Module 6: Enhanced Adherence Counselling

Learning objectives:

By the end of the module, participants will be able to:

- Conduct enhanced adherence counselling sessions for patients with a high viral load following a structured approach
- Work with patients to identify barriers to adherence and strategies to overcome them
- Document EAC sessions in EAC Logbook and High Viral Load Forms
- Monitor EAC compliance and quality

Target audiences: Clinicians and Counsellors

Pre-requisites: Modules 1 and 2

Participant handouts: 6-1, 6-2, 6-3, 6-4, 6-5, 6E.1, 6E.2, 6F.1, 6G.2, 6G.3

Special preparations before facilitating: Recruit and prepare volunteers for the role plays, preferably at least one day before conducting this training. Print out scenarios (6A.1 and 6G.2) for them.

Icon	Meaning
	Refer to Handout
	Customize the slide for local context

Module-at-a-glance

Segment		What you do	Time	Handouts
Module opening			**0:05**	
	Slides 1-2	State the module objective.	0:05	
1. What is EAC? Why is it important?			**1:50**	
	Slides 4-5	Explain the slides.	0:05	**6A.1**
	Slides 6-8	Conduct Activity 6A: Role Play on Attitudes.	0:40	
	Slides 9-10	Conduct Activity 6B: Identifying Adherence Barriers.	0:25	
	Slides 11-12	Conduct Activity 6C: Overcoming Adherence Barriers.	0:25	
	Slides 13-14	Conduct Activity 6D: Agree or Disagree?	0:15	**6-1**
2. When and how is EAC done?			**0:25**	
	Slides 16-18	Explain the slides.	0:25	**6-2**
3. Monitoring EAC Compliance and Quality			**2:50**	
	Slides 20-23	Explain the slides.	0:15	**6-3, 6-4, 6-5**
	Slide 24	Gauge participants' knowledge with the Knowledge Check question	0:01	
	Slide 25	Explain the slides.	0:04	
	Slide 26-27	Gauge participants' knowledge with the Knowledge Check question	0:02	
	Slides 28	Explain the slide.	0:03	
	Slides 29-30	Conduct Activity 6E: Reviewing an EAC Logbook.	0:25	**6E.1 & 6E.2**
	Slides 31-32	Conduct Activity 6F: Reviewing High Viral Load Forms.	0:15	**6F.1**
	Slides 33-36	Conduct Activity 6G: EAC Session Role Plays.	1:45	**6G.1, 6G.2, 6G.3**
Module closing			**0:05**	
	Slide 37-38	Invite participants to supply words to complete each key message	0:05	
		TOTAL MODULE DURATION:	**5:15**	

Slide Number	Content Notes for PowerPoint Slides
1. What is EAC? Why is it important?	
4	**Heading – Enhanced Adherence Counselling (EAC) is…** Explain what EAC is.
5	**Heading – EAC Has Been Shown to Keep Viral Load Suppressed in Some Patients** Many patients that are failing ART can achieve viral suppression if given the correct support, motivation and education regarding their HIV treatment. Different interventions have now been piloted in HIV programs in resource limited settings, with results showing that up to 60% people with nonsuppressed VL were able to achieve viral suppression after the intervention (Ellman 2014; Jobanputra 2014; Patten 2013). The question remains what is an ***optimal and feasible*** intervention in a resource limited setting, considering the burden of any intervention on patients as well as the providers. ▪ EAC interventions vary according to their programme location (high volume versus low volume sites) and available human resources (doctors, nurses, professional or lay counsellors). ▪ What all these interventions do have in common is the fact that these are structured interventions supported by implementation tools like session guides, adapted patient files and registers.
6-7 **Handout 6A.1**	**Heading – Activity 6A: Role Play on Attitudes** Advance Preparation • Select two volunteers from the participants – one will play the role of the facility manager and the other a nurse at the busy clinic. • Prepare them by providing each a scenario they will be acting out. See Handout 6A.1. • Instruct the volunteers not to share their scenario with anyone else, including the other volunteer. • Do not share the scenario with the class until activity debrief. Tell participants that there will be a series of activities that illustrate the key components of EAC, starting with the right attitudes. . Introduce the activity by reading the activity Slide #6. Introduce the situation by reading Slide #7 to the class. Then follow the steps below: 1. Ask the volunteers to begin the role play. Role play ends when Volunteer 1 (Facility Manager) leaves the room. 2. Clap for volunteers and thank them for their participation. 3. Ask the class what they thought of the 2 characters. - Allow students to respond and debate freely with the whole class. - Encourage discussion by asking questions like: o What did you think of the facility manager's reaction? o What did you think of the nurse? - Allow 5 mins for this discussion 4. Read to the class the 2 scenarios (for facility manager and nurse). 5. Ask the class if their views of the 2 characters have changed now that they know the full details? Allow 5 mins for further discussion.

Slide Number	Content Notes for PowerPoint Slides
	6. Encourage each volunteer to share how they felt during the role play. Ask "What was it like to…" o Be at the receiving end of someone who is distracted? o Be judged? o Be told what to do? 7. Facilitate a discussion on staff attitudes and approach towards poorly adherent patients. Highlight current staff behaviors/attitudes/approach which need to change Ask the questions such as: - Does this kind of exchange/conversation appear familiar to you? - Have you ever had or seen a clinical consultation that has gone this way? - Have you ever had patients that repeatedly come late or repeatedly stop their treatment? - Do you feel frustrated with these patients? - Do you sometimes (because you're frustrated) behave like the facility manager did in this role play? - Do you see these sorts of patients often? - Do you see how by not giving the time and space needed for the nurse (patient) to explain her circumstances, the facility manager (HCW) does not help the situation and makes it much less likely that the nurse (patient) will come back to discuss her problems in the future? 8. Link on ways that patient may feel when nurses/counselors are addressing them that way (judging them and not listening to their struggles). Promote an empathic approach when consulting with patients who repeatedly fail to come to the scheduled appointments or do not adhere to the treatment. 9. Brainstorm with the group on what could be alternative reactions to be supportive and overcome the problem. 10. Use the Slide #8 to summarize the discussion (see below).
8	**Heading – Appropriate Attitudes and Behaviors for EAC** The way we treat a patient highly influences the quality of our counselling session. A patient will be much more open if he/she feels you are supportive and actively listening. The skills and attitudes needed for EAC do not differ from any other counselling sessions. The following points are highly important for EAC: • **A non-judgmental attitude** – This is highly important, as patients are probably facing problems for which you want them to find a solution. If the patient feels they will be judged for what they have done, they will most likely not give you honest answers, which will limit your ability to help them address the problem or barrier they are facing. It is important to not scold or condemn patients on mistakes that they may have made; instead, keep things positive and future oriented. We can all learn from past mistakes and make improvements that benefit the future. • **Empowering patients** - Addressing them as persons who can think for themselves and are able to deal with the challenges they face, will ensure an environment of trust and create self-esteem. Think about ways to motivate them to improve adherence in order to achieve future goals in life (e.g., see children grow, become a grandparent, get a good job). • **Open-ended questions** (e.g., questions that cannot be answered with yes/no) encourage patients to talk about their difficulties and come up with plans. A closed question may come across as an enquiry and will not lead to the identification of solutions by patients themselves.

Slide Number	Content Notes for PowerPoint Slides
	• Every problem needs a **realistic solution**. Do not choose solutions that cannot be implemented by a patient. Look into ways that are suitable to the patient's lifestyle, literacy level, means available and so on.
9	**Heading – Activity 6B: Identifying Adherence Barriers** Introduce the activity by reading the activity slide (#9). Divide the participants into groups of 4-6 people and instruct them to brainstorm possible adherence barriers and list them on a flipchart. After 10 minutes of brainstorming, present the four categories of barrier shown on Slide #10. Follow the instructions below for Slide #10 and place the barriers into the right categories.
10	**Heading – Categories of Adherence Barriers** Introduce the four categories of adherence barriers: • **Cognitive barriers** - barriers related to knowledge, perception of treatment and motivation. Examples include patients not understanding why they need to take ART daily for life, believing traditional medicines are better than ARVs at suppressing the virus, or not understanding how to take ARVs when drinking. • **Socio-economic barriers** - barriers related to 1) the life conditions of a patient (for example, having money to pay transport for ART refills); 2) degree of social support (for example, a man who has not disclosed his status to his close relatives and does not receive any support from his direct environment); 3) stigmatisation (for example, an HIV positive adolescent who is laughed at by children from the neighbourhood because they suspect he is HIV positive); 4) food insecurity or limited financial means to pay for clinic appointments and transportation. • **Behavioural barriers** – barriers related to skills, routines and habits. Examples include not having a reminder tool to remember when to take pills, not planning drug refill for travels, and not having identified a clear medication schedule. • **Emotional barriers** - For example, a patient may feel depressed or anxious, which negatively influences adherence. After introducing the categories: • Prepare 4 flipcharts, each labeled with a category. • Ask the groups to take turns reading out loud a barrier on their flipchart. • Facilitate a group discussion to reach consensus on the assignment of each barrier to a category. • Repeat until all barriers from all groups have been categorized.
11	**Heading – Activity 6C: Overcoming Adherence Barriers** Introduce the activity by reading the activity slide (#11). Divide the participants into groups of 4-6 people and instruct them to brainstorm possible actions and strategies to overcome each type of adherence barriers and list them on a flipchart. After 10 minutes of brainstorming, ask each group's spokesperson to present their responses (2 minutes each). Facilitate a group discussion and present Slide #12 to summarize.
12	**Heading – Overcoming Adherence Barriers**

<table>
<tr><th>Slide Number</th><th>Content Notes for PowerPoint Slides</th></tr>
<tr><td></td><td>Each patient's reality is different; therefore, different patients require different solutions. It is important to identify workable solutions together with the patient.
Cognitive barriers may be solved by reviewing the functioning of HIV and ART. Patients often have misunderstandings about ART, which need to be clarified.
Socio-economic barriers may be addressed by referring patients to other organisations offering economical support, linking patients to income generating activities, introducing them to a peer, forming support groups, asking a community health worker to conduct a home visit to talk with the patient's family or community members.
Behavioral barriers may be addressed by making realistic plans around common adherence skills; such as, by reviewing the patient's medication schedule, by identifying a reminder tools such as their mobile phone, by discussing how to address difficult situations like taking drugs when other people are around, having a refill when you travel.
Emotional barriers can be assessed by screening and diagnosing depression, providing basic emotional support, and referring for mental health support and/or treatment.</td></tr>
<tr><td>13</td><td>Heading – Activity 6D: Agree or Disagree?
Introduce the activity by reading the activity slide (#13).

<u>Activity preparation</u>:
Use a long tape to divide a wall or the floor into two sides – label one side "AGREE" and the other "DISAGREE." Ask all participants to stand up to play this game.</td></tr>
<tr><td>14
 
Handout 6-1</td><td>Heading – Agree or Disagree?
Project each statement one at a time. Ask participants to show their answers for each statement by physically moving to either side of the tape. Facilitate a group discussion after each statement to reach consensus. See table below for the correct answers.

<table><tr><th>Statement</th><th>Answer</th></tr><tr><td>1. You cannot drink alcohol when taking ARVs</td><td>Disagree</td></tr><tr><td>2. Taking your drugs 10 minutes late will cause resistance</td><td>Disagree</td></tr><tr><td>3. It is okay to take drugs on an empty stomach</td><td>Agree</td></tr><tr><td>4. Dosing time may be changed during fasting</td><td>Agree</td></tr><tr><td>5. Unprotected sex is not a common reason for a high viral load</td><td>Agree</td></tr><tr><td>6. Patients should be obliged to disclose their status</td><td>Disagree</td></tr><tr><td>7. You need to continue to take drugs daily, even when your viral load is undetectable</td><td>Agree</td></tr></table>
Refer participants to handout 6-1: <u>Patient Education Job Aide: Understanding ART</u>. Walk them through the job aide (about 10 minutes)</td></tr>
<tr><td colspan="2">2. When and how is EAC done?</td></tr>
<tr><td>16
 
Handout</td><td>Heading – When does EAC happen?
Provide an overview of the enhanced adherence counselling process. Refer participants to Handout 6-2: <u>Enhanced Adherence Counselling Session Guide.</u>

Effective EAC sessions require careful planning and preparation. This EAC tool provides guidance to ensure all necessary topics are covered completely and effectively. In the</td></tr>
</table>

Slide Number	Content Notes for PowerPoint Slides
6-2	beginning you may need to refer to this tool often; once you are more experienced you may only use it occasionally as a refresher. Getting familiar with this tool is a perfect preparation to perform you first EAC sessions.  Customization – Adapt this slide according to your program's context or policy regarding number and timing of EAC sessions.
17  **Handout 6-2**	**Heading – EAC Session Overview** Orient participants to the objective and agenda items (on the left-hand column of the table) of the two EAC sessions. State that we will walk through Step 5 of the first EAC Session next.  Customization – Adapt this slide according to your program's context or policy regarding number and timing of EAC sessions.
18  **Handout 6-2**	**Heading – Step 5 – Explore Barriers to Adherence & Identify Ways Forward** Ask several volunteers to take turns reading out loud Step 5 of the first EAC session in the EAC Session Guide so participants become familiar with the guide in preparation for the upcoming ***Activity 6G: EAC Session Role Plays***. Emphasize importance of taking a detailed history from all patients at risk of treatment failure at every visit.
3. Monitoring EAC Compliance and Quality	
20	**Heading – Three Tools to Monitor Facility and Patient Compliance with EAC** EAC sessions must be documented using the EAC Logbook and the High Viral Load Form (placed in patient's file)**.** These two forms, along with the EAC Session Observation Checklist – used by supervisors to evaluate an EAC session through observation - help monitor compliance with EAC.
21  **Handout 6-3**	**Heading – EAC Logbook** Refer participant to Handout 6-3: EAC Logbook. Enhanced Adherence Counselling Logbook records the attendance of EAC sessions by each patient. Each facility should have such a logbook. All patients with a high viral load will be entered in this logbook as well as their dates of attendance of the EAC sessions. This will allow providers to check if all patients with a high viral load are receiving EAC and if a follow-up viral load was done.
22  **Handout 6-4**	**Heading –High Viral Load Form** Refer participants to Handout 6-4: High Viral Load Form. More detailed information on what was discussed during the EAC session, such as the specific barriers that the patient faces or the solutions that were discussed, should be documented in the High Viral Load Form. This form should be kept in the patients file. This will help counsellors remember what was discussed in previous sessions and will enhance communication with health care provider.
23	**Heading - EAC Session Observation Checklist**

Slide Number	Content Notes for PowerPoint Slides
Handout 6-5	Refer participants to Handout 6-5: EAC Session Observation Checklist. Supervisors can evaluate the quality of the EAC sessions by observing the sessions with the help of an observation checklist. After the observation, the supervisor and counsellor should review the feedback and discuss a way forward. This observation and feedback exercise should be more intensive for inexperienced counsellors. As they gain more experience, supervisors only need to observe once in a while. Based on these assessments, follow-up actions may include reinforcing counsellors' skills or improving the referral system between clinicians and counsellors.
24	**Heading - Knowledge Check** Gauge participants' knowledge with the Knowledge Check question.
25	**Heading - Reviewing the EAC Logbook Helps Assess Patient Compliance with EAC and its Impact** To assess implementation of EAC and patient compliance with EAC sessions, the EAC Logbook should be regularly reviewed to check if all patients with a high viral load completed EAC and had a follow-up viral load test. This bar chart is an example of the information that can be extracted from an EAC logbook that follows what happens with each patient who has a VL >1000. In this example, 75% of the patients with VL>1000 attended one EAC session. Slightly more than 50% attended two EAC sessions. About 60% of the patients had a follow-up VL that was <1000.
26-27	**Heading - Knowledge Check** Gauge participants' knowledge with the Knowledge Check questions.
28	**Heading - Reviewing the High Viral Load Forms in Patient Files** Review of the high viral load form in the patient files is a less-intensive exercise. It assesses if patient received EAC, if the different steps of the EAC session have been followed, and if the main barriers and a realistic way forward have been identified.
29-30 Handout 6E.1, 6E.2	**Heading - Activity 6E: Reviewing an EAC Logbook** 1. Introduce the activity by reading the activity slide (#29). **Do not show Slide #30 until completion of the activity.** 2. Refer participants to handouts 6E.1 and 6E.2. 3. Ask them to work in pairs. They have 10 minutes to complete the review of 6E.1 and document their findings in 6E.2. 4. Monitor the group activity. 5. Debrief by facilitating a large group discussion. 6. Summarize the debrief using Slide #30.
31-32 Handout 6F.1	**Heading – Activity 6F: Reviewing High Viral Load Forms** 1. Introduce the activity by reading the activity slide (#31). 2. Refer participants to handouts 6F.1. 3. Ask them to work in pairs. They have 7 minutes to complete the review. 4. Monitor the group activity. 5. Debrief by facilitating a large group discussion. 6. Use Slide #32 to summarize and conclude the activity.
33-36	**Heading – Activity 6G: EAC Session Role Plays** Advance Preparation

Slide Number	Content Notes for PowerPoint Slides
 **Handout** **6-2** **6G.1, 6G.2, 6G.3**	• Select volunteers for the role plays, preferably a day before the role play. • Prepare them by providing the scenarios. Print out Handout 6G.1 (role play scenarios) for them. • Ask the volunteers who play the role of the counsellor to prepare for the role plays by reviewing the EAC Session Guide in advance. Each role play should last no more than 10 minutes. 1. Introduce the activity by reading the activity slide (#33). 2. Refer participants to Handout 6-2: Enhanced Adherence Counselling Session Guide. State that they should follow the Session Guide while observing each role play and check if the counsellors follow the steps listed. 3. Refer participants to handouts 6G.1 and 6G.2, which they will use to document their observations. 4. For each role play, follow steps below: o Read the situation slide for each role play to orient the participants (#34, #35, #36) o Start the role play o After the role play, ask participants to document their observation in 6G.1 and 6G.2 (about 10 minutes) o Debrief by facilitating the following discussion (10 minutes): - How did this role play feel for the counsellor? - How did the role play feel for the patient? - How did the role play feel for the observers? - What were the good points about this counselling session? - What would you suggest the counsellor to do differently? - What did you record in the High Viral Form and the Observation Evaluation Form? 5. Conclude the activity by summarizing the key points.
37-38	**Heading – Module 6: Key messages** Invite participants to supply words to complete each key message.

Handout 6A.1

Activity 6A: Role Play on Attitudes

Instructions: Print the scenario and give to the role play volunteers

Do not tell the class about the scenarios until activity debrief

Scenario for Volunteer 1 (Facility Manager)

Do not show anyone else the scenario, including Volunteer 2

You are the facility manager of a very busy clinic. Your manager called you this morning and said your clinic is not meeting targets, so you are very stressed. It's the day after a public holiday so the clinic is especially busy today. One nurse had already called in sick. The nurse you are going to speak to now has been late several times in the past, and frequently leaves early. She always has child care issues. She is 2 hours late for work today.

When the nurse comes in to see you, you must be very abrupt and rude to her. Do not give her a chance to tell her side of the story. Take out your phone in the middle of the conversation and pretend not to be listening. Allow this exchange to continue for about 5 mins and then end it by saying something like "I've had enough, I cannot talk to you anymore. It's always the same with you" and leave the office even if the nurse is still trying to explain.

Cut along this line

Scenario for Volunteer 2 (Nurse)

Do not show anyone else the scenario, including Volunteer 1

You are a nurse in a very busy clinic. You are about two hours late for work today, because your child was sick this morning and the creche (daycare center) refused to take her. When you returned to your car you realized someone had just stolen your phone from your car. You drive to your sister's house to ask if she can look after your child for the day, she says yes if you can lend her some money. On the way to work you run out of petrol and realize you don't have any money for petrol because you gave your last bit of cash to your sister. After a very difficult and exhausting morning you eventually arrive at the clinic and the facility manager wants to see you. Do your best to explain what happened to make you late this morning.

Handout 6-1

Patient Education Job Aide

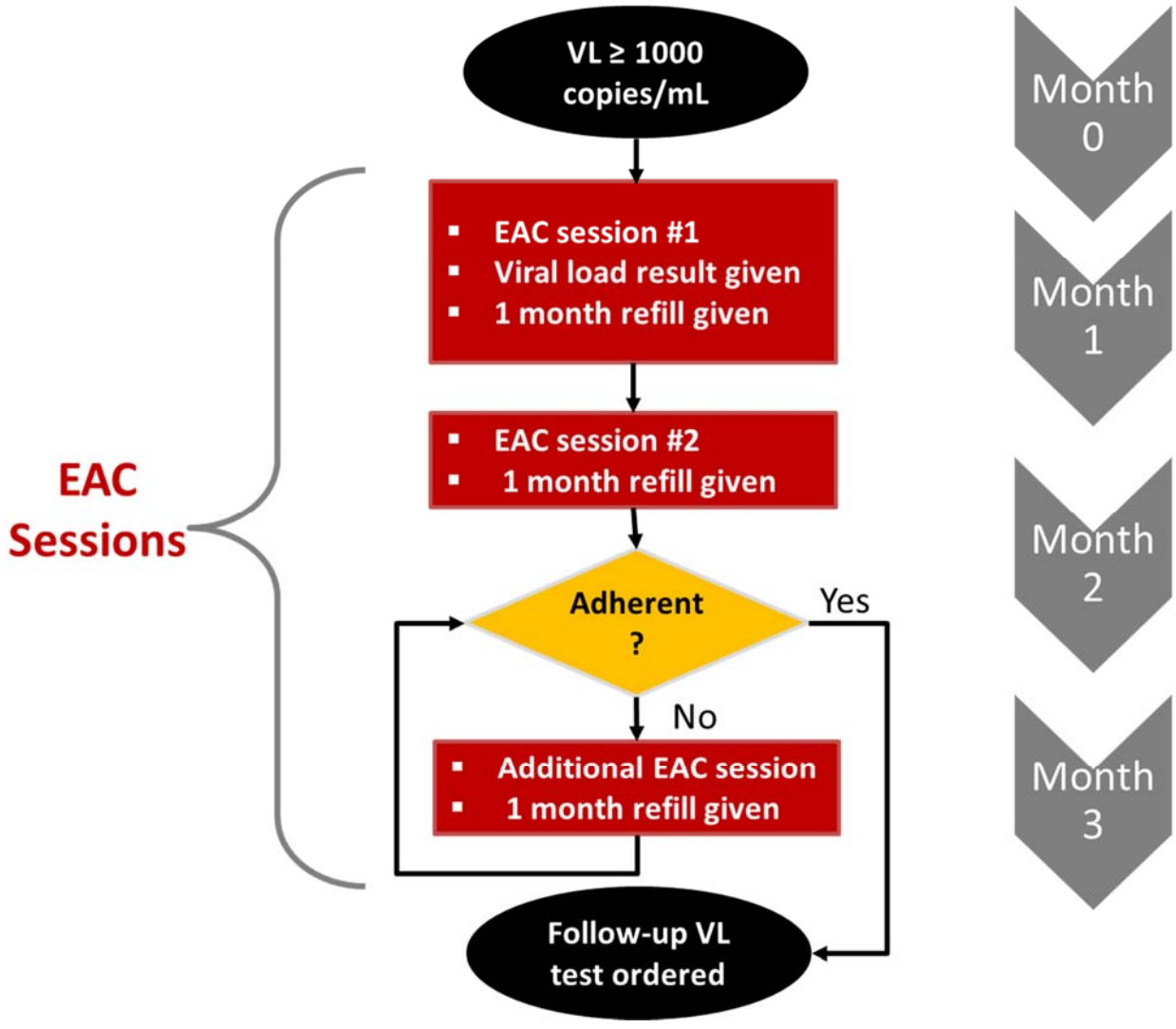
Understanding ART

Correct Statement	Explanation
"You can drink alcohol when taking ARVs"	In the past the message was given to patients that they must never mix ARVs with alcohol or recreational drugs. The result is often that patients decide not to take their ARVs the day that they use alcohol or drugs. Alcohol or drugs do not reduce the action of ARVs, but they increase the chance that a patient will forget to take their ARVs. If the patient remembers, however, there is no reason why they should not take their ARVs even if under the influence of alcohol or some other drug. We need to ensure that patients adhere to ARVs while using alcohol or drugs, by identifying ways of taking ARVs before they start drinking or how to remember to take ARVs while drunk or high. If there is ongoing abuse of alcohol or drugs, then additional support and/or referral to a substance abuse program should be offered.
"Taking your drugs 10 minutes late will not cause resistance"	We always tell patients to choose a time to take their ARVs to help them establish a habit of taking their ARVs at a specific time, so that they do not forget to take them. ARVs will still work if they are taken at a different time. It is important that patients take ARVs as soon as they remember, no matter how late it is. The next dose must then be taken at the normal/usual time. Regularly taking ARVs 10- 20 minutes late will NOT cause resistance to the drugs.
"It is okay to take drugs on an empty stomach"	We used to say drugs need to be taken with food. We see now that some patients do not take drugs when they have no food available. Drugs may work a bit better if taken with some food, but they can also be taken on an empty stomach.
"Dosing time may be changed during fasting"	Some patients may take their drugs earlier/later during fasting, when they are allowed to eat according to their religious beliefs. This is okay: it is better that a patient takes drugs at another time than not to take drugs at all.
"Unprotected sex is not a common reason for a high viral load"	We always say it is important for patients to use condoms to avoid passing HIV to others or to avoid reinfection. Patients may be re-infected with a resistant HIV virus through unprotected sex and thus have a high viral load. The chance of this happening is however very small. Instead, the most common reason for a high viral load is an adherence problem.
"Patients should not be forced to disclose their status"	It is a personal choice of a patient to disclose their status to a person they trust or live with. Patients should be encouraged to disclose, but should not be obliged to do so, nor should they be discouraged to do so. If a patients is not ready to disclose their status to anybody, they should be helped to plan a way of still being adherent to ARVs every day - for example by taking drugs before others in the household are awake, or excuse yourself to go to the bathroom to take drugs.
"You still need to continue to take drugs, even when your viral load is undetectable"	An undetectable viral load just means there is so little HIV in your blood that it can hardly be seen with the tests we have. It does not mean there is no more HIV in your blood. If you would take an HIV test, the test would still show that you are HIV positive. You need to continue to take your drugs to keep your viral load undetectable. From the moment you would stop taking drugs, the few viruses in the blood will multiply again and will attack your CD4, which in turn will make you fall sick.

Handout 6-2

Enhanced Adherence Counselling Session Guide (5 pages)

Clinical criteria	Patients with viral load >1000 copies on 1st line treatment are referred to the counsellor
EAC Objectives	▪ To explain the viral load result ▪ To identify adherence barriers and find appropriate solutions
Considerations for counselling: is the patient ready?	▪ Patient should be mentally fit to undergo the counselling session. For patients that need additional support, a treatment buddy should attend the sessions with the patient ▪ Time allocated for each session: 30-45 minutes
Tools for the counsellor	▪ ARV flipchart ▪ EAC Logbook ▪ Patient file



First EAC Session

Objective	Questions
1. **To welcome the patient and to give a general introduction to the discussion**	"Good morning, I'm … and you…?" "Today we are going to talk about the result of your viral load test. We are concerned that your viral load is high. This could be because you are not taking your medication every day, or because your medicine is not working correctly."
2. **To give and explain the viral load result**	"Your viral load test result is xxx" (give the number if available). "How do you feel about the results?" "Can you tell me what you think a high viral load means?" Review the key messages and image in the flip chart on viral load and poor adherence.
3. To explain EAC	"It is important to know that if we can resolve the problems influencing your adherence, there is a good chance that your viral load will be lower than 1000 copies/ml. If that happens, then we will not need to change your medicine." "Patients with a high viral load will meet with a counselor as many times as needed in order to discuss what might cause a high viral and to look for solutions on how adherence could be improved. It is very important that we can discuss these issues openly. The information you share will be kept confidential and there is no punishment for telling the truth. Another viral load test will be done after there is good adherence to see if the VL is below 1000 or if we need to change treatment."
4. **To assess previous problems of adherence and recent adherence**	Check whether the patient had previous problems of adherence and/or missed appointments. Check adherence since last visit. Check adherence with treatment buddy, if available.
5. To explore barriers to adherence & identify ways forward	"Together we will explore any challenges to treatment adherence that you may be facing, and that could explain a high viral load." "What do you think could be the reason for this high viral load?" If the patient has a clear idea on what can be the cause, then work on that barrier and identify way forward. Other barriers to adherence can be explored and list of questions & ways forward below will have to be adapted to each individual.
Cognitive barriers	Refer to Handout 6-2: Patient Education Job Aide - Understanding ART.
Behavioral barriers	"Can you explain how you take your drugs and at what time?" "Everybody faces situations where it is difficult to take their drugs. Can you tell me when you find it most difficult to take your drugs?" "Do you take drugs other than ARVs?"

First EAC Session

Objective	Questions
	In case of problems redefine the medication schedule along with the daily schedule of patient. "What do you do to remind yourself how to take your drugs?" In case of problems, identify reminder tools like cell phone alarm, time when kids leave for school. "Some people tell me they sometimes find it difficult to take their drugs because of the side effects. How do you manage side effects and does that influence how you take your drugs?" In case of problems, review how to deal with certain side effects - explain how side effects are only temporarily and they should present to clinic in case of any problem. "Can you tell me what you do when you are not at home when you need to take your drugs/when you have visitors/when you need to travel?" In case of problems, identify where to keep an emergency dose of drugs for when they are away or how to come for a longer drug supply/transfer out letter/identify a health facility close to travel destination. "Some people have difficulties taking ARVs when they drink or take drugs. Can you tell me how you take ARVs when you want to go out for drinks?" 1. Have you ever felt you needed to **C**ut down on your drinking? 2. Have people **A**nnoyed you by criticizing your drinking? 3. Have you ever felt **G**uilty about drinking? 4. Have you ever felt you needed a drink first thing in the morning (**E**ye-opener) to steady your nerves or to get rid of a hangover? In case of yes on 2 questions, ask if patients would like to get help to deal with their alcohol use and refer where possible. In case of regular drinking with adherence problems, identify how patient can take drugs before going out drinking or who could help remind them when out for drinking.
socio-economic barriers	"Have you disclosed your status to your partner or anybody else and how are they supporting you?" "Is there anybody else in your environment taking ARVs and how do you support each other?" "Can you tell me how people around you (family, community) are supporting you?" "Do you belong to a support group/know a support group in your area you could join?"

First EAC Session

Objective	Questions
emotional barriers	In case of no-disclosure, check if patient is willing to disclose to a trustworthy person in his/her environment and what help they would like to get from counsellor in doing so - referring to a support group in the area of the patient, or linking up with a known peer in the area of the patient. "Can you tell me if you are doing anything that could be considered a source of income and if that influences your adherence?" In case of problems, identify who in family could give some support or link up with other NGO's or social support services. "Do you face any challenges in coming for your drug restock at the health centre/hospital?" In case of problems, check how patient could plan for any unforeseen difficulties to travel to health facility by putting some money aside each day for transport, become a Community ART Group (CAG) or club member once VL is suppressed. "Can you tell me how you feel about taking drugs every day? Does that influence the way you take your drugs?" '"Can you tell me about your plans for the future? What is important for you in your life?" In case of problems, work with the patients to identify main reasons why it is important for them to adhere to treatment and stay in good health. If possible, use PHQ-9 for screening for depression. Refer suspected cases to nurse/doctor.
6. To conclude session	Re-emphasize the most important adherence barrier and solution to improve. Review plan of action, offer to answer any questions or repeat any of the information. Ask patient to repeat plan. Motivate patient to ensure good adherence.

Second EAC Session

Objective	Questions
1. To welcome the patient and to give a general introduction to the discussion	"Good morning, I'm … and you…?" "Today we will continue talking about your treatment and adherence. Can you recall what we discussed in the previous session and how you feel about our discussion?"
2. To assess the patient's adherence since last visit	Check adherence since last visit. Check adherence with treatment supporter/buddy, if available.
3. To evaluate strategies to improve adherence	"Let's have a look at the main challenges we identified during your last visit. Can you recall what the main issue was and how we decided to address this?" "Can you tell me how you were able to implement these solutions? What worked and what didn't work?" Explore options to continue addressing the challenges, and discuss other pertinent challenges. Ask if any new challenges have been identified. Determine if further counselling sessions are needed.
4. To explain next steps in the EAC process if adherence challenges have been sufficiently addressed (may be at second session or thereafter)	"At your next visit, we will again discuss how well you have been taking your drugs. If you are doing well and taking your drugs every day, then we will do another viral load test. You should also ask your health care worker for a viral load test. If your viral load is less than 1,000, it means there is no problem with how your drugs are working and you should continue your ARV treatment. You will then be able to join a community ART group / adherence club / fast track drug refill. If your viral load >1,000, you will be referred to the clinician who will check if we need to change your treatment."
5. To conclude session	Review most important actions to continue or adapt. Offer to answer any questions or repeat any of the information. Ask patient to repeat the plan. Motivate patient to continue to ensure good adherence.

Handout 6-3

EAC Logbook

ART number	First name	Surname	DOB (DD/MM/YYYY)	Sex	Current ART regimen	Reason for VL test (R= routine T= targeted)	Date first VL taken (DD/MM/YYYY)	First VL Result (copies/mL)	Date results received by facility

Date patient received high VL result	1st EAC Date	2nd EAC Date	3rd EAC Date	Additional EAC Date	Additional EAC Date	Date follow-up VL taken	Follow-up VL result (copies/mL)	Date results received by facility	Date client received follow-up VL result

MDT Case Review Date	Outcome: ①Switched regimen ②Remained on current regimen ③Other (e.g., transferred out, deceased, referred) specify: _____	ART regimen, if switched	Outcome Date	Due date for follow-up VL date post ART switch	Date follow-up VL taken	Follow-up VL result (copies/mL)	Comment

Handout 6-4

High Viral Load Form

The High Viral Load Form is used when a viral load is measured >1,000 copies/ml and is kept in the patient's chart or medical record. A clinic staff member documents the viral load before EAC is done in the "Viral Load Results" section at the top of the form. In the "Outcome" section at the bottom of the form, the results of the follow-up viral load test are recorded. Any changes to the treatment regimen may also be recorded there.

HIGH VIRAL LOAD FORM

(For Enhanced Adherence Counselling and Second Line Consideration)

Patient Information

Name:_____ **Health Centre:**_____

Age: _____ **Sex:** ☐**M** ☐**F** **Pt Number:**_____

ARV Information		*Viral Load Results*		
ARV Regimen:	Date of initiation:	**Viral Load before EAC:** _____ c/ml	Date: ____/____/____	
_____	____/____/____	**Previous VL (if any) :** _____ c/ml	Date: ____/____/____	
_____	____/____/____	_____ c/ml	Date: ____/____/____	
_____	____/____/____	_____ c/ml	Date: ____/____/____	
_____	____/____/____			

Enhanced Adherence Counselling (To be filled by the Counsellor)

For each session, assess major barriers for possible poor adherence (cognitive, behavioral, emotional, socio-economic).

Date of 1st session:___/___/___ **Summary:**_____

_____

ARV-intake demonstration by patient/caretaker done? ☐**Y** ☐**N** Pill count done? ☐**Y** ☐**N** Pill intake: ___%

Date of 2nd session: ___/___/___**Summary:**_____

_____Pill count done? ☐**Y** ☐**N** Pill intake: ___%

Date of extra session (if any): ___/___/___**Summary:**_____

_____Pill count done? ☐**Y** ☐**N** Pill intake: ___%

Did the patient attend all the appointments? ☐**Y** ☐**N** If no, any reason? _____

Your impression about patient's adherence before EAC:

☐ Likely to be good ☐ Likely to be **NOT** good (relevant barriers identified) ☐ clearly poor (defaulter)

Your impression about patient's adherence during and after EAC:

☐ Likely to be good ☐ Likely to be **NOT** good (relevant barriers identified and not cleared) ☐ clearly poor (defaulter)*

(*) *If patient is defaulting, repeat Viral Load should be deferred and EAC extended. Share decision with the team.*

Major remaining barriers identified after EAC sessions: • Behavioral ☐**Y** ☐**N** If yes: _____

• Cognitive ☐**Y** ☐**N** If yes: _____ • Socio-economic ☐**Y** ☐**N** If yes:_____

• Emotional ☐**Y** ☐**N** If yes: _____ • others (Disclosure, Religion...) ☐**Y** ☐**N** If yes:_____

Date of collection of repeat Viral Load:____/____/_____

Counsellor: _____ Date of assessment: ____/____/_____

OUTCOME (To be filled by the Nurse)

Repeat Viral Load result:_____ c/ml Date: ____/____/____

Was it a significant drop in the Viral Load (fulfilling criteria of good response to EAC)? ☐**Y** ☐**N**

Is this patient currently a TB suspect? ☐**Y** ☐**N** Investigations done? ☐**Y** ☐**N** If yes, results:_____

Is this patient presenting any other OI or signs of immunosuppression? ☐**Y** ☐**N** If yes, describe:_____

Hx of chronic diarrhea or vomiting? ☐**Y** ☐**N** Use of traditional medications? ☐**Y** ☐**N**

Hx of side-effects with ARV? ☐**Y** ☐**N** If yes, describe symptom and possible drug:_____

Other investigations: **CD4 count:** _____ **Hepatitis B screen:** _____ **Creatinine Clearance:** _____ **Hb:** _____

Regarding the ARV regimen, what is the plan? ☐continue current regimen ☐refer to doctor for further management

Nurse:_____ Date of assessment: ____/____/_____

Outcome for patients with persistent high Viral Load (To be filled by the Doctor)

What is the plan for this patient? ☐ Patient is suitable for Second-line Regimen. New regimen:_____

☐ extend adherence sessions before new Viral Load (in 2-3 months time).

Comment:_____

Doctor:_____ Date: ____/____/_____

Handout 6-5

EAC Session Observation Checklist (3 pages)

EVALUATION FOR COUNSELLING SESSIONS

Health Center: _____ Name of counsellor evaluated: _____ Date of initial training: _____

Date _____ Evaluator 1_____ Nber of session seen_____
Date _____ Evaluator 1_____ Nber of session seen_____
Date _____ Evaluator 1_____ Nber of session seen_____

Summary of main findings over several evaluations
Your conclusions must give an objective appreciation of :
Strengths
Weaknesses
Evolution between 2 evaluations

EVALUATION FORM FOR **INDIVIDUAL** COUNSELLING SESSION

Health Center: _____ **Counselor evaluated:** _____ **Date of initial training:** _____
Date _____ **Evaluator** _____ **Type and Nber of session seen** _____

1- Pre-session preparation	***1***	***2***	***3***	***4***	***comments***
The counsellor prepares the meeting room. (environment, confidentiality) He takes time to review the patient's case file.					
2- Introduction					
The counsellor establishes a warm welcome (greets the patient, introduces himself, demonstrates respect and interest/attends to the patient's comfort, etc). He identifies the reasons for the session.					
3- Communication skills					
The counsellor -uses appropriate non-verbal behavior (eye contact, posture, vocal cues -e.g. rate, volume, intonation) -listens attentively and facilitates patient participation (open-ended questions, invites questions, and allows patient to express concerns) -explores patient's prior knowledge/experiences -explores patient's concerns and how these affect his daily activities -uses appropriate supports, especially visual (eg flip chart, poster, drawing,…) - gives clear explanations -regularly checks patient's understanding - identifies realistic solutions					
4- Content					
➢ Did the counsellor cover all the main points – refer to the enhanced adherence session guide - - - - - -					
5- End of Session					
- Counsellor summarizes the most important points discussed - Re-iterates the decisions and goals set during the session - Ensures that the patient leaves with the necessary materials - Records important points in the patient's file to share with other professionals					

1: Very satisfactory, Perfect, Always	==>	No improvement is necessary
2: Satisfactory, acceptable, often	==>	Improvements are possible
3: Inadequate, No satisfactory, rarely	==>	Requires quick improvement
4: Very insufficient, Very bad, Never	==>	Urgent and profound improvement has to be made

EVALUATION FORM FOR **GROUP** COUNSELLING SESSION

Health Center: _____ **Counselor evaluated:** _____ **Date of initial training:** _____
Date _____ **Evaluator** _____ **Type and Nber of session seen** _____

1- Session preparation	***1***	***2***	***3***	***4***	***comments***
-Appropriate factors are taken into account when forming a group (size of the group, types of patients). -The room is set up in keeping with the objectives of the session (the room feels warm and welcoming, provides a learning environment and there is a sense of confidentiality). -The counsellor prepared all the necessary learning materials.					
2- Introduction					
- The counsellor do a warm welcome (greet patients, introduce themselves, demonstrate interest/make patients feel comfortable, thank them for coming, etc). - The counsellor states the goals of the session. - Participants are made to feel at ease and "ice breaker" activities are used for introductions.					
3- Session procedure					
- Counsellors use appropriate non-verbal communication (eye contact, posture, intonation). - Patients' prior knowledge is explored. - Patients are encouraged to participate (open-ended questions, encouraged to ask questions, express feelings) - Patients have enough time to interact with each other. - Counsellors use appropriate and varied supports. - Counsellors regularly check patients' understanding of information. -The length of the session is adjusted according to patients' needs, physical and/or emotional fatigue.					
4- Contents					
- Counsellors provide clear and logical explanations. - Mistakes are corrected in a respectful manner. - In keeping with the objectives of the session, the correct topics are covered (refer to group session guide). List these below: - -					
5- End of session					
- Counsellors summarize the most important points discussed during the session. -They remind participants that they are available for further discussion and clarification and that they can discuss things at greater length during their regular one-on-one consultation sessions. - Records important points in the patient's file to share with other professionals					

Tool adapted from documents prepared by MSF professionals (Malawi self-evaluation, patient satisfaction evaluation by N.et Y.Durier, evaluation basics by A.Communié, ETP/tuberculose Abkhazie evaluation tool) and from the The Calgary-Cambridge medical interview guide presented in *Teaching and learning communication skills in medecine*, Kurtz et al. Abingdon, Radcliffe Medical Press, 1998 and in *Skills for communicating with patients*, Silverman et al. Abingdon, Radcliffe Medical Press, 1998.

Activity 6E.1

Activity 6E: Reviewing an EAC Logbook

Sample EAC Logbook (3 pages)

Page 1

ART number	First name	Sur-name	DOB (DD/MM /YYYY)	Sex	Current ART regimen	Reason for VL test (R= routine T= targeted)	Date first VL taken (DD/MM/YY YY)	First VL Result (copies/mL)	Date results received by facility	Date patient received high VL result
238210				F	TLE	R	17/10/2015	43,990	27/10/2015	14/11/2015
101229				F	TLE	R	13/8/2015	66,372	2/9/2015	26/2/2016
237513				M	TDF/3TC/ATV/r	T	22/1/2015	27,076	11/2/2015	15/2/2015
259735				F	TLE	T	5/3/2016	89,112	20/3/2016	2/4/2016
126402				M	TDF/3TC/ATV/r	R	29/9/2015	109, 283	10/10/2015	25/10/2015
180068				F	TLE	R	10/11/2015	53,622	24/11/2015	3/12/2015
213173				F	TDF/3TC/NVP	R	21/2/2016	101,104	1/3/2016	
309875				M	TDF/3TC/ATV/r	R	30/5/2016	13,658	12/6/2016	30/6/2016
243571				M	TLE	R	1/8/2016			
296873				F	TLE	T	4/4/2016	111,747	21/4/2016	28/4/2016

Sample EAC Logbook (3 pages)

Page 2

ART number	1st EAC Date	2nd EAC Date	3rd EAC Date	Additional EAC Date	Additional EAC Date	Due date for follow-up VL	Date follow-up VL taken	Follow-up VL result (copies/mL)	Date results received by facility	Date client received follow-up VL result
238210	20/11/2015	23/12/2015				15/1/2016	15/1/2016	<20	23/1/2016	26/1/2016
101229	26/2/2016	23/3/2016	18/4/2016			3/6/2016	10/6/2016	87,052	22/6/2016	29/7/2016
237513	28/2/2015						29/1/2016	78,312	10/2/2016	20/2/2016
259735	2/4/2016	30/4/2016	27/5/2016	22/6/2016		20/7/2016	20/7/2016	66,733	29/7/2016	5/8/2016
126402	5/11/2015	3/12/2015	4/1/2016			2/2/2016				
180068	11/12/2015	9/1/2016				30/1/2016	30/1/2016	71,097	13/2/2016	25/2/2016
213173										
309875	15/7/2016	10/8/2016	4/9/2016			2/10/2016	8/10/2016	<20	20/10/2016	1/11/2016
243571										
296873	15/5/2016	13/6/2016	10/7/2016	5/8/2016		9/9/2016	3/10/2016	<20	14/10/2016	2/11/2016

Sample EAC Logbook (3 pages)

Page 3

ART number	MDT Case Review Date	Outcome: ①Switched regimen ②Remained on current regimen ③Other (e.g., transferred out, deceased, referred) specify: _____	ART regimen, if switched	Outcome Date	Due date for follow-up VL date post ART switch	Date follow-up VL taken	Follow-up VL result (copies/mL)	Comments
238210								
101229	3/9/2016	1	TDF/3TC/ATZ/r	16/9/2016	16/12/2016			
237513	2/3/2016	2		17/3/2016				Needs additional EAC
259735	20/8/2016	1	TDF/3TC/ATZ/r	25/8/2016	22/9/2016	24/9/2016	<20	
126402								
180068	2/3/2016							
213173								
309875								
243571								
296873		1						

Activity 6E.2

Activity 6E: Reviewing an EAC Logbook

Record Sheet for EAC Logbook Review Findings

Review the sample EAC Logbook. List what actions should be taken to improve documentation and/or patient management in the table below.

	Patient ID	Acceptable?	Comments/Concerns/Actions
1	238210		
2	101229		
3	237513		
4	259735		
5	126402		
6	180068		
7	213173		
8	309875		
9	243571		
10	296873		

Activity 6F.1

Activity 6F: Reviewing High Viral Load Forms

Sample High Viral Load Forms (2 pages)

Patient A (Pt # 348624)

(For Enhanced Adherence Counselling and Second Line Consideration)

Patient Information

Name: [redacted] Health Centre: Capital Health Centre
Age: 34 Sex: M ☒F Pt Number: 348624

ARV Information		***Viral Load Results***		
ARV Regimen:	Date of initiation:	**Viral Load before EAC:**	21,864 c/ml	Date: 20/12/2015
TDF + 3TC + EFV	13/6/2015	**Previous VL (if any) :**	____ c/ml	Date: ___/___/___
	___/___/___		____ c/ml	Date: ___/___/___
	___/___/___		____ c/ml	Date: ___/___/___
	___/___/___			

Enhanced Adherence Counselling (To be filled by the Counsellor)

For each session, assess major barriers for possible poor adherence (cognitive, behavioral, emotional, socio-economic).

Date of 1st session: 25/1/16 **Summary:** Mostly behavioral barriers - forgets, multiple life stressors (long work hours, sick children). Will try nightly mobile phone reminders and will keep emergency medication stash at work.
ARV-intake demonstration by patient/caretaker done? Y ☒N Pill count done? ☒Y N Pill intake: 60 %
takes ARV at night

Date of 2nd session: 28/2/16 **Summary:** Improved, but still forgets 1-2 doses per week. Does not hear or see mobile phone until much later and thinks it's "too late." Advised to take ARVs no matter how late it is. Pill count done? ☒Y N Pill intake: 80 %

Date of extra session (if any): 3/4/16 **Summary:** Missed 1-2 doses since last EAC session. Congratulated! Helped that she now knows to take ARVs no matter how late it is. Pill count done? ☒Y N Pill intake: 95 %

Did the patient attend all the appointments? ☒Y N If no, any reason? _____

Your impression about patient's adherence before EAC:
Likely to be good ☒Likely to be **NOT** good (relevant barriers identified) clearly poor (defaulter)

Your impression about patient's adherence during and after EAC:
☒Likely to be good Likely to be **NOT** good (relevant barriers identified and not cleared) clearly poor (defaulter)*
(*) *If patient is defaulting, repeat Viral Load should be deferred and EAC extended. Share decision with the team.*

Major remaining barriers identified after EAC sessions: • Behavioral ☒Y N If yes: Improved after EAC
• Cognitive Y ☒N If yes: _____ • Socio-economic ☒Y N If yes: social isolation
• Emotional ☒Y N If yes: places more importance on others' needs, not her own health • others (Disclosure, Religion...) ☒Y N If yes: no disclosure to friends

Date of collection of repeat Viral Load: 2/5/2016

Counsellor: Soronkwo Date of assessment: 3/4/2016

OUTCOME (To be filled by the Nurse)

Repeat Viral Load result: < 20 c/ml Date: 2/5/2016
Was it a significant drop in the Viral Load (fulfilling criteria of good response to EAC)? ☒Y N

Is this patient currently a TB suspect? Y ☒N Investigations done? Y ☒N If yes, results: _____

Is this patient presenting any other OI or signs of immunosuppression? Y ☒N If yes, describe: _____
Hx of chronic diarrhea or vomiting? Y ☒N Use of traditional medications? Y ☒N
Hx of side-effects with ARV? Y ☒N If yes, describe symptom and possible drug: _____

Other investigations: **CD4 count:** _____ **Hepatitis B screen:** _____ **Creatinine Clearance:** _____ **Hb:** 12.1

Regarding the ARV regimen, what is the plan? ☒continue current regimen refer to doctor for further management

Nurse: NOkoha Date of assessment: 12/5/2016

Outcome for patients with persistent high Viral Load (To be filled by the Doctor)

What is the plan for this patient? Patient is suitable for Second-line Regimen. New regimen: _____
extend adherence sessions before new Viral Load (in 2-3 months time).

Comment: _____

Doctor: _____ Date: ___/___/_____

Patient B (Pt # 3496781)

(For Enhanced Adherence Counselling and Second Line Consideration)

Patient Information

Name: [redacted] Health Centre: Capital Health Centre
Age: 36 Sex: M ✗F Pt Number: 3496781

ARV Information

ARV Regimen:	Date of initiation:
TDF + 3TC + EFV	20 / 2 / 2015
	/ /
	/ /
	/ /

Viral Load Results

Viral Load before EAC: 13,455 c/ml Date: 30 / 8 / 2015
Previous VL (if any) : _____ c/ml Date: ___/___/___
_____ c/ml Date: ___/___/___
_____ c/ml Date: ___/___/___

Enhanced Adherence Counselling (To be filled by the Counsellor)

For each session, assess major barriers for possible poor adherence (cognitive, behavioral, emotional, socio-economic).

Date of 1st session: 22 / 9 / 15 Summary: Behavioral

ARV-intake demonstration by patient/caretaker done? Y N Pill count done? ✗Y N Pill intake: 60 %

Date of 2nd session: 29 / 10 / 15 Summary: Doing better

Pill count done? ✗Y N Pill intake: ___%

Date of extra session (if any): ___/___/___ Summary: _____

Pill count done? Y N Pill intake: ___%

Did the patient attend all the appointments? ✗Y N If no, any reason? _____

Your impression about patient's adherence before EAC:

Likely to be good ✗Likely to be **NOT** good (relevant barriers identified) clearly poor (defaulter)

Your impression about patient's adherence during and after EAC:

✗ Likely to be good Likely to be **NOT** good (relevant barriers identified and not cleared) clearly poor (defaulter)*

(*) *If patient is defaulting, repeat Viral Load should be deferred and EAC extended. Share decision with the team.*

Major remaining barriers identified after EAC sessions: • Behavioral ✗Y N If yes: _____
• Cognitive Y N If yes: _____ • Socio-economic Y N If yes: _____
• Emotional Y N If yes: _____ • others (Disclosure, Religion...) Y N If yes: _____

Date of collection of repeat Viral Load: 5 / 12 / 2015

Counsellor: SORapkuor Date of assessment: 29 / 10 / 2015

OUTCOME (To be filled by the Nurse)

Repeat Viral Load result: 11,673 c/ml Date: 5 / 12 / 2015
Was it a significant drop in the Viral Load (fulfilling criteria of good response to EAC)? Y ✗N

Is this patient currently a TB suspect? Y ✗N Investigations done? Y ✗N If yes, results: _____

Is this patient presenting any other OI or signs of immunosuppression? Y ✗N If yes, describe: _____
Hx of chronic diarrhea or vomiting? Y ✗N Use of traditional medications? Y ✗N
Hx of side-effects with ARV? Y ✗N If yes, describe symptom and possible drug: _____

Other investigations: **CD4 count:** _____ **Hepatitis B screen:** _____ **Creatinine Clearance:** _____ **Hb:** 11.5

Regarding the ARV regimen, what is the plan? continue current regimen ✗refer to doctor for further management

Nurse: N. Obioha Date of assessment: 15 / 12 / 2015

Outcome for patients with persistent high Viral Load (To be filled by the Doctor)

What is the plan for this patient? Patient is suitable for Second-line Regimen. New regimen: _____
extend adherence sessions before new Viral Load (in 2-3 months time).

Comment: _____

Doctor: _____ Date: ___/___/_____

Activity 6G.1

Activity 6G: EAC Session Role Plays (3 pages)

Instructions: Print the scenarios and give to the role play volunteers

Activity 6G - Role Play #1

Scenario for the Counsellor

- Your patient is a 33-year old woman who has been on ART for 4 years. She has a viral load of 6000 copies/ml.
- She always attends her appointments and picks up her drug refills on time.
- This is her first EAC session.

Cut along the line

Scenario for the Patient

Do not show anyone else your scenario

- You are a 33 year old woman and have never heard about viral load before.
- You know that sometimes ago they take a blood sample to measure the amount of soldiers in your blood.
- You often forget to take your drugs when you are out of the house as you don't want others to see you are taking drugs (e.g., at church, at the market)
- You always come to your appointments on time.

Activity 6G - Role Play #2

Scenario for the Counsellor

- Your patient is a 35-year old man, who often fails to attend for his appointments. He has a viral load of 15000 copies/ml.
- In his file you see he travels often, which makes it impossible for him to come to his appointments.
- This is his first EAC session.

Cut along the line

Scenario for the Patient

Do not show anyone else your scenario

- You are 35 year old man who often stops treatment because you run running out of drugs.
- You get your treatment in the health centre of the village where your family lives. You work and live in a city 8 hours' drive away. You only come to your village once every few months, so sometimes you run out of drugs if you do not have enough money to travel back in time for your appointments.

Activity 6G - Role Play #3

Scenario for the Counsellor

- Your patient is a 48-year old man, who started ART 3 years ago. His first viral load was 9500 copies/ml.
- In the first EAC session, the patient told you he often drinks and that's why he often forgets to take this medicine. As a way forward, the patient wants to ask a friend to remind him to take the drugs when out drinking.
- You see this patient now for a second EAC session.

Cut along the line

Scenario for the Patient

Do not show anyone else your scenario

- You are 48 year old widowed man who lives alone. You started ART 3 years ago.
- Your nurse has told you that your viral load was too high.
- You often go out drinking with your friends and that makes you forget to take your meds. You've told this to the counsellor the other time. Since then you have been thinking about your health, but you do not see a way to improve your adherence. You did not dare to ask a friend to remind you of taking drugs when out.
- You are now attending a 2nd EAC session.

Activity 6G.2

Activity 6G: EAC Session Role Plays

Worksheet: High Viral Load Forms (3 pages)

Role Play 1

HIGH VIRAL LOAD FORM

(For Enhanced Adherence Counselling and Second Line Consideration)

Patient Information

Name:_____ **Health Centre:**_____

Age: _____ **Sex:** ☐**M** ☐**F** **Pt Number:**_____

ARV Information		*Viral Load Results*		
ARV Regimen:	Date of initiation:	**Viral Load before EAC:** _____ c/ml	Date: ____/____/____	
_____	____/____/____	**Previous VL (if any) :** _____ c/ml	Date: ____/____/____	
_____	____/____/____	_____ c/ml	Date: ____/____/____	
_____	____/____/____	_____ c/ml	Date: ____/____/____	
_____	____/____/____			

Enhanced Adherence Counselling (To be filled by the Counsellor)

For each session, assess major barriers for possible poor adherence (cognitive, behavioral, emotional, socio-economic).

Date of 1st session:___/___/___ **Summary:**_____

_____

_____

ARV-intake demonstration by patient/caretaker done? ☐**Y** ☐**N** Pill count done? ☐**Y** ☐**N** Pill intake: ___%

Date of 2nd session: ___/___/___**Summary:**_____

_____

_____Pill count done? ☐**Y** ☐**N** Pill intake: ___%

Date of extra session (if any): ___/___/___**Summary:**_____

_____

_____Pill count done? ☐**Y** ☐**N** Pill intake: ___%

Did the patient attend all the appointments? ☐**Y** ☐**N** If no, any reason? _____

Your impression about patient's adherence before EAC:

☐ Likely to be good ☐ Likely to be **NOT** good (relevant barriers identified) ☐ clearly poor (defaulter)

Your impression about patient's adherence during and after EAC:

☐ Likely to be good ☐ Likely to be **NOT** good (relevant barriers identified and not cleared) ☐ clearly poor (defaulter)*

(*) *If patient is defaulting, repeat Viral Load should be deferred and EAC extended. Share decision with the team.*

Major remaining barriers identified after EAC sessions: • Behavioral ☐**Y** ☐**N** If yes: _____

• Cognitive ☐**Y** ☐**N** If yes: _____ • Socio-economic ☐**Y** ☐**N** If yes:_____

• Emotional ☐**Y** ☐**N** If yes: _____ • others (Disclosure, Religion...) ☐**Y** ☐**N** If yes:_____

Date of collection of repeat Viral Load:____/____/_____

Counsellor: _____ Date of assessment: ____/____/_____

OUTCOME (To be filled by the Nurse)

Repeat Viral Load result:_____ c/ml Date: ____/____/____

Was it a significant drop in the Viral Load (fulfilling criteria of good response to EAC)? ☐**Y** ☐**N**

Is this patient currently a TB suspect? ☐**Y** ☐**N** Investigations done? ☐**Y** ☐**N** If yes, results:_____

Is this patient presenting any other OI or signs of immunosuppression? ☐**Y** ☐**N** If yes, describe:_____

Hx of chronic diarrhea or vomiting? ☐**Y** ☐**N** Use of traditional medications? ☐**Y** ☐**N**

Hx of side-effects with ARV? ☐**Y** ☐**N** If yes, describe symptom and possible drug:_____

Other investigations: **CD4 count:** _____ **Hepatitis B screen:** _____ **Creatinine Clearance:** _____ **Hb:** _____

Regarding the ARV regimen, what is the plan? ☐continue current regimen ☐refer to doctor for further management

Nurse:_____ Date of assessment: ____/____/_____

Outcome for patients with persistent high Viral Load (To be filled by the Doctor)

What is the plan for this patient? ☐ Patient is suitable for Second-line Regimen. New regimen:_____

☐ extend adherence sessions before new Viral Load (in 2-3 months time).

Comment:_____

Doctor:_____ Date: ____/____/_____

Role Play 2

HIGH VIRAL LOAD FORM

(For Enhanced Adherence Counselling and Second Line Consideration)

Patient Information

Name:_____ **Health Centre:**_____

Age: _____ **Sex:** ☐**M** ☐**F** **Pt Number:**_____

ARV Information		*Viral Load Results*		
ARV Regimen:	Date of initiation:	**Viral Load before EAC:** _____ c/ml	Date: ____/____/____	
_____	____/____/____	**Previous VL (if any) :** _____ c/ml	Date: ____/____/____	
_____	____/____/____	_____ c/ml	Date: ____/____/____	
_____	____/____/____	_____ c/ml	Date: ____/____/____	
_____	____/____/____			

Enhanced Adherence Counselling (To be filled by the Counsellor)

For each session, assess major barriers for possible poor adherence (cognitive, behavioral, emotional, socio-economic).

Date of 1st session:___/___/___ **Summary:**_____

_____

_____

ARV-intake demonstration by patient/caretaker done? ☐**Y** ☐**N** Pill count done? ☐**Y** ☐**N** Pill intake: ___%

Date of 2nd session: ___/___/___**Summary:**_____

_____

_____Pill count done? ☐**Y** ☐**N** Pill intake: ___%

Date of extra session (if any): ___/___/___**Summary:**_____

_____

_____Pill count done? ☐**Y** ☐**N** Pill intake: ___%

Did the patient attend all the appointments? ☐**Y** ☐**N** If no, any reason? _____

Your impression about patient's adherence <u>before</u> EAC:

☐ Likely to be good ☐ Likely to be **NOT** good (relevant barriers identified) ☐ clearly poor (defaulter)

Your impression about patient's adherence <u>during and after</u> EAC:

☐ Likely to be good ☐ Likely to be **NOT** good (relevant barriers identified and not cleared) ☐ clearly poor (defaulter)*

(*) *If patient is defaulting, repeat Viral Load should be deferred and EAC extended. Share decision with the team.*

Major remaining barriers identified <u>after</u> EAC sessions: • Behavioral ☐**Y** ☐**N** If yes: _____

• Cognitive ☐**Y** ☐**N** If yes: _____ • Socio-economic ☐**Y** ☐**N** If yes:_____

• Emotional ☐**Y** ☐**N** If yes: _____ • others (Disclosure, Religion...) ☐**Y** ☐**N** If yes:_____

Date of collection of repeat Viral Load:____/____/_____

Counsellor: _____ Date of assessment: ____/____/_____

OUTCOME (To be filled by the Nurse)

Repeat Viral Load result:_____ c/ml Date: ____/____/____

Was it a significant drop in the Viral Load (fulfilling criteria of good response to EAC)? ☐**Y** ☐**N**

Is this patient currently a TB suspect? ☐**Y** ☐**N** Investigations done? ☐**Y** ☐**N** If yes, results:_____

Is this patient presenting any other OI or signs of immunosuppression? ☐**Y** ☐**N** If yes, describe:_____

Hx of chronic diarrhea or vomiting? ☐**Y** ☐**N** Use of traditional medications? ☐**Y** ☐**N**

Hx of side-effects with ARV? ☐**Y** ☐**N** If yes, describe symptom and possible drug:_____

Other investigations: **CD4 count:** _____ **Hepatitis B screen:** _____ **Creatinine Clearance:** _____ **Hb:** _____

Regarding the ARV regimen, what is the plan? ☐continue current regimen ☐refer to doctor for further management

Nurse:_____ Date of assessment: ____/____/_____

Outcome for patients with <u>persistent</u> high Viral Load (To be filled by the Doctor)

What is the plan for this patient? ☐ Patient is suitable for Second-line Regimen. New regimen:_____

☐ extend adherence sessions before new Viral Load (in 2-3 months time).

Comment:_____

Doctor:_____ Date: ____/____/_____

Role Play 3

HIGH VIRAL LOAD FORM

(For Enhanced Adherence Counselling and Second Line Consideration)

Patient Information

Name:_____ **Health Centre:**_____

Age: _____ **Sex:** ☐**M** ☐**F** **Pt Number:**_____

ARV Information		*Viral Load Results*		
ARV Regimen:	Date of initiation:	**Viral Load before EAC:** _____ c/ml	Date: ____/____/____	
_____	____/____/____	**Previous VL (if any) :** _____ c/ml	Date: ____/____/____	
_____	____/____/____	_____ c/ml	Date: ____/____/____	
_____	____/____/____	_____ c/ml	Date: ____/____/____	
_____	____/____/____			

Enhanced Adherence Counselling (To be filled by the Counsellor)

For each session, assess major barriers for possible poor adherence (cognitive, behavioral, emotional, socio-economic).

Date of 1st session:___/___/___ **Summary:**_____

_____

_____

ARV-intake demonstration by patient/caretaker done? ☐**Y** ☐**N** Pill count done? ☐**Y** ☐**N** Pill intake: ___%

Date of 2nd session: ___/___/___**Summary:**_____

_____

_____Pill count done? ☐**Y** ☐**N** Pill intake: ___%

Date of extra session (if any): ___/___/___**Summary:**_____

_____

_____Pill count done? ☐**Y** ☐**N** Pill intake: ___%

Did the patient attend all the appointments? ☐**Y** ☐**N** If no, any reason? _____

Your impression about patient's adherence <u>before</u> EAC:

☐ Likely to be good ☐ Likely to be **NOT** good (relevant barriers identified) ☐ clearly poor (defaulter)

Your impression about patient's adherence <u>during and after</u> EAC:

☐ Likely to be good ☐ Likely to be **NOT** good (relevant barriers identified and not cleared) ☐ clearly poor (defaulter)*

(*) *If patient is defaulting, repeat Viral Load should be deferred and EAC extended. Share decision with the team.*

Major remaining barriers identified <u>after</u> EAC sessions: • Behavioral ☐**Y** ☐**N** If yes: _____

• Cognitive ☐**Y** ☐**N** If yes: _____ • Socio-economic ☐**Y** ☐**N** If yes:_____

• Emotional ☐**Y** ☐**N** If yes: _____ • others (Disclosure, Religion...) ☐**Y** ☐**N** If yes:_____

Date of collection of repeat Viral Load:____/____/_____

Counsellor: _____ Date of assessment: ____/____/_____

OUTCOME (To be filled by the Nurse)

Repeat Viral Load result:_____ c/ml Date: ____/____/____

Was it a significant drop in the Viral Load (fulfilling criteria of good response to EAC)? ☐**Y** ☐**N**

Is this patient currently a TB suspect? ☐**Y** ☐**N** Investigations done? ☐**Y** ☐**N** If yes, results:_____

Is this patient presenting any other OI or signs of immunosuppression? ☐**Y** ☐**N** If yes, describe:_____

Hx of chronic diarrhea or vomiting? ☐**Y** ☐**N** Use of traditional medications? ☐**Y** ☐**N**

Hx of side-effects with ARV? ☐**Y** ☐**N** If yes, describe symptom and possible drug:_____

Other investigations: **CD4 count:** _____ **Hepatitis B screen:** _____ **Creatinine Clearance:** _____ **Hb:** _____

Regarding the ARV regimen, what is the plan? ☐continue current regimen ☐refer to doctor for further management

Nurse:_____ Date of assessment: ____/____/_____

Outcome for patients with persistent high Viral Load (To be filled by the Doctor)

What is the plan for this patient? ☐ Patient is suitable for Second-line Regimen. New regimen:_____

☐ extend adherence sessions before new Viral Load (in 2-3 months time).

Comment:_____

Doctor:_____ Date: ____/____/_____

Activity 6G.3

Activity 6G: EAC Session Role Plays

Evaluation Form for Individual Counselling Session

Use for all 3 Role Plays

EVALUATION FORM FOR **INDIVIDUAL** COUNSELLING SESSION

Health Center: _____ **Counselor evaluated:** _____ **Date of initial training:** _____
Date _____ **Evaluator** _____ **Type and Nber of session seen** _____

1- Pre-session preparation	*1*	*2*	*3*	*4*	*comments*
The counsellor prepares the meeting room. (environment, confidentiality) He takes time to review the patient's case file.					
2- Introduction					
The counsellor establishes a warm welcome (greets the patient, introduces himself, demonstrates respect and interest/attends to the patient's comfort, etc). He identifies the reasons for the session.					
3- Communication skills					
The counsellor -uses appropriate non-verbal behavior (eye contact, posture, vocal cues -e.g. rate, volume, intonation) -listens attentively and facilitates patient participation (open-ended questions, invites questions, and allows patient to express concerns) -explores patient's prior knowledge/experiences -explores patient's concerns and how these affect his daily activities -uses appropriate supports, especially visual (eg flip chart, poster, drawing,…) - gives clear explanations -regularly checks patient's understanding - identifies realistic solutions					
4- Content					
➢ Did the counsellor cover all the main points – refer to the enhanced adherence session guide - - - - - -					
5- End of Session					
- Counsellor summarizes the most important points discussed - Re-iterates the decisions and goals set during the session - Ensures that the patient leaves with the necessary materials - Records important points in the patient's file to share with other professionals					

1: Very satisfactory, Perfect, Always	==>	No improvement is necessary
2: Satisfactory, acceptable, often	==>	Improvements are possible
3: Inadequate, No satisfactory, rarely	==>	Requires quick improvement
4: Very insufficient, Very bad, Never	==>	Urgent and profound improvement has to be made