tr>
<td>14. Explore the difficulties and barriers to disclosure. Explore the benefits of disclosure</td>
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<tr>
<td>15. Address the patient's/client's fears and their lack of disclosure skills. If necessary, help develop these skills as discussed above</td>
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<tr>
<td>16. Continue to motivate the patient, focusing on their social strengths</td>
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<td>17. Address the issue of possible transmission to others as well as the risk of new infections</td>
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<tr>
<td>18. Offer to assist the patient/client with disclosure e.g. by talking to the spouse (with their consent)</td>
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</tbody>
</table>
19. Offer another appointment to continue discussing the issue of disclosure

20. Refer to a professional counsellor, social worker, peer counsellor or couples’ counsellor as needed

21. If the patient/client is a woman, discuss the benefits of involving men in the decision-making process:
   - Increased acceptance of condom use
   - Increased acceptance of the need to practice safer sex
   - Pregnancy and infant feeding options
   - Decreased risk of suspicion and violence
   - Increased support to the partner
   - Motivation for male partner to get tested in order to know their status and to access treatment when ready

22. Also discuss the possible drawbacks of disclosure to the partner:
   - Danger of blame
   - Abandonment
   - Domestic violence

23. Tell the patient/client that couple counselling is available and can be of help if the partner is interested and willing

24. Ask if the patient/client has any questions. Answer those questions or concerns

25. Thank the patient/client for their time

26. Assure the patient/client of the opportunity for ongoing counselling at the next visit and encourage them to set a date for the next visit

27. Complete the patient's/client's record forms
### C. GUIDE FOR COUNSELLING ON ADHERENCE, SUPPORT AND MONITORING

#### PREPARATION

<table>
<thead>
<tr>
<th>TASK/ACTIVITY</th>
<th>CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Prepare any reference materials you may need</td>
<td></td>
</tr>
<tr>
<td>2. Greet the patient/client and support person(s) with respect</td>
<td></td>
</tr>
<tr>
<td>3. Ensure comfortable sitting arrangements and quiet surroundings</td>
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<tr>
<td>4. Ensure privacy and assure confidentiality</td>
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</tbody>
</table>

#### PREPARATION FOR ART

<table>
<thead>
<tr>
<th>TASK/ACTIVITY</th>
<th>CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Ask what the patient understands about ART</td>
<td></td>
</tr>
<tr>
<td>6. Ask about the patient's interest in receiving ART</td>
<td></td>
</tr>
<tr>
<td>7. Fill in the gaps in the patient's knowledge about HIV illness and disease progression</td>
<td></td>
</tr>
</tbody>
</table>
| 8. Discuss ART with the patient/client, highlighting the following:  
  - ARVs do not cure HIV  
  - ARVs do not prevent HIV transmission to others, therefore condoms must still be used |   |
| 9. Emphasise to the patient/client the importance of complete adherence to ARV medications |   |
| 10. Advise the patient/client that the medication must be taken at the same time every day and as the doctor advises (e.g., with or without food) |   |
| 11. Advise the patient/client that if they forget to take a dose, they should not take a double dose and should inform the doctor on their next visit |   |
| 12. Advise the patient/client that they may experience some side effects or drug interactions, which vary from person to person, but that these can be managed and usually disappear after a few weeks |   |
| 13. Discuss with the patient/client the importance of disclosure to the partner, children, other family members or friends to solicit their support in taking their medication. Suggest they identify a 'treatment buddy' |   |
| 14. Discuss with the patient/client, the importance of testing partner(s) and/or children for HIV |   |
| 15. Emphasise to the patient/client that they must not share their drugs with others (family or friends) because this will mean taking a lower dose, which will not allow the drugs to work any more and will increase the risk of drug resistance |   |
| 16. Help the patient/client to develop the resources/support arrangements needed for adherence e.g.:  
  - Ability to go for required follow-up schedule. Discuss how the patient/client will do this, especially if they do not live close to the clinic  
  - Patient/client's home and work situation that permits taking medications as prescribed without attracting stigma  
  - Regular supply of free and affordable medication  
  - Are there supportive family members or friends?  
  - Is there an ART adherence support group in the community that the patient/client can join?  
  - Has a treatment supporter been identified and is he/she willing to be trained? |   |
## D. GUIDE FOR PATIENT AND TREATMENT SUPPORTER EDUCATION

<table>
<thead>
<tr>
<th>GUIDE FOR PATIENT AND TREATMENT SUPPORTER EDUCATION</th>
</tr>
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<tbody>
<tr>
<td><strong>TASK/ACTIVITY</strong></td>
</tr>
<tr>
<td><strong>PREPARATION</strong></td>
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<tr>
<td>1. Prepare all materials; information sheets, posters etc.</td>
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</tr>
<tr>
<td><strong>ART AND KEY PREVENTION INTERVENTIONS</strong></td>
</tr>
<tr>
<td>5. Inform the patient/client and treatment supporter about some of the benefits of ART:</td>
</tr>
<tr>
<td>• ART can stop the HIV from multiplying in the body</td>
</tr>
<tr>
<td>• If used correctly and consistently, the patient may:</td>
</tr>
<tr>
<td>• Begin to gain weight</td>
</tr>
<tr>
<td>• Start to feel well</td>
</tr>
<tr>
<td>• Resume normal activities</td>
</tr>
<tr>
<td>6. Also inform the patient/client and their treatment supporter about the limitations of ART:</td>
</tr>
<tr>
<td>• ART is not a cure for HIV</td>
</tr>
<tr>
<td>• The patient/client will still have the HIV infection, though the amount of virus in the body will be lower</td>
</tr>
<tr>
<td>• The patient/client can still transmit the infection to others while on treatment</td>
</tr>
<tr>
<td>• The patient/client must take the medications as instructed by the health care worker and not miss any doses</td>
</tr>
<tr>
<td>• If the patient/client misses doses, drug resistance may develop, which will be bad for the patient</td>
</tr>
<tr>
<td>• HIV requires life-long clinical care and occasional laboratory testing</td>
</tr>
<tr>
<td>• Side effects may occur, so the patient must be prepared to cope with them</td>
</tr>
<tr>
<td>7. Tell the patient/client and their support person when they should seek care or help (e.g. when there are new symptoms and signs, or severe side effects)</td>
</tr>
<tr>
<td>8. Ask for and address any questions the patient/client or their treatment supporter may have</td>
</tr>
<tr>
<td>9. Thank them for their time and co-operation and encourage them to make an appointment for their next visit</td>
</tr>
<tr>
<td>10. Complete the patient/client's records</td>
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</tbody>
</table>
E. GUIDE FOR PREVENTION COUNSELLING FOR PEOPLE LIVING WITH HIV and AIDS

<table>
<thead>
<tr>
<th>GUIDE FOR PREVENTION COUNSELLING FOR PLWHA</th>
<th>TASK/ACTIVITY</th>
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<tbody>
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<td>4. Ensure privacy and confidentiality</td>
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<tr>
<td>PREVENTION OF HIV TRANSMISSION TO OTHERS</td>
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<tr>
<td>5. Inform the patient/client about the risk of transmitting HIV infection to others:</td>
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<tr>
<td>- Explain the risk of infection to sexual partners</td>
<td></td>
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<tr>
<td>- Explain the risk of HIV acquisition which will result in a higher viral load, making treatment less successful and progression of the disease more rapid</td>
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<tr>
<td>6. Inform the patient/client about the options for sexual expression and ask how feasible these are for them:</td>
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<tr>
<td>- Delaying sexual activity (primary or secondary abstinence)</td>
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<tr>
<td>- Remaining faithful to one sexual partner or reducing the number of sexual partners</td>
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<tr>
<td>- Correct and consistent condom use</td>
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<tr>
<td>- Use of sexual activities that do not allow semen, vaginal fluid, or blood to enter the mouth, anus or vagina of the partner</td>
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<tr>
<td>7. Inform the patient/client that condoms can prevent the transmission or acquisition of HIV and other sexually transmitted infections (STIs)</td>
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<td>8. Teach the patient/client how to use condoms and demonstrate correct use of both male and female condoms</td>
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<td>9. Remind the patient/client that condoms should be used BEFORE any penetrative sexual intercourse, not just before ejaculation</td>
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<tr>
<td>10. Discuss with the patient/client how to negotiate condom use and other safe sex practices (masturbation, non-penetrative sex, etc.)</td>
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<tr>
<td>11. Tell the patient/client about DUAL protection (i.e. protection from pregnancy and from STIs/HIV)</td>
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<tr>
<td>12. Provide condoms as needed</td>
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<tr>
<td>13. Explore patient's/client's beliefs in any myths or misconceptions and correct them e.g. men having sexual intercourse with teenagers or young girls in the belief that they will be cured of HIV</td>
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<tr>
<td>14. Ask about any symptoms or signs suggesting the presence of other STIs. If present, refer to a health facility</td>
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<tr>
<td>15. Discuss disclosure of HIV status (as needed; see Disclosure learning guide)</td>
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<tr>
<td>16. Ask patient/client and/or treatment supporter to encourage others to be tested for HIV</td>
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17. If the patient/client is of child-bearing age counsel on reproductive choices, which include:
   - Delaying childbearing (if they do not have any children)
   - Postponing childbearing (if they have had a child before)
   - Limiting childbearing (if they do not want to have any more children)
   - Advising on the risks of mother-to-child-transmission (MTCT) of HIV and discussing MTCT interventions
   - Counselling on family planning (FP) and referring to a facility offering FP services.
   - Emphasising that male and female condoms may be used in addition to other more effective methods of contraception, in order to prevent STIs/ new HIV infection

18. If the patient/client is considering pregnancy, discuss MTCT and refer to the health facility for details.

19. Advise the patient/client that she will have to use condoms after becoming pregnant, in order to prevent new HIV infection which will lead to higher viral load and increase the risk of mother-to-child transmission of HIV.

20. If the patient/client is pregnant, refer them to a health facility.

21. Discuss any arising concerns about sexual function and HIV. Make appropriate referral.

22. Counsel on prevention of non-sexual transmission of HIV:
   - Avoiding sharing of skin piercing objects such as needles, syringes, razor blades or tattoo instruments
   - Advise the patient/client to cover any open sores or cuts on their body or partner's body
   - Caregivers should wear gloves to prevent direct contact with the patient's blood or body fluids
   - Blood or body fluid spills should be cleaned with disinfectants e.g. JIK

23. Address any questions the patient/client or their treatment supporter may have

24. Thank them for their time and co-operation and encourage them to make a date for their next visit
F. GUIDE FOR COUNSELLING ON POSITIVE LIVING WITH HIV and AIDS

<table>
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<tr>
<th>GUIDE FOR COUNSELLING ON POSITIVE LIVING WITH HIV AND AIDS</th>
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<tr>
<td>5. Assure the patient/client that there is life after HIV infection. People with HIV can live full and healthy lives</td>
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<tr>
<td><strong>PREVENTION OF OTHER INFECTIONS</strong></td>
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<tr>
<td>6. Find out what the patient/client and treatment support know about prevention of other infections</td>
<td></td>
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<tr>
<td>7. Emphasise to the patient/client, the importance of avoiding STIs and HIV re-infection</td>
<td></td>
</tr>
<tr>
<td>8. Advise the patient/client to always use safe drinking water (boiled) and store it in a covered container as this prevents contamination. Pouring water from the container is preferable to dipping the hands or used cups into the container</td>
<td></td>
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<tr>
<td>9. Advise the patient/client to take precautions when preparing food and to store the food well</td>
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<tr>
<td>10. Advise the patient/client to always wash fruits and vegetables with clean water, and soap if available</td>
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<tr>
<td>11. Advise the patient/client to practice good hand-washing, especially:</td>
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<tr>
<td>• After using the toilet or helping someone to use the toilet</td>
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<tr>
<td>• Before preparing food</td>
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<tr>
<td>• After sneezing or coughing into the hand</td>
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<tr>
<td>• After touching the genitals</td>
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<tr>
<td>• After handling garbage</td>
<td></td>
</tr>
<tr>
<td>• After touching any blood or body fluids (semen, vaginal fluid or faeces)</td>
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</tr>
<tr>
<td><strong>PHYSICAL ACTIVITY</strong></td>
<td></td>
</tr>
<tr>
<td>12. Help the patient/client to develop their own exercise programme</td>
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</tr>
<tr>
<td>13. Inform the patient/client that exercise can make a person feel better and maintain muscle tone</td>
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<tr>
<td>14. Advise the patient/client that physical activity is important because it:</td>
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</tr>
<tr>
<td>• Stimulates the appetite</td>
<td></td>
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<tr>
<td>• Reduces nausea</td>
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<tr>
<td>• Improves functioning of the digestive system</td>
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<tr>
<td>• Strengthens muscles</td>
<td></td>
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<tr>
<td>• Improves mental alertness</td>
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</tbody>
</table>
### NUTRITION

15. Advise on importance of a balanced diet (high protein, fat, carbohydrates, vitamins) to stimulate weight gain. Sources may include:
   - Avocados
   - Coconut
   - Milk
   - Yoghurt or sour milk
   - Soya products
   - Cheese
   - Meat, fish, chicken
   - Peanut butter
   - Peanuts and seeds
   - Dried fruits
   - Eggs
   - Beans, lentils
   - Potatoes, sweet potatoes
   - Bananas
   - Olives
   - Cassava (umjumbula)
   - Sorghum (embabele)
   - Oats, rice
   - Wheat
   - Maize

16. Discuss tips to facilitate intake and digestion of foods:
   - Squeeze fresh lemon juice over fatty foods like meat, chicken etc
   - Add grated skin of oranges and lemons to fatty foods
   - Eat papaya (paw-paw) with meats to help digest meat
   - Eat many small meals a day and chew food well
   - Avoid drinking with meals
   - Eat fermented or sour foods such as sour milk, sour porridge
   - Avoid alcohol intake or drugs

17. Arrange with the patient/client or refer for food packages if available and needed, or refer to income generating projects

18. Refer to social welfare services if needed, or NGOs working around nutrition and gardening

19. Address any questions the patient/client or their treatment supporter may have

20. Thank them for their time and co-operation and encourage them to make a date for their next visit
Learning Objectives

Upon completion of this chapter, the participant will be able to:

1. Define self care
2. List the different self care strategies
3. Discuss the different self care strategies

Chapter Outline

- What is self care?
- Things you can do to promote self care

NOTES:
Learning Objectives

Upon completion of this chapter, the participant will be able to:

1. Discuss the importance of community support for PLWHA on ART
2. Describe what communities can do to support the ART programme
3. Explain the role of different players in supporting ART
4. Plan ART community mobilisation preparedness

Chapter Outline

- Importance of community support for PLWHA on ART
- Community support for the ART programme
- The role of different players in ART
- Community mapping for ART mobilisation

Exercises

1. Divide into groups
   - Choose a group leader and someone to report back during plenary
   - In each group, do the following:
     1. Identify the different players in ART support
     2. Highlight specific activities that are done by each player
     3. Identify some potential challenges to community support for ART and possible strategies to overcome them
   - Each group should present during the plenary session designed for sharing of the group work

2. Country mapping exercise
   - Ask each group to select a community they are familiar with
   - On a large piece of paper (flipchart), each group should map the community setting (highlight where schools, hospitals, traditional healers, development sites, shops etc. are located – as many landmarks as possible)
   - Present the community map to the plenary and discuss the opportunities and barriers to ART programmes in the community, as well as entry points to ART and community mobilisation
   - The country map will help identify players to bring on board for ART mobilisation and an Action Plan can then be designed. (See sample Action Plan overleaf)
<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>Who is targeted?</th>
<th>Where?</th>
<th>By When?</th>
<th>What Outputs?</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. Campaign for ART buddies</td>
<td>e.g. youth in XYZ communities</td>
<td>XYZ villages</td>
<td>e.g. World Aids Day</td>
<td>200 youths — raise awareness about being treatment buddies</td>
<td>posters, PA system and music, etc</td>
</tr>
</tbody>
</table>

NOTES:
CHAPTER 15: WHERE ARVs ARE ACCESSSED IN SWAZILAND

Learning Objectives

Upon completion of this chapter, the participant will be able to:

1. List the health facilities that provide ART services
2. Describe how referral is made in ART management

Chapter Outline

- Where ART is accessed in Swaziland

NOTES:
Swaziland Antiretroviral Therapy (ART) Workshop

POST COURSE QUESTIONNAIRE

Instructions:
The trainer will circulate the post-course questionnaire, to the participants who will answer individually, without discussion with neighbours. Participants will be asked to use an identity they will remember for both pre- and post-course evaluation.
Swaziland Antiretroviral Therapy (ART) Workshop
PARTICIPANTS' EVALUATION FORM

Thank you for participating in this important event.
You are welcome to share your feedback and comments with us through this form

A score of 1 is low, meaning not at all, or I disagree while 5 is high, meaning yes (exceeded expectations), or I strongly agree, and 3 is 'not sure' or 'neutral'. Please circle your selected response.

The Workshop was useful
1  2  3  4  5

My expectations for the Workshop were met
1  2  3  4  5

I was provided with an opportunity to participate effectively
1  2  3  4  5

The training approach used in this workshop made it easier for me to learn about ARV therapy
1  2  3  4  5

The trainers used a variety of training methods (lectures, role plays, case studies, small group discussions etc)
1  2  3  4  5

List at least 3 things you found most useful/valuable during this training:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

List any topic/activity you found least useful/valuable during this training:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

List the 3 most important things/issues/skills you gained during this training and how you will use these in future programming:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I wish we had spent more time on:

My additional comments and recommendations are:

*******************************************************************************

Thank you - SAfAIDS
ARV TREATMENT LITERAC Y COURSE EVALUATION
*This form is to be completed by Participants

Please indicate your opinion of the course components using the following rating scale:

5 = Strongly Agree
4 = Agree
3 = No opinion
2 = Disagree
1 = Strongly Disagree

<table>
<thead>
<tr>
<th>COURSE COMPONENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The pre-course questionnaire helped me to study more effectively</td>
</tr>
<tr>
<td>2. The learning exercises were helpful in teaching me about ART</td>
</tr>
<tr>
<td>3. There was sufficient time scheduled for the learning exercises</td>
</tr>
<tr>
<td>4. There was sufficient time scheduled for practicing counselling skills</td>
</tr>
<tr>
<td>5. The training approach used in this course made it easier for me to learn about ART</td>
</tr>
<tr>
<td>6. The trainers clearly stated their learning objectives</td>
</tr>
<tr>
<td>7. The trainers communicated clearly and effectively</td>
</tr>
<tr>
<td>8. The trainers used a variety of training methods (lectures, role plays, case studies, small group discussions etc)</td>
</tr>
<tr>
<td>9. The trainers used a variety of audiovisual materials (flipcharts, computer slides, transparencies, videos, models etc)</td>
</tr>
<tr>
<td>10. The trainers were interested in the subjects they taught</td>
</tr>
<tr>
<td>11. The course content (or the content of the sessions) provided enough knowledge</td>
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<tr>
<td>12. The information presented in the course was mostly new to me</td>
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<tr>
<td>13. The sessions were well organised</td>
</tr>
<tr>
<td>14. The trainers asked questions and involved me in the sessions</td>
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<tr>
<td>15. The content of the course was directly related to my work</td>
</tr>
<tr>
<td>16. The course made me feel more competent or skilful in my work</td>
</tr>
<tr>
<td>17. I am now confident of assisting clients with Antiretroviral Therapy</td>
</tr>
</tbody>
</table>
ADDITIONAL COMMENTS
(use reverse side if needed)

1. What topics, if any, should be added to the course to improve it? WHY?

2. What topics, if any, should be removed from the course to improve it? WHY?

3. The course length (5 days) was: (circle one)
   1) Too long    2) Too short    3) Just right

4. Which of the learning materials were the most useful: (circle one)

5. Additional comments (if any):

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