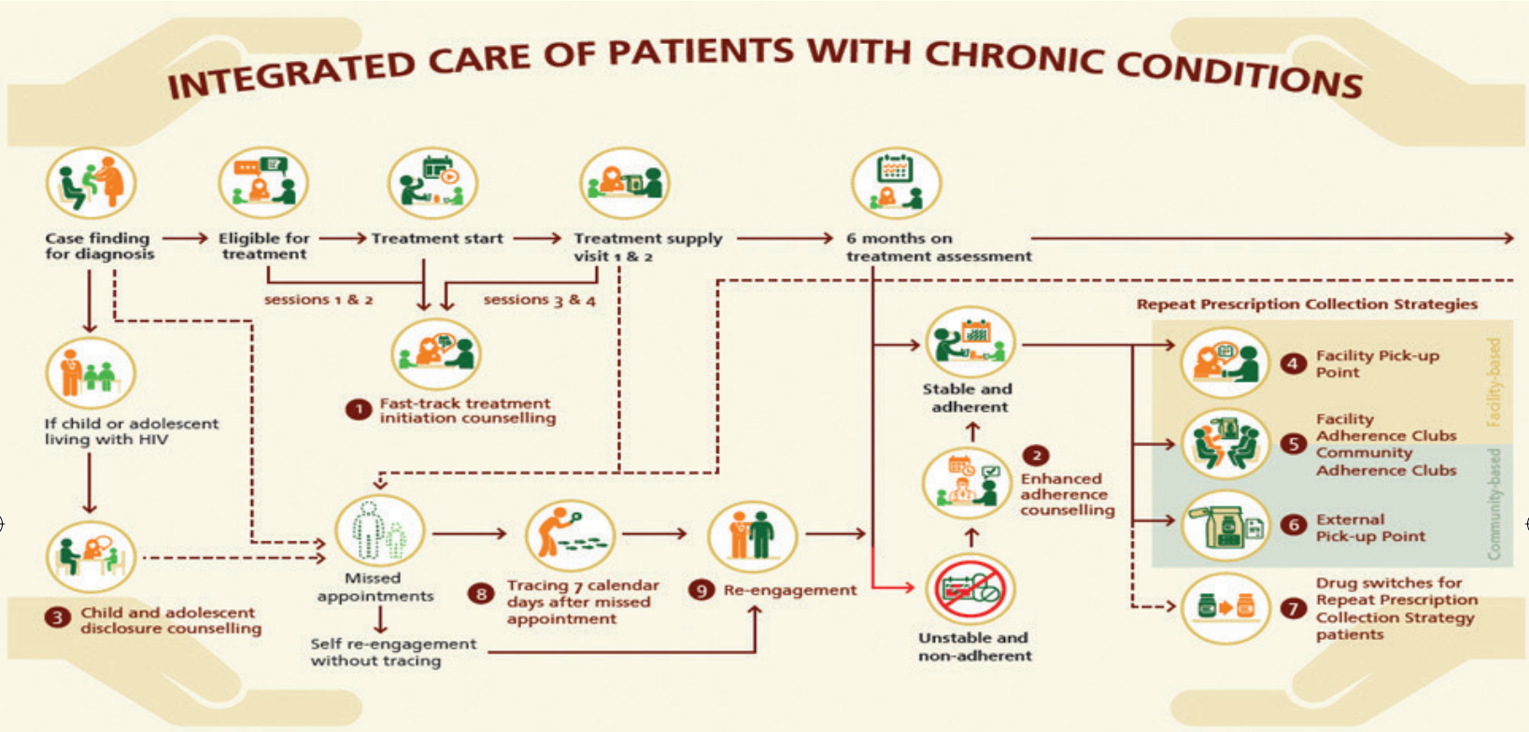
STANDARD OPERATING PROCEDURES

ADHERENCE GUIDELINES FOR HIV, TB AND NCDS: TRAINING COURSE FOR HEALTH CARE WORKERS



FACILITATION GUIDE

This facilitation guide has been designed to provide a framework and process for facilitators who will be training non-clinicians on Adherence Guidelines for HIV, TB and NCDs.

Updated November 2020

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

A long and healthy life for all South Africans

2030 NDP

ACKNOWLEDGEMENTS

The development of the Adherence Guidelines training facilitation guide has been a collective effort. The Department of Health would like to acknowledge and thank all those who have contributed to this process, through research, attending meetings, writing, commenting on the drafts and importantly finalising the training facilitator guide. The collaboration and involvement of the National and Provincial Departments of Health representatives, support partner organizations and capacity building experts has ensured a valuable resource to implement a standardised training curriculum. The National Department of Health would like to acknowledge the resources provided by support partners to finalize this process.

Published by the National Department of Health,
Civitas Building, Corner Thabo Sehume and Struben Streets, Pretoria.

Requests to reprint this publication should be addressed to the:
Director, Care and Support Directorate, National Department of Health
Private Bag X 828
Pretoria 0001
South Africa

Email: Mokgadi.Phokojoe@health.gov.za
Telephone: +27 (0)12 395 9216/9393

The publication is available on **www.health.gov.za**
Also available on the Department of Health Knowledge Hub:
www.knowledgehub.org.za

ACRONYMS

AC	Adherence Clubs
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV(s)	Antiretroviral(s)
CADC	Child and Adolescent Disclosure Counselling
CCMDD	Central Chronic Medication Dispensing Distribution
CHWs	Community Health Workers
DM	Diabetes Mellitus
DR TB	Drug Resistant Tuberculosis
EAC	Enhanced Adherence Counselling
EX-PUP	External Pick up Point
FAC-PUP	Facility Pick up Point
FDC	Fixed Dose Combination
FTIC	Fast Track Initiation Counselling
HCWs	Health Care Workers
HIV	Human Immunodeficiency Virus
ICDM	Integrated Chronic Disease Management
LC	Lay Counsellor
LTFU	Lost to Follow Up
MER	Monitoring, Evaluation and Reporting
NCDs	Non-Communicable Diseases
NDP	National Development Plan
PHC	Primary Health Care
PLHIV	People Living with HIV
RPCS	Repeat Prescription Collection Strategies
TB	Tuberculosis
WBPHCOT	Ward-Based Primary Health Care Outreach Team

CONTENTS

1. INTRODUCTION

Context of the learning environment

This training programme is made up of four parts through which learning will take place, namely: theory, practical simulation, self-study and work place learning. Learning will take place through interactive face to face theoretical and practical simulation classroom learning for a period of four days.

Learners will also be expected to go back to their workplaces and implement what they have learned under guided mentorship.

The target audience for this training course is non-clinicians such as Home Based Carers, Community Caregivers, Youth Care Workers, Peer educators, Community Health Workers etc. primarily those who will be providing adherence counselling to clients with HIV, TB, Hypertension and Diabetes. This group of non-clinicians play a vital role in helping to reduce the workload of nursing staff. Amongst others, non-clinicians educate clients and provide emotional support in a manner that makes each client feel like they are receiving focused, individual attention. Non-clinicians are often in close contact with communities and, therefore, able to understand and play a role in alleviating health service barriers in the community.

Facility managers may also be part of the target audience in order to ensure that they understand the components of the minimum package of interventions to support linkage, adherence and retention in care. Further, their attendance seeks to ensure that non-clinicians receive necessary assistance and sup-port when they have to implement what they have learned back into their workplaces.

Course facilitators

Facilitators for this course may include:

- Training or education staff from the Regional Training Centres at provincial or district level
- Programme Managers or Subject Matter Experts with experience in training and facilitation
- Appropriately qualified trainers/ facilitators and mentors from support partners
- Appropriately qualified Department of Health staff

It is suggested that facilitators review the Adherence Guidelines for HIV, TB and NCDs policy and service delivery guidelines prior to presenting the course.

Purpose of the training course

This Adherence Guidelines for HIV, TB, NCDs training programme focuses on the implementation of the minimum package of interventions to increase linkage to care, retention in care and adherence to treatment in South Africa. Course content is based on the National Department of Health's National (NDoH) Adherence Guidelines for Chronic Diseases (HIV, TB and NCDs), published in March 2020.

The purpose of this training course is to provide health care providers including non-clinicians with skills required to deliver adherence services for chronic treatment in line with the Adherence Guidelines for Chronic Diseases (HIV, TB and NCDs) policy and service delivery guidelines including the minimum package of interventions to support linkage, adherence and retention in care. The training course brings together the experience that health care providers already have in supporting adherence in HIV, and integrating this experience into adherence support practices that can be used for other chronic conditions as well.

2. FACILITATION PROCESS

Adult learning principles

This course is designed for adult learners following adult learning principles acknowledging the fact that adults require a different approach and methodology from teaching children and youth.

According to (Kamp, 2011), the main aim and motivation for adult learning is to facilitate change in one or more of the following areas:

- Knowledge
- Skills
- Attitudes
- Behaviour

When training adults, all trainers/facilitators need to acknowledge and respect the fact that adults are individuals who are able to:

- Take charge of one's life
- Take responsibility for one's decisions and subsequent actions
- Determine whether and in what form to engage in learning
- Perform adult roles as citizens, employees, parents, etc.

According to Malcolm Knowles (1970), adults learn best when:

- They understand why something is important to know or do.
- They have the freedom to learn in their own way.
- Learning is experiential.
- The time is right for them to learn.
- The process is positive and encouraging.

The role of facilitators

Trainers have to be sensitive and conscious of the fact that the role they are playing in the trainings is that of a facilitator instead of a teacher.

Trainers/facilitators should note the following basic principles of adult learning:

- Adults are autonomous and self-directed
- Adults have accumulated a foundation of experiences and knowledge
- Adults are goal oriented
- Adults are relevancy oriented
- Adults are practical
- They need to be shown respect
- They need to be actively involved to influence the learning process
  (Source: Malcolm Knowles (1970): *The Modern Practices of Adult Education*)

Trainers/facilitators can use the table below as guidance on how to translate theory into practice on how adults learn.

Translating theory into practice

Theory		Practice
Adults remember 10% of what they hear, 65% of what they hear and see, and 80% of what they hear, see and do.	→	To increase retention, provide both auditory and visual stimulation and allow for practice.
Adults bring a great deal of life experiences and knowledge into to training.	→	Connect life experiences and prior learning to new information. Capitalise on the experiences by facilitating discussions.
Adults are autonomous and self-directed.	→	Involve participants in the learning process, serving as facilitator rather than as supplier of facts.

Adults learn best when they are active participants in the learning process.	→	Limit lecturing and provide opportunities for sharing of experiences, questions and exercises that require participants to practice a skill or apply knowledge.
The greater the degree of concrete relevance to the individual, the greater is the degree of learning.	→	Help learners see a reason for learning something by making it applicable to their work or other responsibilities of value to them.
Adults need to be able to integrate new ideas into what they already know if they are going to be able to retain the information.	→	Capitalise on the experiences of the audience to build new concepts; structure lessons to move from the known to the unknown.
Adults prefer self-directed and self-paced instruction to group learning led by an instructor.	→	If the training is done in a group led by the instructor, build in independent activities; consider trainee-focused approaches to training.
Adults learn more effectively when given timely and appropriate feedback and reinforcement of learning.	→	Provide opportunity for feedback from self, peers and trainer.
Adults learn better in an environment that is informal and personal.	→	Promote open group interaction.
Not all adults learn the same way.	→	Accommodate different learning styles by offering a variety of training methods and by using visual, auditory and kinesthetic techniques.

(Source: adapted from Penny L. Ittner & Alex F. Douds (1988): *Train the Trainer. Practical Skills that Work*; Janet Collins (2004): *Education Techniques for Lifelong Learning*)

Facilitation skills required

A good facilitator should possess the following skills:

- Good communication skills

Everyone thinks they are good communicators!

Communication is a work of art. Some are normally born with it. Some may need a chart. (A Saleh)

- They should be client-focussed, taking time to explain things carefully and allowing participants time to respond at their own pace
- They should build co-operation and unity among the group, while supporting each person's right to diverse opinions
- They should be open to criticism and questions
- They should be creative and open to new ideas
- They should show energy and enthusiasm for the material being covered in the course
- They must be non-partisan and avoid showing their own personal biases, serving as the one who can resolve disagreements

(Source: Civic Education and Community Mobilization Partners: *Participation – Train-the-Trainer Manual*)

Course arrangements

Before training

Prior to commencement of the course facilitators must do the following;

- Familiarise themselves with the course content and anticipate the needs of the clients and how these will be met.
- Prepare training material
- Ensure that training logistics have been arranged such as venue, meals
- Arrange the classroom set up in such a way that it facilitates maximum learning
- Ensure that there are necessary resources required to facilitate learning such as laptop, data projector, and relevant stationery for participants etc.

Examples of seating arrangements which promote interactive learning

Diagram 1: Cabaret shaped

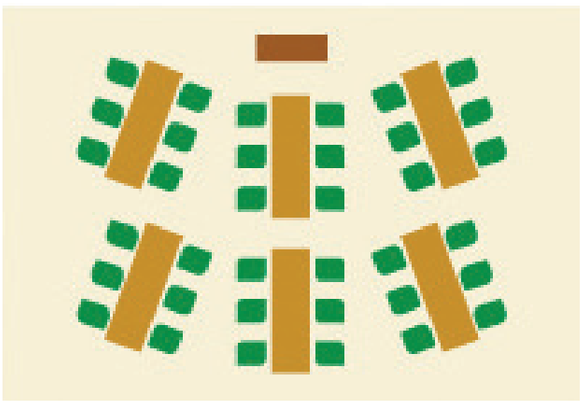
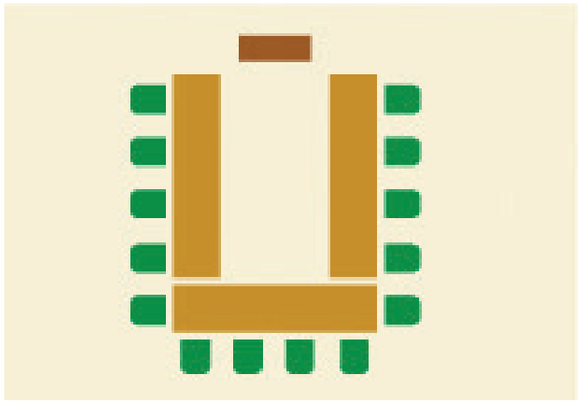


Diagram 2: U-shaped



Class size

Because of the intensity and the depth of knowledge to be acquired in this training programme to be able to understand the implementation of adherence services and the minimum package of interventions, it is recommended that the class size should not exceed 25 people.

During training

The facilitator should:

- Ensure that applicable health and safety procedures are followed.
- Ensure that **ALL** relevant documentation which needs to be completed by learners is completed; namely, learner attendance register, pre and post course knowledge assessment.
- Collate pre and post knowledge assessment forms
- Use various learning and teaching methodologies included in the course that promote an effective learning process.
- Use the facilitation plan in this manual to guide the facilitation process

After training

The facilitator should:

- Evaluate the facilitation and learning process
- Ensure that learners complete learner evaluation forms
- Complete a training report with recommendations for improvement in future interventions

3. COURSE DESIGN

Aim of the course

- To re-orientate Health Care Workers (HCWs) and non-clinicians in their role of strengthening the implementation of linkage, adherence and retention in care services
- To present a minimum package of interventions to be implemented in both facility and community based structures
- To build capacity for HCWs including CHWs, CCGs and LCs to scale up adherence programme in the health facilities across South Africa

Outline of the course

The course content is structured as follows:

- Introduction
- Session 1: Overview of the Adherence Guidelines for HIV, TB, NCDs
- Session 2: Education on Illness and Treatment
- Session 3: Minimum Package of Interventions to Support Linkage to Care, Adherence and Retention in Care
- Session 4: Additional Adherence Interventions
- Session 5: Monitoring, Evaluation and Reporting
- Session 6: Quality Planning for Implementation

Format

Interactive activities for this course consist of the following formats:

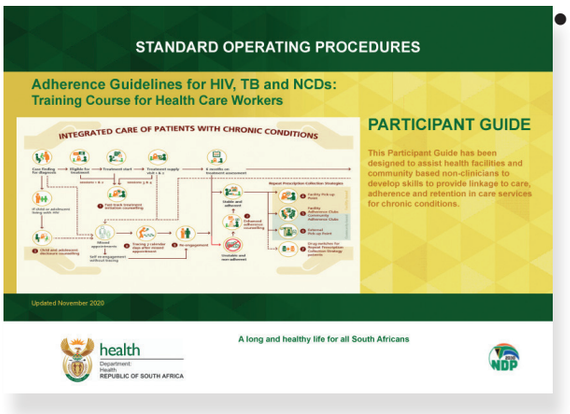
- Face to face learning
- Small group discussions
- Big group discussions
- Brainstorming
- Question and answer
- Case studies/scenarios
- Role playing
- Demonstration
- Individual activities
- Mentoring

Course materials

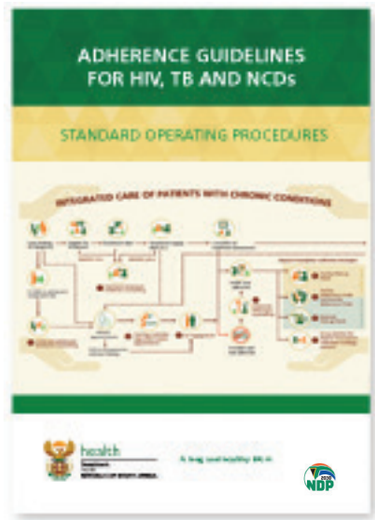
This course utilises resources for both the facilitator and the participants.

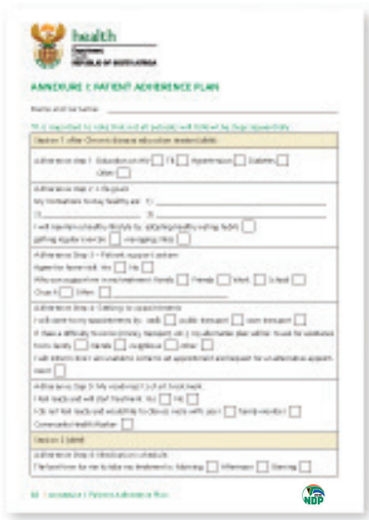
Facilitator Resources

- Adherence Guidelines for HIV, TB and NCDs: **Facilitation Guide**, which provides the information and material you will need to facilitate the course (this document). The facilitation plan within this facilitation guide provides detailed information and activities on the facilitation process. The facilitation plan has been structured in such way that it can be used in conjunction with the participants' guide in the event that PowerPoint presentations cannot be used due to technical problems related to power or technology failure.
- Adherence Guidelines for HIV, TB and NCDs: **PowerPoint presentations** with speaker notes.



- Adherence Guidelines for HIV, TB and NCDs: **Participant Guide**. Training manual to introduce Adherence Guidelines interventions.





- **Standard Operating Procedures**: Minimum package of interventions to support linkage to care, adherence and retention in care.
- **Patient Adherence Plan**: Individualised to assist patients to make their own commitment and accountability during counseling sessions.
- **Adherence Guidelines for HIV, TB and NCDs**: Policy and service delivery guidelines for linkage to care, adherence to treatment and retention in care.

- **Patient treatment adherence pamphlet**: Provide patient with reference material after counselling on treatment adherence when they get home.

Participant resources

- Adherence Guidelines for HIV, TB and NCDs: **Participant Guide**. Training manual to introduce Adherence Guidelines interventions.

- Adherence Guidelines for HIV, TB and NCDs: **Client Education Flip File**. Participants should be encouraged to practice use of the flip file during activities so as to familiarise themselves with this resource. They will be expected to utilise the client flip file in their work setting after the training.

Synopsis of all the Sections

Section 1: Overview of the Adherence Guidelines for HIV, TB, NCDs

This section gives an overview of the burden of disease in South Africa. South Africa continues to face a quadruple burden of diseases, communicable, and non – communicable diseases. The South African government adopted UNAIDS 90-90-90 targets in 2014, which emphasizes that by 2020: 90% of People Living with HIV (PLHIV) know their HIV status, 90% of people who know their status are on treatment and 90% of those in treatment are virally suppressed. There are currently 7, 5million PLHIV, and 5million on Antiretroviral treatment – which is the largest ART programme in the world.

The number of deaths due to HIV reduced significantly from 214 365 in 2009 (accounting for 35.4% of deaths), to 115 167 in 2018 (22% of total deaths). HIV interventions have resulted in a steady decline in HIV incidence.

Although Tuberculosis (TB) Tuberculosis remains the leading cause of death amongst communicable diseases, mortality due to tuberculosis has reduced in the past few years by about 25% (39 695 in 2014 to 29 513 in 2016). TB case notifications have also declined significantly in the last decade, which due to improvement in Antiretroviral Treatment coverage and TB preventative care offered in the country for those people living with HIV.

Premature mortality has been observed between the ages of 30 and 70, due to selected NCDs including cardiovascular disease, cancer, diabetes, and chronic respiratory diseases, which is 34% for males and 24% for females – total 29%. According to Stats - SA, NCDs contribute 57.4% of all deaths, of which 60% are premature (under 70 years of age). The leading single cause of death from NCDs is cardiovascular disease, followed by cancer, diabetes, and chronic respiratory disease. Many of these deaths are preventable through health promotive/preventive and control measures.

The Covid-19 Pandemic, which is a global concern, however, has created challenges on the continuum of care of patients within the healthcare system, including people living with HIV, TB and NCDs. Thus, raising concerns about access to quality treatment, care and support including access to medication refills.

The quadruple burden of diseases in South Africa, with HIV/AIDS, TB, Hypertension, and Diabetes on the lead and the massive expansion of the ART programme put considerable strain on health care services, which presents challenges of maintaining high-quality public services. Adherence to HIV, TB, and NCD treatments remains a challenge. Non-adherence to long-term therapies results in poor health outcomes and increases overall health care costs. However, effective implementation of the minimum package of interventions to support linkage to care adherence to treatment and retention in care is essential in reducing the burden or strain in health facilities.

Section 2: Education on Illness and Treatment

This section covers key information which needs to be covered when educating clients on TB, HIV, Hypertension, and Diabetes. It focuses on key elements of the conditions, so as to assist non-clinicians in counselling clients on the importance of linkage, adherence and retention in care.

Section 3: Minimum Package of Interventions to Support Linkage to Care, Adherence and Retention in Care

This section covers the minimum package of interventions models to support linkage to care, adherence and retention in care to be implemented in all facilities and community structures across South Africa. These models were chosen to be included in the adherence guidelines minimum package because they have been shown to improve adherence and retention in care. The role of non-clinicians in supporting the minimum package interventions is clearly specified.

Section 4: Additional Adherence Interventions

This session covers additional adherence interventions which can be implemented in the health facilities and communities depending on the context, the specificity of the population and the available resources.

Section 5: Monitoring, Evaluation and Reporting

The value of monitoring, evaluation and reporting in the implementation of the adherence guidelines is emphasised in this session. A list of reports that would be helpful in monitoring progress in implementation of the guidelines is suggested.

Section 6: Quality Planning for Implementation

The basics of the quality cycle and the importance of ensuring quality in adherence guidelines interventions in line with the National Core Standards is highlighted in this session as well as the role of non-clinicians in supporting quality implementation in adherence guidelines

4. FACILITATION PLAN

DAY ONE			
Time	**Activity**	**Facilitation Tools/aids**	**Methodology**
8:30-9:00	Registration of learners	Learner attendance register	
9:00-10:00	• Welcome participants and allow them to introduce themselves. Any creative way can be used to facilitate this process. • Set ground rules for maximum learning together with the group and write these on a flipchart so that they are displayed all the time. • **Explain the goal of the course as follows:** – To enhance the capacity of non-clinicians (Community Caregivers, Home Based Carers, Community Health workers, Non-clinicians, Health Promoters, Nursing Assistants, Enrolled Nursing Assistance to scale up adherence programmes in health facilities and in communities). • **Outline the objectives of the course as follows:** – To introduce adherence guidelines and the minimum package of interventions to be implemented in facilities and community settings. – To provide non-clinicians with skills required to support linkage to care, adherence and retention in care services for chronic conditions (HIV, TB and non-communicable diseases). – To re orientate non-clinicians (CCGs, Home Based Carers etc.) on their role of strengthening linkage to care, adherence and retention in care programmes.	Laptop Data projector PowerPoint presentations Flip chart and Koki pens Participants manual Facilitation guide	**Lecture**

Time	Activity	Facilitation Tools/aids	Methodology
9:00-10:00 continued	• **Highlight that the course has six sections which will be covered, namely:** **Section 1: Overview of Adherence Guidelines for HIV, TB, NCDs** **Section 2: Education on Illness and Treatment** **Section 3: Minimum Package of Interventions to Support Linkage to Care, Adherence and Retention in Care** **Section 4: Additional Adherence Interventions** **Section 5: Monitoring, Evaluation and Reporting** **Section 6: Quality Planning for Implementation** • Learners should complete a pre-course knowledge assessment form attached as Appendix 1, guide them through this process. • Collect the pre-course knowledge assessments as soon as they are completed. • Pre-course knowledge assessments for each participant should be marked and the results collated. • Post-course knowledge assessment forms should be given to learners again to complete at the end of the course. (attached as Appendix 2). • The assessment answers are provided in Appendix 3. • A sample form for collating the pre- and post-course knowledge assessments results is found in Appendix 4.		**Lecture**

Time	Activity	Facilitation Tools/aids	Methodology
10:00-11:00	**Section 1: Overview of Adherence Guidelines for HIV, TB and NCDs** **Group reflection** (a) Start this section with a group reflection exercise and ask participants the following questions: (b) How many of you have been on medication which you were asked by a nurse or a doctor to take until it is finished and you did not do it? (c) Why did you not finish the medication? (d) What happens when people do not take their medication the way they have been told to by a nurse or a doctor? (e) What do they understand about adherence? (f) Based on their understanding of adherence – what would they say is a problem with non-adherence to treatment, and how is this a problem with people taking chronic medication?	Flip chart and Koki pens	**Big group discussion**
	• **Give an overview of the learning objectives of this section as follows;** **At the end of the session the participants should be able to:** 1. Explain the background to adherence guidelines. 2. Explain the stepwise approach in strengthening adherence across the care cascade 3. Explain key adherence strategies. 4. Discuss the roles and responsibilities of non-clinicians to support adherence guidelines.	PowerPoint presentation/ Flip chart and Koki pens	**Lecture**

Time	Activity	Facilitation Tools/aids	Methodology
10:00-11:00 continued	• **Use a PowerPoint presentation to:** – Give a background on the burden of disease and implications for the health system. – Number of people being treated for chronic diseases and/ or living with HIV and receiving ART treatment. – No of people on ART programme and implications for health services. – The challenge of adherence to HIV/TB and NCDs, resulting in poor health outcomes and escalating health care costs. **Group reflection** • **Before presenting barriers/challenges to non-adherence ask the whole group:** (a) Why do they think people do not adhere to their treatment? • After the group discussion present: – Barriers to linkage to care, adherence and retention in care. ✓ Demand driven (Client related) ✓ Supply perspective (Provider related) ✓ Structural • Reinforce barriers previously highlighted by the group during group reflection and link these to the above barriers you have presented.	PowerPoint presentation/ Flip chart and Koki pens Flip chart and Koki pens	**Lecture** **Big group discussion**
11:00-11:15	**Tea Break**		
11:20-13:00	• **Present the following:** • **Objectives of the adherence strategy and guidelines as follows:** – To strengthen access to appropriate services and interventions in order to improve clinical outcomes. – To assist service providers to ensure that people with chronic diseases are linked to care, retained in care and supported in adhering to treatment. – To address client and service provider barriers.	PowerPoint or Flip chart and Koki pens	**Lecture**

Time	Activity	Facilitation Tools/aids	Methodology
11:20-13:00 continued	• **Six steps which have been identified in the continuum of care or care cascade (Stepwise approach)** (i) Screening to testing (ii) Testing to enrollment (iii) Universal test and Treat (iv) Treatment initiation to treatment stabilization (intensive phase). (v) Regular reviews for stable patients on treatment (consolidation and maintenance). (vi) Review adherence and treatment for unstable client on treatment • **Why the stepwise approach? Done to:** – Increase linkage to care – Increase adherence to treatment – Improve retention in care and facilities • **What is the minimum package of interventions linked to the steps in the stepwise approach? (Use the diagram in the participants manual to explain the process.)** – Standardised education and counselling for initiation on treatment for unstable clients and child disclosure. – Repeat prescription collection for stable clients. – Client tracing system to limit lost to follow up – Integrated model for clients co infected with HIV, TB and NCDs. *(Let the participants know that minimum packages of intervention will be discussed in detail later)*	PowerPoint or Flip chart and Koki pens	**Lecture**

Time	Activity	Facilitation Tools/aids	Methodology
11:20-13:00 continued	• **Inform participants that their role and responsibility when it comes to adherence and retention in care is as follows:** – Provide education on illness and treatment (Impart knowledge). – Ensure quality adherence counselling. – Support client with adherence tools. – Modify client behaviour. • **Go over the adherence guidelines implementation supporting tools which will be used to perform the above roles viz.** – Patient adherence plan – Client treatment adherence pamphlet – Client education and counselling flip file – Standard Operating Procedures (SOPs) • Emphasise to participants that they will be using the above supporting tools to educate clients about adherence in their workplaces. • These tools must also be shown to participants. • **Demonstrate to participants how they would use the following tools?** – Patient adherence plan – Client treatment adherence pamphlet – Education and counselling flip file **Group activity** At the end of your presentation ask participants to divide into small groups so that they discuss the following: (a) What are the seven steps in the continuum of care (Stepwise approach)? (b) What are the tools that must be used to educate the client on adherence? (c) Feedback must be given to the bigger group.	– Patient adherence plan treatment – Client treatement adherence pamphlet – Client education & counselling flip file – Standard Operating Procedures (SOPs)	**Small group discussion**
13:00-13:30	**Lunch**		

Time	Activity	Facilitation Tools/aids	Methodology
13:30-14:30	**Section 2: Education on Illness and Treatment** **Present the learning objectives of this session as follows:** **The purpose of this section is two fold:** 1. To provide knowledge to non-clinicians on TB, HIV, Hypertension and Diabetes. 2. To develop skills of non-clinicians to be able to educate clients on TB, HIV, Hypertension and Diabetes, using the education and counselling flip file. • As a facilitator you should make participants aware that education on the various illnesses in this section can be provided either individually or in a group. This can be done from the day of screening, diagnosis, treatment initiation or throughout consultations.	PowerPoint presentation/ Flip chart and Koki pens	**Lecture**
14:30-15:00	**Group reflection** Divide participants into small groups and ask them the following questions: (a) Do they have experience in working with people with TB, HIV, Hypertension and Diabetes? (b) How do they know if someone has? – TB – HIV – Hypertension – Diabetes (c) What are the things that a person should do who has? – TB – HIV – Hypertension – Diabetes • **Feedback should be given to the bigger group.** • **As a facilitator engage participants in a learning discussion based on their input.**	Flip chart and Koki pens	**Big group discussion Brainstorming**

Time	Activity	Facilitation Tools/aids	Methodology
15:00-16:00	**Consolidation of day one** – Summarise what has been covered on day one. – Provide a summary of what will be covered the following day (day 2).	Flip chart and Koki pens	**Big group discussion**

DAY TWO			
Time	**Activity**	**Facilitation Tools/aids**	**Methodology**
8:30-09:00	Reflection on day one	Flip chart and Koki pens	**Big group discussion**
9:00-10:00	**Education and Counselling on Tuberculosis** Introduce this section by linking it to what was said in the group reflection exercise which drew on participants' experience on TB at the beginning of the session. **Present the following areas:** **Learning objectives** **At the end of this session participants should be able to:** 1. Describe what TB is. 2. Discuss how TB is spread. 3. Describe the results of poor adherence to TB treatment. 4. Explain the link between poor adherence to TB treatment and the spread of TB. 5. Provide education on TB on the day of TB screening, diagnosis, treatment initiation or throughout consultations in a group or individual session. **The following topics should be presented in this section:** – What is TB? – How is it spread? – Who is at the risk of getting TB? – How can you prevent passing TB on to others? – What is the link between TB and HIV? – What is the link between TB and diabetes? – How should TB treatment be taken? – How does TB become medicine (drug) resistant? – How does treatment for DR-TB medication work? – What are the side effects of TB treatment? – TB medicine and contraceptives. – TB treatment and alcohol.	PowerPoint pre-sentation/ Flip chart and Koki pens	**Lecture** **Lecture**

Time	Activity	Facilitation Tools/aids	Methodology
9:00-10:00 continued	**Group Activity** Divide participants into small groups and let them discuss the following case study: As a non-clinician you are visiting Thandi who has TB and has been taking medication for over 4 months. She tells you that she is feeling better and she has stopped taking her medication. She does not like to swallow pills as they make her dizzy. (a) What will you educate this client on? (b) How will you educate this client?	Flip chart and Koki pens Handout on case scenario	**Small group discussion**
10:00-11:00	**Education and Counselling on HIV** **Group Reflection** Introduce this section by linking it to what was said in the group reflection exercise which drew on participants' experience on HIV at the beginning of the session **Present the following:** **Learning objectives** **At the end of the session participants should be able to:** 1. Describe what is HIV. 2. Discuss how HIV is spread. 3. Explain the relationship between poor adherence to HIV treatment and spread of HIV. 4. Describe the results of poor adherence to HIV treatment. 5. Provide education to clients on HIV and ART from the day of HIV screening, diagnosis, treatment initiation or throughout consultations in a group or individual session. **The following topics should be presented:** – What is HIV? – What are CD4 cells? – How is HIV spread? – How is HIV treated? – When should Antiretroviral (ARV) treatment be started?	Flip chart and Koki pens PowerPoint presentation/ Flip chart and Koki pens PowerPoint presentation	**Big group discussion** **Lecture** **Lecture**

Time	Activity	Facilitation Tools/aids	Methodology
10:00-11:00 continued	– How is ARV treatment taken? – Do ARVs have side effects? – What are the risks of poor adherence? **Group activity – Case Scenario** Divide participants into small groups and let them discuss the following case scenario: Thomas is a 45-year-old male who came to your facility/CBO and has been diagnosed with HIV. (a) As a non-clinician what would you educate Thomas on about HIV?	Flip chart and Koki pens	**Small group discusion**
11:00-11:15	**Tea Break**		
11:20-12:00	**Simulation session on educating a client about TB and HIV** – Using Thomas's case scenario and the client education flip file, hold a simulation session on how to educate a client on TB and HIV. – As a facilitator facilitate a role play scenario as reflected below: **Role play scenario** (a) One person should volunteer to be a client with TB (Thomas) and another one to be a non-clinician who is going to provide education and counselling on TB. (b) The big group and the facilitator should observe how the education and counselling session is being conducted. (c) Upon completion of the role play, feedback should be given on how the education and counselling session was conducted using questions in an evaluation form attached as appendix 7 to facilitate the discussion. (d) As a facilitator provide feedback addressing gaps in knowledge and the way the education process was conducted. Questions by participants should be encouraged by the facilitator to facilitate the learning process.	Client education flip file Role play evaluation form	**Big group discussion** **Big group discussion**

Time	Activity	Facilitation Tools/aids	Methodology
12:00-13:00	**Education and Counselling on High Blood Pressure** Introduce this section by linking it to what was said in the group reflection exercise which drew on participants' experience on High Blood Pressure at the beginning of the session. **Present the following:** **Learning objectives** **At the end of this session participants should be able to:** 1. Discuss what high blood pressure is. 2. Describe the results of poor adherence to high blood pressure treatment. 3. Provide education to clients on hypertension from the day of hypertension screening, diagnosis, treatment initiation, or throughout consultations in a group or individual session. • **The following topics should be presented:** – How does our heart and blood work? – What causes high blood pressure? – Who is more at risk for high blood pressure? – How is blood pressure measured? – What can you do to lower your high blood pressure? – What happens if you do not lower your high blood pressure? – Can medicines control high blood pressure? – What are some of the side effects of high blood pressure medicines? – How often should I go to the clinic for my high blood pressure checkup?	PowerPoint presentation/ Flip chart and Koki pens	**Big group discussion** **Brainstorming** **Lecture** **Lecture**

Time	Activity	Facilitation Tools/aids	Methodology
12:00-13:00 continued	**Education and Counselling on Diabetes** **Group Reflection** Introduce this section by linking it to what was said in the group reflection exercise which drew on participants' experience on High Blood Pressure at the beginning of the session. **Present the following:** **Learning objectives** **At the end of this session participants should be able to:** 1. Discuss what diabetes is. 2. Describe results of poor adherence to diabetes. 3. Provide education to clients on diabetes from the day of diabetes screening, diagnosis, treatment initiation, or throughout consultations in a group or individual session. **The following topics must be presented:** – What is diabetes? – What are the types of diabetes? – What are the signs and symptoms of diabetes? – How is diabetes prevented? – Who is at risk of getting diabetes? – What should you do to manage your diabetes? – How is diabetes treated? – Why is it important to keep blood sugar controlled? – What are the side effects of diabetes treatment? – What is the link between diabetes and TB?	PowerPoint presentation/ Flip chart and Koki pens	**Big group discussion Brainstorming** **Lecture** **Lecture**
13:00-13:30	**Lunch**		

Time	Activity	Facilitation Tools/aids	Methodology
13:40-14:00	**Using a client education flip file hold a simulation session on education about blood pressure and diabetes using the case study below.** Tshidi is a 55 years old woman who has gone to the clinic to fetch her diabetes and high blood pressure medication which she will be taking for the first time. She is sent to a non-clinician for education and counselling on diabetes. – As a facilitator facilitate a role play scenario as reflected below: **Role play scenario** (a) One person should volunteer to be a client (Tshidi) with diabetes and high blood pressure another one to be a non-clinician who is going to provide education and basic counselling on diabetes and high blood pressure. (b) The big group and the facilitator should observe how the education and basic counselling is being conducted. (c) Upon completion of the role play, feedback should be given on how the education session was conducted using questions in an evaluation form attached as appendix 7 to facilitate the discussion. (d) As a facilitator provide feedback addressing gaps in knowledge and the way the education and basic counselling process was conducted. Questions by participants should be encouraged by the facilitator to facilitate the learning process.	Client education flip file Handout on case scenario Role play evaluation form	**Big group discussion** **Role play**
14:00-14:30	**Education and Counselling on Healthy Living** **Present the following:** **Learning objectives** **At the end of this session participants should be able to:** 1. Make recommendations on leading a healthy lifestyle.	PowerPoint presentation/ Flip chart and Koki pens	**Lecture**

Time	Activity	Facilitation Tools/aids	Methodology
14:00-14:30 continued	2. Explain what a basic, healthy diet is made of. 3. Provide education to clients on healthy lifestyles from the day of screening, diagnosis, treatment initiation and throughout consultations in a group or individual session. **The following topics should be covered:** – Healthy lifestyle. – What is a basic healthy diet made of? – Healthy living and water. – Safe food preparation. The facilitator should emphasise that the same method which has been used in a role play to educate a client on HIV, TB, Diabetes and high blood pressure should also be used to educate clients on healthy lifestyles.		**Brainstorming Group discussion, Question and Answer**
14:30-15:00	**Education on Mental Health** **Present the following:** **Learning objective** **At the end of this session participants should be able to:** 1. To provide counselling and support for clients with mental health issues. 2. To refer clients with mental health issues. 3. Provide education to clients on mental health issues from the day of screening, diagnosis, treatment initiation and throughout consultations in a group or individual session. **The following topics should be covered:** – What is mental health? – When do you need help with mental health? – What are the signs and symptoms of mental health issues? – What can I do for myself in case I have some of these signs and symptoms of mental health issues? – What specific issues are people with mental health issues faced with?	PowerPoint presentation/ Flip chart and Koki pens	**Lecture** **Brainstorming Group discusion Question and Answer**

Time	Activity	Facilitation Tools/aids	Methodology
14:30-15:00 continued	– Mental health treatment and adherence – How and when mental health treatment should be taken? – What are the side effects of mental health treatment? As a facilitator emphasise that the same method which has been used in a role play to educate a client on HIV, TB, Diabetes and high blood pressure should also be used to educate clients on mental health issues.		
15:00-15:30	**Using the case study below and client education flip file hold a simulation session on education about mental health issues.** Tshidi is a 45-year old client with diabetes and high blood pressure who has been referred to the non-clinician again because she is not taking her treatment. She reported that she is under a lot of stress. She lost her job and now cannot concentrate and has lost interest in life. – As a facilitator facilitate a role play scenario as reflected below: **Role play scenario** (a) One person should volunteer to be a client (Tshidi) with mental health issues and another one to be a non-clinician who is going to provide education and basic counselling on mental health issues. (b) The big group and the facilitator should observe how the education and basic counselling session is being conducted. (c) Upon completion of the role play feedback should be given on how the education session was conducted, using an evaluation form attached as appendix 7 to facilitate the discussion.	Client education flip file Handout case scenario Role play evaluation form	**Role play** **Big group discussion**

Time	Activity	Facilitation Tools/aids	Methodology
15:00-15:30 continued	(d) The facilitator should provide feedback addressing gaps in knowledge and the way the education and basic counselling process was conducted.		
15:30-16:00	**Education and Counselling on Substance Abuse** **Present the following:** **Learning objectives** 1. To provide education and counselling support for clients who abuse substances. 2. To refer clients who abuse substances. **The following topics should be covered:** – What is substance abuse. – What does it mean if someone is dependent on substances? – Adherence to treatment and substance use. **Discussion in pairs** Ask participants to discuss the following: (a) How would you educate your client who is on treatment who tells you she is addicted to alcohol? (b) Where would you refer someone who is addicted to alcohol and dagga? (c) Pairs must share what they discussed with the bigger group. **Using the case study below and client education flip file hold a simulation session on education about substance abuse.** **Role playing case scenario** Mawande is a 35-year-old female patient with TB and HIV. During her visit to the clinic smelling of alcohol, she shares with you, as her non-clinician that she has a problem with alcohol and sometimes forgets to take treatment.	Power Point presentation/ Flip chart and Koki pens Flip chart and Koki pens Handout case scenario Role play evaluation form	**Lecture** **Brainstorming, group discussion, question and answer** **Small group discussion** **Role play**

Time	Activity	Facilitation Tools/aids	Methodology
15:30-16:00 continued	As a facilitator facilitate a role play scenario as reflected below: (a) One person should volunteer to be the client (Mawande) with problems with substance abuse and another one to be a Counsellor who is going to provide education on substance abuse. (b) The big group and the facilitator should observe how the education session is being conducted. (c) Upon completion of the role play feedback should be given on how the education session was conducted using an evaluation form attached as appendix 7 to facilitate the discussion. (d) The facilitator should provide feedback addressing gaps in knowledge and the way the education process was conducted.		**Big group discussion**
16:00-16:30	**Consolidation of day two** – Summarise what has been covered on day two. – Provide a summary of what will be covered the following day (day 3).	Flip chart and Koki pens	**Big group discussion**

DAY THREE			
Time	**Activity**	**Facilitation Tools/aids**	**Methodology**
8:30-9:00	Reflection on day two	Flip chart and Koki pens	**Big group discussion**
9:00-10:00	**Section 3: Minimum Package of Interventions to Support Linkage to Care, Adherence and Retention in Care** • **Present the aim and learning objectives of the session:** The aim of this section is to educate participants on the minimum package of interventions which have been shown to improve adherence and retention in care. • **Learning objectives** At the end of the session participants should be able to: 1. Explain the minimum package of 9 interventions. 2. Explain the role of non-clinicians to support minimum package of adherence and retention interventions. 3. Apply the minimum package of interventions in promoting adherence and linkage in care. **Group reflection** (a) Ask participants what they think are ways which can improve adherence and retain clients in care? (b) Have a brief discussion on their responses. • **Present the following minimum package models:** 1. **Fast Track Initiation Counselling (FTIC 1)** At the end of the session participants should be able to explain: – What is Fast Track Initiation counselling. – What clients qualify for fast track initiation counselling?	PowerPoint presentation or flip chart and Koki pens	**Lecture** **Big group discussion Brainstorming**

Time	Activity	Facilitation Tools/aids	Methodology
9:00-10:00 continued	– What tools are needed to implement FTIC 1 and discuss each tool? – How is FTIC 1 implemented? – What are the activities that form part of FTIC 1? – What role do non-clinician play to support FTIC 1? **Group Activity** Take participants through the clients' adherence plan – discussing each session, what is covered in it and how it should be used. Ask participants to role play the completion of an adherence plan in pairs, with one participant being a patient and the other a counselor. The Counselor should assist the patient to complete an adherence plan. **Group Reflection** Ask participants to reflect back to barriers to adherence identified earlier and identify which barriers would be addressed by this minimum package.		
10:00-10:30	**2. Enhanced Adherence Counselling (EAC 2)** • **Present learning objectives** **At the end of the session participants should be able to explain:** 1. What is Enhanced Adherence Counselling? 2. Which clients qualify for EAC 2? 3. How is EAC 2 model implemented? 4. Activities which form part of supporting EAC 2 5. What is your role as a non-clinician to support EAC 2?	PowerPoint presentation or flip chart and Koki pens Flip chart, Koki pens	**Lecture**

Time	Activity	Facilitation Tools/aids	Methodology
10:00-10:30 continued	**Activity in pairs** In pairs, ask participants to discuss what skills they think would be needed by a non-clinician who conducts Enhanced Adherence Counselling? Pairs must give feedback to the bigger group. Provide more information based on the input given by participants.		**Small group discussion**
10:00-10:30 continued	**3. Child and Adolescent Disclosure Counselling (CADC 3)** **Group reflection** Ask the group why is it important for children and adolescents to know about their HIV status? **Present the following learning objectives** At the end of the session participants should be able to explain: 1. What is child and adolescent disclosure counselling? 2. What clients qualify for child and adolescent disclosure counselling? 3. What tools are needed to implement CADC 3? 4. How is CADC 3 model implemented? 5. What is your role as a non-clinician to support CADC 3?	Flip chart and Koki pens PowerPoint presentation/ Flip chart and Koki pens	**Big group discussion Brainstorming** **Lecture**
10:30-11:00	**4. Repeat Prescription Collection Strategies (RPCs)** **Group reflection** Ask the group what does the word “reward” mean? In what context would a “reward” be given in a health facility? Why would clients be “rewarded”? What would be possible “rewards” for clients on chronic medication, who are adherent to their medication? Why would it be in the interest of the facility to provide those “rewards”?	Flip chart, Koki pens	**Big group discussion Brainstorming**

Time	Activity	Facilitation Tools/aids	Methodology
10:30-11:00 continued	Following the discussion present the learning objectives of the session and the RPCs which are meant to reward clients that are adherent on treatment. **Learning objectives** **At the end of the session participants should be able to explain:** 1. What are repeat prescription collection strategies? 2. What clients qualify for repeat prescription collection strategies? 3. What RPCs clients qualify for drug-switch? **What are options for repeat prescriptions collection strategies (RPCs)** (a) Facility Pick up Point (FAC-PUP4) – What is Facility Pick-up Point – How is FAC - PUP implemented? – What are the activities that form part of FAC-PUP? – What is the role of the non-clinician to support FAC-PUP? (b) Adherence clubs (AC 5) – What is an adherence club? – What tools are needed to implement AC 5? – What is your role as a non-clinician to support AC 5? (c) External Pick-up Point (EX-PUP 6) – What is External Pick-up Point? – What tools are needed to implement EX-PUP 6? – How is EX-PUP 6 model implemented? – What is your role as a non-clinician to support EX-PUP 6? (d) Drug Switches for Repeat Collection Strategies Patients - 7 – What is Drug Switches for Repeat Collection Strategies Patients - 7	PowerPoint presentation/ Flip chart and Koki pens	**Lecture**

Time	Activity	Facilitation Tools/aids	Methodology
10:30-11:00 continued	– What patients qualify for Drug Switches for Repeat Collection Strategies Patients - 7 – How is Drug Switches for Repeat Collection Strategies Patients - 7 is implemented? – What is your role as non-clinician to support Drug Switches for Repeat Collection Strategies Patients - 7.		
11:00-11:15	**Tea Break**		
11:20-12:00	**5. Tracing and Recall (SOP - 8)** **Group Reflection** Ask participants to share what is currently happening in their facilities or CBOs regarding tracing and retention of clients in care. (a) Who gets traced, by whom? (b) How does the facility or CBO identify people that need to be traced? (c) How does the facility or CBO ensure that traced people are integrated back into care? (d) Which of the minimum package interventions that have been presented thus far would be suitable for counselling clients who had to be traced? **Present learning objectives** **At the end of the session participants should be able to explain:** 1. What is Tracing and Recall? 2. What clients qualify for Tracing and Recall 8? 3. What tools are needed to implement Tracing and Recall 8? 4. How is Tracing and Recall 8 model implemented? 5. What are the activities which from part of Tracing and Recall 8? 6. What is your role as a non-clinician to support Tracing and Recall 8?	Flip chart, Koki pens PowerPoint presentations Flip chart and Koki pens	**Big group discussion** **Brainstorming** **Lecture**

Time	Activity	Facilitation Tools/aids	Methodology
11:20-12:00 continued	**Discussion in pairs** (a) Ask participants to discuss in pairs which clients qualify for Tracing and Recall? (b) How would they trace a client who has not turned up for his or her scheduled appointment to collect medication? – Pairs should give feedback to the bigger group. – As a facilitator add information on the discussion based on the input given by participants.		**Small group discussion**
12:20-13:00	**6. Re-engagement (SOP - 9)** **Group Reflection** Ask the participants why is it important to welcome patients back to care even if they might have missed their appointment for a while. **Present the learning objectives:** At the end of the session, participants should be able to explain: 1. What is Re-engagement model? 2. What patients qualify for the Re-engagement model 3. How is Re-engagement model implemented? 4. What is your role as a non-clinician to support the Re-engagement model. **Group activity: Case discussions** Ask participants to divide into small groups. Ask each group to discuss one of the following case studies below: (a) Thandi is newly diagnosed with HIV and has not started treatment. 1. What minimum package does Thandi qualify for? Explain your answer 2. What is the role of the non-clinician? Explain 3. What is Thandi's role? Explain	Flip chart and Koki pens Flip chart and Koki pens Handouts on case scenario	**Lecture** **Small group discussion**

Time	Activity	Facilitation Tools/aids	Methodology
12:20-13:00 continued	(b) Sipho has been newly diagnosed with HIV and diabetes and has come to you for counselling. He tells you that he has seen his relative go straight to the pharmacy to collect his medication without queuing for hours during consultations. He would also like to collect his medication from pharmacy today. 1. What would you tell Sipho about Facility Pick-up Point (FAC-PUP) system? How did the relative qualify for the FAC-PUP option? 2. What can Sipho do to qualify for the FAC-PUP system option to access medication collection at the pharmacy? 3. Name and describe other Repeat Prescription Collection Strategies (RPCs) options? As a facilitator wrap up the discussion by highlight any significant points being brought up by the scenarios.		
13:00-13:30	**Tea Break**		
13:30-14:00	**Section 4: Additional Adherence Interventions** **Group reflection** Ask participants if they know other ways which are used in their facilities, communities or CBOs to support people who are on treatment to adhere to their treatment. Have a brief discussion on what participants have said. **Present the following in this section:** **Learning objectives** **At the end of the session participants should be able to:** 1. Describe different peer support and education intervention models. 2. Explain mHealth models. 3. Community Adherence (ART) groups.	PowerPoint presentation/ Flip chart and Koki pens	**Big group Discussion, Brainstorming** **Lecture**

Time	Activity	Facilitation Tools/aids	Methodology
13:30-14:00 continued	4. Identify where peer support and education interventions would be applicable. • Peer support and education • Education by peer educators • Support groups • Youth focused strategies • Buddy system • Collaboration with traditional authorities • mHealth • Community Adherence (ART) Groups (CAGS) • Adaptation of services for special populations – Outreach services (WBPHCOT and CHW) – After hours services and MSM, transgender and sex worker friendly clinics		
14:30-15:00	**Group Activity – Case Scenario** Divide participants into small groups and let them discuss the case scenario below and answer questions as reflected: An NGO in your area has been running a support group and would now like to run an adherence club for clients on chronic medication. (a) Explain to the manager of the NGO the difference between adherence clubs and support groups. (b) Explain to the manager what type of clients qualify to join an adherence club.	Flip chart and Koki pens Handout on case scenario	**Small group discussion**
15:00-15:30	**Consolidation of day three** – Summarise what has been covered on day three. – Provide a summary of what will be covered the following day (day 4).	Flip chart and Koki pens	**Big group discussion**

DAY FOUR			
Time	**Activity**	**Facilitation Tools/aids**	**Methodology**
8:30-9:00	Reflection on day three	Flip chart and Koki pens	**Big group discussion**
9:00-9:30	**Section 5: Monitoring, Evaluation and Reporting (MER)** **Present the following:** **Learning objectives** **At the end of this section participants must be able to explain:** 1. The basics of monitoring, evaluation and reporting. 2. The importance of documenting all processes in adherence guidelines interventions. 3. The role of the non-clinician in supporting adherence guidelines monitoring, evaluation and reporting. **The following topics must be covered:** – What is monitoring, evaluation and reporting? – What is your role as a non-clinician in supporting MER for adherence guidelines interventions?	PowerPoint presentation/ Flip chart and Koki pens PowerPoint presentation/ Flip chart and Koki pens	**Lecture** **Lecture**
09:30-10:00	**Group Activity** **Ask participants to divide into small groups and discuss the following;** (a) What do their facilities or CBOs use to record information (data) on their interventions which they do with clients on various activities? (Data Source). (b) How do their facilities or CBOs collect information (data) on the interventions which they do with clients on various activities? (Data collection). (c) Who analyses the information (data) collected? (Data analysis). (d) Who writes reports on the information (data) which has been analysed? (Reporting)	Flip chart and Koki pens	**Small group discussion**

Time	Activity	Facilitation Tools/aids	Methodology
09:30-10:00 continued	(e) To whom do facilities or CBOs send their information (data) collected? (Data flow) (f) What needs to be in place to record information (data) on all the minimum package interventions? (g) What is the role of the following employees in the collection and recording of information (data) on all the minimum package interventions? – Manager – Non-clinicians Feedback should be given to the bigger group		
10:00-10:30	**Tea Break**		
10:30-11:00	**Group Activity** **Ask participants to divide into small groups, if possible participants from the same facility/ CBO must be in the same group and discuss the following:** (a) What needs to be done in their facilities/ CBOs by various employees to implement the adherence guidelines? They must specifically discuss the role of the following employees: – Manager – Non-clinicians (b) What are the things that need to be in place to be able to standardise the implementation of adherence guidelines? (c) Using the adherence guidelines implementation action plan participants must write down what they are committing to doing, to ensure that the implementation of adherence guide- lines takes place in their respective facilities/CBOs? – Feedback must be given by the various small groups to the bigger group. – As a facilitator identify gaps based on the discussion and address these accordingly.	Flip chart and Koki pens Adherence guidelines tools Adherence guidelines implementation action plan Adherence guidelines tools Adherence guidelines implementation action plan	**Small group discussion**

Time	Activity	Facilitation Tools/aids	Methodology
11:00-12:00	**Section 6: Quality Planning for Implementation**		
	Present the following: **Learning objectives** **At the end of the section participants should be able to explain:** 1. Basic quality cycle. 2. The importance of ensuring quality in adherence guidelines interventions. 3. The role of non-clinicians in supporting quality implementation in adherence guidelines.	PowerPoint presentation/ Flip chart and Koki pens	**Lecture** **Brainstorming** **Group discussion**
	The following topics should be presented: – Cycle of quality. – Standards. – National Core Standards. – Six priority areas identified for client centred care – Quality improvement. – What are some of the questions that we can ask for quality improvement? – Why is quality improvement important in the adherence guidelines implementation? – What is a non-clinician's role in ensuring quality?		**Lecture**
	Recap and reinforce of areas which need more clarity in all sections (Section 1-6).	Flip chart and Koki pens Adherence guidelines tools	**Big group discussion**
	Participants must complete post-course knowledge assessments.	Post course knowledge assessment form	**Individual discussion**
	Participants must complete learner evaluation forms.		**Individual discussion**

Time	Activity	Facilitation Tools/aids	Methodology
12:00-13:00	**Consolidation of day four** As a facilitator reinforce the importance of implementing what has been learned in training within their workplaces, as reflected by participants in their adherence guidelines implementation action plan.	Learner evaluation form	
13:00	**Lunch and end of the course**		

5. APPENDICES

APPENDIX 1: PRE-COURSE KNOWLEDGE ASSESSMENT FORM

Name of participant:
Date of training:
Venue of training:

Please circle the correct answer

1. TB:

a. Is the most common infection in people with HIV

b. Always has symptoms

c. Always makes people cough

d. Only affects the lungs

2. TB medicines:

a. Can be given to people to prevent TB

b. Are only in the form of tablets

c. Always cause many side effects

d. Can be taken at any time of the day

3 . TB treatment should be stopped when:

a. The client stops coughing

b. The client starts to feel better

c. The full course of treatment is completed

d. The client starts antiretroviral therapy

4. People get HIV from:

a. Having sex with someone who is HIV-positive without protection

b. Sharing plates and spoons with someone who is HIV-positive

c. Kissing someone who is HIV positive

d. Living with someone who is HIV-positive

5. The following are minimum package interventions except:

a. Fast Track Initiation Counselling

b. Enhanced Adherence Counselling

c. Case finding

d. Facility Pick-up Point

6. Enhanced Adherence Counselling option is provided to patients who are:

a. Stable on treatment

b. All patients on chronic medication

c. Patients who are unstable and non-adherent

d. Patients who are adherent on treatment

7. To prevent Type 2 diabetes:

a. Eat fewer meals during the day as this will keep the sugar in the blood normal

b. Drink alcohol rather than gassy drinks as gassy drinks have more sugar in them

c. Do not eat any starches as the body will turn them into sugar

d. Exercise even if you are eating healthy food

8. People who may be at risk for diabetes are:

a. Older men

b. Women who got diabetes while pregnant

c. Young children

d. People who are very thin

9. Some signs for diabetes are:

a. Getting a tingling feeling in the feet; not feeling like eating; needing to urinate more than usual

b. Losing lots of weight, having pain around the stomach especially after eating; being very thirsty

c. Not being able to see properly; having dry itchy skin; having sores that take a long time to heal

d. Having itchiness in the vagina or penis; feeling very tired; having bad headaches

10. Some of the dangers of high blood pressure are:

a. Damage to the eyes

b. Widening of the walls of the blood vessels

c. Not being able to have children

d. Injury to the liver

11. Blood pressure medicines side effects could:

a. Be headaches

b. Cause vomiting

c. Lead to pain in the joints

d. Depends on medicines taken

12. Non-clinicians can support people with high blood pressure by:

a. Making sure they take their medicines once they feel sick

b. Making sure they go to the clinic only when they have signs and symptoms

c. Telling them they need to increase the amount of salt in their food

d. Helping them to reduce the stress in their lives

13. Adherence is important because:

a. It prevents the transmission of drug resistant forms of germs

b. It prevents the development of complications

c. It makes sure that there is a constant level of medicine in the body

d. All of the above

14. The following are options for the Repeat Prescription Collection Strategy except:

a. Child and Adolescent Disclosure Counselling
b. Adherence clubs
c. External Pick-up Point
d. Facility Pick-up Point

15. What patients qualify for Repeat Prescription Collection strategy model?

a. All patients on chronic medication
b. All patients on ARV and TB treatment
c. Patients with mental health problems
d. Adult patients who are adherent and stable on treatment

16. Child disclosure strategies for HIV include:

a. Giving the child their HIV results as quickly as possible
b. Stick to the medical explanations when children ask question
c. The child's caregiver being the one person to discuss the child's HIV status
d. Asking the child how they feel about going to the clinic, having tests, etc.

17. Enhanced adherence counselling involves:

a. Prioritising clients early
b. Speeding up treatment initiation
c. Providing facility pick up point options
d. Allowing delivery or collection of medication closer to home

18. When developing an adherence plan, non-clinicians should consider the following support services that clients may need:

a. Police for copies of identity document
b. Social welfare for grants
c. Help with starting a food garden
d. Transport for family

19. When conducting adherence counselling:

a. Each counselling session should start with an introduction if clients do not know each other
b. Clients should only be allowed to share information about other clients with their partner and older children
c. Messages explaining the next steps on treatment should be provided if clients ask
d. A helpline number should be given to all clients

20. The following two assessments should be done to help clients adhere to treatment:

a. Mental health and affordability

b. Affordability and access to healthy food

c. Access to healthy food and alcohol use

d. Alcohol use and mental health

21. Support groups:

a. Meet when members are available

b. Help members find jobs

c. Allow members to talk about common issues

d. Should be run be a health care worker

APPENDIX 2: POST-COURSE KNOWLEDGE ASSESSMENT FORM

Name of participant:
Date of training:
Venue of training:

Please circle the correct answer

1. TB:

a. Is the most common infection in people with HIV
b. Always has symptoms
c. Always makes people cough
d. Only affects the lungs

2. TB medicines:

a. Can be given to people to prevent TB
b. Are only in the form of tablets
c. Always cause many side effects
d. Can be taken at any time of the day

3 . TB treatment should be stopped when:

a. The client stops coughing
b. The client starts to feel better
c. The full course of treatment is completed
d. The client starts antiretroviral therapy

4. People get HIV from:

a. Having sex with someone who is HIV-positive without protection
b. Sharing plates and spoons with someone who is HIV-positive
c. Kissing someone who is HIV positive
d. Living with someone who is HIV-positive

5. The following are minimum package interventions except:

a. Fast Track Initiation Counselling
b. Enhanced Adherence Counselling
c. Case finding
d. Facility pick up point option

6. Enhanced Adherence Counselling option is provided to patients who are:

a. Stable on treatment

b. All patients on chronic medication

c. Patients who are unstable and non-adherent

d. Patients who are adherent on treatment

7. To prevent Type 2 diabetes:

a. Eat fewer meals during the day as this will keep the sugar in the blood normal

b. Drink alcohol rather than gassy drinks as gassy drinks have more sugar in them

c. Do not eat any starches as the body will turn them into sugar

d. Exercise even if you are eating healthy food

8. People who may be at risk for diabetes are:

a. Older men

b. Women who got diabetes while pregnant

c. Young children

d. People who are very thin

9. Some signs for diabetes are:

a. Getting a tingling feeling in the feet; not feeling like eating; needing to urinate more than usual

b. Losing lots of weight, having pain around the stomach especially after eating; being very thirsty

c. Not being able to see properly; having dry itchy skin; having sores that take a long time to heal

d. Having itchiness in the vagina or penis; feeling very tired; having bad headaches

10. Some of the dangers of high blood pressure are:

a. Damage to the eyes

b. Widening of the walls of the blood vessels

c. Not being able to have children

d. Injury to the liver

11. Blood pressure medicines side effects could:

a. Be headaches

b. Cause vomiting

c. Lead to pain in the joints

d. Depends on medicines taken

12. Non-clinicians can support people with high blood pressure by:

a. Making sure they take their medicines once they feel sick

b. Making sure they go to the clinic only when they have signs and symptoms

c. Telling them they need to increase the amount of salt in their food

d. Helping them to reduce the stress in their lives

13. Adherence is important because:

a. It prevents the transmission of drug resistant forms of germs

b. It prevents the development of complications

c. It makes sure that there is a constant level of medicine in the body

d. All of the above

14. The following are options for the Repeat Prescription Collection Strategy except:

a. Child and Adolescent Disclosure Counselling

b. Adherence clubs

c. Centralised Chronic Medicine Dispensing and Distribution

d. Facility pick up point option

15. What patients qualify for Repeat Prescription Collection strategy model?

a. All patients on chronic medication

b. All patients on ARV and TB treatment

c. Patients with mental health problems

d. Adult patients who are adherent and stable on treatment

16. Child disclosure strategies for HIV include:

a. Giving the child their HIV results as quickly as possible

b. Stick to the medical explanations when children ask question

c. The child's caregiver being the one person to discuss the child's HIV status

d. Asking the child how they feel about going to the clinic, having tests, etc.

17. Enhanced adherence counselling involves:

a. Prioritising clients early

b. Speeding up treatment initiation

c. Providing facility pick up point options

d. Allowing delivery or collection of medication closer to home

18. When developing an adherence plan, non-clinicians should consider the following support services that clients may need:

a. Police for copies of identity document

b. Social welfare for grants

c. Help with starting a food garden

d. Transport for family

19. When conducting adherence counselling:

a. Each counselling session should start with an introduction if clients do not know each other

b. Clients should only be allowed to share information about other clients with their partner and older children

c. Messages explaining the next steps on treatment should be provided if clients ask

d. A helpline number should be given to all clients

20. The following two assessments should be done to help clients adhere to treatment:

a. Mental health and affordability

b. Affordability and access to healthy food

c. Access to healthy food and alcohol use

d. Alcohol use and mental health

21. Support groups:

a. Meet when members are available

b. Help members find jobs

c. Allow members to talk about common issues

d. Should be run be a health care worker

APPENDIX 3: PRE- AND POST-COURSE KNOWLEDGE ASSESSMENT ANSWERS

The correct answers are bolded (✓).

1.	**TB:**
✓	**a. Is the most common infection in people with HIV**
	b. Always has symptoms
	c. Always makes people cough
	d. Only affects the lungs
2.	**TB medicines:**
✓	**a. Can be given to people to prevent TB**
	b. Are only in the form of tablets
	c. Always cause many side effects
	d. Can be taken at any time of the day
3.	**TB treatment should be stopped when:**
	a. The client stops coughing
	b. The client starts to feel better
✓	**c. The full course of treatment is completed**
	d. The client starts antiretroviral therapy
4.	**People get HIV from:**
✓	**a. Having sex with someone who is HIV-positive without protection**
	b. Sharing plates and spoons with someone who is HIV-positive
	c. Kissing someone who is HIV positive
	d. Living with someone who is HIV-positive
5.	**The following are minimum package interventions except:**
	a. Fast Track Initiation Counselling
	b. Enhanced Adherence Counselling
6.	**c. Case inding**
	d. Facility pick up point option
6.	**Enhanced Adherence Counselling option is provided to patients who are:**
	a. Stable on treatment
	b. All patients on chronic medication
✓	**c. Patients who are unstable and non-adherent**
	d. Patients who are adherent on treatment

7. **To prevent Type 2 diabetes:**

   a. Eat fewer meals during the day as this will keep the sugar in the blood normal

   b. Drink alcohol rather than gassy drinks as gassy drinks have more sugar in them

   c. Do not eat any starches as the body will turn them into sugar

✓ **d. Exercise even if you are eating healthy food**

8. People who may be at risk for diabetes are:

   a. Older men

✓ **b. Women who got diabetes while pregnant**

   c. Young children

   d. People who are very thin

9. **Some signs for diabetes are:**

   a. Getting a tingling feeling in the feet; not feeling like eating; needing to urinate more than usual

   b. Losing lots of weight, having pain around the stomach especially after eating; being very thirsty

✓ **c. Not being able to see properly; having dry itchy skin; having sores that take a long time to heal**

   d. Having itchiness in the vagina or penis; feeling very tired; having bad headaches

10. **b. Some of the dangers of high blood pressure are:**

✓ **a. Damage to the eyes**

   b. Widening of the walls of the blood vessels

   c. Not being able to have children

   d. Injury to the liver

11. **Blood pressure medicines side effects could:**

   a. Be headaches

   b. Cause vomiting

   c. Lead to pain in the joints

✓ **d. Depends on medicines taken**

12. Non-clinicians can support people with high blood pressure by:

   a. Making sure they take their medicines once they feel sick

   b. Making sure they go to the clinic only when they have signs and symptoms

   c. Telling them they need to increase the amount of salt in their food

✓ **d. Helping them to reduce the stress in their lives**

13. Adherence is important because:

a. It prevents the transmission of drug resistant forms of germs

b. It prevents the development of complications

c. It makes sure that there is a constant level of medicine in the body

✓ **d. All of the above**

14. The following are options for the Repeat Prescription Collection Strategy except:

✓ **a. Child and Adolescent Disclosure Counselling**

b. Adherence clubs

c. Centralised Chronic Medicine Dispensing and Distribution

d. Facility pick up point option

15. **What patients qualify for Repeat Prescription Collection strategy model?**

a. All patients on chronic medication

b. All patients on ARV and TB treatment

c. Patients with mental health problems

✓ **d. Adult patients who are adherent and stable on treatment**

16. hild disclosure strategies for HIV include:

a. Giving the child their HIV results as quickly as possible

b. Stick to the medical explanations when children ask question

c. The child's caregiver being the one person to discuss the child's HIV status

✓ **d. Asking the child how they feel about going to the clinic, having tests, etc.**

17. Enhanced adherence counselling involves:

✓ **a. Prioritising clients early**

b. Speeding up treatment initiation

c. Facility pick up point options

d. Allowing delivery or collection of medication closer to home

18. **When developing an adherence plan, non-clinicians should consider the following support services that clients may need:**

a. Police for copies of identity document

✓ **b. Social welfare for grants**

c. Help with starting a food garden

d. Transport for family

19. **When conducting adherence counselling:**

a. Each counselling session should start with an introduction if clients do not know each other

b. Clients should only be allowed to share information about other clients with their partner and older children

c. Messages explaining the next steps on treatment should be provided if clients ask

✓ **d. A helpline number should be given to all clients**

20. The following two assessments should be done to help clients adhere to treatment:

a. Mental health and affordability

b. Affordability and access to healthy food

c. Access to healthy food and alcohol use

✓ **d. Alcohol use and mental health**

21. Support groups:

a. Meet when members are available

b. Help members find jobs

✓ **c. Allow members to talk about common issues**

d. Should be run be a health care worker

APPENDIX 4: PRE- AND POST-COURSE KNOWLEDGE ASSESSMENT RESULTS COLLATION SAMPLE FORM

Question	No. Correct	No. Incorrect
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		

APPENDIX 5: LEARNER COURSE EVALUATION FORM

Please help us to improve our training by answering the following questions.
Feel free to use your own language. You do not have to write your name.

1. CONTENT

What did you learn in this training which you did not know before about the following?

Adherence services for HIV, TB and chronic conditions
Education and Counselling of clients on Illness and Treatment
The minimum package of interventions to Support Linkage, Adherence and Retention in Care for Chronic Conditions
Additional Adherence Interventions
Monitoring, Evaluation and Reporting
Quality Planning for the Implementation of Adherence Guidelines
What else would you have liked to know more about?

2. MATERIAL

Did you find it easy to read your Participant Manual?
What did you find difficult to read about your Participant Manual?

3. FACILITATION

Was the trainer/s able to make you understand all the information?
Did the trainer/s answer all your questions?

4. DO YOU HAVE SOMETHING ELSE THAT YOU WOULD LIKE TO SAY ABOUT THIS TRAINING?

APPENDIX 6: FACILITATOR EVALUATION

Name of facilitator:
Date of training:
Venue of training:

How did participants react to the course? (Process evaluation)
What do you think went well?
What do you think did not go well?
In particular, how do you think each of these elements went? • Timing
• Content covered (include areas covered well, as well as those not covered as well as you hoped, content areas that were missing

In particular, how do you think each of these elements went? (Continued) • Learner participation • Logistics such as room, equipment, food etc.
What were some parts that you were nervous or concerned about before training?
How did those parts work out?
What do you think you must be done differently next time?
Any other comments?

APPENDIX 7: ROLE PLAY EVALUATION AND SELF-EVALUATION FORMS

Role play evaluation form

Write down feedback with the 'Non-clinician' in mind

Role play topic:

What did the non-clinician do well?
What could be improved?
Other suggestions?

Role play self-evaluation form

Write down feedback after you complete a role play where you were the non-clinician

Role play topic:

What did I do well?
What could I have done better?
Areas where I would like help?

APPENDIX 8: CASE SCENARIOS

Section 2: Education on Illness and Treatment

Day 2

Education an Counselling on Tuberculosis

Case Scenario 1

As a non-clinician you are visiting Thandi who has TB and has been taking medication for over 4 months. She tells you that she is feeling better and she has stopped taking her medication. She does not like to swallow pills as they make her dizzy.

(a) What will you educate this client on?
(b) How will you educate this client?

Education and Counselling on HIV

Case Scenario 2

Thomas is a 45-year-old male who came to your facility/CBO and has been diagnosed with HIV. (a) As a non-clinician what would you educate Thomas on about HIV?

Education on Diabetes and High Blood Pressure

Case Scenario 3

Tshidi is a 55 year old lady, has gone to the clinic to fetch her diabetes and high blood pressure medication which she will be taking for the first time. She is sent to a non-clinician for education and counselling on diabetes.

(a) One person should volunteer to be a client (Tshidi) with diabetes and high blood pressure another one to be a non-clinician who is going to provide education on diabetes and high blood pressure.
(b) The big group and the facilitator should observe how the education session is being conducted.
(c) Upon completion of the role play feedback should be given on how the education session was conducted using questions in an evaluation form attached as appendix 7 to facilitate the discussion.

Education on Mental Health Issues

Case Scenario 4

Tshidi is a 45-year-old client with diabetes and high blood pressure who has been referred to the non-clinician again because she is not taking her treatment. She reported that she is under a lot of stress. She lost her job and now cannot concentrate and has lost interest in life.

(a) One person should volunteer to be the client (Tshidi) with mental health issues and another one to be a non-clinician who is going to provide education on mental health.
(b) The big group and the facilitator should observe how the education session is being conducted.
(c) Upon completion of the role play feedback should be given on how the education session was conducted, using an evaluation form was attached as appendix 7 to facilitate the discussion.

Education and Counselling on Substance Abuse

Case Scenario 1

Mawande is a 35-year-old female patient with TB and HIV. During her visit to the clinic smelling of alcohol, she shares with you as her non-clinician that she has a problem with alcohol and sometimes forgets to take treatment

(a) One person should volunteer to be the client (Mawande) with problems with substance abuse and another one to be a non-clinician who is going to provide education and counselling on substance abuse.
(b) The big group and the facilitator should observe how the education session is being conducted.
(c) Upon completion of the role play, feedback should be given on how the education session was conducted using an evaluation form attached as appendix 7 to facilitate the discussion.

Section 3: Minimum package of interventions to support linkage to care, adherence and retention in care

Day 3

Case Scenario 1

(a) Thandi is newly diagnosed with HIV and has not started treatment.
    1. What minimum package intervention does Thandi qualify for? Explain your answer
    2. What is the role of the non-clinician? Explain
    3. What is Thandi's role? Explain

(b) Sipho has been newly diagnosed with HIV and diabetes and has come to you for counselling and tells you that he has seen his relative go straight to the pharmacy to **collect medications without queuing** for hours during the consultations. He now would like to also collect medication from pharmacy today.

4. What would you tell Sipho about Facility Pick up Point (FAC-PUP)? How did the relative qualify for the FAC-PUP option?
5. What can Sipho do to qualify for the option of FAC-PUP system to access medication collection at the pharmacy?
6. Name and describe other Repeat Prescription Collection Strategies (RPCs) options?

Case Scenario 2

Divide participants into small groups and let them discuss the case scenario below and answer questions as reflected:

An NGO in your area has been running a support group and would now like to run an adherence club for clients on chronic medication.

(a) Explain to the manager of the NGO the difference between adherence clubs and support groups.
(b) Explain to the manager what type of clients qualify to join an adherence club.

APPENDIX 9: ADHERENCE GUIDELINES IMPLEMENTATION ACTION PLAN

How will the adherence guidelines be implemented in your facility or CBO?

Action to be taken	How is it going to be implemented	Person responsible (Who will be doing what?)	When		What challenges are you anticipating?	How will you deal with those challenges
			Start	Finish		

6. REFERENCES

Collins, S., Clayden, P., Konov, S. K., Dudnik, R., Cheng, B., Mthathi, S., & Williams, M. (2009). *Treatment Training for Advocates*

Retrieved from http://i-base.info/ttfa/: http://i-base.info/ttfa/

Health, S. A. (2020 March). *National Adherence Guidelines for Chonic Diseases (HIV, TB and NCDs)*. South African National Department of Health.

I ACT Skills Training Trainer Manual

Kamp, M. (2011). *Facilitation Skills and Methods of Adult Education: A Guide for Civic Education at Grassroot Leve*l. Kampala: Konrad-Adenauer-Stiftung.

National Department of Health, S. A. (published February 2020). *National Consolidated Guidelines for the Prevention of Mother-To-Child Transmission of HIV (PMTCT) and the Managament of HIV in Children, Adolescents and Adults.*

WHO, (2003). *A Mental Health Training Programme for Community Health Workers.*

Retrieved from www.who.int/mental_health: http://www.who.int/mental_health/policy/training/en/ index2.html

DISCLAIMER

"This publication was supported by Cooperative Agreements Number 72067418-CA- 00023 and GH001554-01 and AID-674-A-12-from USAID and GH001554-01 from Centre for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the National Department of Health of South Africa and do not necessarily represent the official views of the Implementing Agencies"

This publication was also made possible with the support of: