

Adherence to Treatment for HIV A Training Curriculum for Counselors



Facilitator Guide



ENGENDERHEALTH SOCIETY

Improving Women's Health Worldwide

Adherence to Treatment for HIV A Training Curriculum for Counselors

Facilitator Guide



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This publication was made possible through the Global Fund to Fight AIDS, Tuberculosis and Malaria, Round IV supported Access to Care and Treatment project. The opinions expressed herein are those of the publisher and do not necessarily reflect the views of the funder.

Cover Design : Geetha Venugopal and Shishir

Printing : Impression Communications

Illustrations : Geetha Venugopal

Printed in India.

**This curriculum is dedicated to all the counselors
who are reaching out to people living with
HIV, with information on positive living and treatment**

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PREFACE

With funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Round IV - the National AIDS Control Organization (NACO) aims to provide Antiretrovirals (ARV) for 1,37, 000 people living with HIV/AIDS (PLHA) in India. As part of this program, the Global Fund awarded a grant to an NGO Consortium to complement NACO's efforts in six HIV high prevalence states by providing care and support services to clients who will be receiving Anti-retroviral therapy (ART). The NGO consortium aims to increase the number of NGO sector providers capable of delivering high quality care and support services in accordance with the National Treatment Guidelines, this will help clients achieve and sustain adherence to treatment for effective antiretroviral therapy. In order to achieve this aim, the NGO consortium supports the program through improving the capacity of existing Indian health care training institutions to provide training and follow-up support to service providers. The NGO consortium is comprised of the Population Foundation of India (PFI), Indian Network for People Living with HIV/AIDS (INP+), EngenderHealth Society (EHS), Confederation of Indian Industry (CII) and Freedom Foundation (FF).

EngenderHealth Society recognizes access to treatment education as one of the key component for improving the quality of life of a person living with HIV. Our work aims to build the confidence and skills of individuals to make small changes in their lives and become key actors in managing and integrating their treatment in their life styles in ways that maximise the overall care and support that these individuals and their families can access. EngenderHealth Society recognizes that people living with HIV are critically important partners and that their meaningful involvement is essential to strengthen prevention, care and support and to remove barriers to access to information and services. We work closely with people living with HIV to assert their rights to health and to be treated with dignity and respect.

EngenderHealth Society also recognizes that adherence to treatment is a life long process requiring ongoing support and a variety of skills and strategies to enable clients to overcome the many challenges they may face to continue treatment effectively. Our work aims to build the capacity of service providers and of grass roots support systems to respond to these needs and to adapt experiences and learning to continue to innovate and improve services for people living with HIV .

This four-day curriculum expresses our commitment to achieve these aims. It engages the Counselors in a meaningful dialogue with their clients to engender a sense of ownership of their health and their well-being and motivate them to sustain treatment adherence. The curriculum makes complex information understandable and accessible to the audience, and this helps to remove a critical barrier to personal empowerment around what are often perceived to be daunting treatment issues. The curriculum focuses both on counseling involved in adherence to therapy and self care, as well as on providing guidance on health seeking behavior and ways of accessing support. This curriculum complements the 12 day National Training for HIV counselors curriculum developed by NACO to build the capacity of counselors providing counseling related to HIV/AIDS.

The enormous effort of the scientific community to understand the HIV virus and to find a cure for the disease is bringing about rapid changes in the body of knowledge in this field. We are aware that over time new research may make some of the content in this edition outdated or irrelevant. Therefore we encourage the users of this manual to pro-actively complement our materials with technical updates from other sources, as necessary.

We hope that this curriculum will equip the counselors to support people living with HIV in their efforts to access quality ART services and the necessary care and support that will enhance their quality of life and their right to health.

Jyoti Vajpayee
Country Director
EngenderHealth Society

ACKNOWLEDGEMENTS

We acknowledge with gratitude **Fabio Saini**, EngenderHealth's primary writer of the manual assisted by Dr. Vijayabhaskar Reddy Kandula and Geetha Venugopal. Our special appreciations are due to Charlotte Storti for her detailed editorial review of the English version of the curriculum.

The manual follows National AIDS Control Organization (NACO) and World Health Organization (WHO) guidelines on HIV treatment and its contents are adapted from **WHO's Integrated Management of Adult Illnesses for HIV Treatment - WHO Basic ART Clinical Training Course 2004**. We acknowledge WHO for allowing us to adapt the IMAI Manual and their continued support during the curriculum development process.

We thank Family Health International for allowing us to use concepts and illustrations from the 'ART Basics Flip Chart' and 'ART Side Effects Flip Chart' developed by them. We thank the International Training and Education Centre on HIV (ITECH) for allowing us to use concepts and illustrations from their brochures 'Tips for ART Adherence' and 'HIV and ART' in some sessions.

A series of three consultative workshops were conducted for assessing training needs in August 2005 by EngenderHealth Society in consultation with Anjali Gopalan and her team from Naz Foundation, we acknowledge their contribution in content development. We appreciate the participation and inputs of representatives from Tamilnadu State AIDS Control Society (TNSACS), Karnataka State AIDS Control Society (KSACS), Andhra Pradesh State AIDS Control Society (APSACS), Maharashtra State AIDS Control Society (MSACS), Nagaland State AIDS Control Society (NSACS), Manipur State AIDS Control Society (MSACS), Mumbai Districts AIDS Control Society (MDACS) and NGOs from the GFATM ACT project states in content development.

EngenderHealth Society gratefully acknowledges the contribution of the partner organizations of Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Round IV NGO consortium: Indian Network for People Living with HIV/AIDS (INP+), Population Foundation of India (PFI), Confederation of Indian Industry (CII) and Freedom Foundation for their assistance in content development and pre-testing of the manual. Our special thanks to all the members of the State and District Level Networks of people living with HIV of INP+ from Maharashtra, Tamil Nadu, Andhra Pradesh, Karnataka, Nagaland and Manipur, for participating in the content development, pilot testing of the manual and master trainings and for providing valuable feedback.

We thank the National AIDS Control Organization (NACO), World Health Organization (WHO) India office, Centres for Disease Control (CDC), India office, International Training and Education Centre on HIV (ITECH), India and the NGO Consortium partners for being an active part of the Technical Advisory Group for the curriculum development and for critically reviewing the curriculum.

A number of EngenderHealth Society staff and consultants have contributed to the research, concept, writing, development, translation and production of this curriculum. We appreciate their substantial contribution and

special thanks to Dr. Vijayabhaskar Reddy Kandula, Geetha Venugopal, Vaibhavi Bhalekar, Chandramouli Peyyala, Dr. Sethuramashankaran, Thepuphi Kapuh, Meenu Ratnani and Shishir Seth for their contribution to this manual. We are grateful to Dr. Jyoti Mehra and Susmita Das for providing overall guidance and support throughout the process. We thank Dr. Jyoti Vajpayee, Country Director for her leadership and guidance in this endeavour.

We are thankful to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Round IV Access to Care and Treatment (ACT) project for providing financial support for this pioneering initiative.

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ABBREVIATIONS

ART	Antiretroviral therapy
CD4	A type of white blood cell used to monitor HIV disease state
GFATM	Global Fund to Fight AIDS, Tuberculosis, and Malaria
IVDU	Intravenous drug user
MSM	Men who have sex with men
NNRTI	Non-nucleoside reverse transcriptase inhibitor
NRTI	Nucleoside reverse transcriptase inhibitor
PLHA	People Living with HIV/AIDS
PPTCT	Prevention of parent-to-child transmission
STI	Sexually transmitted infection
TB	Tuberculosis

ABOUT THE COUNSELORS CURRICULUM

Adherence to Treatment for HIV – A Training Curriculum for Counselors has been developed for training people who handle HIV/AIDS counseling and build their capacity to reach out to their clients with information on living healthy with HIV, with a special focus on antiretroviral therapy (ART), adherence to ART, positive living and prevention among HIV positive people. 'HIV Treatment Education and Counseling' empowers people living with HIV/AIDS by making them understand the role of ART in leading a healthy life so they can adhere successfully to their ART regimen and follow-up visits to clinic and laboratory. This prevents development of resistance by HIV virus against ART and ensures success of antiretroviral therapy both for the individual and for the national ART roll out program.

Written in a simple, non-technical language, this curriculum can be used with people in a training setting of groups of 15-25 participants. The training curriculum has been designed in such a way so as to provide ample opportunities for participants to interact in a supportive environment through a variety of exercises and activities. The curriculum can be used as a whole or in parts, but for sake of completeness and to ensure quality of training, it is crucial that all the sessions be covered adequately and the suggested duration for each session be adhered to.

The Counselor's curriculum consists of a '**Facilitator Guide**' and a '**Participant Manual**'. The facilitator's should refer to both the Facilitator's Guide and the Participant's Manual. A copy of the Participant's Manual should be given to participants in the training.

The Facilitator Guide consists of:

- Trainer's Notes: provides instructions for the facilitator on how to conduct the sessions.
- Trainer's Resources: provides important technical information that the trainer will need to refer to before or during sessions

The Participant Manual consists of:

- Handouts: contain important technical information for the participants to use as they participate in the sessions and also for them to refer to later.
- Participant's Resources: contains important information about the topics that are covered in the training program.

The facilitator should inform the participants on the first day, that they would need to refer to the manual when asked to do so. Facilitators must emphasize to the participants that most activities require that participants, while answering questions posed by the facilitator, speak from their personal experiences. This makes the interaction and discussion lively and ensures learning of new facts.

ABOUT THE FACILITATOR GUIDE

The Facilitator Guide is organized into sections coinciding with the four-day training program. Each day focuses on one or more specific themes mentioned in the manual as '**Sections**'. The sections are linked to one another so as to make a logical sequence. Each section consists of a series of **Sessions** that cover different aspects of the section's theme. Each session begins with objectives followed by suggested time allotted for that session, instruction on preparation to conduct the session and then detailed step-by-step instructions for the facilitators to conduct the session. In most sessions, the themes are explored through one or more activities.

The methodology and the activities in the curriculum are simple, but if need arises each session can be modified as per the facilitator's discretion depending on the time and number of participants. Facilitators are also encouraged to use energizers in between sessions to keep the participants alert and cheer them up.

The sessions in the curriculum have been designed so that a team of two to three facilitators works together, to ensure that the sequence of activities are logical and the transition between them smooth. Working in teams reduces stage fear and performance anxiety that is inherent to the nature of job thus allowing trainers to deliver the messages in a more relaxed manner. The facilitating team members should plan well in advance for conducting each session and assign responsibilities for handling specific tasks for each session. However, they should feel free to be creative and flexible and be prepared to improvise in the event there are unexpected constraints of time, resources or other limiting factors.

Facilitators should note that the training is designed at a pace that is conducive for participant comfort with smooth transitions from one section of the agenda to the next, summarizing what has been learnt, reminding participants of where they are with respect to the agenda and the learning objectives, followed by an introduction and the rationale for the subsequent section. Facilitators should ensure that the participants are engaged, checking in with them frequently before and at the end of the sessions to determine their understanding of the subjects and the task at hand and making sure their questions are answered or documented for later attention.

The Facilitator Guide contains only the Trainer's Notes and Resources. It does not contain the handouts so the facilitator needs to refer the Participant's Manual throughout the training. Along with the Guide, the facilitators should read all the handouts in the participant's manual well in advance and become very familiar with the technical content and the training methodology.

How to use the facilitator guide

The **Schedule** at the beginning of each day is intended to give at-a-glance information on the activities for the day. It also lists all the materials that will be required to conduct these activities, so that the trainers can keep them ready at the beginning of the day. The recommended time for each activity is also mentioned this will help them to plan the day better.

SCHEDULE FOR DAY 1		
Session Title and Estimated Time	Methodology	Materials
Registration & Welcome (15 minutes)		Registration sheet, manuals, letter pad, pens for participants
1.1 Introduction and explaining the training (70 minutes)	Game, brainstorm	Cards with picture, schedule, flip chart, marker pens, sticking tape, Pre-test questionnaire
Tea Break (10 minutes)		
1.2 Overview of the HIV Epidemic (30 minutes)	Group discussion & presentations	Flip chart, and marker pens,
1.3 The Government of India's HIV Treatment Initiative (30 minutes)	Lecture, discussion and brainstorm	Flip chart and markers
1.4 The Impact of HIV on the Immune System (60 minutes)	Lecture, game-group activity	Sentence matching cards, marker pens, flip charts
Lunch (45 minutes)		
Energizer (10 minutes)		
1.5 Introduction to HIV care and support (60 minutes)	Lecture, brainstorm, group discussion and presentation	Flip chart and marker pens
1.6 Basics of Antiretroviral (70 minutes)	Lecture, discussion, game	Flip chart, marker pens, copies of ART quiz questions, chocolates
Tea & Energizer (10 minutes)	Lecture, discussion	
1.7 Antiretroviral specifics (45 minutes)	Lecture, discussion	Flip chart marker pens, 8/12 pepper mints per packet per participant
1.8 Resistance to ART (30 minutes)	Brainstorm	Flip chart, marker pens
1.9 Recap of day one (20 minutes)		Flipchart and marker pens

Important Note to Trainers
On **Day One** remind participants that they will need to become familiar with information in Sessions 3.6 and 3.7 in their own time prior to these two sessions, as there will be no time to master the contents of the handouts during the actual sessions.

Trainer's Notes

The Training Notes provided for each session lays out instructions for the facilitators on how to conduct the session. Each session begins by listing the **objectives** for that session. The facilitators should clearly spell out the objectives by requesting one of the participants to volunteer and read them out to the whole group at the start of each session. At the end of the session after summarizing the key information for that session the facilitator should refer back to the objectives and ensure that the objectives for that session have been achieved. Many sessions have more than one activity in order to make the training process interesting and interactive, a variety of methodologies-such as games, discussions and case studies-have been used to convey the messages. The **methodology** used for a particular activity is listed at the beginning of the activity, as is the **estimated time** and **materials** that will be required to conduct the various activities.

The **steps** give detailed, step-by-step instructions on how to conduct the activity. It includes **questions** that need to be asked, the **key messages** for the particular discussion and suggestions for summing up the sessions.

Certain visual cues have been provided to make it easy to read and follow the training instructions. These cues are explained below.

This symbol indicates the time required to conduct the session

This symbol indicates the steps in conducting the session

Day 1 SECTION 1

Facts About HIV, AIDS and ART

Session 1.1 : Introduction and Explaining the Training

Trainer's notes

Objectives


By the end of this session participants will:

- Learn more about the other participants in the workshop.
- To explain the training to the participants
- Identify their expectations of the workshop.
- Review the agenda.
- Establish ground rules.

Methodology

Game, brainstorm

Recommended Time

 1 hour 10 minutes


Materials

- Sheets of A4 paper cut in half, with the same picture or symbol provided on both halves.
- Copy of the schedule, written on flip chart paper or provided as a handout
- Chits of paper; double sticking tape cut in to small pieces,
- Blank flip chart

Preparation

- Prepare the A4 sheets cut in half, with the same picture or symbol provided on both halves. The images could include a flower; the sun, the moon, a tree or an animal,
- Prepare the schedule on a flip chart or as a handout.
- Flip chart pasted on board/ wall written 'Expectations from the 4-day training'.

Activity A :

 20 minutes

1. Introduction of participants and facilitators

Facilitator Guide

1

Adherence to Treatment for HIV

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This symbol indicates the questions that the trainers have to ask the participants

This box contains key messages from the particular session


Facilitator Guide
1
Adherence to Treatment for HIV

- To help people understand the concept of resistance, take them through Handouts A, B and C.
- After this, check for understanding with the group. Allow for questions until everyone's understanding is confirmed.
- Explain that when HIV virus develops resistance to ART it leads to 'treatment failure'. At this point the person will become sick again. Sometimes a new regimen of a different medicine can be provided that can battle the HIV that is resistant to other drugs. However there are only a few drug regimens, so HIV can eventually become resistant to all drugs.
- If time allows, ask someone in the group to share how they would explain resistance to someone who was about to start ART.
- Conclude the session with the following key message:

When a client does not adhere there will be treatment failure and the person becomes sick again. If two or more pills per month are missed, the chances of resistance to ART is high.

Key Messages

- Resistance is a change in the virus that makes the virus protected and ARV drugs ineffective.
- ART resistance occurs when people do not take their medication regularly.
- The best way to prevent resistance and treatment failure is to help and support people on ART to achieve and sustain at least 95% adherence to treatment.



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Facilitator Guide
1
Adherence to Treatment for HIV

- Pass out one of the images to each participant. Explain that their task is to find the other person with the same image as the one they received. (Even the facilitator should participate in this activity)
- Once they have found their match, explain that each participant will interview his/her partner to find out three things that will later be shared with the whole group, such as name, hometown, counselling experience, hobbies, or anything else that is relevant. Allow five minutes for participants to interview each other
- Ask participants to rejoin the group and make a circle. Then go around the circle, allowing each pair of participants to introduce each other to the larger group. The time allotted for each introduction depends on the number of participants.
- Conclude by explaining that

Everyone in the room now knows at least one person much better. Explain that by the end of the workshop we hope everyone in the group will know each other, so that we can continue to support each other in the important work that we do.
- Extend welcome to the participants, introduce the workshop, duration of each day of the workshop, logistics arrangements including breaks in the day, food, location of toilets etc
- Invite volunteer from the participants and assign them task of noting 'reflections' from the participant at the end of each day of the workshop. Also ensure that volunteers are also assigned role of recapping the previous days sessions at the beginning of each day and inform that this is applicable to all the other days in the workshop too. **Refer Session 4.6 Activity 'A': Recap of Day to conduct recap of the day.**

Activity B
20 minutes

- Pre-Test : Distribute pretest questionnaire to participants and give them approximately 20 minutes to complete it.

Activity C
15 minutes

- Expectations: Explain that the participants will be trained on the role that they can play, in counselling people who are living with HIV and those who are accessing antiretroviral therapy. Now pass chits of paper to each participant and ask them to write at least one expectation on each chit of paper and paste them on the flip chart that has already been put up.

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This shaded box contains the points that you have to convey to conclude the discussion

This indicates the reference for a session

Facilitator Guide
1
Treatment for HIV
Adherence

Activity A :
20 minutes

1. Ask the group if they have ever heard the term "CD4 count." Allow any volunteers to explain how they understand it and correct any misinformation. Explain that:

CD4 cells are white blood cells that play important roles in the immune system. Doctors use a test that "counts" the number of CD4 cells in a cubic millimetre of blood. In a HIV-negative adult CD4 cell count is usually between 600 and 1200 CD4 cells/mm³. In an HIV infected person CD4 count can be between this range initially. However, with time CD4 count gradually reduces.

It is useful to have your CD4 count measured regularly for two reasons:

- € To monitor immune system and help decide whether and when to take anti-HIV drugs and treatments to prevent infections.
- € To help monitor the effectiveness of any anti-HIV drugs

2. Ask the group if they have ever heard of the term Viral Load, ask the participants to explain how they understand it and correct any misinformation. Provide the following definition

Viral load is the term used to describe the amount of HIV in a person's blood. The more HIV in the blood, the faster the decline in CD4 cells.

3. Explain that

A person's CD4 count and viral load are crucial indicators of the condition of a person's immune system and how far along a person's HIV infection has progressed. Doctors use this information to help determine when a person needs to begin ART. Doctors also use this to monitor how a person is responding to ART.

4. Ask them to refer to participant's manual session 1.4, Handout B. Review the concepts of CD4 count and viral load using the diagrams provided. Check to make sure the participants are clear about the concepts.

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This symbol indicates points to be conveyed to the participants

This box contains a definition to be conveyed to the participants

Trainer's Resource

Based on the theme, some sessions have Trainer's resources to complement the Trainer's Notes. The trainer's resource will help to guide the facilitator in preparing for the session and to put the content in context. The trainer/facilitator should be familiar with these resources and should therefore review ahead of time. The trainers may need to refer to these resources while conducting some sessions.

Trainer's resources have role-play scenarios or case studies given in the following format, the facilitators can photocopy this pages, cut and paste the relevant box on a card. This can be distributed to groups or used as a reference for scenarios / questions / statements for the training.

Using flip charts

To aid learning, the use of flip charts is strongly recommended for this training. Write in separate sheets of a flip chart in a neat and legible hand writing - session heading, objectives of each section, definition important points for discussions and the summary or concluding points for each sessions. This will keep the flow of the training smooth and help the facilitator in providing complete information.

Day 3 SECTION 3

THE ELEMENTS OF COUNSELING

Session 3.8 : Feedback Guidelines for Assessing Priority Issues

Trainer's resource 'A'

As a general principle, we always start a feedback discussion by first asking the "client":

- **How did you feel playing the "client"?**

Ask the "counselor":

- **How did you feel playing the "Counselor"?**

Next, we elicit feedback on what was done well. First we ask the "client":

- **What did the "Counselor" do well to help you feel welcome and comfortable?**
- **What did the "Counselor" do well to help you express your main need/ concern for your visit?**

Next, we ask the "Counselor":

- **What do you think you did well? Why?**

Then we ask the group:

- **What did the "Counselor" do well?**
- **What client-Counselor interaction skills did the "Counselor" use effectively?**
- **Which useful questions did the "Counselor" use? Why?**

Next, we elicit feedback on what could be improved. First we ask the "client":

- **What could the "Counselor" have done better to help you assess your need/concern?**

Then we ask the "Counselor":

- **What would you do differently? Why?**

Then we ask the group:

- **What could the "Counselor" have done better to help the "client" assess his/her need/concern?**
- **Which questions were not the most effective for this type of client?**
- **Which questions could be more useful to assess the needs and concerns of this client? Why?**

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Day 1 SECTION 1

Facts About HIV, AIDS and ART

Session 1.4 : Find Your Match Exercise

Trainer's resource

Note for the trainer: You can select, adapt, and add more sentences depending on the needs and size of your group. These sentences are provided as samples.

HIV is a retroviral that attacks...	...the immune system.
AIDS is a syndrome. A syndrome is...	...several conditions or illnesses. In the case of HIV infection, this happens because the virus weakens the immune system.
Every healthy person has a strong body defense against diseases called...	...the immune system, of which the white blood cells are an important part.
A lymphocyte is a type of white blood cell. Some types of lymphocytes have...	... a tag/mark on its surface called CD4.
HIV attacks mostly CD4 cells and this is why...	...the number of CD4 cells is a good way of checking how much of the immune system is still working.
When a person gets infected with HIV...	...the virus will start attacking the immune system.
During the first few (approximately five) years of HIV infection...	...the immune system still functions well.
During the first few (approximately five) years of HIV infection...	...the person will have no symptoms, or only minor symptoms like skin diseases or a little weight loss.
During the first years of HIV infection...	...a lot of people do not know that they are HIV-positive.
After many years ,HIV infection usually causes...	...the immune system to become weak and the person will be vulnerable to diseases that normally would be resisted by the body.
These diseases are called...	...opportunistic infections (OI) because they take advantage of a weakened immune system.

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This box should be cut and paste on a card

ABOUT THE PARTICIPANT MANUAL

The Participant manual complements the Facilitator guide and its sections correspond to the sections detailed in the Facilitators guide. For the participants, the manual functions as a workbook during the training and as a reference after the training. Participant's manual contains all the essential learning points that is required to understand HIV treatment and adherence. It includes simplified visual representation of medical information in the form of pictures charts and graphs from the curriculum. Participants who complete the training will receive the copy of the participant manual. Although the curriculum is designed to provide complete information about HIV treatment, participants are encouraged to seek more knowledge of the subject and update their information.

How to use a participant manual

Participant manual is organized as handouts and participants resources.

1. Handouts contain information to be used in the process of the workshop for group discussion and group learning. Handouts are to be used as per the instruction in the peer educators manual.
2. Participant's resource contains information, which is imparted in the training program. It has been presented either in a question and answer format or listed as bullet points for easy learning and recall.


SECTION 1

FACTS ABOUT HIV, AIDS AND ART

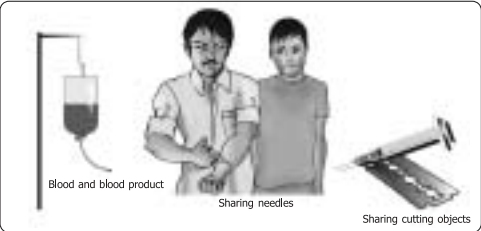
SESSION 1.4 : THE IMPACT OF HIV ON THE IMMUNE SYSTEM

Handout A : Routes of HIV Transmission

Source: World Health Organization, Retrieved January 25, 2006, from <http://fp.who.int/hm/1MAI/Firstlevel/1fpchart.pdf>



1. **Unprotected sex**



2. **Transfusion with blood or blood products or sharing unsterilised needles, syringes and cutting objects with blood**

Participant Manual
1
Adherence to Treatment for HIV
13

This symbol indicates the trigger question to be asked in the session

This symbol indicates the significant points for the particular topic

SECTION 1

FACTS ABOUT HIV, AIDS AND ART

Session 1.6 : Basics of Antiretroviral Therapy

Handout A : The ART Information Sheet

Antiretroviral Drugs Interfere with the HIV Lifecycle.

There are 3 main groups of antiretroviral drugs :

1. NRTI or Nucleoside Reverse Transcriptase Inhibitor
2. NNRTI or Non-Nucleoside Reverse Transcriptase Inhibitor
3. PI or Protease Inhibitor

How they work?

Both the **nucleoside and the non-nucleoside reverse transcriptase groups of ART** work in a similar fashion. After the HIV virus enters the CD4 cell, it replicates by attaching itself to the center of the cell. These two groups of drugs **prevent HIV from entering the infected cell's center so HIV cannot make new copies.**

After entering the CD4 cell's center, parts of the HIV virus are produced. These parts then get assembled before they come out of the CD4 cell and go to other cells. **Protease inhibitors prevent the assembly of the HIV parts and thus prevent the HIV virus from coming out of the infected CD4 cell.** Since they are trapped and cannot come out of the CD4 cell, they cannot attack other CD4 cells.

The important point to remember is that protease inhibitors and NRTI and NNRTI work at different steps in the process that HIV goes through when it makes new copies of itself inside CD4 cells.

The Different Antiretroviral Drugs

The table below lists commonly used ARV drugs. In this manual emphasis is on Zidovudine (AZT), Stavudine (d4T), Lamivudine (3TC), Nevirapine (NVP), and Efavirenz (EFV) as these are the ARV drugs currently used in the first-line regimens in the national ARV rollout.

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This box contains a definition

SECTION 1

FACTS ABOUT HIV, AIDS AND ART

Session 1.8 : Resistance to ART

Information resource 'A'

1. One of the main problems we face in ART is that the drugs may stop working and the HIV virus in that person's body develops what we call **resistance to treatment.**

Resistance is the ability of HIV virus to multiply (replicate) even when ART is taken regularly. Resistance occurs because of changes in structure of HIV virus.

2. ART resistance occurs when the HIV in a person's body is no longer affected by medication, and the HIV is therefore able to multiply and destroy CD4 cells. ART resistance occurs when people do not take their medication regularly.
3. To help people understand the concept of resistance, refer to Handouts A, B and C.
4. When HIV virus develops resistance to ART it leads to 'treatment failure'. At this point the person will become sick again. Sometimes a new regimen of a different medicine can be provided that can battle the HIV that is resistant to other drugs. However, there are only a few drug regimens, so HIV can eventually become resistant to all drugs.
- 5.

When a person does not adhere there will be treatment failure and the person becomes sick again. If two or more pills are missed in a month resistance is likely to develop.

Key Messages :

- Resistance is a change in the virus that makes the virus protected and ARV drugs ineffective.
- ART resistance occurs when people do not take their medication regularly.
- The best way to prevent resistance and treatment failure is to help and support people on ART to achieve and sustain at least 95% adherence to treatment.

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DAY - 1

Session 1.1 - 1.8

SCHEDULE FOR DAY 1

Session Title and Estimated Time	Methodology	Materials
Registration & Welcome (15 minutes)		Registration sheet, manuals, letter pad, pens for participants
1.1 Introduction and explaining the training (70 minutes)	Game, brainstorm	Cards with picture, schedule, flip chart, marker pens, sticking tape, pre-test questionnaire
Tea Break (10 minutes)		
1.2 Overview of the HIV Epidemic (30 minutes)	Group discussion & presentations	Flip chart, and marker pens,
1.3 The Government of India's HIV Treatment Initiative (30 minutes)	Lecture, discussion and brainstorm	Flip chart and markers
1.4 The Impact of HIV on the Immune System (60 minutes)	Lecture, game-group activity	Sentence matching cards, marker pens, flip charts
Lunch (45 minutes)		
Energizer (10 minutes)		
1.5 Introduction to HIV care and support (60 minutes)	Lecture, brainstorm, group discussion and presentation	Flip chart and marker pens
1.6 Basics of Antiretroviral Therapy (60 minutes)	Lecture, discussion, game	Flip chart, marker pens, copies of ART quiz questions, chocolates
Tea & Energizer (10 minutes)		
1.7 Antiretroviral Specifics (45 minutes)	Lecture, discussion	Flip chart, marker pens, 8/12 pepper mints per packet per participant
1.8 Resistance to ART (30 minutes)	Brainstrom	Flip chart, marker pens
Recap of day one (20 minutes)		Flip chart and marker pens

Important Note to Trainers

On **Day One** remind participants that they will need to become familiar with information in Sessions 3.6 and 3.7 in their own time prior to these two sessions, as there will be no time to master the contents of the handouts during the actual sessions.

FACTS ABOUT HIV, AIDS AND ART**Session 1.1 : Introduction and Explaining the Training****Trainer's notes****Objectives**

By the end of this session participants will:

- Learn more about the other participants in the workshop.
- To explain the training to the participants
- Identify their expectations of the workshop.
- Review the agenda.
- Establish ground rules.

Methodology

Game, brainstorm

Recommended Time

1 hour 10 minutes

Materials

- Sheets of A4 paper cut in half, with the same picture or symbol provided on both halves.
- Copy of the schedule, written on flip chart or provided as a handout
- Chits of paper, double sticking tape cut into small pieces
- Blank flip chart

Preparation

- Prepare the A4 sheets cut in half, with the same picture or symbol provided on both halves. The images could include a flower, the sun, the moon, a tree or an animal.
- Prepare the schedule on a flip chart or as a handout.
- Flip chart pasted on board/ wall written 'Expectations from the training'.

Activity A :

20 minutes

1. Introduction of participants and facilitators

2. Pass out one of the images to each participant. Explain that their task is to find the other person with the same image as the one they received. (Even the facilitator should participate in this activity.)
3. Once they have found their match, explain that each participant will interview his/her partner to find out three things that will later be shared with the whole group, such as name, hometown, counselling experience, hobbies, or anything else that is relevant. Allow five minutes for participants to interview each other.
4. Ask participants to rejoin the group and make a circle. Then go around the circle, allowing each pair of participants to introduce each other to the larger group. The time allotted for each introduction depends on the number of participants.
5. Conclude by explaining that

Everyone in the room now knows at least one person much better. Explain that by the end of the workshop we hope everyone in the group will know each other, so that we can continue to support each other in the important work that we do.

6. Extend welcome to the participants, introduce the workshop, duration of each day of the workshop, logistics arrangements including breaks in the day, food, location of toilets.
7. Invite volunteers from the participants and assign them task of noting 'reflections' from the participant at the end of each day of the workshop. Also ensure that volunteers are assigned the role of recapping the previous day's sessions at the beginning of each day. Inform that this is applicable to all the other days in the workshop too.
Refer Session 5.1 Activity 'A': Recap of Day to conduct recap of the day.

Activity B



20 minutes

1. **Pre- Test :** Distribute pretest questionnaire to participants and give them approximately 20 minutes to complete it.

Activity C

15 minutes



1. **Expectations:** Explain that the participants will be trained on the role that they can play, in counselling people who are living with HIV and those who are accessing antiretroviral therapy. Now pass chits of paper to each participant and ask them to write at least one expectation on each chit of paper and paste them on the flip chart that has already been put up.

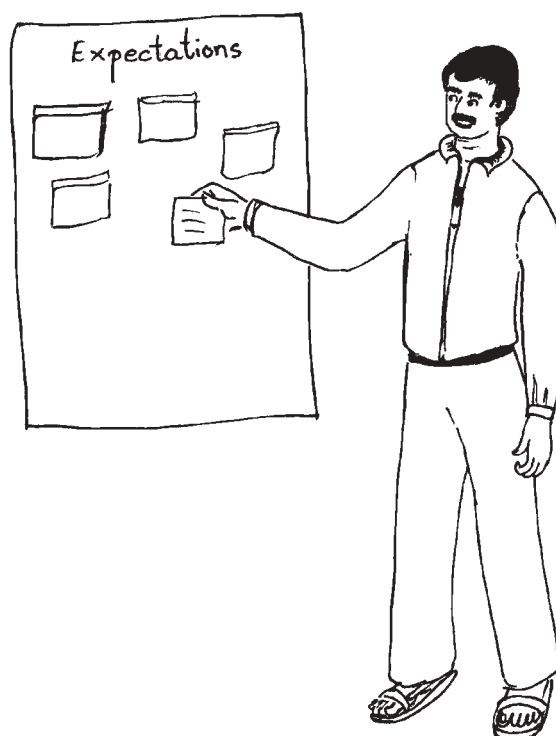
2. After getting participant responses, review the list and mention which issues will be covered in the workshop and which issues will not be covered. Explain that the issues covered in this workshop were developed through a consultative process involving health care providers, counsellors, and people living with HIV from all the regions of the project.

Activity D

15 minutes



1. **Review of schedule:** Show the 4-day schedule to the participants and review it with them.
2. Ask the group to think about what ground rules will be needed over the 4-day period as we embark on this schedule. Write the group's responses on the flip chart and post in a prominent place where everyone can see it. Be sure to refer back to the ground rules whenever there are challenges in managing the group.
3. Tell the participants that there may not be time to answer all questions in some sessions. To ensure that all sessions are covered as per schedule discussions on some questions will be postponed to either the end of the day or the training session. To remember these questions a paper will be posted on a wall with parking on it, where such questions should be written down for future discussions.



Day 1 SECTION 1

FACTS ABOUT HIV, AIDS AND ART

Session 1.2 : Overview of the HIV Epidemic

Trainer's notes

Objectives

By the end of this session participants will:

- Have an overview of the HIV epidemic worldwide
- Have an overview of the HIV epidemic in India

Methodology

Group discussion & presentation.

Recommended Time



30 minutes

Materials

- Flip chart and marker pen
- Participant's manual Session 1.2-Handout A: Global Estimates of HIV
- Participant's manual Session 1.2-Handout B: The HIV Epidemic in India

Activity A



1. Divide the participants in 2 groups and assign 10 minutes to do the group work and 3 minutes for each group to present.



- Group 1 to discuss and write on flip chart - **HIV Epidemic Globally.**
- Group 2 to discuss and write on flip chart - **HIV Epidemic in India.**

2. After both the groups have presented, the facilitator summarizes that this session has covered briefly the HIV epidemic, both in India and in the world.
3. After ensuring that all participants have Handouts A and B, go over the information in these handouts.



Day 1 SECTION 1

FACTS ABOUT HIV, AIDS AND ART

Session 1.3 : The Government of India's HIV Treatment Initiative

Trainer's notes

Objectives

By the end of this session participants will:

- Have an understanding of the national HIV treatment initiative.
- Be able to explain the role of HIV treatment in controlling the HIV epidemic.

Methodology

Lecture, discussion & brainstorm

Recommended Time



30 minutes

Materials

- Flip chart and markers
- Participant's manual Session 1.3-Handout A: The Government of India's HIV Treatment Initiative

Preparations

- Flip charts with 'Factors' and 'Challenges' from Handout A

Steps



1. Start by explaining that Government of India through the National AIDS Control Organization (NACO) has several programs for HIV/AIDS and one of them is providing ARV treatment for people living with HIV. Use information in Session 1.3. Handout A



2. Ask the participants **"How does ART help in controlling HIV epidemic"**. Write their responses and when participants have exhausted their inputs the facilitator summarizes the key points. Use information from Session 1.3. Handout A.



3. Now ask the group to brainstorm **the factors that support the national ART rollout and challenges for scaling up ART**. Write responses on chart and facilitate brief discussions on the response. Use information in Session 1.3. Handout A
4. Explain that all the service providers; doctors, nurses, pharmacists, field workers, counselor and peer educators (who are people living with HIV) need to work as a team to make HIV treatment with ART a success.
5. Conclude with

"This is where counselors can play an important role in making this national initiative a success. This training is an effort towards building human capacity to provide HIV treatment and offer support to people living with HIV."



Day 1 SECTION 1

FACTS ABOUT HIV, AIDS AND ART

Session 1.4: The Impact of HIV on the Immune System

Trainer's notes

Objectives

By the end of this session participants will be able to

- Describe the progression of HIV/AIDS and the difference between HIV and AIDS.
- Describe the impact of HIV on the immune system.
- Name the common opportunistic infections required for clinical staging and for initiation of ART.

Methodology

Lecture, game, group activity.

Recommended Time



60 minutes

Materials

- A4-size cards for the "Find your match" game
- Participant's manual Session 1.4-Handout 'A': Routes of HIV Transmission
- Participant's manual Session 1.4-Handout B: How HIV affects our health
- Participant's manual Session 1.4-Handout C: WHO adult HIV clinical stages
- Makers, Flip chart or old newspapers

Preparation

- Prepare the A4 cards using the Trainer's resource.
- Prepare sheet paper for body mapping

Activity A

15 minutes



1. Explain that in this session we are going to re-visit information that participants should already be familiar with, and in addition we may look at new content. In order to do this we are going to play a game. Before proceeding to the game, however, we may speak about the basics of HIV (using Handouts A and B):



- **How is HIV transmitted and how it is not transmitted?**
- **How HIV attacks our health?**
- **What is the difference between HIV and AIDS?**

Activity B

15 minutes



1. Explain that you will place on the floor a number of A4-size sheets of paper. On each of these papers you have written an incomplete sentence. Each participant has to pick one up without reading it. When you give the signal to start the game, participants will have to find the person who has the matching sheet of paper with the other half of the sentence. Once these two people find each other, they will stand next to one another holding their papers to show the complete sentence.
2. Place on the floor the A 4 papers that you will have prepared before the session using the sentences in the Trainer's Resource. (In case the group is big make two sets of the cards & divide participants in 2 groups, both groups work on the same activity) Tell participants that they will have 10 minutes to find their match, and then you will stop the game. Start the game.
3. After 10 minutes stop the game and discuss with participants if they have matched correctly. Read out the correct match and give 1 point for each rightly matched sentence Address any misconceptions. Also stress that these basic messages can be used with clients to explain the impact of HIV on the immune system. Use Handout B (the CD4 cartoon).



Activity C:

30 minutes

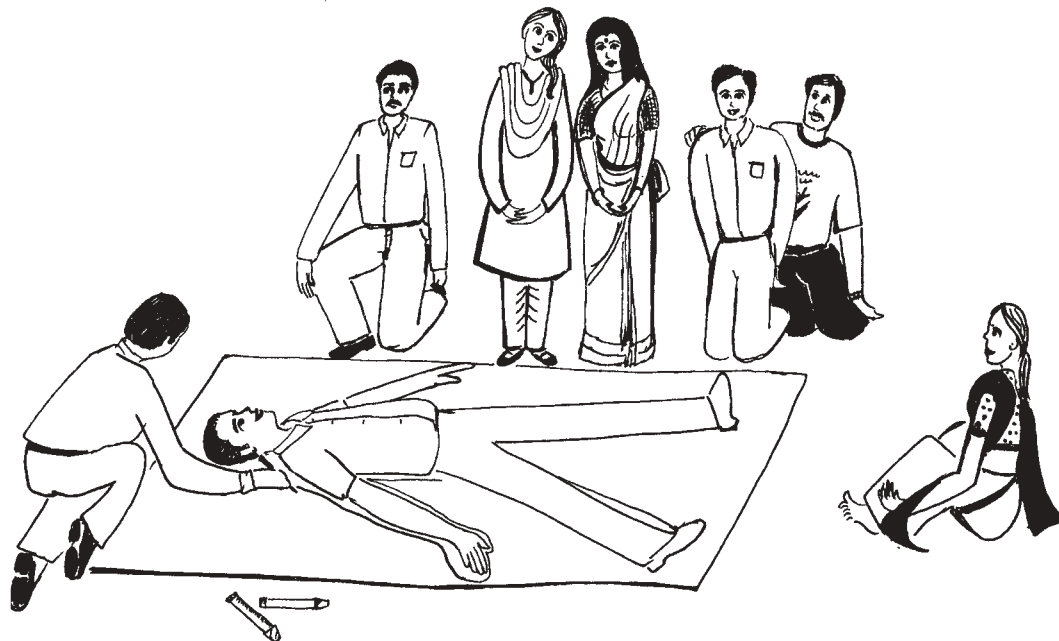
1. Explain that in the previous game we discussed in broad terms the impact of HIV on the immune system.

As the CD4 levels decline, the risk of getting opportunistic infections increases.

We will now briefly go through the WHO adult HIV clinical stages, using Handout 'C'.



2. Before the session, tape pieces of flip chart paper/news papers together so that they are long enough to cover a person's height. Lay the paper on the floor. Ask for a volunteer to lie down on the floor over the paper and draw an outline of his or her body.
3. Hang the outline of the body up on the wall in front of the group or lay it down on the floor so that everyone can see it. Or ask the group to stand around the body map for the next part of this exercise.
4. Once again stress that the purpose of this course is not to provide an in-depth clinical understanding of these conditions; rather, we are reviewing this basic information because counselors, as members of the team managing a client, need to be aware of these clinical stages.
5. Ask for volunteers to read the signs and symptoms in each clinical stage. Explain that we are going to take turns identifying parts of the body that are affected by HIV infection in different stages including Opportunistic Infections (OI). Ask the first volunteer to draw or label parts that are affected. As each sign, symptom or an OI is identified; describe this and what it could be caused by. Symptoms such as fever, fatigue and weakness which are generalized and not necessarily focused to a specific part of the body should be listed on one side on the large sheet.
6. Conclusion: Emphasize that participants should read these handouts in their own time because these materials contain simple messages to explain complex clinical issues to clients. In addition, participants should familiarize themselves with the signs and symptoms for WHO adult HIV clinical stages included in these handouts.



FACTS ABOUT HIV, AIDS AND ART

Session 1.4 : The Impact of HIV on the Immune System

Trainer's resource : Find your match Exerciese

Note for the trainer: You can select, adapt, and add more sentences depending on the needs and size of your group. These sentences are provided as examples.

HIV is a retroviral that attacks...	...the immune system.
AIDS is a syndrome. A syndrome is...	...several conditions or illnesses. In the case of HIV infection, this happens because the virus weakens the immune system.
Every healthy person has a strong body defense against diseases called...	...the immune system, of which the white blood cells are an important part.
A lymphocyte is a type of white blood cell. Some types of lymphocytes have...	...a tag/mark on its surface called CD4.
HIV attacks mostly CD4 cells and this is why...	...the number of CD4 cells is a good way of checking how much of the immune system is still working.
When a person gets infected with HIV...	...the virus will start attacking the immune system.
During the first few (approximately five) years of HIV infection...	...the immune system still functions well.
During the first few (approximately five) years of HIV infection...	...the person will have no symptoms, or only minor symptoms like skin diseases or a little weight loss.
During the first years of HIV infection...	...a lot of people do not know that they are HIV-positive.

After many years, HIV infection usually causes...	... the immune system to become weak and the person will be vulnerable to diseases that normally would be resisted by the body.
These diseases are called...	...opportunistic infections (OI) because they take advantage of a weakened immune system.
Usually, it takes about 7-10 years after HIV infection...	...before the person becomes very sick (AIDS), if he/she is not on ART.
One of the most common opportunistic infection associated with HIV is TB...	...because "sleeping" or latent TB can be reactivated due to a weak immune system.
Pulmonary TB symptoms usually include...	...persistent cough, fever, and loss of weight.
More than 50% of people with pulmonary TB...	...will not have a positive sputum test. A negative sputum result for TB in an HIV+ person does not exclude TB. Further tests would be needed.

FACTS ABOUT HIV, AIDS AND ART

Session 1.5 : Introduction to HIV Care and Support

Trainer's notes

Objectives

- By the end of this session participants will
- Understand how ART delays the progression of HIV infection.
 - Identify the advantages and challenges of ART.
 - Understand the implications of ART in combating the HIV/AIDS epidemic.

Methodology

Lecture, brainstorm, group discussion, and presentation.

Recommended Time



60 minutes

Materials

- Flip chart and markers
- Participant's manual Session 1.5-Handout 'A': Antiretroviral Treatment
- Flip chart on advantages
- Flip chart on challenges

Activity A



20 minutes



1. Explain that we now have basic information about HIV and want to talk more about **how HIV-positive people can stay healthy**. Ask the group to brainstorm **a list of behaviours that HIV-positive people can adopt that will help them live longer**. The list may include the following:



-
- Eat well, at regular intervals
 - Get plenty of rest
 - Stop smoking and drinking alcohol
 - Exercise
 - Keep a positive mental attitude
 - Start taking antiretroviral drugs when recommended by doctor
-

- Review the list and circle any of the responses that involve anti-retroviral treatment (ART). Tell the group that we are going to talk more about ART in this session. However, before we do, we want to stress the following points:



- Healthy behaviours such as a good diet, exercise, adequate rest, and abstaining from drugs/smoking/alcohol are important habits to begin adopting before a person begins ART and this can help delay the need for taking ART medicine.
- There are a lot of important things HIV-positive people can do both before and after they begin receiving ART.
- However, over time, HIV diminishes a person's ability to fight off diseases. When this occurs, a person will need to start taking ART for the rest of his or her life.
- Just because a person is HIV-positive does not mean ART is needed immediately.

- Explain that you are going to help the participants understand ART by having a discussion using Handout A. Ask participants to refer to Handout A: Antiretroviral Treatment and discuss each page.

Activity B

40 minutes



- After the handout has been discussed, divide the group into two teams. Explain that starting ART is a big decision. Explain that the groups will be asked to **think about the things a person should consider when making a decision about starting ART**. Provide each group with a sheet of flip chart paper.



- Ask Group 1 to **identify the advantages of starting ARV**. Ask Group 2 to **identify the challenges of starting ARV**. Allow the groups 10 minutes to discuss and write down their answers. Bring the group back together and review their responses. Make sure the following responses are included:

Advantages



- You can live longer and have a better quality of life.
- You won't get sick as often.
- You will have more time to fulfill your dreams and goals.
- If you have children, you will see them grow up and go through life.
- You will have the opportunity to continue earning a living because you are well.
- You have more time to do things that you enjoy.

Challenges



- ART is a life-long treatment that must be taken every day at the same time and in the same way.
 - In the beginning ART seems complicated.
 - Sometimes you have to adjust what you eat and when you eat it according to the drugs you take.
 - Some types of ART require that you take several pills each day.
 - Some types of ART may be harmful if taken with other drugs or during pregnancy.
 - ART can give side effects. Some of them will go away after a few weeks, while others will need to be addressed by the health worker.
 - If you do not take your ART regularly, the medicine will not work anymore. This means that you will have fewer options for ART in the future.
 - Only limited regimens are available in the government roll out in some areas.
 - There is a lack of clarity about when to really start the ART medicine and who should make the decision: the person taking it or the doctor.
-

3. Conclude the session by asking the following discussion question:

We know that ART can prolong a person's life and improve a person's quality of life.



What other benefits does ART bring to families and communities?

4. Raise the following points if they are not mentioned:
-

- Households can stay intact
 - Decreased number of orphans
 - Reduces mother-to-child transmission of HIV
 - Increased number of people who accept HIV testing and counselling
 - Increased awareness in the community since more people do the test
 - Decreased stigma surrounding HIV infection since treatment is now available
 - Less spent to treat opportunistic infections and provide palliative care
 - Increased motivation of health workers since they feel they can do more for people living with HIV
 - Businesses can stay intact
-

Day 1 SECTION 1

FACTS ABOUT HIV, AIDS AND ART

Session 1.6 : Basics of Antiretroviral Therapy

Trainer's notes

Objectives

By the end of this session participants will be able to

- Explain what ART is, its benefits, and the main regimens available.
- Explain what resistance to antiretroviral drugs means.

Methodology

Lecture, discussion, game

Recommended Time



60 minutes

Materials

- Flip charts, markers,
- Copies of the Facilitator's guide, Trainer's resource 'A' The ART Quiz with answers' column blank
- Chocolates or candies
- Participant's manual Session 1.6-Handout A: The ART Information Sheet

Preparation

- Flip chart "Antiretroviral Therapy"
- Flip chart "Resistance"
- Make copies of the Trainer's resource with the answers' column blank.

Activity A



15 minutes



1. Introduce the session by explaining that we are going to talk about the HIV virus and how it multiplies in the body. Ask for volunteers to explain in their own words **what HIV is**.



The virus that causes AIDS; a virus that attacks the human immune system; a virus for which there is not a cure yet. The answer you want to elicit is that, HIV is a type of virus which attacks CD4 cells. Viruses are very small organisms that are not easily visible to the eye. They are difficult to see even with a microscope. HIV is a type of virus called retro virus that replicates (reproduces itself) and also mutates (changes itself) once it enters a person's body. The drugs that are used to fight HIV are antiretroviral drugs, shortened to ARV, because they interfere with HIV virus in order to stop it from replicating and changing.

2. Ask the participants to give you a simple definition of antiretroviral therapy. Invite a few responses and write them on a flip chart, then show the following definition:

- **Antiretroviral Therapy (ART):** Giving ARV drugs in the correct combination, with adherence support, is called ARV therapy, shortened to ART.
- The powerful combination of three different antiretroviral drugs is called ART regimen. This is the standard of good therapy, and has the greatest benefits for the longest time.

*Clarify that **ARV means "Antiretroviral" drugs. ART means "Anti-Retroviral Therapy". It is a combination of at least three ARV drugs. However, on many occasions ARV and ART may be used interchangeably.***

3. Explain that in separate sessions we will explore what adherence means and how we can support people on ART to adhere to treatment. In this session we will continue to discuss what ART is.

Activity B

10 minutes

1. Show a flip chart/slide with the following two separate statements.



What is the goal of ART?



- To reduce the concentration of the HIV virus in the blood as much as possible.
- To increase the number of CD4 cells (i.e., to boost the immune system) as much as possible.



2. Ask the question: **What is the correct answer?** Instruct the participants to discuss their opinions briefly in pairs for five minutes, and then ask each pair to give their answer. Tick how many responses you get for each goal of ART and how many pairs say that both are correct. Explain that both answers on the flip chart are correct and they represent the two main goals of ART, as they are interrelated.

As the drugs reduce the HIV concentration in the blood, the immune system recovers and the number of CD4 cells increases.



3. Ask the participants to reflect on the two goals of ART. Looking at these goals, **what should be the benefits of ART?** Facilitate a brief brainstorm for a list of possible benefits.

Activity C :

35 minutes



1. Explain that you will divide participants into four groups and they will work using Handout A. The groups will have 20 minutes to study the information. You will use the last 10 minutes of this activity for a quiz game.
2. **Quiz** : After 20 minutes stop the groups and distribute the list of questions with the "answers" column blank (Trainer's resource) to each group. Explain the rules: Each participant should wear a nametag. Groups will take turns in asking questions to other groups, rotating both the individuals asking questions and those answering them until all questions have been answered. For example, a person from Group 1 may ask a question to Group 3 that will be answered by one member of this group. Then another member of Group 3 will ask a question to a member of Group 2, and a different person from Group 2 will ask a question to Group 4, and so on.

Discuss, with the group, how much time must be given to the person answering the question, but it should not be more than one minute. If people can't answer a question, another group will gain the right to answer. If a question is answered wrongly, other groups can jump in and "steal" the right to answer and ask the next question. Keep a score for each group on a flip chart.

3. At the end of the game, reward the winning team with candies or some other small treat. Stress that they should study this information in their own time. The game was intended to help introduce participants to this information, which may require more time to be absorbed.
4. Conclusion: Ask the following question, invite a few responses, and make sure to cover the points under Key Messages below:



What have you learned in this session about ART?

Key Messages

- **Antiretroviral Therapy: Giving ARV drugs in the correct way, with adherence support, is called ARV therapy-shortened to ART.**
- **The two goals of ART are: (1) To reduce the concentration of the HIV virus in the blood as much as possible, thus (2) leading to an increase in the number of CD4 cells (i.e., to boost the immune system).**
- **The powerful combination of three different antiretroviral drugs is called ART regimen. This is the standard of good therapy, and has the greatest benefits for the longest time. In this course, sometimes ART and ARV may be used interchangeably.**



Day 1 SECTION 1

FACTS ABOUT HIV, AIDS AND ART

Session 1.6 : Basics of Antiretroviral Therapy

Trainer's resource 'A' : ART quiz

Questions	Answers
What are the 3 main groups of ARV? (Must respond in full, e.g., not just NRTI but Nucleoside Reverse Transcriptase Inhibitors)	
Which groups or class of ARV prevent HIV from entering the infected cells center, so HIV can't start making new copies?	
What do Protease Inhibitors do to HIV?	
How many different drugs do we need to take, in order to have an effective ARV regimen? What is such a combination called?	
Can any 3 ARV drugs be combined in ART regimen	
What are the commonly used NRTI drugs?	
What are the commonly used NNRTI drugs?	
What are the commonly used PI drugs?	
What is a first-line regimen?	
What classes of ARV are most commonly included in a first-line regimen?	
What is the most common first-line regimen?	
What is the ARV drug common to most first-line regimens?	
What is a second-line regimen?	
What happens if a client does not take ARV properly?	

FACTS ABOUT HIV, AIDS AND ART**Session 1.7 : Antiretroviral Specifics****Trainer's notes****Objectives**

By the end of this session participants will be able to

- Explain the basics of ART regimens.
- Have a basic understanding of when to start ART.
- Begin to practice taking medicines at the same time daily in order to better understand the challenges of adherence.
- Understand the purpose of the laboratory tests needed to provide optimal ART care, and what can be done when access to such tests is limited.

Methodology

Lecture, discussion.

Recommended Time

45 minutes

Materials

- Participant's manual Session 1.4-Handout B: The Impact of HIV on the Immune System
- Participant's manual Session 1.7-Handout A: ART Regimens
- Flip chart on CD4 count
- Flip chart on viral load
- Flip chart on how doctors determine when to begin ART
- Flip chart with names of participants and days to document adherence. Stick this on the wall and document adherence to ART (mock pills) during the training session.

Preparation

- Put together small packets, one for each participant, containing ten white peppermints or chocolates.

Activity A :

20 minutes



1. Ask the group **if they have ever heard the term "CD4 count"**. Allow any volunteers to explain how they understand it and correct any misinformation. Explain that:



CD4 cells are white blood cells that play important roles in the immune system. Doctors use a test that "counts" the number of CD4 cells in a cubic millimetre of blood. In a HIV-negative adult CD4 cell count is usually between 600 and 1200 CD4 cells/mm³. In an HIV infected person CD4 count can be between this range initially. However, with time CD4 count gradually reduces.



It is useful to have your CD4 count measured regularly for two reasons:

- To monitor immune system and decide whether and when to take anti-HIV drugs and treatments to prevent infections.
- To help monitor the effectiveness of any anti-HIV drugs

2. Ask the group if they have ever heard of the term Viral Load, ask the participants to explain how they understand it and correct any misinformation. Provide the following definition

Viral load is the term used to describe the amount of HIV in a person's blood. The more HIV in the blood, the faster the decline in CD4 cells.

3. Explain that

A person's CD4 count and viral load are crucial indicators of the condition of a person's immune system and how far a person's HIV infection has progressed. Doctors use this information to help determine when a person needs to begin ART. Doctors also need to use this to monitor how a person is responding to ART.

4. Ask them to refer to participant's manual session 1.4, Handout B. Review the concepts of CD4 count and viral load using the diagrams provided. Check to make sure the participants are clear about the concepts.



5. Share some basic information on **how doctors determine when a person should begin ART** (based on National Guidelines) by explaining the following:

After the doctor has made a detailed study of the person's past and present medical history, he decides whether the person requires antiretroviral therapy (ART). The decision will be based on the following:



- Identification of current and past HIV-related illnesses
- Identification of other medical conditions that might influence the timing and choice of ART
- Current symptoms and physical signs of other medical conditions, such as TB or pregnancy
- The CD4 count of the person
- The NACO treatment guidelines explain that the criteria to begin ART for a person is that he or she has a CD4 cell count less than 200/ mm3.
- Cost incurred by a person for ART is around Rs.700-1000 for the first-line drugs consisting of NRTI and NNRTI. The cost is higher for second-line ART, and they generally have more side effects. This is especially true of PI class of ART drugs.
- CD 4 count testing is only available in few centers in the country.

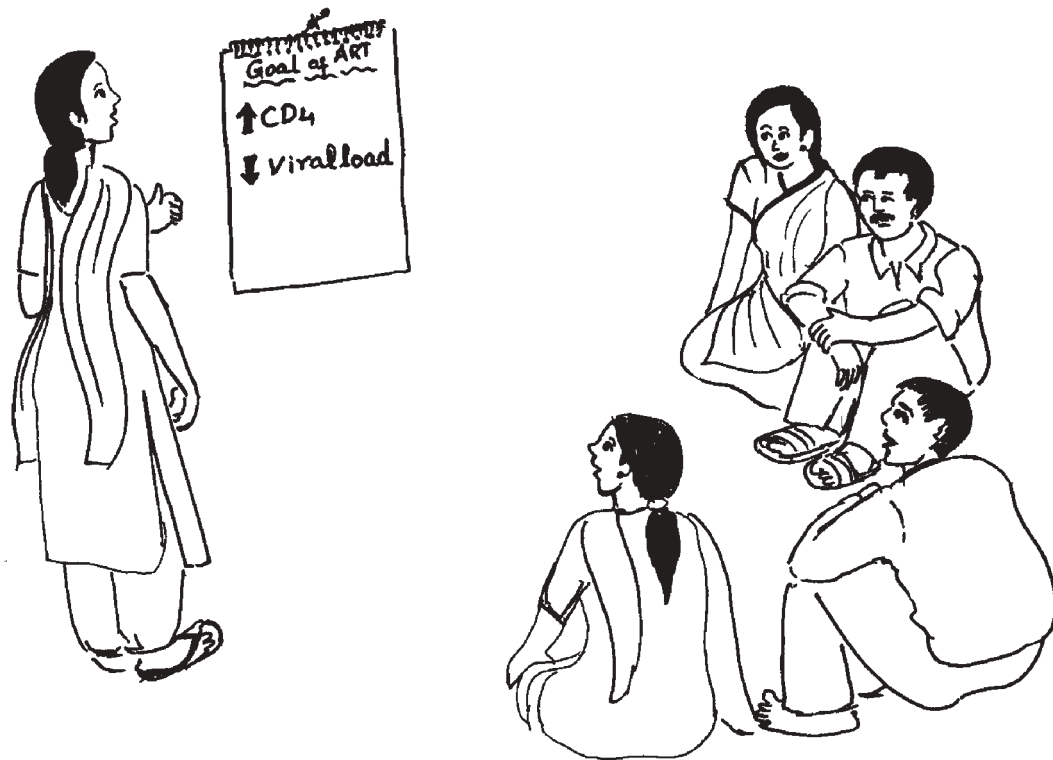
Activity B

25 minutes



1. Tell the groups that you are going to explain each regimen in the handout as if the people in the groups are people on ART.
2. Tell the group that to better understand the challenges of taking ART, each participant will be assigned a regimen of treatment for the remaining workshop. Participants will NOT be given actual medicine, but rather candy and/or multivitamins that will symbolically represent ART medicine. Distribute the packets that have been prepared in advance.
3. Explain that there are different regimens of pills that can be taken for ART. Refer Handout A, which summarizes each regimen.
4. For the sake of simplicity assume that everybody is taking combination pills containing stavudine (d4t) + lamivudine (3TC) + nevirapine (NVP) twice a day from the 2nd week onward.

5. On a chart write the names of all participants vertically in column one. Then make columns for the remaining days-days 1, 2, 3, and 4. Every morning when participants gather they should check the box next to their name if they have taken their assigned ART. If not they should mark a cross. At the end of the session review the adherence rate.
6. Allow for questions to ensure that everyone is clear about their assignment.



FACTS ABOUT HIV, AIDS AND ART

Session 1.8 : Resistance to ART

Trainer's notes

Objectives

- By the end of the session participants will
- Understand the meaning of ART resistance.
 - Understand how resistance occurs and how to prevent it.

Methodology

Lecture, discussion

Recommended Time



30 minutes

Materials

- Flip chart and markers
- Participant's manual Session 1.8-Handout A: Questions about resistance

Steps



1. One of the main problems we face in ART is that, the drugs may stop working and the HIV virus in that person's body develops what we call resistance to treatment. How can we define resistance in a simple way? Facilitate a quick brainstorm, and then show this definition on flip chart.

Resistance is the ability of HIV virus to multiply (replicate) even when ART is taken regularly. Resistance occurs because of changes in structure of HIV virus.



2. Clarify that ART resistance occurs when the HIV in a person's body is no longer affected by medication, and the HIV is therefore able to multiply and destroy CD4 cells. Explain that ART resistance occurs when people do not take their medication regularly.

3. To help people understand the concept of resistance, take them through Handouts A.

4. After this, check how much the group has understood. Allow them to ask questions and make sure that everyone has understood.



5. Explain that when HIV virus develops resistance to ART it leads to **'treatment failure'**. At this point the person will become sick again. Sometimes a new regimen of a different medicine can be provided, that can battle the HIV, that is resistant to other drugs. However, there are only a few drug regimens, so HIV can eventually become resistant to all drugs.

6. If time allows, ask someone in the group to share **how they would explain resistance to someone who was about to start ART.**



7. Conclude the session with the following key message:

When a client does not adhere there will be treatment failure and the person becomes sick again. If two or more pills per month are missed, the chances of resistance to ART increases.

Key Messages

- *Resistance is a change in the virus that makes the virus protected and ARV drugs ineffective.*
- *ART resistance occurs when people do not take their medication regularly.*
- *The best way to prevent resistance and treatment failure is to support people on ART, and help them achieve and sustain at least 95% adherence to treatment.*





DAY - 2

Session 2.1 - 3.3

SCHEDULE FOR DAY 2

Session Title and Estimated Time	Methodology	Materials
Recap (15 minutes)		
2.1 The Role of Antiretroviral Therapy in the context of Chronic HIV Care (45 minutes)	Lecture and group activity.	Flip chart, marker pens, stickers
2.2 Adherence to HIV Treatment (60 minutes)	Group discussion and presentation	Flip chart, marker pens, stickers
Tea Break (15 minutes)		
2.3 Principles of Chronic Care in the client-centered HIV Context (60 minutes)	Lecture, group discussion	Flip chart and marker pens
2.4 Good Chronic Care: Stages in Counselling Using the 5 A's (60 minutes)	Lecture, group discussion	Flip charts with 5A's, coloured sticking dots or bindi, colour markers, symbols
Lunch (45 minutes)		
Energizer (10 minutes)		
2.5 Home-Based Care (45 minutes)	Lecture, brainstorm	Flip chart paper, marker pens, sticking tape
3.1 Introduction to Counseling and Communication Skills (30 minutes)	Lecture brainstorm	Flip chart, marker pens
Tea & Energizer (15 minutes)		
3.2 Characteristics of a good counselor (45 minutes)	Group discussion	Flip chart, marker pens, sticking tape
3.3 Effective Listening (45 minutes)	Lecture, group activity	Flip chart, marker pens, sticking tape, writing paper
Recap of Day two (15 minutes)	Brainstorm	Flip chart and marker pen

HIV, AIDS AND CHRONIC CARE

Session 2.1 : The Role of Antiretroviral Therapy in the Context of Chronic HIV Care

Trainer's notes

Objectives

By the end of this session participants will be able to

- Explain why HIV is termed as a chronic disease.
- Explain the role of ART in the context of chronic HIV care.
- Explain the importance of involving people living with HIV as key partners in efforts to scale up treatment, care and support, as well as strengthen prevention efforts.

Methodology

Lecture, group activity.

Recommended Time



45 minutes

Materials

- Flip chart, markers, stickers

Preparation

- Prepare a flip chart with an explanation of good chronic care for step 4.

Steps



1. Introduce the session by explaining that over the last few years, the gradually expanding availability of and access to antiretroviral drugs has increased care options for people living with HIV and AIDS. We have witnessed a gradual but consistent shift from an almost exclusive focus on acute care, (primarily dealing with opportunistic infections) to expanding access to lifelong treatment and care for people living with HIV and AIDS. Thus there has been a transition to a more comprehensive framework that looks at integrating acute and chronic care as well as prevention in care settings and linkages with home-based care. The expansion of ART services is a key element of this process.

2. Explain acute care.

Common diseases like cold, diarrhea, skin infections, and most opportunistic infections like Candida and cryptococcal meningitis last for a short period of time, usually less than 1-2 weeks. Such diseases are called "acute," and managing them usually involves a one-time prescription and no follow up- visit to the clinic.

3. Explain chronic care.

Diseases like diabetes, hypertension, and joint diseases persist for long periods of time, usually several decades or even for life. Several infections like tuberculosis are also "chronic," as they persist for months or years. HIV infection being life-long is also a chronic condition. Chronic disease, unlike acute disease, requires repeated visits to the doctor and life-long treatment with medicines.



4. Ask the participants **what is the difference between acute and chronic diseases.**

Acute diseases:

- Usually requires only one-time treatment.
- There is a cure.
- There is no need for follow up.



Chronic diseases:

- There is usually no permanent cure (There are a few exceptions like tuberculosis).
- There is a need for regular follow-up
- The treatment with medicine is for years or life-long as in HIV, diabetes and hypertension.
- Hence adherence to medicines becomes an issue.
- Treatment needs to be tailored to the individual's life.

-
5. Stress that a successful ART program involves far more than getting pills into the mouth of the client. ART is not a cure for optimal outcomes, ART must always be linked strongly with prevention and care efforts, as these interventions are complementary. However, this training program focuses on clinical care, and in particular on developing skills to support people on ART to adhere to treatment over a long period of time. This is why in this session we are exploring some key principles informing the role of ART in the framework of good chronic care.

6. Explain that

Good chronic care is client-centered care.



Then ask: **What does client-centered care mean in the context of ART?**

7. Ask participants to discuss this question in pairs (five minutes). Invite a few responses (five minutes), but the key answer to elicit and provide is (show on flip chart or slide):



Good client-centered chronic care recognizes that the client has the right and responsibility to understand and learn to manage his or her own chronic condition. Good chronic care is based on developing and supporting a partnership with the client in order to address the client's concerns and priorities.

8. Divide participants into two groups. Explain that you will give a different question to each group to discuss, as follows:



Group 1: Why is it important for the success of ART that the client must understand and learn to manage his or her own chronic condition?



Group 2: Why is it important to involve people living with HIV as equal partners in the decision-making process for successful roll out of HIV treatment?

Ask each group to write their question at the top of a flip chart and brainstorm their answers (10 minutes). Each group will post their flip chart on opposite walls in the room.

9. Gather all participants around Group 1's flip chart and facilitate a brief discussion (10 minutes). The main points to stress include:



- Because the HIV infection slowly progresses toward AIDS, clients require education and support to develop skills to self-manage (manage their own condition).
- Although the clinical team and others at home and in the community can help, it is the client who need to learn to cope with their infection, to disclose to those that they trust in order to get further help, to learn to practice prevention and positive living, and to understand and use of ART and other treatment. This requires education and support.



10. Next, move to Group 2's flip chart and facilitate a brief discussion (10 minutes). The main points to stress include:

- Rapid treatment scale-up in resource-constrained settings requires a public health approach. This includes implementing simplified and standardized services that make the best use of existing network systems.
- People living with HIV and others can play a very important role in strengthening and expanding limited human resources. This requires involving HIV positive people as peer educators and family members of those infected with HIV.

11. Conclude this activity by explaining that the next session will introduce key principles for good chronic care and their relevance to providing support to those on ART.

Key Messages

- *The gradual scaling up of ART reflects and contributes to a shift from an almost exclusive focus on acute care to a view of HIV infection as a chronic condition, requiring an expanded framework of access to life-long treatment and care for people living with HIV and AIDS. This process aims to better integrate acute and chronic care, prevention in care settings, and linkages with home-based care.*
- *A successful ART program involves far more than getting pills into the mouth of the client. ART is not a cure; for optimal outcomes, ART must always be linked strongly with prevention and care efforts, as these interventions are complementary.*
- *Good client-centered chronic care recognizes that the client has the right and a responsibility to understand and learn to manage their chronic condition. Good chronic care is based on developing and supporting a partnership with the client in order to address the client's concerns and priorities.*

- **Rapid treatment scale-up in resource-constrained settings requires a public health approach. This includes implementing simplified and standardized services that make the best use of existing network systems, and especially PLWHA groups.**
- **People living with HIV and other providers can play a very important role in strengthening and expanding limited human resources. People living with HIV contribute an essential understanding of what it means to live with HIV and AIDS at personal and social levels.**



Day 2 SECTION 2

HIV, AIDS AND CHRONIC CARE

Session 2.2 : Adherence to HIV Treatment**Trainer's notes****Objectives**

By the end of this session participants will be able to

- Define adherence to HIV treatment and explain why it is critical to the success of ART.
- Identify important factors impacting adherence from a client-centered perspective.
- Identify counselors' attitudes and behaviors impacting adherence.
- Identify potential broader social issues impacting adherence.

Methodology

Group discussion, presentation

Recommended Time

60 minutes

Materials

- Flip charts, markers, stickers
- Facilitators Guide Session 2.2-Trainer's resource 'A': Adherence case studies
- Participant's manual Session 2.2-Handout 'A': Adherence Do's and Don'ts

Preparation

- Flip charts or slides containing the definition of adherence (Activity A and B).
- Flip chart or slides on factors impacting adherence to ART (for Activity B)
 - Client-centered factors impacting adherence
 - Providers' attitudes and behaviors impacting adherence
 - Environmental and social factors impacting adherence

Refer Participants Manual session 2.2 Information resource 'B' 'Factors impacting Adherence'.

Activity A :

15 minutes



1. Adherence to HIV treatment means "to stick, to remain loyal to HIV treatment." The success of HIV treatment requires a partnership in which the client, the doctor, the counselors and other team members, and the social environment interact constructively. This means addressing clinical, personal, and social factors that may impact a client's ability to achieve and maintain the necessary level of treatment adherence.



2. **What does adherence mean?** A very simple definition is (show definition on flip chart or slide):



-
- Adherence means "to stick to something." In HIV treatment it refers to the necessary conditions to achieve successful outcomes. In order to achieve this, an HIV positive person has to:
 - Regularly follow up with the doctor for check-ups and for lab tests.
 - Take the ART medicines as prescribed.
-

Stress that it is not enough if the person is taking ART daily. It is equally important to follow up with the doctor and get periodic lab tests including a CD4 count test as suggested by the doctor.

- Theoretically, full adherence to ART medicines should be defined as the client taking 100% of prescribed doses each day, at scheduled times when prescribed, and with the necessary dietary requirement for each of the medications. However, real life has shown that even doctors are unable to stick to such a rigid definition of adherence.
- In the context of ART, experiences have shown that clients must take over 95% of the necessary doses. Therefore, as counselors our aim is to support clients to achieve and sustain at least 95% rate of adherence to ART regimens. Counselors play a very important role in helping clients identify challenges to adherence and offering possible solutions to overcome these challenges.



3. Ask the question: **"Why do you think that over 95% of the doses are necessary to treat a person with HIV?"** Invite a few answers from the group. If participants are not able to identify the correct answer, explain that the aim of ART is to suppress the replication of the HIV virus in the body.



We know that there is a direct relationship between the level of ART drugs in the body and the suppression of the virus. If adherence rates drop below 95%, levels of ART in the body are low and not enough to control HIV. In such a situation the HIV virus gets an opportunity to develop resistance to ART.



4. Remind participants that adherence to treatment requires a client-centered partnership in which the client is encouraged and supported to understand the factors for therapeutic success and identify challenges and possible solutions to achieving this goal. Therefore, it is not sufficient to define adherence only from a clinical perspective. Ask participants: **"What could be the risks of considering adherence to treatment only from a clinical point of view?"**



5. After participants answer, explain that

the regimens currently available require a client to take HIV treatment for life. This in turn means that a client has to sustain adherence to HIV regimens for life. Many clients may not be equipped to face such a daunting commitment without understanding the requirements of ART and without access to support on a regular basis, and even in the best-case scenarios, adherence often presents different challenges for different clients.

Activity B :

25 minutes



1. Explain that in the next activity we are going to consider possible factors that may impact adherence from a client's point of view. Divide participants into three groups. Give a marker to each group and show the flip charts. Give ten minutes for preparation. Then each group gets five minutes for its presentation. Each group should select a timekeeper from within the group who will stop the presentation after five minutes.

- **Group 1: "Client-centered factors impacting adherence."**



Ask them to imagine that they are HIV-positive people and that they are considering to begin ART. They have to imagine that they have been counseled about the importance of adherence, and you want them to think about possible factors that would challenge their ability to achieve the desired 95% adherence rate. These factors may include personal issues, such as stress and depression, and social issues such as inability to afford medicines.

- **Group 2: "Providers' attitudes and behaviors impacting adherence."**
- **Group 3: "Environmental and social factors impacting adherence."**



Explain that you would like them to think about how situations that are beyond the control of individuals affect adherence

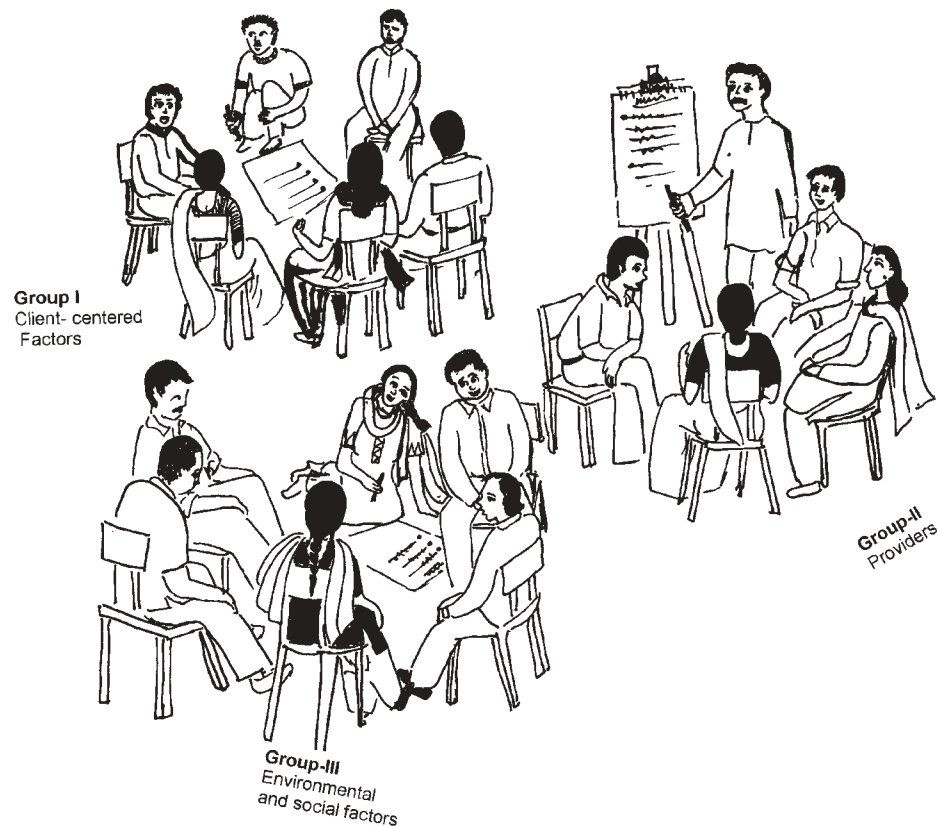


2. Facilitate a brief discussion (10 minutes) on each list of issues using the following questions:

- **Are there any factors/issues that you find surprising? Why?**
- **Are there any factors that you think would impact adherence to treatment for other diseases? Can you give some examples?**
- **Which of these issues do you think would have the greatest impact on clients' ability to adhere to treatment? Why?**
- **What can counselors do in a clinical setting to help overcome the challenges that these issues create for clients?**
- **How can counselors help in addressing the broader social factors that impact a clients' ability to manage ART as successfully as possible?**

3. Facilitator emphasizes the following issue

ART is based on managing HIV as a chronic condition. Clients affected by other chronic conditions may face similar challenges in sustaining their ability to stick to complex and/or challenging therapies. However, the nature of the HIV virus and its ability to mutate and become resistant to treatment is an additional and very serious threat to therapeutic success, and this is why adherence plays a critical role.



Activity C :

20 minutes

1. Distribute case studies from trainer's resource 'A' and divide participants into at least three groups, one for each case study. Give eight minutes to discuss their case and then call the groups together and debrief the exercise. Each group gets four minutes to present its case and discuss the issues raised in the scenario.

Key Messages

- ***"Adherence means to stick to something". In the context of ART, studies have shown that clients must take over 95% of the necessary doses in order to achieve the conditions for therapeutic success, i.e. clients should "stick" to at least 95% of their drug schedule. Therefore, as counselors our aim is to support clients to achieve and sustain this rate of adherence to their regimens.***
- ***Not taking the medicines properly may lead to "drug resistance." This happens because the anti-microbial agents in the HIV medicines do not tolerate frequent lapses in adherence since these lapses result in sub-optimal concentrations of the drugs in the body. This in turn contributes to resistance to ART. Then it becomes difficult for the drugs to suppress the multiplication of the HIV virus. The drugs stop working.***
- ***The ART regimens currently available require a client to take HIV treatment for life. This in turn means that a client has to sustain adherence to HIV regimens for a long time. Many clients may not be equipped to face such a daunting commitment without understanding the requirements of ART and without access to support on a regular basis, and even in the best-case scenarios adherence often presents different challenges for different clients.***

- *Therefore in a client-centered approach to care, the word adherence is used to communicate, that the success of a complicated medical regimen requires a partnership in which the client, the counselors, and the social environment interact constructively to achieve a goal, namely the success of the treatment or therapy. This means addressing clinical, personal, and social factors that may impact a client's ability to achieve and maintain the necessary level of treatment adherence. We need to consider adherence as the result of the complex interactions of many issues affecting the quality of life of clients.*
- *Counselors play a very important role in helping clients identify possible challenges and solutions to managing treatment as successfully as possible and maintaining quality of life. Establishing a good client-counselor rapport is a critical factor to help clients maintain treatment adherence. In order to achieve this aim, counselors should focus on the clients' concerns and priorities and help them to develop knowledge and skills to self-manage their chronic condition as effectively as possible.*

HIV, AIDS AND CHRONIC CARE**Session 2.2 : Adherence to HIV Treatment****Trainer's resource 'A' : Adherence Case Studies****Case Study #1****Devi, a person living with HIV who has quit treatment**

Devi came to know of her status in early 2002. After a few months she approached a doctor who advised her against beginning ART due to its toxicity. She then went to another doctor who started her on ART; her CD4 was 200 at that time. In a few months, her CD4 count went up and she started feeling better.

During this time, she met other PLHA and families of people on ART who had died. Many of these people gave Devi incorrect messages about ART, which was a result of their own misunderstanding or limited knowledge. After these conversations, Devi thought that people on ART died earlier. Therefore, after taking ART for a year, she discontinued.

Devi did not consult her doctor before stopping. However, the doctor had never conveyed the consequences of discontinuing the medication.

Discussion Questions

- **What were the main reasons for Devi stopping her treatment?**
- **What could have been done in order to prevent this from happening?**

Case Study #2

Satish, a person living with HIV on regular ARV medication

In 1999, when he was first diagnosed with HIV, Satish came in contact with a doctor working in Chennai. At that time, ART was not available in the country, but Satish learned a lot about it from him.

In 2002 his condition started deteriorating and he started getting more symptoms such as skin infections, weight loss, and diarrhoea. He approached an NGO and after some tests, including a CD4 count, he was put on ART. Over time he learned a lot about ART and adherence through different training programs that he attended.

Satish had a lot of side effects in the first two months, but he had an extremely involved doctor who took time to explain things to him. This same doctor even provided home-based care for him. He also served as a counselor, helping him with emotional problems and encouraging Satish to disclose his status to his wife.

Satish understands that ART is not a permanent solution. He says it is good to wait as long as possible before starting ART, since there is no second line of drugs available. He fears resistance due to this reason. He has an extremely supportive and involved family who reminds him to take medicine on time, including his children.

Discussion Questions

- **What factors have helped Satish adhere to his medication?**
- **How has Satish's doctor played a critical role?**
- **Why did the doctor encourage Satish to disclose his status to his wife?**

Case Study #3**Anand, a person living with HIV who discontinued treatment and then restarted**

Anand was diagnosed as being positive in 1994. Three years later he began to take an ART drug, which was being imported by the NGO that he was working for. This was done with no advice from a doctor and no understanding of ART. When Anand stopped working with the NGO, he stopped taking the medicine because he found it too expensive in the open market.

Later he began experiencing a lot of infections and lost a lot of weight. He went to a doctor and found that his CD4 count was 40. The doctor put him on a 3-drug combination. After six months, his CD4 count had increased and he began to feel better; he decided to stop the ART on his own as he found it expensive and difficult to monitor due to the fact that he lives alone and travels a lot.

A couple of months later Anand suffered severe headache and was diagnosed with Cryptococcal Meningitis in a private hospital. Soon after, he resumed his ART, but he still misses his doses. The doctor has recommended second-line treatment to fight his ART resistance; however, he does not have the resources to afford that.

Discussion Questions

- **What were the main reasons for Anand stopping his treatment?**
- **What could have been done in order to prevent this from happening?**

HIV, AIDS AND CHRONIC CARE

Session 2.3 : Principles of Chronic Care in the Client-Centered HIV Context

Trainer's notes

Objectives

By the end of this session participants will be able to:

- Identify the general principles of good chronic care.
- Explain the relevance of key principles of good chronic care

Methodology

Lecture, group discussion

Recommended Time



60 minutes

Materials

- Flip chart, markers

Preparation

- A flip chart to show the principles of good chronic care (Activity A).
- Written instructions for group work (Activity B).

Activity A

10 minutes



1. Explain that you are going to introduce a few general principles that apply to the provision of good chronic care, including chronic HIV care. Show these principles on a flip chart or slide:

-
- A. Develop a treatment partnership with your client.
 - B. Focus on your client's concerns and priorities.



-
- C. Use the 5 A's: Assess, Advise, Agree, Assist, Arrange.
 - D. Support client self-management.
 - E. Organize proactive follow-up.
 - F. Involve "expert clients," peer educators, and support staff in your health facility.
 - G. Link the client to community-based resources and support.
 - H. Use written information-registers, treatment plans, and treatment cards-to document, monitor, and remind.
 - I. Work as a clinical team.
 - J. Assure continuity of care.
 - K. Remember that the person with HIV is the center of all our activities.
-

2. Ask if participants have heard of, or are familiar with these principles. If they are, allow a few minutes for sharing their understanding of and experience in applying these principles in their work.
3. Stress that all these general principles of good chronic care are important, but as providers and especially as Counselors, we are going to focus our attention particularly on principles A, B, C, D, F and I.
4. Emphasize that the remaining principles may be considered as crosscutting issues applying to all the stages of good chronic care. For example, principle H (use written information) and principle J (assure continuity of care) are essential elements of good care in general, not just of chronic care.
5. Explain that in this activity participants will explore in more detail the principles listed below (which does not include the 5 A's because these will be discussed in greater detail later in the workshop):
 - A. Develop a treatment partnership with your client.
 - B. Focus on your client's concerns and priorities.
 - C. Support client self-management.
 - D. Work as a clinical team.
 - E. Involve "expert clients," peer educators, and support staff in your health facility.

Activity B

50 minutes



1. Divide participants into four groups of 4-5 people or more, depending on the total number. Assign A and B to group 1, C to group 2, D to group 3, and E to group 4.

2. Give instructions to each group, as follows (you may want to prepare these instructions in writing in advance for each group)

Instructions for Group 1:



Discuss the following questions and write your answers on a flip chart: **How would you define a partnership? What factors would make a partnership work well for good chronic care? What could be the advantages of focusing on clients' concerns and priorities for good chronic care?**

Instructions for Group 2:



Discuss the following questions and write your answers on a flip chart: **How would you define client self-management? What key factors can you identify that would enable successful client self-management? What could be the advantages of supporting client self-management for good chronic care?**

Instructions for Group 3:



Discuss the following questions and write your answers on a flip chart: **Who would a clinical team include to provide ART? How could this team work together in different locations, e.g., a district outpatient clinic and a health center without a doctor or a medical officer?**

Instructions for Group 4:



Discuss the following question and write your answers on a flip chart: **What would be the advantages of involving expert clients, peer educators, support staff and especially people living with HIV in your health facility for good chronic care?**

3. Give the groups 20 minutes for their discussion and flip chart preparation. Explain that each group should limit their presentation to 5 minutes maximum. Stress that they should conduct their discussion as a brainstorm instead of trying to debate issues at length. The purpose is not to establish right or wrong, but to draw from participants' knowledge and experience.
4. Ask each group to report briefly (no more than 5 minutes per group). After each presentation, invite a few questions and comments.

Refer to the Participant's manual - session 2.3, information resource 'B' 'Chronic care concept' to help you in facilitating this discussion. Refer Participant's manual, Annexare coordinated approach to chronic care for understanding a team.

Key Messages

- *Managing any chronic condition requires the clients' informed and active participation, especially when the client has to make potentially difficult decisions such as disclosure of the disease, the need to change behaviors, and commitment to long and complex treatments, such as in the case of HIV/AIDS.*
- *It is very difficult for anybody to make and sustain commitments like these without knowledge, skills and support to feel in charge of their own health care.*
- *Self-management means the client taking responsibility for his/her own health care.*
- *A critical issue for successful client self-management is to establish a partnership between the care team and the client that the client trusts and believes in.*
- *Provision of good HIV chronic care requires teamwork.*
- *Clinical teams may work together differently depending where they are located in order to ensure adequate compliance with national guidelines, supervision, case review, and accountability for overall clinical responsibility for the chronic HIV care delivered by the team.*

HIV, AIDS AND CHRONIC CARE

Session 2.4 : Good Chronic Care: Stages in Counseling Using 5 A's

Trainer's notes

Objectives

By the end of this session participants will be able to

- Explain what the stages 5A's in counseling, are in the context of ART.
- Identify critical elements of the 5 A's that apply to different categories of clients on ART.

Methodology

Lecture, group discussion

Recommended Time



60 minutes

Materials

- 5 A's flip chart
- Sufficient number of colored sticky dots of three different colors. You can use sticking bindis.
- Color markers and symbols
- Participant's manual Session 2.4-Handout 'A'

Preparation

- Prepare the 5A's flip chart.
- Make copies of the handout.

Steps :



60 Minutes

1. **The stages in counseling the 5A's are a key element of good chronic care. They provide practical steps to use in caring for clients.**



Inform participants that you are going to guide them through a tour of these steps. Before starting this session, you will have posted flip charts around the walls (see Participant's Manual Session 2.4, Information resource 'B': The 5 A's for the text of these flip charts). Each flip chart describes one of the A's. Begin the "tour."

2. Ask participants if they see any similarities with other types of counseling that they may currently be providing. Let participants discuss their impressions for a few minutes.
3. Explain that in this activity we are going to explore the types of clients on ART with whom counselors should make sure to cover the detailed steps of the 5 A's. For this purpose we are going to consider three essential types of clients on ART (Note: this categorization applies only in the context of this exercise for learning purposes):
 - a. **Clients who are preparing for ART.** These clients have not yet started treatment, but have been assessed to be eligible to go on ART.
 - b. **Clients who are initiating ART.** These clients are actually starting treatment.
 - c. **Clients who are on ART** and whom we need to monitor and support for adherence.
4. Divide the participants into three groups. Give from three sets of colored sticky dots/ bindis one to each group. Each color represents one of the client categories above. Make sure that each group has a sufficient number of dots.
5. Explain that each group has to discuss **which of the detailed element in each of the 5 A's would apply to the three types of clients.** For example, if they think that "Checking if client is interested in receiving therapy" in ASSESS applies only to clients who are preparing for ART, then they should stick a colored dot representing that category of client next to this element of ASSESS. There may well be elements of the 5 A's that apply to all categories of clients. If this happens then all the groups will stick their color dots on the same elements.
6. The facilitator should remember that at this stage the participants are using what they have learned so far about ART, and that it is okay if the participants do not have all the correct answers. The answers can be checked later. Encourage the groups not to engage in lengthy discussions about right or wrong, but to achieve consensus based on what the majority feels about each element that they discuss. Explain that the groups will have in total 30 minutes to complete their task.
7. Gather the participants around each flip chart. Quickly assess how the participants have categorized the elements in ASSESS. Explain that you will not discuss all the elements; just pick the two or three that may appear to either have been categorized for all types of clients or those that participants have categorized specifically for only

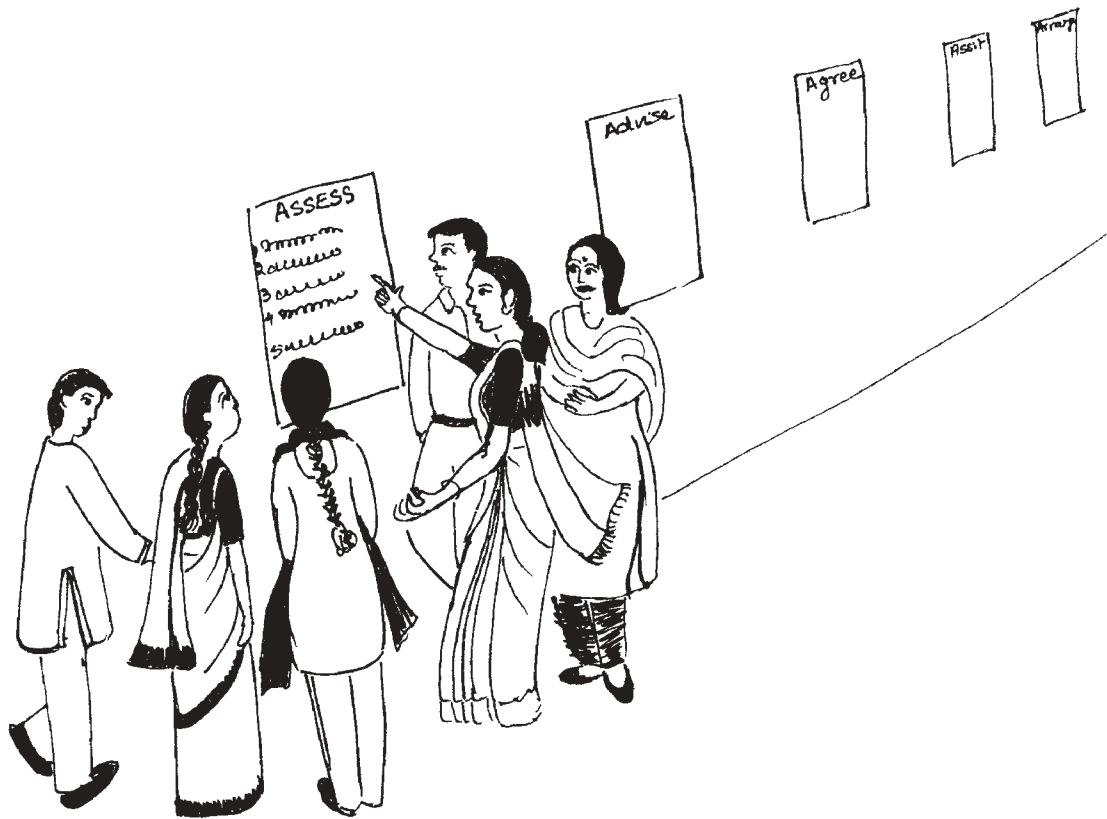
- one category of clients. Ask some participants from one group to share the reasons behind the group's categorization. Ask for other groups to comment. Do they agree or disagree? Why?
8. Repeat this process for a few elements in each of the remaining four A's.
 9. Finally ask the participants to refer to the handout for this session and explain that in it they will find further explanations and considerations for each of the elements in the 5 A's. Once again stress that providers should not consider the 5 A's as rigid boxes in which to become "caged" during the counseling process. Even in the same counseling session, counselors may be in the AGREE step and realize that the client still is unclear about some aspects of the treatment being discussed, and therefore counselors must be able to revisit the ASSESS and ADVISE steps to be sure that the client can make an informed choice.
 10. Stress that some elements of certain A's could also be classified as important elements of other A's, e.g. #14 in ASSESS could also be seen as an important aspect of ASSIST.
 11. **Conclusions: Explain that in order to implement this counseling framework with clients on ART, counselors must have not only knowledge about ART and HIV/AIDS, but also equally importantly the necessary counseling skills to be able to use the right questions and key messages at the right time with clients. We will explore and practice these skills later on in the workshop.**

Key Messages

- *The 5A's express a key general principle of good chronic care. In the context of ART for HIV disease, the 5 A's provide a counseling framework that can be applied to key groups of clients, namely:*
 - *Clients who are preparing for ART. These clients have NOT yet started treatment, but have been assessed to be eligible to go on ART.*
 - *Clients who are initiating ART. These clients are actually starting treatment.*
 - *Clients who are on ART and to whom we need to monitor and support for adherence.*
- *Counselors have a tendency to skip the AGREE step. In emergency situations, or when clients are too ill to go through a discussion, it may be justifiable to skip. However, most of the times HIV care is not emergency care.*



- *In chronic care, AGREE is a critical step-without it, there is no partnership with the client and no good self-management. For young children, this step has to be undertaken with parents or guardians.*
- *Counselors should consider these five steps as a continuum through which they need to assist clients in their treatment journey. This means that counselors must not only have knowledge about ART and HIV/AIDS, but equally importantly the necessary counseling skills to be able to use the right questions and key messages at the right time with different types of clients at different times in their treatment journey.*



HIV, AIDS AND CHRONIC CARE

Session 2.5 : Home-Based Care

Trainer's notes

Objectives

By the end of the session participants will

- Understand basic elements of home-based care and first aid for people living with HIV.
- Explore the role that family members can play in home-based care.

Methodology

Lecture, brainstorm

Recommended Time



45 minutes

Materials

- Flip chart
- Markers
- Tape
- Participant's manual Session 2.5-Handout 'A': Preventive home-based care
- Participant's manual Session 2.5-Handout 'B': Managing symptoms

Steps



1. Begin the session by asking participants to try to answer the following questions:

- **What is home-based care?**
- **Why is home-based care effective and important?**

Refer to the Participant's Manual Session 2.5 Information Resource 'A' for answers to these questions as they are being discussed.



2. Ask the group to brainstorm all of the tasks that a family member or peer educator can perform when providing home-based care. Remind the group that these tasks include physical, emotional, and spiritual tasks. List these tasks on the flip chart as people identify them.
3. Explain that we are going to talk more specifically about care that can be provided to people living with HIV in the home. Review Handouts A and B with the group and discuss any issues that are raised.

THE ELEMENTS OF COUNSELING

Session 3.1 : Introduction to Counseling and Communication Skills

Trainer's notes

Objectives

By the end of this session participants will

- Be able to define the term counseling.
- Be able to identify the issues that people living with HIV may need counseling on.
- Have an understanding of effective communication skills including nonverbal communication, verbal encouragement and questioning.

Methodology

Lecture, brainstorm

Recommended Time



30 minutes

Materials

- Flip chart and markers

Preparation

Flip chart with counseling definition

Steps



1. Begin the session by explaining that so far in this workshop we have reviewed a lot of information about how clients can adhere to ART and prevent HIV transmission. Explain that we now want to explore how counselors can communicate effectively with people living with HIV about these issues.



2. Write the term "**counseling**" on a flip chart and ask the group **what it means**. Write their responses on the flip chart as they provide them.

3. Provide the following definition of counseling:

Counseling is a process to help an individual identify problems, examine potential solutions, and help make decisions that are best for the individual.



4. Ask the group to think about the issues we have discussed so far in the workshop. Ask them to **identify some issues where they could offer counselling to people living with HIV.**

If participants have a difficult time identifying issues, make the following suggestions:



- Helping clients develop strategies to take pills regularly
- Encouraging clients to practice safer sex
- Helping clients disclose their HIV status to their partner
- Helping clients make decisions about starting ART
- Helping clients manage side effects
- Challenging misconceptions about ART

5. Tell participants that you will be introducing some key concepts of interpersonal communication that are the foundation for effective counselling.
6. Inform the group that a major part of communication does not involve any words at all. This is called nonverbal communication. Explain that there is positive nonverbal communication and negative nonverbal communication. Ask participants to raise their hand and to quickly call out **some examples of both positive and negative nonverbal communication.** Some examples could include the following:

Positive nonverbal cues



- Leaning towards a client
- Smiling
- Avoiding nervous mannerisms
- Presenting interested facial expressions
- Maintaining eye contact
- Making encouraging gestures such as nodding one's head

Negative nonverbal cues



- Reading from a chart
 - Glancing at one's watch
 - Yawning
 - Looking out of the window
 - Fidgeting
 - Frowning
 - Not maintaining eye contact
-

7. Tell the group you want to play a game to better understand non-verbal communication. Explain that you will walk around the room and when you stop and stand in front of a participant, that person should give you a positive nonverbal cue. After a few examples, repeat the game but now ask participants to show a negative nonverbal cue.
8. Summarize the game activity by explaining that

a good relationship with a client is often based not only on what the clients hear, but also on what they observe and sense about the counselor.

9. Explain that another effective communication skill is verbal encouragement. This lets the client know that the provider is interested and paying attention. Ask participants to give examples of things that providers can say to encourage a client while talking. Examples include :
 - Yes.
 - I see.
 - Right.
 - OK.
 - Really? Tell me more about that.
 - That's interesting.
10. Another part of verbal encouragement involves asking questions. These require that the person answering the question must reply with a full answer rather than a simple "yes" or "no."



Questions that only require a "yes" or "no" are called closed questions. Provide an example of the difference:

Closed question: Have you taken your ART medicines today?

Open-ended question: Please tell me about the problems you face in taking your ART?

11. Conclude by saying that we will discuss open ended questions in greater detail later in the Section.



THE ELEMENTS OF COUNSELING

Session 3.2 : Characteristics of a Good Counselor

Trainer notes

Objectives

By the end of the session participants will be able to:

- Identify at least five important characteristics of a good counselor.
- Identify at least five qualities of a poor counselor.

Mehodology

Group discussion

Recommended Time



45 minutes

Materials

- Flip chart
- Markers
- Tape

Steps



1. Divide the participants into two groups. Each group will receive flip chart paper and markers.

2. Tell the two groups to imagine that they are speaking to a counselor about ART. Ask the **first group** to make **a list of the qualities they would like their counselor to have** (positive qualities), and have them draw or write these qualities on the flip chart. Meanwhile, ask the **second group** to make a **list of the qualities that they would NOT like their counselor to have** (negative qualities), and have them draw or write these qualities on the flip chart. Do not have the groups share their lists with the other participants.





3. After the groups have completed their lists, ask them to develop a role-play in which they act out the qualities of the counselor that they have listed on the flip chart. Each group should identify one person to act as the counselor and one person to act as the client.
4. Ask each group to share its role-play with the participants in front of the room. After each group completes its role-play, ask the audience to **identify the characteristics of the counselor that they observed**. Write these down on a flip chart and compare them with the original flip chart that the group created.
5. Discuss any characteristics of a good or bad counselor at the end that were not shared by the group. The Participant's Manual session 3.2, information resource 'A' contains some basic characteristics of an effective and poor counselor. Make sure all of these qualities are discussed.



THE ELEMENTS OF COUNSELING

Session 3.3 : Effective Listening

Trainer's notes

Objectives

By the end of this session participants will be able to

- Describe at least two purposes of listening as a key communication skill for counseling.
- List at least three indicators of effective listening.

Methodology

Lecture, group activity

Recommended Time



45 minutes

Materials

- Writing paper, flip chart, markers, and tape
- Participant's manual Session 3.3-Handout 'A': Effective Listening

Preparation

- Prepare the flip chart called 'Effective Listening' and the one called 'Improving Listening Skills'.
- Prepare copies of the handout.

Activity A



15 minutes

1. Explain that effective listening is a fundamental skill in counseling and in interpersonal communication in general.
2. Ask participants to work in pairs to develop their own definition of effective listening. Distribute sheets of paper to each pair and ask them to brainstorm and write on it their own definition of effective listening. Allow five minutes for this task.

3. Show the definition of effective listening on a flip chart or slide:

Effective listening is a primary tool for showing respect and establishing partnership with the client. When a counselor does not listen well the client assumes that the client is not respected and that the client's situations and problems are not important to the counselor.



Effective listening is also a key communication skill for counseling. It is important for most efficiently determining what the clients need, what the clients' real concerns are, what the clients already know about their situation, what the clients believe about what they can do, and the expectations that the clients have.



4. Ask a few pairs to volunteer their definitions. **How similar or different are they from the one you have shown? In which ways can we improve our listening skills?** Invite a few responses, then show the next flip chart/slide:

Listening skills can be improved by:



- Maintaining eye contact with the speaker (within cultural norms)
- Demonstrating interest by nodding, leaning toward the client, and smiling
- Sitting comfortably and avoiding distracting movements
- Paying attention to the speaker (e.g., not doing other tasks at the same time, not talking to other people, not interrupting, and not allowing others to interrupt)
- Listening to your client carefully, instead of thinking about other things or about what you are going to say next
- Listening to what your clients say and how they say it, and noticing the client's tone of voice, choice of words, facial expressions, and gestures
- Imagining yourself in your client's situation as you listen
- Keeping silent sometimes, and thus giving your client time to think, ask questions, and talk

Activity B :



30 minutes

1. Explain that in this activity the participants will have a chance to practice their effective listening skills. They will work in groups of three people: One person will play the "speaker" and will talk for a maximum of two minutes telling something about their work, or their interests, or any topic that they feel comfortable to talk about. One person will play the "listener" and will try to practice effective listening according to the recommendations posted on the "Improving listening skills" flip chart. One person will play the "observer" and will stop the role-play after two

minutes. The "observer" will facilitate a three-minute feedback session using the following guidelines:



- Ask the "speaker": **What did the "listener" do well that made you feel "heard"?**
 - Ask the "listener": **What elements of effective listening do you think that you did well? What would you do differently to improve your active listening?**
2. After each role-play, participants switch roles until everybody has had a chance to play all three roles.
 3. Ask the participants to go back to their seats. Facilitate a brief discussion by using the following questions:



- **What did you learn about effective listening when you were playing the "speaker"?**
 - **What did you learn when you playing the "listener"?**
 - **What did you learn when you were playing the "observer"?**
4. Distribute and review the handout, stressing that effective listening is a critically important counseling skill in establishing a good rapport with a client. We will explore rapport building in the next session.

Key Messages

- *Effective listening is a primary tool for showing respect and establishing rapport with the client. When a counselor does not listen well, it is easy for a client to assume that his or her situation is not important to the counselor, or that he or she as an individual is not important to the counselor. Thus, it is hard to develop the trust necessary for good counseling if the counselor is not listening effectively.*
- *Effective listening is also a key communication skill for counseling. It is important for most efficiently determining what the client needs, what the client's real concerns are, what the client already knows about his or her situation, what the client believes about what he/she can do, and the expectations that the client has.*
- *Listening skills can be improved by:*
 - *maintaining eye contact with the speaker (within cultural norms)*
 - *being attentive to the speaker (e.g., not doing other tasks at the same time)*
 - *not interrupting*
 - *showing interest by nodding, leaning toward the client, smiling*



DAY - 3

Session 3.4 - 4.3

SCHEDULE FOR DAY 3

Session Title and Estimated Time	Methodology	Materials
Recap (15 minutes)		
3.4 Effective Counseling Skills for Good Client-Counselor Interaction (45 minutes)	Lecture, brainstorm, group activity and discussion	Writing paper, flip chart, marker pens, sticking tapes, role play scenarios
3.5 Asking Open-Ended Questions (50 minutes)	Brainstorm	Flip chart, marker pens, sticking tape
Tea Break (10 minutes)		
3.6 Using Language Clients can understand (70 minutes)	Lecture, group presentation and discussion	Writing papers, pens
3.7 Being Nonjudgemental (45 minutes)	Game, discussion	Flip chart, marker pens, sticking tapes
Lunch (45 minutes)		
Energizer (10 minutes)		
3.8 Counseling Practice: Assess (45 minutes)	Lecture, group discussion	Writing paper, marker pens, flip chart, sticking tape
4.1 Introduction to side effects of ART (45 minutes)	Lecture, discussion	Flip chart, marker pens, writing paper, pens
4.2 Counseling for ART side effects (60 minutes)	Group activity and discussion	Writing paper, pens
Tea & Energizer (15 minutes)		
4.3 Prevention of HIV Transmission to Partners (60 minutes)	Game, brainstorm, group presentation (Role play)	Different colours of cards or paper, scissors, pens, marker pens, sticking tape
Recap of Day three (15 minutes)	Brainstrom	Flip chart , marker pen

THE ELEMENTS OF COUNSELING**Session 3.4 : Effective Counseling Skills for Good Client-Counselor Interaction****Trainer Notes****Objectives**

By the end of this session participants will be able to

- Explain important factors and skills for good client-counselor interaction.
- Use important skills for good client-counselor interaction.

Methodology

Lecture, brainstorm, group activity, discussion

Recommended Time

45 minutes

Materials

- Writing paper, flip chart, markers, and tape
- Participant's manual Session 3.4-Handout 'A': Building Rapport with clients
- 4 Cards with scenarios for role play

Preparation

- Flip chart "Critical factors for good rapport-building in counseling clients on ART" (as contained in the handout)
- "Praise and Encouragement" flip chart
- "Empathy" flip chart
- "Paraphrasing" flip chart
- Definition of Paraphrasing, Praise, Empathy, Encouragement written on A4 paper or cards. (Activity B)
- Cut & stick from session 3.4 Trainers resource 'A' 'Client statements & counselor responses - Role-play cards'. (Activity C)

Activity A :

10 minutes



1. Introduce the session by explaining that there are important factors that affect good client-counselor interaction, including in the counseling of clients on ART. Post the flip chart (see Handout A) showing these factors. Stress that these factors play a critical role in enabling counselors to establish a good rapport with clients at the beginning of a client visit, and especially if it is the first visit.

Respect: Stress that in essence these factors represent good communication skills for client-counselor interaction, especially in counseling. Participants may be already familiar with some of these factors, and in this session we are going to explore a few in more detail. We will begin with respect. Ask participants:

2. **Respect:** Ask the participants the following questions

- **What does respect mean to you?**
- **How do your clients show respect for you? How do you show respect for your clients?**
- **How is this different from the way in which you show respect for other people with whom you interact?**



3. **Praise:** Ask the participants the following questions:

- **What does praise mean to you? What does encouragement mean to you?**
- **How could praise and encouragement be useful in building rapport with clients?**



Post the flip chart sheet with the definitions of praise and encouragement (see below) and briefly review these, comparing them to the participants' responses.

- *Praise means the expression of approval or admiration.*
- *Encouragement means giving courage, confidence, and hope.*

4. Ask participants to work in pairs. Explain that you will read a statement that a client might say to a counselor (use the client's statements from the Trainer's Resource). Ask each pair to brainstorm a response that would show praise or encouragement, and ask some of the pairs to share their responses. Then read the sample response provided in the Resource and ask participants how they think it compares with what they offered. Continue with the rest of the client statements and possible counselor responses, as time permits.



5. **Empathy:** Ask participants to **define empathy**. Elicit a few responses, then show the following definition on a flip chart/slide:

Empathy is the ability to recognize and understand another person's state of mind, beliefs, desires and emotions.

- Empathy is not the same as sympathy where you just feel sorry for the other person.



6. **Ask participants to give you examples of sympathy** (e.g., feeling sorry for another, feeling sad for someone else, feeling happy for another) Ask the following question:



- **What does "feeling with another," mean to you?**

7. Invite a few responses, then show the following points on flip chart/slide:

Empathy is:

*Listening to all the feelings of another. (NOT just listening selectively)
Responding with understanding. (Do not try to minimize, change, or "solve" another person's feelings.)*

When empathizing, we do not:

- judge (evaluate or "label" the person's feelings)
- try to solve the problem for them
- advise (tell what to do)
- question (keep seeking more information)

These actions may be appropriate at other times, but not when we want to show empathy.



8. **Paraphrasing:** Explain that effective listening is a critical skill in showing empathy. In addition, paraphrasing provides a practical way to show empathy in counseling. Ask if anyone is familiar with this counseling skill. **Ask if anyone from the group can suggest a simple definition of paraphrasing.**

Paraphrasing means stating in your own words what someone has just said.

Activity B

10 Minutes



1. Make four groups. Assign each group a topic as follows:

Group 1: Paraphrasing
Group 2: Praise
Group 3: Encouragement
Group 4: Empathy

2. Ask each group to come with a definition of the term allotted to it. Give participants five minutes to do this and ask them to write it on their notebooks. After they have come up with a definition, then hand the group the definition of its term/phrase. The group will then compare their definition and reconcile with the definition given by the facilitator.

Activity C :

25 minutes



1. Now distribute Handout A and ask the groups to work for five minutes to come up with a one-minute role-play for their scenario. Emphasize to the groups that they need to focus on the skills and the feelings (e.g., paraphrasing, empathy). One participant in each group will be a timekeeper and should stop the role-play after one minute. Emphasize that they have only one minute each.



2. After each role-play spend two minutes asking group members:

What did the role-players do well?

What could they have done better?



3. Conclusions: Ask participants: **What role do these factors and communication skills play in establishing good rapport between the counselor and the client?**

Possible answers: They create rapport built on trust, respect, and support. They help make the client feel "heard" and more in control of his/her situation. This in turn contributes to motivate the client to engage with the counselor. This is essential for the success of ART.

4. Invite a few responses, and conclude the session by distributing the handout A: Building rapport with clients on ART.



THE ELEMENTS OF COUNSELING

Session 3.4 : Effective Counseling Skills

Trainer's resource 'A' : Client Statement and Counselor Responses - Role Play Cards

Scenarios for the role-plays:

Group	Sample client statements	Sample counselor responses
Paraphrasing	You have no idea how difficult my life is.	I hear that you have faced a lot of difficulties because of your HIV status. Despite all the problems you are facing you have come to see me, and I am here to help you as much as possible.
Praise	What do you know about living with AIDS? You are not positive!	I may not have your understanding of what it is to be living with this condition, but I really admire your strengths and courage and I want to help you to stay as healthy as possible.
Encouragement	I can't talk about this thing. It's too much for me.	I see many clients who feel like you do. It takes a lot to cope with this condition, but now we can do something to help you get better. I am here to help you as much as possible.
Empathy	How do you expect me to remember to take all these pills every day at the same time for all my life?	I know that this is really difficult and I guess that if I were in your situation I would probably feel in a similar way. I really don't want you to feel bad because you forgot to take a dose. I care about your health and I want to help you to make sure that you don't forget in future.

THE ELEMENTS OF COUNSELING

Session 3.5 : Asking Open-ended Questions

Trainer's notes

Objectives

By the end of this session participants will be able to

- Describe two basic types of questions used in counseling.
- Explain the importance of open-ended (and feeling/opinion) questions in assessing clients' needs and knowledge.
- Reformulate closed questions into open-ended questions.
- Identify possible open-ended questions that could be used in counseling with clients on ART.

Methodology

Brainstorm



Recommended Time

50 minutes

Materials

- Flip chart paper, markers, and tape
- Participant's manual Session 3.5-Handout 'A': Open-ended and closed questions

Preparation

- Prepare and post the "Closed or open-ended question" flip chart.
- "Closed" questions written one on each piece of paper.

Activity A :

20 minutes



1. Ask this question to the participants. **"Why do we ask questions during counseling?"** Write the responses on the flip chart. The responses should include the following.



-
1. To assess the client's HIV needs and knowledge
 2. To involve the client as an active partner and elicit his or her needs, concerns, and preferences
 3. To establish a good relationship by showing concern and interest
 4. To prioritize the key issues to target during the brief time available for counseling
 5. To determine what educational or language level will be best understood by the client
 6. To avoid repeating information that the client already knows
 7. To identify areas of misinformation to correct

[Adapted from: Tabbutt, 1995.]

Closed questions usually will be answered with a very short response, often just one word.

A closed question calls for a brief, exact reply, such as "yes," "no," or a number or fact.

These are good questions for gathering important medical and background information quickly. Examples include

- How many children do you have?
- When was your HIV test?
- When did the [name of symptom] start?
- How old are you?

Open-ended questions are useful for exploring the client's opinions and feelings and usually require longer responses. Asking questions is both for gathering information and is also a form of verbal encouragement. These questions are more effective in determining what the client needs (in terms of information or emotional support) and what he or she already knows. Examples include



- How can we help you today? Why have you come here today?
- Can you tell me about your symptoms?
- How do you feel about starting ART?
- What is your home situation?
- What have you heard about adherence?
- What questions or concerns does your wife/husband/partner have about your condition?

Adapted from: EngenderHealth, 2003 ©.

2. Brainstorm "Closed" and "Open-ended" questions. Participants frame the questions and the facilitator writes them on the flip chart in a table as depicted below. Then discuss with the group and come to a conclusion whether the questions are open-ended or closed. Check the appropriate box as shown below :

Questions: Closed or Open-Ended?		
C	O	Questions
*		Do you take ART regularly?
	*	Please tell about your experience taking ART.

Activity B

30 minutes



1. Ask participants to write a closed question, only one question on one piece of paper, and collect their responses. Quickly go through the questions. If there are not enough appropriate closed questions, then use your prepared closed questions.
2. Two participants take turns coming up to the front to pick up a question from the facilitator and then reformulate the closed question to an open-ended one. This exercise continues until all the participants get an opportunity to convert the closed questions into open-ended ones.
3. At the conclusion ask participants to refer to Participant manual Session 3.5 Handout 'A': 'Open-ended and closed questions' for future use.



THE ELEMENTS OF COUNSELING

Session 3.6 : Using Language Clients Can Understand

Trainer's notes

Objectives

- By the end of this session participants will be able to
- Communicate complex clinical issues using simple language.

Methodology

Lecture, group presentation & discussion.

Recommended Time



70 minutes

Materials

- Writing paper and pens
- Participant's manual Session 1.4-Handout 'B'
- Participant's manual Session 1.4-Handout 'C'
- Participant's manual Session 1.5-Handout 'A'
- Participant's manual Session 1.6-Handout 'A'
- Participant's manual Session 1.7-Handout 'A', 'B' and 'C'
- Participant's manual Session 1.8-Handout 'A'
- Participant's manual Session 2.2-Information Resource 'A'

Preparation

- Prepare A4 paper with group numbers and topics assigned to them.

Steps

1. Explain that in this session we will explore **the importance of simplifying medical and technical terminology using simple local language when counseling clients on ART**. Ask participants:



Why should we do this? (Possible answers: Because our clients may come from many different backgrounds. Even clients with high levels of literacy may still feel intimidated by complex clinical terminology. By communicating in the language understood by the clients and using simple words we ensure that clients feel that we treat them as equals. This also ensures that we effectively communicate critical content and messages.)



2. Divide the participants into four groups. Explain that for this activity they have to refer to the handouts listed in 'Materials' above. Assign topics to each group, as follows:



Group 1: How HIV attacks our health; HIV and opportunistic infections; Explain the evolution of HIV to AIDS; Relation between HIV and TB. (Session 1.4-Handout B)



Group 2: Most common opportunistic infections that affect people living with HIV; How to prevent? Importance of treating OI first before starting ART. (Session 1.4-Handout C)



Group 3: Role of ART in treating HIV infection. Antiretroviral drugs: how they interfere with the HIV virus; the different ARV and the most commonly used; why do we use combinations of ARV; types of regimens; benefits and goals of ART. (Session 1.5-Handout A, Session 1.6-Handout A and Session 1.7-Handout A)



Group 4: Adherence and resistance: what happens after we take the drugs? Adherence: what it means. Resistance: what it is; what happens to HIV when we take the drugs correctly and when we don't take them correctly. (Session 1.8-Handout A, Session 2.2-Information Resource A)

3. The groups have to refer to the respective handouts listed above as a starting point to develop descriptions or explanations in simple language of the issues they have been assigned. They have to imagine that they are clients and how they would want to have these issues explained to them if they didn't know anything about them. Stress that in this exercise the participants should be as creative as possible e.g., by using body language, by making their own drawings.
4. Explain that they can spend the first 15 minutes preparing their simplified messages. These should be short and to the point. After 15 minutes you will stop them and they will have to start role-playing in their groups. One person will play the counselor, one person will play the client, and one person will play the observer. Depending on the number of group members, there may be more than one role-play taking place at the same time in the same group. It's up to participants as to how they want to organize their space. The role-play will begin with the "client" asking a question such as "I don't understand why HIV can make me very sick over time." The person acting

as a client should ask questions related to the topic assigned to the group. The "counselor" will have one minute to explain in simple language. The "observer" has to stop the role-play after one minute and group members will switch roles until everybody has played all three roles using different issues each time.

5. Ask participants:



What did you learn from this activity when you were playing the "client"?

What did you learn when you were playing the "counselor"?

What did you learn when you were playing the "observer"?

What would be the benefits for those on ART if counselors could explain complex issues in simple language?



THE ELEMENTS OF COUNSELING

Session 3.7 : Being Nonjudgemental

Trainer's notes

Objectives

By the end of this session participants will be able to

- Explain how counselors' beliefs and attitudes can affect their interactions with clients, both positively and negatively.
- Explain the importance of being aware of our own beliefs and attitudes, to avoid imposing them on clients or having them become barriers to communication.

Methodology

Game, discussion

Recommended Time



45 minutes

Materials

- Flip chart, markers, and tape

Preparation

- Review the list of "belief" statements and the accompanying advice included in the Facilitator guide, session 3.7 Trainer's Resource. Select about 10 statements to use in this exercise, addressing issues that you feel would be particularly useful to explore with your group and decide in which order to read them. (You may want to write your own, as necessary, to address specific local issues.)

Steps



1. Make three large signs reading AGREE, DISAGREE, and UNSURE. Post these signs in three different locations, with space for people to gather near each sign.
2. Arrange the chairs and tables so people can move easily between the signs.
3. Explain that this exercise is about our individual beliefs and the effects that they may have on our attitudes toward and interactions with clients. Ask the participants **what the word belief means** to them, and then ask how we form our beliefs.



4. Ask **what attitudes are**, and **how our beliefs influence our attitudes**.
5. Gather the participants in the middle of the room. Explain that you will lead a group exercise intended to help the participants examine their own beliefs about working with clients on ART.



6. Read one of the "belief" statements that you have chosen from the sample list and ask the participants to decide if they agree with, disagree with, or are unsure how they feel about the statement.
7. After they decide, ask them to stand under the sign (AGREE, DISAGREE, or UNSURE) that best reflects their opinion. Then ask one or two participants from each group to describe their thinking about this statement. As a result of the discussion, participants may choose to change their original response and move under a different sign.
8. Choose statements from the subheadings sequentially so that you cover all subheadings equally. Repeat this process with the statements, for as long as time permits. Ask the participants to return to their seats.
9. Use the following questions to lead a discussion about this exercise:
 - **Does everyone in the group have the same beliefs, or are there differences?**
 - **Which statements revealed the widest range of beliefs? What could explain these differences?**
 - **What might happen during counseling when counselors and clients hold different beliefs about issues like sex and sexuality, illness and disease, death and dying?**
 - **How could counselors' attitudes and values about these issues affect a partnership with clients on ART and the client's ability to use the treatment effectively?**
 - **Why is it important for us, as counselors, to be aware of our own personal attitudes and beliefs about issues that we have to discuss with clients?**
 - **What can we do, as counselors, when our beliefs or a client's beliefs about a particular issue make us uncomfortable about discussing these matters with clients?**



THE ELEMENTS OF COUNSELING

Session 3.7 : Being Nonjudgemental

Trainer's resource 'A' : Sample Belief Statements

The belief statements are not to be distributed as a handout because the participants, or others who may read the materials later may misunderstand the intent of this exercise and think that these statements reflect the beliefs of the trainers.

Working with clients on ART requires being aware of one's own attitudes and beliefs about a range of potentially sensitive issues that may impact the ability of clients to manage their treatment effectively, seek timely help when they have difficulties in self-managing their treatment, seek support from family and community members, disclose their HIV status, and sustain safer sex practices. These issues include ways of expressing sexuality, perceptions of different groups of people, issues about illness and disease, perceptions about the relationship between clients and counselors, death and dying, and expectations about how people should behave or what they may be entitled to because they are male or female.

The sample statements for this activity include some of the most controversial and sensitive topics in most cultures around the world. However, specific issues and concerns differ from place to place. Therefore, it is important for you to read these statements carefully ahead of time. Choose only those that are most relevant to the beliefs and attitudes of service providers in your setting. Add other statements, if necessary.

Also, these statements are listed in no particular order; you will need to decide which you want to read first, second, and so on.

During this exercise, it is important to remind the participants that there are not "right" or "wrong" answers. People respond based on their beliefs, and one purpose of the exercise is to help explore differences when they exist. Therefore, remain neutral throughout the exercise and maintain a balance among the different viewpoints presented.

For this exercise to be effective, it is essential for each participant to decide whether he or she agrees with, disagrees with, or is unsure about each statement. This will help them to know their own beliefs. Also, when they practice discussing their beliefs in front of others, it will help raise their awareness of how these beliefs can affect their interactions with clients (and with others).

To cover a range of issues in the time available, responses will have to be limited to just two or three per group per statement.

Sample Belief Statements

****Do Not Distribute to the Participants****

Judgements about Clients



1. Most uneducated women are incapable of making their own decisions about their health.
2. Clients who receive good, up-to-date information about ART adherence will be able to use the treatment properly.
3. Clients on ART who keep missing clinic appointments should be denied care.
4. If counselors are uncomfortable with homosexuality, it is acceptable for them to refer homosexual clients to other counselors.
5. It is hard for me to understand why people who know how HIV is transmitted would continue to share needles/have sex.
6. Clients who have good, up-to-date information about HIV transmission will make good choices about keeping themselves safe.
7. Clients who ask lots of questions and expect to be considered equals by counselors should be told that they are wrong and are wasting the counselor's time.
8. Clients who are Intravenous or injecting drug users should be denied ART drugs.

Adolescents and Young People



1. Our facility should make contraceptive methods including condoms available to adolescents.
2. Fourteen is too young for a boy to have sex.
3. Schools should provide sex education for children before puberty, starting at age 9 or 10.
4. In most cases, it is not worth discussing condoms with young people because they will never use them.
5. Children should be taught about HIV and other STI in school.
6. The parent of a teenage client has a right to know if the teenager reports having sex.
7. Children should have information about HIV and recreational drugs.

Gender and Sexuality



1. It is more acceptable for men to have multiple sexual partners than for women to have multiple sexual partners.
2. Parents should not allow their daughters as much sexual freedom as their sons.
3. It is more acceptable for a man to have an extramarital sexual partner than for a woman.
4. It is acceptable for parents to encourage their sons to have sex before marriage.
5. It is the man's responsibility to bring the condom.
6. Most women who get STI are promiscuous.
7. The average woman wants sex less often than the average man.
8. Women should be virgins when they marry.
9. Men enjoy sex without love more than women do.
10. If a woman never experiences childbirth, she is less of a woman.
11. A man is more of a "man" once he has fathered a child.
12. There is no such thing as rape in marriage.
13. Men have a right to extramarital sex if their wives are not willing/unable/available to have sex.
14. Women are incapable of sexual pleasure without a man.
15. A woman who suspects that her husband has an STI or HIV has the right to refuse to have sex with him.

HIV, AIDS

1. People who do not use condoms can only blame themselves for getting HIV.
2. Health care providers have the right to know the HIV status of their clients.
3. Health care providers who are HIV-positive have a moral obligation to resign from their jobs.
4. If a health care provider is HIV-positive, those who work with him or her should have the option to change their schedule if they are no longer comfortable working under those circumstances.
5. A woman who knows that she is infected with HIV should not have a baby.
6. People with HIV should not have sex.
7. It is a crime for people who are infected with HIV to have sexual relations without informing their partner.
8. People who get HIV through sex deserve it because of the behaviors that they practice.
9. HIV-positive people who access ART and don't stick to treatment should be denied care.
10. People with AIDS should be isolated from the rest of the community.
11. Life is hopeless and not worth living if you have developed AIDS.

**Condoms**

1. Condoms should be distributed to secondary school students who request them.
2. Condom use is a sign of caring and not distrust.
3. Condoms ruin the enjoyment of sex.
4. Couples can have an enjoyable sex life while using condoms every time they have sex.
5. Educating teenagers about condoms will only encourage them to have sex.
6. If my teenage son asked me for condoms, I would give them to him.
7. If my teenage daughter asked me for condoms, I would give them to her.

Sexual Behavior



1. It is acceptable for people of the same sex to have sex with each other.
2. Homosexuals can change if they really want to.
3. Anal sex is normal behavior.
4. Sex without intercourse is not real sex.
5. To be "good," sex must end in orgasm.
6. It is acceptable for someone to have more than one sexual partner at the same time.
7. It should be recommended that couples not marry until they have had sexual intercourse.
8. Prostitutes provide useful service.
9. Oral sex is wrong.
10. Men who use prostitutes are socially and sexually inadequate.
11. If people go too long without sex, it is bad for them.
12. The purpose of having sex is to show love for someone.
13. Any sexual behavior between two consenting adults is acceptable.
14. A person can lead a perfectly satisfying life while being celibate.
15. Celibacy goes against human nature.

Adapted from : EngenderHealth, 2002, Volume 1, pp. 70-72.

Day 3 SECTION 3

THE ELEMENTS OF COUNSELING

Session 3.8 : Counseling Practice: 'ASSESS'

Trainer's notes

Objectives

By the end of this session participants will be able to

- Apply the essential client-counselor interaction skills to implement the ASSESS step in counseling clients on ART with different needs and concerns.
- Effectively use questions to maximize the time to ASSESS clients with different needs and concerns.

Methodology

Lecture, group discussion

Recommended Time



45 minutes

Materials

- Writing paper, pens, flip chart paper, markers, and tape
- Participant's manual Session 3.8-Handout 'A': Questions for assessing

Preparation

- Prepare ASSESS priority issues flip chart.

Refer Participant's Manual Session 3.8 'Information resource A' Counseling practice : Assess

Steps



1. Explain that in this session the participants will put into practice what they learned about using essential communication skills for good client-counselor interaction, and they will apply these skills to counsel clients on ART with different concerns and needs. In this session we will first focus on implementing the ASSESS step.



2. Often counselors have very large client loads and very limited time for each client. A common challenge is to provide good services even in such circumstances. One strategy that counselors can use is to tailor the questions and the information-giving process to the specific needs and concerns of clients. In order to do this, we need to structure our counseling sessions in ways that enable us to create and maintain trust with the client while concurrently making the best use of the limited time available.
3. For this purpose, explain that we are going to prioritize the critical aspects/messages of the ASSES step with each category of clients in order to identify issues that need to be addressed with all clients on ART and issues that require particular attention with each specific group of clients.
4. Post the flip chart "ASSESS Priority Issues" as shown in Trainer's Resource A. The "Category of ART Client" column should be blank. Ask participants **with which category of client would it be important to address these counseling aspects and messages?** Mark their responses in the column under "category of ART client" on the flip chart.
5. Divide the participants into three groups. Assign the general categories of clients on ART, one per group.
 - A. **Clients who are preparing for ART.** These clients have NOT yet started treatment, but have been assessed to be eligible to go on ART.
 - B. **Clients who are initiating ART.** These clients are actually starting treatment.
 - C. **Clients who are on ART** and whom we need to monitor and support for adherence.
6. The task is to develop a short role-play of no more than 10 minutes addressing issues specifically relevant to the assigned category of clients on ART. The role-plays should not be more than five minutes.
7. Stress that in developing their role-plays, the groups should practice what they previously learned about skills for client-counselor interaction, as well as refer to the discussion on the ASSES step. Ask them to refer to questions in Handout 'A' "Questions for Assessing" to help select questions.
8. After each group performs their role-play ask the groups to describe what they did well. Wait for responses and then ask them what they could have done better. Repeat the same questions to the audience and get their feedback.
9. Conclude the session by reviewing the Trainer's resource 'A': 'Feedback Guidelines for Assessing Priority Issues' and Handout 'A' as a reference for future use.

THE ELEMENTS OF COUNSELING

Session 3.8 : Counseling Practice : 'ASSESS'

Trainer's resource 'A' : Feedback Guidelines for Assessing Priority Issues



As a general principle, we always start a feedback discussion by first asking the 'client':

- **How did you feel playing the 'client'?**



Ask the 'counselor':

- **How did you feel playing the 'counselor'?**



Next, we elicit feedback on what was done well. First we ask the 'client':

- **What did the 'counselor' do well to help you feel welcome and comfortable?**
- **What did the 'counselor' do well to help you express your main need/concern for your visit?**



Next, we ask the 'counselor':

- **What do you think you did well? Why?**



Then we ask the group:

- **What did the 'counselor' do well?**
- **What client-counselor interaction skills did the 'counselor' use effectively?**
- **Which useful questions did the 'counselor' use? Why?**



Next, we elicit feedback on what could be improved. First we ask the 'client':

- **What could the 'counselor' have done better to help you assess your need/concern?**



Then we ask the 'counselor':

- **What would you do differently? Why?**



Then we ask the group:

- **What could the 'counselor' have done better to help the 'client' assess his/her need/concern?**
- **Which questions were not the least effective for this type of client?**
- **Which questions could be more useful to assess the needs and concerns of this client? Why?**

SUPPORTING CLIENTS ON ART

Session 4.1 : Introduction to Side Effects of ART

Trainer Notes

Note for the trainer

Remind participants on day 1 that participants should orient themselves to these issues in their own time prior to these sessions, because in these sessions they will have to use their knowledge to practice giving information to clients on side effects. There will be no time to learn the content of this handout during the actual sessions.

Objectives

By the end of this session participants will be able to

- To identify common side effects caused by ART and ways to manage them.
- Explain the importance of understanding side effects and drug interactions in order to provide effective support to clients on ART.
- Explain the key elements of good management of side effects and prevention of drug interactions.
- Explain the drug interaction between ART and TB medicine (Rifampicin)

Methodology

Lecture, discussion

Recommended Time



45 minutes

Materials

- Flip chart or sheets of newspaper
- Markers
- Participant's manual Session 4.1-Handout 'A': 'Common side effects and responses'
- Writing paper and pens

Preparation

- Make copies of the handout.
- Before the session, tape pieces of flip chart/news-papers together so that they are long enough to cover a person's height.
- Prepare 'Good management of side effects' flip chart.

Activity A

30 minutes



1. The first-line regimens can cause side effects. The role of counselors is not to provide clinical treatment but it is important to have a good understanding of side effects in order to help refer clients to clinicians in a timely fashion, as well as to provide support to help clients implement practical strategies for self-management.



2. Most drugs have side effects. In most cases these side effects are mild, and not everybody using the same drug will experience them.

A very important message to remember is that less than 5 percent of clients taking ART will have serious clinical side effects.

- However, many more will have less serious but annoying side effects, especially at the beginning of the therapy.



3. Lay the paper prepared for body mapping on the floor. Ask for a volunteer to lie down on the floor over the paper and draw an outline of his or her body.
4. Hang the outline of the body up on the wall in front of the group or lay it flat on the floor so that everyone can see it or ask the group to stand around the body map for the next part of this exercise.
5. Explain that we are going to take turns identifying parts of the body that experience the side effects of ART. Ask the first volunteer to draw or label a side effect on the area of the body where the side effect is experienced. As each side effect is identified, describe this side effect and what it could be caused by. Also, ask the group what a client can do to alleviate the side effect. Identify the cases in which a side effect needs to be referred to a doctor.
6. After the first effect has been covered adequately, ask another volunteer to identify a new side effect and label it on the body map. Repeat the process until all of the side effects have been identified.
7. Refer the participants to Handout A: 'Common side effects and responses'. Highlight any side effects that were not mentioned on the body map.

Activity B

15 minutes



1. Facilitate a brief discussion using the following questions:



Why should we inform and educate clients about side effects? Important messages to give if not identified by participants

- It's the client's right to know in order to make an informed decision about ART.
- Clients can better prepare themselves.
- Clients can better understand that not all side effects present the same level of seriousness or long-term impact.
- Clients are partners in managing their therapy and they need information and education to be able to self-manage, when appropriate.
- Clients can better understand the importance of seeking help early.
- Knowing about side effects empowers clients to feel more in control of their condition.
- Clients are aware of drug interaction between commonly used ART medicines (like Nevirapine) and medicines used to treat TB infection (eg. Rifampicin)
- Most importantly, clients understand the risk of treatment failure if they stop taking the drugs without first discussing options with the clinical team.



What might be the consequences of side effects on clients? Important messages to give if not identified by participants

- Clients can become very worried that the therapy is making them feel worse than HIV, especially in the initial phases of ART.
- Clients may seek information from unreliable sources and they may get wrong information.
- Clients may get discouraged and depressed.
- Clients may stop taking their treatment correctly without seeking help or advice, and this will increase the risk of treatment failure.
- Clients may start "forgetting" to take their treatment, or stop it altogether.



What is the first thing to do if clients complain about side effects?
Key message to give if not identified by participants:

We must take their complaints seriously. We must help them to find ways to manage their treatment.



What might be the consequences of drug interactions on clients?

- Rifampicin (TB medicine) decreases the level of Nevirapine in the body. When this happens the ART regimen is unable to control HIV virus multiplication and resistance to ART can occur.
 - Therefore a person who is being treated with a Rifampicin containing TB regimen should not be treated for HIV infection with Nevirapine based ART regimen
 - Therefore it is important for counselors to check and counsel about this drug interaction.
-



2. Emphasize that the main purpose of this session is to help develop skills to support clients to continue their treatment effectively when facing these issues. For serious side effects, clients need clinical advice, and counselors must be able to motivate clients to seek help early and refer them to clinicians. For other side effects, counselors should be able to support clients to self-manage, when appropriate. Ask the following question and write a few responses on a flip chart:



If you were to describe "good management of side effects" as only a few elements, what would these be?

3. Show the following flip chart:

Good management of side effects and prevention of drug interactions includes

- Discussing very common possible side effects before the person starts taking the medicine(s).
 - Giving advice on how to manage these side effects. (Treatment teams should use the client treatment card.)
 - Informing the client that there might be potentially serious side effects, and telling the client to seek help urgently and early if they occur.
 - Giving immediate attention to side effects: access to the clinic or by phone.
 - Initiating a discussion about side effects, even if the client does not mention them spontaneously.
 - Educating the client about drug interaction between Nevirapine (ART medicine) and Rifampicin (TB medicine).
 - Referring the client to peer educators.
-



SUPPORTING CLIENTS ON ART

Session 4.2 : Counseling for ART Side Effects

Trainer's notes

Note for the trainer

Remind participants on day 1 that participants should orient themselves to these issues in their own time prior to these sessions, because in these sessions they will have to use their knowledge to practice giving information to clients on side effects. There will be no time to learn the content of this handout during the actual sessions.

Objectives

By the end of this session participants will be able to

- Explain the key elements of good management of side effects and prevention of drug interactions with TB medicines.
- Explain side effects in simple language.
- Give messages in simple language to support clients experiencing side effects and to prevent drug interactions with TB medicines.

Methodology

Group activity, discussion

Recommended Time



60 minutes

Materials

- Writing paper and pens
- Participant's manual Session 4.2-Handout 'A': General messages about side effects
- Participant's manual Session 4.2-Handout 'B': Questions about side effects

Preparation

- Make copies of the handouts.

Steps



1. Divide participants in two groups.
2. Explain the task: They have to use Handout A as a reference which gives examples of **how to give simple and short answers to the questions that may be asked by people on ART.**
3. Ask participants to come up with simple and short answers to the questions listed in Handout B. Give them 15 minutes to work on this exercise. By the end of this activity, each participant should have written down answers in the space beneath each question.
4. Stress that as counselors we often need to refer clients to clinicians. Explain that the purpose of this exercise is not for counselors to learn details of clinical aspects of HIV treatment and "replace" clinicians in providing acute care. Therefore, participants should focus on developing answers to help clients understand what's happening to them and motivate them to seek help and continue with their regimen while their problems and their treatment are being reviewed. Acknowledge that this activity is an artificial situation; even in real life it is impossible to inform clients about all possible and rare side effects. This is why we focus on the common ones.
5. Explain that two groups will take turns in playing the 'clients' and the 'counselors'. The group playing the 'counselors' will sit in a circle facing outward. The group playing the 'clients' will sit in a circle facing inward, so that each 'client' will face a 'counselor'.
6. When you give the signal to start, each 'client' will ask the 'counselor' sitting opposite the first question on the list, and the 'counselor' will answer. When you clap, the 'clients' must shift a seat to their right, so that each 'client' will face a different counselor and will ask the next question on the list, and so on for the first 15 minutes of the activity. 'Counselors' don't change seats. Depending on the size of your group, it may happen that 'clients' and 'counselors' face themselves more than once, asking and answering the same question. This is useful, and you can explain that in this activity participants should also practice skills for good client-counselor interaction, such as maintaining eye contact, and using praise and encouragement.
7. Stress that if during the game the 'clients' feel that any of the answers they are receiving are unclear or inaccurate, they should make a mental note but they should not stop and discuss the issue with the 'counselor'. They will discuss these issues in the debriefing activity after the game.

8. Clap every 30 seconds, and if you notice that the participants are able to perform more quickly, then clap every 20 seconds.
9. Ask the participants to go back to their seats. We will have a discussion as a large group. Ask these questions:

As the 'clients' did you feel that the information you received was:

- **Sufficiently clear?**
- **Adequate to address your immediate concern?**
- **Useful to get an idea of what to do about the issue?**

As the 'counselors':



- **How useful was it for you to be able to provide simple and short answers?**
- **Were you able to maintain eye contact while answering?**

Ask all:

- **Did any of the answers seem to be inaccurate? Which ones? Why?**
- **What is the most important learning that you can take from this session to use in counseling clients on ART?**



SUPPORTING CLIENTS ON ART

Session 4.3 : Prevention of HIV Transmission to Partners

Trainer's notes

Objectives

By the end of this session participants will be able to

- Identify the risk for transmission of HIV to partners.
- Explain how the same behavior can be high-risk for one condition and low-risk for another.
- Understand the role people living with HIV play in preventing transmission to others.
- Understand the concept of reinfection of HIV.
- Understand the issue of sero-discordancy.

Methodology

Game, brainstorm, role play

Recommended Time



60 minutes

Materials

- A4 size paper
- Different colors of cards or paper
- Scissors, pens, markers, tape
- Facilitator guide Session 4.3-Trainers resource 'A': 'Prevention role-plays'

Activity A



30 minutes

1. Brainstorm sexual behaviors and list them on a flip chart. Then write each of these behaviors separately on half a piece of A4 size paper. If the participant responses do not include those in the Information resource, add them now. (Example: Oral sex, anal sex, hugging, kissing)

2. Prepare four risk-level cards, using cards or paper, with the following titles: "No Risk," "Low Risk," "Medium Risk," and "High Risk."
3. Place the risk-level cards on the floor with plenty of space between each card and plenty of space beside them for participants to place the risk behavior half-sheets. Place the cards in the order shown below, to create a continuum from no risk to high risk.

No Risk	Low Risk	Medium Risk	High Risk
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4. Now randomly distribute the half sheets of paper with the sexual behaviors written on them (from step 1) to the participants. Some participants may get more than one piece of paper. Ask one participant to place his/her paper next to the appropriate risk-level card. The participant has to explain the reason for placing the paper at that level of risk. Try to elicit a short discussion if you need to make a point about the sexual behavior and the level of risk involved in HIV transmission or STD transmission or transmission of resistant HIV viruses.
5. Repeat the above process with other participants to cover all the sexual behaviors identified in step 1.



Activity B

30 minutes



1. Explain that we are now going to discuss what an HIV-positive person needs to know about HIV prevention.
2. Begin the session by asking the following question: **"Why should an HIV-positive person worry about safer sex if he or she is already infected?"** Write responses from the participants on a flip chart. Make sure the following issues are mentioned:



-
- HIV-positive people need to disclose their HIV status to sexual partners and engage in safe sex in order to prevent infection themselves and to others. (Hepatitis B,C)
 - A person's partner could still be HIV-negative, so the couple could still prevent a new infection.
 - A person can become reinfected with a different type of HIV from a partner. This can make a person's immune system weaker.
 - A person can become reinfected with a drug-resistant HIV virus.
 - Risk of unwanted pregnancy.
-

3. Explain that we are going to spend some time looking at issues related to the bullets above: 1) discordancy of HIV status in couples; 2) disclosure; and 3) HIV reinfection. To do this, divide the participants into three small groups.

4. Pass out Handout A: Prevention Role-Plays. Alternatively, you can give the assignment to the group verbally using the handout as a guide. Allow each group 10 minutes to prepare their role-play. Inform them that they will only be given two minutes to perform in front of the group.

5. After all three role-plays are completed, finish the session with the following discussion questions:



- **How did the role-plays make you feel?**
- **What did you learn from the role-plays?**
- **What can we do to promote better prevention practices among people living with HIV and AIDS?**

Key Messages

- *Prevention and care are more than complementary; they are indivisible. This is true for everybody, but especially for people living with HIV and AIDS because of their increased vulnerability to OI, to stigma and discrimination, and because of the challenges that sustaining a chronic condition presents, not only to sustaining adherence to a complex treatment regimen but also to safer sexual practices.*
- *We can better appreciate the indivisible link between care and prevention when we consider that, much of what happens in helping clients to explore their own needs is about helping them to accurately perceive their own risk—whether for unintended pregnancy, STI, pregnancy complications, for not getting re-infected with a strain of HIV resistant to ARV, or for managing a relationship between HIV discordant partners, so they can make decisions that will reduce their level of risk as well as the level of risk of others.*
- *The risk of transmission of HIV or STI depends not only on sexual practices, but also on factors such as the difficulty of knowing a partner's sexual history, current practices with other people, and infection status.*
- *Behaviors that may be low-risk in one relationship could be high-risk in another. For example, a "typically" high-risk behavior such as anal sex would carry no risk at all for HIV or STI transmission if neither partner were infected. This makes the concept of risk confusing to counselors as well as to clients.*
- *As a result of this confusion, it is especially important in counseling to use simple explanations to help clients better understand the risk for infection with HIV or an STI. Here are some examples:*
- *Risk for STI: any behavior (not just sexual) that allows contact between the infected area of one person and another person.*
- *Risk for HIV: any behavior (such as sexual contact, blood contact, and mother-child contact) that exposes one person to the body fluids (blood, semen, vaginal fluid, or breast milk) of an infected person.*
- *It may not be possible to eliminate risk altogether, but risk reduction can have a significant positive impact on the client's health. This is why we think of risk as a continuum, in which clients can be encouraged to consider behaviors that are in a lower-risk category, even if that behavior is not entirely risk-free.*

SUPPORTING CLIENTS ON ART

Session 4.3 : Prevention of HIV Transmission to Partners

Trainer's resource 'A': Prevention Role-Plays

Each group will develop a role-play in which two volunteers from your group will discuss the following issue. You will be given ten minutes to develop your role-play. Each group will be given two minutes to act out the scene.

Group One: Discordant Couple

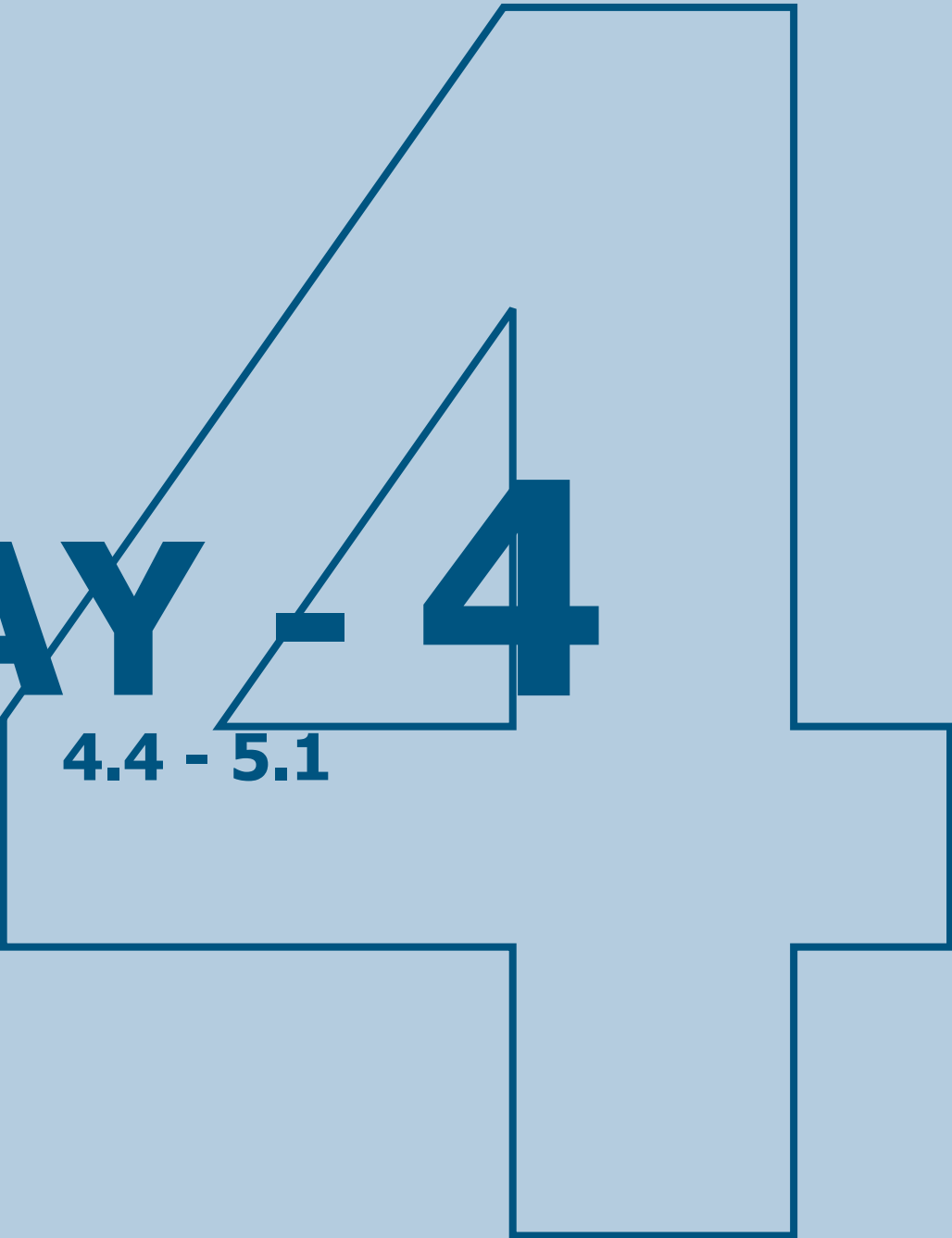
You are a counselor. A man recently tested for HIV along with his wife. When the couple received their results, the man learned that he was HIV-positive, but his wife was HIV-negative. The man still does not understand how this could happen. Try to help the man understand how he could be HIV-positive while his wife is not. Also, help the man understand why he needs to use condoms to protect his wife from infection.

Group Two: Disclosure

You are a counselor. A woman recently tested for HIV when she was pregnant. Her results were positive. Her doctor told her that she should inform her husband of the results and encourage her husband to also test for HIV. The woman does not know how to bring up the issue with her husband and is scared of how her husband may react. Try to help the woman identify a plan for talking with her husband.

Group Three: Reinfection

You are a counselor. You are talking with a man who recently tested for HIV and learned that he is HIV-positive. He says that the only good part about being HIV-positive is that he doesn't need to worry about getting infected anymore, so he doesn't need to bother with condoms. Try to help him understand the need to use condoms so that he doesn't infect others and doesn't reinfect himself.



DAY - 4
Session 4.4 - 5.1

SCHEDULE FOR DAY 4

Session Title and Estimated Time	Methodology	Materials
Recap (15 minutes)		
4.4 Special Considerations for ART in Pregnant and Post-Partum Women (45 minutes)	Lecture, group discussion and presentation	Writing paper, pens
4.5 Nutrition for PLHA (30 minutes)	Lecture, group presentation	Flip chart, marker pens, sticking tape
Tea Break (15 minutes)		
4.6 Treatment and Adherence Issues for Special Populations (45 minutes)	Lecture and group discussion	Flip chart and marker pens
4.7 Monitoring Adherence with clients who are using ART (65 minutes)	Lecture brainstorm, group presentation (Role Play)	Writing paper and pens
Lunch (45 minutes)		
4.8 Final Counseling Practice (120 minutes)	Lecture, group presentation (Role Play)	Writing paper, pens
5.1 Evaluation and Closure (45 minutes)	Brainstorm, games, participants written feedback, discussion	Flip chart paper, marker pens, post-test questionnaires, evaluation forms, candles, matchbox and certificates
Tea & Energizer (15 minutes)		

SUPPORTING CLIENTS ON ART**Session 4.4 : Special Considerations for ART in Pregnant and Post-Partum Women****Trainer's notes****Objectives**

By the end of this session participants will be able to

- Know which ARV drugs pregnant women can take.
- Explain role of single dose Nevirapine in PPTCT
- Explain role of 3 drug ART regimen in PPTCT
- Name two ART drugs (or combinations) that should not be used in pregnancy
- Describe special considerations for ART adherence during pregnancy and post-partum.

Methodology

Lecture, group discussion and presentation

Recommended Time

45 minutes

Materials

- Writing paper and pens
- Participant's manual Session 4.4 - Handout 'A': Special precautions for pregnant and post-partum women
- Participant's manual Session 4.4 - Information resource 'A' : Prevention of Parent-to-Child transmission (PPTCT).
- Participant's manual session 4.4 - Handout 'B' : Reducing Parent-to-Child Transmission (PPTCT).

Preparation

- Make copies of the handout.

Steps



1. Explain that in this session we will explore the special needs and concerns of HIV-positive women during pregnancy and in the post-partum period and how these issues may impact access to treatment and care for these women.
2. Divide the participants into two groups. Refer to handouts 'A' and 'B' for this session. Explain that



Group 1 must use only the sections titled

- A. **What is PPTCT?**
- B. **When to give ART to pregnant women?**



Group 2 must use only the sections titled

- C. **Special precautions in pregnant women**
- D. **Adherence in pregnant and post-partum women.**

3. Each group has to prepare a presentation for the other group on their sections. The presentation should be interactive, e.g., a quiz, a mock interview, a game, and must not be longer than 10 minutes.
4. Each group performs its presentation. Ensure that the groups remain within the 10-minute limit. After each presentation, use five minutes for comments and debriefing on the main issues.



5. Ask participants: **What have you learned from this session that is useful for your work?**

SUPPORTING CLIENTS ON ART

Session 4.5 : Nutrition

Trainer 's notes

Objectives

By the end of this session participants will be able

- To develop simple recipes for a healthy, nutritional and balanced diet.

Methodology

Lecture, group presentation

Recommended Time



30 minutes

Materials

- Flip chart
- Markers
- Tape
- Participant's manual Session 4.5-Handout 'A': Healthy food

Steps



1. Explain that we are going to explore how people living with HIV can eat nutritiously and economically for optimal health. Begin by asking the group to **identify types of food that are healthy and nutritious**. To help them, provide a list of four headings in which to classify these healthy food:



Carbohydrates (rice, wheat), Proteins (pulses, egg, meat), Fats (oil, ghee), and Vitamins and Minerals (vegetables, fruits, dates).

List these foods on a sheet of flip chart paper. Quickly review Handout A: 'Healthy food', which provides examples of types of important food.



2. Divide the participants into three groups.

- Group 1: Breakfast
- Group 2: Lunch
- Group 3: Dinner



3. Allow 10 minutes and explain that they will have to **identify dishes that are usually eaten in their areas that people can afford**. The dishes they select should have at least one kind of food from each of the four food groups mentioned in Handout A. For example breakfast may have idli, chatni, sambar, fruits, and coffee or tea or it could be bread, eggs and milk. The groups should list the items for the meal on a flip chart, list all the food types present in these meals, and also make a note of the cost of ingredients to prepare these foods. After, each group will be given five minutes to explain their meal with the above details.
4. The facilitators will vote on the best meal, based not only taste but also on relevance of the meal to the local area, its nutritional value and the cost of ingredients.

SUPPORTING CLIENTS ON ART

Session 4.6 : Treatment and Adherence Issues for Special Populations

Trainer's notes

Objectives

By the end of this session participants will be able to

- Identify differences between HIV/AIDS in children and adults.
- Discuss implications of prior ART treatment of the mother during pregnancy in the selection of regimens for her infant.
- Understand the specific issues of special populations.
- Understand what to do after exposure to HIV at work.

Methodology

Lecture, group discussion

Recommended Time



45 minutes

Materials

- Flip charts
- Markers
- Participant's manual, Session 4.6-Handout 'A': 'HIV exposure on the job'
- Participant's manual, Session 4.6-Handout 'B': 'Concerns for special populations'

Preparation

- Prepare a flip chart with a summary of Handout A.
- Prepare the cards for step 2.

Steps



1. Explain that we begin this session by briefly reviewing **what to do if a health worker is accidentally exposed to HIV via a syringe or needle stick at work**. Review the contents of Handout A and explain the steps.



2. Before the session, you will have prepared four cards with 'Sex worker' 'Men who have Sex with Men', 'Children' and 'Intravenous Drug Users (IVDU)' written on them. Divide participants into four groups and make sure each group has flip charts to work with.



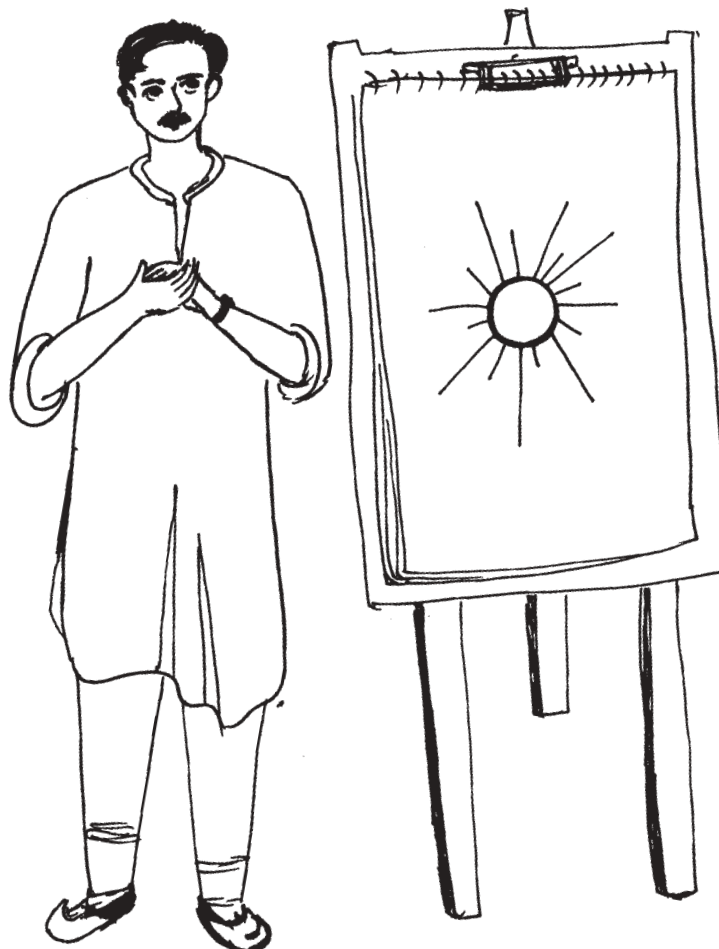
3. Ask the groups to draw a sun graph on the middle of the chart. Pass out one of the cards to each group. Explain that their task is to **discuss and list the special needs of the population on their cards in reference to ART.**

4. They should list the needs as the rays of the sun graph, with the population written on the center of the graph. Allow 15 minutes.

5. Ask participants to rejoin the group and begin by going through each group's presentation, with the facilitator adding on the extra information as necessary (refer to 4.6 Handout B, concerns for special populations).

6. Conclude the session by explaining that

as counselors we have to be aware of the special needs of sub-populations in the larger population of people living with HIV.



SUPPORTING CLIENTS ON ART

Session 4.7 : Monitoring Adherence of Clients Who Are Using ART

Trainer's notes

Objectives

By the end of this session participants will be able to

- Support the treatment team and clients who are using ART in monitoring adherence to treatment.
- Understand the limitations of methods for supporting adherence.

Methodology

Lecture, brainstorm, group presentation, role play

Recommended Time



65 minutes

Materials

- Writing paper and pens
- Participant's manual Session 4.7-Handout 'A': Monitoring adherence with clients who are using ART assessing adherence?

Steps

Activity A

15 minutes



1. Explain that this session will provide an overview of **how to help treatment teams to monitor adherence of clients who are using ART to monitor adherence to treatment.**



2. Explain that



monitoring adherence is an important task but it can be very difficult. There is no one particular way of monitoring adherence.



It is difficult to assess adherence levels based on a person's socioeconomic or literacy status. However, there are some tools, which can guide us in this process. Ask participants to name **a few ways to monitor adherence**. Write down the responses on the flip chart. These should include :-



- Counting pills
- Whether the person is following up with the clinic
- Asking the client open-ended question about taking pills
- Checking with family members or friends who come with the client

3. Refer to handout A for this session and ask volunteers to read it. Allow ten minutes.

Activity B :

30 minutes



Mini role plays to assess and monitor adherence (10 minutes)

1. Divide the participants in small groups (3 to 5 people each), depending on the total number of your group. Ideally each small group should not have more than 4 people. Assign a few sub-issues of point 3 in the Handout above to each group. Their task is to develop mini role-plays of no more than 2 minutes addressing the issues they have been allocated. The list of ASSESS questions in the handout from the session on open-ended question may be useful. Demonstrate with your co-trainer the sample role-play below.

Provider : "What problems are you facing to take the pills at work?"

Client : "I don't want the people there to think that there's something wrong with me. I don't want them to see me take the pills every day. They may ask questions."

Provider : "I understand your concern, many people who use ART feel like you. I can show you how to make a very small bag with just the pills you need to take during the day. You could take them in the toilet, or any other place where you can be alone just for five minutes. Would that help you?"

Activity C: Mini role-plays (10 minutes)



1. Ask participants to remain in their small groups. Invite a few of them to perform their mini role-plays, and after each one invite one or two comments.

Activity D: Presentation (10 minutes)



1. Explain that there are several methods to monitor adherence, but none is perfect. Ask participants to refer to Section B of the handout for this session where they can find information about methods to monitor adherence and the shortcomings of each method. For example:

- Ask a volunteer to read out the disadvantages of counting pills.
- Ask a volunteer to read out the section "How many pills forgotten yesterday..."
- Ask a volunteer to read out the section "If poor adherence, determine what the problem is".
- Ask a volunteer to read out the section "Other indications of poor adherence..."

2. Conclude by stressing the importance of making the client an equal partner in his/her treatment for achieving and sustaining greater adherence.



SUPPORTING CLIENTS ON ART

Session 4.8 : Final Counseling Practice

Trainer's notes

Objectives

By the end of this session participants will be able to

- Use counseling skills to support clients on ART to achieve and sustain the necessary levels of adherence to treatment.

Methodology

Lecture, group presentation, role play

Recommended Time



2 hours

Materials

- Writing paper and pens
- Participant's manual Session 4.8-Handout 'A': Critical elements to address with clients initiating ART and with clients using ART

Steps



1. Explain that this is the last session of this training in which participants can practice what they have learned. Participants can refer Handout A: Critical elements to address with clients initiating ART and with clients using ART. In order to do this, they will work in three groups.
2. Divide participants into three groups, ideally of similar size. Explain that two groups will prepare a role-play with a client who is using ART. They have to prepare a role-play from when the client arrives to the moment he/she leaves. The role-play must not be longer than 25 minutes.

3. The third group will prepare a role-play with a client initiating ART. The instructions are the same as for the other two groups.
4. Stress that they should apply all the learning from the course and can refer to all the materials that they have received. Because of time constraints, they will perform their role-plays in front of the other groups, and afterward you will facilitate a feedback session.
5. Each group performs its role-play. Stop the role-play after 25 minutes even if not completed. Facilitate a 10-minute feedback session using the guidelines in the Trainer's Resource below. Distribute the feedback guidelines to all participants before starting the first feedback session. Finally, congratulate the participants for their efforts and accomplishments.

SUPPORTING CLIENTS ON ART

Session 4.8 : Final Counseling Practice

Trainer's Resource 'A' : Feedback Guidelines

Please note: The feedback session for the role-play with a client initiating ART has to be conducted excluding the sections underlined.

The feedback session for the role-play with a client using ART has to be conducted using ALL sections below, except those marked with*.

As a general principle, we always start a feedback discussion by first asking the 'client':



- **How did you feel playing the 'client'?**

Ask the 'counselor':



- **How did you feel playing the 'counselor'?**

Next we elicit feedback on what was done well. First we ask the 'client':



- **What did the 'counselor' do well to help you express your main need/concern for your visit?**
- **What did the 'counselor' do well to help you feel comfortable to initiate ART? ***
- **What did the counselor do well to help you identify your adherence problems and possible solutions?**

Next we ask the 'counselor':



- **What do you think you did well? Why? How?**

Then we ask the group:



- **Which elements of the 4 A's did the 'counselor' address well, and how?**

Now we elicit feedback on what could be improved. First we ask the 'client':



- **What could the 'counselor' have done better to help you feel more comfortable to initiate ART? ***
- **What could the 'counselor, have done better to help you feel more confident about your motivation or ability to adhere to treatment?**

Then we ask the 'counselor':



- **What would you do differently? Why?**

Then we ask the group:



- **What could the 'counselor' have done better to help the 'client' feel more comfortable to initiate ART? Why? How? ***
- **What could the 'counselor' have done better to help the 'client' feel more confident about his/her motivation or ability to adhere to treatment? How? Why?**

EVALUATION AND CLOSURE

Session 5.1 : Evaluation and closure**Trainer's notes****Objectives**

By the end of this session participants will

- Identify the most important learning of the day.
- Identify what was nice about the day and what needs to be changed.
- Complete the post-test questionnaire.
- Complete the training evaluation.

Methodology

Brainstorm, games, participants written feedback, discussion

Recommended Time

50 minutes

Materials

- Flip chart and markers
- Post-test questionnaire
- Session 5.1-Trainer's resource: Training evaluation

Preparation

- Prepare the flip charts described in step 2.
- Copies of the post-test questionnaire
- Copies of the training evaluation

Activity A

20 minutes

Recap of the day



1. The facilitators may be tempted to shorten or skip this session for want of time, but it is an important activity. It is necessary to give participants an opportunity to share what they feel about the training and also the physical and psychological atmosphere of the training venue. These issues have a considerable impact on the participants' enthusiasm to contribute to the learning process.

2. Prepare two flip charts entitled "What did I learn today" and another one with two columns entitled "What I liked most today" and "What needs to be changed."



3. Start with **"What did I learn today."** Ask each participant to describe one of the most important things he/she learned during the day. Allow only one response per participant and try to get everyone to respond. Post a list of responses on the wall in the training room.

4. You did an expectations exercise at the beginning of day one. Now be sure to compare their answers at the end of the day with what participants said at the beginning.



5. Then show the second flip chart **"What I liked most"** and **"What needs to be changed."** Ask each participant to tell what he/she liked most about the day. Here you are not trying to get feedback so much on the content of the training but on the methodology or the logistics, such as whether participants got an opportunity to participate in the learning. If they say yes, ask them to explain how this happened. They could also comment on food, water, hotel, transportation, and other arrangements. Next ask the participants to mention anything that they did not like and to suggest any changes that are needed.

Activity B :

15 minutes



1. Distribute the post-test questionnaire and ask participants to complete it on their own.

Activity C :

15 minutes



1. Distribute the training evaluation form and ask participants to complete it.

Closing the Training



1. Closing of the workshop is also as important as beginning the workshop. Thank the participants, and all those who have contributed to the process of the workshop. Facilitator to use the four-day experience to appreciate the participants and provide positive feed back. Talk about the follow up actions required from the participants. Leave your contact details and inform them about the support that the participants can expect from you.
2. Closing activities like making a storm, patting shoulders, lighting candles are all very good ways to close the training.



EVALUATION AND CLOSURE

Session 5.1 : Training Evaluation

Trainer's resource 'A'

Written Evaluation

Please circle the number below that best describes your response to the training:

	Poor	Average	Good	Very Good	Excellent
Organization of the workshop	1	2	3	4	5
Effectiveness of facilitators	1	2	3	4	5
Overall evaluation of workshop	1	2	3	4	5

Please share with us the sessions you found most useful (include reasons why):

Please share with us the sessions that you found least useful (include reasons why):

Were there any particular training techniques that you found effective? Please share why...

Please share any suggestions on how to improve the workshop or a particular session:

Other comments & suggestions:

EVALUATION AND CLOSURE

Session 5.1 : Evaluation and closure

Trainer's resource 'B' : Closing games

1. **Rainstorm - cooling down game:** Gather the participants standing in a circle facing inwards. Stand in the center of the circle facing the participants. Tell the participants that you are going to create a "rainstorm." They are to do what you do when you make eye contact with them and continue doing that until you come back around the circle to them again, then they should do the new action you show them. Then they will do the same what you are doing at that time, continue until you come back around and so on. Move quickly and smoothly around the circle meeting every one eye to eye. Change actions when you have made a complete circle.

Here are the actions:

Begin by rubbing your hands together (gentle rain)

Snap fingers together (harder rain)

Clap hands on thighs (even harder rain)

Stomp feet (thunder)

Then go in reverse:

Clap hands on thighs

Snap fingers together

Rub hands together

End by holding your hand silently at your mouth (in a silent "shush" action)

As you go around the circle the storm will gradually build, peak, then ebb away to calm. When all is quiet, have the participants thanked.

2. **Circle of light**

Lighting candles and standing in a circle, the participants are encouraged to talk about their feeling about the training, their future plans about taking their training forward. Facilitator should make arrangement for candles and matches to light them in advance. Also make arrangements for a safe place where they can put their lighted candles away, like a tray with sand in it, or a cardboard box with sand in it.

PRE-/POST-TEST QUESTIONNAIRE

Trainer's resource 'C'

Instructions : In the space provided, put ✓ mark on the appropriate answer.

1. HIV attacks and destroys cell of the immune system True/False
2. As soon as a person is infected with HIV, she/he can be said to have developed AIDS True/False
3. All people living with HIV should take Antiretroviral treatment True/False
4. Antiretroviral Treatment can cure HIV/AIDS True/False
5. The goal of ART is – (Tick the correct statement)
 - (a) To cure HIV/AIDS
 - (b) To reduce the concentration of the HIV virus in the blood as much as possible
 - (c) To increase the number of CD4 cells (i.e. to boost the immune system) as much as possible
6. ART is a life long medication True/False
7. Failure to take drugs on time will lead to drug resistance True/False
8. For the success of ART, a person living with HIV has got minimum role True/False
9. What is effective listening?

10. It's not possible to establish rapport with the client on the first visit True/False
11. Counselors should provide advise to the clients True/False
12. What is an open ended question? Give three examples

-
13. HIV/AIDS medication is so complex that only medical person/health workers and educated people can understand True/False
 14. If a client has a different opinion with the counselor the latter by virtue of his profession has the right to provide judgment True/False
 15. All side effects of ART are dangerous True/False
 16. What drug combination are recommended by WHO
 17. List 2 criteria to start ART treatment.
 18. What is CD 4 count
 19. What preparation need to be made before starting ART
 20. What do you mean by resistance
 21. Two points that will make adherence work
 22. Name two opportunistic infections
 23. Women can continue her ARV during her pregnancy True/False
 24. Can an HIV positive women breastfeed her baby? True/False
 25. Clinical stages for enrolling ah HIV positive person for ART programme
 26. List 2 advantages of ART
 27. Mention 2 ARV roll out centers currently there in India.
 28. List the 5 A's – general principles of good chronic care
 29. Effective listening is not a fundamental skill in counseling True/False
 30. It is safe for 2 HIV positive persons, not to use condoms with each other during sexual intercourse True/False

PRE/POST TEST QUESTIONNAIRE - ANSWER KEY

Total Marks : 20

1. HIV attacks and destroys cell of the immune system True/False
2. As soon as a person is infected with HIV, she/he can be said to have developed AIDS True/False
3. All people living with HIV should take Antiretroviral treatment True/False
4. Antiretroviral Treatment can cure HIV/AIDS True/False
5. The goal of ART is – (Tick the correct statement)
 - (a) To cure HIV/AIDS
 - (b) **To reduce the concentration of the HIV virus in the blood as much as possible**
 - (c) **To increase the number of CD4 cells (i.e. to boost the immune system) as much as possible**
6. ART is a life long medication True/False
7. Failure to take drugs on time will lead to drug resistance True/False
8. For the success of ART, person living with HIV has got minimum role? True/False
9. What is effective listening?
 - **Effective listening is a primary tool for showing respect and establishing rapport with the client. Effective listening is also a key communication skill for counseling.**
10. It's not possible to establish rapport with the client on the first visit True/False
11. Counselors should provide advise to the clients True/False
12. What is an open ended question? Give three examples.

Open-ended questions are those that make a person provide a explanation or an opinion in his/her own words, e.g.

What do you know about ART? How can I help you today? When and how do you take the pills?
13. HIV/AIDS medication is so complex that only medical person/health workers and educated people can understand True/False
14. If a client has a different opinion with the counselor the latter by virtue of his profession has the right to provide judgment True/False
15. All side effects of ART are dangerous True/False

16. What drug combination are recommended by WHO
1. **Stauvidine (d4T) + lamivudine (3TC)+ nevirapine (NVP)**
 2. **Zidovudine (ZDV)+ lamivudine (3TC)+ nevirapine (NVP)**
 3. **Zidovudine (ZDV) + lamivudine (3TC)+ efavirenz (EFV)**
 4. **Stauvidine (d4T) + lamivudine (3TC)+ efavirenz (EFV)**
17. List 2 criteria to start ART treatment.
High viral load and CD4 count < 200 Opportunistic Infections
18. What is CD 4 count
(Cluster Designated 4) It is one of the types of cell count which helps to determine the status of immune system in the body.
19. What preparation need to be made before starting ART
To undergo counseling to understand, all side effects and when to meet the doctor, support from friend, guardian, financial support, willingness to take ART lifelong.
20. What do you mean by resistance
Resistance is a change in the virus that makes the virus protected and ARV drugs ineffective.
21. Two points that will make adherence work
**Taking medicines in proper doze at regular time.
Reminders such as alarm, friends, calendar, TV serials to help to remember to take medicine in time**
22. Name two opportunistic infections
Kaposi's sarcoma, Extra pulmonary TB
23. Women can continue her ARV during her pregnancy True/False
24. Can an HIV positive women breastfeed her baby? True/False
25. Clinical stages for enrolling the HIV positive person for ART programme
**WHO Clinical Stage 3 - Moderate Disease
WHO Clinical Stage 4 - Severe Disease (AIDS)**
26. List 2 advantages of ART
- **won't get sick as often**
 - **can live longer and have a better quality of life.**
27. Mention 2 ARV roll out centers currently there in India.
**J.J. Hospital Mumbai
Sion Hospital Mumbai**
28. List the 5 A's – general principles of good chronic care
Assess, Advice, Agree, Assist, Arrange
29. Effective listening is not a fundamental skill in counseling True/False
30. It is safe for 2 HIV positive persons, not to use condoms with each other during sexual intercourse True/False

Notes

Notes

Cover Concept: 'Treatment information and education empowers people living with HIV, enhances access to treatment and improves the quality of life'.

EngenderHealth Society

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