

# Ward-based Primary Healthcare Outreach Team:

## Community Health Worker and Outreach Team Leader Skills Development Package for In-service Training

# CHW Work-Integrated Learning Phase Facilitator Guide 2024



**health**

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



## Disclaimer

This training curriculum has been developed using globally recognised credible sources. As medicine is an evolving field with ongoing research and debate, information can quickly be superseded. All aspects of the training material reflect the current best available information, at time of going to print (June 2018). The National Department of Health cannot guarantee that based on new scientific, programmatic or policy developments in the field of medicine, the information will always be accurate and/or complete at all times in the future. Readers are encouraged to continually seek out any advances in medical science that may have taken place.

## Acknowledgements

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The 2018 CHW Skills Development Package incorporates content from the original *CHW Training Package Phase 1 and 2*, developed by BroadReach for the National Department of Health in 2012. These materials have been updated, modified and supplemented by the International Training and Education Centre for Health (I-TECH South Africa) with contributions by the South Africa National Department of Health and Health Systems Trust.

The 2024 version of the material includes updates to Chapter 5 – Non-Communicable Diseases.

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## Icons

The icons indicate the type of activity to be facilitated:

	<b><i>Facilitator-led Interactive Presentation</i></b>
	<b><i>Case Presentation and/or Group Discussion</i></b>
	<b><i>Small Group Activity</i></b>
	<b><i>Pre/Post Test (Individual Exercise)</i></b>

# WBPHCOT Skills Development Package CHW In-Service Training Work-Integrated Learning Phase

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## USEFUL ACRONYMS

**WIL** = Work-Integrated Learning

**SDW**= Skills Development Workshop Facilitator Manual OR Participant Workbook

**CRM** = Clinical Reference Manual

## HOW TO USE THIS GUIDE

This guide lays out the agenda and timing for activities during the 8 weeks of work-integrated learning (weekly in-service training) following the CHW Skills Development In-Service Workshop. Each week there is one hour for the WBPHCOT meeting, then about three hours for WIL. The timing for each type of activity is approximate—it may take you a little more time or a little less time. Planning ahead will help you avoid going too much over time. Each weekly session focuses on one core skill and one clinical topic.

### Clinical topic pre/post test

- Each clinical topic has a pre/post-test.
- Have CHWs take the pre-test the week before you present a clinical topic (i.e., HIV, TB, diabetes).
- If you are unable to access copies of the pre-test, write each question on a piece of flip-chart paper, and then ask CHWs to note their answer on a piece of paper.
- Score the pre-tests. This will give you an idea of the baseline knowledge that CHWs have about that particular topic. Use the results of the pre-test to plan your scenario-based skills practice and help with case discussions.

- You can share the correct answers with the group. Give the pre-test back to the CHW and review individual results with each CHW to help them understand where they should focus their learning.
- CHWs will complete a post-test on all the clinical topics during week 8.
- Score the post-test. Compare post-test results with each CHW's pre-test results. Note any progress. Review the results with each CHW. Use these results to know where to focus more training and mentorship for each CHW.
- **NOTE:** There is no "passing" score for the clinical pre/post-test. The results are to be used to show additional training needs.

### **Skills practice through role play using the Skills Building Scenarios**

- Each weekly session includes skills practice through role play using the skills-building scenarios found in the SDW manual/workbook and real-life cases.
- For each topic, review the Skills-building Scenarios section in your SDW Manual/Workbook (**Section A12 for OTLs, Section A8 for CHWs**). Make sure you know which scenarios are the best fit for the week's clinical topic and skill. Use those for the skills practice time each week.

### **Case presentation**

- Each week, choose one or two CHWs to present a case the following week.
- The case topic should match the week's clinical topic.
- The case should be about a real household that the CHWs have visited.
- See the OTL In-service Training Participant Workbook, **Lesson A11: Enabling Ongoing Learning for the CHW**, to know more about how to do a case presentation or discussion with the Outreach Team.

### **Using other tools**

The CHW Household Tools and the Health Promotion Tool for CHWs should be used during the skills practice, especially during:

Week 1: Communication      Week 2 and Week 3: Screening      Week 4: Referral  
 Week 5: Tracing      Week 6: Health Promotion

The CHW Household Tools and the Health Promotion Tool for CHWs are important resources for finding answers to clinical questions. Use these tools to prepare for the weekly clinical topic. If you need further information on a clinical topic, refer to the CHW Clinical Reference Manual (CRM), which should be available at your facility in electronic form. If you have difficulty finding or using the CRM, contact your Facility Manager and/or your Master Trainer.

## GENERAL SCHEDULE

You can change the order of topics and activities to better fit your team’s needs. For more information, see page 8.

WEEK	CORE SKILL	CLINICAL TOPIC
Week 1	Communication	Antenatal Care, TB Basics, PMTCT
Week 2	Screening	HIV Basic Prevention, High Blood Pressure / Hypertension
Week 3	Screening	Diabetes and Cancers
Week 4	Referral	HIV Treatment
Week 5	Tracing	TB Treatment, Integrated Treatment Adherence
Week 6	Health Promotion Tools	All conditions (TB, HIV, Antenatal Care & PMTCT, Hypertension, Diabetes and Cancers).
Week 7	Health Promotion – Engagement & Facilitation	Child Health
Week 8	Pyscho-social support	Post-natal & Infant Care
	Summative assessments*	All (Skills-building Scenarios) *Undertake summative assessments once the above content has been covered
<b>ALL CLINICAL TOPICS</b>		Diabetes, high blood pressure, HIV and AIDS, Tuberculosis, Maternal and newborn health, Child Health, <i>palliative care, vulnerable populations: older persons, people with disabilities</i>

## MATERIALS

OTL	CHW
In-service Training Workshop Facilitator Manual CHW Household Tools Health Promotion Tool for CHWs Copies of the Summative Assessment Core Skills Checklist (1 per CHW) Pre/Post Test Answer Key	In-service Training Workshop Participant Workbook CHW Household Tools Health Promotion Tool for CHWs Pen, paper or notebook Pre/Post Test Booklets
Optional: Flipchart and markers	Optional: Copies of the Core Skills Checklists (1-2 per CHW per week)

## PREPARATION

Preparation before the WIL phase begins:

1. Review the schedule and make any necessary changes.
2. Know what materials you need for each week and make a plan for how to get them. This includes: guides and manuals, photocopies, pages numbers of content, and any other supplies.
3. Review the information on the core skills in the SDW Facilitator Manual.

4. For each CHW on your team, review the pre- and post-test results and the Formative Assessment results from the Skills Development Workshop. Use this information to know what skills and areas to focus on during the WIL phase.

Preparation for each week:







1. Review the agenda for the week's session.
2. Know what materials you need for the session and get them. This includes: guides and manuals, photocopies, pages numbers of content, and any other supplies.
3. Review the pre-test results for the week's clinical topic, if the CHWs completed them.
4. Choose the scenarios for skills practice.













After each weekly session:

1. Make notes for yourself on what went well and what you can improve next time.
2. Note any major questions that the CHWs had or that you have about the skills or any clinical issues.
3. Fill in the WIL Weekly Session Reporting Form and return it to your Master Trainer.










## DETAILED SAMPLE SCHEDULE










The sample schedule below shows how the weekly Work-Integrated Learning session should be delivered. You can change the order of topics and activities to better fit your team's needs. However, it is important to complete all the topics, skills and activities. It is also important to keep the skills and topics together as stated in the schedule. For example: Health Promotion tools and Diabetes do not have to be done in Week 5, but they must be done together.













WEEK 1		
<b>Core Skill:</b>	Communication (SDW Lesson A2)	
<b>Clinical Topic choices:</b>	Antenatal Care (CRM Lesson D2) TB Basics (CRM Lesson C2) PMTCT (CRM Lesson C3)	
1 hour	General Outreach Team meeting administration and paperwork	
WIL Training Session (3 hours)		
20 minutes	 Session opening	Review the goals of the WIL phase. Review the WIL schedule. Ask if there are questions from the Workshop Phase.
30 Minutes	 Pre-Test	Pre-test on Antenatal Care, TB Basics and PMTCT
20 minutes	 Refresher: Communication Skills	Description: Q&A, recap of Types of Questions , review of skills checklist
45 minutes	 Case presentation	Assigned CHW or CHW pair will present their case (must be based on a real household)
1 hour	 Communication practice role plays	Communication practice using Skills- building scenarios/real-life cases
5 minutes	 Session closing	Share skill for next week: Screening
WEEK 2		
<b>Core Skill:</b>	Screening (SDW A4)	
<b>Clinical Topic choices:</b>	HIV Basic Prevention (CRM Lesson C1) High Blood Pressure (hypertension) (CRM Lesson E2)	
1 hour	General Outreach Team meeting administration and paperwork	





WIL Training Session		
10 minutes	 Session opening	
25 minutes	 Pre-test	Pre-test on HIV Basics and Prevention and High Blood Pressure
20 minutes	 Refresher: Screening Skills	Description: Q&A, recap of screening process , review of skills checklist
45 minutes	 Case presentation	Assigned CHW or CHW pair will present their case (must be based on a real household)
1 hour	 Screening practice role plays	Screening practice using Skills- building scenarios/ real-life cases
5 minutes	 Session closing	Share skill for next week: Screening
WEEK 3		
<b>Core Skill:</b>	Screening (SDW A4)	
<b>Clinical Topic:</b>	Diabetes and Cancers (Lesson E1)	
1 hour	General Outreach Team meeting administration and paperwork	
WIL Training Session		
10 minutes	 Session opening	
25 minutes	 Pre-test	Pre-test Diabetes and Cancers
25 minutes	 Refresher: Screening Skills	Description: Q&A, recap of screening process , review of skills checklist
45 minutes	 Case presentation	Assigned CHW or CHW pair will present their case (must be based on a real household)
1 hour	 Screening practice role plays	Screening practice using Skills- building scenarios/ real-life cases
5 minutes	 Session closing	Share skill for next week: Referral



WEEK 4		
<b>Core Skill:</b>	Referral (SDW Lesson A5)	
<b>Clinical Topic:</b>	HIV Treatment (CRM Lesson C2)	
1 hour	General Outreach Team meeting administration and paperwork	
WIL Training Session (3 hours)		
10 minutes	 Session opening	
20 minutes	 Pre-test	Pre-test on HIV Treatment
25 minutes	 Refresher: Referral Skills	Description: Q&A, recap of referral form , review of skills checklist
45 minutes	 Case presentation	Assigned CHW or CHW pair will present their case (must be based on a real household)
1 hour	 Referral practice role plays	Referral practice using Skills- building scenarios/real-life cases
5 minutes	 Session closing	Share skill for next week: Tracing
WEEK 5		
<b>Core Skill:</b>	Tracing (SDW Lesson A6)	
<b>Clinical Topic choices:</b>	TB treatment (CRM Lesson C5), Integrated Treatment Adherence (CRM Lesson C6)	
1 hour	General Outreach Team meeting administration and paperwork	
WIL Training Session		
10 minutes	 Session opening	
25 minutes	 Pre-test	Pre-test on TB Treatment and Integrated Treatment Adherence
25 minutes	 Refresher: Tracing Skills	Description: Q&A, recap of tracing process and forms , review of skills checklist

45 minutes	 Case presentation	Assigned CHW or CHW pair will present their case (must be based on a real household)
1 hour	 Tracing practice role plays	Tracing practice using Skills- building scenarios/ real-life cases
5 minutes	 Session closing	Share skill for next week: Health Promotion
<b>WEEK 6</b>		
<b>Core Skill:</b>	Health Promotion- Health Promotion Tool and Household Tools (SDW Lesson A3)	
<b>Clinical Topic:</b>	Diabetes (CRM Lesson E1)	
1 hour	General Outreach Team meeting administration and paperwork	
<b>WIL Training Session (3 hours)</b>		
10 minutes	 Session opening	
15 minutes	 Pre-test	Pre-test on Diabetes
30 minutes	 Refresher: Health Promotion Skills: Health Promotion Tool and Household Tools	Description: Q&A, recap of how to use the health promotion tools, review of skills checklist on individual health education/promotion
45 minutes	 Case presentation	Assigned CHW or CHW pair will present their case (must be based on a real household)
1 hour	 Health Promotion Tool practice role plays	Health Promotion Tool practice using Skills- building scenarios/real-life cases
5 minutes	 Session closing	Share skill for next week: Health Promotion: Engagement and Facilitation
<b>WEEK 7</b>		
<b>Core Skill:</b>	Health Promotion- Engagement and Facilitation (SDW A3)	
<b>Clinical Topic:</b>	Child Health (CRM Lesson D4)	
1 hour	General Outreach Team meeting administration and paperwork	
<b>WIL Training Session</b>		

10 minutes		Session opening	
25 minutes		Pre-test	Pre-test on Child Health
20 minutes		Refresher: Health Promotion Skills: Engagement and Facilitation	Description: Q&A, recap of engagement and facilitation, review of skills checklist on facilitation and engagement
45 minutes		Case presentation	Assigned CHW or CHW pair will present their case (must be based on a real household)
1 hour		Health Promotion practice role plays	Health Promotion practice using Skills- building scenarios/ real-life cases
5 minutes		Session closing	Share skill for next week: Psychosocial Support
<b>WEEK 8</b>			
<b>Core Skill:</b>	Psychosocial Support (SDW Lesson A7)		
<b>Clinical Topic:</b>	Postnatal and Infant Care (CRM Lesson D3)		
1 hour	General Outreach Team meeting administration and paperwork		
<b>WIL Training Session (3 hours)</b>			
10 minutes		Session opening	
20 minutes		Pre-test	Pre-Test on Postnatal and Infant Care
20 minutes		Refresher: Psychosocial Support Skills	Description: Q&A, recap of methods of psychosocial support, review of skills checklist
45 minutes		Case presentation	Assigned CHW or CHW pair will present their case (must be based on a real household)
1 hour		Psychosocial support practice role plays	Psychosocial support practice using Skills- building scenarios/real-life cases
20 minutes		Q&A and other prep for the Summative Assessments	

WEEK 8		
Core Skill:	All	
Clinical Topic choices:	All	
30 minutes	General Outreach Team meeting administration and paperwork	
WIL Training Session		
10 minutes	 Introduction to the day	
3 hours	 Summative Assessments	For any assessments NOT being done at a household visit, use this time to role play using a chosen Skills Building Scenario.  <b>NOTE:</b> Assessments done during a household visit should be scheduled within this week, if possible.
	 Post-test	While each CHW is completing the summative assessment, the other members of the team should complete the Post-Test on all clinical topics.
20 minutes	 Debrief Summative Assessments	Ask the participants what they thought about the assessment experience and personal progress they've made. See page 11 about the Summative Assessments and page 3 about the Clinical Pre/Post Tests for more details.

## WEEK 8 Summative Assessments of the Core Skills

1. Choose whether the assessment will be done using a scenario or during a real household visit.

### Assessment using Role-Play Scenario

1. If using a scenario, choose a scenario from the Skills-Building Scenarios in the CHW SDW Manual.
2. Choose one person to play the role of the household member. This person will NOT be assessed. Only the person playing the role of the CHW will be assessed.
3. Give 15-30 minutes for the pair to role-play the scenario.
4. Use the Core Skills Checklist for Formative and Summative Assessment while observing the role play. Rate the person playing to role of CHW on the different elements for assessment following the instructions on the tool.
5. Share the feedback with the CHW and ensure you or the CHW keep a copy of the assessment.

### Assessment during Household Visit

1. Get the household member's permission to observe the encounter. Explain that you are assessing the CHW's skills, NOT recording any information about the household member.
2. Use the Core Skills Checklist for Formative and Summative Assessment while observing the visit. Rate the CHW on the different elements for assessment following the instructions on the tool.
3. Share the feedback with the CHW and ensure you or the CHW keep a copy of the assessment.

### IF THE CHW DOES NOT PASS THE SUMMATIVE ASSESSMENT

1. Review the assessment results and clinical post-test results with the CHW.
2. Work with the CHW to plan for more training and mentoring on the areas of weakness.
3. Carry out more training sessions or mentoring sessions with the CHW. See the OTL SDW Participant Workbook **Lessons A8: Supportive Supervision, A9: Mentoring Skills, and A11: Enabling Ongoing Learning** for the CHW for more information.
4. Have the CHW make household visits with another person on the team who is strong in the skills where the CHW is weak.
5. Make a plan to repeat the summative assessment in a period of 4-10 weeks.
6. If the CHW still does not improve, talk to the Facility Manager and/or Master Trainer about a performance improvement plan for the CHW.

## CHW Work-Integrated Learning Clinical Topic Pre/Post Test Answer Key

### Guidance for the trainer:

Review the different types of questions that the learners will encounter in the clinical topic pre/post-test. These are:

- Multiple choice—choose the answer that is true These questions are phrased like this:
- Multiple choice—choose the answer that is false. These questions are phrased as “All the following are true EXCEPT...”
- True or False
- Matching
- Fill in the blank  
These questions ask the learner to fill in the missing word or phrase.
- Short answer  
These questions ask the learner to give an answer that is more than one word. The trainer notes will indicate what responses to look for.

The topics covered in this pre/post-test are: HIV, TB, Maternal and Child Health, Diabetes and High Blood Pressure, per the CHW Scope of Work 2018.

Each lesson test can be administered separately. Use the scoring sheet to tally and record test scores.

### Lesson C1: Basics of HIV and HIV Prevention

Q1. People may get HIV from:

- a. Having sex with someone who is HIV-negative.
- b. Sharing plates and spoons with someone who is HIV-positive.
- c. **Sharing needles with someone who is HIV-positive.**
- d. Living with someone who is HIV-positive.

Q2. Which of the following is an example of safer sex?

- a. Anal sex, because you cannot get pregnant.
- b. Sex during which you do not get your partner's semen, blood or vaginal fluids in your body.**
- c. Dry sex (using powder, herbs or douches to dry out the vagina and make it tighter).
- d. Sex with someone who says they are HIV-negative.

Q3. To prevent HIV:

- a. People must always use condoms every time they have sex.**
- b. A person can have sex with anyone, as long as they know their own HIV status.
- c. A pregnant woman needs to find out her HIV status just before the baby is born so that the health care workers can treat the baby immediately.
- d. Douche after sex.

Q4. When a person tests negative for HIV, it means they never have to worry about HIV again.

- a. True
- b. False**

Q5. Which of the following are effects of HIV-related stigma:

- a. People might not go for treatment.
- b. People may not tell their family about their status.
- c. People may not adhere to their treatment, due to lack of support.
- d. All of the above.**

Q6. An opportunistic infection is:

- a. An infection that is found only in the very sick and elderly.
- b. An infection that is only found in people who are HIV-positive.
- c. An infection that is found in people who have a weak immune system.**
- d. An infection that is found in people who have diabetes or high blood pressure.

Q7. Which of the following is the most common opportunistic infection in people who have HIV in South Africa?

- a. Cancer.
- b. Diarrhoea.
- c. Shingles.
- d. TB (tuberculosis).**

Q8. Which of the following are **true** about HIV?

- a. It can be cured by ARV therapy.
- b. It can be passed through sharing plates and cups with someone who is HIV-positive
- c. It can be passed to the baby during pregnancy only if the mother is sick.
- d. **None of the above.**

Q9. It is the role of the CHW to:

- a. Be a role model and tell people about how much they love to use condoms.
- b. **Let community members know where they can get free condoms.**
- c. Tell people to be abstinent.
- d. Buy condoms for young community members if their parents will not.

Q10. Voluntary Medical male circumcision:

- a. Is the same as traditional circumcision.
- b. **Reduces a man's risk of becoming HIV-infected during unprotected sex.**
- c. Can only be done on boys and young men up to the age of 20.
- d. Makes the penis harder to clean.

Q11. When a man has had medical circumcision, the CHW should encourage all of the following EXCEPT:

- a. Wait 4-6 weeks before engaging in sexual activity like masturbation and intercourse.
- b. Return to the clinic immediately if he has any fever, swelling or lots of bleeding.
- c. **Stop wearing underwear while the penis heals.**
- d. Still use a condom when having sex, since circumcision does not provide total protection against HIV or protection from other STIs.

Q12. How soon after unprotected sex should a person start PEP (post-exposure prophylaxis)?

- a. As soon as possible, up to 1 hour after sex.
- b. As soon as possible, up to 48 hours after sex.
- c. **As soon as possible, up to 72 hours after sex.**
- d. As soon as possible, up to 1 week after sex.



MATCHING: Match the word with the correct definition (meaning of the word).

- Q13. Stigma
- a. Refusing to share a cup with someone who has HIV
  - b. Acting negatively toward a person because of a category they belong to rather than something about them as a person
- Q14. Discrimination
- c. Violence against people living with HIV
  - d. A mark of shame or social disgrace

Answers

Q13. Stigma	<b><i>d. A mark of shame or social disgrace</i></b>
Q14. Discrimination	<b><i>b. Acting negatively toward a person because of a category they belong to rather than something about them as a person</i></b>

Q15. SHORT ANSWER: What is the difference between PrEP and PEP? Give an example of a community member who would be eligible for each? (3 points)

PrEP:

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PEP:

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*ANSWER: PrEP is pre-exposure prophylaxis and is medication that is given before a potential exposure to an infection such as HIV. PEP is post-exposure prophylaxis and is medication that is given after a potential exposure to an infection such as HIV (1 point).*

*A commercial sex worker is eligible for PrEP; couples in discordant relationships are eligible for PrEP (1 point). Someone who has had a needle stick from a needle exposed to someone with HIV is eligible for PEP; a survivor of sexual assault may be eligible for PEP (1 point).*

Q16. HIV is God's punishment for sinning.

- a. True
- b. **False**

Q17. SHORT ANSWER: What is informed consent? (2 points)

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*Answer to look for (both underlined points must be present for a correct answer): A healthcare worker has explained the medical procedure and all the risks involved to the person (1 point), and the person has agreed and signed that they want to have the procedure done (1 point).*

Q18. How can a CHW reduce stigma and discrimination in the community?

- a. **Involve people with HIV in discussions with community members and in planning events to educate the community about HIV.**
- b. Ignore your own feelings about people living with HIV and focus on how community members feel.
- c. Let people learn for themselves about the ill effects of stigma and discrimination.
- d. Allow myths to be shared in the community to see if anyone tries to correct them.

## Lesson C2: HIV Treatment

Q1. HIV treatment (antiretroviral medication):

- a. Can cure HIV.
- b. Does not help the immune system to recover.
- c. Will only be given to people when they are very sick with HIV.
- d. **Will slow down the rate that HIV multiplies in the body, making HIV a manageable condition.**

Q2. People should begin taking ARVs when they:

- a. Test positive for HIV.
- b. Get an opportunistic infection from HIV.
- c. **Test positive for HIV and are ready to begin lifelong therapy.**
- d. Start to feel sick from HIV.

Q3. If a person taking ARVs has side effects, they should:

- a. Stop taking their medicine because the side effects are irritating.
- b. Stop taking ARVs because they are no longer working.
- c. **Inform the CHW or the clinician.**
- d. Try a traditional medicine to balance the side effects.

Q4. Community members who are stable on treatment:

- a. Are eligible for Centralised Chronic Medications Dispensing and Distribution programme (CMMDD)
- b. Can participate in Adherence Clubs.
- c. Can use Spaced Fast Lanes at the pharmacy to refill their ARVs.
- d. **All of the above.**

Q5. ARVs should be stored away from heat, light and moisture.

- a. **True**
- b. False

Q6. All ARVs should be taken twice daily with meals.

- a. True
- b. **False**

Q7. All of the following are common side effects of ARVs, EXCEPT:

- a. Loss of appetite.
- b. **Swollen eyes and tongue.**
- c. Muscle pain.
- d. Headaches.

Q8. It is the CHW's role is to:

- a. Treat side effects with home-based treatments.
- b. Advise community members to wait and see if side effects go away.
- c. **Report any adverse drug reactions to the Team Leader and health facility.**
- d. Write a monthly report about all side effects experienced by community members.

### Lesson C3: MTCT

Q1. All of the following are good ways to prevent mother-to-child transmission of HIV, EXCEPT:

- a. Get tested for HIV if you want to become pregnant soon.
- b. If you are pregnant and HIV-positive, you should enroll in ANC and EMTCT services as soon as you can.
- c. **You should stop using condoms with your partner during your pregnancy, since you are already pregnant.**
- d. You should try to plan your pregnancy instead of just falling pregnant by chance.

Q2. If a pregnant mother is HIV-positive:

- a. The baby can only get HIV from drinking breast milk.
- b. She does not have to worry about using condoms during her pregnancy.
- c. She only needs treatment once the baby is born.
- d. **She must continue to take her ARV treatment.**

Q3. If a woman is HIV-positive, she can be forced to have a termination of pregnancy.

- a. True
- b. **False**

Q4. A pregnant woman or new mother can pass HIV to her baby at the following times:

- a. During the pregnancy.
- b. During breast feeding.
- c. During labour and delivery.
- d. **All of the above**

Q5. A baby is more at risk of getting HIV from the mother when:

- a. The baby is younger than 8 weeks old.
- b. **The mother is not on ARV treatment or is not taking it correctly.**
- c. The father is also HIV-positive.
- d. The mother has been on ARVs for more than 1 year.

Q6. All of the following are messages that the CHW should share with HIV-positive pregnant mothers EXCEPT:

- a. **Giving birth at home is a good option.**
- b. Attending ANC early will help protect you and your baby's health.
- c. Your baby will be tested for HIV after they are born.
- d. It is important to use condoms to avoid re-infection during your pregnancy.

Q7. Babies born to HIV-positive mothers will be tested for HIV:

- a. When they are 2 years old.
- b. Shortly after birth and 6 and 10 weeks after stopping breastfeeding.**
- c. At 12 weeks old.
- d. Never, as long as their mothers took ARVs during pregnancy.

Q8. SHORT ANSWER: What is mixed feeding?

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*ANSWER: Mixed feeding is giving baby breast milk and other types of food such as formula, soft porridge, water, tea, cow's milk, before the age of 6 months.*

Q9. Exclusive breastfeeding lowers the risk of HIV being passed from mother to baby.

- a. True**
- b. False

Q10. CHWs can help prevent mother-to-child transmission by:

- a. Promoting exclusive formula feeding.
- b. Encouraging women to plan their pregnancies using fertility planning methods.**
- c. Holding community education classes about good nutrition during pregnancy.
- d. Discouraging HIV-positive women from having children.

## Lesson C4: Basics of Tuberculosis

Q1. TB is caused by:

- a. Bacteria (germs) that spread through the air.**
- b. Dirty water.
- c. Dog bites.
- d. People not washing their hands after they go to the toilet.

Q2. TB only affects the lungs.

- a. True
- b. False**

Q3. Tuberculosis is:

- a. An infection that only affects people with HIV.
- b. The leading cause of death in South Africa.**
- c. Not an opportunistic infection.
- d. Impossible to cure.

Q4. Inactive TB:

- a. Means you do not have to take treatment.
- b. Turns into active TB in people who are weak or sick.**
- c. Can be spread to other people.
- d. Makes a person feel really ill.

Q5. All of the following are signs or symptoms of TB, EXCEPT:

- a. Hair loss.**
- b. Coughing for more than 2 weeks.
- c. Weight loss.
- d. Night sweats.

Q6. If someone who is HIV-positive has been coughing for more than 2 days, they should:

- a. Counselling to eat better to improve their immune system.
- b. Be closely watched to see if the coughing lasts for more than 2 weeks.
- c. Be screened at the clinic for TB as soon as possible.**
- d. Be started on TB treatment as soon as possible.

Q7. TB can be prevented in part by making sure:

- a. People who come into contact with someone who has TB go to the clinic only if they start to feel sick.
- b. All babies are vaccinated against TB.**
- c. Household members with TB sleep in a separate room and keep their door and window closed until they have completed treatment.
- d. When people with TB spit on the ground, they cover it up.

Q8. CHWs should protect themselves from TB when on home visits by:

- a. Refusing to enter the home of someone who has active TB.
- b. Asking people who have symptoms of TB to stay in bed.
- c. Washing their hands before entering the home of someone with TB.
- d. If the household member is able, ask them to sit outside for the visit.**

Q9. The three kinds of people who should always be tested for TB are:

- a. Children under 5 years, people living with HIV, and the elderly.
- b. People with TB symptoms, the elderly, and people living with HIV.
- c. **People with TB symptoms, people living with HIV, and people living with someone who has TB.**
- d. People at risk of getting HIV, people who live with someone who has TB, and healthcare workers.

Q10. A key role for the CHW in dealing with TB is to:

- a. Make sure everyone in the community gets screened and tested for TB.
- b. **Educate the community on how TB is spread.**
- c. Encourage people with TB to stay indoors with the windows closed.
- d. Advise caregivers to keep their children away from people who are being treated for TB.

## Lesson C5: TB Treatment

Q1. TB treatment is taken:

- a. Once per week.
- b. **Daily for 6-9 months.**
- c. Daily for 1-3 months.
- d. Monthly for 2 years.

Q2. All of the following are reasons to take TB treatment EXCEPT:

- a. To prevent infecting other people with TB.
- b. To prevent complications from TB.
- c. **To lower the risk of getting HIV as well.**
- d. To cure the TB infection.

Q3. Treatment for inactive TB is called:

- a. PMTCT
- b. DOTS
- c. **IPT**
- d. Rifampicin therapy

Q4. IPT is not safe for pregnant women.

- a. True
- b. **False**

Q5. People on TB treatment should avoid:

- a. **Alcohol.**
- b. Leafy green vegetables.
- c. Too much exercise.
- d. Drafty rooms.

Q6. Urgent side effects of TB include:

- a. Dizziness, weakness, muscle pain.
- b. Dizziness, difficulty breathing, vomiting.
- c. **Vomiting, difficulty breathing, jaundice.**
- d. Hearing loss, tingling feet, fatigue.

Q7. People stop adhering to their TB treatment because:

- a. They have a treatment buddy.
- b. **They feel better and think they no longer need treatment.**
- c. They have no side effects.
- d. They are on DOTs.

Q8. TB treatment can be interrupted if:

- a. The person wants a break, as long as the first 2 months of medication has been taken as directed.
- b. The person develops MDR-TB.
- c. The person does not like the side effects.
- d. **No, treatment should never be stopped or interrupted.**

Q9. Women with TB should be informed that:

- a. **TB can be passed from mother to baby.**
- b. TB can make you infertile.
- c. TB treatment does not weaken the effectiveness of birth control pills.
- d. TB is more serious in women than in men.

Q10. When a community member resumes TB treatment after interruption, the CHW should:

- a. Scold the community member for stopping in the first place.
- b. Visit every day to observe them taking their medication.
- c. **Increase the number of home visits to help support adherence.**
- d. Warn community members that the person may be more contagious because they interrupted treatment.



## Lesson C6: Integrated Treatment Adherence

Q1. Integrated treatment adherence is:

- a. When people take all their medicines at one time.
- b. Taking medicines when the person is not feeling well.
- c. **A process that begins when medicines are prescribed and continues when the person starts taking them.**
- d. Following a healthy lifestyle when taking medicine.

Q2. Treatment adherence is important:

- a. **Because drug resistance can take place if people do not take their medicines exactly as prescribed.**
- b. Only when two people have HIV and are having sex.
- c. Because it will increase a person's viral load.
- d. Only when people are very sick.

Q3. People stop taking their medicines because of all of the following reasons EXCEPT:

- a. The pharmacy or clinic is far away from home.
- b. The herbs they are taking work just as well or better than the ARV medicines.
- c. **They don't drink alcohol.**
- d. They haven't told a family member or friend who could be a treatment supporter that they have TB or are HIV-positive.

Q4. To help with integrated treatment adherence:

- a. Tell people to count the tablets they have left at the end of the month.
- b. **Ask people to set reminders on their cell phones.**
- c. Suggest that people leave pills at a friend or family member's house.
- d. Tell them to put the medicine away in a cupboard.

Q5. An example of an open-ended adherence screening question is:

- a. Have you thought about stopping your medications?
- b. Have you had any side effects this month?
- c. **How many doses of your medicine have you missed since your last visit?**
- d. Can you list what medications you are taking?

Q6. All of the following are parts of the Patient Adherence Plan, EXCEPT:

- a. **Date of diagnosis.**
- b. How the person will get to appointments.
- c. The medication schedule.
- d. Planning for trips.

Q7. All of the following are part of options for stable HIV patients, EXCEPT:

- a. CCMDD.
- b. Model HIV Patient Programme.**
- c. Adherence Clubs.
- d. Spaced and fast lanes.

Q8. A key role for CHWs is to:

- a. Help the community member find ways to address barriers to adherence.**
- b. Counsel adolescents about the dangers of TB treatment side effects.
- c. Track missed clinic appointments.
- d. Count pills for all community members on HIV and TB treatment.

***Treatment Adherence is often related to mental health issues. Mental Health is covered in Lesson C8: Mental Health and Substance Use. The following four questions relate to mental health.***

Q9. Mental illnesses:

- a. Only affect adults and the elderly.
- b. Always require being admitted to the hospital.
- c. Include common conditions such as feeling sad or worried.**
- d. Are all inherited from family members.

Q10. SHORT ANSWER: List 2 questions included on the Mental Illness Screening Tool that can be used by the CHW if a household member is suspected of dealing with mental illness. (2 points)

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*Answers: Do you cry more than usual. Do you find it difficult to make decisions? Do you feel tired all the time? Do you hear voices talking to you or see things/people which other people do not hear or see? Do you feel nervous?*

Q11. Postnatal (postpartum) depression only occurs with new mothers.

- a. True
- b. False**

Q12. Causes of mental illness include:

- a. Lifestyle such as excessive alcohol use.
- b. Chronic medical conditions.
- c. Chronic stress.
- d. **All of the above.**

## Lesson D2: Pregnancy and Antenatal Care

Q1. At least how many visits to the antenatal clinic should a woman have during a pregnancy?

- a. Four (4)
- b. **Eight (8)**
- c. Twelve (12)
- d. Three (3)

Q2. When is the best time for a woman to register for antenatal care?

- a. **When she first confirms she is pregnant.**
- b. When she goes into labour.
- c. If she is diagnosed as HIV-positive.
- d. Sometime during the second trimester.

Q3. The CHW role in antenatal care is:

- a. To discourage pregnant women from going for HIV testing.
- b. To educate them about the dangers of a vegetable-rich diet in pregnancy.
- c. **To find pregnant women and help them enroll in ANC at the clinic and in MomConnect.**
- d. To give pregnant women their immunisations.

Q4. What is the most recognizable sign that a woman might be pregnant?

- a. **A missed period.**
- b. Vomiting in the morning.
- c. Feeling tired.
- d. Frequent need to use the toilet.

Q5. All of the following are things a woman can do to help prevent birth defects EXCEPT:

- a. Take iron and folic acid supplements (vitamin tablets).
- b. **Avoid exercise during pregnancy.**
- c. Avoid alcohol and drugs.
- d. Have a plan to birth in the hospital or with a trained birth attendant.

Q6. Malaria causes only mild illness in pregnant women and is not dangerous for the baby:

- a. True
- b. False**

Q7. SHORT ANSWER: Name three topics that a CHW will cover in an antenatal home visit. (3 points)

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*Answers: Importance of antenatal clinic visits, preparing for birth, importance of breastfeeding for the first 6 months of life, healthy diet, healthy lifestyle, PMTCT, pregnancy warning/danger signs, infant care*

MATCHING. Match the common problem during pregnancy to the home care advice.

- Q8. Constipation/slow digestion
  - Q9. Morning sickness (nausea or vomiting)
  - Q10. Heartburn
  - Q11. Anaemia
- a. Eat a dry biscuit or piece of bread when you wake up in the morning.
  - b. Drink a cup of milk.
  - c. Eat foods that are rich in iron, such as meat and spinach.
  - d. Drink plenty of water and eat lot of fruits and vegetables.

*Answers:*

Q8. Constipation/slow digestion	<b><i>d. Drink plenty of water and eat lot of fruits and vegetables</i></b>
Q9. Morning sickness (nausea or vomiting)	<b><i>a. Eat a dry biscuit or piece of bread when you wake up in the morning.</i></b>
Q10. Heartburn	<b><i>b. Drink a cup of milk</i></b>
Q11. Anaemia	<b><i>c. Eat foods that are rich in iron, such as meat and spinach</i></b>

Q12. Which of the following are warning signs of anaemia?

- a. Gums and tongue look whitish in colour and the face is pale.**
- b. Being very thirsty.
- c. Sores or blisters around the vagina.
- d. Dark-coloured urine.

Q13. If a woman experiences severe headaches or unusual swelling of the hands, face or legs, she should go to the hospital immediately to be checked for high blood pressure.

- a. True
- b. False

Q14. All of the following may be signs of labour EXCEPT:

- a. The mother's waters break.
- b. The mother starts to feel contractions that get stronger and closer together over time.
- c. She has a pain in her lower back that doesn't go away.
- d. **The mother gets a headache.**

### Lesson D3: Postnatal and Infant Care

Q1. The CHW should conduct a postnatal home visit:

- a. Within 24 hours of the mother's discharge from the hospital.
- b. Between three to six days after the baby is born.
- c. Six weeks after the baby is born.
- d. **All of the above (within 24 hours, between three to six days, and six weeks after birth)**

Q2. SHORT ANSWER: Name three topics that should be covered in the postnatal care home visits by the CHW: (3 points)

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*Answers: Basic postnatal care for mother, umbilical cord care for baby, check for danger signs in mother and baby, educate family on danger signs, educate family on infant care, PMTCT followup, breastfeeding support, educate on importance of child clinic visits and immunisations, signs of postnatal depression*

Q3. One way for caring for babies who are born small is called:

- a. Teddy Bear Care.
- b. Premie Care.
- c. **Kangaroo Care.**
- d. Small Baby Technique.

Q4. Exclusive breastfeeding means feeding the baby only breast milk and water.

- a. True
- b. False

Q5. SHORT ANSWER: List three common postnatal danger signs for mother. (3 points)

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*Answers: High fever, lots of bleeding, foul-smelling discharge from the vagina, pale skin, shortness of breath, very swollen and painful breasts, postnatal depression*

Q6. Postnatal depression:

- a. Is a myth.
- b. Only happens to women who do not have a partner or husband living with them.
- c. **Is caused by physical changes in the woman's body and stress, fear and doubt.**
- d. Can be managed by taking a small amount of alcohol for the first few days after giving birth.

Q7. Danger signs in the postnatal period for the baby include:

- a. Wanting to breastfeed all the time.
- b. **Swelling of the head.**
- c. Frequent crying.
- d. Belly button looks sunken.

Q8. All of the following are home care for engorgement and mastitis EXCEPT:

- a. Let baby feed as much as possible.
- b. Place cold cabbage leaves against the breasts and change every few hours.
- c. **Massage honey into the breasts after a warm bath or shower to stimulate milk flow.**
- d. Wear a bra for support, if possible, a bra without wires.

Q9. Sore nipples during breastfeeding are often caused by poor attachment of the baby to the breast.

- a. True
- b. False

Q10. SHORT ANSWER: If a woman is HIV-positive and she develops cracked and bleeding nipples, what should she do? (3 points)

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*Answer: She should NOT feed the baby from the affected breast(s) (1 point). She should express her breast milk and dispose of the milk from the affected breast(s) (1 point). Baby should be fed with the expressed milk from an unaffected breast (1 point).*

Q11. The most hygienic (cleanest) method for umbilical cord care is:

- a. **To leave it on its own to dry.**
- b. To apply charcoal or baby powder to dry the cord.
- c. To apply Vaseline or cooking oil to keep the cord damp.
- d. To protect the cord with breast milk.

Q12. The CHW can help with postnatal fertility planning by:

- a. Bringing up the topic of fertility planning even before the baby is born.
- b. Educating pregnant and postnatal women about contraception options available.
- c. Discussing why birth spacing is good for mothers and children.
- d. **All of the above.**

## Lesson D4: Basics of Child Health

Q1. The Road the Health Booklet is:

- a. An important guide for the mother or caregiver with information about infant care and the clinic visit schedule.
- b. An important resource for the CHW to help check baby's growth and clinic visit adherence.
- c. An important tool for the clinic worker to record baby's health information. d. **All of the above.**

Q2. MUAC measures whether a child is growing well using:

- a. A young child's weight.
- b. A young child's height.
- c. **A child's upper arm size.**
- d. A child's head size.

Q3. Children who are not growing well should visit the clinic:

- a. **Every month.**
- b. Every week.
- c. Every six months.
- d. Every day.

Q4. SHORT ANSWER: List three things that a caregiver can do to help an infant or child's mental and emotional growth. (3 points)

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*Answers: Talk to the infant/child about everyday things, sing to the infant/child, read aloud to the infant/child, ask the child questions about what they see or what they are doing, encourage a child to help around the house, encourage the child to dress themselves, answer the child's questions about the world, show positive feeling and emotions, allow young children to make their own decisions for small things.*

MATCHING: Match the child's age to the timing of check-up visits to the clinic they should have.

- Q5. Birth to one year old
- Q6. One to two years old
- Q7. Two to five years old
- a. Every six months
- b. Once per month
- c. Once every two months

*Answers:*

Q5. Birth to one year old	<b><i>b. Once per month</i></b>
Q6. One to two years old	<b><i>c. Once every two months</i></b>
Q7. Two to five years old	<b><i>a. Every six months</i></b>

Q8. If a child misses an immunisation, it is possible to catch up that immunisation by going to the clinic as soon as possible.

- a. **True**
- b. **False**



Q9. All of the following statements about infection with worms are true, EXCEPT:

- a. Children who have worms may have problems concentrating at school.
- b. Only a child already infected with worms will be given deworming treatment.**
- c. Worms can be prevented in the household by washing hands with soap and water after contact with faeces and before preparing and giving food.
- d. De-worming treatment can be given once the child is 12 months of age.

Q10. No or few wet nappies in a day is a danger sign for babies.

- a. True**
- b. False

Q11. A child's baby (milk) teeth do not need to be washed or brushed since they are only temporary.

- a. True
- b. False**

Q12. Safety in the home includes all of the following EXCEPT:

- a. Keeping electrical points (plug points) covered.
- b. Keeping medicines out of reach.
- c. Keeping windows closed when a child is ill.**
- d. Using car seats and seat belts when in a car.

Q13. Sugar-salt solution can be made to help treat:

- a. Fever.
- b. Cough.
- c. Dehydration due to diarrhoea or vomiting.**
- d. Malnutrition.

Q14. SHORT ANSWER: List two things the CHW can do to support child adherence to ARV, TB or other medications: (2 points)

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Answers:

- *Explain to caregiver and child the reason for the treatment and the importance of adherence.*
- *Discuss the importance of disclosure of HIV status or other chronic illness.*
- *Make an adherence plan with the child and caregiver.*
- *Teach the caregiver how to give the medicines properly.*
- *Encourage use of alarms, calendars and other tools to support adherence.*
- *Refer families to support groups.*

Q15. CHWs can connect families with children with disabilities to resources like social workers and other support.

- a. True**
- b. False**

## Lesson E1: Diabetes

Practice activity: Measure and interpret the client's finger prick glucose

\*\*If unable to complete this activity because CHW unable to access a glucose machine, OTL to record this in comment section at the end of the table and sign.

	Date	Client's name	Description of Activity
Example	20/09/2021	Sithembile Mayosi	Client's finger prick glucose: 9
			Interpretation/action: The client may have diabetes and needs a fasting glucose to check. I will come back next week to do fasting glucose. If it is more than 6, I will refer the client to the clinic. If the fasting glucose is 6 or less, diabetes is unlikely, and I will advise the client to repeat diabetes screen after 3 years.
1			Client's finger prick glucose:
			Interpretation/action:
2			Client's finger prick glucose:
			Interpretation/action:
3			Client's finger prick glucose:
			Interpretation/action:
OTL signature:			
**Comments:			

Practice activity: Do a foot screen in clients with diabetes

	Date	Client's name	Description of Activity
Example	20/09/2021	Sithembile Mayosi	Did client answer 'Yes' to any of screening questions? <input checked="" type="radio"/> Yes <input type="radio"/> No (circle) If yes, describe problem: The client had severe peeling of the skin in between the toes which was very red and starting to develop sores.
			Did you refer the client to the clinic for a foot examination and management? <input checked="" type="radio"/> Yes <input type="radio"/> No (circle)
1			Did client answer 'Yes' to any of screening questions? Yes/No (circle) If yes, describe problem:
			Did you refer the client to the clinic for a foot examination and management? Yes/No (circle)
2			Did client answer 'Yes' to any of screening questions? Yes/No (circle) If yes, describe problem:
			Did you refer the client to the clinic for a foot examination and management? Yes/No (circle)
3			Did client answer 'Yes' to any of screening questions? Yes/No (circle) If yes, describe problem:
			Did you refer the client to the clinic for a foot examination and management? Yes/No (circle)
OTL signature:			

## Lesson E2: High Blood Pressure

Practice activity: Measure and interpret the client's blood pressure

\*\* If CHW does not have access to a BP machine and cannot complete this activity, OTL to is to record this in comment section at the end of the table and sign

	Date	Client's name	Description of Activity
Example	20/09/2021	Sithembile Mayosi	Client's BP: 150/98
			Interpretation/action: This is a high blood pressure. The client may have hypertension. I referred the client to the clinic within the next 2 weeks. I will follow up in 2 weeks to check if client has been to clinic.
1			Client's BP:
			Interpretation/action:
2			Client's BP:
			Interpretation/action:
3			Client's BP:
			Interpretation/action:
4			Client's BP:
			Interpretation/action:

5			Client's BP:
			Interpretation/action:
OTL signature:			
**Comments:			

Practice activity: Refer and follow up

	Date	Client's name	Description of Activity
Example	20/09/2021	Sithembile Mayosi	Date client was referred to clinic: 13/09/2021
			Date of CHW follow-up: 30/09/2021
			Did client visit the clinic as requested? Yes/No (circle) If not, why not? The client reports she did not go because she feels well
			Comments/action: I explained that hypertension often has no symptoms and a person will feel well. I stressed the importance of going to the clinic to confirm her BP. I repeated her BP today and it is still high = 160/98. I will follow up in 2 weeks again.
1			Date client was referred to clinic:
			Date of CHW follow-up:
			Did client visit the clinic as requested? Yes/No (circle) If not, why not?
			Comments/action:

2			Date client was referred to clinic:
			Date of CHW follow-up:
			Did client visit the clinic as requested? Yes/No (circle) If not, why not?
			Comments/action:
OTL signature:			

## Cancer

Practice activity: Health promotion in cancer screening

	Date	Client's name	Describe how you promoted cancer screening/awareness
Example 1	20/09/2021	Sithembile Mayosi	I checked that a 12-year-old client had received her HPV vaccines.
Example 2	20/09/2021	Sindiwe Mabele	I explained breast self-awareness to a client - how to look and feel for changes and the things to look out for.
Example 3	20/09/2021	Vuyokazi Maya	I encouraged a 40-year-old client to get her first cervical smear.
1			
2			

3			
OTL signature:			



## CHW Work-Integrated Learning Clinical Topic Pre/Post Test Form

To the Facilitator:

Photocopy the following pages to distribute as the pre-test and the post-test. Or, if you cannot photocopy, write out the questions or put them on a slide so that participants can see them and respond on a sheet of paper.

Score each participant using the Answer Key (previous section) and record the results of their pre-test and their post-test on the Scoring Sheet or another paper that can be kept as part of the participant's record.

Participant Name: \_\_\_\_\_

Participant ID Number: \_\_\_\_\_ Date (DD/MM/YYYY): \_\_\_\_\_

Venue: \_\_\_\_\_

Facilitator Name: \_\_\_\_\_

**Circle one:**            **Pre-Test**      **Post-Test**

### **Lesson C1: Basics of HIV and HIV Prevention**

Q1. People may get HIV from:

- a. Having sex with someone who is HIV-negative.
- b. Sharing plates and spoons with someone who is HIV-positive.
- c. Sharing needles with someone who is HIV-positive.
- d. Living with someone who is HIV-positive.

Q2. Which of the following is an example of safer sex?

- a. Anal sex, because you cannot get pregnant.
- b. Sex during which you do not get your partner's semen, blood or vaginal fluids in your body.
- c. Dry sex (using powder, herbs or douches to dry out the vagina and make it tighter).
- d. Sex with someone who says they are HIV-negative.

Q3. To prevent HIV:

- a. People must always use condoms every time they have sex.
- b. A person can have sex with anyone, as long as they know their own HIV status.
- c. A pregnant woman needs to find out her HIV status just before the baby is born so that the health care workers can treat the baby immediately.
- d. Douche after sex.

Participant Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_\_

Circle one: Pre-Test    Post-Test

Q4. When a person tests negative for HIV, it means they never have to worry about HIV again. c.

- a. True
- b. False

Q5. Which of the following are effects of HIV-related stigma:

- a. People might not go for treatment.
- b. People may not tell their family about their status.
- c. People may not adhere to their treatment, due to lack of support.
- d. All of the above.

Q6. An opportunistic infection is:

- a. An infection that is found only in the very sick and elderly.
- b. An infection that is only found in people who are HIV-positive.
- c. An infection that is found in people who have a weak immune system.
- d. An infection that is found in people who have diabetes or high blood pressure.

Q7. Which of the following is the most common opportunistic infection in people who have HIV in South Africa?

- a. Cancer.
- b. Diarrhoea.
- c. Shingles.
- d. TB (tuberculosis).

Q8. Which of the following are **true** about HIV?

- a. It can be cured by ARV therapy.
- b. It can be passed through sharing plates and cups with someone who is HIV-positive
- c. It can be passed to the baby during pregnancy only if the mother is sick.
- d. None of the above.

Q9. It is the role of the CHW to:

- a. Be a role model and tell people about how much they love to use condoms.
- b. Let community members know where they can get free condoms.
- c. Tell people to be abstinent.
- d. Buy condoms for young community members if their parents will not.

Participant Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_\_

Circle one: Pre-Test    Post-Test

Q10. Voluntary Medical male circumcision:

- a. Is the same as traditional circumcision.
- b. Reduces a man's risk of becoming HIV-infected during unprotected sex.
- c. Can only be done on boys and young men up to the age of 20.
- d. Makes the penis harder to clean.

Q11. When a man has had medical circumcision, the CHW should encourage all of the following EXCEPT:

- a. Wait 4-6 weeks before engaging in sexual activity like masturbation and intercourse.
- b. Return to the clinic immediately if he has any fever, swelling or lots of bleeding.
- c. Stop wearing underwear while the penis heals.
- d. Still use a condom when having sex, since circumcision does not provide total protection against HIV or protection from other STIs.

Q12. How soon after unprotected sex should a person start PEP (post-exposure prophylaxis)?

- a. As soon as possible, up to 1 hour after sex.
- b. As soon as possible, up to 48 hours after sex.
- c. As soon as possible, up to 72 hours after sex.
- d. As soon as possible, up to 1 week after sex.

MATCHING: Match the word with the correct definition (meaning of the word).

Q13. Stigma

- a. Refusing to share a cup with someone who has HIV
- b. Acting negatively toward a person because of a category they belong to rather than something about them as a person

Q14. Discrimination

- a. Violence against people living with HIV
- b. A mark of shame or social disgrace

Q15. SHORT ANSWER: What is the difference between PrEP and PEP? Give an example of a community member who would be eligible for each? (3 points)

PrEP:

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Participant Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_\_

Circle one: Pre-Test    Post-Test

PEP:

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Q16. HIV is God's punishment for sinning.

- a. True
- b. False

Q17. SHORT ANSWER: What is informed consent? (2 points)

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Q18. How can a CHW reduce stigma and discrimination in the community?

- a. Involve people with HIV in discussions with community members and in planning events to educate the community about HIV.
- b. Ignore your own feelings about people living with HIV and focus on how community members feel.
- c. Let people learn for themselves about the ill effects of stigma and discrimination.
- d. Allow myths to be shared in the community to see if anyone tries to correct them.

## Lesson C2: HIV Treatment

Q1. HIV treatment (antiretroviral medication):

- a. Can cure HIV.
- b. Does not help the immune system to recover.
- c. Will only be given to people when they are very sick with HIV.
- d. Will slow down the rate that HIV multiplies in the body, making HIV a manageable condition.

Participant Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Circle one: Pre-Test    Post-Test

Q2. People should begin taking ARVs when they:

- a. Test positive for HIV.
- b. Get an opportunistic infection from HIV.
- c. Test positive for HIV and are ready to begin lifelong therapy.
- d. Start to feel sick from HIV.

Q3. If a person taking ARVs has side effects, they should:

- a. Stop taking their medicine because the side effects are irritating.
- b. Stop taking ARVs because they are no longer working.
- c. Inform the CHW or the clinician.
- d. Try a traditional medicine to balance the side effects.

Q4. Community members who are stable on treatment:

- a. Are eligible for Centralised Chronic Medications Dispensing and Distribution programme (CMMDD)
- b. Can participate in Adherence Clubs.
- c. Can use Spaced Fast Lanes at the pharmacy to refill their ARVS.
- d. All of the above.

Q5. ARVs should be stored away from heat, light and moisture.

- a. True
- b. False

Q6. All ARVs should be taken twice daily with meals.

- a. True
- b. False

Q7. All of the following are common side effects of ARVs, EXCEPT:

- a. Loss of appetite
- b. Swollen eyes and tongue
- c. Muscle pain
- d. Headaches

Q8. It is the CHW's role is to:

- a. Treat side effects with home-based treatments.
- b. Advise community members to wait and see if side effects go away.
- c. Report any adverse drug reactions to the Team Leader and health facility.
- d. Write a monthly report about all side effects experienced by community members.

Participant Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_\_

Circle one: Pre-Test    Post-Test

### Lesson C3: MTCT

Q1. All of the following are good ways to prevent mother-to-child transmission of HIV, EXCEPT:

- a. Get tested for HIV if you want to become pregnant soon.
- b. If you are pregnant and HIV-positive, you should enroll in ANC and EMTCT services as soon as you can.
- c. You should stop using condoms with your partner during your pregnancy, since you are already pregnant.
- d. You should try to plan your pregnancy instead of just falling pregnant by chance.

Q2. If a pregnant mother is HIV-positive:

- a. The baby can only get HIV from drinking breast milk.
- b. She does not have to worry about using condoms during her pregnancy.
- c. She only needs treatment once the baby is born.
- d. She must continue to take her ARV treatment.

Q3. If a woman is HIV-positive, she can be forced to have a termination of pregnancy.

- a. True
- b. False

Q4. A pregnant woman or new mother can pass HIV to her baby at the following times:

- a. During the pregnancy.
- b. During breast feeding.
- c. During labour and delivery.
- d. All of the above

Q5. A baby is more at risk of getting HIV from the mother when:

- a. The baby is younger than 8 weeks old.
- b. The mother is not on ARV treatment or is not taking it correctly.
- c. The father is also HIV-positive.
- d. The mother has been on ARVs for more than 1 year.

Q6. All of the following are messages that the CHW should share with HIV-positive pregnant mothers EXCEPT:

- a. Giving birth at home is a good option.
- b. Attending ANC early will help protect you and your baby's health.
- c. Your baby will be tested for HIV after they are born.
- d. It is important to use condoms to avoid re-infection during your pregnancy.

Participant Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_\_

Circle one: Pre-Test    Post-Test

Q7. Babies born to HIV-positive mothers will be tested for HIV:

- a. When they are 2 years old.
- b. Shortly after birth and 6 and 10 weeks after stopping breastfeeding.
- c. At 12 weeks old.
- d. Never, as long as their mothers took ARVs during pregnancy.

Q8. SHORT ANSWER: What is mixed feeding?

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Q9. Exclusive breast feeding lowers the risk of HIV being passed from mother to baby.

- a. True
- b. False

Q10. CHWs can help prevent mother-to-child transmission by:

- a. Promoting exclusive formula feeding.
- b. Encouraging women to plan their pregnancies using fertility planning methods.
- c. Holding community education classes about good nutrition during pregnancy.
- d. Discouraging HIV-positive women from having children.

### **Lesson C4: Basics of Tuberculosis**

Q1. TB is caused by:

- a. Bacteria (germs) that spread through the air.
- b. Dirty water.
- c. Dog bites.
- d. People not washing their hands after they go to the toilet.

Q2. TB only affects the lungs.

- a. True
- b. False



Participant Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Circle one: Pre-Test    Post-Test

Q3. Tuberculosis is:

- a. An infection that only affects people with HIV.
- b. The leading cause of death in South Africa.
- c. Not an opportunistic infection.
- d. Impossible to cure.

Q4. Inactive TB:

- a. Means you do not have to take treatment.
- b. Turns into active TB in people who are weak or sick.
- c. Can be spread to other people.
- d. Makes a person feel really ill.

Q5. All of the following are signs or symptoms of TB, EXCEPT:

- a. Hair loss
- b. Coughing for more than 2 weeks
- c. Weight loss
- d. Night sweats

Q6. If someone who is HIV-positive has been coughing for more than 2 days, they should:

- a. Counselling to eat better to improve their immune system.
- b. Be closely watched to see if the coughing lasts for more than 2 weeks.
- c. Be screened at the clinic for TB as soon as possible.
- d. Be started on TB treatment as soon as possible.

Q7. TB can be prevented in part by making sure:

- a. People who come into contact with someone who has TB go to the clinic only if they start to feel sick.
- b. All babies are vaccinated against TB.
- c. Household members with TB sleep in a separate room and keep their door and window closed until they have completed treatment.
- d. When people with TB spit on the ground, they cover it up.

Q8. CHWs should protect themselves from TB when on home visits by:

- a. Refusing to enter the home of someone who has active TB.
- b. Asking people who have symptoms of TB to stay in bed.
- c. Washing their hands before entering the home of someone with TB.
- d. If the household member is able, ask them to sit outside for the visit.

Participant Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_\_

Circle one: Pre-Test    Post-Test

Q9: The 3 kinds of people who should always be tested for TB are:

- a. Children under 5 years, people living with HIV, and the elderly.
- b. People with TB symptoms, the elderly, and people living with HIV.
- c. People with TB symptoms, people living with HIV, and people living with someone who has TB.
- d. People at risk of getting HIV, people who live with someone who has TB, and healthcare workers.

Q10. A key role for the CHW in dealing with TB is to:

- a. Make sure everyone in the community gets screened and tested for TB.
- b. Educate the community on how TB is spread.
- c. Encourage people with TB to stay indoors with the windows closed.
- d. Advise caregivers to keep their children away from people who are being treated for TB.

### **Lesson C5: TB Treatment**

Q1. TB treatment is taken:

- a. Once per week.
- b. Daily for 6-9 months.
- c. Daily for 1-3 months.
- d. Monthly for 2 years.

Q2. All of the following are reasons to take TB treatment EXCEPT:

- a. To prevent infecting other people with TB.
- b. To prevent complications from TB.
- c. To lower the risk of getting HIV as well.
- d. To cure the TB infection.

Q3. Treatment for inactive TB is called:

- a. PMTCT
- b. DOTS
- c. IPT
- d. Rifampicin therapy

Q4. IPT is not safe for pregnant women.

- a. True
- b. False

Participant Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Circle one: Pre-Test    Post-Test

Q5. People on TB treatment should avoid:

- a. Alcohol.
- b. Leafy green vegetables.
- c. Too much exercise.
- d. Drafty rooms.

Q6. Urgent side effects of TB include:

- a. Dizziness, weakness, muscle pain
- b. Dizziness, difficulty breathing, vomiting
- c. Vomiting, difficulty breathing, jaundice
- d. Hearing loss, tingling feet, fatigue

Q7. People stop adhering to their TB treatment because:

- a. They have a treatment buddy.
- b. They feel better and think they no longer need treatment.
- c. They have no side effects.
- d. They are on DOTs.

Q8. TB treatment can be interrupted if:

- a. The person wants a break, as long as the first 2 months of medication has been taken as directed.
- b. The person develops MDR-TB.
- c. The person does not like the side effects.
- d. No, treatment should never be stopped or interrupted.

Q9. Women with TB should be informed that:

- a. TB can be passed from mother to baby.
- b. TB can make you infertile.
- c. TB treatment does not weaken the effectiveness of birth control pills.
- d. TB is more serious in women than in men.

Q10. When a community member resumes TB treatment after interruption, the CHW should:

- a. Scold the community member for stopping in the first place.
- b. Visit every day to observe them taking their medication.
- c. Increase the number of home visits to help support adherence.
- d. Warn community members that the person may be more contagious because they interrupted treatment.

Participant Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Circle one: Pre-Test    Post-Test

## Lesson C6: Integrated Treatment Adherence

Q1. Integrated treatment adherence is:

- a. When people take all their medicines at one time.
- b. Taking medicines when the person is not feeling well.
- c. A process that begins when medicines are prescribed and continues when the person starts taking them.
- d. Following a healthy lifestyle when taking medicine.

Q2. Treatment adherence is important:

- a. Because drug resistance can take place if people do not take their medicines exactly as prescribed.
- b. Only when two people have HIV and are having sex.
- c. Because it will increase a person's viral load.
- d. Only when people are very sick.

Q3. People stop taking their medicines because of all of the following reasons EXCEPT:

- a. The pharmacy or clinic is far away from home.
- b. The herbs they are taking work just as well or better than the ARV medicines.
- c. They don't drink alcohol.
- d. They haven't told a family member or friend who could be a treatment supporter that they have TB or are HIV-positive.

Q4. To help with integrated treatment adherence:

- a. Tell people to count the tablets they have left at the end of the month.
- b. Ask people to set reminders on their cell phones.
- c. Suggest that people leave pills at a friend or family member's house.
- d. Tell them to put the medicine away in a cupboard.

Q5. An example of an open-ended adherence screening question is:

- a. Have you thought about stopping your medications?
- b. Have you had any side effects this month?
- c. How many doses of your medicine have you missed since your last visit?
- d. Can you list what medications you are taking?

Q6. All of the following are parts of the Patient Adherence Plan, EXCEPT:

- a. Date of diagnosis.
- b. How the person will get to appointments.
- c. The medication schedule.
- d. Planning for trips.

Participant Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Circle one: Pre-Test    Post-Test

Q7. All of the following are part of options for stable HIV patients, EXCEPT:

- a. CCMDD.
- b. Model HIV Patient Programme.
- c. Adherence Clubs.
- d. Spaced and fast lanes.

Q8. A key role for CHWs is to:

- a. Help the community member find ways to address barriers to adherence.
- b. Counsel adolescents about the dangers of TB treatment side effects.
- c. Track missed clinic appointments.
- d. Count pills for all community members on HIV and TB treatment.

***Treatment Adherence is often related to mental health issues. Mental Health is covered in Lesson C8: Mental Health and Substance Use. The following questions relate to mental health.***

Q9. Mental illnesses:

- a. Only affect adults and the elderly.
- b. Always require being admitted to the hospital.
- c. Include common conditions such as feeling sad or worried.
- d. Are all inherited from family members.

Q10. SHORT ANSWER: List 2 questions included on the Mental Illness Screening Tool that can be used by the CHW if a household member is suspected of dealing with mental illness. (2 points)

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Q11. Postnatal (postpartum) depression only occurs with new mothers.

- a. True
- b. False

Q12. Causes of mental illness include:

- a. Lifestyle such as excessive alcohol use.
- b. Chronic medical conditions.
- c. Chronic stress.
- d. All of the above.

Participant Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_\_

Circle one: Pre-Test    Post-Test

## Lesson D2: Pregnancy and Antenatal Care

Q1. At least how many visits to the antenatal clinic should a woman have during a pregnancy?

- a. Four (4)
- b. Eight (8)
- c. Twelve (12)
- d. Three (3)

Q2. When is the best time for a woman to register for antenatal care?

- a. When she first confirms she is pregnant.
- b. When she goes into labour.
- c. If she is diagnosed as HIV-positive.
- d. Sometime during the second trimester.

Q3. The CHW role in antenatal care is:

- a. To discourage pregnant women from going for HIV testing.
- b. To educate them about the dangers of a vegetable-rich diet in pregnancy.
- c. To find pregnant women and help them enroll in ANC at the clinic and in MomConnect.
- d. To give pregnant women their immunisations.

Q4. What is the most recognizable sign that a woman might be pregnant?

- a. A missed period.
- b. Vomiting in the morning.
- c. Feeling tired.
- d. Frequent need to use the toilet.

Q5. All of the following are things a woman can do to help prevent birth defects EXCEPT:

- a. Take iron and folic acid supplements (vitamin tablets).
- b. Avoid exercise during pregnancy.
- c. Avoid alcohol and drugs.
- d. Have a plan to birth in the hospital or with a trained birth attendant.

Q6. Malaria causes only mild illness in pregnant women and is not dangerous for the baby:

- a. True
- b. False

Participant Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_\_

Circle one: Pre-Test    Post-Test

Q7. SHORT ANSWER: Name three topics that a CHW will cover in an antenatal home visit. (3 points)

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MATCHING. Match the common problem during pregnancy to the home care advice.

- |                                           |                                                                         |
|-------------------------------------------|-------------------------------------------------------------------------|
| Q8. Constipation/slow digestion           | a. Eat a dry biscuit or piece of bread when you wake up in the morning. |
| Q9. Morning sickness (nausea or vomiting) | b. Drink a cup of milk.                                                 |
| Q10. Heartburn                            | c. Eat foods that are rich in iron, such as meat and spinach.           |
| Q11. Anaemia                              | d. Drink plenty of water and eat lot of fruits and vegetables.          |

Q12. Which of the following are warning signs of anaemia?

- a. Gums and tongue look whitish in colour and the face is pale.
- b. Being very thirsty.
- c. Sores or blisters around the vagina.
- d. Dark-coloured urine.

Q13. If a woman experiences severe headaches or unusual swelling of the hands, face or legs, she should go to the hospital immediately to be checked for high blood pressure.

- a. True
- b. False

Q14. All of the following may be signs of labour EXCEPT:

- a. The mother's waters break.
- b. The mother starts to feel contractions that get stronger and closer together over time.
- c. She has a pain in her lower back that doesn't go away.
- d. The mother gets a headache.

Participant Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_\_

Circle one: Pre-Test    Post-Test

### Lesson D3: Postnatal and Infant Care

Q1. The CHW should conduct a postnatal home visit:

- a. Within 24 hours of the mother's discharge from the hospital.
- b. Between three to six days after the baby is born.
- c. Six weeks after the baby is born.
- d. All of the above (within 24 hours, between three to six days, and six weeks after birth)

Q2. SHORT ANSWER: Name three topics that should be covered in the postnatal care home visits by the CHW: (3 points)

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Q3. One way for caring for babies who are born small is called:

- a. Teddy Bear Care.
- b. Premie Care.
- c. Kangaroo Care.
- d. Small Baby Technique.

Q4. Exclusive breastfeeding means feeding the baby only breast milk and water.

- a. True
- b. False

Q5. SHORT ANSWER: List three common postnatal danger signs for mother. (3 points)

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Participant Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_\_

Circle one: Pre-Test    Post-Test

Q6. Postnatal depression:

- a. Is a myth.
- b. Only happens to women who do not have a partner or husband living with them.
- c. Is caused by physical changes in the woman's body and stress, fear and doubt.
- d. Can be managed by taking a small amount of alcohol for the first few days after giving birth.

Q7. Danger signs in the postnatal period for the baby include:

- a. Wanting to breastfeed all the time.
- b. Swelling of the head.
- c. Frequent crying.
- d. Belly button looks sunken.

Q8. All of the following are home care for engorgement and mastitis EXCEPT:

- a. Let baby feed as much as possible.
- b. Place cold cabbage leaves against the breasts and change every few hours.
- c. Massage honey into the breasts after a warm bath or shower to stimulate milk flow.
- d. Wear a bra for support, if possible, a bra without wires.

Q9. Sore nipples during breastfeeding are often caused by poor attachment of the baby to the breast.

- a. True
- b. False

Q10. SHORT ANSWER: If a woman is HIV-positive and she develops cracked and bleeding nipples, what should she do? (3 points)

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Participant Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Circle one: Pre-Test    Post-Test

Q11. The most hygienic (cleanest) method for umbilical cord care is:

- a. To leave it on its own to dry.
- b. To apply charcoal or baby powder to dry the cord.
- c. To apply Vaseline or cooking oil to keep the cord damp.
- d. To protect the cord with breast milk.

Q12. The CHW can help with postnatal fertility planning by:

- a. Bringing up the topic of fertility planning even before the baby is born.
- b. Educating pregnant and postnatal women about contraception options available.
- c. Discussing why birth spacing is good for mothers and children.
- d. All of the above.

### **Lesson D4: Basics of Child Health**

Q1. The Road the Health Booklet is:

- a. An important guide for the mother or caregiver with information about infant care and the clinic visit schedule.
- b. An important resource for the CHW to help check baby's growth and clinic visit adherence.
- c. An important tool for the clinic worker to record baby's health information.
- h. All of the above.

Q2. MUAC measures whether a child is growing well using:

- a. A young child's weight.
- b. A young child's height.
- c. A child's upper arm size.
- d. A child's head size.

Q3. Children who are not growing well should visit the clinic:

- a. Every month.
- b. Every week.
- c. Every six months.
- d. Every day.

Participant Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_\_

Circle one: Pre-Test Post-Test

Q4. SHORT ANSWER: List three things that a caregiver can do to help an infant or child's mental and emotional growth. (3 points)

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MATCHING: Match the child's age to the timing of check-up visits to the clinic they should have.

Q5. Birth to one year old

a. Every six months

Q6. One to two years old

b. Once per month

Q7. Two to five years old

c. Once every two months

Q8. If a child misses an immunisation, it is possible to catch up that immunisation by going to the clinic as soon as possible.

- a. True
- b. False

Q9. All of the following statements about infection with worms are true, EXCEPT:

- a. Children who have worms may have problems concentrating at school.
- b. Only a child already infected with worms will be given deworming treatment.
- c. Worms can be prevented in the household by washing hands with soap and water after contact with faeces and before preparing and giving food.
- d. De-worming treatment can be given once the child is 12 months of age.

Q10. No or few wet nappies in a day is a danger sign for babies.

- a. True
- b. False

Q11. A child's baby (milk) teeth do not need to be washed or brushed since they are only temporary.

- a. True
- b. False

Participant Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_\_

Circle one: Pre-Test    Post-Test

Q12. Safety in the home includes all of the following EXCEPT:

- a. Keeping electrical points (plug points) covered.
- b. Keeping medicines out of reach.
- c. Keeping windows closed when a child is ill.
- d. Using car seats and seat belts when in a car.

Q13. Sugar-salt solution can be made to help treat:

- a. Fever.
- b. Cough.
- c. Dehydration due to diarrhoea or vomiting.
- d. Malnutrition.

Q14. SHORT ANSWER: List two things the CHW can do to support child adherence to ARV, TB or other medications: (2 points)

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Q15. CHWs can connect families with children with disabilities to resources like social workers and other support.

- a. True
- b. False

Participant Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_\_

Circle one: Pre-Test    Post-Test

## Lesson E1: Diabetes

Q1. Diabetes is a condition where:

- a. People cannot control how much sugar they eat.
- b. The body cannot control the amount of sugar in the blood.
- c. People have high cholesterol in the blood.
- d. People want to eat only sugar and starchy foods.

Q2. SHORT ANSWER: Name three warning signs of diabetes. (3 points)

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MATCHING: Match the type of diabetes with the description:

Q3. Type 1 Diabetes

a. The body stops producing enough insulin or the body has a harder time using the insulin. Usually develops later in life or when people are overweight.

Q4. Type 2 Diabetes

b. Difficulty making or using insulin that happens during pregnancy.

Q5. Gestational Diabetes

c. The body cannot make insulin. A person can be born with Type 1 or develop it early in life.

Q6. Type 1 diabetes and gestational diabetes cannot be prevented:

- a. True
- b. False

Q7. Diabetes can be managed but not cured.

- a. True
- b. False

Q8. Type 2 diabetes can be prevented by all of the following EXCEPT:

- a. Eating a healthy diet that is low in sugary foods and drinks.
- b. Stopping smoking of cigarettes.
- c. Drinking black tea every day.
- d. Regular exercise.

Participant Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_\_

Circle one: Pre-Test Post-Test

Q9. For people living with HIV:

- a. The risk for diabetes is lower.
- b. Some ARVs may increase the risk of diabetes
- c. There is no need to be tested for diabetes.
- d. The warning signs for diabetes are different compared to the signs in people who are HIV-negative.

Q10. The CHW can support community members by all of the following EXCEPT:

- a. Screening them for diabetes risk.
- b. Educating them about the warning signs of diabetes.
- c. Encouraging them to eat a healthy diet and get regular exercise.
- d. Testing them for diabetes.

## **Lesson E2: High Blood Pressure**

Q1. Some of the dangers of high blood pressure are:

- a. Damage to the eyes and heart attack.
- b. Widening of the walls of the blood vessels
- c. Not being able to have children (infertility)
- d. Injury to the liver and kidneys.

Q2. Factors that make blood pressure worse include everything EXCEPT:

- a. Older age.
- b. Eating an unhealthy diet.
- c. Smoking or chewing tobacco.
- d. Family history of cancer.

Q3. Which of the following are danger signs and symptoms of high blood pressure?

- a. Sweating at night and itchy, dry skin
- b. Sleeping all the time and feeling like vomiting
- c. Shortness of breath; pounding feeling in the chest
- d. Chest pains and needing to use the toilet more than usual

Participant Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_\_

Circle one: Pre-Test    Post-Test

Q4. CHWs can support people with high blood pressure by:

- a. Talking about the benefits of exercise.
- b. Making sure they go to the clinic only when they have signs and symptoms.
- c. Showing them how prepare their food with more salt.
- d. Talking about the benefits of drinking wine instead of beer.

Participant Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

**For Trainer ONLY below this point**

**Work-Integrated Learning Phase  
Clinical Topics Scoring Sheet**

Participant Name: \_\_\_\_\_

<b>C1: Basics of HIV and Prevention</b>			
<b>Question</b>	<b>Points Possible</b>	<b>Pre-Test Points Correct</b>	<b>Post-Test Points Correct</b>
1	1		
2	1		
3	1		
4	1		
5	1		
6	1		
7	1		
8	1		
9	1		
10	1		
11	1		
12	1		
13	1		
14	1		
15	3		
16	1		
17	2		
18	1		
<b>TOTAL</b>	<b>21</b>		



Participant Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

<b>Percent</b>	[Pts correct / 21 = _____ _____ x 100 = %]	<b>%</b>	<b>%</b>
<b>C2: HIV Treatment</b>			

Question	Points Possible	Pre-Test Points Correct	Post-Test Points Correct
1	1		
2	1		
3	1		
4	1		
5	1		
6	1		
7	1		
8	1		
<b>TOTAL</b>	<b>8</b>		
<b>Percent</b>	[Pts correct / 8 = _____ x 100 = %]	<b>%</b>	<b>%</b>

<b>C3: PMTCT</b>			
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Question	Points Possible	Pre-Test Points Correct	Post-Test Points Correct
1	1		
2	1		
3	1		
4	1		
5	1		
6	1		
7	1		

Participant Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

8	1		
9	1		
10	1		
<b>TOTAL</b>	<b>10</b>		
<b>Percent</b>	[Pts correct / 10 = _____ _____ x 100 = %]	%	%
<b>C4: Basics of TB</b>			

Question	Points Possible	Pre-Test Points Correct	Post-Test Points Correct
1	1		
2	1		
3	1		
4	1		
5	1		
6	1		
7	1		
8	1		
9	1		
10	1		
<b>TOTAL</b>	<b>10</b>		
<b>Percent</b>	[Pts correct / 10 = _____ _____ x 100 = %]	%	%
<b>C5: TB Treatment</b>			
Question	Points Possible	Pre-Test Points Correct	Post-Test Points Correct
1	1		
2	1		

Participant Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_\_

3	1		
4	1		
5	1		
6	1		
7	1		
8	1		
9	1		
10	1		
<b>TOTAL</b>	<b>10</b>		
<b>Percent</b>	[Pts correct / 10 = _____ _____ x 100 = %]	<b>%</b>	<b>%</b>
<b>C6: Integrated Treatment Adherence</b>			
<b>Question</b>	<b>Points Possible</b>	<b>Pre-Test</b>	<b>Post-Test</b>

		<b>Points Correct</b>	<b>Points Correct</b>
1	1		
2	1		
3	1		
4	1		
5	1		
6	1		
7	1		
8	1		
9	1		
10	2		
11	1		
12	1		

Participant Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

<b>TOTAL</b>	<b>13</b>		
<b>Percent</b>	[Pts correct / 13 = _____ _____ x 100 = %]	<b>%</b>	<b>%</b>
<b>D2: Pregnancy and Antenatal Care</b>			
<b>Question</b>	<b>Points Possible</b>	<b>Pre-Test Points Correct</b>	<b>Post-Test Points Correct</b>
1	1		
2	1		
3	1		
4	1		
5	1		
6	1		
7	3		
8	1		
9	1		
10	1		
11	1		
12	1		
13	1		
14	1		
<b>TOTAL</b>	<b>16</b>		
<b>Percent</b>	[Pts correct / 16 = _____ _____ x 100 = %]	<b>%</b>	<b>%</b>
<b>D3: Postnatal and Infant Care</b>			
<b>Question</b>	<b>Points Possible</b>	<b>Pre-Test Points Correct</b>	<b>Post-Test Points Correct</b>
1	1		
2	3		
3	1		

Participant Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

4	1		
5	3		
6	1		
7	1		
8	1		
9	1		
10	3		
11	1		
12	1		
<b>TOTAL</b>	<b>18</b>		
<b>Percent</b>	[Pts correct / 18 = _____ _____ x 100 = %]	%	%

D4: Child Health			
Question	Points Possible	Pre-Test Points Correct	Post-Test Points Correct
1	1		
2	1		
3	1		
4	3		
5	1		
6	1		
7	1		

8	1		
9	1		
10	1		
11	1		

Participant Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

12	1		
13	1		
14	2		
15	1		
<b>TOTAL</b>	<b>18</b>		
<b>Percent</b>	[Pts correct / 18 = _____ x 100 = %]	<b>%</b>	<b>%</b>
<b>E1: Diabetes</b>			
<b>Question</b>	<b>Points Possible</b>	<b>Pre-Test Points Correct</b>	<b>Post-Test Points Correct</b>
1	1		
2	3		
3	1		
4	1		
5	1		
6	1		
7	1		
8	1		
9	1		
10	1		
<b>TOTAL</b>	<b>12</b>	<b>E2: High Blood Pressure</b>	
<b>Question</b>	<b>Percent</b>	<b>Pre-Test % Points Correct</b>	<b>Post-Test Points Correct</b>
	[Pts correct / 12 Points Possible = _____ x 100 = %]	<b>%</b>	<b>%</b>
1			

Participant Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

2	1		
3	1		
4	1		
<b>TOTAL</b>	<b>4</b>		
<b>Percent</b>	[Pts correct / 4 = _____ ____ x 100 = %]	%	%
<b>All Lessons (WIL Clinical Topics)</b>			
		<b>Pre-Test</b>	<b>Post-Test</b>
<b>TOTAL</b>	<b>140</b>		
<b>Percent</b>	[Pts correct / 140 = ____ ____ x 100 = %]	%	%