

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



EVALUATION TOOLS

Acknowledgements

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SAfAIDS:

The professionals at SAfAIDS were responsible for the research, content development, layout and design of the training package.

Those who played key roles include:

- Mrs Lois Chingandu – Executive Director: Directed the write up and contributed technical inputs
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Field testing of the modules:

The following independent evaluators conducted pre-testing activities:

- Dr. Exnevia Gomo – College of Health Science (University of Zimbabwe) – Consultant
- Mrs Shungu Mterero-Munayati – National institute of Health Research – Consultant
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Table of Contents

1.	Core Skill Evaluation	4
2.	Pre and Post Test Questionnaires	4
3.	Module 1: Basic Facts on HIV and AIDS	6
4.	Module 2: Treatment Literacy	9
5.	Module 3: Treatment Preparedness	12
6.	Module 4: Adherence	14
7.	Module 5: Community-Based Counselling	17
8.	Module 6: Nutrition	20
9.	Module 7: Palliative Care	24
10.	Module 8: Caring for Carers	26
11.	Answers to Pre- and Post-Questionnaires	28
12.	Reaction Questionnaires/Modules Evaluation	30
13.	Modules Evaluation Questionnaire for Participants	31
14.	Modules Evaluation Questionnaire for Facilitators	37

Core Skill Evaluation

Core skill evaluation can be conducted at the end of training for each module. The core skills for participants completing training for each module can be found in the Introduction of each Module and in the Facilitator's Guide.

Conducting Core Skill Evaluation

1. Set up an empty room where you will not be disturbed. Review each of the core skill tools for that module, including the Facilitator's Note which provides instructions on how to assess each core skill.
2. Have each participant enter the room alone. Explain to the participant that the purpose of core skill assessment is to ensure that they can demonstrate important knowledge or skills gained through training.
3. Go through each core skill activity with the participant. Following each activity, determine whether or not the participant has demonstrated minimum level of performance to enter practice of that core skill.
4. Provide feedback to the participant on what aspects of the core skill were done well, and what aspects could be improved by providing specific information on how to improve performance.
5. Repeat steps 3 and 4 until each core skill has been successfully demonstrated.

Pre and Post Test Questionnaires

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

Administering the Pre-Test

Facilitators should plan to allot between 20 - 30 minutes before each module to administer the pre-test. Explain to participants that the purpose of the pre-test is to give facilitators an idea of the baseline knowledge of the group and to provide participants with an overview of the types of information that will be covered in the module. Emphasise to participants that the pre-test is NOT an evaluation.

Facilitators are expected to adapt the method of administering the pre-test to the level of the training group. For example;

- If there are language or literacy barriers for participants, facilitators should read each question aloud, translate any key terms to aid in understanding and field any questions related to comprehension of each question (without providing the answers).

Following pre-test administration, do not discuss answers to the questions when the test is finished as the same test will be given as a post-test. Explain to participants that all material covered in the pre-test will be addressed in that module, and that they will be provided with the same test at the end of training.

Administering the Post-Test

After completing training for each module, administer the post-test, following the same guidelines for pre-test administration with the group. Explain to participants that the post-test is intended to assess their understanding of important concepts covered in training and that for successful evaluation of that module, they should achieve a 50% pass in post test evaluation. 50% pass means that participants must provide correct answers to a minimum of 50% of questions asked (i.e., 5/10 questions).

Facilitators should do their best to review key concepts with participants failing to achieve a pass mark on the post-test. Each participant should be given three opportunities to pass the post-test during evaluation.

Correct answers to all questions should be provided to participants achieving a pass on the post-test.

Facilitators should plan to allot approximately one hour following training of a module to administer both post-test and reaction questionnaire.

Module 1: Basic Facts on HIV and AIDS Pre and Post Test

Participant Name-----

Date: -----

Organisation-----

Facilitator-----

**CIRCLE the appropriate letter (T (true) or F (false)).
Each question carries one mark (Total 43 marks)
Time 30 minutes**

1. About the History/Situation of HIV and AIDS

- (a) T F A mode of transmission is a way in which people are infected with HIV.
- (b) T F Only people in Africa are at risk of HIV infection
- (c) T F All vulnerable groups to HIV infection will eventually be infected.

2. The following are correct statements about HIV infection

- (a) T F HIV damages the body by attacking the immune system.
- (b) T F HIV infects cells of the immune system called Red Blood Cells
- (c) T F HIV causes AIDS
- (d) T F Infection can be stopped by taking ARV drugs
- (e) T F During the window period people test positive for HIV.

3. The following are modes of transmission of HIV

- (a) T F Sharing utensils or drinking cups with a person infected with HIV
- (b) T F Mother-to-Child through delivery and breastfeeding
- (c) T F Through male-female sexual intercourse but not male-male sexual intercourse
- (d) T F Through tears, consoling someone who is crying
- (e) T F Through insect bites

4. The following factors increase or decrease the risk of HIV transmission

- (a) T F Presence of STIs increases risk of transmission
- (b) T F War or conflict increases risk of the spread of HIV
- (c) T F Stigma and denial isolate infected people thereby reducing risk of transmission
- (d) T F Poverty reduces risk of transmission because people cannot pay for sex
- (e) T F Alcohol consumption reduces risk as most drunks go to sleep before sex

5. HIV transmission can be prevented through the following

- (a) T F Having sex during the window period
- (b) T F Pregnant mothers taking ARV drugs as recommended by a doctor
- (c) T F Having sex with a healthy looking partner
- (d) T F Using condoms once in a while with untrustworthy partners
- (e) T F Taking ARVs just before sex

6. The following statements about HIV disease progression are correct

- (a) T F At the beginning of HIV infection, people will not experience any major symptoms
- (b) T F Opportunistic infections often occur several years after infection
- (c) T F Occurrence of Opportunistic Infections defines AIDS stage
- (d) T F TB, Candidiasis and PCP (pneumonia) are common Opportunistic Infections
- (e) T F AIDS is irreversible

7. The following statements about HIV Testing and Counselling are true

- (a) T F Initials VCT stand for Volunteer Carer Training
- (b) T F Blood or saliva can be used in testing for HIV
- (c) T F Exposure to HIV can be tested using ELISA
- (d) T F Tests offered at VCT centres are called rapid tests because people quickly agree to be tested

(e) T F Pre-test counselling is done soon after the test

8. About HIV status

(a) T F In children, HIV antibody tests are conclusive only after 18 months

(b) T F There is no need for HIV infected partners to use condoms

(c) T F Western blot is a test for viral load

(d) T F Positive living means not worrying about re-infection

(e) T F During the window period, a person cannot transmit HIV

9. The following are true about Discordant Couples

(a) T F A discordant couple is where one partner tests HIV positive and the other tests negative

(b) T F A discordant couple is a couple who have been having problems in their relationship prior to testing

(c) T F A discordant couple is a couple where both partners test positive but the other refuses to know their status

(d) T F Couples who are discordant should not use condoms

(e) T F Knowing one's HIV status is important only for treatment purposes

Module 2: Treatment Literacy Pre and Post Test

Participant Name-----

Date: -----

Organisation-----

Facilitator-----

CIRCLE the appropriate letter (T (true) or F (false)).
Each question carries one mark (Total 50 marks).
Time 30 minutes

1. The following statements about ART are true

- (a) T F The initials ART stand for AIDS Related Therapy
- (b) T F ARVs stop HIV from making copies of itself in the body
- (c) T F Everyone with HIV should be taking ARVs
- (d) T F ART cures AIDS
- (e) T F One can stop taking ARVs once they are well

2. The following are benefits of ART.

- (a) TF Prolongs and improves quality of life
- (b) T F Completely removes risk of infecting others
- (c) T F Reduces parent-to-child transmission
- (d) T F Increases stigma and discrimination
- (e) T F Reduces occurrence of PCP (pneumonia) but not Candidiasis

3. The following can be important in considering initiation of ART

- (a) T F Viral load
- (b) T F WHO clinical stage
- (c) T F Silky hair
- (d) T F CD4 Count
- (e) T F Red Blood cell count

4. Clients should know the following before starting ART

- (a) T F Once started on ART, clients can take ARVs when it is convenient
- (b) T F The importance of not letting anyone know their HIV status
- (c) T F What ART means and how it will affect their life
- (d) T F That regular clinic visits stop being important while on ART
- (e) T F That if they miss taking tablets, the medicines will not work properly

5. The following are names of some ARVs

- (a) T F Zidovudine
- (b) T F Co-trimoxazole
- (c) T F Nevirapine
- (d) T F Stavudine
- (e) T F HCT

6. The following statements about ARVs are correct

- (a) T F There are four major classes of ARV drugs
- (b) T F Resistance is when HIV changes in ways that make drugs less effective
- (c) T F ARVs work best in combination of two drugs only
- (d) T F The first line regimen is the combination that is used when all other regimens have failed
- (e) T F All ARVs can be used in treating pregnant women

7. Second line regimens are prescribed when

- a) T F A doctor determines that first line ART has stopped working
- (b) T F Opportunistic infections begin to occur while on a 1st line regimen
- (c) T F A client dies
- (d) T F The side effects to first line drugs are too severe
- (e) T F A client refuses to take medication

8. ARVs have side effects. The following are some of them

- (a) T F Headache
- (b) T F Drowsiness and fatigue
- (c) T F Vomiting blood
- (d) T F Malaria
- (e) T F Skin rash and confusion

9. About Opportunistic Infections (OIs) and antiretroviral therapy (ART)

- (a) T F OIs are the most common infections in the community
- (b) T F ART reduces the occurrence of OIs in HIV infected individuals
- (c) T F ARVs cure OIs
- (d) T F All PLWHA with CD4 Count below 200/mm³ should take both TB and ARV drugs
- (e) T F PLWHA should ease side effects by changing the way they take medication

10. Some roles of CBVs in Special Considerations for ART are:

- (a) T F To encourage clients to seek early treatment for OIs
- (b) T F To only identify clients and not household members with TB
- (c) T F To tell women to only use “the pill” and not condoms while on ART
- (d) T F To refer HIV positive mothers to their local clinic for advise on feeding
- (e) T F To encourage parents to have their children tested for HIV before themselves

Module 3: Treatment Preparedness Pre and Post Test

Participant Name-----

Date:-----

Organisation-----

Facilitator-----

**CIRCLE the appropriate letter (T (true) or F (false)).
Each question carries one mark (Total 35 marks).
Time 20 minutes**

1. Treatment preparedness is about

- (a) T F Starting ART whether or not PLWHA are ready and willing
- (b) T F Educating PLWHA about HIV, AIDS and ART
- (c) T F Mobilising communities to support ART interventions
- (d) T F Preparing PLWHA for adherence before treatment begins
- (e) T F Making laws about who should or should not take ARVs

2. The following are the most important stakeholders in treatment preparedness at community level

- (a) T F Health-care workers
- (b) T F Relatives of PLWHA
- (c) T F Ministry of Home Affairs
- (d) T F Volunteers
- (e) T F United Nations

3. Responsibilities of CBVs in ART include

- (a) T F Diagnosing AIDS in clients
- (b) T F Assisting PLWHA with treatment adherence
- (c) T F Determining who qualifies for ART
- (d) T F Providing supportive care to PLWHA
- (e) T F Prescribing ARVs to clients

4. CBVs can prepare PLWHA for ART through the following activities

- (a) T F Making PLWHA publicly declare their HIV status
- (b) T F Assuring confidentiality, mutual respect and non-judgemental attitudes
- (c) T F Discussing ART with PLWHA
- (d) T F Advising PLWHA not to have sex
- (e) T F Informing PLWHA about people and institutions that are involved in ART

5. Self-management

- (a) T F Means that a client is taking responsibility for his or her own health care
- (b) T F Means clients should take medication when and how they feel like it
- (c) T F Involves clients making positive choices about diet and exercise
- (d) T F Means clients find support needed to care for themselves alone
- (e) T F Involves clients making choices about how to practice safer sex

6. PLWHA can become ART competent if they

- (a) T F Record the medications they are taking
- (b) T F Know how to and why they are taking the medication
- (c) T F Do not involve family members in order to reduce stigma
- (d) T F Agree to any test they are asked to undertake
- (e) T F Participate in development of their own treatment plan

7. Community Preparedness is about

- (a) T F Making chiefs and headmen aware that ART is purely a medical issue
- (b) T F Building clinics and health centres only for PLWHA
- (c) T F Involving PLWHA, traditional healers and volunteers
- (d) T F Addressing stigma and discrimination
- (e) TF Providing information about ART

Module 4: Adherence Pre and Post Test

Participant Name-----

Date: -----

Organisation-----

Facilitator-----

CIRCLE the appropriate letter (T (true) or F (false)).
Each question carries one mark (Total 35 marks).
Time 20 minutes

1. The following statements about adherence and non-adherence are true

- (a) T F A treatment supporter can help with day-to-day adherence to ART
- (b) T F Not eating or drinking the right things with your pills is an example of non-adherence
- (c) T F Pill burden is an ARV regimen factor that can affect adherence.
- (d) T F Directly observed therapy (DOT) is a way of assessing adherence.
- (e) T F Adherence involves taking all medication prescribed correctly, not just ARVs.

2. About adherence

- (a) T F Adherence only involves clients following instructions
- (b) T F Adherence involves knowing about interactions between ARVs and other medications
- (c) T F Extra adherence support should be given to clients taking TB treatment
- (d) T F Social support does not affect adherence.
- (e) T F You are still adhering if you remember to take missed doses within two days.

3. The following factors influence adherence

- (a) T F Level of awareness of ART by PLWHA
- (b) T F Number of meals taken each day
- (c) T F Frequency and severity of side effects
- (d) T F Frequency of sexual intercourse without a condom

4. The following statements are true

- (a) T F CBVs' knowledge about HIV, AIDS and ART are not important for adherence to ART by PLWHA
- (b) T F Health professionals are not important for adherence because the ARVs are taken at home
- (c) T F Taking OI drugs is not necessary when one is taking ARVs
- (d) T F Deliberate non-adherence is when PLWHA knowingly do not adhere to ART
- (e) T F Confidentiality is an important factor in promoting adherence.

5. Regarding non-adherence, the following are true

- (a) T F One can tell that PLWHA are not adhering to ART first by looking at their physical condition
- (b) T F Non-adherence is the main cause of treatment failure
- (c) T F If PLWHA misses 2 doses a month, the CBV should advise them to stop taking ARVs until the next review by a doctor
- (d) T F Reducing stigma reduces non-adherence
- (e) T F Level of knowledge about HIV/AIDS and ART is an important factor influencing non-adherence

6. The following are ways of assessing adherence to ART in communities

- (a) T F Self reports by PLWHA
- (b) T F Pill counting by PLWHA alone
- (c) T F DOT by CBVs
- (d) T F Measuring weight of client
- (e) T F Asking whether the client is getting better

7. The following are ways of enhancing adherence

- (a) T F Participating in support groups
- (b) T F CBVs reporting non-adherent PLWHA to health professionals
- (c) T F Making medication diaries and pill boxes
- (d) T F CBV to act as buddies to PLWHA
- (e) T F Telling PLWHA that they will die if they don't take drugs properly

Module 5: Community-Based Counselling Pre and Post Test

Participant Name-----

Date: -----

Organisation-----

Facilitator-----

**For multiple choice questions, CIRCLE the appropriate letter (T (true) or F (false)).
Responses to open questions should be very brief.
Each question carries one mark (Total 50 marks).
Time 40 minutes**

1. The aim of counselling is to:

- (a) T F Give advice
- (b) T F Help make informed decisions
- (c) T F Identify faults and tell the client not to repeat them
- (d) T F Telling clients what they should or should not do
- (e) T F Listening and giving correct information

2. List five attributes of an effective counsellor

- (a) _____
- (b) _____
- (c) _____
- (d) _____
- (e) _____

3. PLWHA may have many counselling needs. Mention five areas of possible need:

- (a) _____
- (b) _____
- (c) _____
- (d) _____
- (e) _____

4. To ensure good communication with clients the volunteer should

- (a) T F Be a close relative of the client
- (b) T F Make sure they become the only person a client can talk to
- (c) T F Ensure confidentiality
- (d) T F Tell the clients to disclose their HIV status to the family
- (e) T F Be very clear about which side they are on in a conflict

5. The following factors are important considerations when counselling clients:

- (a) T F Religion of client and volunteer
- (b) T F Distance that the volunteer travels visiting a client
- (c) T F The culture of client/community
- (d) T F Gender and age of the client
- (e) T F The place where counselling is taking place

6. Effective counselling techniques include

- (a) T F Active listening
- (b) T F Eye contact
- (c) T F Giving long and detailed explanations
- (d) T F Asking clients specific questions
- (e) T F Not saying anything

7. When using the Questioning techniques

- (a) T F Ask your questions very quickly so that the client does not get tired
- (b) T F The counsellor can turn aside if he or she feels embarrassed by the question they want to ask the client
- (c) T F Ask simple and clear questions
- (d) T F Never repeat a question because it bores the client
- (e) T F Use closed and leading questions to guide the client

8. The following skills of effective counsellors are true

- (a) T F Sympathising is a good way to show you care
- (b) T F Effective counsellors are aware of how they make judgments about others
- (c) T F Leading questions are a good way to help clients speak honestly about problems
- (d) T F Checking questions allow counsellors to find out how much a client has understood
- (e) T F Effective counsellors refer clients when they are unsure of how to help

9. CBVs can show that they understand client's situation by

- (a) T F Talking about their own bad experiences
- (b) T F Expressing statements of understanding
- (c) T F Telling clients that ARVs are now available and will solve their problems
- (d) T F Expressing opinions about the client's life
- (e) T F Offering food to the clients

10. Describe each of the five steps that you should take for a successful client visit

- (a) Assess _____
- (b) Advise _____
- (c) Agree _____
- (d) Assist _____
- (e) Arrange _____

Module 6: Nutrition Pre and Post Test

Participant Name-----

Date: -----

Organisation-----

Facilitator-----

**For multiple choice questions, CIRCLE the appropriate letter (T (true) or F (false)).
Responses to open questions should be very brief.
Each question carries one mark (Total 55 marks)
Time 40 minutes**

1. The following statements about nutrition are true.

- (a) T F Malabsorption refers to the inability to eat food
- (b) T F Malnutrition occurs when a body does not get enough water
- (c) T F Legumes include foods such as carrots and maize
- (d) T F Starches are important sources of energy for the body
- (e) T F Meat and beans are common sources of proteins

2. List any five foods that constitute a healthy and balanced diet in your community:

- (a) _____
- (b) _____
- (c) _____
- (d) _____
- (e) _____

3. Regarding HIV, AIDS and Nutrition

- (a) T F AIDS-related illness can make people lose their appetite for food
- (b) T F HIV and AIDS make people weak and therefore reduce their nutritional needs
- (c) T F Oral Rehydration Solution (ORS) is a drink to ease symptoms of a sore mouth
- (d) T F Malnutrition makes HIV disease worse
- (e) T F Nutritional support is as important as ART

4. Complete the Table below

TYPE OF FOOD	SOURCE
Legumes?
Meat and Animal Products?
.....?	Maize.....?
.....?	Cooking oil

5. Concerning dietary management of HIV and AIDS

- (a) T F Fruits and vegetables are important in managing skin problems
- (b) T F Dietary management prevents loss of water from the body during diarrhoea and fever
- (c) T F Increase intake of fatty foods and spices to reduce diarrhoea
- (d) T F Drink up to 8 cups of water each day
- (e) T F Avoiding fizzy drinks such as beer and soda can decrease your appetite

6. The following are nutritional goals for PLWHA

- (a) T F Keep a healthy weight
- (b) T F Adjust intake of medication if it interferes with eating
- (c) T F Be aware of the importance of good nutrition if you are HIV positive
- (d) T F Manage symptoms of HIV and AIDS that can affect food intake through early treatment
- (e) T F Eat a healthy and balanced diet

7. The following statements about nutrition and ART are true

- (a) T F Food and medication are partners in fighting HIV and AIDS
- (b) T F As long as medications are taken properly, poor nutrition will not harm clients
- (c) T F Fatty foods are discouraged when taking some ARVs
- (d) T F Side effects of ARVs usually increase appetite of PLWHA
- (e) T F PLWHA on ART should strictly follow the dietary recommendations for maximum benefit from treatment

8. In PLWHA, exercising

- (a) T F Makes PLWHA tired and should be avoided
- (b) T F Increases appetite
- (c) T F Improves blood circulation
- (d) T F Reduces weight loss if appropriate
- (e) T F Makes PLWHA warm and worsens fever

9. Mention five ways of ensuring food safety

- (a) _____
- (b) _____
- (c) _____
- (d) _____
- (e) _____

10. Exclusive breast-feeding in early infancy is

- (a) T F When a mother feeds the baby a combination of breast milk and solid foods such as porridge for the first 6 months of life
- (b) T F When a mother only feeds her baby breast milk for the first few months of the baby's life
- (c) T F When a mother only feeds her baby alternative feeds such as formula, but not breast milk from birth
- (d) T F When a mother only feeds her baby breast milk for the first few years of the baby's life
- (e) T F When a mother only feeds her baby cows milk for the first few months of the baby's life

11. The following are true about positive living:

- (a) T F Positive living is the same as adherence
- (b) T F Using a treated bed net to avoid malaria is an example of positive living by preventing new infections
- (c) T F Positive living means living responsibly with HIV
- (d) T F Avoiding harmful or ineffective treatments is part of positive living
- (e) T F Involves preventing other infections through food safety.

Module 7: Palliative Care Pre and Post Test

Participant Name-----

Date: -----

Organisation-----

Facilitator-----

**For multiple choice questions, CIRCLE the appropriate letter (T (true) or F (false)).
Responses to open questions should be very brief.
Each question carries one mark (Total 30 marks).**

1. The objectives of palliative care include

- (a) T F Providing relief from pain and stress
- (b) T F Providing ARVs
- (c) T F Helping families of PLWHA cope during illness and bereavement
- (d) T F Delaying death
- (e) T F Making sure clients die early to avoid stress to the family

2. List three reasons why HBC should be promoted and supported

- (a) _____
- (b) _____
- (c) _____

3. In each case, list one way in which CBVs can assist PLWHA with regards to

- (a) Mouth care: _____
- (b) Bedsores: _____
- (c) Bathing : _____
- (d) Managing pain : _____

4. CBVs can assist terminally ill clients and families by

- (a) T F Discussing inheritance issues and encouraging clients write their wills
- (b) T F Testing clients for HIV
- (c) T F Telling clients to repent so they can go to heaven
- (d) T F Telling clients that they are going to die anyway so they should not worry
- (e) T F Helping client with feelings of guilt or regret

5. Signs of imminent death include

- (a) T F Severe cough
- (b) T F Confusion
- (c) T F Coma
- (d) T F Irregular breathing and cold feet and hands
- (e) T F Increased frequency of urination and diarrhoea

6. When a client dies, CBVs should

- (a) T F Tell family not to grieve because the burden of care was now reduced
- (b) T F Encourage family members stay with deceased as long as they want to
- (c) T F Tell the children that their parent is only resting
- (d) T F Tell the family about their own experience with death
- (e) T F Notify the appropriate authorities.

7. Give three examples of Universal Precautions

- (a) _____
- (b) _____
- (c) _____

Module 8: Caring for Carers Pre and Post Test

Participant Name-----

Date: -----

Organisation-----

Facilitator-----

**For multiple choice questions, CIRCLE the appropriate letter (T (true) or F (false)).
Responses to open questions should be very brief.
Each question carries one mark (Total 25 marks).
Time 20 minutes**

1. Caregivers include

- (a) T F Children
- (b) T F Friends
- (c) T F Nurses
- (d) T F Police
- (e) T F Other PLWHA

2. A caregiver should

- (a) T F Be educated up to O level in order to read prescriptions of ARVs
- (b) T F Be able to tell whether a client is HIV positive or has AIDS
- (c) T F Be self-confident and trustworthy
- (d) T F Be highly committed
- (e) T F Not waste time listening to clients complaints because there are many that need care and support

3. List five signs of burnout or stress in caregivers

- (a) _____
- (b) _____
- (c) _____
- (d) _____
- (e) _____

4. List five causes of stress for CBVs

- (a) _____
- (b) _____
- (c) _____
- (d) _____
- (e) _____

5. The following are ways in which stress and burnout can be reduced or prevented

- (a) T F Discussing your problems and feelings with a client
- (b) T F Taking time off
- (c) T F Asking others to help
- (d) T F Telling family to be more responsible and care for their relative
- (e) T F Getting ARVs just in case you were exposed to TB

Answers to Pre- and Post- Questionnaires

Module 1

1. a) T
b) F
c) F
2. a) T
b) F
c) T
d) F
e) F
3. a) F
b) T
c) F
d) F
e) F
4. a) T
b) T
c) F
d) F
e) F
5. a) F
b) T
c) F
d) F
e) F
6. a) T
b) T
c) T
d) T
e) F
7. a) F
b) T
c) T
d) F
e) F
8. a) T
b) F
c) F
d) F
e) F
9. a) T
b) F
c) F

Module 2

1. a) F
b) T
c) F
d) F
e) F
2. a) T
b) F
c) T
d) F
e) F
3. a) T
b) T
c) F
d) T
e) F
4. a) F
b) F
c) T
d) F
e) T
5. a) T
b) F
c) T
d) T
e) F
6. a) F
b) T
c) F
d) F
e) F
7. a) T
b) T
c) F
d) T
e) F
8. a) T
b) T
c) F
d) F
e) T
c) F

9. a) F
b) T
c) F
d) F
e) F

Module 3

1. a) F
b) T
c) T
d) T
e) F
2. a) T
b) T
c) F
d) T
e) F
3. a) F
b) T
c) F
d) T
e) F
4. a) F
b) T
c) T
d) F
e) T
5. a) T
b) F
c) T
d) F
e) T
6. a) T
b) T
c) F
d) F
e) T
7. a) F
b) F
c) T
d) T
e) T

Module 4

1. a) T
b) T
c) T
d) T
e) T
2. a) F
b) T
c) T
d) F
e) F
3. a) T
b) T
c) T
d) F
e) T
4. a) F
b) F
c) F
d) T
e) T
5. a) F
b) T
c) F
d) T
e) T
6. a) T
b) T
c) T
d) F
e) F
7. a) T
b) F
c) T
d) T
e) F

Module 5

1. a) F
b) T
c) F
d) F
e) T
2. See Module 5:
Session Two
3. See Module 5: Session One; Section 2
b) HIV and AIDS
Counselling
4. a) F
b) F
c) T
d) F
e) F
5. a) T
b) F
c) T
d) T
e) T
6. a) T
b) T
c) F
d) T
e) T
7. a) T
b) F
c) T
d) F
e) F
8. a) F
b) T
c) F
d) T
e) T

9. a) F
b) T
c) F
d) F
e) F

10. See Session Three; Step Four: Conducting the Session.

Module 6

1. a) F
b) F
c) F
d) T
e) T
2. One local food for each food group.
3. a) T
b) F
c) F
d) T
e) T
4. See Session One: 2. What is a Healthy Diet?
5. a) T
b) T
c) F
d) T
e) T
6. a) T
b) F
c) T
d) T
e) T
7. a) T

- b) F
c) T
d) F
e) T

8. a) F
b) T
c) T
d) T
e) F

9. See Session One: 5. Food Safety

10. a) F
b) T
c) F
d) F
e) F

11. a) F
b) T
c) T
d) T
e) T

Module 7

1. a) T
b) F
c) T
d) F
e) F
2. See Session One: 4. Home Based Care
3. See Session 4 for each symptom
4. a) T
b) F
c) F
d) F
e) T

5. a) F
b) F
c) T
d) T
e) F

6. a) F
b) T
c) F
d) F
e) T

7. See Session Three: 1. Universal Precautions

Module 8

1. a) T
b) T
c) T
d) F
e) T
2. a) F
b) F
c) T
d) T
e) F
3. See Session 2: 2. Caregiver Burnout
4. See Session 2: 3. Causes and Effects of Caregiver Burnout
5. a) F
b) T
c) T
d) F
e) F

Reaction Questionnaires/Module Evaluation

This set of questionnaires will be the Participant Reaction/Satisfaction evaluation questionnaires that will be administered at the end of training for each module to evaluate the course itself in terms of delivery, content, relevance and clarity of the training modules.

Facilitators are encouraged to provide module evaluation questionnaires to their National Red Cross or Red Crescent Society, who will forward this information to the International Federation of Red Cross and Red Crescent Societies for use in improving future editions of this training package.

Module Evaluation Questionnaire for Participants

Now that you have completed training for this module, we would like you to participate in an evaluation of this training by answering the questions below.

A. General

For each item below, circle the score that closely represents how you feel about the training. In each case briefly give your reasons for choosing the score.

Now that you have completed training for this module, we would like you to participate in an evaluation of this training by answering the questions below.

A. General

For each item below, circle the score that closely represents how you feel about the training. In each case briefly give your reasons for choosing the score.

1. Boring	1	2	3	4	5	Stimulating
-----------	---	---	---	---	---	-------------

2. Useless for my work	1	2	3	4	5	Useful for my work
------------------------	---	---	---	---	---	--------------------

3. Poorly Conducted	1	2	3	4	5	Well conducted
---------------------	---	---	---	---	---	----------------

4. Undemanding	1	2	3	4	5	Demanding
----------------	---	---	---	---	---	-----------

5. Too condensed	1	2	3	4	5	Well spaced out
------------------	---	---	---	---	---	-----------------

6. Not enough time	1	2	3	4	5	Adequate time
--------------------	---	---	---	---	---	---------------

7. Too much time	1	2	3	4	5	Adequate time
------------------	---	---	---	---	---	---------------

B. Objectives

For each item below, circle the score that closely represents how you feel. In each case briefly give your reasons for choosing the score.

8. To what extent have the objectives of the module been achieved?

Not at all	1	2	3	4	5	Fully
------------	---	---	---	---	---	-------

9. To what extent have your expectations been fulfilled?

Not at all	1	2	3	4	5	Fully
------------	---	---	---	---	---	-------

10. To what extent has your understanding of the subject improved or increased as a result of the module?

Not at all	1	2	3	4	5	Fully
------------	---	---	---	---	---	-------

11. To what extent have your skills in the subject of the training improved or increased as a result of the module?

A Little	1	2	3	4	5	A lot
----------	---	---	---	---	---	-------

12. To what extent has the module helped to enhance your appreciation and understanding of your job as a whole?

A Little	1	2	3	4	5	A lot
----------	---	---	---	---	---	-------

C. Programme content/Usefulness of Information

13. What is your overall rating of this module?

Poor	1	2	3	4	5	Excellent
------	---	---	---	---	---	-----------

14. To what extent would you recommend others with similar needs to your own to attend this module?

Not at all	1	2	3	4	5	Fully
------------	---	---	---	---	---	-------

15. The module covered topics that I needed to learn about

Not at all	1	2	3	4	5	Fully
------------	---	---	---	---	---	-------

16. I can apply new knowledge and skills learnt in this session to my work in the community

Not at all	1	2	3	4	5	Fully
------------	---	---	---	---	---	-------

17. I understood all of the information provided in this module

Not at all	1	2	3	4	5	Fully
------------	---	---	---	---	---	-------

18. The skills I learned in this session will help me to do my work

Not at all	1	2	3	4	5	Fully
------------	---	---	---	---	---	-------

19. What did you like best about the training?

20. What did you like least about the training?

20. What did you learn from the training?

22. What did you not learn from the training that you were expecting to learn?

23. What do you think should be added to the training programme?

24. What do you think should be dropped from the training programme?

25. To what extent did the training duplicate what you had learned previously?

D. Course Delivery

D.1. Teaching materials and methods

26. What are your views on the visual aids used for teaching?

Poor quality	1	2	3	4	5	Excellent quality
--------------	---	---	---	---	---	-------------------

Too many Just right Too few
Very relevant Satisfactory Not at all relevant

27. What are your views on the Group Discussion sessions?

Ineffective	1	2	3	4	5	Very effective
-------------	---	---	---	---	---	----------------

Too many Just right Too few
Very relevant Satisfactory Not at all relevant

28. What are your views on the Group activities sessions?

Ineffective	1	2	3	4	5	Very effective
-------------	---	---	---	---	---	----------------

Too many Just right Too few
Very relevant Satisfactory Not at all relevant

29. What are your views on the Role Plays sessions?

Ineffective	1	2	3	4	5	Very effective
-------------	---	---	---	---	---	----------------

Too many Just right Too few
Very relevant Satisfactory Not at all relevant

30. The training method I found most useful in this module was:

31. The training method I found least useful in this module was:

32. The language used in the training sessions was easy to understand

Not at all	1	2	3	4	5	Fully
------------	---	---	---	---	---	-------

D.2. Trainer/Facilitator Evaluation

33. The facilitator(s) had sufficient knowledge on this topic

Insufficient	1	2	3	4	5	Sufficient
--------------	---	---	---	---	---	------------

34. The facilitator(s) communicated well

Not at all	1	2	3	4	5	Fully
------------	---	---	---	---	---	-------

35. The facilitator(s) made training interesting and fun

Not at all	1	2	3	4	5	Fully
------------	---	---	---	---	---	-------

36. The facilitator(s) encouraged others to express their views

Not at all	1	2	3	4	5	Fully
------------	---	---	---	---	---	-------

37. The facilitator(s) were open, honest and fair to all participants

Not at all	1	2	3	4	5	Fully
------------	---	---	---	---	---	-------

38. Please rate each Facilitator by placing the relevant score against each Module (1 to 8)

	Very Effective	Fair	Not effective
Module 1 Basic facts on HIV/AIDS	3	2	1
Module 2 Treatment literacy	3	2	1
Module 3 Treatment preparedness	3	2	1
Module 4 Adherence	3	2	1
Module 5 Community Based Counselling	3	2	1
Module 6 Nutrition	3	2	1
Module 7 Palliative care	3	2	1
Module 8 Caring for carers	3	2	1

Please write any comments you may have about the facilitators: _____

E. Balance of programme

39. How do you rate the balance between input sessions, activities and discussions?

Poor balance	1	2	3	4	5	Good balance
--------------	---	---	---	---	---	--------------

40. How did you feel about the length of the programme?
 Too short Just right Too long

41. To what extent was the programme logically sequenced?

Poorly sequenced	1	2	3	4	5	Well sequenced
------------------	---	---	---	---	---	----------------

42. How did you feel about the pacing of the programme?
 Too short Just right Too long

43. What was the level of time given for (a) the lectures, (b) discussion, (c) role plays/games/drama?

(a) Insufficient	1	2	3	4	5	Sufficient
------------------	---	---	---	---	---	------------

(b) Insufficient	1	2	3	4	5	Sufficient
------------------	---	---	---	---	---	------------

(c) Insufficient	1	2	3	4	5	Sufficient
------------------	---	---	---	---	---	------------

What level of time would you liked to have seen? _____

F. Training location/Environment

44. How do you rate the training establishment/the general atmosphere?

Poor	1	2	3	4	5	Excellent
------	---	---	---	---	---	-----------

45. How do you rate the training accommodation (training room, etc)?

Poor	1	2	3	4	5	Excellent
------	---	---	---	---	---	-----------

46. How do you rate the service (breaks, refreshments, meals, etc)?

Poor	1	2	3	4	5	Excellent
------	---	---	---	---	---	-----------

Please write any suggestions or recommendations for future improvements or additions to this training module:

2.2. Modules Evaluation Questionnaire for Facilitators

Now that you have completed training for this module, we would like you to participate in an evaluation of this training by answering the questions below.

For each item below, circle the score that closely represents how you feel about the training. In each case briefly give your reasons for choosing the score.

A. Methodology

1. The session introductions for this module were easy to follow.

not at all	1	2	3	4	5	Fully
------------	---	---	---	---	---	-------

2. The objectives for each session were clear to participants.

not at all	1	2	3	4	5	Fully
------------	---	---	---	---	---	-------

3. The objectives for each session were achieved.

not at all	1	2	3	4	5	Fully
------------	---	---	---	---	---	-------

Additional comments on methodology: _____

B. Content): _____

4. The content for this module was easy to adapt to the knowledge level of participants.

not at all	1	2	3	4	5	Fully
------------	---	---	---	---	---	-------

5. The information provided in the content was useful for participants.

not at all	1	2	3	4	5	Fully
------------	---	---	---	---	---	-------

6. Participants will be able to apply the knowledge gained from the content to their work in the community.

not at all	1	2	3	4	5	Fully
------------	---	---	---	---	---	-------

Suggest Content areas in need of additional informational (please be specific): _____

Suggest Content areas in need of less information (please be specific): _____

Suggest Content areas that could be changed to assist facilitation in providing information to participants, (please be specific): _____

C. Activities

7. The activities provided in this module were easy to follow.

not at all	1	2	3	4	5	Fully
------------	---	---	---	---	---	-------

8. The activities provided in this module were useful in providing:

i. Knowledge

Not at all	1	2	3	4	5	Very useful
------------	---	---	---	---	---	-------------

ii. Attitudes

Not at all	1	2	3	4	5	Very useful
------------	---	---	---	---	---	-------------

iii. Problem solving skills

Not at all	1	2	3	4	5	Very useful
------------	---	---	---	---	---	-------------

iv. Skills transfer

Not at all	1	2	3	4	5	Very useful
------------	---	---	---	---	---	-------------

9. The following activities were useful and of good quality training aids:

i. Group Discussions

Not at all	1	2	3	4	5	Very useful
------------	---	---	---	---	---	-------------

ii. Group Activities

Not at all	1	2	3	4	5	Very useful
------------	---	---	---	---	---	-------------

iii. Role Plays

Not at all	1	2	3	4	5	Very useful
------------	---	---	---	---	---	-------------

Additional Comments on activities: _____

D. Participant Comprehension and Enjoyment

10. Participants found information in this module easy to understand.

Not at all	1	2	3	4	5	Fully
------------	---	---	---	---	---	-------

11. Participants found the instructions for activities easy to understand.

Not at all	1	2	3	4	5	Fully
------------	---	---	---	---	---	-------

12. Participants were interested in the information provided in this module in the way it was presented.

Not at all	1	2	3	4	5	Fully
------------	---	---	---	---	---	-------

13. Participants enjoyed training in this module.

Not at all	1	2	3	4	5	Fully
------------	---	---	---	---	---	-------

Note down Session topics in this module participants were most interested in / most

enjoyed: _____

Note down Session topics in this module participants were least interested in / least enjoyed:

E. Evaluation Tools

14. The pre- and post test for this module was easy to administer.

not at all	1	2	3	4	5	Fully
------------	---	---	---	---	---	-------

15. The core skills in this module were easy to assess.

not at all	1	2	3	4	5	Fully
------------	---	---	---	---	---	-------

16. Following training, participants showed a good understanding of knowledge on the post-test.

not at all	1	2	3	4	5	Fully
------------	---	---	---	---	---	-------

17. Following training, participants were able to demonstrate core skills.

not at all	1	2	3	4	5	Fully
------------	---	---	---	---	---	-------

Suggest Recommendations on how the pre / post test for this module could be improved:

Suggest Recommendations on how the core skills assessed in this module could be improved: _____



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