

Health talks are designed for community health workers to sensitize and educate members of the community about issues that affect their health and the services offered at the facility within the scope of HIV/AIDS. Health talks are recommended to be about 20-30 minutes long and given in a common area of health facility before services are available and/or while patients are waiting to see a clinician or nurse. Health talks can also be performed within the community in support groups, during targeted community activities, and during HIV outreach activities.

### **Section 1: Planning for the Health Talk**

1. The staff should communicate daily with patients, clinical staff, and community leaders and take note of any of the following:
  - a. Health-related issues that patients, staff or community leaders don't understand or are misinformed about (e.g. medical services or medical knowledge)
  - b. Complaints or concerns
  - c. Gaps in their knowledge
2. The Site Supervisor should decide, along with the CHW team, the schedule and topics of health talks (see list of **Health Talk Topics** below). While choosing topics the following points should be considered:
  - a. Any issues discovered above
  - b. Where the health talk will be held
  - c. The target audience
  - d. The needs of the target audience
3. Choose a presentation form (drama, talk, discussion, etc) that may best convey the topic you are trying to teach and fits best with the current audience.
4. Compose a script or outline of what to say. Have SS/Asst. SS and/or other CHWs review and make comments as needed.
5. Confirm the time, date, and place of the health talk with the Site Supervisor.
6. Ensure that there is a procedure in place such that any patients who choose to be tested immediately after the talk can do so.

### **Section 2: Presenting the Health Talk/Drama**

1. Arrive at the clinic waiting area early and be prepared to give the health talk while the waiting area has many patients.
2. Greet the audience.
3. Introduce yourself as health facility personnel.
4. Explain the topic you will be presenting.
5. Give the Health Talk. Remember the following tips when presenting:
  - a. Be confident and know the material well
  - b. Be loud and move around while speaking
  - c. Engage your audience and encourage participation and questions
  - d. If someone asks a question you don't know the answer to, tell them you don't know but you will find out
6. Hold a question and answer portion at the end to clarify any points and to check for audience understanding.

### **Section 3: Supervision of the Health Talk**

1. On a regular basis, health talks should be observed by the Site Supervisor to ensure accurate and appropriate messages are being given to clients.
2. Following the health talk, the SS should give feedback to the CHW who presented the health talk. During the feedback session the SS should cover the following points:
  - a. Appropriateness of content
  - b. Accuracy of content
  - c. Knowledge and presentation of material, especially when answering questions
  - d. Presenting skills (projection of voice, speed, moving around while speaking, etc)
  - e. Audience participation
  - f. Generally what went well and what did not go well
3. Have an open discussion of how to improve that health talk and others in the future.
4. Discuss any issues brought up by participants that could be incorporated into the next health talk.

## Section 4: Health Talk Topics

### HIV Testing and Counseling (HTC)

#### Key Talking Points:

1. Importance of getting tested
  - a Start medication as soon as possible to stay healthy
  - b Keep spouse and children healthy by preventing spread of infection
2. Different methods of HTC
  - a Individual, group, family, with spouse
  - b At home or at health center
3. How and where they can be tested
  - a The procedure of HTC (first counsel and answer any questions, then tested and given results, further counseling)
  - b Different facilities and organizations that offer testing (health facility, Tingathe, other organizations)
  - c Confidentiality
4. Future of living with or without the disease
  - a Testing others in the family
  - b Positive living
  - c Disclosure
  - d Support groups (PLWHAS, Mothers 2 Mothers, Tingathe, etc)
  - e Medication and ART

#### Activities:

- ✓ Have audience give reasons why people do not get tested and correct any misconceptions
- ✓ Do a drama which shows the whole process of HTC (person decides to get tested, goes to health facility to be tested, counselor performs HTC, person is positive—finds ways of living with HIV/AIDS)
- ✓ Show people where HTC is done within the health facility
- ✓ Ensure there is a procedure in place such that any patients who choose to be tested immediately after the talk can do so
- ✓ Have someone who is living with HIV give a testimonial on when/how they decided to be tested

### Provider-Initiated Testing and Counselling (PITC)

#### Key Talking Points:

1. Why should you get an HIV test when you visit the health facility?
  - a Entry point to care and allows clinician/nurse to diagnose properly
  - b Start ART as soon as possible to allow you to live a long and healthy life
  - c Protect your loved ones from contracting HIV
2. If you are not offered an HIV test, you should ask for one
  - a Empower patients that their health is their responsibility and getting an HIV test can help them plan for a healthy life
3. Patients have a right to confidentiality - this a priority for counselors. If patients suspect someone has breached confidentiality, it should be reported
4. HIV services offered in the facility
  - a HCC and ART
  - b Partner testing and counselling
  - c Child and Adolescent services, teen clubs, etc
  - d Disclosure
  - e Support groups
  - f Linkage to Care and PMTCT programs through Tingathe (and other organizations)

#### Activities:

- ✓ Drama display to show the process of PITC
- ✓ Have audience give reason why people do not get tested and correct any misconceptions
- ✓ Explain where HTC is done within the health facility
- ✓ Have someone who is living with HIV give a testimonial on when/how they decided to be tested
- ✓ Ensure there is a procedure in place such that any patients who choose to be tested immediately after the talk can do so

## Viral Load

### Key Talking Points:

1. What is viral load and why do you do it?
  - a Blood test to measure the amount of HIV in your body
  - b More virus = faster destruction of immune system = more sick and higher risk of transmission
  - c Can be used to check for resistant viruses and to help monitor adherence
2. When and how will a viral load be taken?
  - a 6 months after starting ART and routinely every two years after that if adherence is good
  - b May ask for additional test to be done if clinician/nurse suspects that your medicine is not working
  - c Dried blood spot (DBS) done similarly to how infants are tested for HIV
3. What do I want my viral load to be?
  - a If you are adherent to your ART, your VL should be low – this is what you want!
  - b If your VL is high (or you are non-adherent) you are at risk for:
    - i Becoming more sick
    - ii Getting a resistant virus
4. Methods of staying adherent to ART

### Activities:

- ✓ Use pictures on flipchart to describe what viral load is
- ✓ Use pumpkin poster on flipchart to describe resistance
- ✓ Allow patients to share the different methods they use to remember their ARTs
- ✓ Demonstration of how a DBS is taken

## General HIV/AIDS Information

### Key Points:

1. Definition
  - a What HIV is (virus which kills the “soldier cells” of the body, which causes the immune system to become weak)
  - b Difference between HIV and AIDS
2. Ways of transmission
  - a Sex, blood, childbearing
3. Prevention
  - a Condoms, abstinence, single partner
  - b PMTCT care (through Tingathe)
  - c Not sharing used needles, touching other people’s blood, etc
  - d Getting tested early and knowing your status!!
  - e Ways HIV is not transmitted
4. Treatment
  - a ART
  - b CPT, IPT, etc
5. Relationship between HIV and:
  - a STIs: higher risk of contracting and transmitting STIs, so should always wear a condom during sex
  - b TB: people with HIV have a higher risk of getting sick from TB. If you have a cough, fever, night sweats or unplanned weight loss, you should tell the doctor

### Activities:

- ✓ State different forms of transmission of HIV/AIDS and have the audience decide whether it is a myth or a fact, if wrong, correct the myth
- ✓ Do a demonstration of how to use a condom and pass them out after
- ✓ Show people where HTC is done within the health facility
- ✓ Have an option for any who want to be tested right after the talk a way to be tested immediately

## Nutrition

### Key Points:

1. What nutrition is and why it's important
  - a Getting the right amount of the right kind of foods every day
  - b Important to grow, stay healthy, prevent infections
2. Six Food Groups
  - a Vegetables, Fruits, Legumes and Nuts, Animal Foods, Fats, Staples
3. Eating a well balanced diet
  - a Try to eat foods from each of the food groups every day
  - b Be creative and try to use the food growing around you to fulfill your needs
4. Malnutrition
  - a Can be caused from various things: starvation, other infections (HIV, TB, etc), diarrhea, etc
  - b Effects of malnutrition: stunting, marasmus, and kwashiorkor

### Activities:

- ✓ Give examples of different foods in each of the six food groups
- ✓ Make a poster of the six food groups and different examples of meals to hang in the health facility
- ✓ Have group plan out different kinds of meals which include all food groups (encourage them to be creative!!)
- ✓ State how each food can help you (e.g. proteins from meat help you build muscle and repairing body, fats from groundnut oil help your body absorb vitamins, fruits and vegetables provide vitamins to keep the body strong, etc)

## Hygiene

### Key Points:

1. Importance of good hygiene
  - a Staying healthy
  - b Preventing infection (TB, diarrhea, etc)
2. Practicing good hygiene
  - a Body Hygiene: bathing, washing and ironing clothes, brushing teeth
  - b Household Hygiene: good ventilation, clean kitchens and toilets, having a rubbish pit, hanging clothes on a drying rope, defecating only in the toilet, having a drying rack
  - c Food Hygiene: washing hands before preparing and eating food, wash vegetables and fruit before eating, left over foods should be reheated before heating, cook meat thoroughly, drink and cook with clean water
3. Teaching children good hygiene practices

### Activities:

- ✓ Have audience list different ways they remain hygienic in their households
- ✓ Have someone from environmental section describe the benefits of open defecation free villages (Key goal of Malawi)
- ✓ Give different examples of ways to stay hygienic
- ✓ Do a demonstration of how to: make a hand washing station for their toilets, build a better toilet, make a drying rack for dishes, etc

### Adherence

#### Key Points:

1. What adherence is
  - a Taking medicine EXACTLY as prescribed (only your medicine, every day)
  - b Done for all medication, not just ART
  - c Taking medication for as long as it's prescribed, not just until you feel better
  - d Storing medication properly
2. Benefits of good adherence
  - a Better health and a stronger immune system
  - b Lowers chance of transmission of HIV from mother to child or spouse
  - c Lowers the chance of developing a resistant virus; allows current medication to work for longer
3. Strategies for good adherence
  - a Keep a diary
  - b Take it at the same time as other family members who are taking ART
  - c Set a reminder on your phone
4. Results of poor adherence
  - a Sickness
  - b Increased risk of HIV transmission to child and/or spouse
  - c Resistance
  - d Treatment failure
5. Keeping clinic appointments

#### Activities:

- ✓ Demonstrate how to give certain types of medication to children
- ✓ Have people with good adherence to medication come and share their techniques for good adherence
- ✓ Comedy: Two friends are on ART but have different regimens (2A and 5A). One friend runs out of his medication and goes to his friend to ask to take his. The other friend gives him his medication, although it is not the same. The friend, who is now taking the wrong medication, becomes very sick due to side effects. The two friends go to the clinic together and discover the risks of not taking medicine as prescribed.

### Family Planning

#### Key Points:

1. Meaning of Family Planning
  - a Clarify that family planning means having the number of children you want when you want them
  - b Applies to people who want children and those that do not want children
  - c Women have a right to decide when/if they want to have children
2. Methods of FP
  - a Dual Method (condom + second form)
  - b IUD, Depo, condom, injection, LAM, sterilization
3. Advantages and disadvantages
  - a Of each FP method
  - b Highlight that it allows you to have the number of children you want, when you want them
  - c Dual method lowers chance of pregnancy and STI transmission
4. Places to access FP methods
5. Dispel myths

#### Activities:

- ✓ Demonstrate how to use a condom
- ✓ Distribute condoms
- ✓ Have multiple different women come in to discuss the advantages and disadvantages of their own personal birth control
- ✓ Demonstrate how family planning
- ✓ Give examples of how to make a family plan with the spouse and certain key points to cover
- ✓ Show where and who people should go in the health facility to access FP options
- ✓ Make a poster with the different types of contraceptive methods
- ✓ Have audience list anything they know about FP methods and correct any myths that come from it

## PMTCT

**Key Points:**

1. Meaning of PMTCT
  - a Preventing mother-to-child transmission of HIV
  - b Can lower the chance from ~40% to less than 2% if follow all steps
2. Transmission (when and how)
  - a Pregnancy, birth or breastfeeding
  - b Long time frame and must be diligent until infant receives his/her final HIV status
3. Prevention and key interventions
  - a Adherence to medication
  - b Delivering at the health facility
  - c Proper testing (DBS and rapid)
  - d Breastfeeding techniques
  - e Routine HIV testing during pregnancy and breastfeeding; expect a repeat test when at maternity if previously negative or unknown regardless of when previous test was done
4. Maternal factors involved with increased risk of MTCT
  - a Poor adherence to medication
  - b Poor hygiene and nutrition
  - c HIV-Infection during that time
5. Support groups
  - a Tingathe
  - b Mothers to Mothers, etc

**Activities:**

- ✓ Make a poster of proper breastfeeding techniques
- ✓ Have groups brainstorm different ways they can be sure to deliver at the health facility
- ✓ Have group leaders (Tinagthe, Mothers to Mothers, etc) speak about how their programs can help assist women

## STIs

**Key Points:**

1. STIs
  - a Different types of STIs: Chlamydia, gonorrhea, syphilis, HPV, HIV, herpes, etc
2. Ways of contracting STIs
  - a Through sex (oral, anal, or vaginal)
  - b Other forms of transmission: rubbing infected part of the body on a non-infected part of the body,
3. Prevention & early screening
  - a Use of condoms
  - b Going with your partner to be tested and treated
4. Relationship between STIs and HIV/AIDS
  - a Higher risk of contracting and transmitting STIs if have HIV
  - b Symptoms can be worse
5. Signs & Symptoms of STIs
  - a Vaginal itch, sores or bumps on genitals, pain when having sex, pain during urination, discharge
  - b Complications: cervical cancer, infertility, chronic abdominal pain, pregnancy outside the womb, transmission to child, miscarriages, mental disorders
6. Treatment
  - a Some have cures, but others do not (HPV and HIV)

**Activities:**

- ✓ Having audience list different types of STIs that they know
- ✓ Showing how and where people can be tested and treated for STIs in the health facility
- ✓ Demonstrate how to use a condom
- ✓ Give methods to discuss STIs with the doctor or the spouse
- ✓ Drama: A woman has signs and symptoms of an STI, but is too afraid to discuss it with her partner. Instead, she goes to the health facility alone and gets treated. A few weeks later, she is re-infected by her partner. She goes to the health facility again and is counseled on how to talk to her partner. She talks to her partner and they go together to get tested and treated for STIs.