



Making good health contagious



**PROGRAM SUMMARY AND
ANNOTATED TABLE OF
CONTENTS: KENYA**

TABLE OF CONTENTS

SESSION TITLE

1	PROGRAM OVERVIEW AND TEAMBUILDING
2	INTRODUCTION TO HIV
3	HAART, ADHERENCE, AND KANYAKLA BAGS
4	KANYAKLAS
5	COMMUNICATION
6	NUTRITION
7	ARVS AND HERBS
8	MEDICAL EMERGENCIES
9	TALKING TO KIDS ABOUT SEX AND HIV STIGMA
10	GROUP VCT

ANNOTATED TABLE OF CONTENTS

NOTE ON ALL SESSIONS:

Every session begins with a prayer, a mindfulness/meditation exercise, and a review of the previous session. At the end of each session, participants receive a review session handout.

SESSION 1: PROGRAM OVERVIEW AND TEAM BUILDING

Session one focuses on giving participants a general overview of the program's goals and objectives. Additionally, participants discuss the meaning of confidentiality with regards to someone's HIV status and private information discussed within the microclinic. Group members agree to maintain confidentiality for issues discussed within the group. Through role-playing exercises and team-building games, participants set a foundation for long-term teamwork to improve community health as well as gain an understanding of the dynamics of both voluntary and unintended disclosure of one's HIV status.

SESSION 2: INTRODUCTION TO HIV

The purpose of session two is to introduce the topic of HIV in the geographical region of Lake Victoria. This session discusses local HIV statistics and provides an overview of the pathology of HIV & AIDS. Participants are engaged through games that illustrate how HIV is transmitted and the biology of HIV within the human body. Participants also learn about HIV prevention, through the employment of safer sexual practices, reduction of viral load using ART and prevention of mother to child transmission. Opportunistic infections and their signs and symptoms are also discussed.

SESSION 3: HAART AND ADHERENCE

Session three focuses on the ways that antiretroviral therapy can treat HIV, as well as some of their side effects. The session presents a basic overview of the way HIV infects and destroys CD4+ T cells and how ARVs interfere with this process and block HIV. This session concludes by teaching participants the importance of adherence in order to prevent drug resistance and keeping their medications organized. At the end of this session, both HIV-infected and uninfected participants are given locally made cloth bags to assist with organization of clinic documents and medications.

ANNOTATED TABLE OF CONTENTS

SESSION 4: KANYAKLAS

During session four, participants discuss the role that each member plays in the group, as well as the role that the kanyakla plays in the community. There is a particular focus on how the group plans to support HIV medication adherence. The session concludes by assigning participants specific roles within their microclinics and having them sign a contract that formalizes their commitment to their microclinic.

SESSION 5: COMMUNICATION

The goal of session five is to empower participants to play an active and engaged role in their health care by illustrating the importance of communication between microclinic members and health care providers. This session begins with role-playing exercises that illustrate how being organized and taking an active role in their health can help them stay healthy. Participants learn tangible methods to have greater agency over their health, such as how to organize their ARV regimen and the five most important questions to ask when they see a clinician.

SESSION 6: NUTRITION

Session six focuses on the importance of adequate and diverse nutritional intake, especially for HIV-infected individuals. Through role-playing exercises, participants learn about good nutrition and ways that they can diversify their diet to stay healthy and minimize side effects of HIV medications. Groups are encouraged to undertake shared agricultural activities to promote greater crop diversity and improved nutrition for group members and their families.

SESSION 7: ARVS AND HERBS

Because patients are often faced with conflicting advice from clinicians and herbalists about stopping either ARVs or herbs, session eight focuses on both biomedical and traditional approaches to HIV treatment. Microclinics discuss different reasons why people might choose to take ARVs and herbal medicines. Through role-playing exercises, participants are shown examples of where they might encounter conflicting recommendations for their care from either clinicians or herbalists. There is a particular focus on emphasizing that patients do not need to choose between ARVs and herbs and discussion about how herbs can be appropriately used with ARVs.

ANNOTATED TABLE OF CONTENTS

SESSION 8: MEDICAL EMERGENCIES

During session nine, microclinics learn about common medical emergencies and make plans for how the group can prevent and respond to emergencies. Participants discussed safety precautions during emergencies and the notion that it is better to seek medical advice early rather than waiting until a family member is experiencing a true emergency. Particular emphasis is placed on encouraging groups to develop savings and lending strategies to support group members in the event of a severe medical condition or emergency.

SESSION 9: TALKING TO KIDS ABOUT SEX AND HIV STIGMA

Session ten begins with a discussion about the importance of talking to kids about sex. Through role-playing exercises, participants learn how talking about sex can prevent future conflicts as well as be constructive and positive. Participants work together to brainstorm not only solutions to challenges associated with this topic but also conversation starters. Session ten concludes by having a discussion about the negative impact stigma has on the community and how it can be reduced. Participants engage in exercises that illustrate how being open about one's HIV status can help reduce stigma. Participants talk together about different types of stigma and their affects as well as work together and brainstorm different ways to reduce stigma.

SESSION 10: GROUP VCT

Session ten prepares microclinic groups to undergo group HIV status disclosure. The session begins with a role-play activity emphasizing the values and risks of disclosing one's HIV status to trusted friends, neighbors and family members. Next group members discuss their expectations and fears for the group disclosure process, as well as how they plan to support one another during and after the disclosure process. The importance of confidentiality is emphasized and verbal commitments are made by all members about keeping information confidential. The session concludes with a testimony about living positively from a volunteer group member who is HIV-infected. At the end of the session a time is scheduled for the microclinic to meet with a Voluntary Counseling and Testing counselor to undergo group testing and group disclosure.