



# **The United Republic of Tanzania**

Ministry of Health and Social Welfare

National AIDS Control Programme

## **National Standard Operating Procedures for HIV Care and Treatment**

**Adherence Counselling  
for HIV Care and Treatment**

January, 2013





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## FOREWORD

During the past 30 years of the HIV epidemic in Tanzania, the country has responded in several ways, including putting in place a series of strategic plans and preventive, care, treatment and support interventions. Wide access to antiretroviral drugs was initiated in the country in October 2004, as part of the national care and treatment Plan (NCTP) 2003-2008 and activities have continued based on the (Health Sector HIV Strategic Plan II (HSHSP II) 2008-2012. One of the goals of the NCTP and HSHSP II is to provide quality, continuing Care and Treatment, to as many HIV positive residents of Tanzania as possible. Today, there is progressive expansion of the HIV prevention care treatment and support services to people living with HIV (PLHIV).

By March 2011 (six years after the program was launched) and in collaboration with a number of development partners, a total of 740,000 PLHIV have been enrolled. Among them, 385,292 were eligible and on ARVs and the remaining were not eligible to start treatment and are being closely monitored in 1100 Care and Treatment Clinics (CTCs).

Despite of this success, still there is a need to expand the services to more PLHIV while maintaining the quality of services. This requires an increased effort to ensure the availability not only of ARVs, but also well trained staff and service delivery supportive tools.

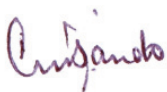
Adherence is a major requirement for successful outcome of the HIV and AIDS care and treatment services. To ensure delivery of effective and efficient services at health facilities, Ministry of Health and Social Welfare (MOHSW) has developed Standard Operating Procedures (SOPs) based upon the National Guidelines for Management of HIV services.

This adherence Counselling SOPs are intended for use by facility managers and individual staff on the delivery of quality services at the Care and Treatment Clinics. This module will provide guidance during the process of preparing PLHIV for initiation and the long term commitment to ART. In addition, the SOPs are describing aspects

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of Positive Health Dignity and Prevention. Note that adherence Counselling checklist should be used during all adherence Counselling sessions.

As rapid changes continue to take place in the field of HIV and AIDS, feedback from users of this manual is vital for revising, improving and updating the adherence Counselling SOPs. For that reason, your timely feedback will be highly be appreciated.



**Dr. Donan W. Mbanda**  
*Acting Chief Medical Officer*  
*Ministry of Health and Social Welfare*

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## ACKNOWLEDGEMENT

The development of the national standard operating procedures (SOPs) for HIV Care and Treatment is a crucial step in guiding and setting norms by the Ministry of Health and Social Welfare (MOHSW). The adherence counselling SOPs' module would not have been possible without the generous support of various individuals and organizations. Hence, the Ministry of Health and Social Welfare through NACP would like to thank Family Health International (fhi360) for their valuable technical and financial support that enabled us to have this module.

Furthermore, the MOHSW wishes to acknowledge the important contributions made by staff from other institutions, health facilities and organizations that worked hand in hand with the National AIDS Control Program towards production of this document. The team spent their valuable time to read and review the module and ensure its applicability at the operational level in our clinics. Without their commitment, this module could not have been finalized.

The MOHSW wish also to recognize the commitment and contributions made by staff from the National AIDS control Program (NACP) towards development of the SOPs.

Special tribute goes to the following experts who excelled in their commitment towards the production and finalization of this document:

- Dr. Angela Ramadhani – MOHSW/NACP Program Manager
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- Dr. Anath Rwebembera – MOHSW/NACP
- Dr. Patrick E. Mwidunda – MOHSW/NACP



- 
- Dr. Eric van Praag – FHI360
  - Ms Jane Macha – FHI360
  - Dr. Benedicta Masanja – FHI360
  - Peris Urassa MOHSW/NACP
  - Dr. Rowland Swai – HIV Consultant

Your work is highly appreciated.



**Elias B. Chinamo**

*Acting Director for Preventive Services  
Ministry of Health and Social Welfare*

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## ACRONYMS

3TC	Lamivudine
5As	Assess, Advice, Agree, Assist and Arrange
AIDS	Acquired Immunodeficiency Syndrome
AMO	Assistant Medical Officer
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral
AZT	Zidovudine
CBO	Community Based Organization
CO	Clinical Officer
CT	Counselling and Testing
CTC	Care and Treatment Clinic
CTX	Co-trimoxazole
d4T	Stavudine
EFV	Efavirenz
FBC	Full Blood Count
FBO	Faith Based Organization
FP	Family Planning
HBC	Home Based Care
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
HLD	High Level Disinfection
HTC	HIV Testing and cCounselling
ID	Identification
IEC	Information, Education and Communication

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IPC	Infection Prevention Control
LFT	Liver Function Test
LPV/s	Lopinavir/Ritonavir
M&E	Monitoring and Evaluation
MO	Medical Officer
NACP	National AIDS Control Programme
NNRTI	Non-Nucleoside Reverse Transcriptase Inhibitor
NO	Nursing Officer
NRTI	Nucleoside Reverse Transcriptase Inhibitor
OI	Opportunistic Infection
OPD	Outpatient Department
PEP	Post Exposure Prophylaxis
PI	Protease Inhibitor
PITC	Provider Initiated Testing & Counselling
PLHIV	People Living with HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission
PPE	Personal Protective Equipment
SOP	Standard Operating Procedures
STI	Sexually Transmitted Infections
TB	Tuberculosis
VCT	Voluntary Counselling and Testing
VL	Viral Load
WHO	World Health Organization

## INTRODUCTION

### **Key elements:-**

*Provide information to encourage a trusting lifelong partnership between the client and CTC staff*



The Tanzania National Guidelines for the Management of HIV and AIDS (NACP 4th Edition, 2011) provides guidance for health care workers on broad aspects of HIV care and treatment. For the delivery of effective and efficient services at health facilities, Standard Operating Procedures (SOP) for Care and Treatment Clinics (CTC) in hospitals have been developed based upon the National Guidelines. The SOP are intended for use by all health care workers involved in care, treatment and support of people living with HIV (PLHIV) including: Medical Officers, Assistant Medical Officers, Clinical Officers, Triage Nurses, Nurse Counsellors, CTC Coordinators, Hospital Management Team Members, Data Clerks/Managers, Home Based Care focal persons, Pharmacy staff, Laboratory staff and Medical records staff. The SOP outline the procedures in a standardized manner on how to operationalize the set down objectives.

The SOP manuals are organized into 10 modules to allow each category of CTC staff to focus on specific tasks so as to provide quality services to patients attending a CTC. They include:

1. Module One: Organization of a Care and Treatment Clinic
2. Module Two: Patient Registration and Triage
3. Module Three: Clinical Management of Adult and Adolescent Patients
4. Module Four: Clinical Management of Infant and Children

5. Module Five : Adherence Counselling
6. Module Six: Referral Management and Community Linkage
7. Module Seven: Information Management System, Monitoring and Evaluation
8. Module Eight: PMTCT
9. Module Nine: Laboratory
10. Module Ten: Pharmacy

## **Adherence Counselling module:**

### **INTRODUCTION**

Adherence is a major requirement for successful care and treatment of HIV and AIDS. This module is intended for use by Nurse Counsellors at the CTC. It aims at providing guidance for adherence Counselling in the process of patient preparation for ART initiation and the long term commitment to ART. In addition, aspects of Positive Health Dignity and Prevention (PHDP) will be described. The Adherence Counselling checklist (Annex 1) should be used during adherence Counselling sessions.

### **Objectives**

1. To describe procedures of Counselling for treatment adherence in adults
2. To describe procedures of Counselling for treatment adherence in children and adolescents
3. To describe procedures of Counselling on Positive Health Dignity and Prevention.

**SECTION 1:** COUNSELLING FOR  
TREATMENT ADHERENCE  
IN ADULTS

## **SECTION 1: COUNSELLING FOR TREATMENT ADHERENCE IN ADULTS**

### **1. First Adherence Counselling Session**

#### **1.1 Client's Information**

- 1.1.1 Review CTC 1 with the client, make sure that the information filled in is complete and accurate
- 1.1.2 Review CTC 2 with the client to determine his/her social-demographic information.

#### **1.2 Basic HIV and AIDS Information**

- 1.2.1 Review client's basic knowledge on HIV infection and development of AIDS and correct any misconceptions
- 1.2.2 Review client's understanding on how HIV is transmitted
- 1.2.3 Review client's understanding on how HIV treatment interfere with HIV replication and transmission
- 1.2.4 Provide information on monitoring of HIV Disease with emphasis on the role of CD4 Lymphocyte count and Viral Load

#### **1.3 Use of ARVs**

- 1.3.1 Provide information on the eligibility criteria and discuss ART as a lifelong treatment
- 1.3.2 Inform the client and make sure he/she has understood that ART is not a cure.
- 1.3.3 Provide information on strictness of treatment adherence to ART



- Emphasise on 100% adherence
- Identify potential barriers to adherence and assist the client to make a plan for overcoming the barriers
- Review client's previous adherence practices to other medical recommendations e.g. Antibiotics, Cotrimoxazole, diabetes treatment,

#### 1.3.4 Establish whether client has identified treatment assistant

- If Yes, document in the Counselling Log
- Encourage client to attend with his/her treatment assistant during the next visit

### **1.4 Positive Health, Dignity and Prevention.**

1.4.1 Assess client's HIV transmission risks, and help client to develop risk reduction plan and document **the plan in** the Counselling log.

1.4.2 Explore whether the client understands and disclosed his/ her HIV status.

For clients who have not disclosed their HIV serostatus to their partners, family or friends:

- Explore with the client the advantages and disadvantages of sharing test results
- Discuss the importance of partner testing and the possibility of partner having different serostatus.
- Discuss the importance of testing other members of the family including children

- Explore barriers to disclosure
- Develop with client a disclosure plan and document in the Counselling log book for follow-up visits.

#### 1.4.3 Assess the client's fertility intentions and Family Planning needs

- For clients who are interested in using a contraceptive method, counsel and provide methods available in the CTC (such as condom, injectables, pills and implants) and refer to the FP clinic for methods not offered in the CTC.
- For clients who wishes to get pregnant, discuss key issues to consider before getting pregnant, including;
  - a. Risk of transmission from mother to-child.
  - b. Possibilities of transmitting STIs including HIV
  - c. Who will take care of the child if patients becomes unable to take care
  - d. The safest spacing of pregnancy is two years from the birth of the last child
  - e. Assess HIV+ Women's Health Status to determine the best time to conceive. (Refer to annex 2)

#### 1.4.4 Discuss other types of client's lifestyle that might influence lifelong use of ARVs

- Provide Counselling interventions for clients who uses alcohol in moderate to high amounts
- Document average amount of alcohol use per week in standard units for follow-up visits

- Encourage client to consider abstinence from alcohol
- Use the same approach on alcohol for other substance abuse
- Use 5 As approach ( Assess, Advice, Agree, Assist & Arrange) for risk reduction Counselling for alcohol and drug use
- Assess Mental status of the client

1.4.5. Discuss how to prevent disease progression and further infections. Mention other aspects of Positive Health Dignity and Prevention like

- i) Health education for living well including;
  - good hygiene,
  - eating balanced diet ,
  - safe water,
  - bed net use,
  - and maintaining social relationships.
- ii) Prophylaxis for tuberculosis (TB) and other opportunistic infection(OIs)
- iii) Refer for treatment in case of any disease.
- iv) Discuss and link client to Community and Home Based Care services

**1.5 Provide time for questions and respond accordingly**

**1.6 Fill out adherence Counselling checklist (Annex 1)**

**1.7 Confirm appointment in one week**

## 2. Second Adherence Counselling Session

### 2.1 Review Client's Information

### 2.2 Basic HIV and AIDS information

### 2.3 Positive Health Dignity and Prevention.

2.3.1 Review risk reduction and lifestyle change plans and their implementation

2.3.2 Review client's implementation of disclosure plans

2.3.3 Review identification of treatment assistant if had not identified one from previous visit

2.3.4 Document successes in implementation of plans for disclosure and identification of treatment assistant

2.3.5 Address barriers to implementation plans (Table 1)

2.3.6 Help the client to revise implementation plan

2.3.7 Assess the mood state of the patient

- Document and alert clinician if you suspect Depression or Anxiety disorder
- If adjustment disorder is identified, document and provide supportive Counselling using the 5As approach
- Discuss issues of sexual and Reproductive Health including; sexuality education and services
- Discuss issues of prevention and treatment of STI/RTIs including hepatitis B and C

**Note:**

This section is a complementary to section 1 and covers only adherence issues particularly for children and adolescents

Basic information of adherence Counselling procedures

- 2.3.8 Discuss Family Planning issues and advise accordingly (Refer to 1.4.3 above).
- 2.3.9 In case of Men having Sex with Men (MSM) discuss issues related to lubricants during PLHIV visit for clinical care
- 2.3.10 In-case of Intravenous Drug Users (IUD) discuss about use of sterile syringes (disposable syringes) (decontamination point to be rechecked) solution for making needles and syringes safer from HIV, HBV and HCV
- 2.3.11 Provide referral to clean syringes distribution services where and when present

## **2.4 Antiretroviral Treatment**

- 2.4.1 Review client's understanding of how ARV drugs work to Prevent HIV transmission and correct misconception
- 2.4.2 Review client's knowledge on ART as a lifelong treatment
- 2.4.3 Review client's knowledge of ARV drugs as a Treatment and not a cure for HIV and AIDS.
- 2.4.4 Review on the criteria used to initiate ARV drugs and explain his/her eligibility status
- 2.4.5 Provide information on first line regimen of treatment
  - Explain the goals of ARVs and possible side effects.
  - Discuss with the client on how the side effects may get in the way of adherence
  - Inform the client that most side effects are mild and resolve spontaneously.
  - side effects may become serious and necessitate medical attention.

#### 2.4.6 Provide education on the need to take drugs as prescribed

- Inform the patient that poor adherence to drugs being taken leads to drug resistance

Advice client on appropriate adherence helpers like alarm clocks, cell phone alarms, pill boxes and dose schedule cards

- Use visual aids to illustrate relationship between missing doses and development of resistance

#### 2.4.7 Develop with the client a treatment adherence plan

- Integrate the treatment into client's daily routine
- Explore barriers and enhancers of adherence (Table 1)

### **2.5 Provide time for questions and respond accordingly**

### **2.6 Fill out adherence Counselling checklist (Annex 1)**

### **2.7 Confirm next appointment**

### **2.8 Refer accordingly**

**Table 1. Barriers to Treatment Adherence and How to Alleviate Them**

<b>Key Barrier to adherence</b>	<b>Suggestions to Alleviate</b>
No funds for transportation	Refer to HBC services and /or PLHIV support groups for assistance, Link to other organizations for support
Food insecurity	Provide nutritional Counselling Refer to organizations for economic support e.g IGA Link with community support groups Involve other family members
No disclosure	Counsel on benefits of disclosure
No social support	Recommend Treatment assistant Refer to HBC and/ or PLHIV support groups Link to other organizations for support
Travels frequently	Carry pills Collect pills in advance for longer period. Walk with your CTC 1 card Visit any near by health facility for required services
Drinks alcohol regularly	Counsel to stop or reduce alcohol intake Enlist family support
Depression or Mental illness	Counsel for psychosocial support Refer to clinician for treatment Ask family members for support

<b>Key Barrier to adherence</b>	<b>Suggestions to Alleviate</b>
ARVs Issues	Discuss effectiveness and safety of drugs Discuss issues of misconception Discuss drugs side effects and resistance
Unexpected hospital admissions	Carry pills to hospital Inform health care staff that you are on ARV treatment
Stigma and Discrimination	Link patients with support groups Create awareness in the communities Refer to Community Home Based Care Services Provide health education on HIV and AIDS to clients
Cultural Beliefs	Health Education on HIV and AIDS Create awareness in the communities including religious leaders & traditional healers
Gender Based Violence	Provide couple and family counselling Link clients to Human Rights and Legal issues organizations for support
Communications Problems	Use colours, symbols and pictures for elaboration, Usage of sign language Use simple language Use treatment assistant Proper patient preparation before treatment initiation
Pill burden & regimen complexity	



### **3 Third Adherence Counselling Positive Health Dignity and Prevention**

#### **3.1 Review the implementation of risk reduction and lifestyle change plans**

3.1.1 Review client's implementation of disclosure and treatment assistant identification plans

3.1.2 Review and document successes , barriers, and assist the client to revise plan

3.1.3 Assess mood state of the patient

- Document and alert physician if depression or anxiety is suspected
- If adjustment disorder is identified, provide supportive Counselling using the 5As approach

3.1.4 Discuss issues pertaining to family planning and advice accordingly (refer to 1.4.3 above )

#### **3.2 Use of ARV drugs**

3.2.1 Assess client's understanding of the provided information about ART including ARV drugs.

3.2.2 Review client's understanding of criteria to start ARV drugs

3.2.3 Review client's understanding of first line ART regimen

- Discuss dosage and timing
  - ✓ Have a client do a demonstration of drug Administration

- Discuss goal of ARVs and side effects
  - ✓ Encourage client to inform Health Care provider at the facility of any side effect before deciding to stop medicines
- Discuss the importance of adhering to first line regimen

### **3.3 Readiness to start ARV drugs**

- 3.3.1 Review with client proposed treatment adherence plan
- 3.3.2 Identify client's appropriate adherence helpers like alarm clocks, cell phone alarms, pill boxes and dose schedule cards and advice accordingly
- 3.3.3 Explore potential solutions for accessing ARV drugs when unexpected travel occurs
- 3.3.4 Document any changes in adherence plans
- 3.3.5 Assess client's commitment to medication adherence
- 3.3.6 Affirm client's choice to begin and commit to lifelong therapy
- 3.3.7 Advise client to inform CTC staff of use of medicines other than ARV drugs
- 3.3.8 Advise client to inform Health Care Providers eg. TB clinics, OPD etc of their ARV drug use.
- 3.3.9 Confirm readiness to start ART
- 3.3.10 Provide time for questions and respond accordingly
- 3.3.11 Fill the adherence Counselling checklist (Annex 1)
- 3.3.12 Confirm next appointment in 2 weeks
- 3.3.13 Refer accordingly

## **4. Follow –Up Visits After Initiating ARV Drugs**

### **4.1 ART and Adherence Assessment**

- 4.1.1 Review with client proposed treatment adherence plan
- 4.1.2 Review client’s understanding of the treatment regimen prescribed
- 4.1.3 Review and document client’s understanding of the importance of correct use of prescribed ARV drugs
- 4.1.4 Assess adherence from self report
  - Use models of drugs available at the clinic and have the client demonstrate how to use
  - Check prescribed medications to see if matches with client’s reported use
  - Correct misunderstanding of how drugs should be taken
- 4.1.5 Explore about missed doses since last visit
  - Use pill count method (Table 2)
  - Approach the patient in a non judgmental way
  - Establish percentage of adherence
  - If adherence is < 95% with or without viral, immunological or clinical failure, then re-educate the client.
- 4.1.6 Discuss adherence to other prescribed drugs like Cotrimoxazole preventive therapy.

#### 4.1.7 Discuss current experiences of taking medications

- Discuss experiences with positive effects and side effects
- Discuss strategies to minimize side effects

#### 4.1.8 Explore factors that might prevent correct use of drugs

- Discuss about storage of drugs at home
- Discuss how to ensure adequate supply of drugs in the event of unexpected travel

### **4.2 Positive Health Dignity and Prevention (PHDP)**

4.2.1 Review client's implementation of disclosure plans including need for HIV testing for other members of the family

4.2.2 Review identification of treatment assistant, if had not identified one from previous visits

4.2.3 Review implementation of risk reduction strategies

4.2.4 Review implementation of agreed lifestyle changes

4.2.5 Assess mood state of the client and document

4.2.6 Review economic status of the clients

4.2.7 Review economic status of the client if necessary link to other organization for economic support eg SACOS

4.2.8 Review issues of Sexual and reproductive health including; Family Planning issues sexuality education and services and advice accordingly

4.2.9 Review issues of Prevention and treatment of STIs including hepatitis B and C

- 4.3 Provide time for questions and respond accordingly
- 4.4 Fill out adherence Counselling checklist (Annex 1)
- 4.5 Confirm next appointment and encourage to report sooner if unwell
- 4.6 Provide routine ART refills counter signed by the clinician
- 4.7 Refer accordingly

**Table 2. Protocol for Counting Missed Pills**

Missed Pills out of 60 pill supply	% Missed	% Adherence	Degree of adherence
1	2%	98%	GOOD
2	3%	97%	
3	5%	95%	
4	7%	93%	FAIR
5	8%	92%	
6	10%	90%	
7	12%	88%	
8	13%	87%	
9	15%	85%	POOR
10	17%	83%	
15	25%	75%	
20	33%	67%	

## **SECTION 2:** COUNSELLING FOR TREATMENT ADHERENCE IN CHILDREN AND ADOLESCENTS

Formula for calculating adherence level:

$$\frac{\text{Number of missed pills} \times 100}{\text{Total number of prescribed pills per month}}$$

## **SECTION 2: COUNSELLING FOR TREATMENT ADHERENCE IN CHILDREN AND ADOLESCENTS**

### **1. Important Adherence Issues Before Initiating ART**

- 1.1 Identify a primary committed parent/care giver and counsel them fully
- 1.2 Provide an extensive Counselling of the complexity on administration of ARVs
- 1.3 Discuss with parent/caregiver about disclosure of HIV status of a child/adolescent using age appropriate method
  - 4 to 6 years – Encourage parent/guardian to start mentioning to a child that he/she has a chronic disease that requires regular visit and medicine everyday
  - 7 to 11 years - Encourage parent/guardian to disclose about HIV serostatus to child in a caring and supportive manner
- 1.4 For Adolescent clients, counsel properly about HIV, its transmission and encourage positive Prevention strategies
  - Discuss issues of safe sex
  - Discuss about contraceptive use to prevent unintended pregnancy
- 1.5 Discuss issues of children’s access to HIV care, treatment and support
  - Explain the importance of follow-up of HIV exposed children from birth
  - Provide information on prophylaxis and treatment of OIs if detected.

- Discuss information on HTC for parents/guardians of sick children attending health facilities
- Ensure all HIV exposed infants with confirmed HIV infection are kept on antiretroviral treatment

1.6 Confirm availability of support services

- Assess for stable family environment
- Ensure access to primary care for nutrition Counselling and support

1.7 Address to the caregiver, children and adolescents the key barriers to adherence and suggest how to alleviate them (table 3)

1.8 Assess caregiver and child's readiness to start ARV

1.9 Have an agreement with a caregiver/ child that medicines should be taken as prescribed



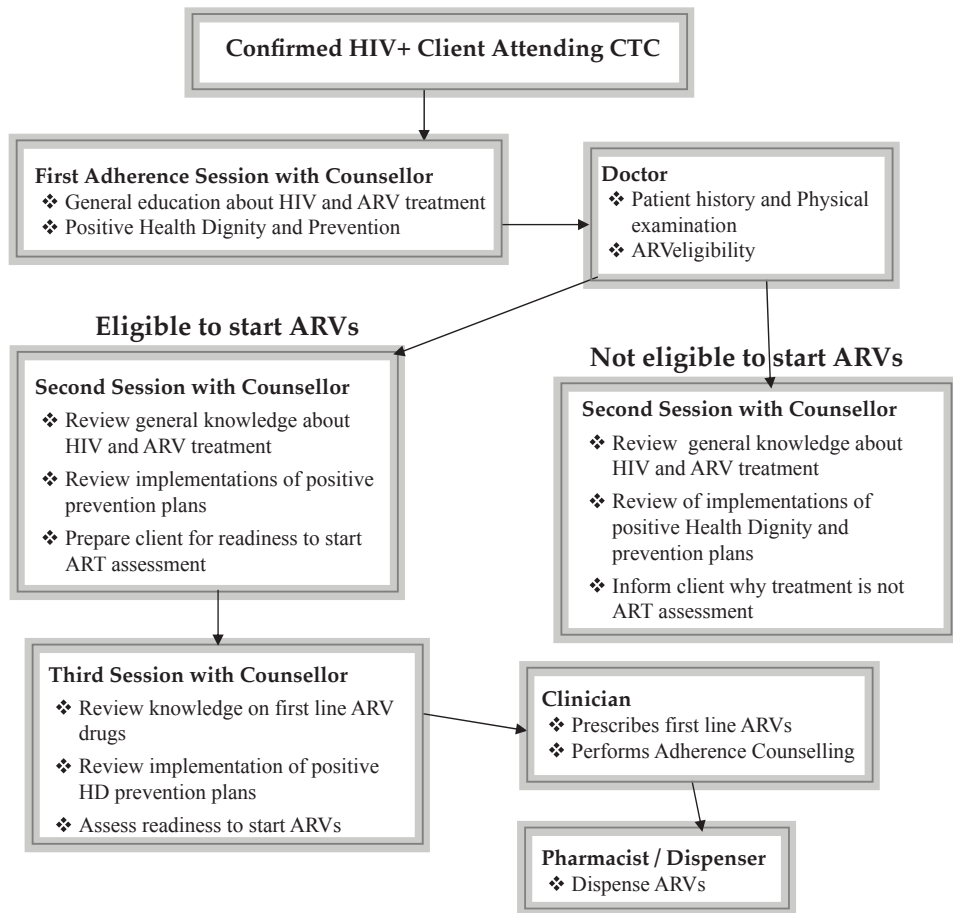
## **2 Follow-Up Visit After Initiation of ARV Drugs to Children/ Adolescent**

- 2.6 Assess the mood of the caregiver, observe for any signs of stress or burnout
  - 2.6.1 Provide support and encouragement
- 2.7 Assess child's attitude towards daily drug taking
  - 2.7.1 Respond to questions about reasons for taking medicine every day
- 2.8 Ask caregiver to demonstrate dose administration of medication
- 2.9 Review the implementation of disclosure plans
- 2.10 Review elements of positive living and their importance in child's health and wellbeing
  - Explain the importance of balanced diet, emotional support, physical exercises, socializing with peers, rest and sleep
  - Explain effects of substance abuse and alcohol use
  - Discuss about sex , sexuality education and services
  - Explain and encourage the importance of continuing with normal activities or studies.
- 2.11 Assess the agreed lifestyle change for adolescent patients and assist in planning new strategies

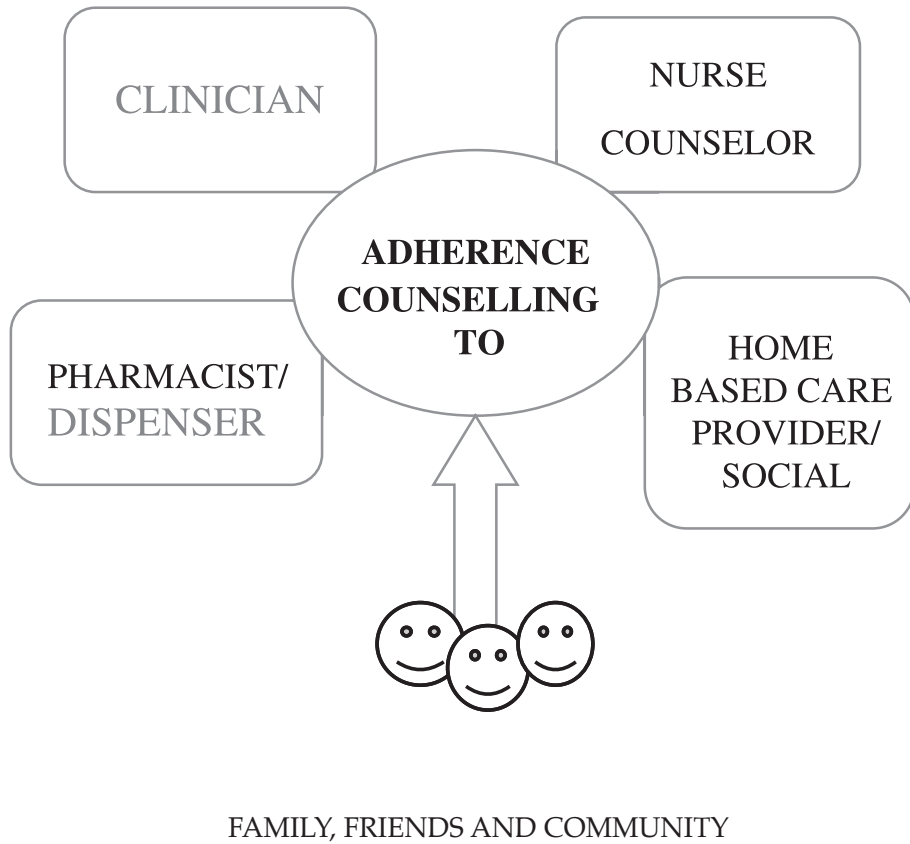
**Table 3. Key Pediatric Barriers to Adherence and How to Alleviate Them**

Potential Barrier	Suggestions to alleviate
Mother is ill and other family members may be HIV infected	Treat infected parents and siblings. Refer to HBC or any community based support
Child refuses to take medications	Infant – Give little amount at a time, close baby’s mouth until swallows, comfort the baby Child – Mix medicine in a small amount of food or liquid to cover taste (porridge or juice)
Complexity of measuring pediatric formulations	Teach caregiver carefully and make them demonstrate procedure Refer to HBC for assistance
Insufficient food recourses	Refer to HBC, CBO or FBO or available PLHIV support Group for assistance
Caregiver has no social support	Recommend HBC, refer to PLHIV support group
Caregiver has not disclosed HIV serostatus to a child	Counsel caregiver that disclosure can help the child adopt a positive living attitude and participate in own care
Caregiver drinks alcohol regularly	Counsel to stop or reduce alcohol intake

**Diagram 1. ART adherence Counselling Flow Chart**



**Diagram. 2. Multidisciplinary Approach on Adherence Counselling after Initiation of ARVs**



# CHECKLISTS

## **Annex 1: Checklists for Adherence Counselling Process Documentation**

### **SECTION 1: Checklists for ADULTS**

(First CTC visit) –Counselling SESSION I (Someone never been on ART)

CTC 1 Number: \_\_\_\_\_ Patient's Initials: \_\_\_\_\_

Date of Counselling session \_\_\_\_\_ Counsellor's name \_\_\_\_\_

**NB: Please document most relevant/important information in the Counselling Log Section below**

1.  Introduction
2.  Assure Confidentiality
3.  Check/address patient emotional state if s/he recently learned serostatus
4.  Describe what to expect today and how the program /clinic flow works
5.  Knowledge of HIV/AIDS, assess understanding
6.  Prior use of ART for treatment?  Yes  No
7.  Determine social support network
8.  Disclosure –has s/he disclosed to anyone?  
Planning to \_\_\_  Yes  No
9.  Initiate identification of a treatment assistant
10.  Alcohol/drug use
11.  Assess patient's mood (i.e. level of depression)
12.  Review living conditions and employment
  - a.  Assess potential family financial support
  - b.  Assess number of dependants
  - c.  Assess mobility due to work or living conditions
13.  Describe the treatment program and importance of adherence
  - a.  What ART does – suppresses virus/improves immunity/less OIs/not a cure
  - b.  Understanding ART is life long treatment
  - c.  Cost - Free
  - d.  Follow-up

- e. Opportunistic infections
- f. Importance of adherence and consequences of non-adherence
- 14. Review fertility desires and risk of an unintended pregnancy
- 15. Questions/clarifications?
- 16. Complete Referral Form if necessary

---

**Counselling log: (Use reverse of page if necessary)**

- Eligible
- NOT Eligible

(First CTC visit) Counselling SESSION I (Someone already on ART)

CTC 1 Number: \_\_\_\_\_ Patient's Initials: \_\_\_\_\_

Date of Counselling session \_\_\_\_\_ Counsellor's name \_\_\_\_\_

**NB: Please document most relevant/important information in the Counselling Log Section below.**

1.  Introduction
2.  Assure Confidentiality
3.  Does the patient know his/her HIV status?
4.  Assess patient understanding of HIV/AIDS
5.  Since patient has already started ART:
  - a.  What does patient know about ART?  
(Check if they understand)
  - b.  Ask patient to show how s/he takes ART using demonstration sample. Discuss with the patient about the drugs, dose and frequency (Note: do not check prescription (if available) until after the patient has shown you dose)
6.  Correct any misunderstanding and explain fully about ART
7.  Ask patient about side effects
8.  Adherence
  - a.  What does patient know about adherence?
  - b.  Does patient already have an adherence plan?
  - c.  Discuss barriers to adherence and how to address them.
  - d.  Avoid skipping doses, sharing drugs, running out of drugs
  - e.  Is patient regularly taking any other long term drugs?
9.  Review risk reduction
  - a.  Condom use, abstinence.  
Condom demonstration done  Yes  No
  - b.  Explain cross-infection and re-infection
  - c.  Identification of a treatment assistant



- d.  Reproductive health (considering pregnancy /interested in Family Planning) Provide or Refer if necessary
- 10.  Disclosure (has patient disclosed to anyone s /he is living with? Planning to?)
- 11.  Review measures to stay healthy
  - a.  Food & water safety
  - c.  Exercise.
  - b.  Good nutrition
  - d.  Avoid /reduce alcohol, tobacco, and drugs
- 12.  Address psychosocial well-being
  - a.  Assess patient's mood (i.e. level of depression)
  - b.  Social support
  - c.  Concern about end-of-life issues? (Plans for children, will, etc)
- 13.  Review fertility desires and risk of an unintended pregnancy
- 14.  Review patient's plans for adherence and disclosure until the next visit.
- 15.  Questions? 15  Complete Referral Form if necessary

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**Counselling log: (Use reverse of page if necessary)**

## (Second CTC Visit) - Counselling SESSION II

CTC 1 Number: \_\_\_\_\_ Patient's Initials: \_\_\_\_\_

Date of Counselling session \_\_\_\_\_ Counsellor's name \_\_\_\_\_

**NB: Please document most relevant/important information in the Counselling Log Section below (This part needs serious review to make the questions relevant)**

1.  Inquire about overall well-being
2.  Clarify understanding of recent labs/results (CD4, HB, liver function)
3.  Eligibility  
If **not eligible** for ART, review criteria for starting ART, explain that s/he is doing well and does not need them yet. Ensure patient understands this so that s/he does not feel mistreated. **Skip to #7.** If patient is **eligible** continue:
4.  Adherence
  - a.  Avoid skipping doses, sharing drugs, running out of drugs
  - b.  Review the importance of adherence
  - c.  Make an Adherence Plan (discuss barriers to adherence and how to address them).
  - d.  Has the patient identified treatment assistant
5.  Side Effects
  - a.  Explain side effects (what they are, possibility of having them)
6.  Home-Based Care
  - a.  Would the patient like to be visited at home by HBC provider?  
 Yes  No
7.  Review risk reduction
  - a.  Condom use, abstinence .Condom demonstration done  
 Yes  No
  - b.  Explain cross-infection and re-infection

- c.  Reproductive Health (child wish and Family Planning), refer if necessary
- 8.  Disclosure (has patient disclosed? To how many\_\_\_)
- 9.  Review measures to stay healthy
  - a.  Food & water safety
  - c.  Exercise
  - b.  Good nutrition
  - d.  Healthy living; avoid or reduce alcohol, tobacco and drugs
- 10.  Address psychosocial well-being
  - a.  How is patient's mood? (i.e. level of depression)
  - b.  Social support and family network?
  - c.  Discuss support for children. If concerns exist, refer to HBC or Most Vulnerable Children Committee at village level (MVCC)
- 11.  Review fertility desires and risk of an unintended pregnancy
- 12.  Review patient plan for disclosure for the next visit
- 13.  Questions?
- 14.  Complete Referral Form if necessary

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**Counselling log: (Use reverse of page if necessary)**

- Eligible
- NOT Eligible

### (Third CTC visit) Counselling SESSION III

CTC 1 Number: \_\_\_\_\_ Patient's Initials: \_\_\_\_\_

Date of Counselling session \_\_\_\_\_ Counsellor's name \_\_\_\_\_

**NB: Please document most relevant/important information in the Counselling Log Section below**

1.  Inquire about overall well-being\*
2.  Review Adherence
  - a.  Avoid skipping doses, sharing drugs, running out of drugs
  - b.  Discuss barriers to adherence and how to address them.
  - c.  Discuss Disclosure Plan (progress, next steps, barriers, etc).
  - d.  Describe home-based care that has been contacted by the patient
3.  Side Effects
  - a.  Describe possible side effects
4.  Which review risk reduction steps have the patient taken
  - a.  Condom use, abstinence. Condom demonstration done  
 Yes  No
  - b.  Cross-infection and re-infection
  - c.  Reproductive health (Child wish and Family Planning). Refer if necessary.
5.  Disclosure (has the patient disclosed? Planning to?)
6.  Which measures have the patient taken to stay healthy
  - a.  Food & water safety
  - c.  Exercise
  - b.  Good nutrition
  - d.  Healthy living; avoid or reduce alcohol, tobacco, and drugs

7.  Any changes in psychosocial well-being since last visit
  - a.  Any measure taken to support children if vulnerable
8.  Review patient disclosure plan. Disclosed?  
 Yes  No
9.  Assess Readiness to Start ARV
  - a.  Understand adherence
  - c.  Identifying Treatment Assistance
  - b.  Willingness to take drugs
  - d.  Realizing drugs as long life treatment
  - e.  Understands what to do during unexpected events (e.g. emergency travel) to ensure will be able to continue take drugs
10.  Review fertility desires and risk of an unintended pregnancy
11.  Questions
12.  Complete Referral Form if necessary
13.  If patient is ready to start ART, refer the patient to clinician.  
 Yes  No

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**Counselling log :( Use reverse of the page if necessary)**

## FOLLOW-UP VISITS AFTER ARV DRUGS INITIATION

CTC 1 Number: \_\_\_\_\_ Patient's Initials: \_\_\_\_\_

Date of Counselling session \_\_\_\_\_ Counsellor's name \_\_\_\_\_

**NB: Please document most relevant/important information in the Counselling Log Section below**

1.  Inquire about overall well-being\*
2.  Review Adherence

Ask if the patient has missed doses,

- a.  How many doses have been missed in the past week for each drug? \_\_\_\_\_
- b.  Did anything happen last month which made you miss a dose?  Yes  No
- c.  How many doses have been missed in the past month for each drug? \_\_\_\_\_

If the patient experienced difficulties with ARV drugs adherence review the following

- a.  Avoid skipping doses, sharing drugs, running out of drugs
  - b.  Discuss barriers to adherence and how to address them.
  - c.  Follow up disclosure to other people.
  - d.  Patient has contacted /has been contacted by home-based care providers
  - e.  Patient reports clinical side effects
3.  Review risk reduction that has been undertaken by the patient
    - a.  Condom use, abstinence.  
Condom demonstration done  Yes  No
    - b.  Avoidance of cross-infection and re-infection
    - c.  Reproductive health (child wish and family planning)

4.  Disclosure (has the patient disclosed to anyone?)
5.  Review measures used by patient to stay health
  - a.  Food & water safety
  - c.  Exercise
  - b.  Good nutrition
  - d.  Healthy living – avoid/reduce alcohol, tobacco and drugs
6.  Address psychosocial well-being
  - a.  How is patient's mood (i.e. level of depression?)
  - b.  Social support network
  - c.  Discuss support for children
7.  Review fertility desires and risk of an unintended pregnancy
  8.  Questions?
  9.  Complete Referral Form if necessary

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**Counselling log: (Use reverse of page if necessary)**

## Adherence Counselling checklist – Children/Adolescents and Care Provider

Counselling SESSION 1 (First CTC visit) – (someone already on ART)

CTC 1 Number: \_\_\_\_\_ Patient's Initials: \_\_\_\_\_

Date of Counselling session \_\_\_\_\_ Counsellor's name \_\_\_\_\_

### **B: Please document most relevant/important information in the Counselling Log Section below below**

1.  Introduction
2.  Assure Confidentiality
3.  When and how did adolescent / care provider learn of their / child's HIV status?
4.  Assess adolescent / care provider understanding of HIV/ AIDS
5.  Since patient has already started ART:
  - a.  What does adolescent / care provider(s) know about ART?  
(Check if they understand)
  - b.  Ask adolescent / care provider to show how ARV are taken, using demonstration sample.

Discuss with adolescent / care provider about the drugs, dose and frequency (Note: do **not** check prescription (if available) until **after the** patient/ care provider has shown you dose)

6.  Correct any misunderstanding and explain fully about ART
7.  Ask adolescent / care provider about side effects
8.  Adherence
  - a.  What does adolescent / care provider knows about adherence?
  - b.  Understanding ART is lifelong treatment
  - c.  Follow-up



- d.  Importance of adherence and consequences of non-adherence
  - c.  Discuss barriers to adherence and how to address them.
  - d.  Avoid skipping doses, sharing drugs, running out of drugs
  - e.  Is child/ adolescent regularly taking any other long term drugs?
9.  Review risk reduction
- (i) For sexually active adolescents  
Reproductive health (child wish & Family Planning)
  - (ii) For all: Explain cross-infection and re-infection
10.  Disclosure (has adolescent / care provider disclosed? Planning to?)
11.  For Caregiver: Ask patient to start to identify a possible Alternate Caregiver. Explain importance.
12.  Review measures to stay healthy
- a.  Food & water safety
  - d.  Good nutrition
  - b.  Avoid/reduce alcohol, tobacco, and drugs
  - f.  Immunization
  - c.  Review MCH card –Growth chart
  - e.  Exercise
13.  Address psychosocial well-being
- a.  Assess adolescent’s/ care provider’s mood
  - b.  Social support
  - c.  Concern about end-of-life issues? (For caregiver: Plans for children, will, etc)
14.  Review adolescents, care provider’s plans for adherence and

disclosure until the next visit.

15.  Questions?
  16.  Complete Referral Form if necessary
- 

**Counselling log: (Use reverse of page if necessary)**

## Adherence Counselling checklist –Children/Adolescents and Care Provider

Counselling SESSION 1 (First CTC Visit) (Someone never been on ART)

CTC 1 Number: \_\_\_\_\_ Patient's Initials: \_\_\_\_\_

Date of Counselling session \_\_\_\_\_ Counsellor's name \_\_\_\_\_

**NB: Please document most relevant/important information in the Counselling Log Section below**

1.  Introduction
2.  Assure Confidentiality
3.  Eligibility
4.  Describe what to expect today and how the program/ clinic flow works
5.  Knowledge of HIV / AIDS, assess understanding
6.  Prior use of ART for treatment?  Yes  No
7.  Determine social support network
8.  Disclosure –has s/he disclosed to anyone you are living with?  
Planning to  Yes  No
9.  For adolescents: Identifying or thinking of a potential assistant.
10.  For Caregiver: Initiate identification of Alternate Caregiver.
11.  Alcohol/ drug use
12.  Assess adolescents /care provider's mood
13.  Review living conditions and employment
  - a.  Assess potential family financial support
  - b.  Assess number of dependants
  - c.  Assess mobility due to work or living conditions

14.  Describe the treatment program and importance of adherence
  - a.  What ART does – suppresses virus/improves immunity /less OI's/not a cure
  - b.  Understanding ART is life long treatment
  - e.  Cost - Free
  - c.  Follow-up
  - f.  Opportunistic infections
  - d.  Importance of adherence and consequences of non-adherence
15.  Questions/clarifications?
16.  Complete Referral Form if necessary

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**Counselling log: (Use reverse of page if necessary)**

- Eligible
- NOT Eligible

**Adherence Counselling checklist –Children/Adolescents and Care Provider  
Counselling SESSION II (Second CTC Visit)**

CTC 1 Number: \_\_\_\_\_ Patient's Initials: \_\_\_\_\_

Date of Counselling session \_\_\_\_\_ Counsellor's name \_\_\_\_\_

**NB: Please document most relevant/important information in the Counselling  
log section below**

1.  Inquire about overall well-being\*
2.  Clarify understanding of recent labs / results  
(CD4, Hb, liver function)
3.  Eligibility

If **not eligible** for ART, review criteria for starting ART, explain that s/he is doing well and does not need them yet. Ensure adolescent patient/ care provider understands this so that s/he does not feel mistreated And then **Skip to #7**. If patient is **eligible**, then continue with #4:

4.  Adherence
  - a.  Avoid skipping doses, sharing drugs, running out of drugs
  - b.  Review the importance of adherence
  - c.  Make an Adherence Plan (discuss barriers to adherence and how to address them).
  - d.  Has the adolescent identified a treatment assistant?
  - e.  For Caregiver: Ask patient to start to identify a possible alternate caregiver. Explain importance.

5.  Side Effects
  - a.  Explain side effects (what they are, possibility of having them)
  
6.  Home-Based Care
  - a.  Would the adolescent / care provider likely to be visited at home by HBC provider?  Yes  No
  
7.  Review risk reduction
  - (i) For sexually active adolescents. Discuss abstinence and condom use.
    - a)  Condom demonstration done?  Yes  No
    - b)  Reproductive health discussed (desire to conceive & risk of an unintended pregnancy/Family Planning) ).  Yes  No discussed.
  - (ii) For all: Explain cross-infection and re-infection
  
8.  Has adolescent / care provider disclosed?  
To how many----- whom?  Yes  No
  - (i) If Caregiver, follow up on identifying an Alternate Caregiver.  
  
If Caregiver, follow up on identifying an Alternate Caregiver
  
9.  Review measures to stay healthy
  - a.  Food & water safety
  - d.  Good nutrition
  - b.  Healthy living – avoids / reduces alcohol, tobacco, drugs
  - e.  Exercise
  - c.  Review MCH card –Growth chart
  - f.  Immunization
  
11.  Address psychosocial well-being
  - a.  How is patient's / care provider's mood?
  - b.  Social support and family network
  - c.  Discuss support for children. If concerns exist, refer to HBC or Most Vulnerable Children Committee at village/ward level (MVCC)

12.  Review patient's/care provider's plan for disclosure for the next visit
  13.  Questions?
  14.  Complete Referral Form if necessary
- 

**Counselling log: (Use reverse of page if necessary)**









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