8. Ask the participants to select a seat and perform the first round for 5 minutes.
9. After the first practice round of 5 minutes, it is time to move to the next practice situation. For this, ask each participant to shift to the next seat ON THEIR RIGHT. This means that the pairs will move away from each other and form new pairs. Each pair will have a new carousel situation and each person will have a chance to reverse roles. Those who were "counsellors" before will now become "clients." Those who were playing the "client" can now try their hand at being "counsellor." Each "client" may take a minute to read and prepare their role, and the new "counsellor" may open up their handbook for the activity.
10. Conduct two more rounds for 5 minutes each. Thus each person should have 2 chances to be both counsellor and client.

Debriefing of Carousel Activity (20 minutes)

11. First ask participants for general feedback on the exercise: how they felt and whether the exercise was helpful in preparing to counsel HIV clients.
12. Then discuss two or three Carousel situations. To guide you, there are some sample discussions prepared. Ensure that you cover the possible causes of the side-effects, their management and what the counsellor should do (viz. early identification and referral where required).
13. To ensure the take away messages give participants a sheet called reflective diary. Explain it to participants and help them to fill it. This will help them to develop a list of points to be remembered while practicing the information given in the session.

Reflective Diary

The Topic of the Session	What did you learn?	What difference will it make to your Practice?
Example: Basic ART	**Example:** Learned about clinical stages of HIV. Also understood the time for the initiation of ART as per WHO. Learned about three major groups of ART. National ART regimen. First and second line of regimen. Side effects and adherence issues.	**Example:** I am a STI counsellor and now understood the importance of ART in the life of PLHIV. Now I would be able to help my client in a better way. I have also understood the drug interaction as well as its side effects which I may tell my client to help him seek the appropriate service at time of side effect or drug interaction. After getting information about why people do not adhere to treatment I may help my client in adherence also.

Remember: The counsellor's role is to suspect, screen and refer. The Counsellor is not trained to prescribe!

Alternative methodology to establish take home messages:

Quiz may be developed on the important points in the session. The participants would answer the question flashed on the screen and facilitator would fill the gap. The selected questions would be asked. Question on the following areas may be asked to create take home message:

- The question on ART regimen.
- First line and second line.
- Three major groups of ART.
- When to start ART as per WHO?
- Some side effects of ART.
- How to make the client adherent to treatment?

- ***Quiz may be used before the activity of Reflective Diary. The quiz would refresh their memory about major learning in the session. After this they may fill the Reflective Diary to consolidate the learning in their respective situation.***

Key messages:

- Although ART dramatically improves the health and life expectancy for PLHIV, ART is not a cure for AIDS.
- ART is to be taken life-long. The virus can never be eradicated completely from the body, so ART has to be continued forever, even if the patient is asymptomatic.
- HIV can still be transmitted to others, even when the PLHIV is healthy and taking his/her medication regularly. Thus safe sex should be practiced even if the patient is on ART.
- The reinforcement of the principles of adherence and limitations of ART treatment by the counsellor is of great help for the client. You need to make sure that clients have the information sheets specific to the ART regimen that they are taking.
- During counselling sessions emphasise that even when on ART, people need to continue using condoms regularly and practice safe injecting drug use.
- Also, remember that ART means hope. You need to emphasise the positive aspects of the treatment while making sure that the clients know the most appropriate way to consume the drugs.

Annexure

Annexure1 : Carousel Situations

- You are Sandeep, a 32-year-old man who is on ART. You are suffering from diarrhoea with nausea and vomiting for last few days. You feel that whenever you take the ART drugs the frequency of diarrhoea and vomiting increases. So you have decided to consult the counsellor at the HIV clinic for help.

- You are Ramu, a 23-year-old man who is regularly taking his ART medicines, a combination of Stavudine, Lamivudine and Nevirapine. But for the last few days you have a tingling and painful sensation in your legs and hands. You have come to the HIV centre to seek help.

- You are Rehana a 24-year-old woman who is on ART (Zidovudine, Lamivudine and Efavirenz) from last 10 months. Since the last month you are feeling very low. You don't feel like to talk to anyone or to do any work. Nowadays you easily become irritable and aggressive. You are very disturbed with these changes in yourself and thus look for the counsellor to help.

- You are Suman, a 30-year-old woman who is taking ARV drugs (Zidovudine, Lamivudine and Efavirenz) for the last two years. You are not feeling well for a few days. You feel that your ability to work has reduced. Whenever you try to do some work you get tired easily and develop shortness of breath. You have also observed that your palm and fingers now looks paler. So you have come to the HIV clinic to seek the counsellor's help.

- You are Razia, a housewife. You have recently been shifted from the Nodal ART centre to the LAC centre. But since few days you are experiencing headache and bad dreams because of which you are not able to sleep well. You also experience that these symptoms increases when you take ARV drugs. So sometimes you tend to skip the drugs.

- You are Rose, a 30-year-old woman is on ART (Stavudine, Lamivudine and Nevirapine) for the last three years. You explain to the counsellor on your monthly visit that your arms, legs and cheeks have become thin whereas the area around the neck has become fatty.

- You are Manpreet, a 28-year-old man who has been shifted to LAC last month only. For the last few days you are experiencing a sensation of a dry mouth and have painful white patches on your tongue and mouth.

Annexure 2 : Sample Discussion of Carousel Situations

For facilitator's guidance only: not intended for verbatim use.

Note: This session was prepared before Stavudine was phased out. But it is still useful to know this.

Carousel Situation: You are Ramu, a 23-year-old man who is regularly taking his ART medicines, a combination of Stavudine, Lamivudine and Nevirapine. But for the last few days you have a tingling and painful sensation in your legs and hands. You have come to the HIV centre to seek help.

Discussion: The counsellor should explain to the client that ARV drugs have some unwanted effects known as side-effects. These side-effects can occur immediate to the use of drug or with long use of the drug. The symptoms of tingling, numbness or pain in feet or legs and hands can be the result of the use of Stavudine for months and years. Counsel the client to wear loose-fitting shoes and socks, to walk a little (but not too much), to keep feet uncovered in bed, to soak the feet in warm water or massage them with a cloth soaked in warm water. Reassure him that the pain and tingling sensation will go away with time. However, if tingling does not go away and pain prevents Ramu from walking, then he should go and seek medical help. Reinforce that he should not stop taking medication or skip or reduce doses on his own as adherence to treatment is important to prevent resistance.

Carousel Situation: You are Suman, a 30-year-old woman who is taking ARV drugs (Zidovidine, Lamivudine and Efavirenz) for the last two years. You are not feeling well for a few days. You feel that your ability to work has reduced. Whenever you try to do some work you get tired easily and develop shortness of breath. You have also observed that your palm and fingers now looks paler. So you have come to the HIV clinic to seek the counsellor's help.

Discussion: The counsellor has to first check for the signs of anaemia (pale palms and finger nails, shortness of breath and muscle pain) and should explain to Suman that the symptoms that she has developed indicate anaemia which can be because of Zidovudine. The counsellor has to educate her that anaemia is a common side-effect of the drug and could be managed at home by eating food rich in iron (Fish, meat, chicken, green leafy vegetables like, spinach) and folic acid and Vitamin B12 (fortified cereals, orange juice, fish, dairy products) as well as iron tablets prescribed by the medical officer. She also has to be informed that if the symptoms do not go after 3-4 weeks or if they worsen i.e. if the feet get swollen or she develops difficulty in breathing, then she should seek urgent medical care.

After counselling and answering her queries related to the symptoms, refer her to Medical OPD for assessment of her anaemic status and prescription if needed. Emphasise the importance of taking regular medicine. If ART is stopped then ART resistance is likely to develop.

Carousel Situation: You are Rose; a 30-year-old woman is on ART (Stavudine, Lamivudine and Nevirapine) for the last three years. You explain to the counsellor on your monthly visit that your arms, legs and cheeks have become thin whereas the area around the neck has become fatty.

Discussion: The counsellor has to explain to Rose that long use of Stavudine can cause redistribution of body fat resulting in thinning of arms, legs, buttocks, cheeks or accumulation of fat in breasts, belly and back of neck. However, this redistribution of body fat (Lipodystrophy) can be managed by eating in moderation. The counsellor can suggest to reduce intake of fat, especially ghee, butter, fatty meals: to eat more fibre-rich food like whole cereals *(dalia, bajra)*, whole pulses *(rajma, chana)* and fruits like pineapple, apple, pears; to limit intake of refined sugars like sweets, *mithai*, soft drinks; to avoid alcohol and smoking; to exercise regularly; to do weight-bearing exercises (Running, jogging, walking, Sports that involve running and/or throwing such as basketball, tennis, baseball, volleyball)and to lead a regular life ensuring adequate rest and sleep. The counsellor must also inform Rose about the other side-effects of the regimen that need urgent medical care and should ask her to seek doctor's help if she develops severe abdominal pain, severe fever, body ache and running nose, yellow eyes, and severe skin rash with mouth ulcers, fatigue and shortness of breath. Inform her that these are the signs of the severe side-effects of ARV drugs and should be treated as soon as possible. Reinforce that the client should not stop taking medication or skip or reduce doses by their own as the adherence to the treatment is important to prevent resistance.

SESSION 19
Counselling for ART Adherence and Treatment

Session Overview:

- Lecture using slides (30 minutes)
- Demonstration of the '5As' method (10 minutes)
- Lecture using slides (15 minutes)
- Let us count some pills (30 minutes)
- Disputing statements activity (20 minutes)
- Lecture using slides (10 minutes)
- Small group discussion on 'Special Counselling Situations' (15 minutes)
- Lecture using slides (10 minutes)
- Demonstration of the 'Adherence Calculator' (10 minutes)

Session Objectives:

At the end of this session, participants will be able to:

- Understand adherence and consequences of poor adherence to treatment.
- Understand why counselling is important for adherence to treatment.
- Understand the barriers to adherence and how a counsellor can help an individual deal with it.
- Demonstrate ART adherence counselling.
- List methods to monitor and support PLHIV's adherence through counselling.
- Learn how to use the adherence calculator.
- Understand how counsellor can deal with special situations like: missed appointment, lost to follow up and so on.

Time allowed:

- 2 hours 30 minutes

Material required:

- Slides related to the session.

- Table on adherence calculation (Provided in the annexure).
- 190 dummy pills (or items which are countable and resemble pills such as 'Cadbury Gems' or buttons).
- 15 bottles (or suitable containers which resemble a pill box) A chocolate bar.
- Demonstration situation of the '5As' method.
- Counselling checklists (Provided in the annexure).
- Special counselling situations (Provided in the annexure).

Method:

Preparation before the Session:

1. You, as the facilitator, will prepare the ART pill bottles BEFORE the session: Take 190 "pills," fill and label the bottles as given in the table

Case No	Number of bottles	Number of pills in each	Bottle Label
1	5	9	28th day
2	5	23	25th day
3	5	6	35th day
Total pills		**190**	

You will have 5 sets of 3 bottles each.

2. BEFORE the session, take print outs of:
   a. Role-play situation on 'Barriers to Adherence'.
   b. The 'Special Counselling Situations'.

Lecture using slides (30 minutes)

3. Explain the key points in the session using slides (1 to 13) and the dialogue given for your convenience.

Demonstration of the '5As' method (Slide 14) (10 minutes)

4. Play the role of counsellor and invite one participant to act as the client. Share the demonstration situation with the volunteer.
5. Demonstrate how to use the 5As in addressing the barriers to adherence. You have to act as the counsellor.

6. After completing the role-play, discuss the demonstration with the following questions:
    - What were the questions used by the counsellor to assess the barriers?
    - How did the counsellor assist the client in addressing the barriers?
    - What advice was given to the client?

Demonstration situation on the use of '5As':

Facilitator will play the role of counsellor and a participant will volunteer to act as Mr. Hassan – the client.

Mr. Hassan is a client at your ART CENTRE who has been regular in visiting the centre. He used to tell you that he would be able to run his small shop till his son is able to take over it. Recently you have noticed that Mr. Hassan is gloomy and speaks less during the counselling session. His adherence level has also started coming down. You offer him a special counselling session in the afternoon to trace the reasons for the change. He is hesitant to open up at the start. However, later he tells you that he has lost his belief in the medicine. You learn that his close friend, who was also on ART, has passed away recently.

For facilitator's guidance only: not intended for verbatim use.

Mr. Hassan has been adherent to ART as he wanted to be healthy. However, as revealed, his friend's death has affected him much. He has lost his belief that ART will keep him healthy. The key for the counsellor is 5 As:

- **Assess:** How much is the effect? Has he fully lost his belief in the medicine? Is there any other reason? How is his understanding about adherence? Has he already developed any consequences of poor adherence?
- **Assist:** Understanding the problems of poor adherence, relate adherence with well- being, being able to differentiate his case from that of the friend.
- **Advice:** Need of adherence, how to come out from the depressed situation; discuss such issues with the counsellor.
- **Arrange:** Follow-up visits and consultation with doctor, if required. Support group meetings with other PLHIV.
- **Agree:** Continuation of medicine without missing pills, follow-up sessions.

Lecture using slides (15-20) (15 minutes)

7. There are two brainstorms and one problem related to calculating adherence using the 'Pill Count Method'. This is a critical competency for ART counsellors. So you are advised not to cut down on time here. As part of the lecture you also have to demonstrate the use of the **Visual Analogue** as demonstrated to you at the 'Training of facilitators' workshop.

Let us count some pills (slide 21) (30 minutes)

8. For this activity, the participants should remain in the same groups.
9. Introduce the exercise by explaining that counsellors should be able to calculate client adherence using the pill-count method and the following formula (which they have seen on slide 16).

% Adherence

$$= \frac{\text{Number of pills the client should have taken - Number of pills missed}}{\text{Number of pills the client should have taken}} \times 100$$

This is also equal to

$$= \frac{\text{Number of pills given to the client – Number of pills balance in the bottle}}{\text{Number of pills the client should have taken}} \times 100$$

For 1st line ART only

No. of pills client should have taken = No. of days client took the pills x 2

10. Give each group one set of the three drug bottles with the different pills (Cases 1, 2) and instruct the groups to calculate the adherence by using the information: number of pills left in the bottle and the days on which the client has returned. Permit them 10 minutes to complete the task. It is more effective if each member tries this activity individually and then the group compares numbers. You should go around and check on the group progress. Note, which group is first in completing the task accurately.
11. Gather the groups together and discuss the solutions to the problems. Where possible, invite participants to demonstrate the use of the formula. Repeat the calculations in case there are participants who experience difficulty. For your convenience, the solution key to each situation is provided. Announce the group who first completed the calculations accurately and give them the chocolate as a reward.

Solution key for 'Let us count some pills':

For facilitator's guidance only: not intended for verbatim use.

Please practice this well before conducting the session.

Case No.	Number of Balance Pills	Daywhichclient returns to centre	Adherence calculation	% of Adherence
1	9	28th day	Adherence % = (60- 9)x 100 (28x2)	91
2	23	25th day	Adherence % = (60- 23) x 100 (25x2)	74
3	6	35th day	Adherence % = (60- 6)x 100 (35x2)	77

Disputing statements activity (slide 22) (20 minutes)

12. Divide the participants into 5 groups and ask each group to fill the 'Disputing Statements' work sheet in their hand-outs: Ask the groups to develop appropriate counselling responses to dispute or challenge the client's statement. Provide them one example of a counselling line. (See slide 22) Give them 10 minutes for the task.
13. Next, discuss each statement one by one with inputs from different groups. Ask the groups to also explain their reason for suggesting the counselling response.

Solution key for 'Disputing statements activity':

For facilitator's guidance only: not intended for verbatim use.

The column given on the left side of the slide presents different statements which may be made by the clients during the course of treatment. Counsellor's intervention starts from listening to the statement, analysing the reason/problem behind the statement and systematically addressing the same.

For example,

If the client says, "I don't think I can take the medicine for my life time" counsellor should put forward the following question:

Assess: "Can you tell me why are you feeling so?" "Did you have any difficulties in taking medicine so far?" or "Do you expect some problems in the future?" "Will you like us discussing these issues and finding a way out?" "Have you missed your medicines before because of this reason? Had you faced any issues because of it?"

Assist: "Let us see, how this is going to affect you."

Advice: "Let me explain what will happen if you are not able to solve the problem and take your medicines."

Arrange: "If you would like to have support from somebody else, I can arrange for that." Agree: "So, as we discussed; what will you do?"

Sr. No.	Client's Statement	Counselling Questions
1	*"I don't think I can take the medicine for my life time"*	"I understand your concern. But may I know why you feel so?" "Let us see how you can take it every day." "I work with many other people and I can tell you that there are many people who have been on ART for at least three years." "Yes, it is difficult to take ART day after day. But if you make it a habit, it is possible to do so." "Do you have someone in your family who can help you in this matter?" "Have you heard of diabetes? People with diabetes also have to make such adjustments for a lifetime. I agree it is difficult. But it is not IMPOSSIBLE."
2	*"I don't want to come to the Link ART centre. Staff behave rudely."*	"I am sorry for the way other staff has behaved with you. I can understand your feelings." However, other people's behaviour is not a reason for you to stop medicine. Let me see how I can help you. Was there something specific you needed from the centre which you were not able to get?" The counsellor may have to do some advocacy work within the centre and sensitise other staff members about the perceptions of the ART clients **without naming** the client.
3	*"I don't think ART can help me."*	"You do not seem to be feeling good with medicine. May I know what makes you worried?" Probe for side-effects as this may disrupt adherence.
4	"I don't know how to take the medicines."	"You seem to be worried about the medicine. Don't worry I can explain the things to you. If you don't understand, you can always ask me to explain again." "Can you tell me what you have been doing?"

Note for facilitator:

The term 'Disputing Statements' comes from Rational Emotive Therapy where the therapist disputes or counters unrealistic statements of the client with logic and examples.

Lecture using slides (slides 23-26) (10 minutes)

14. Explain adherence fatigue using the **slides (23 to 25)** and the dialogue given for your convenience. There is a demonstration of the 'Balloon Game' **(Slide 26)** which if time permits, can be demonstrated by the facilitator.

Small group discussion on 'Special Counselling Situations' (Slide 27) (15 minutes)

15. Divide the participants into five groups and provide each group a special counselling situation given in **Annexure 1**.
16. Instruct them to discuss the situations, identify the problems and counselling strategies.
17. Assign them 10 minutes for the task.
18. Invite the groups to present to the larger group. Invite feedback and suggestions from the other groups for each situation. Once all groups finish their presentations, summarise.

Lecture using slides (10 minutes)

19. Explain MIS and LFU and how to counsel them using **slides (28-30)** and the dialogue given for your convenience.

Demonstration of the 'Adherence Calculator' (10 minutes)

20. Explain that you are now going to teach them a simpler way to calculate adherence where they will not have to use the formula. Give the participants the laminated adherence calculator. For instance, if working out Problem 1, ask them to look at the first column showing **pills remaining**, identify the number 9 and then move their finger across till they come to the column for the 28th day. The answer reads 91.
21. Practice a few more problems asking different people.
22. Ask them to turn the adherence calculator which shows regimens for which 90 pills are used. Practice some problems here as well.
23. Conclude with a brief discussion of why it is necessary to know the formula but also how it may not always be easy to calculate adherence correctly.

Though we are training counsellors to use a simple chart for adherence calculation, it is also important for them to understand the formula. Therefore, please give enough time and emphasis to *both* methods.

Slides 31-41: Checklists for adherence counselling to be referred by the counsellor.

Key messages:

- Adherence simply means following the treatment plan as prescribed by the doctor. This includes taking the correct dosage, at the prescribed time, in the correct manner. Apart from medicines, it also requires timely follow-up at the health facility, following a proper diet, and maintaining a healthy lifestyle.
- Counselling plays a vital role in preparing the client for treatment and also in supporting adherence.
- Help the client identify and adopt the most suitable way to ensure that he/she takes medicines. The focus must be on the client since he/she is the person who knows best about his/her life situation and is best able to plan ways to integrate ART treatment in his/her life.
- The role of the counsellor could be described in three major stages:
  - Treatment preparedness counselling.
  - Counselling during treatment commencement.
  - Follow-up counselling for adherence.
- Adherence monitoring is the process of gathering information on all aspects of treatment adherence, including treatment of OIs, routine prophylactic treatment or other medication such as Anti-Tuberculosis Treatment (ATT).
- Adherence can be calculated using the following formula:

  % Adherence =

  Number of pills the client should have taken - Number of pills missed x 100

  Number of pills the client should have taken
- The client should be given a comfortable atmosphere where he/she feels able to openly confide about missed doses and seek help from the counsellor for changing this pattern in the future.
- Routinely check for any kind of potential barriers for the client's adherence to medicine as well healthy life-style practices.
- Help the client to analyse the situation of barriers to adherence and seek possible ways to address such issues. The 5 'A' principle (Assess, Assist, Advice, Arrange and Agree) can be utilised in such situations.
- Adherence fatigue is the state when the client gets bored of the routine of taking medicines, stops bothering about the disease and stops taking medicines subsequently.
- Keep in mind that adherence is a dynamic behaviour and it may change at any time. Proper counselling during each visit can prevent adherence fatigue to a great extent.

Annexure

Annexure 1: Small group discussion on special counselling situations

Situation 1 (Client reports adherence <80)

Mrs. Rose, 34 years old, lives 50 km. away from your centre with her husband and children. She has been regular in visiting the centre. During her current visit, there are 24 pills remaining in her pill bottle.

Situation 2 (Client frequently misses visit)

Before closing the register today you check the daily due list - the names of clients who have to visit the centre today. You notice that Mr. Prakash, from a distant area in your district, has not collected his medicine today. You recollect that this client has been shifted to your centre 3 months ago. This is not the first time he has missed his appointment.

Situation 3 (Client attempts suicide)

Mr. Kulbir, a 47-year-old truck driver, is on ART for last 4 years. He has been receiving medicine from your centre for 10 months. During his last visit, he told you that he is not able to drive properly, as he feels tired. Today, his wife has come to meet you. She told you that Kulbir tried to hang himself the day before and has been admitted in your own hospital.

Situation 4 (Client takes an overdose)

Mrs. Annie, 46-year-old lady, is on ART for one year. During her third visit, she shared that she felt much better after starting ART. This time she has come 5 days before to collect her pills with an empty bottle. She tells you that she has taken all the tablets you gave her so that she can escape from the disease.

Situation 5 (Goes to Bhuva/ Sadhu)

Mr. Raghav is a 50-year-old client at your centre. You have noted down that he misses his appointments and comes to the centre late. His adherence is below 95%. This time you understood that he has not taken pills for one week. When you ask him the reason, he replies: “Nothing will happen to me, even if I don’t take the medicine. A baba has told me that he will cure me”.

Annexure 2: Quick reference boxes:

Quick Reference Box 1: Signs of treatment fatigue

Client says the following-

- "I am no longer HIV positive."
- "Now I do not have any problem and I am cured."
- "I am fed-up with medicines."
- "I think I can stop medicine now, I don't think I have to take more."
- "I think I am not HIV-positive, I need to do test once more."
- "I don't think there is any issue if I stop medicine for some time."
- "I forgot to take medicine."

Quick Reference Box 2: Possible Signs and Symptoms of OIs and ART Side-Effects

- Feeling dizzy.
- Pain when swallowing.
- Trouble in breathing.
- Frequent or very bad headaches.
- Problems in seeing.
- Feeling more and more tired.
- Fever or feeling hot for more than a day.
- Sweat soaks the bed.
- Cough lasting over 2 weeks.
- Shivering and chills.
- Problems with balance, walking or speech.
- Skin rashes.
- Losing weight for no reason.
- Watery diarrhoea for more than 4 times a day, nausea, despite treatment.
- Vomiting.
- Dry mouth.
- Sore mouth or tongue.
- Stiff neck.
- Severe stomach or abdominal pain
- Swelling, burning, itching, soreness, discharge or smell on or near the vagina.
- Changes in menstrual cycle or menstrual flow.
- Pain during sexual intercourse.

Quick Reference Box 3: Signs and symptoms of STIs	
Males	**Females**
• Sores, ulcers, blisters on genital area • Small hard lumps • Rashes around and in the sexual organs including mouth/anus • Burning sensation while passing urine • Frequent urination, and discharge from penis or anus • Infection or inflammation inside rectum/ anus • Swelling of the scrotum/groin area • Sore throat	• Excessive/foul smelling vaginal discharge • Sticky greenish and yellowish vaginal discharge • Itching in genital area • Lower abdominal pain • Sores, ulcers, blisters • Small hard lumps • Rashes around and in the sexual organs • Painful itching • Burning while passing urine • Swelling in and around vaginal area • Inflammation of rectum • Pain when having sex • Frequent urination • Sore throat

Annexure 3: Adherence Calculator:

Instructions for calculators on the next page:

1) **Count the number of pills remaining in the bottle.**

   For example, the client came with 8 pills.

2) **Look down the first column of the chart for that number.**

   Go to Pills Remaining = 8

3) **Move your finger in that row till you reach the column for the day of the client's visit.**

   If the client attends on the 29th day after the last visit, adherence is 90% (Example based on 60-pill regimen).

Adherence Calculator for SLN/ ZLN/ TDF-3TC-EFV

Pills Remaining	Day of Visit for 60-Pills											
	24	25	26	27	28	29	30	31	32	33	34	35
0							100	97	94	91	88	86
1							98	95	92	89	87	84
2						100	97	94	91	88	85	83
3						98	95	92	89	86	84	81
4					100	97	93	90	88	85	82	80
5					98	95	92	89	86	83	81	79
6				100	96	93	90	87	84	82	79	77
7				98	95	91	88	85	83	80	78	76
8			100	96	93	90	87	84	81	79	76	74
9			98	94	91	88	85	82	80	77	75	73
10		100	96	93	89	86	83	81	78	76	74	71
11		98	94	91	88	84	82	79	77	74	72	70
12	100	96	92	89	86	83	80	77	75	73	71	69
13	98	94	90	87	84	81	78	76	73	71	69	67
14	96	92	88	85	82	79	77	74	72	70	68	66
15	94	90	87	83	80	78	75	73	70	68	66	64
16	92	88	85	81	79	76	73	71	69	67	65	63
17	90	86	83	80	77	74	72	69	67	65	63	61
18	88	84	81	78	75	72	70	68	66	64	62	60
19	85	82	79	76	73	71	68	66	64	62	60	59

Pills Remaining	Day of Visit for 120-Pills (TWO MONTHS)										
	55	56	57	58	59	60	61	62	63	64	65
0						100	98	97	95	94	92
1						99	98	96	94	93	92
2					100	98	97	95	94	92	91
3					99	98	96	94	93	91	90
4				100	98	97	95	94	92	91	89
5				99	97	96	94	93	91	90	88
6			100	98	97	95	93	92	90	89	88
7			99	97	96	94	93	91	90	88	87
8		100	98	97	95	93	92	90	89	88	86
9		99	97	96	94	93	91	90	88	87	85
10	100	98	96	95	93	92	90	89	87	86	85
11	99	97	96	94	92	91	89	88	87	85	84
12	98	96	95	93	92	90	89	87	86	84	83
13	97	96	94	92	91	89	88	86	85	84	82
14	96	95	93	91	90	88	87	85	84	83	82
15	95	94	92	91	89	88	86	85	83	82	81
16	95	93	91	90	88	87	85	84	83	81	80
17	94	92	90	89	87	86	84	83	82	80	79
18	93	91	89	88	86	85	84	82	81	80	78
19	92	90	89	87	86	84	83	81	80	79	78

Adherence Calculator for SL-Efv/ ZL-Efv/ TDF-3TC-ATV

Day of Visit for 90-Pills

Pills Remaining	24	25	26	27	28	29	30	31	32	33	34	35
0							100	97	94	91	88	86
1							99	96	93	90	87	85
2							98	95	92	89	86	84
3						100	97	94	91	88	85	83
4						99	96	92	90	87	84	82
5						98	94	91	89	86	83	81
6					100	97	93	90	88	85	82	80
7					99	95	92	89	86	84	81	79
8					98	94	91	88	85	83	80	78
9				100	96	93	90	87	84	82	79	77
10				99	95	92	89	86	83	81	78	76
11				98	94	91	88	85	82	80	77	75
12			100	96	93	90	87	84	81	79	76	74
13			99	95	92	89	86	83	80	78	75	73
14			97	94	90	87	84	82	79	77	75	72
15		100	96	93	89	86	83	81	78	76	74	71
16		99	95	91	88	85	82	80	77	75	73	70
17		97	94	90	87	84	81	78	76	74	72	70
18	100	96	92	89	86	83	80	77	75	73	71	69
19	99	95	91	88	85	82	79	76	74	72	70	68
20	97	93	90	86	83	80	78	75	73	71	69	67

SESSION 19
Counselling for ART Adherence and Treatment (Paediatric ART)

Session Overview:

- Lecture using slides (20 minutes)
- Demonstrate ART calendar/dairy (10 minutes)
- Lecture using slides (20 minutes)
- Quiz (10 minutes)
- Fishbowl on disclosure to children (30 minutes)

Session Objectives:

At the end of this session, participants will be able to:

- List the reasons why CLHIV require counselling.
- Understand how adherence counselling for children has special challenges and how to address these challenges.
- Understand how counsellors can support children.
- Understand age-appropriate ways to handle disclosure of HIV status to children.

Time allowed:

- 1 hour 30 minutes

Material required:

- Slides related to the session
- Sample copies of 'My ART Calendar'
- Role - play situations for disclosure counselling
- Chocolate bar
- Charts and markers
- White or black board

Method:

Preparation before the Session:

1. You, as the facilitator, will keep sample copies of 'My ART Calendar' handy for distribution to groups BEFORE the session.

Lecture using slides (slides 1 – 10) (20 minutes)

2. Explain the key points in the session using the slides (1 to 5) and the dialogue given for your convenience.
3. Introduce the topic of 'Adherence counselling for children.' (Slide 6) Remind them they have already heard about adherence counselling but that adherence counselling for children has special challenges. Continue with slides 7-10.
4. Emphasise the point in slide 10 that it is essential to involve children in assessment, so that they also realise that adherence is important. Also as facilitator, focus on interactive methods such as pill charts and storytelling to monitor adherence in children.

Demonstrate ART calendar/ diary (slide 11) (10 minutes)

5. The facilitator can demonstrate the use of My ART Calendar or can ask one participant to demonstrate.

Lecture using slides (slides 12-24) (20 minutes)

6. Explain factors affecting the child's adherence and adherence fatigue in children using slides 12-14.
7. Explain disclosure, when, how and how much to disclose with children using slides 15-21.

Quiz (10 minutes)

8. Slides 24-31 contain a quiz on disclosure.
9. To build a competitive environment, divide the participants into teams. You may permit them to keep their handouts open. But maintain time limits.
10. Take each quiz item slowly. After the correct answer flashes, make sure you discuss the answer against the text. Make sure that different participants answer. It is important to avoid having one or two people dominate the discussion.

Fishbowl on disclosure counselling Slide 32 (30 minutes)

11. Read the following situation to the participants:

A six-year-old boy has been receiving ART from your ART Centre, for the last three months. He started attending school two months ago. He found out from the school that, no other student needs to take

medicine every day, as he does. He asked his father directly: "Why do I need to take medicine every day?" His father tried to avoid the question and give some answers without telling anything about his condition. But the child keeps on asking.

12. Ask the participants: Should the child be told the HIV status? If yes, who should tell? Facilitate the group discussion noting key points and making linkages with the slides displayed earlier.
13. Next invite three volunteers to come forward and act out the counselling scene at the centre one by one, taking the roles of Counsellor, Child and Caregiver.
14. After one set of volunteers has role-played, ask the next set to come forward and role- play.
15. Debrief the exercise with the following questions:
    a. What are the challenges faced by the counsellors?
    b. Which counselling approaches worked in this situation? Which did not?
    c. How can a counsellor improve counselling in such situations?

Slides 33 and 34: Checklists for adherence counselling to be referred by the counsellor.

Key messages:

- Provide a friendly environment so that children and as well as their caregivers feel comfortable and supported.
- Disclosure is important for promoting adherence to treatment.
- The time for disclosure should be determined by the child's developmental level and emotional maturity.
- The time to disclose also depends on the preparedness of the caregiver to disclose or her/his willingness to let others disclose the status to the child.
- It is essential to involve children in assessment, so that they also realise that adherence is important.
- Interactive methods such as pill charts and storytelling should be used with children.
- Children who know their "HIV-positive" status have higher self-esteem and are better able to cope with their illness than children who have not been told about their positive status.

SESSION 20
Nutrition in the Context of HIV/AIDS

Session Overview:

- Brain storming (Relation of nutrition to health; nutrition for HIV) (5 minutes)
- Activity 1- Quiz (Classification of foods according to the food groups- Slides 4 to 16 (5 minutes)
- Lecture using slides (17-34, 36-40) (20 minutes)
- Activity 2- (Individual) Correct identification of pasting of food slips (5 minutes)
- Activity 3 (Group Activity) on nutrition counselling (25 minutes)
- Activity 4- (Kaun Banega Sanjeev Kapoor) (1 hour) (to be conducted next to next day in the morning)

Session Objectives:

At the end of this session, participants will be able to:

- Explain the relationship between HIV and nutrition.
- Identify appropriate nutrition actions-
  - to manage HIV-related symptoms.
  - to promote effective treatment.
  - to ensure adherence to drug regimens.
  - to manage side-effects of ARV drugs and
  - to minimise negative effects of interaction of ARV drugs with food.
- Provide comprehensive nutrition counselling to clients in the field.

Time allowed:

- 2 hours

Material required:

- Slides related to the session.
- Food slips for the Food Group Activity. (Individual) Activity No.2.

- Slips of topics on nutrition counselling.
- Chart papers, markers, glue/gum.
- Money for buying material for recipe development.

Method:

Preparation before the workshop:

You, as the facilitator, will cut the food slips for Food Group Activity and the topic slips on **nutrition counselling** and keep these handy BEFORE the session.

Activity 1: Food quiz using slides 4-16.

Activity 2: Distribute food slips among the participants. Let each one come forward and paste the food slip on appropriate chart. (Energy giving, Body building and Protective foods)

Activity 3: Nutrition Counselling Group Activity (25 minutes)

1. Make four groups and give each group one slip with topic written on it for the Nutrition Counselling Group Activity. Provide them with charts and markers. Explain that nutrition counselling is much more than what to eat. Ask them to take 10 minutes to identify and write down suggestions for PLHIV on the topic they are assigned:
   - Counselling on **weight loss:** What to eat when one is losing weight?
   - Counselling on **food preparation:** How best to prepare food? (Retention, enhancement of nutrients and tips for making food balanced)
   - Counselling on **common symptoms:** Diarrhoea, oral thrush and fever.
   - Counselling on **ensuring food safety:** How to prepare food safely? (Principles of food and personal hygiene)
2. Reassemble the groups and ask one representative to come forward and present the group findings. Ask other groups if they want to add something. Correct any wrong or missing information.
3. In this manner, ask each group to present their activity.
4. The facilitator should focus not so much on the local dishes mentioned as much on the principles underlying the suggestions. For instance, do not focus on suggestion of whether it is better to eat chicken or meat, so much as focus on the principle that there is need for sufficient protein in the diet.

Activity 4:- Kaun Banega Sanjeev Kapoor: group activity (1 hour)

This activity shall be taken next to next day in the morning, so that participants shall be able to apply their knowledge on nutritional factors in food and how to make nutritious recipes.

Objectives

Participants will be able to appreciate the practical aspects of nutritional counselling.

Material required

1. Tables to display the breakfast prepared by the groups.
2. Plates and spoons.
3. Stationery including chart paper, pen and paper, which the participants may require to describe their preparation in detail.

Methodology

Demonstrate through group work.

Procedure

1. This activity is to be performed in the groups that have been formed on the first day of training. Each group will have approximately four to five participants.
2. Following the instructions given two to three days prior to the session, each group is given a sum of Rs. 50/- to prepare breakfast as per the case study specified. The four groups are given a common case study (Kindly refer the case study given in the annexure).
3. The groups have to come prepared with their respective breakfasts and display the same on the tables set up (stipulate the place). Along with their breakfasts, they also have to provide a breakup of the money spent in preparing and buying the breakfast items. Some groups may additionally want to elaborate on their preparation through the use of charts and pictures.
4. The resource person/facilitator then goes to each of the groups, asking them various leading questions on 'the amount spent on preparing the breakfast', 'reasons the group included certain food items' and 'the nutritive value of the prepared breakfast' and other relevant questions. Group members are also encouraged to question other groups.
5. Subsequently, all the four groups come together and eat these 'preparations' as the breakfast for the day.
6. This is followed by a short discussion facilitated by the resource person/facilitator, where participants share their experiences and the learning which they have gained through the completion of this activity. Also the resource person can lay emphasis on the importance of providing nutritional plans to clients, rooted in the client's everyday realities and life experiences.

Tips for resource person/facilitator:

1. The participants may have queries regarding how much money to spend or what they should buy. The facilitator should suggest to the group to use their own discretion and not give any more instructions.
2. Also, while giving instructions the facilitator should reinforce the fact that the family in the case study has no access to any stove/wood/fire or utensils.

Key messages:

- HIV can cause poor nutrition through reduced eating, greater energy requirements, and poor absorption of nutrients in the food.
- Poor nutrition, in turn, makes the immune system weak, increases the person's vulnerability to infection and worsens the impact of the disease.
- When counselling on dietary intake it is critical to remember that the dietary needs of a PLHIV are greater than those of an uninfected person.
- Encourage the healthy actions that you want people to continue.
- Discourage unhealthy or harmful actions.
- Ignore/ overlook the actions that neither help nor harm health.

Annexure

Activity 1: Key to the Food Groups

Energy-giving foods	Body-building foods	Protective foods
Wheat	Eggs	Tomato
Rice	Milk/Curd	Brinjal
Maize	Pulses	Onion
Bajra	Fish	Spinach
Jawar	Meat	Chaulai
Raagi	Almonds	Cabbage
Semolina(Rava)	Ground nuts	Pumpkin
Potato/Sweet potato	Rajma	Orange
Oil	Chhole	Papaya
Ghee	Green Gram (Moong)	Apple
		Banana
		Amrud (Guava)
		Mango
		Grapes

Activity 2: Nutrition Counselling Group Activity

1. Counselling on **weight loss:** What to eat when one is losing weight?

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2. Counselling on **food preparation:** How best to prepare food? (to maximise nutrient retention and to achieve nutritionally complete food)

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3. Counselling on **common symptoms:** Diarrhoea, oral thrush and fever.

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4. Counselling on **ensuring food safety:** How to prepare food safely? (Principles of food and personal hygiene)

Activity 3: Case study

A family of 4 (which includes a mother, father, daughter aged 7 and son aged 4) has migrated from a village in Haryana to Delhi, looking for livelihood. All four of them are HIV positive for the last 4 years. They have recently migrated to Delhi and hence don't have any utensils or even a gas stove with them. They live in a makeshift home on the streets.

You are a Non Governmental Organisation (NGO) who works on care and support issues and have invited the family to your NGO to demonstrate a nutritional breakfast for the family.

Please prepare a breakfast for the family and bring the same in the morning prior to the session on Nutrition. Please keep in mind the positive status of the family and bear in mind the fact that at the moment the family does not possess any utensils or cooking options.

SESSION 21
Linkages for Effective Counselling

Session Overview:

- Session objectives - Lecture – 5 minutes
- Case discussion in small groups – 45 minutes
- Services available under NACP and need for linkages: PPT and large group discussions – 20 minutes
- Panel discussion – 60 minutes
- Summarisation and question and answers -10 minutes

Session Objectives:

At the end of this session, participants will be able to:

- Understand various types of referrals required for clients so that their needs will be addressed.
- List health and other services with which counsellors should make programmatic linkages.
- Discuss the advantages of creating an effective system of referral and linkages.
- Discuss the benefits of this system for clients as well as for the effective implementation of the national programme.
- Describe various challenges while developing programmatic linkages and making referrals.
- List and discuss reasons why clients do not access services.
- Develop the ability to make use of knowledge from this session, in the setting of counselling.

Time allowed:

- 2 hours 30 minutes

Material required:

- White board markers
- Permanent markers
- Chart papers
- Plain papers
- Scissors

Method:

Preparation before the training:

You as the facilitator will have to photocopy the cases listed in Annexure 1. Invite three panellists (listed in activity 4) for the panel discussion.

Activity 1: Session Objectives (5 minutes): Discuss the objectives briefly and emphasise the need of referral and linkages.

Activity 2: Case discussion in small groups (45 minutes)

- Divide the participants in 3 or 4 groups (depending on batch size, there will be 5 - 6 members in each group).
- Each group will be given a case study. (The case study will be of a client who requires support other than HIV testing and counselling.)
- Instruct the participants to read the case study carefully and think about what are the needs of the clients and what type of support they need. (15 minutes)
- The points can be listed on a paper. (To make it experiential, the facilitator can ask participants to imagine themselves as the client and then list the type of support he/she may require).
- After discussion in small groups, all the groups will make presentations in the larger group. Facilitator will summarise the discussion. (half an hour)

Key points:

- The client should be viewed as a person/human being as opposed to only being seen as a client at HIV testing centre. The client should be viewed in a broader context, so as to understand his/her vulnerability and consequently to address the client's needs other than HIV testing.
- Clients need various types of services and support apart from HIV counselling and testing.
- Any specific centre cannot fulfil all the needs of a client. Hence the counsellor should develop linkages with various centres and services (in both the health as well as the non health field) in order to make appropriate referrals.

Activity 3: Large group discussion while using power point presentation (20 minutes)

Various services available under NACP and need for linkages.

Activity 4: Panel discussion (60 minutes)

Two persons will be invited for the panel discussion:

- Senior counsellor or district supervisor. If they are not available, official from SACS- BSD/ART department can be invited. These persons are service providers and hence they need to be invited to understand the approaches of service providers.

- A person from positive network and from MSM/TG/FSW NGO. This person will represent the issues beneficiaries are facing.

The facilitator will interview them based on following questions. Participants can be encouraged to ask a few questions by end of the session.

Questions for district supervisor/counsellor/SACS official –

- What types of services are provided by your centres?
- What linkages do you have with other programmes under the NACP?
- What type of challenges do you face while referring clients to various services?
- How do you ensure whether the client has reached the centre where you have referred?
- Why some clients do not avail the services and especially when the services are free?
- How do you help clients avail these services?
- What are the social protection schemes available for the clients?
- What are the challenges for availing the benefits of these schemes?
- Do you have any strategies to address the challenges?
- Can you share a few challenging and successful cases in terms of creating effective linkages?

Questions/discussion points for a person from NGO and positive network –

- Various services are available under NACP for PLHIV and marginalised groups.

  How do you link the group (with whom you work) with these services?
- What benefits the group gets from these services?
- Are there any challenges in accessing these services?
- What are the challenges?
- Have you ever discussed these challenges with any concerned officials?
- What are your other needs apart from NACP services?
- Are these needs being addressed by the HIV counselling centres? If yes, how?
- Can you please share one example where you or your team members have benefited by the services? Alternatively can you share an example where appropriate services were not received?
- Though services are available, many a times these services are not availed by the needy persons. According to you what are the reasons for this?

(If panel discussion is not possible – following alternate activity can be done)

Divide participants into 3 groups. The roles of the groups are as mentioned below –

Group A – ICTC centre in a remote area, where access is difficult. One public transport bus comes there in the morning and goes back in the afternoon. Private transport is available, however it is very expensive.

Group B – ART centre at a district hospital where counsellor counsels 70 – 80 clients each day.

Group C – STI counselling centre at district hospital where a counsellor gets various clients that are referred by the STI officer, in addition to direct walk in clients.

- These groups will be given challenging cases and they need to work on counselling and referral strategies for the cases. (Refer Annex II for cases)
- They also need to establish systems at place for referrals and linkages.
- Each group will share their experiences in large group.

Points for debriefing

a) What challenges did you face while linking clients to additional services?

b) What strategies did you use to address these challenges?

c) In your experience do you think that the strategies discussed are practical and can be replicated in the field of HIV/AIDS counselling?

Activity 5: Summarisation (10 minutes)

Key messages:

- Be aware of the services available at the referral units (care and support services, RNTCP, Maternal and Child Health, STI services, positive people's Network, TI projects), as also the schemes, and guide clients appropriately.
- **Role of the counsellor:**
    - *Referral:* An effective counsellor gathers information on the locally available schemes and seeks to link people to the right resource.
    - *Managing Barriers:* As a counsellor, you must be aware of the barriers that a PLHIV can face while trying to avail a package of services. Based on experience, you need to explore solutions to these barriers on a case-to case basis. Remember it takes time for people to feel comfortable. Therefore, work with them at their pace. Always tell the clients the need to get registered for treatment as soon as possible as this is a lifesaving measure.
    - *Enhancing Linkages:* Develop linkages with the various government departments as it is extremely important for the benefit of your client. A good rapport with your counterparts in these departments will ensure timely and hassle-free services to your clients.
- Prepare your clients on what they should expect when they go to a particular office to register for the scheme/ service. This is the skill of anticipatory guidance.
- Ensure that each and every one of your positive clients has reached and registered at the ART centre.
- Give hope to the client by informing him/ her about ART, its importance and its free availability at the ART centre.
- **For registration at the ART centre, clients must carry-**
- ICTC test result.
- Documentary proof of address.
- 2 passport-size photographs.
- Referral form.
- Provide the referral form to the clients and give them accurate instructions to reach the ART centre.

Annexure

Annexure 1: Cases for discussion:

CASE 1:

A, 6 year old girl is suffering from Pneumonia. She falls ill very frequently. The doctor advised for HIV test and the test is positive.

The girl is an adopted child of her parents. The child's biological father was an auto driver and died due to fever which was untreated. Later, her mother also died of TB. The girl is adopted by her father's distant cousins. The couple who adopted the girl now wants to disown her, as she has tested positive. The man informs the counsellor that he is a poor fisherman and cannot bear the burden of the girl's illness. He requests the counsellor to give them contact details of orphanages where they can send the girl.

CASE 2:

A 28-year-old woman has come for her second ART preparatory counselling session. She works as a sex worker on the beachfront. Her CD4 is 34 and she had developed herpes zoster in the previous year. She is been losing weight steadily, feels weak and finds it difficult to concentrate. Also she is not been able to go to work for the past few weeks, as she has been feeling unwell She is a widow, living in a slum with two friends who also work as sex workers. As she is ill, her friends have been supporting her. She is keen on starting ART. However, she is planning to visit her family in a distant city next month. Demonstrate how you would help this client.

CASE 3:

The client is a 62 year old woman who is the sole caregiver of her infant grandchild, aged 2 years. The child's parents died after a long battle with HIV. The grandmother's sole possession is the hutment where she lived with her husband. However, recently her husband abandoned her to live with a younger woman. The grandmother is now suicidal, and feels her only escape from the situation is to kill herself as well as her grandson.

CASE 4:

A 54 years widow is admitted in a private hospital for the treatment of a tumour in her stomach. She is HIV positive as per the hospital report. The hospital is now asking the woman to pay more money for her treatment than earlier quoted as she is HIV positive. Her son who is a college student has found an ICTC centre in a nearby government hospital and has come to meet the counsellor there. The son tells the counsellor that he cannot afford the charges, which the private hospital is now asking for. He also shares that he always suspected that his father who had died a few years earlier was HIV positive.

Points for debriefing:-

Above cases can be discussed while using following points:

1) What is the issue described in the case?

2) What type of support is required for the client?

3) What are the various services available in the field so as to help the client address his/her needs?

4) Are there any challenges in receiving the services? What are they? How the challenges can be addressed?

5) What is the role of the counsellor in the context of above cases?

Note: Discussion should focus on referral and linkages and not on other issues like content of the session or micro skills.

Annexure 2: Cases for discussion for ICTC:

CASE 1:

A 15 year old girl has come with complaints of white discharge and stomach ache. The counsellor asks her to bring her mother to the clinic as the girl is a minor and cannot give consent for an HIV test. The girl is refusing to call her mother. The counsellor calls the girl to follow up with her however she does not take the counsellor's call. The counsellor then sends the outreach worker (ORW) to contact the girl. However the girl tells the ORW that she has never been to the centre.

CASE 2:

A 45 year old man is tested for HIV and is found positive. He is a landless farmer and works as a daily wage labourer in another's fields. Owing to the drought in the area, he is unable to get any work and therefore does not have money to travel to the district to access the ART centre and its services.

CASE 3:

A 20 year woman is pregnant and has tested positive for HIV. She is referred to the District ART centre by the counsellor. However when the counsellor is cross checking his data with the District ART centre, he finds that the woman had not reached the centre. He remembers that during post test counselling the woman shared that she was in conflict with some of her family members. The counsellor tries to call her, but is unable to contact her.

CASE 4:

A long distance truck driver is tested for HIV at a centre. However, the truck driver leaves for his next destination, without collecting his report (which is HIV positive) as the report was delayed owing to the Medical officer unavailability. The counsellor is worried that he will not be able to disclose the truck driver's report to him. The counsellor calls the truck driver, who informs him that the truck's route has changed and he will not be visiting the area (where the counsellor is located) anytime soon in the future.

Cases for discussion for ART:

CASE 1:

A hotel waiter who is HIV positive is registered for ART and begins his medication. After 2 months, the ART counsellor is unable to trace him. The outreach worker (ORW) goes in search of the client and is informed by the other waiters that the client has returned to his village in Bihar. The ORW tries to get the address and contact details of the client but the other waiters provide her with incomplete information.

CASE 2:

A sex worker comes to ART centre. After her CD4 test, the doctor starts her on ART. During counselling session, she informs the counsellor that she does not have a permanent address. She travels from one place to another during various festivals and seeks clients at various fairs at distant religious places. She expresses her inability to seek treatment from one particular centre.

CASE 3:

A daily wages worker is HIV positive and has begun ART. He does not come to seek medicines for two months. When the ORW tries to contact him, he informs her that the timings of the ART centre are inconvenient to him, as he is a daily wage labourer and cannot afford to visit the centre in the day as he loses his income for the day.

Cases for discussion for STI:

CASE 1:

The client is an 18 year old boy who has come to the STI clinic after attending a group education session on STI and HIV in the community. He informs the counsellor that his friend is suffering from a genital ulcer. As the session progresses, he shares that he himself has the ulcer, which he noticed a few days ago. He explains that his friends had forced him to have sex with a sex worker. He is now scared that his parents will know about his act when he goes to the doctor in his own neighbourhood. Additionally he shares that he cannot take medicines at home since his parents may notice this and will force him to explain reasons for the same. He further added that he cannot come to the clinic repeatedly as he is afraid that he may be seen by his neighbours.

CASE 2:

A 32 year man is on treatment for painful genital sores. However, his health is declining and he is constantly admitted to the hospital. Consequently he loses his job. Recently he has been employed as a daily wage worker at a construction site. Owing to the nature of his work, he is unable to come to the centre for follow up treatment. When the counsellor calls him, he refuses to come to the centre as he says that he will lose half a day's wages or risk losing his current source of income.

CASE 3:

A truck driver who is HIV positive and is currently on ART informs the counsellor that he is unable to adhere to ART owing to his uncertain duty hours, and erratic sleep as well as food patterns. He also dismisses the possibility of follow up at any one particular place as his work takes him to varied and distant locations.

References (used in PPT only):-

1) HIV Counselling Training Module (Handouts), National AIDS Control Organisation, Year 2006

2) Refresher Training Programme for ICTC counsellors (Second edition) Trainee's Handouts, April 2011

SESSION 22

Post - Exposure Prophylaxis and Universal Safety Precautions

Session Overview:

- Reading the PPTs – 60 minutes
  - Environmental transmission, who are at risk , risk of HIV transmission
  - Management of exposure site
  - Categories of exposure , source codes and exposure codes
  - Assessment of exposed person, counselling, prescription for PEP , follow up
  - PEP register
  - Universal precautions

Session Objectives:

At the end of this session, participants will be able to:

- Understand the need for a system of Post Exposure Prophylaxis (PEP).
- Enumerate the illnesses transmissible occupationally.
- Enumerate the categories, source and exposure codes.
- Evaluate a health care worker sustaining an injury and prescribe the appropriate PEP.
- Discuss the follow-up procedures after PEP.

Time allowed:

- 1 hour

Material required:

- PPT slides / LCD projector

Method :

You as the facilitator:

- Read and explain the PPTs to the participants.
- Mail a copy of the handout on 'Post-Exposure Prophylaxis' to the participants one week prior to the training programme.
- Keep copies of handouts ready in case the participants need to refer it again.

Key messages:

- Treat all patients / samples as potentially infectious.
- Implement universal precaution plan in the facility.
- Use barriers to prevent blood / body fluid contact.
- Prevent percutaneous injuries.
- Document and report injury or exposure.
- Implement PEP plan and sensitise all the Health Care Workers (HCWs).
- Promote Hepatitis B vaccination.

Annexure

This session should take approximately 60 minutes to implement.

Step 1: Introduction and session objectives (Slides 1-2) - 2 minutes

Step 2: Exercise 1: Story Time (Slide 4) - 3 minutes

Step 3: Presentation of transmission of HIV, infectious body fluids and risk of transmission (Slides 5-9) – 10 minutes

Step 4: Presentation of elements of post-exposure management (Slides 10-11) – 5 minutes

Step 5: Categorising and assessing exposure codes (Slides 12-16) – 12 minutes

Step 6: PEP and health care workers, including PEP Register (Slides 17-31) – 22 minutes

Step 7: Prevention aspects and PEP (Slides 33-34) – 4 minutes

Step 8: Summary (Slide 35) – 2 minutes