

# HIV COMMUNITY PLANNING FOR COMMUNITY ART TREATMENT ADHERENCE

Participant Manual

APRIL 2006



This publication was supported by Cooperative Agreement Number U62/CCU324596-01 from Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

# HIV COMMUNITY PLANNING FOR COMMUNITY ART TREATMENT ADHERENCE

## Participant Manual

### AGENDA

#### Day 1

8:30 a.m.	Introduction and Overview
9:30 a.m.	Session One: Training Concepts and Skills
11:00 a.m.	Break
11:30 a.m.	Session Two: What Is HIV/AIDS?
1:30 p.m.	Lunch
2:30 p.m.	Session Three: ART & Treatment Adherence
3:30 p.m.	Break
4:00 p.m.	Session Three: Continued
6:00 p.m.	Close

#### Day 2

8:30 a.m.	Session Four: Stigma and Disclosure
10:15 a.m.	Break
10:45 a.m.	Session Five: Involving People Living with HIV/AIDS
12:30 p.m.	Lunch
1:30 p.m.	Session Six: Community Planning Concepts and Principles
4:00 p.m.	Close

#### Day 3

8:30 a.m.	Session Seven: Mobilizing the Community and Implementing the Plan
10:30 a.m.	Break
11:00 a.m.	Session Seven: Continued
12:00 p.m.	Summary and Evaluation
12:30 p.m.	Close

HIV COMMUNITY PLANNING FOR  
COMMUNITY ART TREATMENT ADHERENCE

Session One:  
Training Concepts and Skills

1. Presentation Overheads

## Session One Training Concepts and Skills

1

Session One

### Slide Two: Training Concepts and Skills

Why are these topics important?

- They help trainers deliver the training about treatment adherence and community planning to the Kebele AIDS Committees
- They help participants to learn how to effectively facilitate the KAC meetings and build a strong Kebele AIDS Committee

2

Session One

### Slide Three: Understanding Community Planning and Treatment Adherence

- Ideally, trainers will have participated in the Community Planning training
- Successful trainers fully understand the content of the training materials

3

Session One

### Slide Four: How Adults Learn

For adults to successfully learn:

- Build a good relationship between the instructor and adult learner.
- Help adults connect the new things they learn with something they already know or have experienced.
- Engage adult students in activities rather than just lecturing.
- Allow adults to have some say in how the training is to be conducted.
- Demonstrate "unconditional positive regard" and empathy for learners (both adults and children).

4

Session One

### Slide Five: General Training Techniques

Some basic techniques:

- Learn the names of your participants.
- Repeat key points.
- Ask participants questions as you deliver the material.
- Involve the learners in active work as much as possible.
- Encourage discussions among learners in which students are viewed as participating as equals.

5

Session One

### Slide Six: Approaches for Managing Participation in Training Activities

*Irrelevant topics:*

- "That is a great idea, but I think it needs more work. Why don't you pull together a small group over tea break and bring your recommendation to the larger group this afternoon?"
- "That is a really important topic, but right now we are discussing X. Why don't we put this issue in our "parking lot" and come back to it at the end of the meeting?"
- "That is a very good question – but we are going to have a conversation about that topic this afternoon – can you hold that thought until then?"

6

Session One

### Slide Seven: Approaches for Managing Participation in Training Activities

When an individual is dominating the conversation:

- “This has been a wonderful discussion – but we really need to move on with our agenda. I encourage you to continue this conversation amongst yourselves at tea break, or lunch”
- “That is a good idea – does anyone else have a similar experience (or a different experience)?.”

7

Session One

### Slide Eight: Approaches for Managing Participation in Training Activities

You can also use this method to draw out a quiet person:

- *To one participant:* That is a good idea – *To the quiet participant* – What do you think about that comment?
- You can ensure that everyone contributes by asking everyone the same question in turn.

8

Session One

### Slide Nine: Approaches for Managing Conflict During a Training

*Disagreement between participant and trainer:*

- Ask the participant to continue the discussion outside class.

*Conflicts arise between participants:*

- The trainer needs to intervene: “Clearly there are several ways to look at this issue – but we need to move on to the next topic.”

9

Session One

### Slide Ten: Approaches for Managing Conflict During a Training

*Anger about a topic:*

- Acknowledge the person’s comments – “Yes, I understand and appreciate your concern- may we move on?”
- “I understand that you are upset – can we discuss your concerns at lunch?”

*Criticism of the trainer:*

- Respond humbly and honestly, be willing to make mistakes, apologize, and move on.

10

Session One

### Slide Eleven: Training Styles and Tips for Success

- Open-ended questions
- Paraphrasing
- Listening to and acknowledging every participant’s contribution
- Speaking in a loud and clear voice
- Asking participants to speak for themselves and not for the group
- Using language the participant can understand

11

Session One

### Slide Twelve: Training Styles and Tips for Success

- Appropriate facial expression (e.g., smiling)
- Appropriate tone of voice (projecting enthusiasm)
- Appropriate eye contact
- Appropriate body language (e.g., leaning towards the person who is speaking)

12

Session One

HIV COMMUNITY PLANNING FOR  
COMMUNITY ART TREATMENT ADHERENCE

## Session Two HIV and AIDS

1. Presentation Overheads
2. Spectrum of Disease Handout
3. Vinnie the Virus Handout
4. Basic Word List

## Session Two HIV and AIDS: The Basic Facts

1

Session Two

### Slide Two: Agenda

- HIV Incidence and Prevalence
- Definition of Terms
- The Spectrum of HIV Disease
- AIDS Case Definition
- The Life Cycle of HIV
- HIV Treatment
- Transmission of HIV
- HIV Prevention/Risk Reduction

2

Session Two

### Slide Three: Goals of the Training

To help participants understand:

1. The impact of HIV/AIDS
2. The Epidemiology of the Disease
3. How HIV can be transmitted
4. How HIV is prevented
5. What is being done to control the disease

3

Session Two

### Slide Four: HIV Incidence and Prevalence

By 2003:

- 1.5 million Ethiopians infected with HIV
  - 770,000 women (15-49)
  - 120,000 children
- 720,000 orphans
- Average prevalence 4.4% (12.6% urban; 2.6% rural)
- 1.8 million deaths projected by 2008

4

Session Two

### Slide Five: Definition of Terms

<b>H</b> - Human <b>I</b> - Immunodeficiency <b>V</b> - Virus	<b>A</b> - Acquired <b>I</b> - Immune <b>D</b> - Deficiency <b>S</b> - Syndrome
---	--

5

Session Two

### Slide Six: How does HIV cause disease?

*The body's natural defense against disease and infections is made up of thousands of cells. These cells make up the immune system and they perform a variety of functions designed to protect the body. HIV destroys the following cells preventing them from working:*

**Macrophage** - the immune systems early warning sign

**CD4, T cells** - protective leaders in the immune system. Instruct other cells to perform defensive functions.

**B cells** - produce antibodies which fight disease

**Brain cells** - the cells located in the brain

6

Session Two

### Slide Seven: The Spectrum of HIV Disease

- High Risk Behavior
- Window Period
- Acute Primary Stage of Infection
- Asymptomatic Stage of Infection
- Co-Factors for Disease Progression
- Symptomatic Stage of Infection
- Advanced HIV Disease

7

Session Two

### Slide Eight: The Spectrum of HIV Disease (High Risk Behavior)

- Unprotected anal, oral, and vaginal intercourse
- Sharing needles
- Perinatal transmission
- Blood Transfusions

8

Session Two

### Slide Nine: The Spectrum of HIV Disease (The Window Period).

- Time it takes for antibodies to develop
- Average is 25 days
- 97% will develop antibodies in the first 3 months
- Some can take up to 6 months
- Antibodies can and will destroy some of the virus
- Individuals are often not aware of infection
- HIV can be transmitted

9

Session Two

### Slide Ten: The Spectrum of HIV Disease (Acute Primary Stage of Infection).

*Shortly after the point of infection:*

- Some people may experience flu-like symptoms
- Usually last between 1 and 2 weeks
- Disappears quickly
- Virus is extremely active during this time
- HIV can be transmitted

10

Session Two

### Slide Eleven: The Spectrum of HIV Disease (Asymptomatic Stage of Infection)

- No signs or symptoms
- Average of 7-10 years
- Look and Feel Healthy
- HIV can be transmitted
- Virus is reproducing and compromising cells
- Not enough damage to cause illness

11

Session Two

### Slide Twelve: The Spectrum of HIV Disease (Co-Factors for Disease Progression)

- Unclean drinking water
- Poor hygiene
- Previous medical conditions
- Other infections
- Age
- Poor or improper nutrition
- Excessive stress
- Natural ability to fight infections
- Re-infection
- Alcohol, tobacco use

12

Session Two

### Slide Thirteen: The Spectrum of HIV Disease (Symptomatic Stage of Infection).

- General symptoms or illnesses begin to appear
- Duration of symptoms
- Seek medical assistance to prevent or delay more serious illnesses
- HIV can be transmitted

13

Session Two

### Slide Fourteen: The Spectrum of HIV Disease (General Symptoms)

- Swollen glands (3 months or more)
- Unexplained night sweats
- Headaches, Nasal Congestion
- White, painful lesions in mouth
- Shortness of breath
- Change in bowel habits
- Muscle/joint pain
- Low-grade fevers (100 - 101)
- Unwarranted fatigue
- Sore Throat
- Cough
- Abdominal Pain
- Change in skin
- Gynecological changes
- Early Stage Dementia

*These diseases are not life threatening*

14

Session Two

### Slide Fifteen: The Spectrum of HIV Disease (Advanced HIV Disease or AIDS)

- The immune system is severely impaired
- T cell counts drop to under 200
- Cannot fight off life-threatening diseases
- Life threatening diseases (Opportunistic Infections OI) appear
- End stage of HIV Disease

15

Session Two

### Slide Sixteen: Pediatric HIV

- Disease Progresses More Rapidly
- Recurrent Chicken Pox, Lung Infections, Colds
- Ear Infections, Oral Thrush, Diarrhea, Fevers
- Failure to Thrive
- Loss of Milestones

16

Session Two

### Slide Seventeen: The Life Cycle of HIV

- The virus' blueprint is called RNA (ribonucleic acid)
- The T-cell's blueprint is called DNA (deoxyribonucleic acid)
- Virus must change from RNA to DNA through a process called Reverse Transcriptase
- Virus takes over the T-cell's blueprint and makes it its own
- A copy of the virus is made
- The copy is made in protein form in one long continuous strand
- The strand needs to be cut to leave the cell. The cutting process uses an enzyme called Protease.
- Pieces of the virus leave the cell to infect other cells

17

Session Two

### Slide Eighteen: Treatment for HIV

*Many drugs have been developed to prevent the different functions of the virus from being performed and new drugs continue to be developed:*

- **Reverse Transcriptase Inhibitors** – inhibits the reverse transcriptase process (when the virus changes its RNA to DNA)
- **Protease Inhibitors** – inhibits development of protease which is used to cut the virus into smaller pieces)
- **Fusion Inhibitors** - prevents the virus from attaching onto a T-cell

18

Session Two

### Slide Nineteen: Treatment for HIV (Diagnostic Tests)

- Viral Load Tests: Check to see how much virus is in the blood. Ideally will be LOW
- T-cell (or CD4) counts: Check to see how many T-cells have been killed by the virus. Ideally will be HIGH

19

Session Two

### Slide Twenty: Transmission of HIV

#### Infectious Body Fluids:

- Blood - highest concentration of HIV
- Semen - including pre-ejaculatory fluid
- Vaginal Secretions
- Breast Milk

20

Session Two

### Slide Twenty-One: Transmission of HIV

#### Sexual Transmission:

- Anal, Vaginal, Oral Intercourse

#### Exposure to Blood:

- Transfusion;
- Scarification with unclean implements;
- Unsterilized medical equipment;
- Sharing syringes;
- Accidental exposure of infected blood to non-intact skin

#### Perinatal Transmission

- From mother to child in the womb, during delivery, or through breast milk

21

Session Two

### Slide Twenty-Two: How HIV is Not Transmitted

- Casual contact
- Objects in the environment
- Swimming Pools/Lakes
- Coughing/Sneezing
- Food/Food Handlers
- Mosquitoes
- Pets

22

Session Two

### Slide Twenty-Three: HIV Prevention/Risk Reduction

Prevention = eliminating all risks (100%)  
Risk Reduction = reducing risk (<100%)

23

Session Two

### Slide Twenty-Four: HIV Prevention/Risk Reduction: Sexual Transmission

#### Prevention:

- Abstinence
- Be Faithful

#### Risk Reduction:

- Condoms

24

Session Two

### Slide Twenty-Five: HIV Prevention/Risk Reduction (Sharing needles, etc).

#### Prevention:

- Use a clean tool every time

#### Risk Reduction:

- Sterilize the tools with bleach and water

25

Session Two

### Slide Twenty-Six: HIV Prevention/Risk Reduction (Perinatal Transmission & Blood Transfusions)

#### Perinatal Transmission

- ART during pregnancy can help prevent transmission

#### Blood Transfusion

- Autologous Donation (donate your own blood)
- Designated Donor (ask someone you know to donate blood)

26

Session Two

# Spectrum of HIV Disease

## **High Risk Behavior**

Unprotected sexual intercourse (anal, vaginal, or oral) and/or sharing needles/paraphernalia. These high risk behaviors can lead to...

### **HIV Infection.**

Infection begins the moment one person transmits HIV to another person through specific behaviors.

*\*HIV can be transmitted to others\**

## **The Asymptomatic Stage of Infection**

(Asymptomatic = without symptoms)

An individual can remain symptom free for many years (10 or more). They may look and feel healthy, but are infected and can transmit the virus to others. Although the virus is reproducing and compromising the immune system, it has not caused enough damage for symptoms to appear.

**Window Period** - The time it takes for antibodies to develop. Most people will develop antibodies within 2-8 weeks, 97% within 3 months.

**Acute Primary Stage of Infection:** Flu-like symptoms occurring shortly after infection, lasting 1-2 weeks. This occurs during the development of antibodies.

*\*Not everyone will experience these symptoms.*

**Co-Factors** that can contribute to the progression of the disease include: cancers, diabetes, substance abuse, poor nutrition, STDs, Hepatitis, TB, etc.

*\*HIV can be transmitted to others during this stage\**

## **The Symptomatic Stage of Infection**

The immune system is beginning to weaken and general symptoms start to appear. Individuals can experience many different symptoms that will last for a month or more. There is no set time frame from the start of these symptoms to the onset of more life-threatening infections.

**Symptoms include:** swollen glands, low grade fever, night sweats, fatigue, whitish or painful lesions in mouth, change in bowel habits, rashes, and depression to name a few.

*\*HIV can be transmitted to others during this stage\**

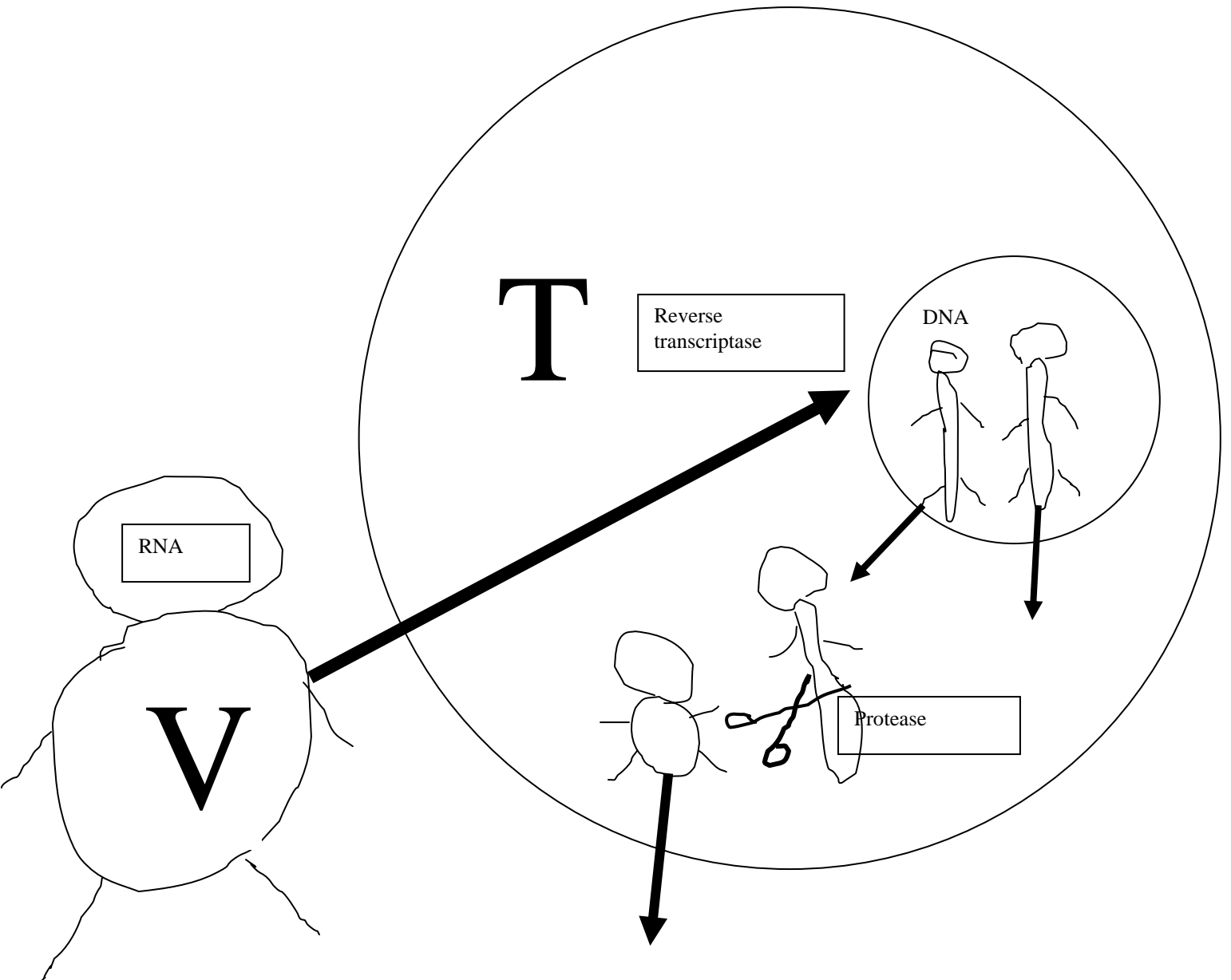
## **Advanced HIV Disease - AIDS**

When an HIV infected person's immune system has weakened to the point where it can no longer fight off serious diseases, opportunistic infections occur. When this occurs, an individual is diagnosed with AIDS (Acquired ImmunoDeficiency Syndrome) or Advanced HIV Disease - the last stage on the spectrum of HIV Disease.

**Some examples of Opportunistic Infections are:** Pulmonary Tuberculosis, Pneumocystis carinii pneumonia (PCP), Fungal throat infections, Invasive Cervical Cancer. The amount of time in this stage varies for every individual.

*\*HIV can be transmitted to others during this stage\**

## Vinnie the Virus



## **HIV/AIDS: The Basic Facts Word List**

**Epidemiology** – the study of what causes rapidly spreading diseases (epidemics)

**HIV** – a virus that weakens the body's immune system over time

**AIDS** – is a number of symptoms together indicating the presence of a specific virus (HIV) that weakens the body's immune system. This virus is acquired through specific behaviors.

**T cells (CD4)** – cells that help fight off infection and signal other cells in the immune system to start performing specific functions

**B cells** – produce antibodies which fight diseases

**Antibodies** – proteins that are produced by the body and found in the blood whose function is to fight viruses, bacteria, and diseases. Antibodies are produced specific to a virus, bacteria, or disease.

**Window Period** – the time it takes for antibodies to develop

**Acute Primary Stage of Infection** – shortly after infection, when flu-like symptoms may appear

**Asymptomatic Stage of Infection** – without symptoms - the period of time when someone is infected but does not have any symptoms

**Incubation Period** – the time between infection and symptoms of illness

**Co-Factors** – other conditions, infections, or diseases that can contribute to HIV progression

**Viral load** – the amount of virus in the body

**Symptomatic Stage of Infection** – when general symptoms or illnesses begin to appear

**Opportunistic Infections (OI)** – life-threatening diseases that appear when an immune system is compromised and too weak to fight off infections

**Session Two: HIV/AIDS**

**Advanced HIV Disease – AIDS** – when someone with HIV develops life-threatening diseases

**Pneumocystis carinii pneumonia (PCP)** - pneumonia that is common to people with HIV

**Oral Thrush** – yeast infections of the throat and esophagus making swallowing difficult and painful

**Invasive Cervical Cancer** – advanced stage of cancer that may progress to nearby organs

**Pulmonary Tuberculosis** – infectious disease spread from person to person through the air that usually affects the lungs. TB can also affect the brain or the spine.

**Perinatal Transmission** - an infected mother can pass the virus to her baby either during pregnancy, during the birth process, or through breast milk

**Prevention** – means eliminating all risks 100% or engaging in a SAFE activity

**Risk Reduction** - means reducing a risk or engaging in a SAFER activity

**Negative Test Result** – either not infected or infected so recently the test could not detect the infection

**Positive Test Result** – infected with HIV, the virus that causes AIDS, can be transmitted to others, lifelong infection

**RNA** – ribonucleic acid (the virus' blueprint)

**DNA** – deoxyribonucleic acid (the T cell's blueprint)

**Reverse Transcriptase** – changing RNA to DNA in order to enter the cell's nucleus. Once in the nucleus it takes over the cell's blueprint and can reproduce strands of the virus.

**Protease** – the cutting of the strand of virus to enable pieces to leave the cell to infect other cells

**Reverse Transcriptase Inhibitors** – prevents RNA from changing to DNA

**Session Two: HIV/AIDS**

**Protease Inhibitors** – prevents the cutting of the strand of virus. If the strand is not cut, pieces cannot leave the cell to infect other cells

HIV COMMUNITY PLANNING FOR  
COMMUNITY ART TREATMENT ADHERENCE

Session Three:  
ART and Treatment Adherence

1. Presentation Overheads
2. Case Studies

## Session Three Anti-Retroviral Treatment and Adherence

1

Session Three

### Slide Two: Antiretroviral Treatment (A.R.T.)

- The term that is used for treating HIV and AIDS with specific medications that arrest the progress of the virus that causes HIV and AIDS. Currently there are over 20 medications that are used to treat the various stages and conditions caused by the HIV virus.
- ART does not cure HIV or AIDS
- If an infected person stops taking ART, their HIV disease will continue to progress
- ART for pregnant women is very effective in preventing transmission from mother to child.

2

Session Three

### Slide Three: What is Adherence?

“The extent to which a client’s behavior coincides with the prescribed health care regimen determined through a shared decision making process between the client and the health care provider”

(Miramontes 1997)

3

Session Three

### Slide Four: Underlying Principles

- Adherence is vitally important to the successful care of patients with HIV/AIDS
- It is difficult for patients everywhere
- Adherence can be supported
- Every HIV/AIDS treatment program should include a robust process to assess and support adherence

4

Session Three

### Slide Five: Adherence to Care

- Entering into and continuing in a program or care plan
- Attending appointments and tests as scheduled
- Changing lifestyle and avoiding risk behaviors
- Taking medications as prescribed

5

Session Three

### Slide Six: Why is Treatment Adherence Important?

- Maintaining good health is better than treating complications
- Maintaining good health requires ongoing treatment
- Near perfect adherence is required for successful treatment
- Intermittent treatment can result in drug resistance and make future treatment difficult for the patient
- If the patient is unable to avoid risk behavior, drug resistant strains of HIV can spread

6

Session Three

### Slide Seven: Non-Adherence

- Because HIV is a long-term chronic condition requiring a sustained effort by the patient, the likelihood of non-adherence is high
- No single factor responsible for non-adherence – they vary from client to client, and within individual clients over time
- The client, the provider, the care system and the community must work together to support adherence

7

Session Three

### Slide Eight: Client Barriers to Treatment Adherence

- Fear of Disclosure
- Misunderstanding and misinformation
  - Primary/preventive care not understood  
“I feel good, why should I go to the clinic?”
  - Importance of adherence not explained  
“I can always go take that test any time”
  - Unrealistic expectations, belief in a cure
  - Skepticism about treatment
  - Inadequate understanding of regimens

8

Session Three

### Slide Nine: Client Barriers to Treatment Adherence

- Personal beliefs, skills and behaviors
  - Skills to carry out regimen (taking meds in irregular doses, off schedule)
  - Fits with routine/ability to remember doses
  - Stage of disease/level of wellness
  - View of health (treatment a reminder of illness, belief in efficacy of treatment)
  - Fear of side effects/Ability to control side effects
  - Cultural beliefs, personal experiences

9

Session Three

### Slide Ten: Community Barriers to Treatment Adherence

- Secrecy and stigma
- Family/caregiver/community support
- Financial barriers
  - Sharing or selling meds
  - Hoarding meds for future use
  - Inadequate access to food/failure to match doses with food
  - Ability to access clinical appointments and support groups
- Competing priorities
  - Caring for family members
  - Work

10

Session Three

### Slide Eleven: Clinician Barriers to Treatment Adherence

- Weak administrative structure
- Inconsistent providers
- Lack of knowledge of treatment and adherence
- Lack of time for client teaching
- Cultural competence (belief in client)
- Confidentiality
- Inadequate referral systems

11

Session Three

### Slide Twelve: Assessing Adherence to Care

- Assessing adherence to care requires a strong administrative structure that can identify..
  - Did the client miss a clinical appointment?
  - Did the client miss a social service appointment?
  - Did the client miss a test?
  - Did the client pick up medications as planned?
- Community can support both client and clinic in identifying these things

12

Session Three

### Slide Thirteen: Assessing Adherence to Treatment

- Self –Report
  - Client interviews
  - Medication Diaries
- Directly Observed Measures
  - Pill counts
  - Prescription refills
  - Biological measures (CD4, Viral Load)

13

Session Three

### Slide Fourteen: Supporting Adherence to Care (Care Setting)

- Welcoming and comfortable environment
- Convenient hours
- Accessible and co-located services
- Support for transportation
- Presume every client will miss at least one appointment and develop procedures to retain them in care.

14

Session Three

### Slide Fifteen: Supporting Adherence to Care (Provider Communication)

- Convey concern and respect
- Active listening
- Specific and open ended questions
- Restate answers to ensure understanding
- Address confidentiality with clients at enrollment
- HIV status not shared without consent
- Counsel staff about importance of discretion regarding other participants

15

Session Three

### Slide Sixteen: Supporting Adherence to Care (Medication Reminders)

- Linked to daily activities
- Pill boxes/blister packs
- Timers
- Medication partners, family support
- Peer support
- Directly observed therapy when possible
  - In the clinic; At home; In the community

16

Session Three

### Slide Seventeen Supporting Adherence to Care (Client Education)

*Clients who understand their illness are more likely to be adherent*

- Personalize information
- Ongoing access to verbal, written & visual information about HIV
- Detailed instructions about how to take medications
- Information on how to recognize and manage side effects
- PLWHAs have valuable feedback and experiences about treatment adherence – seek their opinion

17

Session Three

### Slide Eighteen: Supporting Adherence to Care (Client Education)

- Use demonstrations and pictures
- Focus on teaching adherence behavior, not HIV disease
- Give tips and identify cues
- Plan ahead for special challenge situations
- Check comprehension

18

Session Three

### Slide Nineteen: Supporting Adherence to Care (Role of the Patient)

- Understanding the importance of self-care
  - Ask questions and understand treatment
  - Know how to alert providers or family of side effects
- Identify who can provide assistance
  - Treatment buddy/supporter
  - Avoid those who will not provide support
- Make regular clinic visits

19

Session Three

### Slide Twenty: Supporting Adherence to Care (Role of the Family)

- Understanding the importance of care
  - Know daily schedule of treatment
  - Encourage adherence and reinforce importance
- Understand ARV storage
  - Store where children and others can't reach
  - Help monitor amount of ARV being stored
- Note side effects
  - Know what to look for and how to document reactions
  - When to take person to clinic

20

Session Three

### Slide Twenty-One: Supporting Adherence to Care (Role of the Community)

- Peer Support Groups
  - Provide health promotion information
  - Practical advice most useful
  - Informality encourages openness and honesty
  - Open discussion can reduce stigma
  - Can be powerful advocates and educators to address stigma in the community

21

Session Three



**Session Three: ART and Treatment Adherence  
CASE STUDY TWO: PARTICIPANT COPY**

A 40 year-old widow lives in the city slum with her 4 children. She is on therapy but fails to come to her second monthly visit. The community health worker visits her at home. She is untidy and the neighbors report she has become quiet, sad, and withdrawn. She has not been eating anything because of nausea and vomiting and is complaining of pain. Her CD4 count was 25 when she started therapy. She had TB and Herpes Zoster before starting therapy.

**1. Identify at least 4 barriers to treatment:**

**2. What can she do to help herself? (Identify at least 4)**

**3. How can the community and the local health care providers be more supportive? (Identify at least 4)**

**Session Three: ART and Treatment Adherence**  
**CASE STUDY THREE: PARTICIPANT COPY**

A 40 year-old is a barman in a city hotel. He lives alone and has been on therapy for seven months. He had been keeping his appointments regularly until the past 2 months when he had to be traced by a community health worker. He says he is feeling better so he stopped treatment last month. He has been complaining of changes in his appearance -- sunken cheeks and fat around the abdomen.

**1. Identify at least 4 barriers to treatment:**

**2. What can he do to help himself? (Identify at least 4)**

**3. How can the community and the local health care providers be more supportive? (Identify at least 4)**

HIV COMMUNITY PLANNING FOR  
COMMUNITY ART TREATMENT ADHERENCE

Session Four:  
Stigma and Disclosure

1. Presentation Overheads
2. Case Studies

## Session Four Stigma and Disclosure

The role of the  
community

1

Session Four

### Slide Two: What is STIGMA?

- Negative feelings, beliefs and behavior toward someone or a group of people due to a particular label or characteristic
- When people who have HIV are identified as “tainted”
- Because they are perceived as “tainted” many negative attributes are associated with them.

2

Session Four

### Slide Three: The Formation of Stigma

The creation of stigma is the result of existing stereotypes, prejudice, biases and other form of oppression in society directed at individual and/or groups.

Stereotypes  
Prejudice  
Racism  
+ Biases  
= Stigma

3

Session Four

### Slide Four: Strategies to Address Stigma

- Be a good role model for others
- Raise the issue in informal conversations
- Challenge stigmatizing words and actions in way that doesn't turn people away
- Encourage people to talk openly about their fears
- Correct myths and misperceptions about HIV

4

Session Four

### Slide Five: Additional Strategies....

- Be comfortable talking, socializing and working with PLWHAs (join or form a community support group)
- Invite PLWHAs and their families to give testimonials about living with the disease
- Organize mini-workshops on stigma for peer and community group leaders
- Ask church or mosque leaders to invite PLWHAs to give testimonials and support

5

Session Four

### Slide Six: Group Exercise Questions

1. Why is it important for this person to disclose?
2. What are the risks of HIV disclosure for this person?
3. What might happen to this person if they don't disclose?
4. What might help motivate this person to disclose?
5. How can the community support this person with disclosure?

6

Session Four

### Slide Seven: Steps in the Disclosure Process

- Accept and adjust to the diagnosis (become informed about HIV transmission and treatment)
- Seek information for how to disclose from community support members
- Learn and practice “breaking the news”
- Plan to disclose to the most appropriate person initially (don’t disclose to the most difficult person first)

7

Session Four

### Slide Eight: Steps in the Disclosure Process.

- Choose a private, comfortable place, and speak calmly and clearly
- Explain why you want to disclose to the recipient
- Anticipate reactions of the recipients and be prepared to address concerns (e.g. testing options and venues)

8

Session Four

### Slide Nine: Strategies in Support of Disclosure

- Develop Community Support groups (to discuss fears, and share disclosure strategies and experiences)
- Explore church or mosque support options
- Individual counseling, especially for women in potentially violent situations
- Consider asking a person who has gone through this experience to accompany you

9

Session Four

**Session Four: Stigma and Disclosure**  
**CASE STUDY ONE: PARTICIPANT COPY**

A 45 year-old man has tested positive for HIV and is a candidate for ART. He has received some information on HIV and ART from the radio. He has completed primary school, lives alone and works as a car mechanic full time. He has not disclosed his status to his family. His wife left him 5 years ago. He drinks alcohol most evenings. He has a CD4 count of 160 and has had oral thrush, herpes zoster and TB.

- 1. Why is it important for this person to disclose?**
- 2. What are the risks of HIV disclosure for this person?**
- 3. What might happen to this person if they don't disclose?**
- 4. What might help motivate this person to disclose?**
- 5. How can the community support this person with disclosure?**

**Session Four: Stigma and Disclosure**  
**CASE STUDY TWO: PARTICIPANT COPY**

A 35 year-old has been referred for treatment. She is eager to start. She has studied up to primary school and lives with her husband who is also infected but not in care. She works part time as a maid. She has CD4 count of 100, but does not know what it means. She had meningitis last month and was hospitalized for 10 days.

- 1. Why is it important for this person to disclose?**
- 2. What are the risks of HIV disclosure for this person?**
- 3. What might happen to this person if they don't disclose?**
- 4. What might help motivate this person to disclose?**
- 5. How can the community support this person with disclosure?**

**Session Four: Stigma and Disclosure**  
**CASE STUDY THREE: PARTICIPANT COPY**

A 40 year-old widow lives in the city slum with her 4 children. She is on therapy but fails to come to the clinic for her second monthly visit. The community health worker visits her at home. She is untidy and the neighbors report she has become quiet, sad and withdrawn. She has not been eating anything because of nausea and vomiting and is complaining of pain. Her CD4 count was 25 when she started therapy. She had TB and Herpes Zoster before starting therapy.

- 1. Why is it important for this person to disclose?**
- 2. What are the risks of HIV disclosure for this person?**
- 3. What might happen to this person if they don't disclose?**
- 4. What might help motivate this person to disclose?**
- 5. How can the community support this person with disclosure?**

HIV COMMUNITY PLANNING FOR  
COMMUNITY ART TREATMENT ADHERENCE

Session Five:  
Involving People Living with  
HIV/AIDS

1. AIDS Committee Role Play

## **Session Five: Involving People Living with HIV/AIDS Kabele AIDS Committee Roles**

### **Person Living with HIV/AIDS**

You and your spouse have both been infected with HIV for several years, and your youngest of three children is also infected. You are all receiving HIV medications and have been pretty healthy. You have been involved in the AIDS committee on and off for several years. Initially, you were nervous about disclosing your HIV status to a group of strangers but you found that most people were very welcoming. Now that is not a barrier for you but you understand why PLWHA would be reluctant to join the Committee and disclose their status. Some of the things that make it hard for you to participate on a regular basis now include:

- Sometimes you, your spouse, or one of your children is sick.
- The meetings are a long bus ride from your house. Sometimes you don't have the extra money for bus fare.
- You have a busy life with many competing priorities.

### **Parent of a young man living with HIV/AIDS**

Your son, age 19, tested positive for HIV 3 years ago. Your main concern when it comes to HIV is preventing young people from becoming infected. You think that young people are the best ones to reach other young people so you would like to see the AIDS Committee add more young people with HIV. You believe that some strategies for doing that would be:

- Create a youth sub-committee so that young people do not have to sit through boring meetings.
- Organize a group of peer leaders – young people who are living with HIV who can speak to groups of youth.

### **Medical provider in a clinic**

You are a medical provider in a clinic where people come for all kinds of health care needs, including HIV. You see many patients with HIV disease, ranging from recently infected to people in the end stages of disease. You have noticed that when patients get involved in volunteer work related to HIV (e.g. AIDS Committees, volunteer work at their church, participating in plays about HIV, helping people who are ill), it seems to help them stick with their medication regimens and take better care of themselves. So your main reason for wanting to see more PLWHA on the AIDS Committee is to help people improve their health.

### **Outreach worker**

Your job is to deliver HIV and TB medications by motorcycle so every day you come in contact with dozens of PLWHA as part of your job. You travel on roads that are impassible to buses and cars during the rainy season so you get to some pretty remote areas and are quite familiar with barriers that have to do with distance and transportation. Since it would be very hard for people in the remote areas to come in to a meeting, one idea you have is to have a few members of the AIDS Committee come with you to meet with some of the patients to whom you deliver medications. That way the committee will hear directly from some people in remote areas. The Committee members may even be able to help set up other committees in the remote areas.

### **Secondary school student**

You are a 15-year old and tested positive one year ago. Your father is a prominent member of the community and initially there was a lot of shame and secrecy about your being HIV-positive. But your parents have become supportive of you and when your minister asked you to join the Committee, they agreed that you could do it. This is your first meeting and you are a little bit nervous. You wish there were other young PLWHA on the Committee.

### **Religious leader**

You have served on the AIDS Committee since the beginning. You are very compassionate towards PLWHA. You have tried to encourage some members of your church to join the Committee, and have recently recruited a 15-year old. You are very supportive of this person and other PLWHA.

### **Single woman**

You used to work as a commercial sex worker and are a PLWHA. You do not wish for people on the Committee to know either of these things. You want to be able to help other women in the commercial sex industry but you don't want your past or your HIV status to be known.

### **Parent of a teenage daughter**

You are the parent of a teenage daughter. You worry about your daughter. You want to keep her away from boys. You blame PLWHA for having gotten infected when they could have prevented it. You wish young people would just save themselves for marriage and be faithful and not put themselves and their future children at risk.

HIV COMMUNITY PLANNING FOR  
COMMUNITY ART TREATMENT ADHERENCE

Session Six:  
Community Planning Concepts and  
Principles

1. Presentation Overheads
2. Needs Handout
3. Interventions Handout

## Session Six Community Planning Concepts and Principles

1

Session Six

## Slide Two: Nine Principles

1. Be inclusive and set shared priorities
2. Ensure representatives truly reflect community norms, values and behaviors
3. Ensure all members are given equal voice
4. Planning is ongoing, not a one-time event
5. Support active participation

2

Session Six

## Nine Principles

6. Develop a comprehensive plan
7. Base decisions on information / data
8. Use the plan to help you implement programs/activities
9. Evaluate the process and the programs

3

Session Six



## Slide Five Step One: Identify Target Populations

- Identify which groups need to be considered in an effort to address stigma, disclosure, treatment adherence and service uptake
- What information do you need to help characterize/fully describe these groups?
- Where can you get that information?

5

Session Six

## Slide Six Step Two: Identify ART Service Needs of Target Populations

- Increase **Knowledge**
- Improve **Skills**
- Improve **Access**
- Increase **Motivation**
- Provide **Social Support**
- Change **Community Norms**

6

Session Six

Identify Community ART Service Needs of Target Populations

Categories of Need	Target Populations			
	Community Leaders			
Knowledge	Treatment does not cure			
	How to prevent transmission			
	Potential side effects of ART Knowing which HIV services are available within the community			
Skills	Promoting testing			
Motivation				
Access				
Social Support	Understanding and supporting PLWH			
Community Norms	Understanding and supporting PLWH			

## Slide Eight Step Three: Identify Available Resources

Consider:

- Hospitals, Clinics, Large NGOs
- Community-Based Resources
- Human Resources
- Capacity
- Ability to respond

8 Session Six

## Slide Nine Step Four: Identify Unmet Community ART Needs and Resources

- What are the met needs?
- What are the unmet needs?
- How big are the unmet needs?
  - Is no service available?
  - Is there enough of the service?
  - Is the service of high quality?

9 Session Six

Identify Community ART Interventions for Target Populations

Target Population \_\_\_\_\_ Community Leaders \_\_\_\_\_

Categories of Need	Examples of Needs (Take from Needs Handout)	Possible Interventions
Knowledge	Knowing which services are available in the community	Kebele AIDS Committee holds community meeting Kebele AIDS Committee develops leaflet and distributes to community members
Skills		
Motivation		
Access		
Social Support		
Community Norms	Understanding and Supporting PLWHA	PLWHA and other Kebele AIDS Committee Members provide testimonials at the church or mosque Hold a World AIDS Day event, or candlelight vigil

## Slide Eleven Step Six: Prioritize Interventions

- Capacity of Kebele AIDS Committee to do the activity
- Social Acceptability
- Cost
- Sustainability
- Likelihood of effectiveness

11 Session Six

### Identify Community ART Service Needs of Target Populations

<b>Categories of Need</b>	<b>Target Population</b>
Knowledge	
Skills	
Motivation	
Access	
Social Support	
Community Norms	

### Identify Community ART Interventions for Target Populations

Target Population \_\_\_\_\_

<b>Categories of Need</b>	<b>Examples of Needs</b> (Take from Needs Handout)	<b>Possible Interventions</b>
Knowledge		
Skills		
Motivation		
Access		
Social Support		
Community Norms		

HIV COMMUNITY PLANNING  
FOR COMMUNITY ART TREATMENT ADHERENCE

Session Seven:  
Mobilizing the Community and  
Implementing the Plan

1. Presentation Overheads
2. Work-Plan Handout
3. Evaluation Handout

## Session Seven Mobilizing the Community and Implementing the Plan

Session Seven

### Slide Two: Plans ALWAYS use the same framework

- What is the outcome (*goal*)?
- What activities will be performed to achieve the outcome (*objectives and activities*)?
- Who will conduct the activity, How will they conduct the activity, What resources will they use?, When will they conduct the activity? (*workplan*)
- How will you know when the activity has been done and the outcome achieved? (*evaluation*)

Session Seven

Develop Work-Plan for Implementation of an Intervention.

Intervention Develop and distribute brochure to address need lack of knowledge of resources, of population Community Leaders

Activities (What do you need to do to make the intervention happen?)	Resources Needed	Who is Responsible
Seek funds for this effort: Kabele AIDS Committee chair and Health Extension worker submits request for funds as part of annual plan to HAPCO OR Support in kind is sought from local NGOs or churches.	Skills, time, access to computer to develop request for funds Skills, time to solicit support from NGOs/churches	Kabele AIDS Committee chair and Health Extension worker OR Member G – church leader.
Research and list available community resources, who they serve, locations, hours of opening, and cost of services.	Skills, time, access to computer to develop resource list	Health Extension worker will coordinate, Kabele AIDS Committee members X, Y, Z will contribute
Develop a prototype brochure that lists primary resource – use pictures, lots of space. Keep brochure short.	Skills, time, access to computer, access to pictures.	Member F (works for Save the Children) will ask Save the Children social marketing director to assist in this effort.
Kabele AIDS Committee reviews prototype brochure, and makes any changes.	Copier	Kabele AIDS Committee chair, with members F, X, Y, and Z
Brochure is finalized and printed	Money and access to printer.	Kabele AIDS Committee chair and Health Extension worker OR Member G – church leader
Brochure is distributed throughout the community	Time to distribute by hand, or resources to distribute by mail.	Members A, B, C, D, and E agree to distribute the brochure to friends, families, churches, schools, etc

### Slide Four: Developing a Work-Plan

- What is the intervention?
- What activities need to be done to implement the interventions?
- What resources will be needed?
- Who will do those activities?

Session Seven

Develop Work-Plan for Implementation of an Intervention.

Intervention Develop and distribute brochure to address need lack of knowledge of resources, of population Community Leaders

Activities	Documentation	By When	Who is Responsible
Seek funds for this effort: Kabele AIDS Committee chair and Health Extension worker submits request for funds as part of annual plan to HAPCO OR Support in kind is sought from local NGOs or churches.	Proposal submitted to HAPCO / contact with HAPCO Proposal submitted to local NGO or Church/ written promise of funds	Month One	Kabele AIDS Committee chair and Health Extension worker OR Member G – church leader.
Research and list available community resources, who they serve, locations, hours of opening, and cost of services.	List of resources completed	Month Two	Health Extension worker will coordinate, Kabele AIDS Committee members X, Y, Z will contribute
Develop a prototype brochure that lists primary resource – use pictures, lots of space. Keep brochure short.	Prototype brochure	Month Three	Member F (works for Save the Children) will ask Save the Children social marketing director to assist in this effort.
Kabele AIDS Committee reviews prototype brochure, and makes any changes.	Kabele AIDS Committee meeting minutes and revised brochure	Month Four	Kabele AIDS Committee chair, with members F, X, Y, and Z
Brochure is finalized and printed	# of brochures printed	Month Five	Kabele AIDS Committee chair and Health Extension worker OR Member G – church leader
Brochure is distributed throughout the community	# of brochures distributed to members # of brochures and locations at which brochures distributed	Month Six	Members A, B, C, D, and E agree to distribute the brochure to friends, families, churches, schools, etc

Develop Evaluation Plan for Implementation of an Intervention.

Intervention Develop and distribute brochure to address need lack of knowledge of resources, of population Community Leaders

Evaluation Questions	Data Collection Method(s)	Data Collection Timeline	Using the data
Did the brochures get distributed to those who needed them? Did those who received a brochure read it, understand it, and use it?	Return to sites where brochures were distributed at a later date. Ideally ask those who received a copy of the brochure, or those who distributed the brochures (e.g. schools/teachers) through interview or survey Did you take a brochure? Did you read it, understand it? Did you act on the information in it? How would you improve it? Did people take the brochure? Did they read it, understand it? Did they ask you questions about it? Did you run out of brochures?	3 months after distribution of the brochures.	Results from the interviews / surveys should be summarized and reported to the Kabele AIDS Committee to - determine if distribution of brochures is useful in getting information out to the community - if so, how to improve brochures for the future

## Slide Seven: Developing an Evaluation Plan

- Identify evaluation questions --- what do you want to know about the impact of this activity.
- Recommend a way to answer those questions
- Suggest who will collect the information and when
- Suggest how that data will be used.

Develop Work-Plan for Implementation of an Intervention.

Intervention \_\_\_\_\_ To Address Need \_\_\_\_\_ Of Population \_\_\_\_\_

<b>Activities (What do you need to do to make this intervention happen?)</b>	<b>Resources</b>	<b>Who is Responsible</b>

Develop Evaluation Plan for Implementation of an Intervention.

Intervention Develop and distribute brochure to address need lack of knowledge of resources of population Community Leaders

Evaluation Questions	Data Collection Method(s)	Data Collection Timeline	Using the data

HIV COMMUNITY PLANNING  
FOR COMMUNITY ART TREATMENT ADHERENCE

# Summary and Evaluation

1. Reaction Form Handout

**TOT AND TRAINING FOR  
HIV COMMUNITY PLANNING  
FOR COMMUNITY ART TREATMENT ADHERENCE**

**REACTION FORM**

**Instructions**

- For items on the scale, please circle one number. You may also write brief comments below the items to clarify or add to your response
- Please provide comments in response to questions in boxes

**Day One**

The areas of focus for today were:

- Introduction to the training
- Training skills
- Basics of HIV/AIDS
- ART and Treatment adherence

**1. Overall, how well do you think today's training achieved the objectives?**

<i>Very well</i>	6	5	4	3	2	1	<i>Not well</i>
------------------	---	---	---	---	---	---	-----------------

**2. Please rate how useful you found each section of the day:**

Introduction to the training

<i>Very useful</i>	6	5	4	3	2	1	<i>Little use</i>
--------------------	---	---	---	---	---	---	-------------------

Training Skills

<i>Very useful</i>	6	5	4	3	2	1	<i>Little use</i>
--------------------	---	---	---	---	---	---	-------------------

*Thank you for your input.*

HIV COMMUNITY PLANNING FOR COMMUNITY ART TREATMENT ADHERENCE  
**Reaction Form**

Basics of HIV/AIDS

<b>Very useful</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>Little use</b>
--------------------	----------	----------	----------	----------	----------	----------	-------------------

ART and Treatment adherence

<b>Very useful</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>Little use</b>
--------------------	----------	----------	----------	----------	----------	----------	-------------------

Treatment adherence case studies and discussion

<b>Activity is realistic and relevant for Ethiopia</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>Activity is NOT realistic and relevant for Ethiopia</b>
--	----------	----------	----------	----------	----------	----------	--

**3. Please rate the day's training activities overall on each of the following scales.**

<b>Good mix of activities</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>Poor mix of activities</b>
-------------------------------	----------	----------	----------	----------	----------	----------	-------------------------------

<b>Logically sequenced</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>Poorly sequenced</b>
----------------------------	----------	----------	----------	----------	----------	----------	-------------------------

**4. Handouts and overheads/power point slides**

<b>Excellent quality</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>Poor quality</b>
--------------------------	----------	----------	----------	----------	----------	----------	---------------------

<b>Well used</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>Used poorly</b>
------------------	----------	----------	----------	----------	----------	----------	--------------------

*Thank you for your input.*

HIV COMMUNITY PLANNING FOR COMMUNITY ART TREATMENT ADHERENCE  
**Reaction Form**

Please comment on what worked best today:

Please comment on the part of the day that worked least well.

Please describe any changes that you would make to the day's activities.

*Thank you for your input.*

**Day 2**

The areas of focus for today were:

- Stigma and disclosure
- Involving PLWHA in community planning
- Community planning for community mobilization

**1. Overall, please rate your learning for today.**

<b><i>Learned a lot</i></b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b><i>Learned very little</i></b>
-----------------------------	----------	----------	----------	----------	----------	----------	-----------------------------------

**2. Please rate how useful you found each section of the day:**

Stigma and Disclosure

<b><i>Very useful</i></b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b><i>Little use</i></b>
---------------------------	----------	----------	----------	----------	----------	----------	--------------------------

Stigma and Disclosure Case Studies and Discussion

<b><i>Very useful</i></b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b><i>Little use</i></b>
---------------------------	----------	----------	----------	----------	----------	----------	--------------------------

Involving PLWHAs: Testimonials (DVD, role plays or guests)

<b><i>Very useful</i></b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b><i>Little use</i></b>
---------------------------	----------	----------	----------	----------	----------	----------	--------------------------

Group role play – AIDS Committee

<b><i>Activity is realistic and relevant for Ethiopia</i></b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b><i>Activity is NOT realistic and relevant for Ethiopia</i></b>
---	----------	----------	----------	----------	----------	----------	---

***Thank you for your input.***

HIV COMMUNITY PLANNING FOR COMMUNITY ART TREATMENT ADHERENCE  
**Reaction Form**

Discussion about community planning for community mobilization

<i>Very useful</i>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<i>Little use</i>
--------------------	----------	----------	----------	----------	----------	----------	-------------------

**3. Please rate the day's training activities overall on each of the following scales.**

<i>Good mix of activities</i>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<i>Poor mix of activities</i>
-------------------------------	----------	----------	----------	----------	----------	----------	-------------------------------

<i>Logically sequenced</i>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<i>Poorly sequenced</i>
----------------------------	----------	----------	----------	----------	----------	----------	-------------------------

Please comment on what worked best today:

Please comment on the part of the day that worked least well.

Please describe any changes that you would make to the day's activities.

HIV COMMUNITY PLANNING FOR COMMUNITY ART TREATMENT ADHERENCE  
**Reaction Form**

**Day 3**

The area of focus for today was:

- Implementing the plan

**1. Please rate the usefulness of today's session.**

<i>Very useful</i>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<i>Little use</i>
------------------------	----------	----------	----------	----------	----------	----------	-----------------------

**2. Please rate the usefulness of the worksheets for today's session.**

<i>Very useful</i>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<i>Little use</i>
------------------------	----------	----------	----------	----------	----------	----------	-----------------------

Please add any comments you have about today's activities.

*Thank you for your input.*

**Days 1-3 overall**

**1. How interesting did you find the training to be?**

<i>Very interesting</i>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<i>Of little interest</i>
-------------------------	----------	----------	----------	----------	----------	----------	---------------------------

**2. How was the mix of activities (lecture, large and small group discussion, role plays, etc)?**

<i>Good mix of activities</i>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<i>Poor mix of activities</i>
-------------------------------	----------	----------	----------	----------	----------	----------	-------------------------------

**3. How would you rate the sequencing of activities?**

<i>Logically sequenced</i>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<i>Poorly sequenced</i>
----------------------------	----------	----------	----------	----------	----------	----------	-------------------------

**4. How appropriate were the training activities for Ethiopia?**

<i>Activity is realistic and relevant for Ethiopia</i>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<i>Activity is NOT realistic and relevant for Ethiopia</i>
--	----------	----------	----------	----------	----------	----------	--

Please provide any additional feedback on any of the items above.
---

Please provide feedback on how to modify the TOT manual for subsequent trainings.
---