

## REFERENCES

### THAI

กองระบาดวิทยา กระทรวงสาธารณสุข. (2544). สถานการณ์ผู้ป่วยเอดส์และผู้ติดเชื้อในประเทศไทย. (ม.ป.ท.).

กองโรคเอดส์ กระทรวงสาธารณสุข. (2540). คู่มือการดูแลผู้ป่วยที่บ้าน. (ม.ป.ท.).

คณะกรรมการประชาสัมพันธ์เพื่อควบคุมปัญหาโรคเอดส์ สำนักงานปลัดสำนักนายกรัฐมนตรี. (2542). การดูแลผู้ป่วยเอดส์ในครอบครัวและชุมชน. (กรุงเทพมหานคร.).

วิเชียร เกตุสิงห์.(2538). คำเฉลี่ยกับการแปลความหมาย: เรื่องง่ายๆที่บางครั้งก็พลาดได้. ข่าวสารการวิจัยการศึกษ 14 (3), 8-11. (กรุงเทพมหานคร.).

สำนักงานสาธารณสุขจังหวัดชลบุรี. (2000). สถานการณ์โรคเอดส์ในจังหวัดชลบุรี. (ม.ป.ท.).

สภาวิชาชีพไทย. (2538). คู่มือการดูแลผู้ติดเชื้อเอดส์โดยครอบครัวและชุมชน. (บริษัทสำนักพิมพ์สุภาจัมกั.).

### ENGLISH

Abell, N. (2001). Caregivers: Assessing willingness to care for persons with AIDS. Research on Social Work Practice, 11 (1): 118-131.

AIDSCAP. Evaluation Tools; Introduction to AIDSCAP Evaluation, Available from: [www.fhi.org/en/aids/aidscap/aidspubs/evaluation/intromod.htm](http://www.fhi.org/en/aids/aidscap/aidspubs/evaluation/intromod.htm)

A.K.Ganesh. (1999). Stigma and Ignorance Impedes Care of PHA in India. Fifth International Congress on AIDS in Asia and the Pacific: The next Millennium: Taking Stock and Moving Forward, Abstract Book. 465/TCD 10-05.

Amna Khatoon. (1999). Community Care and Support of Females Living with HIV/AIDS. Fifth International Congress on AIDS in Asia and the Pacific: The next Millennium: Taking Stock and Moving Forward, Abstract Book.1256/PMCD077.

Aree Kumpitak. (1999). Increasing the Potential of the Community Hospital in Care for PHA. Using Home Care as a strategy. Fifth International Congress on AIDS in Asia and the Pacific: The next Millennium: Taking Stock and Moving Forward, Abstract Book. 278/SAB08-03.

- Bhassorn Limanonda. (2001). Home and Community-based Care for Persons Living with HIV and AIDS in Thailand: Lessons learned and Future Prospects. Nonthaburi; Health System Research Institute.
- Beaudin, C. L., & Chambre, S. M. (1996). HIV/AIDS as a chronic disease. *American Behavioral Scientist*, 39 (6): 684-707.
- Gao Feng Li. (1998). Knowledge and Attitudes Toward AIDS and Universal Precautions Practices of nurses at Peking Union Medical College Hospital. Thesis Graduate school, Chiangmai University.
- Hansen, K., et al. (1998). The cost of home based care for HIV/AIDS patients in Zimbabwe. *AIDS Care*, 10 (6): 751-760.
- Jaturong Teerakanok. (1999). Development of Community Based AIDS Care Model: A Khonkaen Experience. Fifth International Congress on AIDS in Asia and the Pacific: The next Millennium: Taking Stock and Moving Forward, Abstract Book. 478/MCD 20-02.
- Jonah Kavyu Kitheka. (1999). Home Care for AIDS Conferers in the Korogocho Slums of Nairobi. Fifth International Congress on AIDS in Asia and the Pacific: The next Millennium: Taking Stock and Moving Forward, Abstract Book. 1160/PSCD176.
- Julia B. George. (1995). Nursing Theories. (n.p.): Appleton & Lange.
- Khadka, Tej Bahadur et al. (1999). Love and Care from the family is critical to the survival of persons infected with HIV/AIDS. Fifth International Congress on AIDS in Asia and the Pacific: The next Millennium: Taking Stock and Moving Forward, Abstract Book. 527/PSCD169.
- Ministry of Public Health. (2001). AIDS situation in Thailand. Available: [www.moph.go.th](http://www.moph.go.th)
- Peter Piot. (1997). KeyNote Speech in the third International Conference on Home and Community. Amsterdam.
- Phang Kooi Yoong et al. (1999). The Buddies of Ipoh, Malaysia. Fifth International Congress on AIDS in Asia and the Pacific: The next Millennium: Taking Stock and Moving Forward, Abstract Book. 439/PSCD168.
- Prasopsuk Srisaenpang. (1999). The application of Orem's self-care theory in the nursing process. *Ramathibodi Nursing Journal*, 5 (2): 147-156.
- Robert L. Kane. (1999). Examining the Efficiency of Home Care. *Journal of Aging & Health*, 11 (3): 322-341.

- Susanlouisa Montauk. (1998). Home health care. American Family Physician, 58 (7): 1608-1614.
- Taweep Kitayaporn et al. (1996). Life span of AIDS patients in the new epidemic in Bangkok, Thailand. Available from: [www.cdcnet.moph/cdcdept/Aids/aids-th.html](http://www.cdcnet.moph/cdcdept/Aids/aids-th.html)
- Terence V. McCann et al. (1998). Educational intervention with international nurses and changes in knowledge, attitudes and willingness to provide care to patients with HIV/AIDS. Journal of Advanced Nursing, 27 (2): 267-273.
- Thomas, Hugin. (1999). Issues, needs and concerns of PLWHAs in Malaysia. Fifth International Congress on AIDS in Asia and the Pacific: The next Millennium: Taking Stock and Moving Forward, Abstract Book. 878/SCDII-04
- UNAIDS. (2000). Best Practice Digest: Volunteers in Home Care. Available from: [www.unaids.org/bestpractice/digest/files/volunteersinhomecare.html](http://www.unaids.org/bestpractice/digest/files/volunteersinhomecare.html)
- UNAIDS. (1999). Comfort and hope: Six case studies on mobilizing family and community care for and by people with HIV/AIDS.
- UNAIDS/WHO, (2000). Thailand: Epidemiological Fact Sheet on HIV/AIDS and Sexually transmitted infections.
- UNAIDS. (2000). Enhancing the Greater Involvement of People Living with or affected by HIV/AIDS (GIPA) in sub-Saharan Africa: A UN response: how far have we gone? UNAIDS Geneva.
- UNAIDS. (2000). AIDS: Palliative Care. UNAIDS Technical Update, Best Practice Collection.
- WHO/UNAIDS. (2000). Key Elements in HIV/AIDS care and support: draft-working document.
- WHO. (1993). AIDS Home Care Handbook.
- Wongkhomthong, Kaime-Atterhog and Ono. (1995). AIDS in the Developing World: A case study of Thailand. ASEAN Institute for Health Development, Mahidol University.

## **APPENDICES**

## Appendix 1

### Cover page of project proposal

The project received permission from Pearl S. Buck International (Thailand) in implementing the project within Pearl S. Buck International (PSBI) Chonburi program. Financial resources, human resources, and logistical support were committed by PSBI for the project's implementation (phase I).

**A. Project Location:** Muangchonburi, Sriracha, Banglamoong, and Sathahip districts in Chonburi province

**B. Target groups:** 12 PLWH volunteers from four self-help groups  
PLWAs and families

**C. Project Duration:** Phase I: February 1 – September 30, 2001 (8 months)  
Phase II: October 1, 2001 – July 31, 2002 (10 months)

**D. Funding Support in Baht**

Total project cost : 138,500

Phase I: Funding support from Pearl S. Buck International : 61,000

And Praboromrajchanok Institute

Phase II: Contribution from PSBI, MOPH and others : 77,500

**E. Implementing Organization** : Pearl S. Buck International Chonburi  
: Four PLWH self-help groups named as Sai  
Yai Chonburi group, Sriracha Friends  
Group, Friends Help Friends Banglamoong  
Group and Sathahip Ruam Jai Group

## Appendix 2

### Definitions and Terms

**PLWH volunteer:** An individual who is asymptomatic HIV infected or affected, and has a good attitude towards PLWA (emphatic, non accusatory to HIV/AIDS), interested in voluntary working with PLWAs. In addition, she/he should have experience in volunteer work with self-help group for a minimum of three months.

**PLWA:** An HIV infected person with symptomatic AIDS whose positive status is known and is willing to receive care from PSBI/self-help groups.

**Family or Proxy:** A primary caregiver that provides care for PLWA at home. This could be a family member, relative or friend who lives in the same house or a different house and know the positive status of the patient.

**Community:** Groups of people who have willingness in providing care and support to PLWAs, in this project is defined as family members, friends, neighbors or volunteers.

**Self-help group:** The group of HIV infected and affected people who join together for the purposes of helping and supporting each other.

**Competency:** A combination of volunteers' capacities in terms of HIV/AIDS related knowledge, HIV/AIDS related attitude, and Home Based Care skill performance.

**Client satisfaction:** A client or PLWA perception of home care experience related to satisfaction with provision of care and relationship with volunteers.

### Appendix 3

#### Approval letter from PSBI

12 April 2001

Khun Chanida Liangthorachon

Program Area Manager

Pearl S. Buck Chonburi

Dear Khun Chanida:

First of all, please kindly accept my apology for the delay of this letter. After considering your request to conduct the study on "Improving Home Care for PLWA by Voluntary Services of PLWA", Pearl S. Buck Thailand does not have any objection to your request.

I understand your request to conduct this project with Pearl S. Buck program is considered a final work for your Master Degree in Public Health, College of Public Health, Chulalongkorn University. I wish you the best in your study and hope that your study will be as well beneficial to the organization.

Sincerely,

Yowalak Thiarachow

(Country Director)

## Appendix 4

### Requisition letter for PSBI support

PSBI Chonburi  
9 March, 2001



Khun Yowalak Thiarachow  
Country Director  
PSBI Thailand

Dear Khun Yowalak,

As informed to you earlier that I currently study Master degree in Public Health in the College of Public Health, Chulalongkorn University. I have finished the course work and in a process of developing a Project Proposal. Instead of developing a Research Proposal, I have been advised by the advisor to develop an Implementing Project, which will help to improve my current works in PSBI Chonburi program.

After SWOT analysis, I found that Home Care and Sponsorship are the two main weak parts in our whole PSBI Chonburi Program. Home Care is actually a program, which was identified by MOPH that it should be taken care of by NGO because the Governmental units have faced some difficulties and limitation in achieving good level of care.

After consulted with specialists and immediate supervisor, I decided to develop a project on "Improving Home Care for PLWA by Voluntary Services of PLWH". The project will focus on the Capacity Building of PLWH Volunteers with the aim that the knowledge and skills they receive during the project period will help them to provide good quality of care to target PLWAs at home.

The project will involve the PSBI resources as following:

1. Staff: Chanida will require 5 workdays in each month to prepare and arrange training, supervise and evaluate the activities of the volunteers in their workplace. Paitoon will require 4 workdays in each month to help in supervision and monitoring. This can be integrated into routine activity of PSBI Chonburi team.

2. Volunteers; 12 PSBI PLWH Volunteers will be involved. The Volunteers will receive training 2 days in the first time and after that training and meeting every 2 weeks will be required for follow up and provide more theoretical and practical input.

The Volunteers in each location (Chonburi, Sriracha, Banglamong, Sathahip) will provide Home Care to their clients adapted into their monthly work schedule.



3.Budget: The budget require for training, meeting, monitoring, supervision and home care supplies including logistical support will be from PSBI and MOPH grant according to Budget Year Plan 2001(the adjusted plan in March, 2001).

The extra budget required for a transportation to have meeting with consultant in BKK and developing a final report document would be covered by me.

The period of implementing this project will be from April 1-December 31, 2001.

I therefore would like to request for your kind approval that I can implement this project in PSBI Chonburi program including manage the PSBI resources as described above.

Thank you in advance for your kind support.

Sincerely yours,

Chanida Liangthorachon  
Program Area Manager  
PSBI Chonburi

**Appendix 5**  
**HIV/AIDS Care Knowledge Test**

Date....., 2001..... (O Pretest / O Posttest) ID Number.....

**Part 1: Demographic Data** (only for pretest)

Please mark  in the O that best describes you and fill in the blank about yourself

1. Your age.....years old
2. Gender     O 1. Female                    O 2. Male
3. Marital Status     O 1. Married / couple            O 2. Single / Widowed /  
Separate
4. Your education .....
5. Your hometown     O 1. Chonburi            O 2. Eastern            O 3. Others
6. Your occupation (beside volunteer).....
7. Your family income (Baht)  
      O 1. Less than 3,000            O 2. 3,000-5,000        O 3. More than 5,000
8. Known HIV status for how long  
      O 1. 1-3 years            O 2. 4-6 years            O 3. More than 6 years
9. Work as PSBI Volunteer for how long  
      O 1. Less than 1 year    O 2. 1-3 years            O 3. More than 3 years
10. Experiences in home care before this training (care and observe)  
      O 1. No            O 2. Yes if yes, number of cases.....

**Part 2: HIV/AIDS Care Knowledge**

Please mark  in the  that match to the questions

No.	Question	True	False
1	<b>General</b> People infected with HIV will not live longer than 5 years after being infected		<input checked="" type="checkbox"/>
2	HIV virus can live outside of human body for a long time		<input checked="" type="checkbox"/>
3	HIV virus could be found a lot in blood, semen and vaginal fluid	<input checked="" type="checkbox"/>	
4	X ray is one of the ways to check if a person is infected with HIV		<input checked="" type="checkbox"/>
5	After being exposed to HIV, 15 days later you can be tested positive for HIV		<input checked="" type="checkbox"/>

No.	Question	True	False
6	Nowadays, there are effective drugs that can cure for AIDS and vaccine to prevent HIV		✓
7	<b>Transmission</b> A baby born to an HIV infected mother may or may not get HIV transmitted from the mother even without breast feeding	✓	
8	You can get HIV from mosquito bites if that mosquito bites AIDS person before biting you		✓
9	Withdrawing before ejaculation (coming) is one way to avoid HIV transmission		✓
10	Persons infected with HIV will not transmit HIV to other persons as long as they does not have AIDS symptoms yet		✓
11	HIV infected people who are taking antiretroviral medicines cannot pass on the virus		✓
12	<b>Prevention</b> AIDS is not transmitted by daily living activities therefore it is unnecessary to wash your hands after providing care to PLWAs		✓
13	Waste from wound dressing of PLWAs should be put in plastic bags and disposed in the public garbage		✓
14	<b>Treatment</b> PLWAs who never took any anti-retroviral treatment, they can start with AZT alone for the first 2 years		✓
15	It is common for PLWAs with TB to have high fever, cough and difficulties in breathing. If a patient has these symptoms, there is nothing to worry about but continue to take TB drugs		✓
16	TB patient must take TB drugs continuously for a minimum 2 months to complete the TB treatment course		✓
17	For the PLWAs, the doctor normally give Bactrim to prevent infection to the lungs, the PLWAs should take this medicine continuously	✓	
18	The only way to help PLWA who has severe headache due to Cytococosis is to advise him/her to take Paracetamol everyday		✓
19	If the PLWA has visual disturbance from CMV, it can be cured		✓

No.	Question	True	False
	by using eye-drops		
20	<b>Care</b> If a patient forget to take medicines before meal, we should advise him/her to take right after meal		✓
21	Sunken eyes, dry throat and mouth, dry skin and irritation are symptoms of dehydration which is danger to death; patient should take a lot of fluid and be referred to the hospital	✓	
22	Changing position and supporting bony parts should be done once a day for unconscious patients		✓
23	Patients having high fever and cold extremities, should be covered with thick blankets and give a lot of drinking water.		✓
24	A new bedsore wound of PLWA should be washed with Hydrogen Peroxide		✓
25	PLWA should be strictly eating at the meal time, if hungry earlier should try to wait until meal time		✓
26	If patient has oral thrush, the oral cavity should be cleaned and applied with Gentian Violet	✓	
27	If PLWA has dark yellow urine, he should drink more water	✓	
28	If PLWA has severe diarrhea, it is good to limit amount of fluid intake because the more intake-the more diarrhea		✓
29	If there are rashes all over the body and a swollen face after taking medication; the PLWA should continue to take the medicines because the body is adjusting to the medicines		✓
30	In bed while head and back are supported by pillows, sipping warm water, and taking paracetamol will help relieve cough, chest-pain and difficulties in breathing	✓	
31	PLWA may have symptoms of dementia such as being confused, aggressive, being over emotional, etc; caregivers should try to understand and not respond aggressively to patients	✓	
32	Hiter solution 1: 9 should be used for soaking of blood contaminated cloth of PLWA before washing	✓	

No.	Question	True	False
33	PLWA who has nausea and vomiting should receive spicy food to reduce the feeling of nausea		✓
34	If PLWA has blisters from Herpes Zoster, should break the blisters to relieve burning pain and apply traditional medicine		✓
35	If PLWA cannot move themselves, passive exercise should be done for them to prevent stiff of joints and stimulate blood circulation	✓	

**Appendix 6**  
**HIV/AIDS Home Care Provider Attitude Scale**

Date....., 2001.....(O Pretest / O Posttest) ID

Number.....

Please mark ✓ in the  that reflect best your feeling, idea or opinion

No.	Contents	Strongly agree	Agree	Moderate	Disagree	Strongly disagree
1	<b>Image</b> AIDS is a scarring and hopeless disease					
2	A good looking person does not have HIV/AIDS					
3	PLWAs with skin problem is obnoxious					
4	<b>Transmission</b> Having a sexual intercourse with a girl that is not a prostitute will not get me infected with HIV					
5	Bathing and washing of genitals after sexual intercourse is a good way to minimize risk of HIV infection					
6	You and your family do not eat in the restaurant where you know that the cook is infected by HIV					
7	You begin to know that one client of the dentist of your daughter is an HIV infected person, you decide to bring your daughter to another dentist					
8	<b>Living with HIV</b> If you are already infected with HIV, you do not have to protect yourself any more					
9	You avoid having communication with your friends and neighbors as soon as you know that you have HIV infection					
10	Persons having HIV should resign from work to avoid spreading of HIV in the workplace					
11	People and society should have sympathy (compassion) for PLWAs					

No.	Contents	Strongly agree	Agree	Moder ate	Dis- agree	Strongly disagree
12	You feel hurt when a child with HIV is not allowed to go to school with other children					
13	You do your best to keep your HIV status confidential forever					
14	PLWAs should separate themselves and not live with families in order to avoid spreading of HIV to family members					
15	People infected with HIV will remain healthy for more than 10 years if they take good self care and maintain healthy practice					
16	Being PLWH / PLWA does not decrease ones value because they still can do good things and help the society					
17	<b>AIDS care</b> PLWAs are a burden for their families					
18	If PLWAs are well taken care of both physically and mentally, they will have hope and motivation					
19	You feel good to visit a neighbor who is terminally ill from AIDS					
20	Taking care of PLWAs is highly risky for contracting HIV					
21	PLWAs are always demanding					
22	PLWAs should be referred to a PLWA hospice					
23	<b>Role as care provider</b> You are afraid to take care of AIDS patients					
24	You want to change job if the number of PLWAs continues to increase					
25	You are proud to tell people that you provide care to PLWAs					
26	You always talk positive about PLWAs					
27	You are willing to do extra efforts to help taking					

No.	Contents	Strongly agree	Agree	Moder- ate	Dis- agree	Strongly disagree
	care of PLWAs					
28	PLWAs commonly have a low self-esteem , volunteers should provide mental support					
29	You feel you have made the wrong decision being volunteer to take care of PLWAs					
30	Taking care of PLWAs makes your life more meaningful and worthy					



## Appendix 7

### HIV/AIDS Home Based Care Skills Checklist

ID Number .....

(To be used with HIV/AIDS Home Based Care Skill Checklist Guideline)

No.	Skills	Date.....		Date.....		Date.....		Date.....	
		1 st observation		2 nd observation		3 rd observation		4 th observation	
		Score	Not done	Score	Not done	Score	Not done	Score	Not done
1	<b>Assessment</b> Assessment skills on general health condition								
2	Assessment skill on clients' need for care								
3	Skill on planning and decision making to provide appropriate care to clients' needs								
4	<b>Communication</b> Skills on providing information								
5	Skills on case study and problem presentation								
6	Skills in recording and reporting								
7	<b>Provision of care</b> Skills on bed care and safety environment								
8	Skills on aseptic technique								
9	Skills on personal hygiene care: bed-bath								
10	Skills on personal hygiene care: tepid sponge								
11	Skills on personal hygiene care: oral care								
12	Skills on personal hygiene care: shampooing								
13	Skills on body and back massage								
14	Skills on passive exercise								
15	Skills on suctioning and positioning to prevent aspiration								
16	Skills on toilet assistance								
17	Skills on giving medication								

No.	Skills	Date.....		Date.....		Date.....		Date.....	
		1 st observation		2 nd observation		3 rd observation		4 th observation	
		Score	Not done	Score	Not done	Score	Not done	Score	Not done
18	Skills on usage of drugs to relief pain and discomfort (basic medication for volunteer level)								
19	Skills on application of external medication								
20	Skills on wound cleaning and wound dressing								
21	Skills on turning position for prevention of bedsores								
22	Skills on food preparation and feeding								
23	Skills on fluid and ORS preparation / ensure adequate fluid taking								
24	Skills on waste disposal								
25	Skills on observation of abnormal signs & symptoms and referral								
	<b>Counseling, Mental support and Health Education</b>								
26	Listening skills								
27	Skills on mental support								
28	Skills on helping to adapt to live with families								
29	Skills on health education and advice								
30	<b>Social</b> Self confidence in dealing with clients and families								
31	Respect of clients' right and judgement								
32	Patience with conflicts, negative reactions and maintain a stable temperament								
<b>Attitude Observation (to be used for attitude evaluation)</b>									
1	Friendliness								
2	Politeness								
3	Understanding								

Score: 1      requires improvement  
2      fair  
3      good  
4      very good

## Appendix 8

### Client Satisfaction Scale

#### Part 1: Demographic Data

Please mark  in  the answer that best describes you (client) and fill in the blank with the answer which best reflects your situation (clients' situation)

##### 1. Your status

- 1. Client
- 2. Caregiver of a client aged under 12. Your relation to the client .....
- 3. Caregiver of a client who cannot respond to the questionnaire. Your relation to the client is.....

##### 2. Gender

- 1. Female
- 2. Male

##### 3. Marital Status

- 1. Single
- 2. Married
- 3. Widowed/ Divorced /Separate

##### 4. Education background

- 1. Primary school
- 2. Secondary school
- 3. Vocational, Diploma
- 4. Bachelor degree
- 5. Above Bachelor degree
- 6. Others indicate).....

##### 5. Age.....years old

##### 6. Number of family members.....

##### 7. Main family income earned by....., current occupation

- 1. Uncertain
- 2. General laborer
- 3. Agriculture
- 4. Company / factory
- 5. Civil servant
- 6. Self business(indicate).....
- 7. Others (indicate).....

##### 8. Monthly family income

- 1. Under 3,000 Baht
- 2. 3,000-5,000 Baht
- 3. 5,001-10,000 Baht
- 4. 10,001-15,000 Baht
- 5. Above 15,000 Baht

## Part 2: General Health

Please mark  in  the answer that best describes you (client) and fill in the blank with the answer which best reflects your situation (clients' situation)

1. Known of HIV status for..... years
2. Being symptomatic ill for..... months
3. Your current physical health status in your perception  
 1. Very good    2. Good    3. Moderate    4. Poor    5. Very poor
4. Your mental health status in your perception  
 1. Very good    2. Good    3. Moderate    4. Poor    5. Very poor
5. Require assistance and care from caregivers  
 1. Do not require    2. Require
6. Who is your caregiver  
 1. Spouse    2. Parents    3. Other relatives    4. Others.....
7. Your relationship with your caregiver  
 1. Very good    2. Good    3. Fair    4. Poor
8. Your caregiver knows your HIV status  
 1. Yes    2. No    3. Not sure

### Part 3: Level of needs and satisfaction to care provided by volunteers

Please mark ✓ in the space which best describe your needs and satisfaction to the care provided to you by volunteer

Care	Level of your needs			Received care from whom		Satisfaction about care provided by volunteer			
	High	Mod erate	Low	Care giver	Volu nteer	High est	High	Low	Low est
<b>Cleaning and safety of environment</b> 1. Bed making, cleaning of your place and prevent risks for accidents according to your convenience									
<b>Personal Hygiene</b> 2. Bedbath, shampooing, body washing, nail cutting									
3. Toilet assistance									
4. Cloth cleaning and disinfection									
<b>Food and fluid</b> 5. Food and fluid preparation and feeding									
<b>Physical care and medication</b> 6. Help on ambulation									
7. Massage and passive exercise									
8. Giving medication									
9. Wound dressing									
10. Tepid sponge to cool down fever									
11. Changing position to prevent bed sore									
<b>Information and advise</b> 12. Giving general information and advise on HIV/AIDS, and opportunistic infections									
13. Advise on self care and healthy practice									
14. Advise on abnormal signs and care									
15. Giving information and advise of alternative care and referral									
<b>Psychosocial support</b> 16. Helpful in reducing stress, sorrow and anxiety									
17. Helpful in making future plans									
18. Helpful to adapt to live with families									

**Part 4: Satisfaction to relationship with volunteers**

Please mark ✓ in the space which best describe your satisfaction to relationship with volunteers

No	Relation	Opinion				
		Strongly agree	Agree	Un decided	Dis-agree	Strongly disagree
	<b>Communication</b>					
1	Volunteers are nice and friendly					
2	Volunteers understand, care and are concern about your illness					
3	Volunteers are polite and respect your rights					
4	You can tell all your problems and your needs to volunteers					
5	You are confident that volunteers will keep your HIV status confidential					
	<b>Care</b>					
6	You feel bored with the frequent visit of the volunteers					
7	Volunteers know what are your needs, what you want her to help					
8	Volunteers are sincere to you and have sincere willingness to provide care to you					
9	Volunteers listen to your problems, understand you and help you when you require assistance					
10	Volunteers give a lot of time to provide care to you					
11	Volunteers try to involve your family in the care					
12	Volunteers can answer to your questions and give enough information according to your needs					
13	Volunteers make you feel delight and hopeful					
14	The care provided by volunteers does not help you at all					
15	The volunteers always command you to do things the way she wants					
16	The volunteers are always moody, and have a bad temper					
17	You feel you are waiting for the volunteers to come to visit and provide care to you					
18	Overall you are satisfied with the care provided by the volunteers					

Frequency require for the volunteers' visit (according to clients).....

## Appendix 9

### Focus Group Discussion Guidelines

#### Part 1: Volunteers' coping

1. How do you feel with the care you provided to the clients?
2. How did you feel about clients getting worse, unconscious or passed away?
3. How did it affect you? (such as can't sleep, nightmare, depress, cry, etc)
4. How long the feelings stayed with you?
  - Do you still have that feeling now?
  - What did you do to get rid of that feeling?
  - Did you tell anybody?
  - Did it helps?
5. Did you get counseling/support from your team colleague or team leader or staff?
  - Could they help you?
6. Does the feeling go down after you see many clients?
7. Do you think you will continue to have this feeling in the future?
  - Do you think you can handle the situation?
8. What can be done to help you to handle such situations?

#### Part 2: Feedback on Training

##### 1. Teaching sessions:

- What do you think about the teaching method?
  - What are the weak points?
  - What are the strong points?
  - How do you feel with the way that you have learned?
- What about the contents?
  - Are they too difficult?
  - Are they too basic?
  - What topics are too difficult?
  - What topics are too basic?
  - Are the contents too little or too much?

- Can the training sessions help you to provide good care?
- What topics you feel you do not know enough?
- What do you like in this training?
- What do you don't like in this training?
- What is the atmosphere during teaching?
- What problems did you face during theoretical training?
- What can be improved in the training?

## **2.Home visit:**

- What do you think about home visit?
- What do you like in the home visit?
- What do you don't like in the home visit?
- How do you like to do home visit in the same time with theoretical training?
- Does the home visit helps you to learn theoretical session better?
- How do you feel during visiting the clients in the first times?
- For the team without staff accompanied the visit, how do you feel?
- The team should have how many volunteers?
- Why?
- What problems did you face during home visit?
- What can be improved in the arrangement for home visit?

## **3.Home care:**

- How do you feel with the home care?
- Do you like the way the home care was arranged?
- Do you think you are ready to function as home care provider?
- How do you like the supervision?
- Is the supervision helpful to build up your skills?
- What do you like in this training?
- What do you don't like in this training?
- What problems do you face during home care?
- Do you have problem using the Home care bag?
- What can be improved in the arrangement for home care?



#### **4. Case discussion / presentation:**

- What do you think about this case discussion / presentation?
- Do you find the case discussions useful / benefit to you?
- What do you like in the case discussion?
- What do you don't like in the case discussion?
- What problems do you face during case discussion?
- What can be improved in the arrangement for case discussion?

#### **5. Monthly meeting:**

- What do you think about monthly meeting?
- Do you benefit from the monthly meeting?
- What do you like in the monthly meeting?
- What do you don't like in the monthly meeting?
- What can be improved in the arrangement for monthly meeting?

#### **6. In general:**

- How satisfied are you with this training?
- What can be done to improve the training?

## Appendix 10

### Volunteer's selection criteria

- Healthy
- Able to read and write (Thai)
- Being membership of any of 4 PLWH groups (being HIV infected or affected)
- Attended Counseling course and work with PLWH groups for minimum 6 months
- Willing to participate in this Home care training and willing to be Home care provider afterwards

### Client's selection criteria

- Diagnosed HIV infected and symptomatic
- Age above 5 years old
- Willing to participate in the project
- Able to communicate in Thai
- For caregiver of clients aged less than 12 and unconscious clients: must be a primary caregiver of the clients

**Appendix 11**  
**List of clients received Home care by volunteers**

Month of....., 2002

District.....

Name of volunteer..... Name of volunteer.....

Date	Client's name	No. of visit	Date	Client's name	No. of visit

Remark:.....  
 .....  
 .....  
 .....  
 .....

**Appendix 12**  
**Home Care Record Form for Volunteers**

Date.....Time..... Name of client..... Visit Number..... Age..... Weight..... Have caregiver <input type="radio"/> yes, <input type="radio"/> no -stays same house <input type="radio"/> yes, <input type="radio"/> no -accept client <input type="radio"/> high, <input type="radio"/> mod, <input type="radio"/> low Last visit to physician..... Because of..... Treatment received <input type="radio"/> get oral med, <input type="radio"/> go for next follow up, <input type="radio"/> admit in hospital, <input type="radio"/> others..... Next visit plan..... Symptoms today..... ..... ..... Self-help <input type="radio"/> good, <input type="radio"/> fair, <input type="radio"/> poor <input type="radio"/> conscious, <input type="radio"/> unconscious, <input type="radio"/> headache, <input type="radio"/> weakness, <input type="radio"/> fever, <input type="radio"/> cough, <input type="radio"/> sputum / secretions, <input type="radio"/> difficulty of breathing, <input type="radio"/> poor appetite, <input type="radio"/> nausea, <input type="radio"/> vomiting, <input type="radio"/> abdominal pain, <input type="radio"/> abdominal distension, <input type="radio"/> diarrhea.....times, <input type="radio"/> white patch on tongue, <input type="radio"/> soremouth, <input type="radio"/> sorethroat, <input type="radio"/> skin rashes on..... ..... <input type="radio"/> wound at.....size....., <input type="radio"/> hopeless, <input type="radio"/> hopeless, <input type="radio"/> stress/anxiety, <input type="radio"/> other problems..... .....	Signs for referral..... Referred to..... <hr style="border: 1px solid black;"/> Care provided today: <input type="radio"/> bedbath, bathing, <input type="radio"/> tepid sponge, <input type="radio"/> shampooing, <input type="radio"/> nail cutting, <input type="radio"/> mouth care, <input type="radio"/> back massage, <input type="radio"/> passive exercise, <input type="radio"/> toileting, <input type="radio"/> bed making, <input type="radio"/> food-drink preparation, <input type="radio"/> feeding, <input type="radio"/> giving oral medication, <input type="radio"/> apply external drugs, <input type="radio"/> positioning, <input type="radio"/> suctioning, <input type="radio"/> wound dressing, <input type="radio"/> waste disposal, <input type="radio"/> household chores <input type="radio"/> counseling/mental support, <input type="radio"/> health education / advise to clients <input type="radio"/> health education / advise to caregivers <input type="radio"/> other care / assistance..... ..... ..... ..... Problems / plans for next visit..... ..... ..... ..... Next visit plan on..... Name of volunteer.....
--	---

## Appendix 13

**Enhancing Capacities  
of PLWH Volunteers  
in  
Providing Home Based Care  
to PLWAs in Chonburi Province, Thailand**

**Chanida Liangthorachon**

### **Overview**

1. Problems and Planning
2. Implementation
3. Evaluation and Results
4. Discussion and conclusion
5. Recommendations

### **1. Problems and Planning**

- The AIDS Challenge
- Problem statement
- Needs identified by PLWAs
- Literature review
- Project Goal and Objectives
- Activity Plan

## The AIDS challenge

- 755,000 PLWHs/PLWAs in Thailand (UNAIDS/WHO, 2000)
- 162,813 full-blown AIDS in Thailand (MOPH, 2001)
- 3,235 reported deaths from AIDS in 2000 (MOPH, 2001)
- 1:50 ratio PLWH : adult population (UNAIDS/WHO, 2000)
- 4,503 PLWAs in Chonburi in 2000 (PCMO, 2000)
- 1:250 ratio PLWAs : population Chonburi

## Problem statement

- Increasing PLWAs requiring home-based care
- Staff cannot address all needs of PLWAs
- Organizational change from direct to indirect service
  - Low cost effectiveness
  - Limited number of staff
  - Catchment area 4 districts/distance/time

## Needs identified by PLWAs

- |                      |                    |
|----------------------|--------------------|
| • Primary care       | • Personal help    |
| – Giving medication  | – Bathing          |
| – Peer support       | – Toileting        |
| – Wound dressing     | – Meal preparation |
| – Health information | – Feeding          |
| – Passive exercise   | – Household chores |
|                      | – Ambulation       |

## Literature review

- No adequate hospital beds
- Home care 5 times less expensive (Kitheka, 1999)
- Less financial burden for families
- 90% of patients prefer home care (WHO, 1999)
- Opportunistic infections manageable at home
- PLWH volunteers can be good care providers

## Project Goal & Objectives:

- **Goal**
  - Improve care for PLWAs at home
- **Objectives**
  - Strengthen capacity of PLWH volunteers in provision of care for PLWAs at home
  - Initiate family care for PLWAs at home
  - Provide a support mechanism for families to continue care for PLWAs at home

## Activity Plan

### Phase-1: Capacity Building of Volunteers

#### Step 1: Preparation (2 months)

- Needs assessment :FGD, NGD
- Develop plan of action
- Contact partners
- Develop training curriculum & materials

#### Step 2: Implementation (6 months)

- Theoretical training
- Practical training
- Evaluation



## **2.Implementation**

- Theoretical training
- Home visit
- Home Care
- Case Discussions
- Monthly Meeting

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### **Theoretical Training**

- 8 days training during 6 weeks
- Problem Based Learning
- Small Group Discussion
- Curriculum
  - Basic AIDS Pathology
  - Recognizing problems
  - Physical care
  - Psycho-social support

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### **Home Visit**

- Purpose: observe clients' conditions and problems to discuss in theoretical training
- 2 days / week during theoretical training
- Teams of 2 volunteers
- Using motorcycle
- Staff accompanied first visits

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## **Home Care**

- Start after theoretical training
- Teams of 2 volunteers
- 1 regular client (severe) plus other irregular clients
- 2 days / week
- Using Motorcycle
- Home Care Bag with supplies refilled
- Supervision: 2 supervisors, 4 times in 2 months
- Assessment with skill checklist

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## **“ Case” Discussions**

- Monthly
- Volunteers present cases (condition, problems, care provided, plans)
- Discussion on difficulties faced in providing care
- Peer feedback and support
- Advise and feedback from supervisors
- Questions / answers / requests

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## **Monthly Meeting**

- Volunteers share what they faced (positive and negative experiences)
- Friends interact and give mental support
- Support mechanism in coping with stress
- Supervisors assist in how to deal with problems

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### 3. Training Evaluation

#### Purpose:

Assess volunteer training process and outcome

- Evaluation Questions
- Evaluation Objectives
- Evaluation Design
- Data Collection Tools
- Data Management and Data Analysis
- Results

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#### **Evaluation Questions**

Did volunteers gain the basic competencies to take up their role in home care?

- Do volunteers have basic knowledge on HIV/AIDS care?
- Do volunteers have a positive attitude towards their role as Home Care Provider?
- Do volunteers have the required skills to perform home care activities?
- Are PLWA satisfied with the care provided by the volunteers?
- What could be improved in terms of the training process?

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#### **Evaluation Objectives**

**Objective:** Identify if volunteers gained the basic competencies required in home care

#### **Specific objectives**

- Identify the knowledge level of volunteers on HIV/AIDS care
- Identify volunteers' attitude towards their role as Home Care Provider
- Identify volunteers' skills in performing home care activities
- Describe the level of satisfaction of the PLWAs on care provided by volunteers
- Identify scope for improvement in volunteer training

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## Evaluation Design

- Summative & formative aspects of the volunteer training
- Qualitative and quantitative approaches for data collection and data analysis
- Evaluation done by 2 professional staff

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## Data Collection Tools

- HIV/AIDS Care Knowledge Test (Pre/Posttest)
- HIV/AIDS Home Care provider Attitude Scale (Pre/Posttest)
- HIV/AIDS Home Based Care Skills Checklists
- Client Satisfaction Scale
- Focus Group Discussions with volunteers

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## Data Management and Data Analysis

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Reliability Cronbach's Alpha</li> </ul>             | <ul style="list-style-type: none"> <li>• Attitude Scale = .79</li> <li>• Client Satisfaction = .88</li> </ul>   |
| <ul style="list-style-type: none"> <li>• Reliability Kuder-Richardson KR 20 Alpha</li> </ul> | <ul style="list-style-type: none"> <li>• Knowledge = .70</li> </ul>   |
| <ul style="list-style-type: none"> <li>• Paired t-test</li> </ul>                            | <ul style="list-style-type: none"> <li>• Knowledge p &lt; .001</li> <li>• Attitude p &lt; .001</li> <li>• Skills p = .02</li> </ul>                   |
| <ul style="list-style-type: none"> <li>• Mc Nemar Chi-square</li> </ul>                      | <ul style="list-style-type: none"> <li>• Knowledge p &lt; .01 (.008)</li> <li>• Attitude p &lt; .05 (.031)</li> <li>• Skills p = *constant</li> </ul> |

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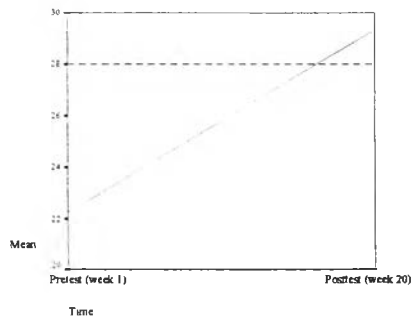
### Scores and Predefined Standard

	No of Questions	Total Scores	Predefined	
			%	Scores
K	35	35	80	28
A	30	150	80	120

		Max. Score Level	Predefined Score Mean
S	32	4.00	3.00

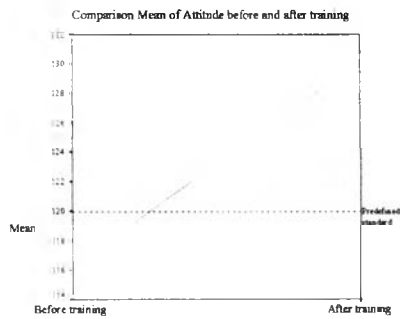
22

### Knowledge gained



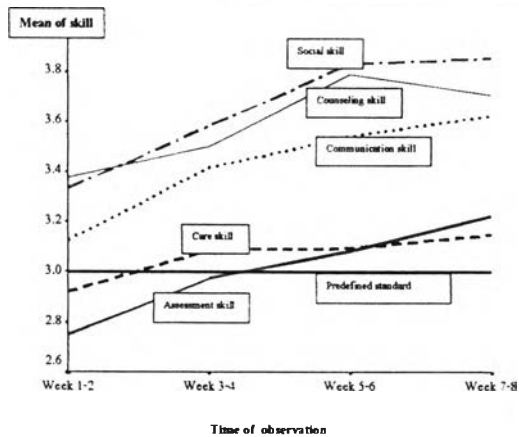
23

### Attitude gained



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## Skills gained



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## Knowledge, Attitude, Skills, and Volunteers' Competency Passing Rate

*Competency = Knowledge + Attitude + Skills*

Competency	Pretest passing rate (%)	Posttest passing rate (%)	McNemar p-value
• Knowledge	16.7	83.3	.008
• Attitude	41.7	91.7	.031
• Skills	66.7	100.0	.*
• Total competency	16.7	83.3	.008

\* Result of passed failed skill posttest is a constant

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## Client Satisfaction

### *Provision of Care*

- **Highest Satisfaction**
  - Stress / anxiety reduction
  - Bed-bath
  - Shampooing
- **Lowest Satisfaction**
  - Helping to make future plan
  - Information on alternative treatment
  - Helping for ambulation

### *Relationship with Volunteers*

- **Highest Satisfaction**
  - Stable temper of volunteers
  - Frequent visit
  - Volunteers not command (demanding)
- **Lowest satisfaction**
  - Knowing what clients want help with (needs assessment)
  - Can tell all problems to volunteers
  - Involvement of family members

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## 4. Discussion and Conclusion

### Discussions

- Strategy limited to PLWH volunteers
- PM had no decision power on selection of volunteers
- Problem based learning was appropriate
- Home visit prior to theoretical training can be more effective
- Limitation of True-false questions

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## Discussion and Conclusion(cont.)

- Training seems to be too short for some of the skills
- Client satisfaction measured by supervisors, and from proxy could create some bias
- All clients have caregivers, most clients have very good relationship with caregivers.... a positive move
- Too strict measurement may affect motivation / willingness of voluntary work

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## Discussion and Conclusion

### Conclusions:

- Knowledge, attitude were significantly increased, skills were obviously gained when compared with pre-test
- 10 volunteers have basic competencies to perform home care activities
- Experienced volunteers made better progression in the training than inexperienced ones.
- Female care provider better accepted

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### **Discussion and Conclusion(cont.)**

- Low education background of volunteers did not affect learning & provision of care
- No difference in attitude and performance among non HIV infected and the HIV infected volunteers
- Clients had a high satisfaction on care provided by volunteers and on the relationship with volunteers.

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### **Discussion and Conclusion(cont.)**

- Although high mortality rate caused stress among volunteers but they were able to cope well
- A system to address volunteers' coping is essential to maintain their wellbeing
- Volunteers want to gain more knowledge

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### **5. Recommendation**

- Inclusion / integration of non HIV infected volunteers could improve sustainability
- The focus should be on female volunteers
- Periodical assessment of client satisfaction will assist to improve services and training program
- Psycho-social support mechanism for volunteers in coping with stress is needed
- Home Care manual for volunteers should be prepared
- On going training to strengthen capacities of volunteers should be arranged

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## Curriculum Vitae

Name Chanida Liangthorachon  
Nationality Thai  
Date of birth 9 June 1961



### Education / Training

- 1982 Bachelor of Sciences (Nursing), Diploma in Midwifery, Khonkaen University, Thailand
- 1990 Bachelor of Home Economics (Child and Family Development), Sukhothai Thammathirat University, Thailand
- 1994 Certificate in Coordinator Management Course, Medecins Sans Frontieres, The Netherlands
- 1999 Diploma in Management and Development of NGO's, Galilee College, Israel

### Work Experience

- 1997-2002 Program Manager, HIV/AIDS Program, Pearl S. Buck International (Thailand), Chonburi, Thailand
- 1994-1997 Project Coordinator, Medecins Sans Frontieres (Holland, Belgium, Switzerland), Banteay Meanchey, Cambodia
- 1993-1994 Assistant Project Coordinator, Medecins Sans Frontieres (Holland, Belgium), Banteay Meanchey, Cambodia
- 1991-1992 Maternal and Child Health Nurse and Trainer, Medecins Sans Frontieres (Holland), Khmer Refugee Camp, Surin, Thailand
- 1988-1990 Midwife Supervisor and Midwife Trainer, Catholic Relief Services, Khmer Refugee Camp, Surin, Thailand
- 1982-1987 Staff Nurse and Nurse Trainer, Catholic Relief Services, Khmer Refugee Camp, Surin, Thailand