

TRAINING OF LAC COUNSELLORS

TRAINER'S GUIDE



Care, Support & Treatment Division

Basic Services Division

Department of AIDS Control (NACO)

Ministry of Health and Family Welfare

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Acknowledgments

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Introduction

Who does the training package address?

This package addresses the capacity development needs of counsellors working at Link ART Centres. These personnel take care of the support needs of PLHIVs on ART, who are linked out from ART centres. These counsellors are basically ICTC counselors and receive inputs from the regular ICTC training programmes. ICTC training focuses on issues related with HIV testing and coping with positive results. Counselling clients at LAC is an additional role assigned through task shifting. Counsellors, therefore, require more inputs on ART, adherence counselling and different care and support issues of PLHIVs.

This training package intends to orient counsellors to their role, help them to differentiate the counselling for care and treatment from that for HIV testing and build their skill base in counselling at the LAC. It contains the following sessions:

1. Understanding the Link ART Centre
2. Counselling at the Link ART Centre
3. Basics of Antiretroviral Therapy
4. Opportunistic Infections and their Management
5. Adherence Counselling at the Link ART Centre
6. Adherence Counselling for Children at the Link ART Centre
7. Learning to Use the Adherence Calculator
8. Nutrition Counselling
9. Pre-ART Care
10. Reporting at the Link ART Centre

The package consists of a trainee's handout, trainer's guide, sets of slides and an adherence calculator for counsellors (2 sheets to be colour-printed and laminated).

How to use the Trainer's Guide

Each trainer should use the Trainee's Handbook, his/ her particular section in the Trainer's Guide and the accompanying slides jointly for each session. Each session in the Trainer's Guide provides the objectives of the session, the list of materials required, step-by-step instructions for conducting the session. The activity triggers such as case studies are provided within the session. In some instances, a key has also been provided for the trainer's reference. Pre-prepared slides are available along with notes for the trainer. It is important to follow the slides as they ensure that no key points are missed out. Where ICTC material is mentioned, the trainer should also read the relevant ICTC refresher material BEFORE the session. The matter is not duplicated here.

Sample Programme Schedule

Day and Time	Session	Name and Designation of Trainer
Day 1		
9.00 a.m.	Registration	
9.30 a.m.	Introductory Game	
10.45 a.m.	Tea	
11.00 a.m.	Pre-Training Questionnaire	
11.45 noon	Basics of Antiretroviral therapy	
1.15 p.m.	Lunch	
2.15 p.m.	Opportunistic Infections and their Management	
3.15 p.m.	Understanding the Link ART Centre	
4.00 p.m.	Tea	
4.15 p.m.	Counselling at the Link ART Centre	
5.00 p.m.	Adherence Counselling at the Link ART Centre (Lecture; Disputing Statements Activity)	
6.05 p.m.	Wrap up, assigning home work	
Day 2		
9.00 a.m.	Recap	
9.30 a.m.	Adherence Counselling (Let us count some pills; Demonstration of the 5 As method; Role Play Practice)	
11.10 a.m.	Tea	
11.25 a.m.	Adherence Counselling (Lecture; Fishbowl; Triad Practice;	
1.20 p.m.	Lunch	
2.20 p.m.	Adherence Counselling (Lecture)	
2.40 p.m.	Pre-ART Care	
3.40 p.m.	Tea	
3.55 p.m.	Reporting at the Link ART Centre	
4.55 p.m.	Adherence Counselling for Children (Lecture; Developmental Milestones worksheet; Interactive Communication Strategies – 30 minutes)	
6.10 p.m.	Wrap up, assigning home work	
Day 3		
9.00 a.m.	Recap	
9.30 a.m.	Adherence Counselling for Children (Interactive Communication Strategies – 1 hour; Lecture)	
11.10 a.m.	Tea	
11.25 a.m.	Adherence Counselling for Children (Quiz; Fishbowl)	
12.40 p.m.	Learning to use the Adherence Calculator	
1.25 p.m.	Lunch	
2.25 p.m.	Adherence Counselling for Children (Story Telling Practice)	
3.15 p.m.	Tea	
3.30 p.m.	Nutrition Counselling	
5.30 p.m.	Post-Training Questionnaire	
6.30 p.m.	Closure	

Session Plan at a Glance

Session	Who can take	Time	Additional instructions	Session activities (NOT to be included in programme schedule for participants please!)
Pre-Post Training Questionnaire	CBO/CBA	30 min		
Understanding the Link ART Centre	Medical Trainer trained in the TOT/ Regional Co-ordinator	45 min		<ul style="list-style-type: none"> ▶ Lecture using slides (30 minutes) ▶ Quiz (15 minutes) Alternative ▶ Case Study and Discussion (30 minutes) ▶ Quiz (15 minutes)
Counselling at the Link ART Centre	Saksham Master trainer	45 minutes		<ul style="list-style-type: none"> ▶ Lecture using slides (15 minutes) ▶ Quiz (5 minutes) ▶ Group discussion on Stages of Counselling (25 minutes)
Basics of Antiretroviral Therapy	Medical Trainer trained in the TOT/ Regional Co-ordinator only	1 hour 30 minutes	This could be done as first session	<ul style="list-style-type: none"> ▶ Lecture using slides (40 minutes) ▶ Carousel activity (30 minutes) ▶ Debriefing of carousel activity (20 minutes)
Opportunistic Infections and their Management	Medical Trainer trained in the TOT/ Regional Co-ordinator only	1 hour	If Basics of Antiretroviral Therapy is first, this could be the second session	<ul style="list-style-type: none"> ▶ Lecture using slides (50 minutes) ▶ Quiz (10 minutes)

Adherence Counselling at the Link ART Centre	Saksham Master trainer	5 hours	Can be broken up into 2 separate sessions over 2 days though the order of activities should not change	<ul style="list-style-type: none"> ▶ Lecture using slides (35 minutes) ▶ Disputing Statements Activity (30 minutes) ▶ Let Us Count Some Pills (40 minutes) ▶ Demonstration of the '5As' Method (10 minutes) ▶ Role-play practice on Addressing barriers to adherence (50 minutes) ▶ Lecture using slides (25 minutes) ▶ Fish-bowl on Adherence Counselling at the LAC (30 minutes) ▶ Triad Counselling Practice on Adherence Counselling at the LAC (1 hour) ▶ Lecture using slides (20 minutes) ▶ Small group discussion on Special Counselling Situations (optional)
Adherence Counselling for Children at the Link ART Centre	Saksham Master trainer	5 hours		<ul style="list-style-type: none"> ▶ Lecture using slides (15 minutes) ▶ Developmental Milestones Worksheet (30 minutes) ▶ Interactive Communication Strategies (1 hour 30 minutes) ▶ Lecture using slides (40 minutes) ▶ Quiz (45 minutes) ▶ Fishbowl on Disclosure to children (30 minutes) ▶ Story Telling Practice (50 minutes)
Learning to Use the Adherence Calculator	Saksham Master trainer	45 minutes	Should be undertaken only after completing the session on Adherence Counselling	<ul style="list-style-type: none"> ▶ Second Administration of the Adherence Calculation Sheet (20 minutes) ▶ Demonstration of the Adherence Calculator (30 minutes)

Nutrition Counselling	Saksham Master trainer	2 hours	To be scheduled for Day 3 only	<ul style="list-style-type: none"> ▶ Quiz (15 minutes) ▶ Lecture using slides (25 minutes) ▶ Food Group Exercise (10 minutes) ▶ Nutrition Role Plays (1 hour 10 minutes) Optional <ul style="list-style-type: none"> ▶ Instructions for Kaun Banega Sanjeev Kapoor (10 minutes) ▶ Kaun Banega Sanjeev Kapoor (1 hour)
Pre-ART Care	Saksham Master trainer	45 minutes		<ul style="list-style-type: none"> ▶ Lecture using slides (45 minutes)
Reporting at the Link ART Centre	M&E Trainer	1 hour	Please do not schedule this as the last session of the programme	<ul style="list-style-type: none"> ▶ Demonstration (1 hour)

Note about the development of this training package

This module, though launched in June 2013, was actually completed in February 2011. It was field-tested in March 2011 at Andhra Pradesh. The decision to postpone the release of the package was two-fold: Feedback from trainees to include key inputs which were absent in the field-tested version; Finalization of LAC Operational guidelines.

In the meanwhile we launched the ICTC Refresher Package, the STI Refresher Package and a new PPTCT package (limited state-by-state release). Our experience with these has helped us to revamp the slides. We have worked hard to keep the chapters updated. But since the programme is so dynamic, even after approval of Secretary, Department of AIDS Control was obtained at the end of 2012, our ART protocols changed dragging us back to the drawing board. To prevent boredom among trainees, we have ruthlessly removed overlapping content. We know this makes more work for trainers. But we hope you will join us in trying to make an interesting programme for trainees. - Programme Officer (Counselling)

Note for SACS

Only counsellors who complete ICTC Induction and ICTC Refresher are eligible to attend this training programme. The Care, Support and Treatment Division should ascertain these details from the Basic Services Division well before the training programme. The training institute may, at its discretion, turn away people who have not completed ICTC training and accommodate them only after the ICTC training is completed. Cost of travel of such participants will be borne by the CST Division of the State AIDS Control Society.

SACS should depute the counsellors in a timely manner. They should reach the training institute the evening before training begins. Inability to do so should be notified to institute and NACO 3 working days before training begins. The training institute will assign an additional assignment to make up for late arrival. (Please see sample letter)

Counsellors should carry their ICTC Refresher Handouts to the training programme.

SACS should ensure that the costing of the budget includes the cost of duplication of all handouts and materials as defined in this training guide, as well as the cost of the additional materials for the training exercises. The technical division should acquaint themselves thoroughly with the package before moving the file to the Finance Division for budget release. It is not desirable that trainees should be given a CD in lieu of printed materials. The handouts must be provided to trainees at the start of training as there are worksheets built into the chapter.

SACS officials should ensure that trainers who attended the TOT are duly deputed to take the sessions as per the Trainer's Guide.

For the session titled Reporting at the Link ART Centre, please depute individuals who have recently undergone training as M&E trainers for CST. If not available, please select a Data Manager with clear understanding and good communication skills.

**Sample Instruction letter to ICTC counsellors
who are deputed for LAC training:**

Dear Counsellor,

Department of AIDS Control (NACO) has launched a new training package for counsellors who are running Link ART Centres. This is a three-day programme. It builds on the training you have received before: Induction and Refresher. It will increase your understanding of your role at the LAC.

You should attend this training only after you have received orientation at the Nodal ART Centre, and after you have attended ICTC Induction and Refresher Training. In case this has not happened, please inform SACS officials immediately. You can be accommodated in the next training batch.

When you attend this training programme, please carry your ICTC Refresher Training handouts. In case you have misplaced these, please download and print the materials from the NACO website.

Please make sure that you reach the venue of the training the evening before training begins because you need to report to the training programme at 9.00 a.m. If you are late, you will have to undertake an additional assignment before it is certified that you have undergone complete training. Also the training institute will report that you are late to NACO in their training report.

The name of the Capacity Building Officer at the training institute is _____
and their contact number is _____

Yours faithfully

SACS official

Pre-post Training Questionnaire

Trainee's name: _____

District of the ICTC: _____

State AIDS Control Society: _____

Month and Year when LAC/ LAC Plus was established: _____

Current Number of LAC Clients who are linked to your LAC/ LAC Plus: _____

Date of Joining as ICTC Counsellor: Date _____ Month _____ Year _____

(If you are not an ICTC Counsellor, please write your designation so that the CBO can note it in the report): _____

Date of ICTC Induction Training: Date _____ Month _____ Year _____

Institution which did ICTC Induction Training: _____

Date of Last ICTC Refresher Training: Date _____ Month _____ Year _____

Institution which did Last ICTC Refresher Training: _____

Age: _____

Educational Qualifications: _____

Contact Telephone Number: _____

1. First-line ART regimens most commonly have
 - a. One NRTI and two NNRTI
 - b. Two NRTIs and one NNRTI
 - c. One NRTI, one NNRTI and one PI
 - d. One NRTI and one NNRTI

2. Which of the following does not belong to the Nucleoside Reverse Transcriptase Inhibitors (NRTIs) class of ARV drugs?
 - a. Zidovudine
 - b. Lamivudine
 - c. Nevirapine
 - d. Abacavir

3. A client is considered as Missed, if he/she
 - a. Does not come to the centre on the scheduled date of the next visit
 - b. Does not come to the centre within 2 days after scheduled date
 - c. Does not come for 3 months
 - d. Does not come for 6 months

4. Which infection develops only if the PLHIV has been previously infected with chicken pox?
 - a. Measles
 - b. Herpes Zoster
 - c. Herpes Simplex
 - d. Candidiasis

5. As per the WHO clinical staging, a PLHIV who has been diagnosed with oesophageal candidiasis is classified as a patient in
 - a. WHO stage I
 - b. WHO stage II
 - c. WHO stage III
 - d. WHO stage IV

6. Ramila is a patient who was stable on ART. She suddenly starts complaining about headaches and blurred eye-sight. She has taken 1 pill of aspirin but it did not work. What is the best advice for this patient?
 - a. Tell her to take 2 pills of aspirin
 - b. Tell her to visit an eye doctor
 - c. Tell her to go to the ART centre
 - d. Tell her to get a head massage

7. Bad dreams are a side-effect associated with:
 - a. Efavirenz
 - b. Stavudine
 - c. Lamivudine
 - d. Ritonavir

8. The client who is taking Zidovudine (AZT) should do all the following EXCEPT:
 - a. Take AZT with food to reduce side effects.
 - b. Eat iron rich food.
 - c. Eat a high-fat meal.

9. Dhanesh was born to an HIV-positive mother. He is 18 months old. He has just learned to sit up. The counsellor should recommend:
- To take him to see a doctor
 - To take Complan or Horlicks
 - To get a CD 4 count done
 - None of the above
10. All the following are the functions of the LAC Plus, **EXCEPT**
- Registering a client into pre-ART Care
 - Initiating a person into antiretroviral therapy
 - Adherence counselling
 - Identification of the critical side-effects of ART
11. Sharifa is on ART for the past three years. Her body weight has been increased by 12 kg and CD4 count increased to 657 from the base of 212. She has started working again. However, you noticed that she is not so keen about taking medicine. During a visit she asks you: "How much longer should I take the medicine?" What is the most probable reason behind this question?
- She has lost her confidence in the medicine.
 - She does not trust the staff.
 - She has problems in her work.
 - She is tired of taking the medicine for long time.
12. Rajdulari is a PLHIV who has not begun taking ART yet. She sometimes visits you at the counselling centre to get condoms. She has come today to meet you because she is finding it difficult to eat food. She grumbles that she has no appetite as her mouth burns when she places food in her mouth. Name her possible condition:
- Cryptosporidiosis
 - Oesophageal candidiasis
 - Oral candidiasis
 - Mouth Sores
13. Mention one suggestion you can offer to Rajdulari in Question 6:
-

14. Raghav is a 40-year-old blacksmith. He has a cough which has been diagnosed as TB. From the DMC he had been sent to the ICTC where testing showed he has HIV infection. The ICTC counsellor told him to go to the ART centre for follow-up. At the ART centre, his CD 4 count is found to be 270. **Is he eligible for ART?** Yes/ No

15. Sharda is a 24-year-old pregnant woman. Her CD 4 count is 385. **Is she eligible for ART?** Yes/ No

16. Say True or False

- a. Children who know their HIV-positive status are able to cope with their illness better. True/ False
- b. **Facilitating disclosure of HIV status to the child** means the counsellor has to tell the child his/her HIV test result. True/ False
- c. It is best to do disclosure to a child in one session True/False
- d. Paediatric HIV treatment is specialized ART treatment for children upto the age of 16 years True/False
- e. An individual diagnosed with HIV starts and continues on ART at the Nodal ART centre for a minimum of 6 months before he/she can be referred to an LAC. True/False
- f. Client at LAC does not need counselling on prevention as they are already infected. True/ False
- g. Client at ICTC is a therapy virgin True/ False

17. Name the counselling technique used in the following dialogue:

- a. Counsellor says to the client: "Sometimes when a person is first put on ART, there are side-effects such as headaches and nausea (vomitting sensation). Some last for a few days. Some go on longer. I will tell you how to handle these situations." _____

- b. Counsellor says to the client: "You are starting anti-TB treatment. You may notice that you urine becomes red-coloured. This is expected because one of the drugs you take causes this colour to change." _____

18. State two measures the counsellor should take when the client reports adherence is less than 80%

- a. _____
- b. _____

19. Give two suggestions that you will give to a client who is consistently losing his/her weight.

- a. _____
- b. _____

20. Below are clients who receive ART from the Nodal ART centre. All of them have to travel long distance to the ART centre. Choose the clients who can be shifted to the LAC

- a. Meena (25 years) has been on ART for the last 8 months. She has good adherence level. As she appeared to be pale, MO has asked her to do blood test. Her Haemoglobin level is reported as normal.
- b. Lalita (35 years) has been on ART for the last 10 months. She has been stable on treatment with continued good adherence. She has no major side-effects.
- c. Ali (45 years) started ART 3 years back. He misses his drugs often. He reports no side-effects or OIs.

21. Given below are some developmental milestones. Place them against the correct age (one is a blank answer)

Controlling the head Walking with help Rolling over

- a. Birth _____
- b. 10 weeks _____
- c. 14 weeks _____
- d. 12 months _____

22. Given below are some food items. Place them in the correct food group.

Energy giving foods Body building foods Protective foods

- a. Fruit _____
- b. Milk _____
- c. Fish _____
- d. Vegetables _____

Adherence Calculation Sheet

Name of Counsellor _____ Date: _____

23. Calculate the adherence of the following persons

Z= Zidovudine

L= Lamivudine

N= Nevirapine

Efv= Efavirenz

No	Regimen	Day when client returns (after last visit)	Number of pills in the bottle	Number of pills given	% of Adherence	Rough space for you to calculate
A	ZLN (30 days)	30 th day	6			
B	ZLN (30 days)	25 th day	8			
C	ZLN (30 days)	35 th day	6			
D	ZL-Efv (30 days)	29 th day	5			
E	Patient came on January 5. He was given a due date of February 4 (30 days) and was given a pill box of ZLN with 60 pills. He returned to the ART Centre on Feb 1 with 10 pills left.					

Pre-post Training Questionnaire- Answer Key

1. B
2. C
3. A
4. B
5. D

6. C

7. A

8. C

9. A

10. B

11. D

12. C is correct and gets 1 point; D will get only half a point.

13. Please report verbatim but do not score

- a. Eat soft rather than hard or crunchy foods
- b. Eat bland not spicy foods
- c. Avoid sweet foods
- d. Use a straw for liquids and soups.
- e. Take cold foods, drinks or ice
- f. Scrub the tongue and the gums gently with a soft toothbrush or cloth at least three or four times a day, and then rinsing the mouth with a mild salt solution, a dilute mouthwash or lemon water
- g. Suck a lemon, if not too painful, to slow down the growth of the fungus.
- h. Wash the mouth with tea made from neem or tulsi leaves
- i. Rinse the mouth with warm salt water, mint solution or a mouthwash solution after eating
- j. Apply Gentian violet solution three or four times a day.
- k. Chew garlic or eat yoghurt
- l. Chop tulsi leaves, mix them with water and gargle.
- m. Other

14. Yes

15. No

16. 1 point each

- a. True
- b. False
- c. False
- d. False
- e. True

- f. False
 - g. True
- 17.
- a. Anticipatory Guidance
 - b. Anticipatory Guidance
18. Report verbatim – Non-scoring
19. Report verbatim – Non-scoring
20. A & B
21. Place the developmental milestones against the correct age (1 point each)
- a. Birth Nil
 - b. 10 weeks Controlling the head
 - c. 14 weeks Rolling over
 - d. 12 months Walking with help
22. Given below are some food items. Place them in the correct food group. (1 point each)
- a. Fruit Protective
 - b. Milk Body-building
 - c. Fish Body-building
 - d. Vegetables Protective
23. Item 23 is a key competency for this training programme. Trainees will be administered the same sheet 3 times. This will be recorded as separately from the rest of the items. It will be reported to NACO but will not be added to the final score. (Reporting sheet is given below).
- a. 60 pills 90% adherence
 - b. 60 pills 104% adherence
 - c. 60 pills 77% adherence
 - d. 90 pills 98% adherence
 - e. - 93% adherence

Reporting sheet for Item 23

The adherence calculation sheet will be administered 3 times during this programme:

- 1) Along with the Pre-Training Questionnaire
- 2) Just before the Session No. 7 on Adherence Calculator
- 3) Along with the Post-Training Questionnaire

Name of Trainee	Item 23 A						Item 23 B						Item 23 C					
	Pre		Middle		Post		Pre		Middle		Post		Pre		Middle		Post	
	No. of Pills	%	No. of Pills	%	No. of Pills	%	No. of Pills	%	No. of Pills	%	No. of Pills	%	No. of Pills	%	No. of Pills	%	No. of Pills	%

Name of Trainee	Item 23 D						Item 23 E					
	Pre		Middle		Post		Pre		Middle		Post	
	No. of Pills	%	No. of Pills	%	No. of Pills	%	No. of Pills	%	No. of Pills	%	No. of Pills	%

Session 1

Understanding the Link ART Centre

Session Overview

- ▶ Lecture using slides (30 minutes)
- ▶ Quiz (15 minutes)
Alternative
- ▶ Case Study and Discussion (30 minutes)
- ▶ Quiz (15 minutes)

Session Objectives

At the end of the session, trainees will be able to

- Describe the activities of the Link ART Centre and their relevance to the National AIDS Control Programme
- Distinguish between the Link ART Centre and the LAC Plus

Time Allowed

45 minutes

Materials Required

- One copy of the Revised LAC Operational Guidelines
- Slides related to the session
- Flipchart or Blackboard

Method

Lecture Using Slides (30 minutes)

1. Explain the key points in the session using the slides and the dialogue given for your convenience. You can also recommend to the participants to read the Revised LAC Operational Guidelines for more details.
2. Halt the lecture at the appropriate point to permit the trainees to fill the activity sheet which is in their hand-outs. Give them 5 minutes for the task.
3. Then proceed to debrief the exercise using the slides.

Quiz (15 minutes)

4. Conclude the session with the activity: Is the person eligible for LAC services?



Exercise

Activity	LAC	LAC Plus
Dispensing ARV drugs		
Monitoring PLHIV who are on ART		
Counselling on adherence		
Counselling on nutrition, risk reduction and positive prevention		
Treatment of minor OIs		
Treatment of major OIs		
Identification of side effects of ARVs		
Tracing of Missed cases and LFU		
Screening for TB symptoms on every visit		
Social support to PLHIV		
Back-referral to ART Centre		
Registration of PLHIV into pre-ART care		
Pre-ART management including CD4 test		
Initiation of ART		

Key to the Exercise



Activity	LAC	LAC Plus
Dispensing ARV drugs	Yes	Yes – for people who are on ART No – for people who are pre-ART
Monitoring PLHIV who are on ART	Yes	Yes – for people who are on ART No – for people who are pre-ART
Counselling on adherence	Yes	Yes – for people who are on ART No – for people who are pre-ART
Counselling on nutrition, risk reduction and positive prevention	Yes	Yes
Treatment of minor OIs	Yes	Yes
Treatment of major OIs	No These cases should be referred back to the nodal ART centre as soon as the patient is stabilised.	No These cases should be referred back to the nodal ART centre as soon as the patient is stabilised.
Identification of side-effects of ARVs	Yes	Yes – for people who are on ART
Tracing of Missed cases and LFU	Yes	Yes
Screening for TB symptoms on every visit	Yes	Yes
Social support to PLHIV	Yes	Yes
Back-referral to ART Centre	Yes – when needed	Yes – when needed
Registration of PLHIV into pre-ART care	No	Yes
Pre-ART management including CD4 test	No	Yes
Initiation of ART	No	No

Key to Activity:



Is the person eligible for LAC services:

Q: Is the person eligible for LAC services: **Pre-ART patient whose baseline CD4 count is 423**

A: No

Q: Is the person eligible for LAC Plus services: **Pre-ART patient whose baseline CD4 count is 423**

A: Yes.

Q: Is the person eligible for LAC Plus services: **Pre-ART patient whose baseline CD4 count is 180**

A: No. As soon as it is determined the CD 4 count has fallen, they must be linked back to Nodal ART Centre

Q: Is the person eligible for LAC Plus services: **Patient on ART who develops TB**

A: No. Link back to Nodal ART Centre

Q: Is the person eligible for LAC services: **ART patient who was initiated on ART 7 months before**

A: Yes.

Q: Is the person eligible for LAC services: **ART patient who was initiated on ART 2 months before**

A: No.

Q: Is the person eligible for LAC services: **ART patient on ART for 3 years and is showing side-effects**

A: No.

Q: Is the person eligible for LAC Plus services: **ART patient who was initiated on ART 2 months before**

A: No.

Q: Is the person eligible for LAC Plus services: **Pre-ART patient whose CD4 count is 557**

A: Yes.

Q: Is the person eligible for LAC services: **ART patient who has developed a mild fever**

A: Yes.

Q: Is the person eligible for LAC services: **ART patient who develops oral candidiasis**

A: Yes.

Q: Is the person eligible for LAC services: **Female ART patient whose last CD 4 was 568 and who becomes pregnant**

A: No.

Method

Case Study and Discussion (30 minutes)

1. Ask the trainees to individually read the case study given in Annexure 7 in their Hand-outs: A little interest goes a long way: Case study of the LAC Plus Centre at Gondal, District Rajkot, Gujarat – p. 175
2. Ask them to mark the items that show that this is not just an ICTC but an LAC.
3. Ask them to mark the items that show the system personally put in place by the counsellor (that is which are not part of guidelines)
4. Finally pose the question: How does an LAC help?
5. Quickly discuss using the key given below.

Quiz (15 minutes)

5. Conclude the session with the activity: Is the person eligible for LAC services?

Key to the Case Study



- What items show that this is not just an ICTC?
 - The number of these calls has today reduced mostly to consultations over possible instances of Opportunistic Infections in clients – Monitoring OIs is one of the functions of the LAC/LAC Plus
 - Even before NACO mandated a nurse position in light of the additional workload caused by linking out more ART patients – LAC Plus has provision for appointing a dedicated nurse. This is not there in ICTC.
 - Ms Dipti Rawal uses the existing white board to track the due dates of the LAC clients by their LAC number. Monitoring drug adherence is a function of the LAC/LAC Plus. What is innovative is how Ms Dipti uses the white board to track. Other methods are a calendar or a diary.
 - The team follows up these individuals (who miss the LAC appointment) by telephone – Tracing LFU and Missed Clients is a function of the LAC/ LAC Plus.
 - Clients who fail to complete their CD4 test are circled for follow-up and in-depth counselling. Tracking clients who miss their CD 4 test appointment is a function of the LAC/ LAC Plus
 - The board also displays the details of 2 PLHIV schemes (Rs. 500/month for nutritional support and Educational support for Children) with specific prerequisites for enrolment. Linkage with schemes is a function of the LAC/ LAC Plus

- She explains that she is committed to ensuring that none of her clients drop out of treatment. Monitoring adherence is a function of the LAC/ LAC Plus
- What items show the system personally put in place by the counsellor?

These are personal practices established by Ms Dipti. But they enhance her functioning.

- She established a monthly support group of PLHIVs which meets on the third Thursday of every month
- One of Dipti's good practices was to share her learnings with other members of the LAC team at Gondal.
- Even though the LAC has designated days for drug dispensing, she permits clients to come in on other days as well.
- The practicality of co-scheduling the LAC visit day and the Support Group meeting on Thursdays should also be noted.
- The ICTC tracks, on a similar whiteboard, the Expected Date of Delivery of their positive pregnant women and the DBS testing schedule of Exposed Babies.
- How does an LAC help?

The last paragraphs on the Impact of the LAC and its innovations explain the concept of an LAC – namely that it is a centre where people who are stable on ART can access their drug refills and minor medical assistance closer to home. Patients save their travel time and money.

Session 2

Counselling at the Link ART Centre

Session Overview

- ▶ Lecture using slides (15 minutes)
- ▶ Quiz (5 minutes)
- ▶ Group discussion on Stages of Counselling (25 minutes)

Session Objectives

At the end of the session, trainees will be able to

- State the needs of clients visiting the LAC
- Compare counselling at the LAC with counselling at the ICTC
- Describe the stages of counselling in relation to work at the LAC

Time Allowed

45 minutes

Materials Required

- One copy of the Revised LAC Operational Guidelines
- Paper slips with the Group Discussion Triggers
- Slides related to the session
- Flipchart or Blackboard

Method

Preparation before the Session

1. You, as the trainer, will cut up the Group Discussion Triggers into 6 slips and keep them handy BEFORE the session.

Lecture Using Slides (15 minutes)

2. Explain the key points in the session using the slides and the dialogue given for your convenience. You can also recommend to the participants to read the Revised LAC Operational Guidelines for more details.
3. Halt the lecture at the appropriate point to permit the trainees to fill the activity sheet which is in their hand-outs. Give them 5 minutes for the task.
4. Then proceed to debrief the exercise using the slides.

Quiz (5 minutes)

5. Conclude the lecture with the quiz.

Group Discussion on Stages of Counselling (25 minutes)

6. The last slide leads into the next activity. Explain that the Group Discussion will focus on how counselling at the LAC follows the different stages of counselling that the participants already know.
7. Divide the participants into 6 groups and give each group one paper slip with a Group Discussion Trigger. Give the groups 10 minutes to discuss the important aspects involved in that particular stage of counselling when doing LAC work.
8. Reassemble the participants into the larger group and have each group report its discussion. Follow the order of the stages with the first stage of counselling discussed first and so on. Invite the other members to add points, if any.
9. After the presentation, summarize the discussion on the stages of counselling with points listed in the Trainees' hand-out. Note key points on the flipchart. The main point to emphasize is that *the counselling relationship follows a similar trajectory irrespective of the stage of counselling. The issues covered may be different. The counsellors will use the same basic counselling skills.*

Stages of Counselling

Group Discussion Triggers

Stage 1: Rapport-building

List the important aspects involved in this particular stage of counselling when applied to LAC work

✂-----

Stage 2: Assessment and analysis of the problem

List the important aspects involved in this particular stage of counselling when applied to LAC work

✂-----

Stage 3: Provision of on-going supportive counselling

List the important aspects involved in this particular stage of counselling when applied to LAC work

✂-----

Stage 4: Planning and initiation of steps

List the important aspects involved in this particular stage of counselling when applied to LAC work

✂-----

Stage 5: Implementation of the plan

List the important aspects involved in this particular stage of counselling when applied to LAC work

✂-----

Stage 6: Termination and follow-up

List the important aspects involved in this particular stage of counselling when applied to LAC work

Session 3

Basics of Antiretroviral Therapy

Session Overview

- ▶ Lecture using slides (40 minutes)
- ▶ Carousel activity (30 minutes)
- ▶ Debriefing of carousel activity (20 minutes)

Session Objectives

At the end of the session, trainees will be able to

- Describe the progression of HIV infection to AIDS and the WHO clinical staging
- Explain about ART, its benefits, side-effects and limitations
- Describe the effects of ARV drugs in relation to the HIV life cycle in the body
- Identify the reasons for treatment failure and need of 'switch' and 'substitution' of treatment
- Assess and evaluate these issues jointly with clients

Time Allowed:

1 hour 30 minutes

Materials Required:

- Slides related to the session
- Carousel Situations
- Cello tape
- Participants Handbook

Method:

Preparation before the Session

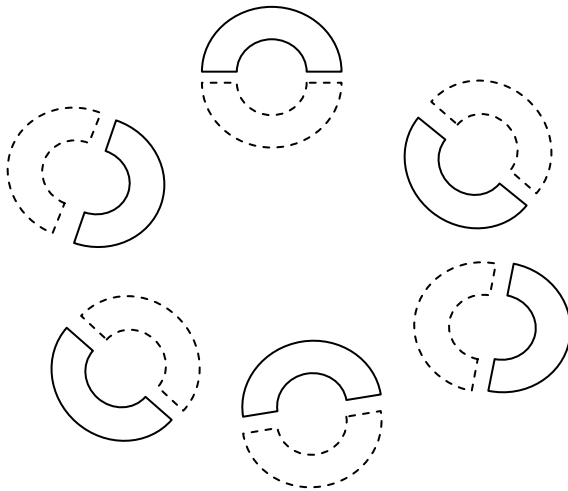
1. You, as the trainer, will cut up the Carousel Situations and keep them handy BEFORE the session. The Capacity Building Officer will have to assist here.

Lecture using Slides (40 minutes)

2. Explain the key points in the session using the slides and the dialogue given for your convenience.
3. For the slides on side-effects, guide the trainees to the relevant pages in their hand-outs and permit sufficient time for them to understand the key points.
4. In summary, emphasize the following points: *The client should not stop taking medication OR skip OR reduce doses; and that ART is at present a LIFETIME treatment.*

Carousel Activity (30 minutes)

5. For this activity, request the participants to help you arrange their chairs in two concentric circles with the inner circle facing the outer circle. Place the chairs slightly apart such that one can recognize distinct pairs and such that each pair has some privacy. See sample image. The Capacity Building Officer will have to assist here.



6. Use the cello tape to paste the Carousel situations to alternate chairs in the inner and the outer circles (that is the chairs with dashed outline as shown in the figure). Thus each set of chairs will have one Carousel situation.
7. Explain the activity: Each pair has a situation to role-play. The person who is seated on the chair with the situation has to role-play a client with the problem described

on the paper while the opposite person plays the role of an LAC counsellor. “Clients” may take one minute to think about the situation and then describe it to their “counsellor.” “Counsellors” have to listen carefully to the situation, ask relevant questions, identify the possible causes of the side-effects, discuss management of the side-effect, and suggest a suitable course of action. “Counsellors” may use their hand-outs for correct information.

8. Ask the trainees 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)

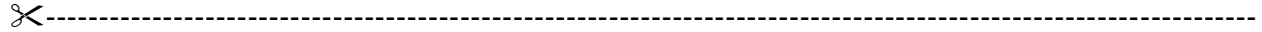
11. First ask participants for general feedback on the exercise: how they felt and whether the exercise was helpful in preparing to counsel LAC clients.
12. Then discuss two or three Carousel situations. To guide you, there are some sample discussions prepared. Ensure that you cover the possible causes of the side-effects, their management and what the counsellor should do (viz. early identification and referral where required).

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

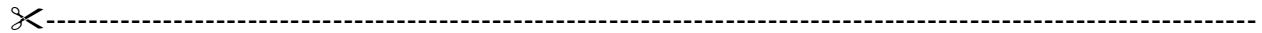


Carousel Situations:

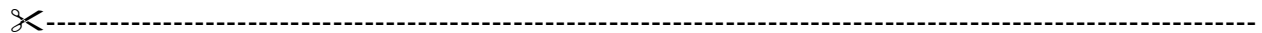
- You are Sandeep, a 32-year-old man who is on ART. You are suffering from diarrhoea with nausea and vomiting for last few days. You feel that whenever you take the ART drugs the frequency of diarrhoea and vomiting increases. So you have decided to consult the counsellor at LAC for help.



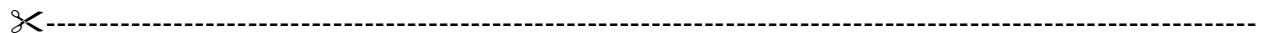
- You are Ramu, a 23-year-old man who is regularly taking his ART medicines, a combination of Stavudine, Lamivudine and Nevirapine. But for the last few days you have a tingling and painful sensation in your legs and hands. You have come to LAC centre to seek help.



- 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 LAC 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 look paler. So you have come to the LAC to seek the counsellor's help.



- You are Razia, a housewife. You have recently been shifted from the Nodal ART centre to 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.

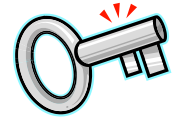
✂-----

- You are Rose, a 30-year-old woman is on ART (Stavudine, Lamivudine and Nevirapine) for the last three years. You explain to the LAC 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 days you are experiencing a sensation of a dry mouth and have painful white patches on your tongue and mouth.

Sample Discussion of Carousel Situations



For trainer's guidance only. Not intended for verbatim use.

Note: This module 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 LAC 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 (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 LAC to seek the counsellor's help.

Discussion: The counsellor should 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 should educate her that the 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 should also 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. Emphasize 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 LAC 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 should 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 should 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 should also inform Rose about the other side-effects of the regimen that need urgent medical care and should ask her to seek doctor if she develops severe abdominal pain, severe fever, body ache and running nose, yellow eyes, 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 4

Opportunistic Infections and their Management

Session Overview

- ▶ Lecture using slides (50 minutes)
- ▶ Quiz (10 minutes)

Session Objectives

At the end of the session, trainees will be able to

- Demonstrate knowledge of common Opportunistic Infections among PLHIVs, their signs and symptoms
- Demonstrate an understanding of the syndromic management of Opportunistic infections at home
- Counsel clients on how to prevent and manage common problems related to Opportunistic infections

Time Allowed:

1 hour

Material:

- Slides related to the session

Method:

Lecture using slides (50 minutes)

1. Explain the key points in the session using the slides and the dialogue given for your convenience.

Quiz (10 minutes)

2. Conclude with the comprehension slide. Clarify any doubts which may arise during the quiz. (Correct answers are provided in the slide notes for your convenience.)

Session 5

Adherence Counselling at the Link ART Centre

Session Overview

- ▶ Lecture using slides (35 minutes)
- ▶ Disputing Statements Activity (30 minutes)
- ▶ Let Us Count Some Pills (40 minutes)
- ▶ Demonstration of the '5As' Method (10 minutes)
- ▶ Role-play practice on Addressing barriers to adherence (50 minutes)
- ▶ Lecture using slides (25 minutes)
- ▶ Fish-bowl on Adherence Counselling at the LAC (30 minutes)
- ▶ Triad Counselling Practice on Adherence Counselling at the LAC (1 hour)
- ▶ Lecture using slides (20 minutes)
- ▶ Small group discussion on Special Counselling Situations (optional)
- ▶

Session Objectives

At the end of the session, trainees will be able to

- Describe the role of counselling in supporting a PLHIV's adherence to ART
- Demonstrate ART adherence counselling with special focus on issues relevant to the Link ART Centre
- List methods to monitor and support a PLHIV's adherence through counselling

Time allowed

5 hours

This session can be divided into two

Materials

- Slides related to the session

- Visual Analogue Scale (sample copy for trainer)
- Table on adherence calculation (Provided in the annexures)
- 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 situations of the ‘5As’ method
- Role play situations on Addressing Barriers to Adherence
- Balloons
- Counselling Checklists (Provided in the annexures)
- Fish-bowl situations for Adherence Counselling at the LAC
- Copies of Triad Counselling Practice situations
- Envelopes
- Special Counselling Situations

Method

Preparation before the Session

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

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

You will have 5 sets of 3 bottles each.

2. BEFORE the session, cut up
 - a. the 5 Role-play situations on Barriers to Adherence
 - b. the 2 Fish-bowl situations on Adherence Counselling at the LAC
 - c. the Special Counselling Situations
3. Make sufficient photocopies of the Triad Counselling Practice situations. Each envelope will have a set of 3 situations (numbered A, B and C). For a group of 30 counsellors you will have to prepare 10 envelopes.

Lecture Using Slides (35 minutes)

4. Explain the key points in the session using slides (1 to 20) and the dialogue given for your convenience. There are two brainstorm and one problem (Slides 16) related to calculating adherence using the Pill Count Method. This is a critical competency for LAC 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 Scale (Slide 14) as demonstrated to you at your Training of Trainers Workshop.

Disputing Statements Activity (30 minutes)

5. Divide the trainees 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.
6. 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.

Let us count some pills (40 minutes)

7. For this activity, the trainees should remain in the same groups.
8. Introduce the exercise by explaining that LAC 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

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

This is also equal to

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

For 1st line ART only

$$\text{No. of pills client should have taken} = \text{No. of days client took the pills} \times 2$$

9. Give each group one set of the three drug bottles with the different pills (Cases 1, 2 and 3). 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 first accurately.
10. Gather the groups together and discuss the solutions to the problems. Where possible, invite trainees to demonstrate the use of the formula. Repeat the calculations in case there are trainees 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.

Demonstration of the '5As' Method (10 minutes)

11. Play the role of counsellor and invite one participant to act as the client. Share the Demonstration Situation with the volunteer.
12. Demonstrate how to use the 5As in addressing the barriers to adherence. You have to act as the counsellor.
13. 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?

Role-play practice on Addressing Barriers to Adherence (50 minutes)

14. Ask the same 5 groups to role-play the situation on Addressing Barriers to Adherence. Give each group one slip with a role-play situation. Each role-play should be for 5 minutes with two members playing the counsellor and client respectively.
15. After the 5 minutes of preparation time, invite the groups one by one to do the role-plays. After each role-play, debrief the trainees with the following question:
 - Explain where the role-play showed the use of the '5 As'

This is a good point at which a break may be scheduled.

Lecture using slides (25 minutes)

16. Explain the key points in the session using the slides (23 to 31) and the dialogue given for your convenience. There is a demonstration of the Balloon Game (Slide 28) midway through the lecture and a brainstorm towards the end (Slide 30).

Fish-bowl on Adherence counselling at the LAC (30 minutes)

17. Inform the participants that there will be two fish-bowl demonstrations on adherence counselling at the LAC followed by practice in small groups. This practice should be based on the checklists for counselling at the LAC. Ask trainees to turn to the checklists for counselling at LAC in their handbooks.
18. Request 2 volunteers for the first fish-bowl demonstration: one to act as counsellor and the other as client. Provide them their respective roles and ask them to role-play.

19. Instruct the participants who are observing to use their checklists to understand the counselling process at the LAC.
20. After the role play, debrief with the following questions:

To the pair who performed the role-play

- a. How did the client feel about the counselling experience?
- b. How did the counsellor feel about the experience?

To the larger group

- a. What were the key observations?
- b. Which points in the checklist for the counselling session were covered by the counsellor?
- c. Which points were not covered?

21. Next, request 2 more volunteers for the next fish-bowl demonstration on the follow-up visit. The procedure is the same.

Triad Counselling Practice on Adherence counselling at the LAC (1 hour)

22. Ask the participants to form groups of 3 members each. Ask the group members to label themselves as A, B and C.
23. Distribute the envelopes containing the set of counselling practice slips among the groups and ask each group member to take the slip as per their respective labels.
24. Instruct the groups as follows:
 - a. There will be three rounds of counselling practice and each member will have a chance to be counsellor, client and observer.
 - b. The observer will provide feedback to the counsellor based on the relevant checklists.
 - c. Each role-play should be for about 10 minutes and the feedback for about 2 minutes.
25. Begin Round 1: Trainee A will act as the client, Trainee B will be the counsellor and the Trainee C will be the observer. At the 10 minute-mark, ask the observer to give feedback. Ask groups who finish early to continue with the same counselling situation till you are ready to start the next round.
26. In Round 2, Trainee B will act as the client, Trainee C will be the counsellor and the Trainee A will be the observer. The pattern is the same.
27. Complete Round 3 in the same manner enabling the participants to shift roles.

28. End the triad practice with a debriefing of approximately 12 minutes using the following questions:

- a. How did you feel about the situation as a client?
- b. How did you feel about the situation as a counsellor?
- c. What important clues did the client mention?
- d. What useful strategies did the counsellor use?

Trainer's Quick View of the Triad Counselling Practice

Round	A	B	C
1	Client	Counsellor	Observer
2	Observer	Client	Counsellor
3	Counsellor	Observer	Client

This is a good point at which a break may be scheduled.

Lecture using slides (20 minutes)

29. Explain the key points in the session using the slides (34 to 37) and the dialogue given for your convenience.
30. You can also ask participants with some amount of LAC experience to share their experiences with difficult clients at the LAC.

Small group discussion on during Special Counselling Situations (Optional)

31. Divide the participants into five groups and provide each group a Special Counselling Situation.
32. Instruct them to discuss the situations, identify the problems and counselling strategies. Assign them 10 minutes for the task.
33. Invite the groups to present to the larger group. Invite feedback and suggestions from the other groups for each situation.
34. Once all groups finish their presentations, summarize.



Disputing Statements Worksheet

Instructions: Read the client's statement and fill the corresponding counselling line.

Sl. No	Client's Barrier Statement	Counselling Line
1	<i>"I don't think I can take the medicine for my life time"</i>	
2	<i>"I don't want to come to the Link ART centre. Staff behave rudely"</i>	
3	<i>"I don't think ART can help me"</i>	
4	<i>"I don't know how to take the medicines"</i>	
5	<i>"I can't come every month to this centre. I want to go to work"</i>	
6	<i>"Doctor had told me to take medicine after food only. So when I can't have food, I skip the medicine too"</i>	
7	<i>"The old counsellor never told me to come directly and bring the pill bottles. That is why I sent my wife to collect the medicine"</i>	

Solution Key for Disputing Statements Activity



For trainer'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, analyzing 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 feeling so?", did you have any difficulties in taking medicine so far " or "do you expect some problems in 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 you what all 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 all will you do?"

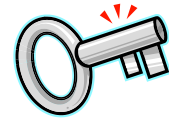
S. No	Client's Statement	Counselling Questions
1	<i>"I don't think I can take the medicine for my life time"</i>	"I understand your concern. But may I know why you feel so?" "Let us see how you can take it every day" "I work with many other people and I can tell you that there are many people who have 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>"I don't want to come to the Link ART centre. Staff behave rudely"</i>	<p>"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?"</p> <p>The counsellor may have to do some advocacy work within the centre and sensitise other staff members about the perceptions of the LAC clients without naming the client.</p>
3	<i>"I don't think ART can help me"</i>	<p>"You do not seem to be feeling good with medicine. May I know what makes you worried?"</p> <p>Probe for side-effects as this may disrupt adherence</p>
4	<i>"I don't know how to take the medicines"</i>	<p>"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."</p> <p>"Can you tell me what you have been doing?"</p>

Note for Trainer:

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

Solution Key for Let Us Count Some Pills



For trainer's guidance only. Not intended for verbatim use.

Please practice this well before conducting the session.

Case No	Number of Balance Pills	Day which client returns to centre	Adherence calculation	% of Adherence
1	9	28 th day	Adherence % = $\frac{(60 - 9)}{(28 \times 2)} \times 100$	91
2	23	25 th day	Adherence % = $\frac{(60 - 23)}{(25 \times 2)} \times 100$	74
3	6	35 th day	Adherence % = $\frac{(60 - 6)}{(35 \times 2)} \times 100$	77

Demonstration Situation on the use of '5As'

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

Mr. Hassan is a client at your LAC 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.

Solution Key



For trainer'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

Role-play Situations on Addressing Barriers to Adherence

Situation 1

Mr. Sreenivas, a 28-year-old dancer is on ART for the last 3 years. He has been shifted to your centre 8 months ago. You felt he is very enthusiastic towards life. He shared how bad he felt when he was diagnosed with HIV. Today he has come to you for a routine visit and tells you happily that this would be his last visit to you. He explains that, he is no more HIV-positive, as the medicines have cured him.

✂-----

Situation 2

Mr. Yusuf, an auto-rickshaw driver, is on ART for the last three years. He has been shifted to your centre 8 months ago. Recently you noted that he is not that very happy. He has missed several pills. You counsel him to consume all his pills on time. He bursts out to you, "I don't want medicine anymore. I have been taking it as you people said for years. I am fed up."

✂-----

Situation 3

Mrs. Poonam is on ART for the last 2 years. She has been shifted to your LAC two months ago. She had come for a follow-up visit on her previous due day. But as she has missed this month, you called her up on the contact number she has given. She told you that her neighbour is the nursing assistant in your hospital and she is not aware about her HIV status. Mrs Poonam is waiting for her neighbour's off-duty day to come to the LAC.

✂-----

Situation 4

Ms Shobha is an HIV positive widow. She has come to you with a complaint. She said the doctor is not paying attention and the pharmacist has asked her to wait.

✂-----

Situation 5

You notice that Mr Varma consistently misses one dose each week. He tells you that he maintains a religious fast every Friday and he is not supposed to have anything on such days till sunset.

Fish-bowl Situations on Adherence counselling at the LAC

Fish-bowl 1: First Visit to the LAC

Mrs. Madhavi, a 27-year-old woman, was detected as HIV-positive 2 years before when she went for delivery of her second child. She and her child were given Nevirapine prophylaxis. Since her CD4 count was low, she was initiated on ART. Her husband also underwent HIV testing and was found positive. However, he was not eligible for ART. Their child turned out to be HIV-negative in the test conducted after 18 months of age. Today, she has been transferred to your LAC at a hospital near her home. She has come with her husband. She is happy that she does not need to travel to the ART centre every month. But, her husband is not very comfortable.

✂-----

Fish-bowl 2: Follow-up Visit to the LAC

Mrs. Madhavi, a 27-year-old woman, was detected as HIV-positive 2 years before when she went for delivery of her second child. She and her child were given Nevirapine prophylaxis. Since her CD4 count was low, she was initiated on ART. Her husband also underwent HIV testing and was found positive. However, he was not eligible for ART. Their child turned out to be HIV-negative in the test conducted after 18 months of age. She was transferred to your LAC at a hospital near her home two months ago. Today she has come for her regular visit (that is 30th day). She has brought back 12 pills in the bottle. You are trying to counsel her for drug adherence and a healthy diet. However, she is more worried about her husband. She shares you that her husband is not feeling well for the last two weeks.

Triad Counselling Practice Situations on Adherence Counselling at the LAC

Group Member A

Mr. Dhanesh is a 26-year-old man who works in a hotel. He discovered his HIV-positive status some time ago when he came to your ICTC after a condom failure. Later he went to the ART centre and started ART. After 1 year of being adherent to ART, he was linked to your LAC for drug supply and follow-up.

Today he has come for the first time to the LAC. You are a new counsellor at the LAC and he is disappointed not to meet the old counsellor.

✂-----

Group Member B

Mr. Dhanesh is a 26-year-old man who works in a hotel. He discovered his HIV-positive status some time ago when he came to your ICTC after a condom failure. Later he went to the ART centre and started ART. After 1 year of being adherent to ART, he was linked to your LAC for drug supply and follow-up. He was a little hesitant to continue taking medicine at the LAC when he came for the first LAC visit. He told you that he had expected the same counsellor who counselled him about his test results. However, you were able to strike a rapport with him.

Today Mr. Dhanesh has come for his regular LAC visit. You understand that he continues to engage in sex with the male guests in the hotel.

✂-----

Group Member C

Mr. Dhanesh is a 26-year-old man who works in a hotel. After 1 year of being adherent to ART, he was linked to your LAC for drug supply and follow-up. He was a little hesitant to continue taking medicine at the LAC when he came for the first LAC visit. However, you were able to strike a rapport with him. In between he had developed symptoms of STIs and you referred him to the STI clinic. You also counselled him on using condoms during sex. He told you that he will no longer engage in sex with the guests in the hotel.

During this visit he shares that his parents are planning his marriage and he needs to go home for one month. You remember that the date for his next visit to the nodal ART centre falls within one month.

Small group discussion on special counselling situations (optional)

Situation 1 (Client reports adherence <80)

Mrs. Rose, 34 years old, has been shifted to your LAC 8 months ago. She 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 LAC 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 LAC 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 LAC 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 to your LAC 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 LAC. 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".

Session 6

Adherence Counselling for Children at the Link ART Centre

Session Overview

- ▶ Lecture using slides (15 minutes)
- ▶ Developmental Milestones Worksheet (30 minutes)
- ▶ Interactive Communication Strategies (1 hour 30 minutes)
- ▶ Lecture using slides (40 minutes)
- ▶ Quiz (45 minutes)
- ▶ Fishbowl on Disclosure to children (30 minutes)
- ▶ Story Telling Practice (50 minutes)

Session Objectives

At the end of the session, trainees will be able to

- List the reasons why CLHIVs require counselling
- Identify children with developmental delays and take appropriate actions
- Demonstrate interactive strategies for working with children and describe appropriate uses for them.
- Discuss age-appropriate ways to handle disclosure of HIV status to children

Time Allowed

5 hours

Materials Required

- Slides related to the session
- Sample puppets for demonstration (optional)
- Pencils, paper bags and paper plates for each participant
- 5 sets of
 - Water paints
 - Paint brushes
 - Scissors
 - Markers/sketch pens
- Sample copies of “My ART Calendar”

- Role-play situations for disclosure counselling
- Chocolate bar
- Charts and markers
- White or black board
- Copies of Story triggers

Method

Preparation BEFORE the Session

1. You, as the trainer, will make sufficient copies of the suggested stories and keep them handy for distribution to groups BEFORE the session.

Lecture Using Slides (15 minutes)

2. Explain the key points in the session using the slides (1 to 7) and the dialogue given for your convenience.

Developmental Milestones Worksheet (30 minutes)

3. Slides 8 to 11 pertain to 2 worksheets on Developmental Milestones. These information chunks have already been discussed in ICTC Refresher. This is the time to revise them as you debrief the trainees' attempts on the two developmental milestones worksheets.

Interactive Communication Strategies (1 hour 30 minutes)

4. Show Slide 12 and remind trainees that they have already learned about interactive communication strategies in ICTC Refresher. Tell them they will now have a chance to practice this.
5. Ask them to consult their ICTC Refresher Handouts and to read the table titled "Helping Children to Manage their Emotions" in the ICTC Refresher Handouts.
6. Ask them to read the situations, identify the emotion and prepare a role-play on how to help the client manage it.
7. Divide the trainees in 3 groups and give them one of the three interactive communication strategies to role-play: Drawing, Story Telling Puppetry.
8. You may give the trainees 45 minutes to prepare the role-play.

This is a good point at which a break may be scheduled.

9. Ask the trainees to present the three role-plays. Comment and give feedback on appropriate and inappropriate use of the interactive communication strategies.

Alternatively, you may buy yourself some time by assigning the task to the trainees as homework and ask the trainees to present these role plays the next day. The best role play could be replayed at the valedictory session.

Lecture Using Slides (40 minutes)

10. Continue the lecture using slides 14 to 17.
11. Introduce the topic of Adherence Counselling for Children. Remind them they have already heard about Adherence Counselling but that adherence counselling for children has special challenges. Continue with slide 19 to 33.

Quiz (45 minutes)

12. Slides 34 to 46 contain a quiz on disclosure. Remind trainees that they have already learned about disclosure in their ICTC Refresher Training. Inform them that you will conduct a quiz to help them review the material.
13. To build a competitive environment, divide the trainees into teams. You may permit them to keep their handouts open. But maintain time limits.
14. Take each quiz item slowly. After the correct answer flashes, make sure you discuss the answer against the text. Make sure that different trainees answer. It is important to avoid having one or two people dominate the discussion.
15. Summarise with the last 3 slides 47 to 49.

Fishbowl on Disclosure counselling (30 minutes)

16. Read the following situation to the trainees:

A six-year-old boy has been receiving ART from your Link 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.

17. Ask the trainees: *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.
18. Next invite three volunteers to come forward and act out the counselling scene at the LAC one by one, taking the roles of Counsellor, Child and Caregiver.
19. After one set of volunteers has role-played, ask the next set to come forward and role-play.
20. 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?

Story Telling Practice (50 minutes)

21. Conclude the session by demonstrating story-telling yourself and facilitate a discussion on skills for effective story-telling. Refer to the ICTC Refresher handouts for some hints.
22. Invite a couple of volunteers and give them the Story Triggers. Ask them to demonstrate effective story telling. Ask other members to identify the effective techniques used.
23. Conclude with a discussion of how this interactive technique can be used to help children.

Performances of the Interactive Communication Strategies (could be scheduled last)



Developmental Milestones Worksheet

Situation	Is this child facing a developmental delay?	When would a "normal child" complete this?
Ishani is 5 months old. When her grandmother holds her, her head falls to the side.		
Afsaana is 2 years old. He can walk without holding the wall.		
Dhanesh is 18 months old. He has just learned to sit up.		
Balbir Kaur was born 6 weeks ago. She delights her family with her new development – smiling.		
Bhavna is 3 months old. She has begun sliding around and will learn to turn over in a few days.		
Kamlesh is 6 months old. He is very pleased at his new trick – moving his rattle from one hand to the next.		








Key to the Developmental Milestones Worksheet



Situation	Is this child facing a developmental delay?	When would a "normal child" complete this?
Ishani is 5 months old. When her grandmother holds her, her head falls to the side.	Yes	10 weeks
Afsaana is 2 years old. He can walk without holding the wall.	No	12 months
Dhanesh is 18 months old. He has just learned to sit up.	Yes	9 months
Balbir Kaur was born 6 weeks ago. She delights her family with her new development – smiling.	No	6 weeks
Bhavna is 3 months old. She has begun sliding around and will learn to turn over in a few days.	No	14 weeks
Kamlesh is 6 months old. He is very pleased at his new trick – moving his rattle from one hand to the next.	No	6 months

Extra Information for the Trainer:

Developmental Milestones at Different Ages

Birth	6 weeks	10 weeks	14 weeks	6 months	9 months	12 months
						
	Smiling	Controlling the head	Rolling over	Transferring object from one hand to the other	Sitting	Walking with help

Source: National AIDS Control Organization (2010). Draft guidelines for exposed baby care. New Delhi, India.

Table pertaining to Matching Counselling to Developmental Milestones Worksheet

You have seen this table before in ICTC Refresher Training

<i>Skills</i>	<i>3-6 years</i>	<i>6-9 years</i>	<i>9-12 years</i>
<i>Communication skills</i>	Begins to recognize written words and can read short sentences.	Understands and is able to follow sequential directions. Child starts reading.	Understands and is able to follow sequential directions. Reading and verbal communications are very well developed.
<i>Cognitive skills</i>	Understands concepts such as size, shape, direction and time. Enjoys rhyme and word play.	Peer recognition starts.	Peer recognition is important.
<i>Physical growth</i>	Enjoys doing most things independently.	Develops curiosity about genital organs and starts comparing them with other children.	Growth of armpit and pubic hair, breast development and menarche (beginning of menstruation) in girls

Activity on next page



Matching Counselling to Developmental Milestones Worksheet

You have an example given for ICTC clients and testing. This has been extracted from the ICTC Refresher Handouts. Now look at the table and think about how to use this information for LAC clients

Use the information in the table above to develop appropriate ways to counsel children

<i>Situation</i>	<i>3-6 years</i>	<i>6-9 years</i>	<i>9-12 years</i>
<i>ICTC Clients</i>	<p>Children in the age group of 3 to 6 years can follow directions. You can take them around the ICTC and explain what happens there. You can create a small ritual for the actual testing process by asking them what a brave soldier would do – not mind a little pain which comes from being pricked. You can also use the child client’s ability to follow directions to encourage a little independence such as gathering the colouring materials and replacing them in the proper slot. Children like being treated as “grown-up” even if they are not.</p>	<p>Children in the age group of 6 to 9 years enjoy time spent with friends. So you can ask them about their friends. This will help you to build the interest of the child in the counselling process as well as identify issues they face like difficulty with friends, avoidance from friends as a result of stigma, etc. A good counsellor will recall the names of the child’s friends because this is one way of entering their world. She/he will patiently listen to the stories of what “Adi said” and what “Kriti did.” This is important for child-centred counselling because it gives importance to those things which are important for the child.</p>	<p>Remember to ask adolescent clients about their physical milestones related to puberty.</p>
<i>LAC Clients</i>			

Key to the Exercise



<i>Situation</i>	<i>3–6 years</i>	<i>6–9 years</i>	<i>9–12 years</i>
<i>LAC Clients</i>	<p>Understands concepts such as size, shape, direction and time.</p> <p>Use this to help them fix the time of their pills.</p> <p>Enjoys doing most things independently. You can ask their caregivers to place the tablet and water in the child’s hand rather than feeding the child.</p> <p>Explore whether children have an aversion to any particular pill colour.</p>	<p>Peer recognition starts.</p> <p>Ask them to name their various pills. Designate them as friends who help them to stay fit and healthy and be able to go to school to meet other friends.</p> <p>Ask them about their friends. This will help you identify any issues which they face like difficulty with friends, avoidance from friends as a result of stigma and the emotional issues associated with it.</p>	<p>Understands and is able to follow sequential directions.</p> <p>Explain their treatment regimen to them and then to the care giver.</p> <p>Reading and verbal communications are very well developed.</p> <p>Help them to maintain a record of their pill consumption on a calendar or diary.</p>

Helping Children to Manage Their Emotions

This table is from the ICTC Refresher Handouts

<p style="text-align: center;"><i>Dejection</i></p> <p>is a state of being in low spirits or in depression. Dejection is expressed as</p> <ul style="list-style-type: none"> ➤ Feeling miserable or sad ➤ Lacking energy ➤ Finding it difficult to perform small tasks ➤ Not wanting to socialize ➤ Difficulty in thinking clearly ➤ Seeing little hope for the future ➤ Being irritable, angry and anxious at times ➤ Difficulty in sleeping 	<p style="text-align: center;"><i>Management of dejection</i></p> <ul style="list-style-type: none"> ➤ Allow the child to express their feelings. ➤ Ask the child what would make them feel better; help them to adopt these changes. ➤ Normalize the situation for the child (explain it is normal to feel like this and often others also feel the same). ➤ Explain that dejection is temporary. ➤ Ensure that the child has support and friends. Discuss the support provided by the caregiver. ➤ In serious cases, or if the dejection persists for eight months or more, refer the child to a psychologist or psychiatrist.
<p style="text-align: center;"><i>Anger</i></p> <p>is expressed as</p> <ul style="list-style-type: none"> ➤ Verbal or physical abuse/violence ➤ Feeling hot and flustered ➤ Throwing a temper tantrum ➤ Having frequent disagreements or arguments with the caregiver ➤ Trembling or shaking of the limbs ➤ Headaches ➤ A tight feeling in the chest 	<p style="text-align: center;"><i>Management of anger</i></p> <ul style="list-style-type: none"> ➤ Normalize the situation and the emotion for the child ➤ Help them to identify appropriate ways to work off their anger such as taking a deep breath, running 5 times around the garden/ compound, hitting a 'punch-me' doll, counting back from 20, etc. ➤ Ask them to draw or enact their anger.
<p style="text-align: center;"><i>Anxiety</i></p> <p>is expressed as</p> <ul style="list-style-type: none"> ➤ Abdominal discomfort ➤ Diarrhoea ➤ Dry mouth ➤ Rapid heartbeat ➤ Tightness in the chest 	<p style="text-align: center;"><i>Management of anxiety</i></p> <ul style="list-style-type: none"> ➤ Ask the child to express their feelings. ➤ Discuss their responses. ➤ Try to find solutions to the causative problems. ➤ Normalize the feeling. ➤ Try using relaxation techniques (such as

<ul style="list-style-type: none"> ➤ Shortness of breath ➤ Difficulty in sleeping ➤ Difficulty in concentrating ➤ Hyperactivity ➤ Restlessness 	<p>deep breathing, lying down, going for a gentle walk, stretching, having a warm bath). Enlist the help of caregivers for this.</p> <ul style="list-style-type: none"> ➤ Discuss who could help the child.
<p style="text-align: center;"><i>Fear</i></p> <p>Some fears are normal in children. e.g., fear of strangers, being away from parents, ghosts, sleeping alone.</p> <p>Fear is expressed as</p> <ul style="list-style-type: none"> ➤ Tightness in the chest/throat ➤ Lack of appetite ➤ Restlessness/overactivity ➤ Tightness in the chest ➤ Shortness of breath ➤ Difficulty in sleeping ➤ Difficulty in concentrating ➤ Hyperactivity ➤ Restlessness 	<p style="text-align: center;"><i>Management of fear</i></p> <p>Fear is a very natural response to a chronic illness, and will regress/progress through numerous stages as the child's health improves or worsens.</p> <ul style="list-style-type: none"> ➤ Make sure they receive support to overcome fear from friends and family. ➤ Religious guidance can also be of benefit where relevant (This should be the child's choice).

Activity

- Read the table titled “Helping Children to Manage their Emotions” in the ICTC Refresher Handouts.
- Read the situations.
- Identify the emotion and prepare a role-play on how to help the client manage it. Divide the trainees in 3 groups and give them one of the three interactive communication strategies to role-play: Drawing, Story Telling Puppetry.

Bipin is feeling very low. He is 13 years old. He has been taking ART since the age of 3. He is fed up of having to take medicines all the time. His mother reports that he has become very irritable and snaps out over small things. He has stopped going to play with his friends. Where before he was able to complete his homework, he is now not able to do so.

Sharda is 8 years old. She lost her mother recently to HIV-related illness. Her grandfather who is her caregiver brings her to the LAC because he is upset over her temper tantrums.

Shiny is 11 years old. Her parents passed away some time back to HIV illness. She lives with her aunt. Her aunt brings her to the LAC and reports that she has not been eating well recently. She is very restless and has been pulled up in school. She has also become more “clingy”. When the counsellor asks Shiny’s aunt reports that she is also recently begun sleeping badly.

Trainers will find much more information on the interactive communication strategies in the ICTC Refresher Handouts. We have not reprinted them here because we would like you to refer back to the original text.

Story Triggers

Story 1 - "Chotu deer becomes a happy deer"

There was a small cave house in the jungle. Father Deer, Mother Deer and Chotu deer lived in that house. Chotu Deer was very naughty. He always liked to play outside the house with other deer. One rainy season, it was raining heavily in the forest for a few days. One afternoon, Father Deer went out for some work and Mother Deer was busy in the kitchen, preparing a sweet dish for Chotu Deer. Chotu Deer came out of the house and called for his friends to play. But nobody came out as it was raining. Chotu Deer thought that he could play alone with the rain-drops. He jumped from the verandah into the water in the courtyard and jumped back. He liked it and continued jumping. When Mother Deer came in search of Chotu Deer, she found him fully wet in the rain. She scolded him for playing in the rain and took him inside the house.

Next day morning, when Chotu Deer woke up, he was shivering with severe fever. He had body pain also. Mother Deer gave him hot tea and told him to sleep. The whole day, he was in bed. His friends were playing outside, as the rain had stopped. He couldn't go out and play with them. His fever increased that night. He cried with pain. His parents took him to the doctor the next day. Doctor Deer smiled and asked him whether he still wanted to play in the rain. Chotu Deer shook his head. Doctor Deer put the thermometer in Chotu Deer's mouth and checked his temperature. Then he told his parents that there is nothing to worry and the fever will go away with three days' medication. He also asked them to not allow Chotu Deer to play till he is healthy. He then turned to Chotu Deer and told him to take all the medicines. He also told Chotu Deer that the medicine in the bottle is a bit sour and if he takes all of the pills, he would get well and be able to play again.

Chotu Deer took the medicines. He didn't like the taste of the tablets but took all of them. Subsequently his fever subsided. Now Chotu Deer has become active again. He goes out and plays with the peer deer. "Chotu Deer became a happy deer"

Suggested questions

1. What happened to Chotu Deer?
2. How did Chotu Deer regain his health?
3. Did you ever fall sick like Chotu Deer? What did you do to get well?

Story Triggers

Story 2 - "Deer wins over bear"

There was a deer family and a bear family living in the jungle. Both families had a father, mother and a child. Both Little Deer and Baby Bear were studying in the neighboring jungle school in the 4th standard. Going together to school, playing together and sharing their lunch boxes for several days helped them to become close friends. However, they were not alike in their behaviours.

Little Deer was very active. He would wake up early in the morning, do all his routine activities, go out with Father Deer for a morning walk and get ready for the school on time. Baby Bear was just the opposite. He used to get up late, mostly missed his breakfast and rushed to school. Little Deer used to wait for him for a long time every day to walk to school.

One day, a race was announced in the school. Both Little Deer and Baby Bear were asked by their class teacher to participate. Baby Bear told everybody in the class that he would win the race as he was bigger than every other child in the 4th standard. The day for the race arrived. The class teacher made all the children stand in the starting line. Baby Bear was happy to see that he was the biggest among all the participants. He thought: "I am the winner"

The teacher whistled. All the children started running. Baby Bear was shocked to see that some children smaller than him were running ahead of him. He tried to increase his speed to catch up, but in vain. His legs were paining. He reached the end last. He was again shocked to see that his friend, Little Deer was the first one to cross the finish line. He went to Little Deer and asked him how he managed to win the match, while he, Baby Bear, was finding it difficult to run. Little Deer smiled and replied that he is healthy and active. He spoke of his morning walk and never missing breakfast. He mentioned he went to bed on time.

Suggested questions

1. Who was the hero of this story? Why?
2. Who is very active in this story?
3. Is there something to learn for children with HIV?

Story Triggers

Story 3 - "Pappu & Pinky"

Pappu was 12 years old and Pinky was his 10-year-old sister. They lived with their grandfather in a small village. They had lost their parents in a cyclone some years before.

Pappu and Pinky went to the same school. Their grandfather used to pack their lunch boxes. He had also told them, "Look my children, there are many petty shops near your school selling sweets and other eatables. You should not buy and eat anything from those shops". Pinky was curious and asked him why. Grandfather patted her on her back and said, "They are not good for health. I can prepare the same things at home." Pinky nodded her head, "Yes, grandfather, we will not buy anything from there." Pappu also nodded his head, but was thinking that his classmates used to eat chocolates and toffees from those shops.

A few days later, it was a festival day. The school and the nearby shops were decorated well. Students were free to go outside the campus. Pappu went out with his friends to the petty shop. There were many bottles with colourful toffees and other eatables. Pappu's friend told him, "Pappu, we can have that pink sweet. It is really tasty." Pappu thought about Grandfather's instruction and said, "No, I don't want it. My grandfather has told me not to buy anything from outside." His friend laughed at him. "We are not going to tell your grandfather that you had sweets from outside. Eat it." Pappu had the pink sweets. They were sugary. He liked them very much.

In the evening he told Pinky that he had eaten sweets from the petty shop. He promised to buy some for her the next day. But Pinky did not like the idea. She said, "Don't you remember, what Grandfather has told us? These kinds of things are not good for us. I don't want it."

That night Pappu had stomach pain. He started vomiting also. Grandfather took him to hospital. The doctor examined him and told that he should be admitted. Pappu had to stay in hospital for a week. He was not able to eat for 4 days. Above all, he had to receive injections also. When he returned home, he was too tired to play. He told Pinky, "Pinky, you were right. I should not have taken that sweet. I will listen to Grandfather from now on." Pinky smiled. Grandfather overheard everything and hugged them both.

Suggested questions

1. What happened in this story?
2. How long did Pappu have to stay in the hospital?
3. What did you understand from the story?

Story Triggers

Story 4 – Jim’s Happy School

Jim lived happily with his father and mother in a small house on the side of a river. The house was surrounded by a beautiful garden where his mother used to plant a variety of plants. The garden always had flowers. Jim used to play with his friends in the neighbourhood or his dog in the garden. He used to accompany his mother to the river when she went to wash the clothes. The aunties who come there used to talk to Jim with love. They used to call Jim’s house “a happy home”. Little Jim always felt that he was loved by everybody in the village.

Everything changed the day when Little Jim’s father passed away. He was hospitalized for two weeks with fever and some rashes on the skin. To add to their sadness, Jim’s mother also had the same symptoms. Little Jim sat near her bed in the hospital and prayed to God not to take her away. Jim’s mother’s symptoms subsided after two weeks and she was told by the doctor to go home. When they came back home, Jim felt that their house has become an ‘unhappy home’. The plants had dried and there were no flowers. In the evening, he called his friend Lilly to play. Her mother came out and said that she had a lot to study and could not. His other friends also said the same. This happened the next few days as well. Little Jim felt sad. He also felt bad when he saw all of them playing near the river. Two days later, Jim’s mother went to the river to wash clothes but she came back suddenly. Jim asked her why she had returned early. She hugged him weeping and said, “They don’t like me going to the river.” Little Jim could not understand why people did not like them anymore.

He lost interest in studies. One of his teachers noticed this. She called him one day to the staff room. Jim told her everything. She told him to concentrate on his studies and do well in school so that he could make his mother happy. The next day the teacher handed him a small packet. It was a small plant. He planted it in the school garden with his teacher’s help. He began to care for the plant. Slowly, other students also joined in. He was happy when Lilly joined in. After a few months, Little Jim topped his class in the exams. The head teacher praised the garden he had developed for the school. Jim met the teacher after the assembly to thank her for the support. He said, “My home is happy once more.”

Suggested questions

1. Why was Jim’s house a ‘Happy home’?
2. Why did Jim feel bad after his father’s death?
3. How Jim became the best student of the school?
4. Do you know of people like Jim’s teacher?

Steps in making Paper Bag Puppets

Step 1: Fold the paper bag. Once folded, you should be able to move the folded bottom by putting your fingers inside.



Step 2: Draw the outline of the face of the character you want to make on a separate cardboard or paper plate. The breadth of the picture should be more than the base of the paper bag.



Step 3: Paint the picture and wait until it is dry. Make sure that the eyes and mouth are clearly visible



Step 4: Cut out the face.



Step 5: Paste the picture on the base of the paper bag.



Step 9: Beautify the puppet (if required). This can be painting of the bag with appropriate colours, making the body of the character by painting the same and pasting it on the paper bag, etc.



Role-play situations on disclosure counselling to children

Situation 1

Udit is 10 years old. He started taking ART 2 years back. You have counselled his parents to informing Udit about the infection as he is growing. They tell you: "We do not want to tell him that he has HIV. He may tell his friends or our neighbours about it. We can't even imagine about what will happen then. He does not know what to tell and what not to tell." When talking to you, Udit asks you why he has to take medicine every day when he does not feel sick. What is your answer?

✂-----

Situation 2

"Monica - 12 years old - studies in the 7th standard. She is the pet of her teachers as she excels in her exams and extra-curricular activities. Monica has been told by her parents that she has some hereditary disease which will go away by the time she is 18. However, she needs to take medicines for the same. You are counselling her parents about disclosing the HIV status. They reply to you: "We do not want her to know that she is HIV-positive. She is so happy now and will lose all that if she knows about her HIV status. We don't want to see her sad." How will you address this?

✂-----

Situation 3

Shameem is 9 years old and is on ART for the last 4 years. He lives with his mother. He has been told by his mother during the time of ART initiation that he has some germs in the body and hence needs to take medicine for a long time. Now he has been linked to the LAC. He feels confident with you. During the routine visit, he asks you why he still has germs in his body even after taking these many medicines. You discuss the same with his mother. She tells you that she is afraid about the questions he will ask and she will not be able to answer them. She requests you to talk to him. How will you address this?

✂-----

Situation 4

Mukesh and Mamta have come to your centre with their child, Diya, who is 4 years old. Diya is on ART for the past one year. Recently she has become reluctant to take the medicines saying that she is not at all sick. Mukesh thinks that they have to tell Diya why she needs to take medicine. However, Mamta does not. She says that Diya is not old enough and suggests that Diya will listen to the counsellor and will take the medicine. How will you counsel the parents and the child?

✂-----

Situation 5

Angel is 12 years old. She is under the care of her grandmother as her both parents are dead. Her grandmother, who is 65 years old, brings her every month to the centre and ensures that she takes medicine regularly. The counsellor thinks that Angel should be told about her HIV status. The counsellor counselled the grandmother for informing Angel about her status. But, the grandmother herself is not able to understand what HIV is and how it affects one's health and life. The only thing she comprehended is that HIV caused her daughter's and her husband's death. You talk to Angel. You tell her that she is HIV infected. She does not respond to you. How will you handle this situation?

✂-----

Session 7

Learning to Use the Adherence Calculator

Session Overview

- ▶ Second Administration of the Adherence Calculation Sheet (20 minutes)
- ▶ Demonstration of the Adherence Calculator (25 minutes)

Session Objectives

At the end of the session, trainees will be able to

- To learn to use the adherence calculator.

Time Allowed:

45 minutes

Material:

- Sufficient copies of the Adherence Calculation sheets for trainees
- White board and marker

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.

Method:

Preparation before the Session

1. You, as the trainer, will make sufficient copies of the Adherence Calculation sheets for trainees.

Second Administration of the Adherence Calculation Sheet (20 minutes)

2. Distribute the copies of the Adherence Calculation Sheet to the trainees. Explain to them that they might open their hand-outs to look at the formula but that everyone should do the calculations individually. Please ensure that people do not consult or copy.
3. Collect the sheets.

Demonstration of the Adherence Calculator (25 minutes)

4. Ask for any trainee to volunteer to reproduce the calculations on the white board for either the first or the third problem they saw in the Session on Adherence Counselling at the Link ART Centre. The steps in the calculation are given in that chapter.

Case No	Number of pills in each bottle	Bottle Label	% Adherence
1	9	28 th day	91
2	23	25th day	74
3	6	35 th day	77

Case No	Number of Balance Pills	Day which client returns to centre	Adherence calculation	% of Adherence
1	9	28 th day	Adherence % = $\frac{(60 - 9)}{(28 \times 2)} \times 100$	91
3	6	35 th day	Adherence % = $\frac{(60 - 6)}{(35 \times 2)} \times 100$	77

5. Explain that you are now going to teach them a simpler way to calculate adherence where they will not have to use the formula. Ask them to turn to Page 168 in their hand-outs. Now ask them to look up the same problem using the 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.

6. Practise for a few more problems asking different people.
7. Ask them to turn to page 169 which shows regimens for which 90 pills are used. Practise some problems here as well.
8. Explain that the 120 pill regimen is not yet applicable in their LAC.
9. 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.

Adherence Calculation Sheet

Name of Counsellor _____ Date: _____

24. Calculate the adherence of the following persons

Z= Zidovudine

L= Lamivudine

N= Nevirapine

Efv= Efavirenz

No	Regimen	Day when client returns (after last visit)	Number of pills in the bottle	Number of pills given	% of Adherence	Rough space for you to calculate
A	ZLN (30 days)	30 th day	6			
B	ZLN (30 days)	25 th day	8			
C	ZLN (30 days)	35 th day	6			
D	ZL-Efv (30 days)	29 th day	5			
E	Patient came on January 5. He was given a due date of February 4 (30 days) and was given a pill box of ZLN with 60 pills. He returned to the ART Centre on Feb 1 with 10 pills left.					

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



		Day of Visit for 60-Pills											Day of Visit for 120-Pills (TWO MONTHS)														
		24	25	26	27	28	29	30	31	32	33	34	35	55	56	57	58	59	60	61	62	63	64	65			
Pills Remaining	0						100	97	94	91	88	86					100	98	97	95	94	92					
	1						98	95	92	89	87	84					99	98	96	94	93	92					
	2						100	97	94	91	88	85	83				100	98	97	95	94	92	91				
	3						98	95	92	89	86	84	81				99	98	96	94	93	91	90				
	4					100	97	93	90	88	85	82	80				100	98	97	95	94	92	91	89			
	5					98	95	92	89	86	83	81	79				99	97	96	94	93	91	90	88			
	6				100	96	93	90	87	84	82	79	77				100	98	97	95	93	92	90	89	88		
	7				98	95	91	88	85	83	80	78	76				99	97	96	94	93	91	90	88	87		
	8			100	96	93	90	87	84	81	79	76	74				100	98	97	95	93	92	90	89	88	86	
	9			98	94	91	88	85	82	80	77	75	73				99	97	96	94	93	91	90	88	87	85	
	10		100	96	93	89	86	83	81	78	76	74	71				100	98	96	95	93	92	90	89	87	86	85
	11		98	94	91	88	84	82	79	77	74	72	70				99	97	96	94	92	91	89	88	87	85	84
	12	100	96	92	89	86	83	80	77	75	73	71	69				98	96	95	93	92	90	89	87	86	84	83
	13	98	94	90	87	84	81	78	76	73	71	69	67				97	96	94	92	91	89	88	86	85	84	82
	14	96	92	88	85	82	79	77	74	72	70	68	66				96	95	93	91	90	88	87	85	84	83	82
	15	94	90	87	83	80	78	75	73	70	68	66	64				95	94	92	91	89	88	86	85	83	82	81
	16	92	88	85	81	79	76	73	71	69	67	65	63				95	93	91	90	88	87	85	84	83	81	80
	17	90	86	83	80	77	74	72	69	67	65	63	61				94	92	90	89	87	86	84	83	82	80	79
	18	88	84	81	78	75	72	70	68	66	64	62	60				93	91	89	88	86	85	84	82	81	80	78
	19	85	82	79	76	73	71	68	66	64	62	60	59				92	90	89	87	86	84	83	81	80	79	78

Developed by Melita Vaz (PO-Counselling), Kanagasabapathy (TO - Training), Sumitha Chalil (TO - Counselling) & Nisha Kadyan (TO - Nursing)

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



Day of Visit for 90-Pills

		24	25	26	27	28	29	30	31	32	33	34	35
Pills Remaining	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
Developed by Melita Vaz (PO-Counselling), Kanagasabapathy (TO - Training), Sumitha Chalil (TO - Counselling) & Nisha Kadyan (TO - Nursing)													

Session 8

Nutrition Counselling

Session Overview

- ▶ Quiz (15 minutes)
- ▶ Lecture using slides (25 minutes)
- ▶ Food Group Exercise (10 minutes)
- ▶ Nutrition Role Plays (1 hour 10 minutes)

Optional

- ▶ Instructions for Kaun Banega Sanjeev Kapoor (10 minutes)
- ▶ Kaun Banega Sanjeev Kapoor (1 hour)

Session Objectives

At the end of the session, trainees will be able to

- Identify appropriate nutrition actions to promote effective treatment; ensure adherence to drug regimens; manage side-effects of ARV drugs; and minimize negative effects of interaction of ARV drugs with food.
- Provide comprehensive Nutritional Counselling to LAC clients with HIV-related symptoms and ART side-effects.

Time Allowed:

2 hours

Material:

- Slides related to the session
- Food Group slips
- Nutrition Role Play Scenarios
- Participants Hand-outs
- Nutrition Flipbook (sample for the trainer)

- Rs 200 @ Rs 50 per group for the *Kaun Banega Sanjeev Kapoor* exercise
- Four small tables (to display the breakfast prepared by the groups)
- Plates and spoons
- Chart papers
- Markers
- Score Card
- *Bindi* packets (1 *bindi* for each trainee)

Method:

Preparation before the Session

1. You, as the trainer, will cut up the Food Group slips and the Nutrition Role Play Scenarios and keep these handy BEFORE the session.

Quiz (15 minutes)

2. Review the trainees' information about food groups through the slide. Remind them about these basics and remind them to go back to their ICTC Training Hand-outs for more details. Slides 3 to 15 contain the slides. Alternatively, you may permit them to have their handbooks open during the quiz. But make sure that different trainees answer.
3. Summarise the points on Slides 16 and 17.

Lecture using slides (25 minutes)

4. Explain the key points in the session using the slides and the dialogue given for your convenience. This includes a case discussion (Slide 35). While discussing the roles of various nutrients and the Nutritional Management of HIV related symptoms and ART side-effects, guide trainees to turn to the relevant pages in their hand-outs.

Food Group Exercise (10 minutes)

5. For this activity, distribute the Food Group slips to the participants and ask them to form groups according to the type of food group: Energy giving, Body building and Protective type. Remind them of the slide they had seen. The Food Group slips serve as a review of the quiz material.

Nutrition Role Plays (1 hour 10 minutes)

6. This activity requires four groups. Use the groups from the previous exercise but ask the Protective Foods to divide into Fruits and Vegetables. Thus, there will be four groups.

7. Give each group a Nutrition Role Play Scenario. Ask them to take 10 minutes to plan a role play on effectively counselling the individual.
8. Invite each group to present their role play and debrief them with the following questions:
 - a. Was the counsellor able to do a proper assessment of the client's nutritional status?
 - b. Did the counsellor provide sufficient information about nutrition management of HIV-related situation? Give examples.
9. Sum up the exercise.

Optional: Instructions for *Kaun Banega Sanjeev Kapoor* (10 minutes)

10. Next, give each group Rs. 50 and a copy of the *Kaun Banega Sanjeev Kapoor* case study and explain that they have to prepare a breakfast menu using the sum of money given. The groups must come prepared with their respective breakfast menu items at 8.30 a.m. the next day. Stipulate the place for the exercise.
11. Inform the participants that they have to also provide a breakup of the money spent in preparing and buying the breakfast items. Provide chart papers and pen/marker to the groups as some groups may want to elaborate on their preparation using charts and pictures.
12. Allow the groups time to plan their strategy before going to the next session.

**This part of the session will be scheduled on the next day.
Remind trainees about it at the end of the training day.**

Optional: *Kaun Banega Sanjeev Kapoor* (60 minutes)

13. Invite the groups to present their breakfast on the four tables set up for this purpose.
14. As the trainer, go to each group and ask them questions regarding the amount spent on the breakfast menu, the change remaining, the reasons for including certain food items, and the nutrition value of the items. Encourage other group members to also ask questions to the presenting group.
15. Next give each trainee a bindi and invite them to also visit the tables. Ask them to place a *bindi* on the score-card of the best breakfast menu.
16. Facilitate a short discussion on the exercise. Encourage trainees to share what they have learned from the exercise. Emphasize the importance of providing nutritional plans to clients, rooted in the client's everyday realities and life experiences.

Tips for the trainer:

- 1) The participants may have queries regarding how much money to spend or what they should buy. The resource person/trainer should suggest to the group to use their own discretion and not give any more instructions.
- 2) Inform them about the local market where they may buy materials. Remember that the travel money should come from the budget.
- 3) This is a demonstration exercise on 'nutrition', where the participants by virtue of undergoing the group exercise will be able to recognize the importance of considering the client's preferences, culture, habits and beliefs while suggesting the nutritional plans to the clients.
- 4) This session is most effective when, conducted during the breakfast timing.

Key to the Food Groups



Energy-giving foods	Body-building foods	Protective foods
Wheat	Eggs	Tomato
Rice	Milk	Brinjal
Maize	Pulses	Onion
<i>Bajra</i>	Fish	Spinach
<i>Jawar</i>	Meat	<i>Chaulai</i>
<i>Raagi</i>	Almonds	Cabbage
Potato	Ground nuts	Pumpkin
Sunflower oil	<i>Rajma</i>	Orange
<i>Ghee</i>	<i>Chhole</i>	Papaya
		Apple
		Banana
		<i>Amrud</i>
		Mango
		Grapes



Food Group Slips

The Food Group slips must be cut up by the trainer before the session. Please make enough copies so that each trainee has one slip.

Wheat	Pulses	<i>Chaulai</i>
Rice	Fish	Cabbage
Maize	Meat	Pumpkin
<i>Bajra</i>	Almonds	Orange
<i>Jawar</i>	Ground nuts	Papaya
<i>Raagi</i>	<i>Rajma</i>	Apple
Potato	<i>Chhole</i>	Banana
Sunflower oil	Tomato	<i>Amrud</i>
<i>Ghee</i>	Brinjal	Mango
Eggs	Onion	Grapes
Milk	Spinach	

Nutrition Role Play Scenarios

The Nutrition Role Play Scenarios must be cut up by the trainer before the session.

Scenario 1:

Umar, a 25-year-old HIV-positive man, has come to visit you at the LAC. He reports that he has painful white patches on his tongue because of which he is not able to eat. Demonstrate through a role-play how to counsel this client.

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Scenario 2:

Meena is a 42-year-old woman who was diagnosed as HIV-positive five years back. She is on ART for the last nine months. She has come to the LAC for her monthly visit. During the counselling session you learn that she has lost four kilos in the last month. She reports to you that since the last one month she does not feel like eating food and her clothes are getting loose. Demonstrate through a role-play how to counsel this client.

✂-----

Scenario 3:

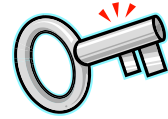
Janet, a 28-year-old woman, is taking ART (Zidovudine, Lamivudine and Efavirenz combination) since the last seven months. During her monthly visit she tells you that she has not been feeling well for the last few days. She complains that she has become weaker and easily gets tired while performing her daily tasks. While counselling you also discover that because of the nausea and vomiting she has not been regular with her drugs schedule. Demonstrate through a role-play how to counsel this client.

✂-----

Scenario 4:

Sandeep, a 26-year-old HIV-positive farmer, is adherent to his treatment. He reports that he is experiencing recurrent diarrhoea for the last month. He has a history of chronic smoking and drinking alcohol. He has come to seek your help at the Link ART Centre. Demonstrate through a role-play how to counsel this client.

Sample Discussion of Nutrition Role Play Scenarios



For trainer's guidance only. Not intended for verbatim use

Scenario 1:

Umar, a 25-year-old HIV-positive man, has come to visit you at the LAC. He reports that he has painful white patches on his tongue because of which he is not able to eat.

Discussion: It is possible that Umar has developed Oral Candidiasis. So the counsellor should help Umar to understand that the infection may have developed because of low immunity. One way to help this condition is to gently scrub the tongue and the gums with a soft toothbrush or cloth at least three or four times a day, then rinsing the mouth with a mild salt solution or a dilute mouthwash or lemon water. Nutrition management involves telling him to avoid eating sweet items and to eat soft, cool and bland foods. The counsellor should also refer Umar to the medical officer at the OPD and recommend him to follow up if the symptoms do not lessen.

Scenario 2:

Meena is a 42-year-old woman who was diagnosed as HIV-positive five years back. She is on ART for the last nine months. She has come to the LAC for her monthly visit. During the counselling session you learn that she has lost four kilos in the last month. She reports to you that since the last one month she does not feel like eating food and her clothes are getting loose.

Discussion: The counsellor should do the routine weight check and ask for any symptoms (OIs or side-effects of the drugs) that may affect Meena's nutrition intake. The counsellor should also assess the adherence to the drugs and the drug food timetable. Ask the client what she usually eats on a regular day and explain that in HIV she has to eat even more than this to meet the increased demands of the body. Show her the Food Pyramid and explain that for a healthy adult, 8-10 servings of cereals, 2 servings of pulses, 5 servings of vegetables and fruits, 2-3 servings of milk products and meats and sparing use of sugar and oil are advised. Ask her to select and plan her diet by selecting food items from the various groups shown in the Food Pyramid. Tell her that she does not have to be rigid about the time. She should eat when hungry. Morning exercise or a walk can also enhance her appetite. For lunch and dinner, she can have some rice or *chappati* with some *dal*, curds and vegetables. Encourage her to have fruit in between meals. She can also eat snacks such as peanuts and biscuits. Inform her that if she experiences loss of more than 10kg of weight in a month then she should immediately seek medical help. Refer her to general OPD so that the physician can assess her health status.

Scenario 3:

Janet, a 28-year-old woman, is taking ART (Zidovudine, Lamivudine and Efavirenz combination) since the last seven months. During her monthly visit she tells you that she has not been feeling well for the last few days. She complains that she has become weaker and easily gets tired while performing her daily tasks. While counselling you also discover that because of the nausea and vomiting she has not been regular with her drugs schedule. Demonstrate through a role-play how to counsel this client.

Discussion: The counsellor should explain to Janet that the symptoms like nausea, vomiting and general weakness can be because of the drugs she is taking. Discuss with her that her symptoms can be reduced by following some instructions: Eating small, frequent meals (5-6 meals/day), eating bland food, taking medicine with food, avoiding an empty stomach as this makes nausea worse, avoiding a high-fat meal as this reduces absorption of ARV drugs, avoiding food with strong or unpleasant odours, resting and relaxing after meals, avoiding lying down immediately after eating, avoiding coffee and alcohol. Explain that the general weakness and fatigue could be because of the side-effects of Zidovudine. For this refer her to medical officer and explain that she can also reduce the symptoms by eating iron rich food (beans, peas, dry fruits, dates) and food rich in folic acid and vitamin B12 (fortified cereals, orange juice, fish, dairy products). Ask her to include citrus fruits (oranges, lemons, tomatoes) in her diet as this will increase iron absorption in body. Also counsel her that she needs to be adherent to treatment because if she fails in doing so her drugs will become ineffective and she will progress sooner to AIDS.

Scenario 4:

Sandeep, a 26-year-old HIV-positive farmer, is adherent to his treatment. He reports that he is experiencing recurrent diarrhoea for the last month. He has a history of chronic smoking and drinking alcohol. He has come to seek your help at the Link ART Centre. Demonstrate through a role-play how to counsel this client.

Discussion: Explain to Sandeep that because of the diarrhoea he needs to take energy and protein-rich foods to meet the losses as well as to overcome weakness. Suggest to him to eat refined cereals like rice, bread, *suji*, washed *dals* eggs, chicken, fish, curds, fruits like banana and papaya and vegetables such as potatoes and *lauki*. Ask him to drink plenty of fluids, fruit juices and ORS. Urge him to continue eating during illness. However, fats are not completely digested in case of diarrhoea, and therefore their intake needs to be restricted. Fats in the form of butter and whole milk may be taken as they are easily

digested. Ask him to avoid milk, oily food, pickles, high-fibre food, coffee, alcohol, nuts and seeds. As Sandeep is working on a farm, ask him to wash his hands before eating and to wear proper shoes while working so as to prevent himself from getting infection. Inform him that if the diarrhoea worsens, he should seek immediate medical help. Also check if he is still taking alcohol or smoking. Counsel him to avoid smoking and drinking as it may interact with drugs and produce ill effects.

Case Study for Kaun Banega Sanjeev Kapoor:

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. All four of them are HIV positive since the last 4 years. They are transferred to your LAC where you have to suggest a way to prepare a nutritional breakfast for the family.

Please prepare a breakfast menu for this family. Use the Rs. 50 provided to purchase the items and bring them tomorrow at 8:30am. Please keep in mind the positive status of the family. Your group should be prepared to explain why these particular food items have been selected.

Exercise adapted from the Training Curriculum prepared by Tata Institute of Social Sciences

Session 9

Pre-ART Care

Session Overview

- ▶ Lecture using slides (45 minutes)

Session Objectives

At the end of the session, trainees will be able to

- Define Pre-ART Care and Retention
- List the issues that are critical to Pre-ART Care
- Describe counselling strategies to enhance retention during the pre-ART phase

Time Allowed:

45 minutes

Material:

- Slides related to the session

Method:

Lecture using slides (45 minutes)

1. Explain the key points in the session using the slides and the dialogue given for your convenience.

Session 10

Reporting at the Link ART Centre

Session Overview

- ▶ Demonstration by M&E Officer (1 hour)

Session Objectives

At the end of the session, trainees will be able to

- Fill the reporting formats for LAC activities accurately

Time Allowed:

1 hour

Material:

- Participants Hand-outs (Annexures)
- Sample Copy of White Card
- Sample Copy of Green Book

The best person to handle this is an M&E Master Trainer or an articulate Data Manager from the ART Centre

Method:

Demonstration (1 hour)

1. You, as the trainer, will show the trainees the various reports they have to fill. You will go column by column explaining the content for each.
2. Link the reports to the White Card and the Green Book
3. Answer any doubts.

Annexure 1: LAC Counselling Checklists for Adult Clients

Initial visit to the LAC

<i>Rapport Building</i>	
✓ Introduce the whole LAC team to the client	<input type="checkbox"/>
✓ Explain the LAC procedures - consulting with MO, adherence monitoring, drug distribution and counselling	<input type="checkbox"/>
✓ Explain the differences between ART Centre and LAC <ul style="list-style-type: none"> ○ At the nodal ART centre, there is an MO dedicated to the ART Centre, while at the LAC a client has to consult the doctor within the General OPD. ○ Medicine is distributed by the ART pharmacist in the ART Centre, while the general pharmacist or staff nurse dispenses medicine at the LAC 	<input type="checkbox"/>
✓ Gather information regarding the client - e.g., family details, caregiver details, occupation, residence and health status (ask directly/check the green and white cards	<input type="checkbox"/>
✓ Extend support for the client and assure that his/her HIV status will be kept confidential in the LAC.	<input type="checkbox"/>
✓ Specifically ask for concerns regarding the LAC and address, if any	<input type="checkbox"/>
✓ Inform that he/she can consult the ART centre once in 6 months and in case of major health issues	<input type="checkbox"/>
<i>Adherence counselling</i>	
✓ Review the client's understanding regarding ART and adherence strategies used by the client	<input type="checkbox"/>
✓ Reinforce the need for continued adherence	<input type="checkbox"/>
✓ Ensure that he/she has drugs for one month	<input type="checkbox"/>
<i>Side-effects and OIs</i>	
✓ Check the client's understanding about side-effects and advise to report to the centre, if any occurs	<input type="checkbox"/>

✓ Check the client's understanding about OIs and review the history of past OIs	<input type="checkbox"/>
<i>Nutrition and diet plan (You may delay this to the second visit)</i>	
✓ Assess the diet followed by the client and check his/her understanding about increased dietary requirements.	<input type="checkbox"/>
✓ Provide messages on diet plan, exercise and food hygiene	<input type="checkbox"/>
<i>Positive Prevention (You may delay this to the second visit)</i>	
✓ Reinforce messages on safe sex and on safe needle practices wherever appropriate	<input type="checkbox"/>
✓ Check whether the partner (if any) has been tested for HIV. If not tested, plan counselling for partner testing in the follow-up visits	<input type="checkbox"/>
✓ Provide condom, wherever appropriate	<input type="checkbox"/>
<i>Complete the documentation procedures and provide the LAC ID-number. Provide the next follow-up date. Note this date in your follow-up diary</i>	<input type="checkbox"/>

Subsequent or Follow-up visits to the LAC

<i>Adherence</i>	
✓ Check whether the client has taken the morning tablet. Offer the tablet and water, if necessary and observe client consuming the medicine.	<input type="checkbox"/>
✓ Review the client's adherence to treatment <ul style="list-style-type: none"> ○ Number of doses missed since the last visit (Oral report) ○ Check whether the client has taken the drugs at the right time 	<input type="checkbox"/>
✓ Count the pills remaining in the bottle and assess and categorize adherence accordingly (<80%, 80-95% and >95 %).	<input type="checkbox"/>
✓ Check the reasons for adherence levels below 95% <ul style="list-style-type: none"> ○ Assess client's current understanding about treatment and importance of adherence ○ Check for signs of treatment fatigue 	<input type="checkbox"/>

○ Discuss any problems or issues the client in taking the medicine	
✓ Check the ART counselling diary and review any past issues pending	<input type="checkbox"/>
✓ Check whether the client has any plans for a change in his/her life in the coming month. Discuss how he/she will take medicine without interruption in the changed situation	<input type="checkbox"/>
✓ Reinforce the need of adherence	<input type="checkbox"/>
✓ Review the adherence strategy followed. If needed help the client to modify or change the same.	<input type="checkbox"/>
✓ Check the client's next month's supply of medicine	<input type="checkbox"/>
<i>Side-effects and OIs</i>	
✓ Check for signs and symptoms of OIs and drug side-effects. Encourage the client to report any symptoms to the doctor <ul style="list-style-type: none"> ○ If minor, refer to the trained doctor at the LAC ○ If major, arrange for referral to nodal ART Centre 	<input type="checkbox"/>
✓ Assess current understanding of the client regarding side-effects and OIs	<input type="checkbox"/>
✓ If the client has any symptoms of serious OIs or side-effects, arrange for referral to the Nodal ART Centre	<input type="checkbox"/>
<i>STIs</i>	
✓ Screen for STIs and refer for treatment, if necessary	<input type="checkbox"/>
✓ Reinforce the need of safe sex and address barriers, if any	<input type="checkbox"/>
<i>Nutrition and diet plan (You may delay this to the second visit)</i>	
✓ Assess the client's understanding about nutritional requirements, if not done before.	<input type="checkbox"/>
✓ Check the weight and compare it with the previous 3 months measurements. If any serious weight loss has happened, bring it to the notice of the doctor.	<input type="checkbox"/>
✓ Check for any conditions requiring additional nutritional intake (pregnancy, OIs, side-effects , etc).	<input type="checkbox"/>
✓ Check the quality and quantity of food and water intake.	<input type="checkbox"/>

✓ Discuss the diet plan, nutrition, exercise and suggest if any modification is required.	<input type="checkbox"/>
<i>Positive Prevention (Need not address on each visit)</i>	
✓ Assess the sexual practices of the client	<input type="checkbox"/>
✓ Discuss how the client can adopt safe sex practices in his/her life	<input type="checkbox"/>
✓ Address issues concerned with condom use and provide condoms	<input type="checkbox"/>
<i>Family Planning (Need not address on each visit)</i>	
✓ Discuss family planning methods adopted by the client	<input type="checkbox"/>
✓ If needed offer family planning counselling for partner	<input type="checkbox"/>
✓ Check with female client (who has a male partner) in reproductive age, whether she had any unprotected sexual intercourse in last few months	<input type="checkbox"/>
✓ Check with the female client whether she suspects pregnancy. If yes, provide her with counselling for preventing transmission to the child	<input type="checkbox"/>
<i>Positive living</i>	
✓ Encourage the client to share recent events in his/her life. Ask if these had any effect on adherence and positive living	<input type="checkbox"/>
✓ Discuss how treatment has affected other areas of his/her life	<input type="checkbox"/>
✓ Review social and familial support at regular intervals. Refer to the other agencies, if required	
✓ Check if the client that is taking any other medication. In such cases, reinforce the need to consult with the doctor.	<input type="checkbox"/>
✓ Reconfirm the appointment for the next month	<input type="checkbox"/>

Visit prior to back-referral to the Nodal ART Centre

<i>Additional issues for the counselling session prior to the client's six monthly visit to the Nodal ART centre</i>	
<ul style="list-style-type: none"> ✓ Remind the client about the visit to the nodal ART centre and its purpose: <ul style="list-style-type: none"> ○ CD4 testing ○ review of client's health status by ART doctors 	<input type="checkbox"/>
<ul style="list-style-type: none"> ✓ Plan the date for the visit to the ART centre 	<input type="checkbox"/>
<ul style="list-style-type: none"> ✓ Ensure that you send all the required documents with the client to the ART centre <ul style="list-style-type: none"> ○ Photocopy of his/her page in the LAC register. ○ Green book of the patient. ○ LAC to NAC referral form 	<input type="checkbox"/>
<i>Additional issues for linking in case of major OIs</i>	
<ul style="list-style-type: none"> ✓ Explain that a major OI needs more specialized treatment 	<input type="checkbox"/>
<ul style="list-style-type: none"> ✓ Try and get an appointment immediately. Call the ART counsellor, if possible. 	<input type="checkbox"/>
<ul style="list-style-type: none"> ✓ Ensure that you send all the required documents with the client to the ART Centre 	<input type="checkbox"/>
<ul style="list-style-type: none"> ✓ Check if the client has any transportation issues 	<input type="checkbox"/>

Annexure 2: LAC Counselling Checklists for Child Clients

Child's Initial visit to the LAC

<i>Building rapport with child and caregiver</i>	
✓ Warmly greet the child and caregiver	<input type="checkbox"/>
✓ Ask the caregiver to introduce the child (<i>"May I know whom you have brought with you?"</i>)	<input type="checkbox"/>
✓ Ask the child's name and other personal details in a warm way (<i>"May I know your name?"</i> , <i>"It is a nice name"</i> , <i>"Who all are there ins home?"</i>)	<input type="checkbox"/>
✓ Children may like physical closeness. If the child is comfortable, gently touch the child on shoulder or head	<input type="checkbox"/>
✓ Tell the child that you would like to talk to the caregiver for some time.	<input type="checkbox"/>
✓ Engage the child with some activity and talk to the caregiver	<input type="checkbox"/>
✓ Obtain the details of the caregiver	<input type="checkbox"/>
✓ Elicit details about the child's family and the HIV status.	<input type="checkbox"/>
<i>Address different concerns regarding shift in centre</i>	
✓ Ask the child about the experience with the ART Centre. Explain that this is also a similar centre and he/she can be comfortable here	<input type="checkbox"/>
✓ Inform the caregiver that the services and medicines are the same and all personnel in the centre are trained. Also inform them that the child can return to ART centre, if any illness or side-effect develops	<input type="checkbox"/>
✓ Assure the caregiver about confidentiality. Also inform about the shared confidentiality and who on the LAC team will be informed about the child's HIV status for treatment purposes	<input type="checkbox"/>
<i>Assess the child's and caregiver's understanding about the treatment</i>	
✓ Collect the details of current treatment (You can use the White Card and also ask the caregiver)	<input type="checkbox"/>
○ Drugs and dosages	

○ Method of administration	
✓ Assess what the child knows and feels about treatment (“What do you understand about going to the clinic/taking medicine?”, “How do you feel about coming here?”)	<input type="checkbox"/>
✓ Assess what the child feels about being sick often (“What do you understand about falling sick often?”, “How did you feel when you fell sick last time?”)	<input type="checkbox"/>
✓ Assess what the child understands about others in family falling sick (“How are others at home doing?”, “What do you know about their sickness?”)	<input type="checkbox"/>
✓ Assess what the caregiver knows about the treatment (“May I know what you understand about the treatment we are giving to the child”, “Can you tell me how you are supporting the child in taking medicine?”)	<input type="checkbox"/>
✓ Identify the caregiver’s concerns regarding treatment. (“What do you think about the treatment? Is the child able to take medicine as prescribed? Is there anything which you fear that will be a problem in taking medicine?”)	<input type="checkbox"/>
Reinforce the importance of adherence	<input type="checkbox"/>
Identify any potential barrier to adherence and plan strategies to address them	<input type="checkbox"/>
<ul style="list-style-type: none"> ✓ Ill-health of the child, caregiver or anyone in the family ✓ Changes in family situation, social situation, etc. ✓ Concerns regarding confidentiality 	
Complete the documentation procedures and provide the child with the LAC ID-number. Provide the next follow-up date. Note this date in your follow-up diary	<input type="checkbox"/>

Child’s Subsequent or Follow-up visits to the LAC

Greet the child and caregiver	<input type="checkbox"/>
Assess the child’s adherence for the last month using one or more of the following methods	<input type="checkbox"/>
<ul style="list-style-type: none"> ○ Pill count ○ Treatment calendar/diary ○ Report by child ○ Report by caregiver 	

<i>Record last month's adherence on the White Card</i>	<input type="checkbox"/>
<i>Assess the reason for poor adherence or missing doses from child using the interactive strategies described</i>	<input type="checkbox"/>
<i>Assess/verify the reason for the child's poor adherence or missing doses with the caregiver</i>	<input type="checkbox"/>
<i>Discuss with the child and /or caregiver how to resolve the reason for missing doses</i>	<input type="checkbox"/>
<i>Assess other potential barriers to adherence and address them</i>	<input type="checkbox"/>
✓ Child's current understanding about his/her health status, treatment, etc.	
✓ Caregiver's current understanding about importance of adherence and his/her attitude towards treatment.	
✓ Health status of the child (measure weight, check for health issues, etc.)	
✓ Family situation of the child and relationships (Parent's/sibling's caregiver's ill-health or death, any disruption in the family, poverty, etc.)	
✓ Social situation of the child (School, neighborhood, experience of stigma, etc.)	
✓ Symptoms of adherence fatigue	
✓ Any other factors	<input type="checkbox"/>
<i>Reinforce the importance of adherence</i>	<input type="checkbox"/>
<i>Review the adherence strategies in place and modify, if needed</i>	<input type="checkbox"/>
<i>Review with the caregiver, the need for informing the child about his/her HIV status and process the same accordingly</i>	<input type="checkbox"/>
<i>Check for any developmental delay: you can observe the child or ask the caregiver for details. Inform the doctor in case of any delay noticed</i>	<input type="checkbox"/>
<i>Discuss the diet plan, nutrition, etc.</i>	<input type="checkbox"/>
<i>Review the support systems in place for the child and family</i>	<input type="checkbox"/>
<i>Check for any other concerns of the child and/or caregiver and address them properly</i>	<input type="checkbox"/>
<i>Complete the documentation and provide the next follow-up date. Note this date in your follow-up diary</i>	<input type="checkbox"/>

Annexure 3: 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

<ul style="list-style-type: none"> ✓ 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 ✓ Shaking, chills ✓ Problems with balance, walking or speech ✓ Skin rashes 	<ul style="list-style-type: none"> ✓ 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
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Quick Reference Box 2: Signs and Symptoms of STIs

<i>Males</i>	<i>Females</i>
<ul style="list-style-type: none"> ✓ 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 	<ul style="list-style-type: none"> ✓ 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