

HIV Prevention, Treatment, Care and Support – A Training Package for Community Volunteers

Module 4



ADHERENCE

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Introduction

Module Four: Adherence aims to provide CBVs with the knowledge and skills to assist clients to prepare for ART as well as initiate and maintain adherence to ART through a review of the following topics:

- Introduction to Adherence
- Adherence Preparation
- Non-Adherence
- Adherence Initiation
- Adherence Monitoring and Support

Materials to be used in this module:

1. Module Four: Adherence (this module)
2. Participants Handbook
3. Facilitator's Guide
4. Evaluation Tools Manual

Training time for this module is approximately 10 hours

For a detailed discussion on the training methodology, evaluation techniques and glossary of important terms used for this module, facilitators should refer to the Facilitator's Guide, in particular, the facilitator should review the 5 A's approach to chronic care.

The evaluation tools used in this module include:

Evaluation of Module Content

1. Participants Evaluation
2. Facilitator Evaluation

Participant Evaluation Tools:

1. Pre and Post Test Questionnaire
2. Demonstration of Core Skills

Upon completion of this module, participants should demonstrate the following core skills:

1. Help clients to develop the resources, support and arrangements needed for adherence, including the selection of a treatment supporter using the 5 As **Session One; Tool 2**
2. Prepare treatment supporters for clients with TB to effectively support clients to adhere to medications. **Session One; Tool 4**
3. Identify any factors related to non-adherence with clients and develop strategies to overcome these factors. **Session Two; Tool Two**
4. Demonstrate an ability to prepare clients for adherence initiation using the 5 A's. **Session Three; Tool 6**
5. Demonstrate the ability to use the 5 A's to monitor and support clients on ART **Session Four; Tool 4**

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1 Session One: Introduction to Adherence

Purpose: The purpose of Session One is to provide participants with the knowledge and skills to educate clients on what adherence means, how much adherence is required for ART and to learn about factors that can influence adherence.

Objectives:

By the end of this session, CBVs should be able to:

1. Demonstrate an understanding of the role of CBVs in treatment adherence in your community.
2. Describe what adherence is, why it is important and how much adherence is required for ART to be successful to clients, in an accurate and easily understood manner.
3. Identify factors that might influence the ability of PLWHA to adhere to ART in their community and strategies for overcoming these factors.
4. Discuss how TB can affect adherence.

Duration: 3 hours

Required Materials: Flipchart, markers.

Recommended Preparation:

- Make copies of Handout 4-1 'Case Study on Explaining Adherence to Clients' for distribution in Tool 3
- Make copies of Handout 4-2 'Factors Influencing Adherence' handout in for distribution in section four.

Objective	Content	Time	Methodology
	1. What is Adherence?	10 minutes	Mini Lecture
Demonstrate an understanding of the role of CBVs in treatment adherence in your community.	2. The Role of CBVs in Adherence	50 minutes	Mini Lecture Tool One (ST): Group Discussion and Group Role Play
Describe what adherence is, why it is important and how much adherence is required for ART to be successful to clients in an accurate and easily understood manner.	3. Adherence Preparation	1 hour	Mini lecture Tool Two (K): Group Discussion
Identify factors that might influence the ability of PLWHA to adhere to ART in their community and strategies for overcoming these factors.	4. Factors that Influence Adherence	1 hour	Mini Lecture Tool Three (ST): Case Study and Role Play
Discuss how TB can affect adherence.	5. Adherence and TB	15 minutes	Mini Lecture Tool Four (PS): Group Activity and Discussion

1. What is Adherence? (10 minutes)

Adherence means sticking to or being devoted to something. In ART, adherence involves taking medications in the correct amount, at the correct time and in the way they are prescribed.

Adherence is different from simply following instructions. It requires commitment and knowledge on the part of PLWHA. It is a partnership between the person taking ARVs, family and friends of PLWHA and the medical system supporting that person, including CBVs. In order to adhere to ART, PLWHA must be motivated and dedicated to improving their health. For PLWHA to achieve this motivation, they must understand their treatment regimen and be helped to overcome any challenges to taking ARVs as they are meant to be taken.

Adherence involves:

- Taking all the medicines which are part of a person's treatment regimen in the right amount. Medications include both ARVs and pills taken to treat other illnesses such as TB
- Taking medication at the right time
- Eating and drinking the right things with your pills, as prescribed by the clinical team
- Knowing about interactions between ARVs and other types of medication. Other types of medication can change the way ARVs work in the body.

2. The Role of CBVs in ART Adherence (1 hour)

While CBVs will play a critical role in ART intervention, including the adherence to ART in their community, it is PLWHA who will ultimately decide how much or how little they adhere to ART.

CBVs can help PLWHA to adhere to ART by providing PLWHA and their **treatment supporters** with the knowledge and skills they will need to successfully adhere to ART such as:

- Helping clients to understand the importance of adherence.
- Helping clients build an adherence support team from friends, relatives, CBVs and support groups to increase adherence.
- Helping clients to develop strategies for adhering to ART before treatment begins
- Helping clients to identify potential barriers to adherence and provide solutions for barriers to adherence.
- Helping monitor and support ART adherence.

This entire module is devoted to providing CBVs with the skills and knowledge needed to prepare treatment supporters and PLWHAs for ART adherence. The first steps through which CBVs can prepare clients for ART is by assisting them to choose a treatment supporter and ensuring that PLWHA are at the centre of their own care.

a) Assisting Clients Choose a Treatment Supporter (20 minutes)

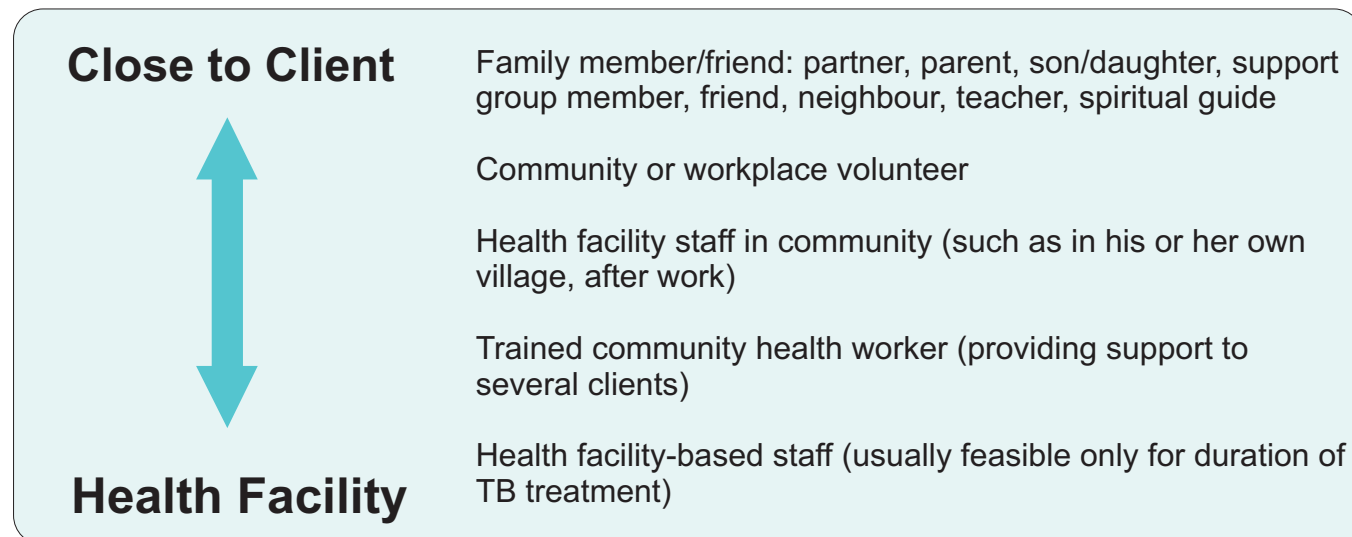
A treatment supporter is usually a family member or friend and preferably someone who lives with the client and can help with 'day to day' adherence to ART. They are usually someone who the client trusts and who they have disclosed their HIV status to. This person can play a key role in the success of the client's treatment as it is their role to assist the client to take their ARVs and encourage them at times when they might feel ill or tired. It is important that treatment supporters are prepared for their role.

CBVs should note that extra adherence support may be needed for clients who are:

- Taking TB treatment
- Taking second-line treatment for TB or HIV
- Experiencing side-effects

Also clients who are living in difficult social situations may need additional support, such as:

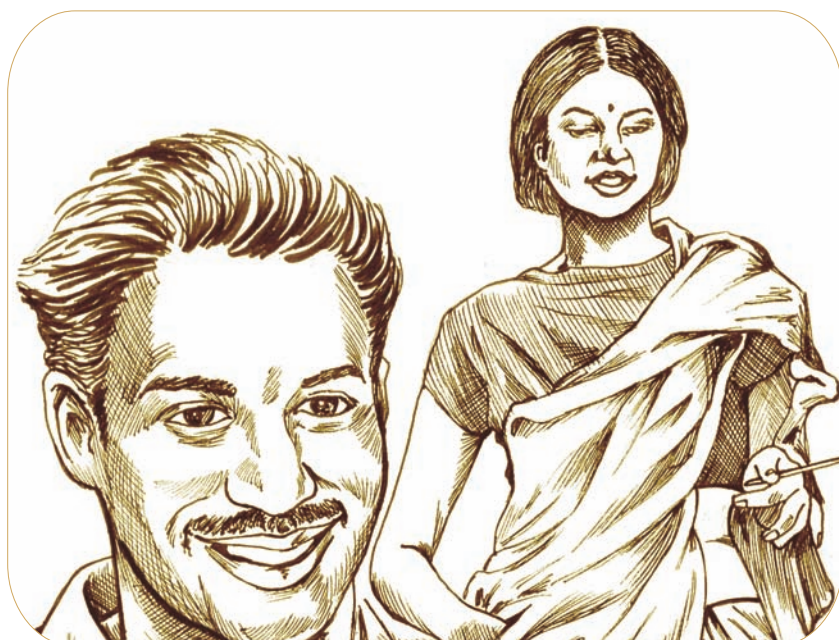
- Children or adolescents with a poor understanding of HIV
- Clients who live far away from the health clinic
- Clients who use alcohol or drugs
- Clients with psychological problems



CBVs play an important role in both helping clients to choose a treatment supporter, and preparing treatment supporters for their role in supporting adherence.

CBVs should encourage clients to choose a treatment supporter who:

- Has accepted the client's HIV positive status
- Is committed to supporting the client with ART for a long time
- Is someone who is concerned that the client receives his or her ARVs as required
- Has gained the client's trust over time
- Is available to meet with CBVs and clients to be educated on HIV and ART issues
- Is available daily, especially in the first months of ART (and preferably lives close by)
- Is someone that the client can rely on
- Is someone who will treat all information as confidential



Through training received through the Training Package, CBVs could also act as good treatment supporters for their clients, but only if they are able and willing to provide 'day to day' adherence support.

b) How a CBV can Prepare The Treatment Supporter: (10 minutes)

- Hold a meeting with the supporter before getting commitment to explain what is required (commitment, confidentiality, medical knowledge and in some cases emergency resource needs, such as help with the household, or with children which can arise while on treatment, etc)
- Educate on what "being confidential" means
- For clients on ART, educate the client and treatment supporter together with the Client Education Flipchart, Client Treatment Card and Client Self-Management and Caregiver booklet
- Educate on how to remind the client to take the medicine (and to work out with the client how best to do this).
- Be present at the follow-up appointments
- If the client is not able to keep track, help remember all important test results and clinic history over time
- Accompany client to support group meetings if possible.
- Educate to prevent his or her own burn-out
- Prepare to provide psychosocial support

c) Ensuring PLWHA are at the Centre of Their Own Care and Adherence (30 minutes with Tool 1)

As we will explore throughout this module, adherence is not a 'one person job'. PLWHA require support from their medical institutions, CBVs, friends and family for adherence to be successful.

Ultimately, unless PLWHA feel they are at the centre of their own care and are empowered to influence decisions over their own treatment, ART interventions will not be successful.

The most important role of CBVs is to encourage PLWHA to take control over their health through ART. PLWHA should feel empowered to make important decisions about their lifestyle and health, rather than being forced to make such decisions.

Key things to remember when ensuring PLWHA are at the centre of their own care are:

- Support is essential, but unless a person living with HIV or AIDS wants to begin ARV therapy and feels in control of his or her treatment outcome, ART adherence will likely be low
- PLWHA should be provided with all of the resources, support and arrangements necessary to make 'informed decisions' about their health and treatment
- The more involved PLWHA are in their care, the more likely they are to adhere to ART.

Tool 1: Practicing adherence preparation (30 minutes)



Ask participants to break into partners. One will practice being the CBV while the other will be the client. Ask the participants to role-play the client's first discussion on ART with the CBV. Remind participants to use the 5 A's approach (Assess, Advise, Agree, Assist and Arrange).

After 10 minutes, they should switch roles and repeat the exercise. At the end of the exercise, the facilitator should emphasise that adherence preparation is an important role for the CBV.

3. Adherence Preparation (1 hour with Tool 2)

Facilitator's Note: Facilitators should emphasise that CBVs should begin adherence preparation to support the clinical team in establishing the medical eligibility to start ART.

Explaining adherence to clients and their treatment supporters is the first step for CBVs in helping a client to adhere to ART

Facilitators should refer to the 5 A's approach

- a) **Assess:** A client who is thinking about starting ART may wish to discuss their options with a CBV. It is important for the CBV to begin the discussion by assessing how much information the client has. To start the discussion, the CBV may ask “Are there any questions that you have about HIV and AIDS or ART?” From their response, the CBV will be able to discuss their concerns. Throughout the discussion, it is important that the CBV ensures that the client feels comfortable and relaxed.
- b) **Advise:** Once the client has expressed their questions and concerns, the CBV should provide advice and information on HIV and AIDS. This may take place during several discussions. Using the Flipchart for Client Education, the CBV can review some of the following issues:
 - HIV and its progression
 - Importance of adherence
 - Need for complete adherence to daily treatment
 - Medicine must be taken twice daily at the same times every day
 - If a dose is forgotten, do not take a double dose
 - Medicine must be taken at the right time
 - Possible side effects and drug interactions
 - Importance of disclosure
 - Importance of testing partner and children
 - Emphasising that drugs must not be shared with family and friends.
- c) **Agree-** The CBV may at some stage ask if the client feels that they are ready to start ART. If they are, it is important for the CBV to refer them to the health clinic to begin discussions for a health care professional. It is important to emphasise to the client that not all people who are HIV positive will start treatment right away. They will have to discuss the options with their health care worker.
- d) **Assist-** To support adherence, the CBV can help the client to identify potential barriers or challenges within their lives that might influence adherence. The CBV may ask:
 - Do you think you will have problems following the plan?
 - Do you have any questions about the treatment or your treatment plan?
 - How can your treatment supporter help?
- e) **Arrange-** When the client is ready to start ART, they will be supported by the clinic and health workers, however the CBV may assist by introducing the client to a support group.



Tool 2: Explaining the Importance of Adherence

Because explaining adherence to clients can be difficult, participants should practice this skill.

Distribute copies of the case study below in Handout 4-1. After reading the case study aloud, divide participants into pairs. Have participants engage in a role play of how they would explain adherence to this person.

Replace “X” with a commonly used local name.

Case Study:

X has been living with HIV for seven years and is starting ART for the first time. His doctor explained to him how important “adhering” to his treatment plan is, but X confides that he does not really understand what this means. X tells you that he thinks as long as he takes the medication, it does not really matter at what time he takes it. If he misses a dose, he says he will simply take those pills later on when he remembers.

What do you say to X?

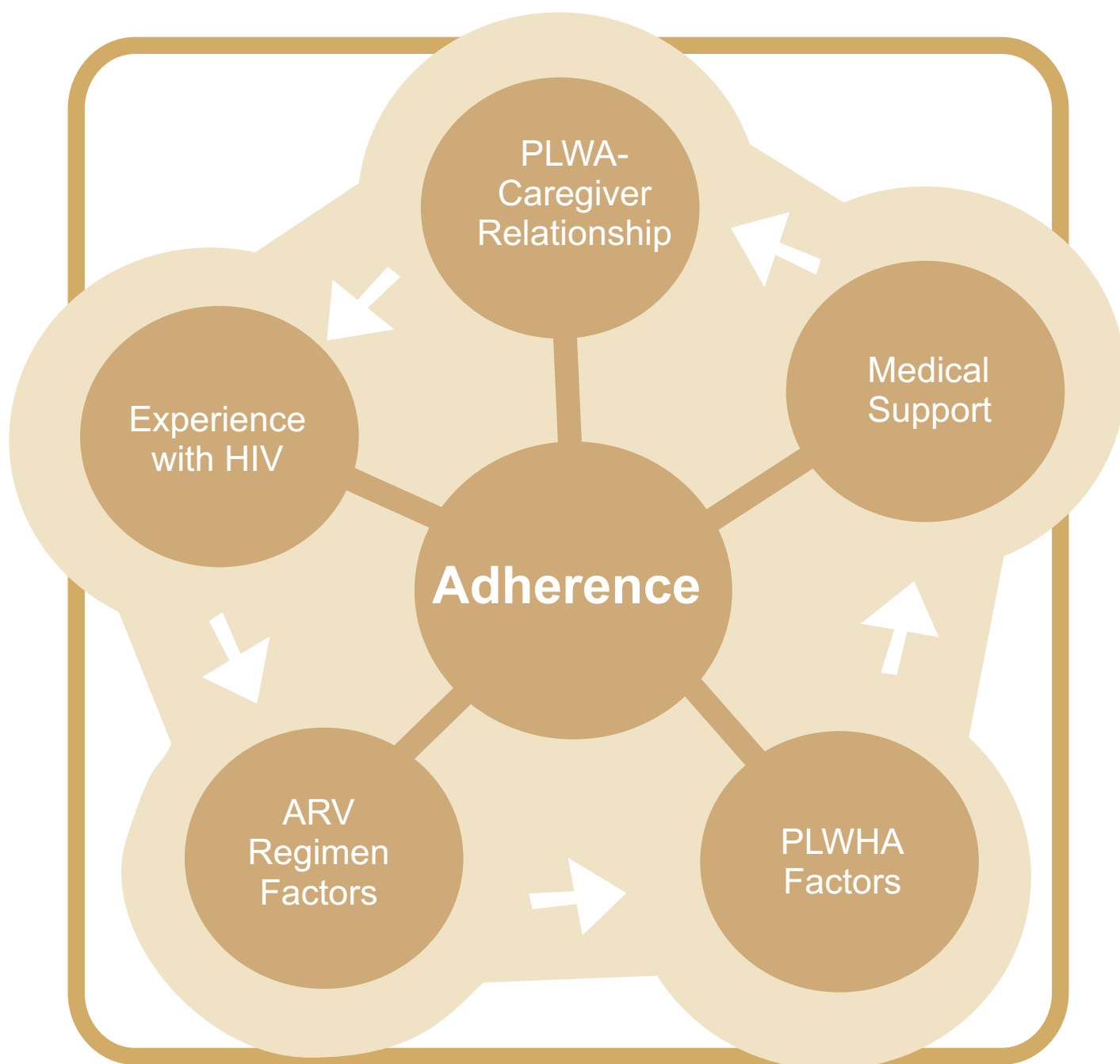
Facilitator's Note: In assessing this core skill, facilitators should ensure that CBVs effectively use the 5 A's to explain adherence to clients.

4. Factors that Influence Adherence (1 hour)

It is important for CBVs to understand that adherence is not easy! There are many factors that affect adherence, and not all of these are within the control of PLWHA. Adherence is a 'team effort' requiring commitment, not only on the part of PLWHA but also on that of others that can influence the outcome of ART.

The following page provides a model of the factors that can influence ART. Re-create this model on a flipchart for participants to see. Fill in factors beside the corresponding circle as you describe each factor.

Factors that Influence Adherence:



Five Factors that Influence Adherence

Prior to discussing each factor hand-out copies of the 'Factors Influencing Adherence' Chart provided in Handout 4-2.

1) PLWHA Factors (10 minutes)

PLWHA factors influencing adherence deal with aspects of a person's life (mental, physical, professional) that could affect the way he or she adheres to ART.

PLWHA factors include:

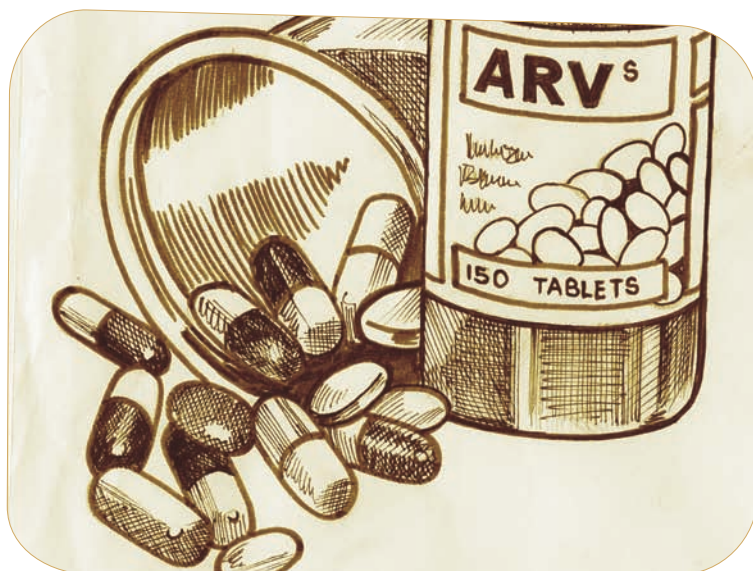
- **PLWHA readiness to begin ART**
- A person's **knowledge of his or her ARV regimen** - understanding of when and how to take ARVs
- **Confidence** in the ability of ART to work
- **Understanding resistance and treatment failure** as they are related to adherence
- **Lifestyle of PLWHA** (drug or alcohol abuse, work schedule, hardships)
- **Depression** or other psychological problems
- **Disclosure** (do PLWHA have to 'hide' the fact they are on ART because of stigma?)
- **Poverty** (access to nutritious food, living conditions, ability to cover the cost of ARVs)
- **Social support** (do PLWHA have support from their family, community to take ART?).

2) ARV Regimen Factors (10 minutes)

ARV regimen factors involve aspects of a person's ARV regimen that may make it difficult to adhere.

ARV regimen factors include:

- **Pill burden.** The number of pills to be taken each day with specific food and drink requirements. The higher the pill burden with ART, the lower the adherence.
- **Side effects.** As discussed in Module 2, ARVs can have many side effects. The more side effects a PLWHA experiences while taking ARVs, the more likely he or she is to take them less frequently or improperly
- **Drug interactions.** If a person is taking other medications with ART that complicate the timing and restrictions involved with his or her regimen, the less likely he or she is to adhere



- **Storage.** If ARVs in a person's regimen require specific storage instructions (for example, in a cool place such as a fridge) that the client's living conditions do not allow, adherence can suffer

3) PLWHA-Caregiver Relationship (5 minutes)

The relationship between the caregivers (including CBVs), other support mechanisms (family, friends, medical staff) and PLWHA can affect adherence.

PLWHA-Caregiver factors include:

- **Trust and confidence** of PLWHA in their caregivers has been shown to be a motivating factor to adhere to ART.
- **Support by caregivers**, including counselling, assistance with adherence plans such as medication alerts and care and encouragement for positive living, can influence how much PLWHA adhere
- **Caregiver knowledge** improves adherence in PLWHA. If a caregiver can explain the importance of ART adherence and the effects of non-adherence and provide information on HIV, AIDS and ART, the more likely it is that PLWHA will adhere.

4) Experience with HIV (5 minutes)

A person's experience with HIV includes the number and severity of prior OIs that can motivate a person to adhere to his or her ART regimen.

Experience with HIV includes:

- **Presence of OIs.** If a client has experienced or is experiencing opportunistic infections before taking ART, the more likely he or she is to adhere because he or she understands the seriousness of their illness.
- However, if a client has opportunistic infections that require taking **medications that have drug-interactions** with ART, adherence can decrease as pill burden increases.
- Clients who have had few OIs may not adhere to their ART regimen as closely because they do not feel sick, so may not see the importance of taking their medications.

5) Medical Support (30 minutes including Tool 3)

Medical support involves the degree to which PLWHA can access, and are comfortable discussing problems with, doctors and nurses at hospitals and clinics.

Medical support includes:

- **Friendliness** of health care providers
- Ability of PLWHA to **make appointments** including convenient opening hours and days of service
- **Distance** of medical facilities from PLWHA's home
- **Confidentiality** or trust by PLWHA that their treatment and any problems they confide in their medical support team will not be spoken about with others.

Tool 3: Factors Influencing Adherence

PART A: Divide participants into five groups. Assign each group one 'factor influencing adherence' below and ask them to list local conditions that might influence this factor:

1. PLWHA Factors
2. ART Regimen Factors
3. PLWHA-Caregiver Relationship
4. Experience with HIV
5. Medical Support

PART B: After approximately 10 minutes, have each group present their list of local conditions that may influence each factor. After each presentation, ask participants to identify ways that they feel the community could respond to local factors influencing adherence, to assist PLWHA to adhere to ART.

5. Adherence and TB (20 minutes with Tool 4)

As discussed in Module 2, PLWHA with TB require special consideration before starting ART. If the decision is made to start ART while taking TB medications, adherence can be affected as the person's pill burden increases.

Important things to consider for TB and adherence are:

- TB can affect adherence if PLWHA are not provided with adequate information on how to take their ARV and TB medications at the same time
- PLWHA should be assisted to understand the importance of scheduling their ARV and TB medication doses
- PLWHA should be made aware of any drug interactions between TB and ART medications and what side effects to expect
- PLWHA should understand the importance of adhering to TB treatment to make ART work.

Essential tasks of a treatment supporter: The tasks of a treatment supporter will depend on the needs of the client and what is feasible in the community.

Peer support : Talk with the client about the client's life, how the client is feeling and any concerns or problems that the client may be experiencing. Reinforce key messages on prevention.

Be a client advocate: Be able to identify any problems that the client is having and should notify the health facility about immediately (For example: health problems, problems taking medications, housing problems, no food available, problems with family members or partners).

Client counselling and education: Explain the importance of adherence and regular visits to the health facility; provide information about prevention, treatment, positive living.

Monitor for symptoms of new side effects/opportunistic infections and refer to the health facility when needed: This should be not only for clients but also family members of the client and even other community members encountered by the treatment supporter.

Directly observed therapy (DOT): Both TB treatment and ART can be directly observed. Daily DOT is the preferred method to ensure full adherence to TB treatment and should be

organised in such a way that it is accessible and attractive for the client.

Daily DOT is especially important during the initial phase of TB treatment and also during the continuation phase if rifampicin is used, in order to avoid drug resistance.

If the TB client is also on ART, the daily DOT for TB should ideally be combined with the morning dose of ART. Since ART is a life-long therapy daily, DOT may not be feasible to sustain after the end of TB treatment, therefore a flexible client-specific approach needs to be developed that ensures the maximum possible adherence.

The client receiving ART can be observed by the treatment supporter once a week, several times a week, daily or twice daily, depending on the needs of the client. All types of treatment supporters, even family members, can be trained to provide DOT for both TB treatment and ART, given proper training

A treatment supporter that administers combined TB-ART DOT can provide TB drugs and one dose of ART together. If there are other doses of ART that are not observed, the treatment supporter should remind the client to take the other doses, lay out the pills, or help in any way that is effective for that client. The treatment supporter should also check whether the patient has taken the other ART doses the following day.

Tool 4: Preparing Treatment Supporters for Clients with TB



Ask participants to find a partner they have not worked with. Ask each pair to role play how they would prepare the treatment supporter of a client beginning ART who also has TB.

Facilitator's Note: Facilitators should ensure that CBVs address the following topics: CBVs should provide Treatment Supporters with the skills and knowledge to:

- Provide peer support
- Help clients to identify problems and link them to the health facility
- Provide client counselling and education on adherence, the importance of regular visits to the health facility, prevention, treatment and positive living.
- Monitor clients for symptoms of new side effects/opportunistic infections
- Provide DOT for both ARVs and TB medications according to client needs

2 Session Two: Non-Adherence

Purpose: The purpose of Session Two is to provide CBVs with the knowledge and skills to identify factors related to non-adherence in the lives of clients on ART.

Objectives:

By the end of this session, CBVs should be able to:

1. Demonstrate knowledge of the factors related to non-adherence specific to their community.
2. Identify any factors related to non-adherence with clients and develop strategies to overcome these factors.

Duration: 2 hours 30 minutes

Required Materials: Flipchart, markers.

Recommended Preparation:

- Make copies of Handout 4-3, 'Factors Related to Non-Adherence' for distribution in section two.
- Make copies of Handout 4-4, 'Case Study of Factors Related to Non-Adherence' for distribution to pairs in Tool 2.
- Ensure CBV has copy of Client Education Flipchart

Objective	Content	Time	Methodology
	1. What is Non - Adherence?	30 minutes	Mini Lecture
Demonstrate knowledge of the factors related to non- adherence specific to their community.	2. Eight Factors Related to Non - Adherence	2 hours	Mini Lecture Tool One (ST): Group Discussion and Group Role Play
Identify any factors related to non - adherence with clients and develop strategies to overcome these factors.			Tool Two (ST): Case Study and Role Play

1. What is Non-Adherence? (30 minutes)

a) Defining Non-Adherence (20 minutes)

Non-adherence means not taking ARV medications as they are prescribed.

Quick facts on Non-adherence:

- Non-adherence is recognised as one of the main causes of ART **treatment failure**
- Non-adherence can be both **deliberate** (PLWHA knowingly do not adhere to ART) **or accidental** (ARVs not taken properly as a result of PLWHA not being given enough information on when and how to take their medication)
- The association between Non-adherence and resistance to ARVs has been demonstrated by a number of scientists
- Understanding the factors relating to Non-adherence can help CBVs to address any potential problems with Adherence before they begin

b) Forms of Non-Adherence (10 minutes)

Non-adherence involves doing the opposite of adhering to ART therapy. Non-adherence can involve just one of the factors listed below.

Forms of Non-adherence:

- Missing Doses
- Not taking medication properly (e.g. timing, amount)
- Not following instructions of medication (diet, fluids)

2. Eight Factors Related to Non-Adherence (2 hours)

Predicting whether a client will have difficulties with adherence is not easy. CBVs can help PLWHA adhere to ART by understanding what factors may contribute to non-adherence and to address any of these factors before adherence problems begin.

It is important to understand that a PLWHA facing any of the factors below does not mean that they should be accused of non-adherence. Some people can face a number of obstacles associated with non-adherence and still adhere to ART well. By knowing these factors, CBVs can discuss potential problems with PLWHA and offer assistance and support where possible.

Distribute Handout 4-3, 'Factors Relating to Non-Adherence' and have CBVs follow the handout as you discuss each factor

1) Communication Problems (5 minutes)

If PLWHA have problems expressing their concerns or understanding explanations of how to take ARVs, Non-adherence can occur.

Communication problems can include:

- **Language barriers** (different language used by people at medical facilities or in written information about HIV and AIDS)
- **Cultural differences** (cultural factors that may discourage PLWHA to talk openly about problems they may have with ART or medical conditions they suffer from)
- **Literacy or education levels** (if a person does not understand the language used to describe the treatment program, either verbal or written).

2) Knowledge and understanding about HIV and AIDS (5 minutes)

If a client does not know how HIV and AIDS affect the body and how the disease progresses if untreated, he or she may not understand the importance of adhering to ART.

Knowledge about HIV and AIDS that people might not know includes:

- The **difference between HIV and AIDS**
- **How HIV affects the body** (CD4 counts, viral load, OIs)
- The **progression of HIV to AIDS** if left untreated
- **How ART works** to fight HIV in the body
- How **resistance** is caused by Non-adherence
- The problems of future ART choices when **treatment failure** occurs.

3) Attitudes and Beliefs (10 minutes)

A person's attitudes and beliefs towards his or her illness or the usefulness of ART can greatly influence whether or not he or she adheres to treatment.

Attitudes and beliefs that can affect adherence:

- Individual perception of **susceptibility of disease** (whether or not an individual believes he or she will become sick without taking the medication properly)
- Individual **perception of illness** (if a person has not experienced an opportunistic infection recently, he or she may stop believing that they are sick or that HIV is affecting them)
- Belief in the benefits of **accepting and following medical advice** (if PLWHA do not trust their doctors or view them as competent, they will be less likely to follow their instructions for ART)
- **Acknowledgement of barriers** they may face to adherence (whether a person accepts and believes there are factors in his or her life that may reduce adherence)

4) Lack of Social Support (10 minutes)

If PLWHA do not feel that people understand what they are going through and feel socially isolated, they can be less motivated to adhere to ART.

Social support that may be available:

- **Support groups** for PLWHA where they can discuss their experience with HIV, AIDS and ART (side effects, difficulties taking drugs, challenges of living with HIV or AIDS in their community)
- **Counselling for PLWHA** (individuals such as CBVs who the client can trust to disclose their HIV status and any problems or fears they may have with ART)
- **Friends, family and peer groups** that provide support and comfort to PLWHA
- **Community involvement in other activities** (church groups, clubs, other interests) not associated with HIV or AIDS where the person feels accepted and his or her HIV status is not important.

5) Mental Health or Psychological Well-Being (10 minutes)

Psychological or psychiatric problems in PLWHA are linked to lower levels of adherence. It is important to distinguish mental illness and the anxiety and depression that PLWHA can naturally feel. If CBVs feel PLWHA may be experiencing a psychiatric problem, they should be referred to a doctor for assessment or treatment as soon as possible.

Psychological problems that PLWHA may experience:

- Feeling sad or hopeless - **Depression**
- Constant feelings of worry or nervousness - **Anxiety**
- Not wanting to interact with others or go out into public places - **Social phobias**
- Not feeling in control of their lives, using drugs or alcohol to 'numb' the pressures they feel - **Inability to cope.**

6) Regimen Complexity (5 minutes)

The 'regimen complexity' of a person's ARVs can affect the level of adherence. The more complex the ARV regimen, the greater the likelihood that adherence will decrease.

Key aspects of regimen complexity that may influence adherence:

- **Number of pills** taken
- **Number of doses** per day
- **Food and drink restrictions** with ARVs
- **Use of Adherence Aids** (failure to use adherence aids such as pill boxes or timers to remind people when and how to take their ARVs has been associated with lowered adherence).

7) Difficult Life Conditions (10 minutes)

Non-adherence occurs in all groups and classes of people, and those with more difficult life conditions do not have to be at risk for non-adherence. Having said this, the more challenges PLWHA face in securing basic needs, the less time or resources they may have to follow their ART regimen 100%.

Difficult life conditions that could decrease adherence:

- **Lack of income.** Individuals may not be able to afford to continue taking ARVs, or have problems taking ARVs at the appropriate times, due to long work hours or searching for work
- **Lack of housing.** Those living in houses with inadequate storage for ARVs such as a fridge or cool place, or in densely populated settings where there is stigma associated with HIV and AIDS, may have problems with adherence
- **Lack of food.** Individuals where certain types of food are not available or are beyond the means of PLWHA may have problems adhering to food and drink restrictions of ARVs.

8) System barriers (1 hour with Tool 1 and 2)

System barriers include the medical facilities and resources available to PLWHA that may promote Non-adherence if they are not available.

System barriers include:

- **Drug availability.** If ARVs are frequently out-of-stock or unavailable to PLWHA, adherence will suffer
- **Shortage of staff.** A shortage of medical staff to assist PLWHA may result in long waits for medical appointments or not enough people for PLWHA to direct questions about illness or treatment to
- **Shortage of local health facilities.** Limited health facilities, or health facilities a far distance from PLWHA, may contribute to Non-adherence as they may not be able to access health services when they need them
- **Shortage of information on HIV, AIDS and ART.** A shortage of accurate and easily understood information on HIV, AIDS and ART may contribute to Non-adherence as individuals may not understand their treatment regimen.



Tool 1: Factors contributing to Non - Adherence

Part One:

Divide participants into four groups. Provide each group with two factors that may contribute to non-adherence. Next to each factor, ask groups to list conditions in their community that may contribute to non-adherence.

Are there any other factors that may contribute to non-adherence in their community not covered in the points below?

Group One:

1. Communication Problems
2. Knowledge on HIV and AIDS

Group Two

3. Attitudes and Beliefs
4. Lack of Social Support

Group Three:

5. Psychological Well-Being
6. Regimen Complexity

Group Four:

7. Difficult Life Conditions
8. System Barriers

Part Two:

Group Discussion: after presentations by each group, discuss ways in which CBVs can improve their relationship with their client to improve adherence.



Tool 2: Reviewing Factors of Non-Adherence with Clients and Treatment Supporters

Divide participants into pairs and provide each pair with a copy of the case study located in Handout 4-4. Have each pair take turns conducting a role play using Handout 4-3: Factors Related to Non-Adherence to assist.

Replace X with common local name

Your client, X is a single mother of 3 who has just begun taking ARVs. X has an elementary education, but does not read or write very well. Her family lives in another town over 5 hours away and since her husband died, X only leaves her house when she feels she has to. Because she leads a very quiet life, X feels that she does not face any problems with adhering, and says that she does not need to use “silly gadgets” like pill boxes or timers to help her remember to take her medication. X lives in a very rural area with inconsistent power and water supply that is a three hour walk from the nearest health facility.

If you were visiting X's home to discuss factors related to non-adherence, what would you say?

Facilitator's Note: In conducting their role plays, participants should address the following factor's related to non-adherence in X's life:

- Because X does not read or write well, CBV should assess whether or not X understands her treatment plan and literature
- Lack of Social Support - because X does not leave the house, she is unlikely to have a treatment supporter or be part of a support group
- Does not use any adherence aids which could lead her to forget doses
- Inconsistent power supply could interfere with ability to store her ARVs properly.
- System barriers - the long walk to the local health facility might cause difficulty for X to get re-fills for her ARVs, or go for help with adherence if she needs it.

Facilitator's should emphasise that just because X faces factors associated with non-adherence, CBVs should NOT accuse X of not adhering to ART. Rather, by addressing factors related to non-adherence in the lives of their clients, CBVs can assist their client to develop strategies for overcoming any barriers to adherence before they lead to non-adherence.

At the end of the module, facilitator's should use the same case study and the points above to assess participants' skills at addressing factors related to non-adherence with clients.

3 Session Three: Adherence Initiation

Purpose: The purpose of Session Three is to train CBVs how to support the client in beginning ART adherence.

Objectives:

By the end of this session, CBVs should be able to:

1. Demonstrate the ability to provide key information about HIV, AIDS and ART to clients.
2. Advise clients on important aspects of ART initiation.
3. Create a pill chart for clients who cannot read.
4. Demonstrate an awareness of suitable methods for enhancing adherence for clients in their community.
5. Demonstrate an ability to prepare clients for adherence initiation using the 5 A's.

Duration: 4 hours

****Due to the length of Session Three, and possible additional time added through the review of session topics in other modules, it is suggested that an entire day be set aside for its completion.**

Required Materials: Flipchart, markers.

Recommended Preparation:

- Ensure participants have copies of the Flipchart for Client Education
- If participants have not already been provided with the handout through training in Module Three: Treatment Preparedness, make copies of Handout 3-4 'The 5 A's' from Module Three training. Review this handout prior to beginning the session.
- Make copies of handout 4-5 'Six Steps for CBVs to Advise Clients "Start" Adherence' for distribution at the beginning of the session.
- If facilitators have not provided training on Module Two: Treatment Literacy, it may be useful to review Session Two; Sections Five and Six with participants during discussion on side effects under 2. ADVISE. Facilitators should review the materials and activities prior to this session and allow for the additional time to conduct this training (approximately 2 hours in addition to this session duration)
- If facilitators have not conducted training on Module One: Basic Facts on HIV and AIDS or Module Two: Treatment Literacy, it may be useful to review relevant sections related to prevention and women covered in these modules: Module One; Session Two; Section One 'HIV Transmission and Prevention' (1 hour) and Module Two; Session Three; Section Three 'ART and Women' (1 hour) during discussions on Prevention in Section Two: ADVISE. Facilitators should plan for additional time required to review these sections prior to training.
- Obtain a sample treatment card or treatment plan document given out by local health facilities to clients on ART to review with participants in Section Two. The treatment card should be **filled in** using a false name and provide information on a commonly used first line regimen in your community. Make copies of this treatment card for distribution to pairs for the role-play activity in Tool One.
- Collect samples of different pill boxes that could be used by PLWHA in your community for demonstration in Section Three; 2.
- Make copies of Handout 4-6: 7 Ways to Enhance Adherence for distribution in Section Four: ASSIST.
- Make copies of Handout 4-7: Checklist for ART Initiation for distribution in Tool 6.

Objective	Content	Time	Methodology
Demonstrate the ability to provide key information about HIV, AIDS and ART to clients.	1. ASSESS: Knowledge about ART and Adherence	20 minutes	Mini Lecture Tool One (K): Group Activity
Advise clients on important aspects of ART initiation.	2. ADVISE: Six Steps to Adherence Initiation	1 hour	Mini Lecture Tool Two (ST): Role Play
	3. AGREE: On Topics Discussed	10 minutes	
Create a pill chart for clients who cannot read.	4. ASSIST: The Client to Choose an Adherence Enhancing Tool	2 hours	Mini Lecture Tool Three (ST): Group Activity
Demonstrate an awareness of suitable methods for enhancing adherence for clients in their Community.			Tool Four (K): Group Activity Tool Five (ST): Role Play
Demonstrate an ability to prepare clients for adherence initiation using the 5 A's.			Tool Six (ST): Role Play
	5. ARRANGE: For Follow -up and Referral	30 minutes	

Facilitator's Note: This module uses the 5 A's to help clients prepare for adherence initiation. The 5 A's were discussed in Module 3: Treatment Preparation. Prior to beginning the session, review Handout 3-4 'The 5 A's' with participants to clarify any questions they may have about the 5 A's and prepare them for completion of this session.

1. ASSESS: Knowledge about ART and Adherence (20 minutes)

By the time CBVs prepare clients to 'start' adhering to ART, they have provided clients with a large amount of information in the home visits leading up to ART initiation. Module One: Basic Facts on HIV and AIDS and Module Two: Treatment Literacy, each covered important information clients will need as a 'background' to preparing for ART. Module Three: Treatment Preparedness provided a checklist for CBVs of important information to review with clients to prepare them for ART, including issues of adherence. It is important to reassess the client's understanding of these issues at the beginning of each home visit. Remember to use specific questions and to make the client feel comfortable. You can say to the client:

"I know that we have given you a lot of information about HIV/AIDS and ART. Let me ask you some questions to make sure that there is no confusion or misunderstanding."

Types of questions that would be useful to assess a client's knowledge about HIV, AIDS and ART include (based on completion of previous modules, participants should be able to answer each of these questions):

- What do you think the benefits of ART are?
- Do you think ART can cure you of HIV?
- How long do you have to take ART for?
- What is the effect of ART on the body's defence/immune system?
- What do you know about the side effects of ART?
- Why is it important to go to your doctor/health centre regularly when you are taking ARVs?
- Why is it important not to miss a dose when you are on ART?
- What happens if you do not take ART correctly?
- Why is it not good to combine ARVs with other drugs without consulting your doctor or another health professional first?

Tool 1: Reviewing Important Questions About HIV, AIDS and ART with Clients



Write each of the questions listed above on a flipchart. Review each question as a group to ensure that participants have a good understanding of each of the answers based on training from previous modules. Refer to Modules One, Two and Three for more information on answers to each question if required.

2. ADVISE: 6 Steps to Advising on Adherence Initiation (1 hour)

Facilitator's Note: Prior to beginning this session, facilitators must emphasise that CBVs should work together with the clinical team to help clients with the adherence initiation. The day that clients start ART, CBVs should accompany their client to the health facility. It is important that CBVs provide the same messages as the clinical team and that clients feel supported. In the first few weeks following ART initiation, CBVs should visit their clients daily and provide counselling and support using the 5 A's at each visit.

While previous modules have covered important information required for CBVs to provide to help prepare their clients for ART, the following are specific steps that will help participants advise their clients to **adhere** to treatment. Distribute Handout 4-5 'Six Steps for CBVs to Advise Clients "Start" Adherence' and encourage participants to follow along on their handout during the mini lecture.

STEP ONE: Review details of First-line regimen with clients (5 minutes)

Once clients have received their treatment cards, CBVs should go through the card slowly with their client during the next home visit. After reviewing the information on the treatment card with their client, CBVs should encourage the client to repeat back to them which pills they will take and when they should be taken.



Facilitator's Note: Because this is a generic training document, the treatment plan documents given to clients on ART in your community may be different from others. Prior to this session, facilitators are encouraged to obtain a sample treatment card from a local health facility to use as a training tool in the following session.

STEP TWO: Make sure clients understand the importance of adherence (5 minutes)

Remind the client that ART is a lifesaving drug and that his or her life depends on taking them every day at the right time. Discuss his or her medication regimen and discuss which pills need to be taken at which specific time.

Important information about adherence CBVs should review with their clients:

- THE DRUGS HAVE TO BE TAKEN EVERY DAY AT THE SAME TIME!
- If a drug has to be taken 2 times per day, there should be a 12 hour interval between the 2 doses
- E.g. it is not good if you take the morning dose at 6.00 and the evening dose at 21.00, because the interval is more than 12 hours, and the concentration of drug in your body will be too low for several hours, which can create resistance. You cannot take the drug too early either
- If you forget, take the dose within 5 hours. After that, wait until the next dose.

STEP THREE: Review any dietary recommendations for your client's ARV regimen (5 minutes)

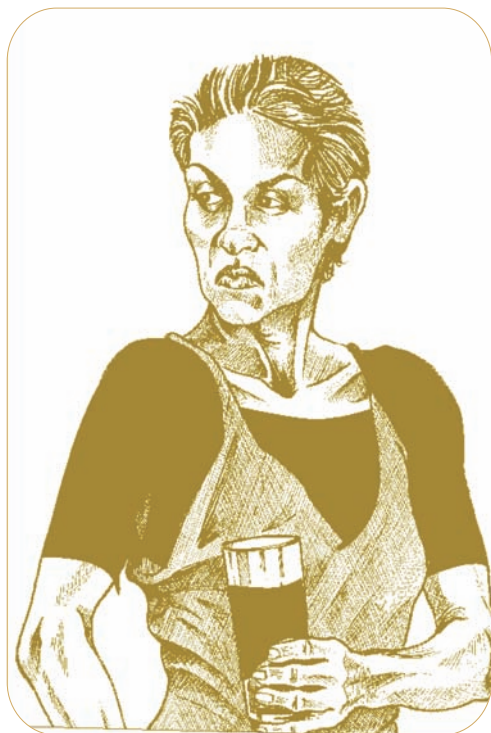
CBVs should ask their clients about any dietary recommendations they should adhere to when taking their ARVs. As discussed in Module Six: Nutrition, most ARVs come with specific dietary recommendations. Dietary recommendations for different ARVs can include:

- Taking ARV tablets before or after meals
- Avoiding alcohol while taking certain ARVs
- Taking ARV tablets on an empty stomach
- Avoiding certain foods with some ARV medications
- Eating low fat meals
- Avoiding combining some ARVs with other types of medications or supplements

Facilitator's Note: If facilitators are not planning to conduct training on Module Six: Nutrition, they may want to have participants conduct Tool Five of Session Two: Helping Clients Follow Dietary Recommendations of Medication to provide additional practice in helping clients adhere to the dietary recommendations of the ARV regimen.

STEP FOUR: Explain Limits on Alcohol and Drug Use (5 minutes)

It is important for the client to realise that if his or her regimen has a medication that does not go well with alcohol, they will suffer certain consequences:



- Efavirenz has brain effects which means that it can make the client sleepy or dizzy. Drinking alcohol may enhance these effects.
- Nevirapine and Efavirenz can both be toxic to the liver. Alcohol is toxic to the liver. Taking both alcohol and one of these drugs can add up to cause liver damage. So it is important to reduce drinking alcohol to either very low risk levels or, if possible, to stop completely. CBVs should know where to get information and materials in their community that can help them counsel clients on how to reduce or stop alcohol.

For any medication, high amounts of drinking can be a serious problem because they may cause the client to forget to take his medication. Alcohol and drugs are not helpful for the immune system and they can make HIV progress faster.

STEP FIVE: Explain Side Effects to Clients (5 minutes)

- Warn the client about the very common side effects and how to manage them and signs that indicate that a client should seek medical attention urgently.
- Prepare the client and treatment supporter to identify, manage and record side effects using tools such as keeping a side effects diary.
- Review the clients treatment card and go through the common side effects which can occur on the regimen she or he is taking.
- Explain which of the side effects listed are more serious and require return to the clinic if experienced by the client.
- Remind the client that if they experience any side effects that she or he is unsure about, they should contact the health centre as soon as possible.

Facilitator's Note: The side effects of ARVs, and ways that CBVs can help clients identify minor and major side effects, record and manage side effects have been covered in Module Two: Treatment Literacy. If facilitators have not provided training on this module, it may be useful to review Module Two; Session Two; Sections Five and Six with participants. this will take approximately 2 hours.

STEP SIX: Provide Information on Prevention (5 minutes)

Explain that the client can still transmit HIV infection when on ARV therapy. It is very important to still practice safer sex and other practices to prevent transmission of HIV.



Remind the client that he or she should still be using condoms with his or her partner to prevent transmitting the infection or to prevent getting re-infected. Make sure that the client understands about re-infection. If the client is a woman, repeat the key information on ART and women (including women of child bearing age, pregnant women and nursing women).

Facilitator's Note: If facilitators have not conducted training on Module One: Basic Facts on HIV and AIDS or Module Two: Treatment Literacy, it may be useful to review relevant sections related to prevention and women covered in these modules: Module One; Session Two; Section One 'HIV Transmission and Prevention' (1 hour) and Module Two; Session Three; Section Three 'ART and Women' (1 hour)



Tool 2: Reviewing the Six Steps to Advising Clients to “Start” Adherence

Quickly ask individuals to find a partner with who they have not worked so far during the training. One will practice being the CBV and the other will practice being the client. Tell them that they should pretend this is the client's first day to start ART. Using the Flipchart Client Education and Client Treatment Cards, they should **advise** the client about the ART regimen, side effects, alcohol and drug use, and prevention.

Ask them to switch roles and repeat the exercise

Facilitator's Note: In assessing this core skill at the end of the module, facilitators should use points listed in Handout 4-5 to determine participants' competency at advising clients on adherence initiation.

3. AGREE: On Topics Discussed (10 minutes)

Make sure the client agrees to the regimen and is committed to fitting it into their lives. The client should be a true partner in the treatment plan. Is the client still ready and willing?

Make sure the client understands that his or her life depends on taking the medicine every day. Agree on a plan for support by the treatment supporter and support groups. Tell the client that you realise that it may be difficult to remember to take medication every day in the same way. Emphasise that having a treatment supporter and attending the support groups can help him/her to manage this lifelong commitment. The client can learn adherence techniques and ask questions from others who are going through the same treatment.

Agree on the best way to access help between visits. For example, what should they do if they need to see/speak to a health worker before their next appointment; what should they do if they are ill etc.

4. ASSIST: The Client to Choose an Adherence Enhancing Tool (2 hours)

Methods of enhancing Adherence involve information tools, that will help PLWHA to take their ARVs properly for the long term. PLWHA may use more than one method of enhancing adherence.

Facilitator's Note: CBVs should keep in mind their local conditions as each method is talked about in preparation for Tool 3. Distribute Handout 4-6 '7 Ways to Enhance Adherence' for participants to follow along as you review each of the seven ways.

1. Prepare to Adhere (5 minutes)

As discussed in Module 3, a good preparation for adherence to ART is one of the best ways PLWHA can be helped to adhere once they begin.

Adherence preparation should involve:

- A critical part of adherence preparation is ensuring PLWHA participate in the **development of their treatment plan**. Ensure they accept the medications they will be taking and the restrictions involved with each and identify methods they will use to help them adhere *before* beginning ART
- **Learning about side effects** to the ARVs PLWHA will take before starting treatment, knowing what food to eat and not eat while taking ARVs, and understanding their treatment plan are important parts of adherence preparation
- **Preparatory Adherence counselling** provides PLWHA with an opportunity to discuss any concerns or fears they may have about beginning ART and to answer questions about HIV, AIDS and how ART works. Counselling helps people to set goals and develop a positive outlook for ART and to empower PLWHA to take control over their health through ART
- **Practising ART**. Before beginning ART, some people find it useful to practise taking doses in their ART regimen using sweets or vitamins instead of ARVs. Practising ART include taking doses at the time they should be taken in the correct quantities and following any food or drink restrictions.

2. Pill boxes (5 minutes)

Pill boxes are containers for storing medication with dividers for each day and each dose during the day.

Facilitator's Note: Hand out sample pill boxes for participants to look at.

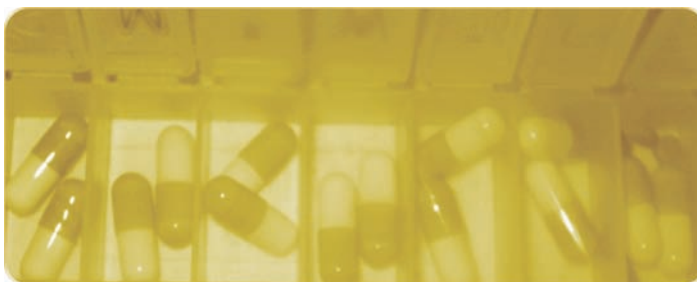
If pill boxes from pharmacies are too expensive for some PLWHA, storage containers for nails or screws with small compartments can be purchased from a hardware store and used in the same way.

Advantages of pill boxes:

- Pill boxes are a useful method of enhancing adherence by making it easy for PLWHA to remember what ARVs to take and when to take them.
- They can also be used to take medication to work if necessary or when one is going away from home.
- The client can always check that he or she has taken his or her medication. If they think they have forgotten, they can check the pillbox as this will prevent them from taking a double dose.

Possible disadvantages of pill boxes:

- PLWHA who are very sick or find pill boxes difficult to understand may have problems filling them by themselves. These people may require assistance from their caregivers, Treatment supporters, medical staff or CBVs to fill them correctly.
- Pill boxes can be time-consuming to fill
- Some drugs have special storage requirements (need to be kept in dry, cool places) or may react with other ARVs if they are stored together. For example, the ARV indinavir (IDV) needs to be stored with a special device called a 'dessicant' that protects the pills from moisture in the air and could not be put in a pill box
- In communities where there is stigma or discrimination against PLWHA, people may not want use pill boxes in order to avoid answering uncomfortable questions regarding why they are taking medication.



3. Electronic Devices (5 minutes)

Electronic devices such as beepers, alarm clocks, watches or pagers can help PLWHA remember to take their ARVs at the correct time.

Advantages of electronic devices:

- Electronic devices are very effective at helping remind people when they should take their medications.
- Electronic devices can be set to remind PLWHA to take both morning and evening doses. Beepers should be discrete to help the client feel that confidentiality is not a risk.



Possible disadvantages of electronic devices:

- Electronic devices may be too expensive for PLWHA living in resource - constrained settings.
- Electronic devices may draw unwanted attention to PLWHA living in communities where there is stigma against HIV and AIDS.

4. The 'Buddy System' (5 minutes)

The 'Buddy System' is another term for a treatment supporter. The buddy system involves a friend, family member, other PLWHA or CBV helping people adhere to ART on a daily basis. The buddy system is not only meant to help people remember when and how to take their ARVs, but provides support and encouragement to PLWHA.

Advantages of the buddy system:

- By involving others in supporting PLWHA, the buddy system encourages a team environment to ART adherence
- The buddy system can decrease feelings of stigma and isolation in PLWHA by involving others in their care and treatment
- The buddy system is a good way to encourage interaction and support between PLWHA who are going through the same thing.

Possible disadvantages of the buddy system:

- Busy lives, work or distance may make it difficult for buddies to remind one another to take their ARVs each and every time.

5. Medication Diaries (5 minutes)

Medication diaries are booklets in which PLWHA can write down the time and date each time they take ARVs, record when and why they have missed doses and write down side effects or any questions or concerns they may have about their ART regimen.

Advantages of medication diaries:

- Medication diaries provide a useful 'history' of taking ARVs, and provide a place for clients to record adherence problems or side effects
- Medication diaries are inexpensive to use (all PLWHA need is a notebook and a pen)
- Medication diaries can be a useful way to measure adherence if they are filled in properly.

Possible disadvantages of medication diaries:

- Medication diaries are not suitable for people who have problems with reading or writing
- If they are not filled in properly (each and every time a person takes his or her medication), medication diaries may not help PLWHA to remember to take the medication.
- Clients can fill it out without taking the drugs, or that the client can take the drugs but forget to record it in the diary.

6. Support Groups (5 minutes)

Support groups for PLWHA can enhance adherence by creating an environment where people can discuss with other PLWHA how ART is affecting their lives.










Advantages of support groups:

- Support groups provide a 'free environment' for PLWHA, where they do not have to feel uneasy about speaking openly about what it is like to live with HIV or AIDS, or take ARVs
- Support groups can enhance adherence by providing encouragement to PLWHA who may be able to learn from the experience of others
- Support groups for PLWHA are a useful and cost-effective way of enhancing adherence and increasing support.

- PLWHA who have not disclosed their HIV status to their family or friends may have problems joining a support group.

Pill charts are a visual display of names of ARVs and dosages required in their regimen. Pill charts use colours and shapes to differentiate between different types of ARV drugs.

Below are two examples of pill charts used to help clients adhere to their ART regimens:

		
ZDV 300 mg		
3TC 150 mg		
EFV 200 mg		  

Tool 3: Creating a Pill Chart



Divide participants into three groups. Using the sample treatment card, ask each group to develop a pill chart for clients who cannot read. Have each group present their pill chart after 10 minutes and answer any questions or misunderstandings on how to create a pill chart for clients.

Advantages of pill charts:

- Pill charts are useful for PLWHA who have problems reading and writing.

Possible disadvantages of Pill Charts:

- Pill charts do not help remind people when they have missed a dose
- If a PLWHA is not at home, he or she will not be reminded by the chart to take their medication.



Tool 4 : Realistic Ways To Enhance Adherence

Part I: Create a flipchart with 2 columns:

Practical	Not practical
After reading through each method to enhance adherence discuss: 1) Is this strategy practical in your setting? Why or Why Not 2) List each of the 7 methods in the column CBVs feel they belong	
Part II: Once all methods to enhance adherence have been discussed ask CBVs to identify 2-3 specific strategies they feel they could successfully assist their clients with. Are there any strategies not discussed that might work well in your community?	



Tool 5: Finishing the 7 Steps to Help Clients “Start” Adherence

Now that you have reviewed the ways in which CBVs can help clients to enhance adherence, return back to the 'Seven Steps for CBVs to Help Clients “Start” Adherence' Handout.

Divide participants into pairs and have each pair role play how they would review each of the methods for enhancing adherence with clients, and help them to choose a method of remembering to take their pills that suits their situation and lifestyle.

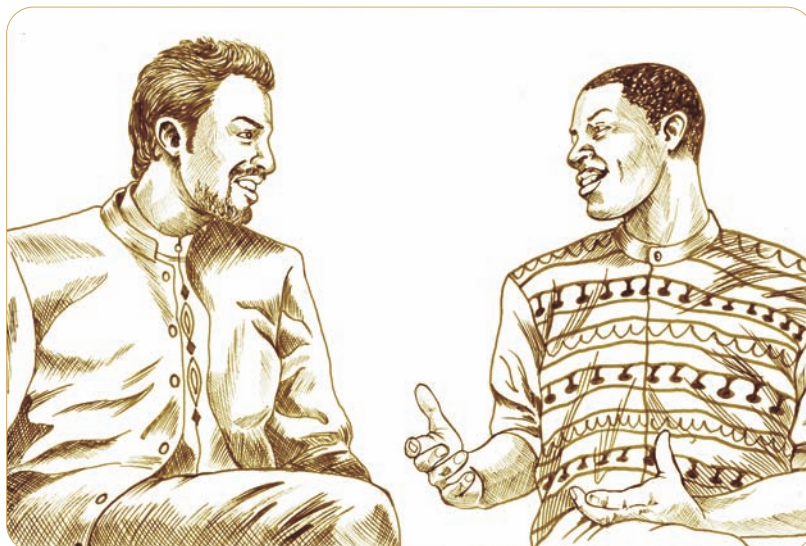
5. ARRANGE: For Follow-Up and Referral

(30 minutes with Tool 6)

At the end of each visit, CBVs should **Arrange**:

- the next home visit,
- the next follow-up visit in the clinic,
- any referrals required

Make sure the client understands when she or he will be visited again by the CBV. Write it down for the client, if they can read.



Record what happened during this visit on the back of the Record Card used by CBVs. By the end of this visit, the CBV should check if she or he asked the following questions during the session (in the Handouts):

- Have I assessed the client's treatment readiness?
- Have I explained potential or common side effects and does the client know what to do to adhere?
- Have I assisted the client to choose an adherence tool that will work for them?
- Does the client know how to contact the health care team in case of problems or questions?
- Have I helped the client to identify his/her adherence barriers and made a plan on how to overcome them, in collaboration with the client?
- Have I provided adherence education?
- Does the client know the date of the next consultation? Did I write this down for the client?



Tool 6: Practicing Adherence Initiation

Distribute copies of Handout 4-7: Checklist for ART Initiation

Ask individuals to find a partner with who they have not worked so far during the training. One will practice being the CBV and the other will practice being the client. Tell them that they should pretend this is the client's first day to start his or her ART regimen. The participant playing the role should practice using all of the 5A's to help clients initiate adherence using the handout as a guide.

After 10 minutes, they should then switch roles and repeat the exercise.

Facilitator's Note: At the end of this module, participants should be capable of role-playing this exercise covering each of the 5 A's. Facilitators can use the checklist provided in Handout 4-7 to assess this core skill.

Checklist for ART Initiation

1. Assess	Knowledge about ART and Adherence
2. Advise	On Important Aspects of ART Initiation Using the Six Steps: <ul style="list-style-type: none"> • Step One: Review details of first line regimen • Step Two: Make sure the client understands the importance of adherence • Step Three: Review any dietary recommendations of your client's ARV regimen • Step Four: Explain limits on alcohol and drug use • Step Five: Explain side effects to clients • Step Six: Provide information on prevention
3. Agree	On Topics Discussed Such as: <ul style="list-style-type: none"> • Adhering to their treatment plan • The importance of taking ARVs each day, as prescribed • On a plan for support, through a treatment supporter or support groups • On the best way to access help between visits by the CBV
4. Assist	The Client to Choose an Adherence Enhancing Tool <ul style="list-style-type: none"> • Prepare to Adhere • Pill Boxes • Electronic Devices • The 'Buddy System' • Medication Diaries • Support Groups • Pill Charts
5. Arrange	For Follow - Up and Referrals: At the end of each visit, CBVs should Arrange <ul style="list-style-type: none"> • the next home visit, • the next follow up visit in the clinic, • any referrals required

4

Session Four: Adherence Monitoring and Support

Purpose: The purpose of Session Four is to provide CBVs with the knowledge and skills to monitor and support the client on ART.

Objectives:

By the end of this session, CBVs should be able to:

1. Demonstrate the ability to pill count using the HIV Care/ART Card.
2. Identify methods of measuring adherence that are suitable in their community
3. Assist clients to choose a method of measuring adherence that is suitable and ensures that PLWHA take control in measuring their own adherence levels.
4. Demonstrate the ability to use the 5 A's to monitor and support clients on ART.
5. Demonstrate knowledge on where to refer clients if they are experiencing problems adhering to ART.

Duration: 3 hours

Required Materials: Flipchart, markers.

Recommended Preparation:

- Make copies Handout 4-8 '7 Ways to Measure Adherence' for distribution at the beginning of the session
- Make copies of Handout 4-9 the HIV Care/ART Card and Handout 4-10 'Pill Counting Using the HIV Care/ART Card' for distribution to participants in section one: 2. Pill Counts.
- Invite a PLWHA from the community who has openly disclosed their status and has experience on ART to make a presentation on adherence support in Section 2.
- Make copies of Handout 4-11 'Using the 5 A's to Monitor and Support ART' for distribution in Tool 4.

Objective	Content	Time	Methodology
	1. ASSESS: Adherence Success	25 minutes	Mini Lecture
Demonstrate the ability to pill count using the HIV Care/ART Card.	2. ADVISE: On Methods to Measure Adherence	1 hour 30 minutes	Mini Lecture Tool One (ST): Group Activity
Identify methods of measuring adherence that are suitable in their community			Mini Lecture Tool Two: PART A (K): Group Discussion
Assist clients to choose a method of measuring adherence that is suitable and ensures that PLWHA take control in measuring their own adherence levels.			Tool Two: PART B (ST): Role Play
	3. AGREE: On Key Items Discussed	5 minutes	Mini lecture
	4. ASSIST: With Providing Adherence Support	30 minutes	Mini Lecture Tool Three (K): Guest Presenter
Demonstrate the ability to use the 5 A's to monitor and support clients on ART	5. ARRANGE: For Follow -up and Referral	30 minutes	Tool Four (ST): Role Play
Demonstrate knowledge on where to refer clients if they are experiencing problems adhering to ART.			

This session uses the 5 A's developed by WHO to provide participants with a tool for helping clients with adherence monitoring and support.

1. ASSESS: Adherence Success (20 minutes)

CBVs should explain to clients at each home visit that they can help **Assess** how well they have managed to be adherent to their ART and other medications.

A major way that CBVs can help their clients to assess how well they are adhering to their medications is to be familiar with their client's treatment plan. As discussed in the previous session 'Adherence Initiation', CBVs should review the client's treatment plan at each visit. The HIV Care/ART Card provides a useful tool for CBVs to keep informed about a client's treatment plan.

Facilitator's Note: Prior to this session, facilitators should obtain a sample treatment plan used in your area. In areas where detailed treatment plans are not provided, it is recommended that participants are trained on the use of the HIV Care/ART Card.

STEP ONE: Check the treatment plan.

Explain that first you should review each of the treatments prescribed for the client, indicated on their Treatment Card. It is important that CBVs help clients to assess their adherence to ALL medications taken, not just ARVs.

Adherence to the following medications should be assessed at each visit where applicable:

- *Cotrimoxazole*
Clients may receive cotrimoxazole prophylaxis for a long time, in order to prevent opportunistic infections. These are recorded under **Other meds**.
- *Other medications*
The client may receive other treatments, for example, for malaria or other fever, mouth sores, skin problems, tuberculosis or diarrhoea. These will be listed under **Other meds**.
- *Antiretroviral (ARV) drugs*
The ART regimen and the date that it was started is shown on the front of the Treatment Card. If there are any changes in the regimen, these are also recorded in the same place. After each visit, the adherence since the last visit and the dose (or days) dispensed are recorded under **ARV drugs**.

STEP TWO: Assess Adherence

Assessing adherence involves finding out whether or not your client has been taking their medications as prescribed.

Facilitator's Note: Ask participants the following question: How do you ask the client if he or she has missed any doses? Allow one or two participants to provide their answers, then read out the examples below.

“Most people with HIV have many pills to take at different times during the day. Many people find it difficult to always remember when to take the pills. It is important for me to understand how you are really doing with the medicine. Do not worry about telling me if you do not always take the dose. I just need to know what is really happening, not what you think I want to hear....”

“Many people have trouble remembering to take their medication. What trouble are you having?”

“Can you tell me when and how you take each pill?”

“When is it most difficult for you to take the pills?”

“It is sometimes difficult to take the pills every day and on time. How many have you missed in the last 3 days?” [It is often difficult for the client to remember or estimate the real number of pills that were forgotten. Asking the number of pills forgotten in the last 3 days makes it easier for the patient to recall forgotten doses.]

Clients should also be encouraged to use an adherence measurement tool. CBVs should assess adherence at each visit by reviewing the method of measuring adherence being used by their client, which are discussed in detail in the next section.



STEP THREE: Assess any barriers to adherence

As discussed in Session Two: Non-Adherence, there are many reasons why clients may find it difficult to adhere.

Review Handout 4-3 'Factors Related to Non-Adherence' as a group and emphasise that assessing adherence involves both determining whether or not a client is taking their medication as prescribed AND helping clients to identify any barriers to adherence experienced.

2. ADVISE: On Methods to Measure Adherence (1 hour 30 minutes)

Measuring Adherence involves:

- Keeping track of medications (knowing where they are, arranging for re-fills before medications run out)
- Remembering when to take doses (correct time and amount)
- Identifying times when doses have been missed and why.

There is no one correct way to measure adherence. Part of developing a good treatment plan with a person beginning ART will be for him or her to select a method of measuring adherence that will work for them.

There are many ways to measure adherence. The method selected may be determined by available resources and/or client lifestyle.

In addition to advising clients on methods to measure adherence, CBVs should give additional information that may help with the client's adherence difficulties.
Explain any misconceptions the client may have.

1. Self-Reports (10 minutes)

Self-reporting can be thought of as 'an ARV diary' and is a common method of measuring adherence because it is convenient and inexpensive. In self-reports, PLWHA report on their own adherence in taking ARVs over a pre-determined length of time (every four days, once a week or every month).

Benefits of self-reports are:

- PLWHA are in control over their treatment
- Any problems with taking ARVs or obstacles to adherence can be recorded as they occur
- Self-reporting is a realistic way to measure adherence in resource-constrained settings.

A possible disadvantage of using self-reports:

- PLWHA may overestimate their adherence for fear of 'getting into trouble' from their doctor or caregiver for Non-adherence. Self-reporting can be more accurate if a good relationship with a CBV exists.

Encouraging PLWHA to give accurate self-reports includes:

- Discussing adherence with PLWHA in a friendly and non-judgemental way
- Treating reported difficulties with adherence as an opportunity to assist PLWHA to make their ART treatment more effective, not to treat them as though they have 'been bad'
- Asking about the most recent days of missed doses.

2. Pill Counts (30 minutes with Tool 1)

Facilitator's Note: Because pill counting may be a new concept to some participants, facilitators should be prepared to take more time to explain and conduct pill counting exercises in Tool 1.

Pill Counts involve counting the number of pills remaining in a prescription during scheduled visits. If the number of pills remaining is greater or less than it should, problems with adherence are revealed. CBVs should be sure to check that stock-outs for some pills are not happening more quickly than others and that clients are taking each of their medications in line with their prescription.

Advantages of using pill counts:

- Those involved with the care of PLWHA are involved in helping measure adherence.

Possible disadvantages of using pill counts:

- Clients can calculate the number of pills that should be remaining and throw away some pills before CBVs arrive for a home visit (called "pill dumping")
- CBVs may be looked at as "policing" adherence rather than helping with adherence
- There is no way to discover if a client is sharing ARVs with other family members with pill counts
- CBVs will not know if pills are taken at the correct times using pill counts.

Explain that **pill counting** is a little complicated and not something that needs to be done for clients on each visit, but is a useful thing to do once in a while.

Facilitator's Note: Distribute Handout 4-9 the HIV Care/ART Card and Handout 4-10 'Pill Counting Using the HIV Care/ART Card' to participants. While CBVs may have their own methods of recording visits, emphasise that this handout will help them to measure adherence with clients in addition to recording other important information about the

client's success with ART.

Facilitator's Note: Remind the participants that good hygiene should always be considered when conducting pill counts (wash hands, use sterile utensils, etc.)

The HIV Care/ART Card provided is a simplified version of one that has been developed by WHO. Please see Annex I for WHO's standard HIV Care/ART Card and use if appropriate.

- 1. Look at the date of the last visit recorded on the HIV Care/ART Card. How many days has it been?** The CBV will have to subtract or count backwards to figure out the number of days it has been since the last visit.
- 2. Look at the "Dose" column to see how many pills were dispensed.** Show the class where this information is written on the HIV Care/ART Card.
- 3. Calculate how many pills should have been taken by the client since the last visit.** If the drug is taken two times a day, the client should have taken a number of pills = 2 x number of days.
- 4. Calculate how many pills should be left.** This is the number of pills dispensed less the number of pills that should have been taken. This is usually not zero because the dispenser often gives a few extra pills just in case.
- 5. Count the number of pills that the client has left.**
- 6. Calculate the number of missed pills.** The difference between #4 and #5 is the number of missed pills.

G (GOOD)	> 95% adherence	Missed 3 or less pills out of a 60 pill supply
F (FAIR)	85-95% adherence	Missed 9 or less pills out of a 60 pill supply
P (POOR)	< 85% adherence	Missed 10 or more pills out of a 60 pill supply

Tool 1: Practicing Pill Counting with Clients

Write the following scenarios on the flipchart and ask Participants to calculate the Number of missed pills:

1. Number of days since last visit: 28 days
Number of ARVs dispensed at last visit: 60
Number of pills the client has right now: 7
2. Number of days since last visit: 26 days
Number of ARVs dispensed at last visit: 30
Number of pills the client has right now: 5
3. Number of days since last visit: 58
Number of ARVs dispensed at last visit: 120
Number of pills the client has right now: 25

Facilitator's Note: In addition to calculating the number of pills remaining, participants should indicate the level of adherence for each scenario.



Facilitator's Note: The HIV Care/ART Card is a simplified version of one developed by the World Health Organisation (WHO). In areas where CBVs are familiar with WHO standard reporting, it is recommended that the HIV Care/ART Card in Annex One be used.

HIV CARE/ART CARD

CBV Name: _____

Client Name: _____

Date of First Home Visit: _____

Date of Home Visit	Follow-Up Date	Duration in months since first starting ART/ since starting current regimen	Reported Side Effects Experienced	New OIs or other problems experienced	ARVS		Other Medications Being Taken	Referral Provided If hospitalised since last visit, # of days
					Adherence	Dose		

Assess adherence in this box:
Good: > 95%
Fair: 85-95%
Poor: < 85%

Record the number of pills dispensed (or the number of days)

The client may receive other treatments, for example, for malaria or other fever, mouth sores, skin problems, or tuberculosis.

3. Pharmacy Records (5 minutes)

Pharmacists play an important part in helping PLWHA adhere to ART. They are the individuals who dispense ARV drugs to PLWHA, provide information on how and when to take each drug, what side effects might be experienced, and re-fill prescriptions once ARVs run out.

Because pharmacists know when a person needs more ARVs, **Pharmacy Re-fill Tracking** is another way adherence can be measured. PLWHA who collect their medications from the pharmacist on days that they are due to need more are assumed to be adhering to ART.

An advantage of pharmacy re-fill tracking is:

- It measures adherence through a process that would need to occur anyway (PLWHA have to collect new medications), so does not require the extra resources required with other measurement systems such as pill counts, electronic devices or biological markers.

Possible disadvantages of pharmacy re-fill tracking:

- Requires an effective record-keeping system to collect re-fill data
- Because the timing of re-filling medications is the only thing measured, pharmacy re-fill tracking does not actually measure the intake of ARVs
- Requires PLWHA to use the same pharmacy for all re-fills.

4. Directly Observed Therapy (DOT) (5 minutes)

Directly Observed Therapy (DOT) involves doctors or other medical staff (clinicians or potential CBVs) being with PLWHA when they take their ARV medication.

Advantages of DOT:

- If conducted in a supportive manner, DOT can help PLWHA to adhere to ART in addition to measuring adherence. Observations of problems PLWHA may have with adherence can be addressed as they occur.

Disadvantages of DOT:

- Because DOT requires daily observation, or meetings with PLWHA to be accurate, it is very labour intensive



5. Electronic Devices (5 minutes)

Electronic devices, such as the **Medication Events Monitoring System (MEMS)**, measure the intake of drugs electronically. MEMS is a tool used to measure adherence to ART. It has an electronic chip in the lid of the medication bottles that measures the opening and closing of the bottle. A computer programme records information from the electronic chip and provides a report on how many times the bottle has been opened, the time it was opened and the intervals between doses.

Advantages of using MEMS:

- MEMS places trust in PLWHA to follow their ART regimen, without being 'watched' as with pill counts and DOT.

Disadvantages of MEMS:

- It is expensive
- Both clients and medical providers require training in how to use MEMS
- MEMS can under-estimate adherence in PLWHA who make use of adherence enhancing tools such as pill boxes (because more than one dose of medication can be taken from the bottle of medication at a time).

6. Biological Markers (5 minutes)

Biological Markers, such as measuring viral load (called a **viral load assay**), or the amount of drugs in the blood of PLWHA (called **Therapeutic Drug Monitoring** or **TDM**). The idea behind using biological markers is that people adhering to their ART regimen will have a reduced viral load and specific levels of ARV drugs in their bodies.

Advantages of biological markers:

- They are felt to be objective methods to measure adherence as they do not require human judgements, which can be flawed.

Disadvantages of using biological markers:

- In some clients, viral loads may remain high or drugs may not be found at desired levels when tested, even though a person is adhering to ART.
- Biological markers require laboratory work and are very expensive, so they are not practical for resource-constrained communities.

7. Provider Judgement (20 minutes with Tool 2)

Provider judgement involves doctors, clinicians, CBVs or others involved in the care and treatment of PLWHA making an estimation of how well a person is adhering to their ART.

Advantages of provider judgement:

- Provider judgement involves others in supporting the adherence of ART, so PLWHA do not feel they are alone.

Disadvantages of provider judgement:

Providers can over-estimate or under-estimate the level of adherence of PLWHA.

- Studies have found this method to be a poor measurement of actual intake of ARVs.



Tool 2: Practical Ways for CBVs to Help Clients Measure Adherence



PART A: Because this training package will be used by a variety of CBVs, in a variety of situations, the methods of measuring adherence appropriate for **your** community should be explored.

Have participants determine the most practical methods for CBVs to help clients to measure adherence in your community by asking the following questions:

- Of those listed, what is the most practical method for helping clients to measure adherence in your setting? Why?
- Are there any other ways that CBVs can help their clients to measure adherence that were not listed?
- What could be some challenges to measuring adherence where you live?
- How can CBVs help their clients to overcome these challenges?

PART B: Based on the responses provided in Part A, divide participants into pairs and have them role-play assisting clients to choose a method of measuring adherence.

Facilitator's Note: In their role-plays participants should emphasise the following points:

- The decision of which method of measuring adherence is to be used should be made by the client and NOT imposed by the CBV.
- For any method chosen, clients should be provided with information on how to 'take control' and measure their own adherence.

Special Considerations for Advising Parents with Children on ART:

Measuring adherence is also very important for children on ART. CBVs should link parents with children on ART to a local health professional to discuss specific ways that parents can measure the adherence of children to ART.

Parents with children on ART are encouraged to keep a household record of:

- The child's weight (once every week)
- The child's height (once every month)

These records will assist health professionals to determine whether ARVs are doing their job and helping the child to gain weight and grow. CBVs can help with this by assisting parents to take these measurements and reminding parents to bring this information to their regular appointments at the health facility.

Facilitator's Note: CBVs will need to use counselling skills discussed in Module 5: Community-Based Counselling to help parents to make informed decisions for their own well-being and that of their children.

3. AGREE: On Key Items Discussed (5 minutes)

Agree on any changes in Treatment Plan, and solutions to adherence problems (if present)

Discuss the agreements you have reached regarding adherence measurement tools or overcoming barriers to adherence and check for their commitment.

4. ASSIST: With Providing Adherence Support (30 minutes with Tool 3)

It is important to learn from previous difficulties or mistakes: discuss problems that occurred in adherence (not just ART, but also prophylaxis) and develop strategies to overcome them in the future. Let the client know that their adherence will probably improve over time if they find lessons from the times that they forget their ART. If they forget, what could they have done at that time to remind them? What would have worked before? Can they implement that now?

Reinforce interventions which match the client's needs and adherence problems, if present:

- Stimulate clients to take extra drugs with him/her if s/he goes away for a few days.
- Propose to keep a small supply of extra drugs where s/he may need them in an emergency in a handbag, in the car, at work or at a friend's.

Make sure the client has:

- A plan to link taking medication with daily routine events such as meals, television programmes, teeth-brushing.
- Any device or skills that he or she needs.

Make sure the client has the support he or she needs:

- **Get help from the treatment buddy, other family and friends or peers.**
- Encourage the client to get friends to help him/her remember difficult dose times or when he or she goes out at night.
- **Help client and treatment supporter to find solutions.**
- Make sure your client knows how he or she can contact the clinic if he or she has difficulties taking the drugs
- Propose to arrange an appointment with someone who is already taking the same treatment (e.g. support group)
- Home visits might provide information about the living conditions of the client, which might be helpful for the staff from the clinic to know. Home visits may sometimes encourage the client.
- A 'buddy' helps support the person in adhering to his or her regimen by providing emotional support and helping the person by reminding them when to take the medication. The 'buddy' can be a friend or family member, HIV infected or not, and can also go to the consultation together with the client. Remember to record their name on the HIV Care/ART treatment card.

If adherence problem:

- Get help! Refer to the nurse or clinical officer.
Link with home-based care for help and home visits.

Remember to Provide Encouragement and Praise to Clients.

CBVs should acknowledge that adherence is not easy, and that clients are deserving of praise and encouragement for their efforts in adhering to ART.

CBVs can provide support and encouragement by:

- **Providing psychosocial support.** Let the client know that you and others involved in their care, treatment and support are available to support them through, what might be, a challenging time for them.
- **Elicit concerns.** Ask clients what worries they have about ART and let them know that any concerns that develop as they take their ARVs should be discussed.
- **Show empathy.** Let clients know that you understand that adhering to ART might be a difficult/overwhelming task for them. Pick up on their feelings and ask them if this is how they are feeling right now.
- **Show belief in the client's ability to be adherent.** Communicate belief in the client's ability to be adherent. Praise them for the efforts they are making and encourage them to continue with using the adherence aids and adherence measuring methods that are working for them.
- **Encourage the client to join a support group.** Emphasise that discussions in support groups are confidential and that clients should feel comfortable attending support group meetings without their HIV status being disclosed outside of the group. Provide specific information about where and when support groups meet in your area.



Tool 3 : Input from PLWHA on Adherence Support

The best way for participants to understand ways in which they can provide support to clients to adhere to ART is to hear the experience of a person living with HIV. Invite a guest speaker living with HIV to provide their experience on adherence and support by addressing the following questions:

1. Did he or she ever have a period when there were a lot of missed doses? Why?
2. What helped him or her get through this period?
3. How did their CBV or other health professionals react during this period? How did this affect him or her?
4. What advice would he or she give to CBVs to provide support to clients on adherence?

Participants should also be encouraged to ask questions to guest speaker. Please remind participants that questions should be only on **ADHERENCE SUPPORT**.

5. ARRANGE: For Follow Up and Referral (30 minutes with Tool 4)

- Record adherence estimate on client's card.
- Arrange for refills.
- Arrange for next follow-up home visit and client's next clinic visit where adherence information will be shared with the clinical team.

Make sure that the client and supporter understand the follow-up plan and how to contact the clinic team if there is a problem.

SOMETHING TO THINK ABOUT...

Some of the clients who are now feeling very well under ART, were previously so sick that their only thought was how to survive, or how to arrange things for when they are dead.

When these clients are healthy again, certain questions may arise, and bring emotional problems, even though the client's health is good.

For example, what about starting a new relationship, what about having children... These are issues that CBVs should encourage clients to discuss with their clinical team and provide support with.

Tool 4: Providing Adherence Monitoring and Support



Distribute copies of Handout 4-11 'Using the 5 A's to Monitor and Support ART'.

Divide participants into pairs and have each pair role-play how they would use the 5 A's to monitor and support adherence to ART with a client that has been taking ARVs in the following two role plays:

1. A client that has been taking ARVs for three months but is not currently using an adherence measuring tool
2. A client who is using self-reports to measure adherence.

Facilitator's Note: Facilitators should emphasise that the 5 A's is meant as a guideline, and as clients become more 'treatment experienced', CBVs should alter how they use the 5 A's during home visits. For example, a client in the second role play will not need to be advised on the ways to measure adherence, and CBVs should focus on how well this method is working for the client and assessing their adherence success.

In assessing this core skill, facilitators should have CBVs role play the first scenario and use Handout 4-11 as a checklist to determine their ability to monitor and support adherence with clients.

Using the 5 A's to Monitor and Support ART

1. Assess	Adherence Success Step One: Check the treatment plan Step Two: Assess adherence Step Three: Assess any barriers to adherence
2. Advise	On Methods to Measure Adherence Assist clients to choose one of the following methods of measuring adherence: <ul style="list-style-type: none"> • Self-reports • Pill counts • Pharmacy Records • Directly Observed Therapy (DOT) • Electronic devices • Biological Markers • Provider Judgement
3. Agree	On Key Items Discussed such as: <ul style="list-style-type: none"> • Any changes to their treatment plan • Solutions to adherence problems • Method to measure adherence
4. Assist	The Client with Adherence Support by: <ul style="list-style-type: none"> • Reinforcing methods to overcome adherence barriers • Making sure the client has the support he or she needs to adhere • Getting help in case of adherence problems • Providing encouragement and praise
5. Arrange	For Follow-Up and Referrals: At the end of each visit, CBVs should Arrange: <ul style="list-style-type: none"> • The next home visit, • For re-fills for medications, • Any referrals required

Annex One WHO HIV Care/ART Card

Date Check if scheduled Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant FP/no FP If FP write method(s) If child write Height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other problems	Cotri- moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalised, # of days
<input type="checkbox"/>															
<input type="checkbox"/>															
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<input type="checkbox"/>															

Look in this column
to see the **date** of
the last visit.

Assess adherence in
this box:
Good: > 95%
Fair: 85-95%
Poor: < 85%

Record the number
of pills dispensed
(or the number of
days dispensed)

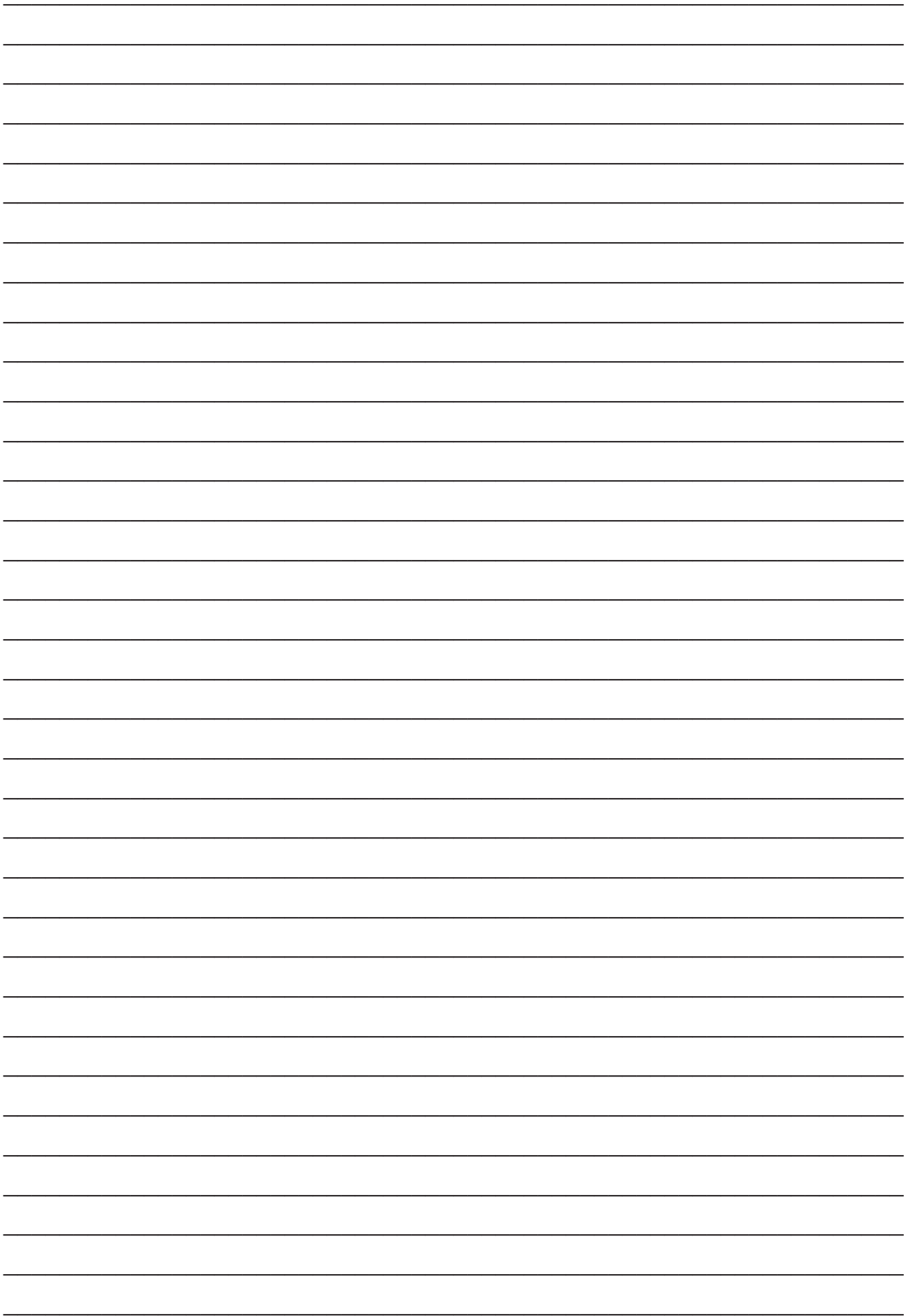
The patient may
receive other
treatments, for
example, for
malaria or other
fever, mouth sores,
skin problems,
tuberculosis or
diarrhoea.

References

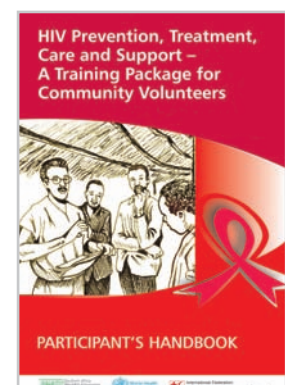
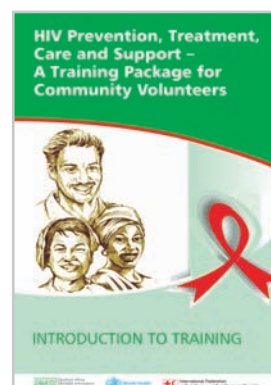
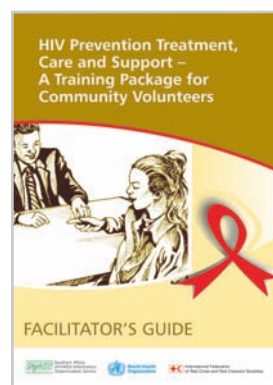
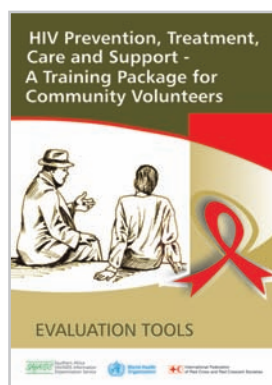
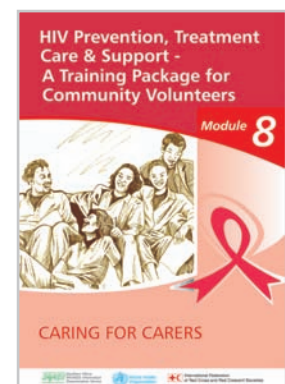
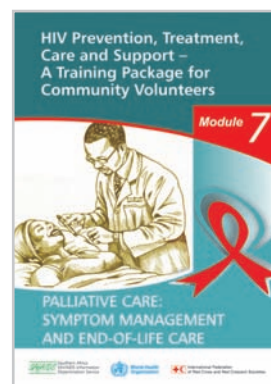
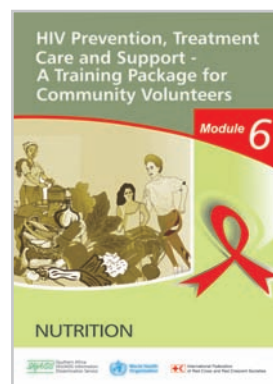
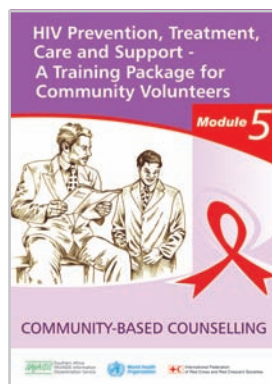
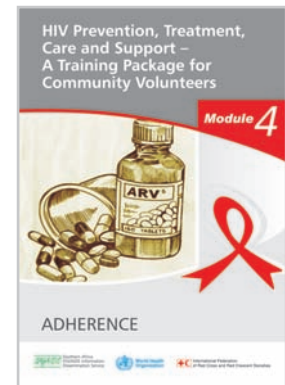
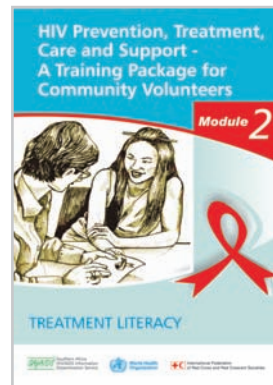
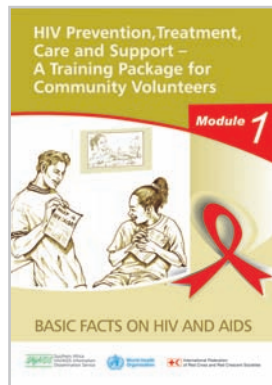
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My Notes

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TRAINING PACKAGE





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