

Module 5

Activity Sheet

Submodule 1: Antiretroviral therapy: Counselling and medical aspects

INSTRUCTIONS

Activity 1

Brainstorm: Personal adherence to any medication regimen

1. Ask all the trainees to stand.
2. Ask them to think about times in their lives when they were prescribed medication and tell only those who have always taken medication exactly as prescribed may sit down.
3. Ask those who remain standing to consider the occasion when they failed to comply with instructions or complete a course, and to think about why this happened.
4. Ask each person to give their reasons for non-adherence. Try to group these experiences under the following headings:
 - Beliefs about medication (e.g. 'It is better I stop because the drugs are toxic.')
 - Practical difficulty (e.g. 'I had to have the tablet within two hours of eating.')
 - Memory (e.g. 'I just forgot to take it.')
 - Social (e.g. 'I didn't want anyone to know I wasn't well and see me taking it.')
 - Misinformation (e.g. 'My symptoms disappeared, so I thought I was cured.')
5. Record their responses on an overhead transparency or on a whiteboard.
6. Remark that clients have the same difficulties.
7. That there are many reasons that contribute to non-adherence. Information provision clearly is not enough—they are health workers and had information but still did not adhere to their prescription.

Activity 2

Brainstorm: Biological aspects of HIV

Ask the group to list down the stages of viral replication and the possible targets of ART.

- Gp120 binds to CD4
- RNA is left loose in the host cell
- Reverse transcription occurs
- Proviral DNA is synthesized
- Proviral DNA integrates with the host cell DNA (integrase)

- Synthesis of mRNA (viral RNA)
- Synthesis of viral protein (protease)
- Assembly and budding of the virus
- Maturation of core proteins

The various possible targets of blocking the replication of the virus can be:

- Block binding of HIV to the target cell
- Block the cleavage of viral RNA and the one that inhibits transcriptase
- Inhibits the enzyme reverse transcriptase
- Block the enzyme integrase, which helps proviral DNA to be incorporated into the host cell chromosome
- Block the RNA to prevent production of viral protein
- Block the enzyme protease
- Inhibit viral budding

Activity 3

Ask the group to draw a table and write the names of antiretroviral drugs under the three classes which are currently in clinical use.

Classes of antiretroviral drugs

Currently, three classes of antiretroviral drugs are in clinical use. These are:

Nucleoside reverse transcriptase inhibitors (NRTIs)	Non-nucleoside reverse transcriptase inhibitors (NNRTIs)	Protease inhibitors (PIs) 3000

Activity 4

Brainstorm: Strategies to promote adherence

(adapted from *Adherence to antiretroviral therapy in adults: A guide for trainers*, Horizons/Population Council)

Divide trainees into three groups. Provide a list of strategies to discuss as presented below and ask the groups to discuss strategies to promote adherence. Select a leader from the group who would write the list on a flip chart and present to the larger group. Ask each group to discuss the pros and cons of each of the listed strategies, list practical strategies for their programme and patients.

List of strategies to discuss

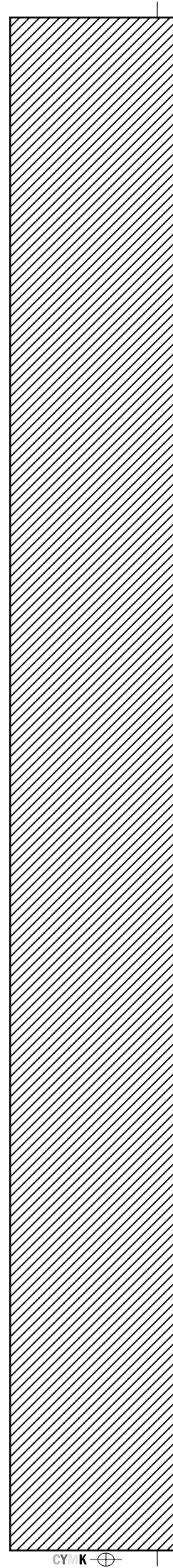
- a. Counselling
- b. Pillboxes
- c. Electronic devices
- d. Telephone reminders
- e. Medication diaries
- f. Buddy system
- g. Pill charts
- h. Directly Observed Therapy (DOT)
- i. Incentives

Activity 5

Brainstorm: Patient preparedness for adherence

(adapted from *Adherence to antiretroviral therapy in adults: A guide for trainers*, Horizons/Population Council)

This activity is designed to improve the knowledge of trainees about patient preparation prior to initiating ART. The counsellor will build on the information provided in the handouts. The counsellor will lead the trainees through a brainstorming exercise to identify barriers to adherence and the role of the different health providers. The counsellor will ask trainees to list possible barriers for PLHA and ways to address them. The counsellor will use lead questions that are based on the handouts provided in this module enabling trainees to recall the issues discussed when going through the handouts. In case the group is too large, this activity may be done in two groups. Each group will present their findings.



Activity 6

Adherence training case studies

Divide the trainees into three groups and ask each group to discuss one case study along the outline given below. Ask each group to present the case and their findings to the larger group (follow the instructions).

Case Study 1

A 45-year-old man has been sent to you for counselling before starting HAART. This is his first preparatory session. He has some information on ARVs received from a radio programme. He has done primary school, lives alone and still works full-time at a car repair workshop. He has not disclosed his status to his family; his wife left him 5 years ago. He drinks alcohol most evenings. He has a CD4 count of 160 cells and has had oral thrush, herpes zoster and TB. Please conduct the first preparatory counselling session.

Case Study 2

A 35-year-old woman has come for the third preparatory counselling visit. She is eager to start her ARVs. She has studied up to primary school and lives with her husband who is also infected but not on treatment. She works part-time as a maid. She has a CD4 cell count of 96 cells but does not understand what it means. She has had meningitis last month and was hospitalized for 10 days. Discuss the counselling needs for this patient. Discuss the use of dummy pills, a pill diary, reminder 'cues' and literacy material. Assess her treatment readiness.

Case Study 3

A 28-year-old woman has come for her second preparatory counselling session. She works as a sex worker on the beachfront. She has a CD4 count of 35 cells and has had PCP, herpes zoster and meningitis in the previous year. She is a widow, living in a slum with two friends who also work as sex workers. She has completed high school. She has been losing weight steadily, feels weak and finds it difficult to concentrate. She has not been able to go to work for the past few weeks, as she has been feeling unwell. Her friends have been supporting her. She is keen on starting ART. She is planning to visit her family in a distant city next month.

Discuss

- Disease knowledge and status
- Barriers to treatment
- Factors that might influence adherence
- Use of adherence enhancement tools—dummy pills, a pill diary, reminder 'cues' and literacy material.

If time permits, each group can conduct actual counselling for the three cases.

Activity 7

Adherence training role plays

Using instructions on conducting role-plays (page xvi and annexure 2) conduct the following role-plays. Use the checklists provided below.

Role Play 1

An 18-year-old Ram tout with symptomatic HIV infection is started on first line ART (3TC/D4T/EFV) and is being followed in the ART centre at GHTM. He has had TB and cryptococcal meningitis last year. He lives with his girlfriend in rural areas and has just recently disclosed his HIV status to his girlfriend, so she knows about his treatment. He consumes moderate amounts of alcohol. At his 3-monthly visit it is noticed that he has failed to attend the ART centre on two occasions in the last month. His home district is Namakkal. He has been complaining of numbness and tingling in his feet.

Discuss the implications of this non-adherence and your adherence counselling plan highlighting the relevant issues (side effects, travel, change in routine, depression, alcohol). Conduct the session.

Role Play 2

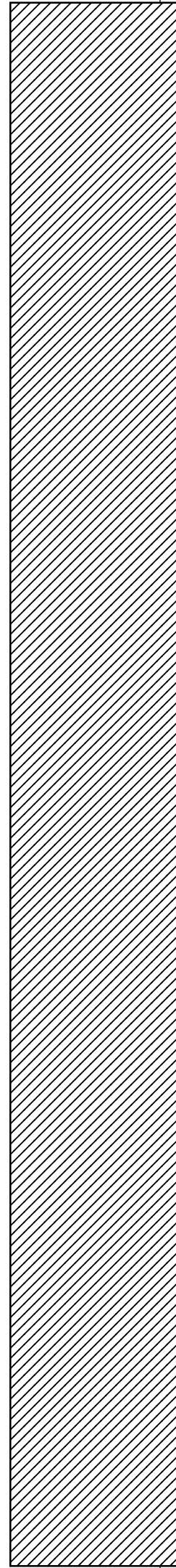
Lakshmi is a 40-year-old widow who lives in the Dharavi slum with her four children. She is on first-line therapy (3TC/AZT/EFV) and fails to come to her second routine monthly visit ART centre. The community health worker visits her at home. She is unkempt and neighbours report she has become quiet, sad and withdrawn. She has not been eating anything because of nausea and vomiting. She is also complaining of pain in her abdomen. Her CD4 count was 23 cells at the time of starting ART. She has had TB and herpes zoster before starting ART.

Discuss the implications of this non-adherence and your adherence counselling plan, highlighting the issues relevant to the case. Conduct the session.

Role Play 3

Shankar is a 40-year-old bartender in a city hotel. He lives alone. He started ART (3TC/D4T/EFV) 7 months back. He has attended all his monthly appointments until the last 2 months when he had to be traced by a community health worker. He has been drinking heavily and says he is feeling better so has stopped treatment since last month. He had been complaining of changes in his appearance, sunken cheeks and fat around his abdomen. Liver function tests show raised SGOT/SGPT levels.

Discuss your adherence counselling plan highlighting issues relevant to this case. Conduct the session.



ANSWERS TO ACTIVITY 3

Classes of antiretroviral drugs

Currently, three classes of antiretroviral drugs are in clinical use. These are:

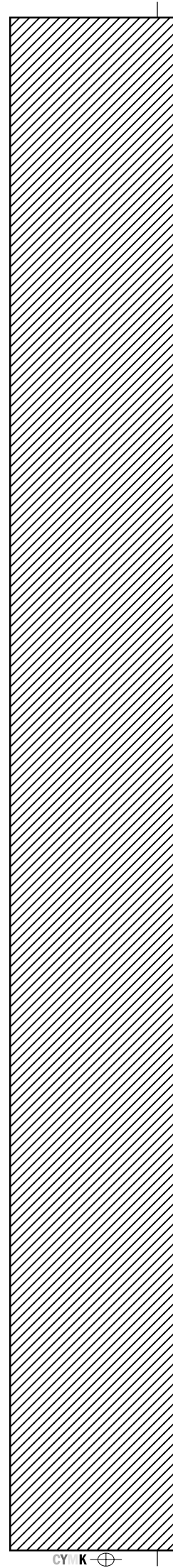
Nucleoside reverse transcriptase inhibitors (NRTIs)	Non-nucleoside reverse transcriptase inhibitors (NNRTIs)	Protease inhibitors (PIs) 3000
Zidovudine 750	Nevirapine 800	Saquinavir
Lamivudine 550–600	Delavirdine	Ritonavir 3500
Stavudine 550–600	Efavirenz 2180	Indinavir
Didanosine 1200		Amprenavir
Zalcitabine (ddC)		Lopinavir
Abacavir 5000		Nelfinavir

These drug target different points in the life cycle of a retrovirus. Another group of drugs, the integrase inhibitors, are still undergoing clinical trials.

ANSWERS TO ACTIVITY 5

List of Barriers to adherence and ways to address them

1. Communication difficulties (language, cultural differences, patient attitudes regarding treatment efficacy, lack of comprehension about treatment plan or regimen)
 - (i) Discuss in an open and non-judgemental way
 - (ii) Provide patients with scientific basis for treatment
 - (iii) Repeat and paraphrase
 - (iv) Use counsellors who speak the same language and understand the cultural context of the patient
2. Literacy levels
 - (i) Verbal repetition of adherence message, treatment plan and regimen
 - (ii) Use patient literacy materials
 - (iii) Use dummy pills for demonstration
 - (iii) Review information with patient
3. Inadequate knowledge or awareness about HIV disease
 - (i) Provide patients with scientific information about HIV disease
 - (ii) Review information with patients
 - (iii) Use examples
4. Inadequate understanding about effectiveness of medications
Inform patients and bring change in attitudes and understanding of effectiveness of medications
5. Lack of social support
 - (i) Establish contact with PLHA support groups
 - (ii) Link with community health workers and home-based care services
 - (iii) Link with charitable institutions, faith-based organizations
6. Discomfort with disclosure of HIV status
 - (i) Counselling patient to support disclosure
 - (ii) Identify other support persons such as friends or peers if patient unable to disclose to the family
7. Difficult life conditions (lack of income, housing, food, support for childcare)
 - (i) Establish contact with PLHA support groups
 - (ii) Link with community health workers and home-based care services
 - (iii) Link with charitable institutions, church programmes
8. Alcohol and drug use
 - (i) Counselling—emphasize link between alcohol, ARV drugs and liver damage
 - (ii) Family support
 - (iii) Peer group support programmes, church programmes
 - (iv) Medical consultation—de-addiction programmes
9. Depression and other psychiatric problems
Refer to physician for treatment
10. Negative or judgemental attitude of providers
Training of providers
11. System barriers (drug stock-out, shortage of staff, health facility closed)



ACTIVITY 7: ADHERENCE COUNSELLOR CHECKLIST FOR THE PREPARATORY SESSION

ADHERENCE COUNSELLING CHECKLIST 1

COUNSELLING SESSION 1

Name of the client

Date of counselling session

Assess the patient

- Medical history
- Knowledge of HIV/AIDS
- Prior use of ART
- Determine the social support
- Disclosure—have they disclosed to anyone?
- Alcohol/drug use
- Mental state

Review the health status

- OIs
- CD4/viral load

Review living conditions and employment

- Housing
- Employment/income

Describe the treatment programme and importance of adherence

- Drug regimen—name/frequency/storage/dietary instructions/not to share pills
- What ART does—suppresses virus/improves immunity/lessens OIs/not a cure
- Cost
- Side-effects and what to do
- Follow-up
- Importance of adherence and consequences of non-adherence

Discuss adherence promotion strategies

- Buddy reminder—discuss role of support person
- Pill diary
- Other reminder cues

Identify barriers to adherence	Yes	No
Poor communication		
Low literacy		
Inadequate understanding about HIV/AIDS		
Lack of social support		
Failure to disclose the HIV-positive status		
Alcohol and drug use		
Mental state		

ADHERENCE COUNSELLING CHECKLIST 2
COUNSELLING SESSION 2

Name of the client

Date of counselling session

Review client's understanding of HIV/AIDS

What is HIV and AIDS?

What are opportunistic infections?

What do they understand by CD4 counts/viral load?

What are the effects of treatment?

Review the treatment programme and importance of adherence

Drug regimen

Dummy pill demonstration

What ART does—improves immunity/lessens OIs/ART is not a cure?

Need for continued prevention—use of condoms

Side-effects and what to do

Follow-up

Importance of adherence and consequences of non-adherence

Review proposed adherence promotion strategies

Buddy reminder—discuss the role of a support person

Review the pill diary

Other reminder cues—discuss HAART

Review barriers to adherence and the progress made so far

Poor communication skills

Low levels of literacy

Inadequate understanding about HIV/AIDS

Lack of social support

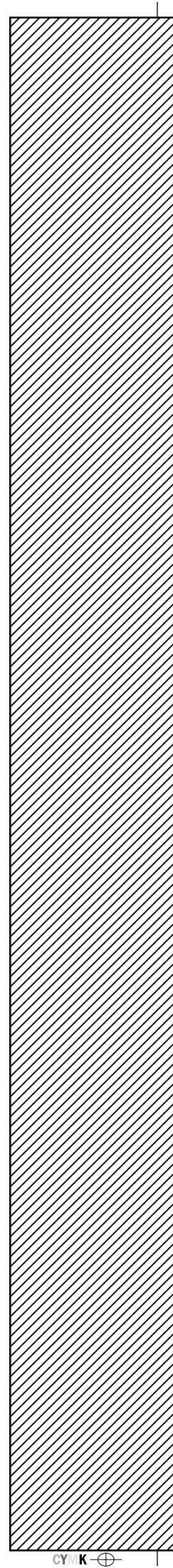
Failure to disclose the HIV-positive status

Alcohol and drug use

Mental state

Take the client's address and establish contact system with a treatment centre

Schedule the next counselling session and complete the appointment card



ADHERENCE COUNSELLING CHECKLIST 3

COUNSELLING SESSION 3

Name of the client

Date of counselling session

Assess the client's understanding of the disease and readiness to start

What is HIV disease?

What are opportunistic infections?

What is meant by CD4 count/viral load

What are the effects of treatment

What is their level of commitment to adherence

Review the treatment programme and importance of adherence

Drug regimen

Dummy pill demonstration

What ART does—improves immunity/lessens OIs/ART is not a cure

Need for continued prevention—condom use

Side-effects and what to do

Follow-up

Link between adherence and successful outcome

Review proposed adherence promotion strategies

Buddy reminder—discuss the role of a support person

Review the pill diary

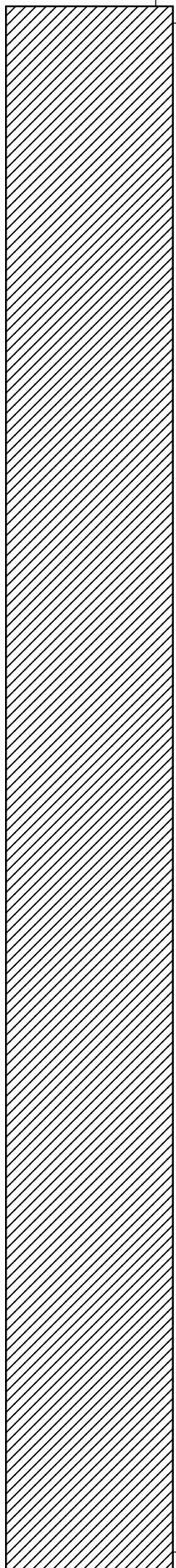
Other reminder cues—discuss HAART

Fill the ART register, schedule the next appointment and complete the appointment card

Refer to the Pharmacy/Chemist

Checklist after the initiation of ART

1. Have I determined, in collaboration with the patient, that she/he is ready to start treatment?
2. Have I prescribed the simplest regimen?
3. Have I explained to the patient details about dosing of medications? Have I reviewed with the patient any special instructions for taking and storing the medications?
4. Is the dosing schedule compatible with the patient's lifestyle?
5. Have I reviewed potential or common side-effects and considered pre-emptive treatment of predictable adverse events?
6. Did I ask the patient to repeat the medication names, dosing times and instructions?
7. Does the patient know how to contact the health-care team in case he/she has a problem or question?
8. Does the patient know where and when to collect his medications from?
9. Have I fixed the next appointment?



ADHERENCE COUNSELLING CHECKLIST 4
COUNSELLING SESSION 4

Name of the client

Date of counselling session

Review the patient's experience with treatment and adherence over the past month

- Drug regimen and adherence—pill counts, self-report
 - Discuss the side-effects and the actions taken
 - Discuss the need for continued prevention—use of condoms
 - Review the experience with a follow-up plan
 - Discuss the follow-up plan for the next month
 - Review the patient's goals and success at achieving them
-

Review barriers to adherence

- Buddy reminder—discuss the role of a support person
 - Review the pill diary
-

Review barriers to adherence

- Poor communication skills
 - Low levels of literacy
 - Inadequate understanding of HIV/AIDS
 - Lack of social support
 - Failure to disclose the HIV-positive status
 - Alcohol and drug use
 - Mental state
-

Fill the ART register, schedule the next appointment and complete the appointment card

- Refer to a pharmacy/chemist
-

Module 5

Submodule 1: Antiretroviral therapy: Counselling and medical aspects

Time allotted: 3 hours

TRAINING MATERIALS

- Handout (HO)
- PowerPoint (PPT) presentation
- Activity sheet
- Question box

CONTENTS

- Introduction
- Life-cycle of HIV and action points for antiretroviral agents
- Structure of HIV
- Side-effects of drugs
- The need for guidelines on adherence
- Significance of adherence to ART
- Challenges in taking ART
- Important factors that predict high adherence
- Role of counsellors in preparing the patient for ART
- Preparation of the patient
- Pre-ART adherence counselling
- Strategies and tools to enhance adherence

SESSION INSTRUCTIONS

1. Conduct Activity 1: Brainstorm—personal adherence to any medication regimen.
2. Lecture using the PPT presentation.
3. Link this module to Module 1, Submodule 1 (especially for epidemiology, viral replication and staging).
4. Conduct Activities 2 to 7.
5. Summarize the key points of the session.
6. Ask the group if they have any questions and remind them of the question box.

Module 5

Submodule 2: The purview of counselling in HIV/AIDS home-based care

GUIDELINES FOR COMPLETING THE HOME VISIT DATA SHEET FORMAT

Purpose of home visit

This includes the primary reason for making a home visit. Visits are basically classified into three categories:

1. The purpose of this visit is preliminary assessment of the client's status on various parameters.
2. The follow-up visit, which is conducted when there is a break in OPD follow-up by the patient. The criteria for a follow-up visit are set for an absence period of one month.
3. Request visits are those which are made on request by the client.

Observed emotional and physical status of the patient

1. The physical condition of the patient on observation—does the person look well? If unwell, what makes you feel so?

All observed features of

- Appearance
 - Personal hygiene
 - Skin tone
 - Dress
 - Movement
 - Weight
 - Verbal expressions
2. Eating habits
 - The eating habits of the family as a whole
 - Special meal requirements for the patient
 - Problems related to nutrition
 - Use of nutrition supplement
 - Implementation of nutrition guidelines
 - Expressed issues and concerns

3. The psychological state of the person as judged by

- Appearance
- Verbal expressions
- Non-verbal expressions
- Mood

Chief caregiver

1. Who is the primary caregiver?
2. What is the caregiver's relationship with the patient?
3. The health status of the caregiver

Observed dynamics at home

This is an analysis of the observations made by the field worker on the situation and atmosphere at home. This will include

- the total number of family members,
- reactions to the patient's illness, and
- physical and psychological support systems available to the patient.

Observed dynamics with the caregiver

1. Attitude of the caregiver towards the patient
2. The relationship with the caregiver
3. Willingness of the caregiver
4. Personal issues of the caregiver
5. Burn-out issues in the caregiver

Locality and neighbourhood

A home visit provides the basic understanding about the general environment and the background the person belongs to. Features included in this section are

- the nature of the locality (rural/urban),
- kind of housing,
- attitude of the neighborhood,
- health-care infrastructure in the neighbourhood, and
- accessibility to facilities.

Socioeconomic situation as observed

An overall analysis of the socioeconomic situation of the patient based on factors such as the following:

- The socioeconomic level of the locality, whether it is a slum locality or a fishing locality, a chawl or an upper middle class locality, etc.
- the infrastructure in the locality
- the number of working members in the family
- the patient's employment status
- the number of dependant members in the family
- the patient's role in the family (breadwinner)

Expressed concerns/issues/opinions

This includes all concerns or opinions which may have been expressed by the family, caregiver or the patient

Home visit conducted by

Mention the name of the person who has conducted the home visit along with his/her designation.

Visit requested by

Who requested for the visit?

Visit commissioned by

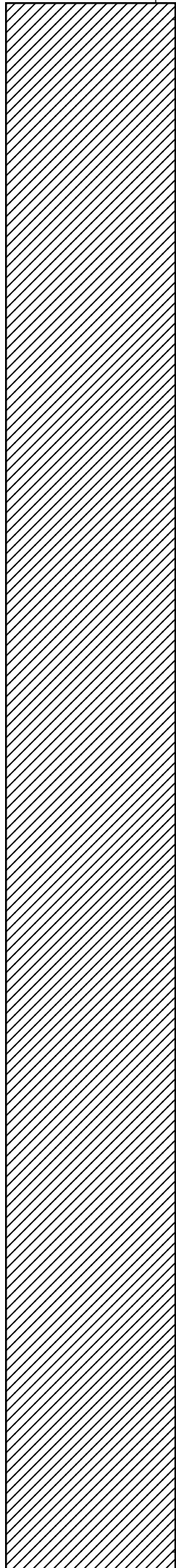
Who commissioned the visit?

Date of request

Date on which the request for the visit was submitted

Date of visit

Date on which the visit was conducted



HOME VISIT DATA SHEET

Name of the patient _____ Registration No _____

Sex: M/F

Purpose of home visit _____

Observed emotional and physical status of the patient _____

Chief caregiver _____

Observed dynamics at home _____

Observed dynamics with the caregiver _____

Locality and neighbourhood _____

Socioeconomic situation as observed _____

Expressed concerns/issues/opinions _____

Home visit conducted by _____

Visit requested by _____

Visit commissioned by _____

Date of request _____ Date of visit _____

Module 5

Submodule 2: The purview of counselling in HIV/AIDS home-based care

Time allotted: 1 hour

TRAINING MATERIALS

- HO
- PPT presentation
- Activity sheet
- Question box

CONTENTS

- Introduction
- The rationale and meaning of home-based care
- The involvement of PLHA
- The component of counselling in home-based care
- Spiritual care
- Shared confidentiality within the local communities
- Dealing with grief and bereavement
- Caring for the caregiver
- Support groups and networks
- Nutrition and HIV/AIDS

SESSION INSTRUCTIONS

1. Introduce the topic using the PPT presentation.
2. Conduct the Activity of conducting home visits.
3. Summarize the key points of the session.
4. Ask the group if they have any questions and remind them of the question box.

Activity Sheet

Module 5

Submodule 3: The role of diet and nutrition in the management of PLHA

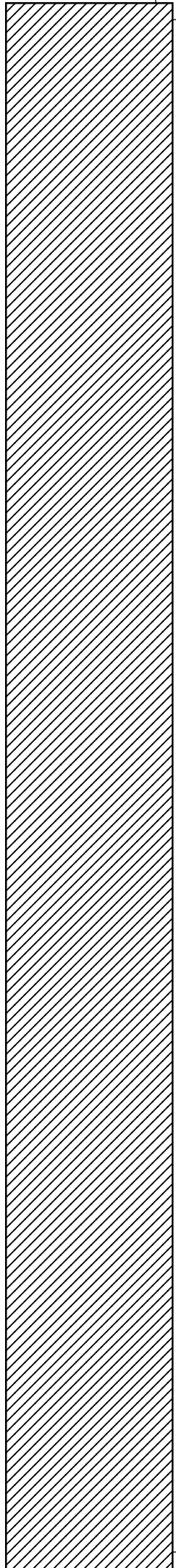
ACTIVITY 1

Brainstorm on the importance of diet and nutrition in the life of PLHA

ACTIVITY 2

Below are listed some edible items. Suggest recipes for the same. Define the nutritive value of each of them.

Micronutrient	Role	Source
Vitamin A		
Thiamine		
Vitamin B ₁		
Riboflavin		
Vitamin B ₂		
Niacin		
Vitamin B ₃		
Vitamin B ₆		
Folate		
Vitamin B ₁₂		
Vitamin C		
Vitamin E		
Calcium		
Iodine		
Iron		
Magnesium		
Selenium		
Zinc		



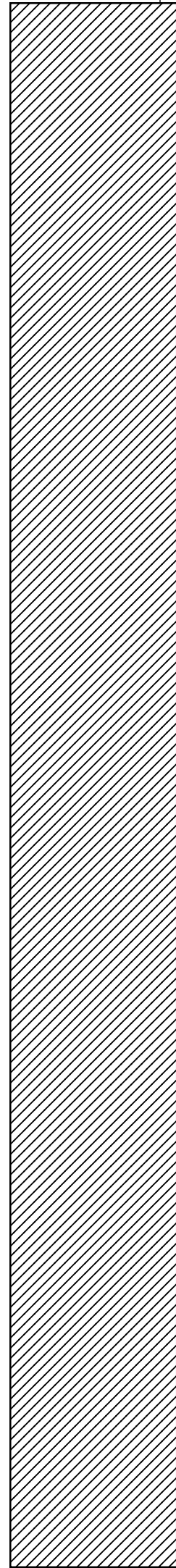
ANSWER SHEET

Micronutrient

- Their source
- Their role

	Role of micronutrients	Source
Vitamin A	Makes white blood cells—essential for vision, healthy skin and mucosa, teeth and bone development. Protects against infection associated with accelerated HIV progression, increased adult mortality, increased mother-to-child transmission, higher infant mortality and child growth failure	All yellow and orange fruit and vegetables, dark green leafy vegetables, alfalfa, liver, oily fish, dairy products and egg yolks
Thiamine Vitamin B ₁	Important for energy metabolism, supports appetite and nervous, system functions	Whole-grain cereals, beans, meat and poultry and fish
Riboflavin Vitamin B ₂	Important for energy metabolism, supports normal vision, health and integrity of skin	Milk, yoghurt, meat, green leaves and whole-grain cereals
Niacin Vitamin B ₃	Essential for energy metabolism, supports health and integrity of the skin, nervous and digestive systems	Milk, fish, eggs, meat, poultry, peanuts, whole-grain cereals
Vitamin B ₆	Facilitates metabolism and absorption of fats and proteins, helps to make red blood cells	Sweet potatoes, white beans, maize, avocados, cabbage, whole-grain cereals, seeds, Brazil nuts, walnuts, eggs, leafy green vegetables, alfalfa, bananas, legumes, meat and fish
Folate	Required for building new cells, especially red blood cells and gastrointestinal cells	Liver, red meat, green leafy vegetables, fish, oysters, legumes, groundnuts, oilseeds, whole-grain cereals, egg yolks and avocados
Vitamin B ₁₂	Important for new cell development and maintenance of the nerve cells	Red meat, fish, poultry, seafood, sardines, cheese, eggs, milk, whole-grain cereals and seaweed

Vitamin C	Helps the body to use calcium and other nutrients to build bones and blood vessel walls. Increases non-haem iron absorption. Increases resistance to infection and acts as an antioxidant. Important for protein metabolism.	Citrus fruits (such as baobab, guava, oranges and lemons), cabbage, green leaves, tomatoes, sweet peppers, potatoes, yams and cooking plantains. Vitamin C is lost when food is cut, reheated or left standing after cooking
Vitamin E	Protects cell structures and facilitates resistance to disease	Leafy vegetables, vegetable oils, peanuts, egg yolks, dark green vegetables, nuts and seeds, whole-grain cereals
Calcium	Builds strong teeth and bones, aids heart and muscle functions, blood clotting and pressure and immune defences.	Milk, green leaves, shrimps, dried fish (with bones), nuts, beans and peas
Iodine	Ensures the development and proper functioning of the brain and the nervous system	Fish, seafood, milk and salt with iodine
Iron	Transports oxygen to the blood, eliminates old red blood cells and builds new cells	Red meat, poultry, liver, fish, seafood, eggs, peanuts, beans, some cereals, green leafy vegetables, seeds, whole-grain cereals, dried fruit and alfalfa
Magnesium	Strengthens the muscles and is important for proper functioning of the nervous system. Involved in bone development and teeth maintenance	Cereals, dark green vegetables, seafood, nuts and legumes
Selenium	Prevents impairment of the heart muscle	Seafood, liver, meat, carrots, onions, milk, garlic, alfalfa, mushrooms and whole-grain cereals
Zinc	Reinforces the immune system, facilitates digestion and transports vitamin A	Meat, chicken, fish, cereals, leafy green vegetables, seafood, oysters, nuts, pumpkin seeds, milk, liver, whole-grain cereals, egg yolks, garlic and legumes

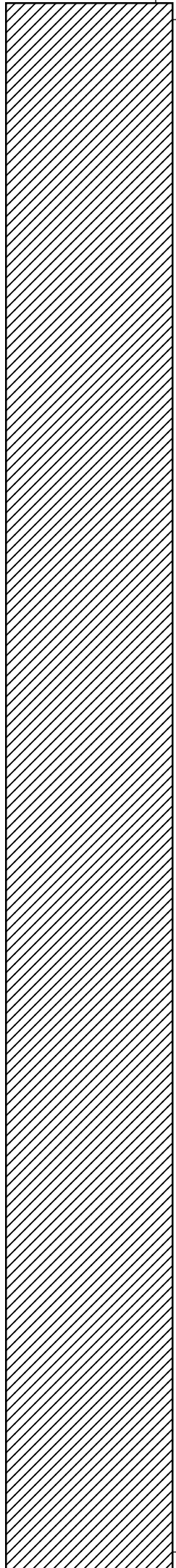


ACTIVITY 4

Form to monitor food intake over one week

This form can help you to monitor your clients' food intake. Fill it in carefully every day, noting the amount he eats each time. List all the amounts of food eaten daily for every day of the week. Review the form or discuss it with your nutritionist, doctor, nurse, local health worker or counsellor after one week. Compare the sheets from week to week to see if the client is eating less from one week to another. This will help you to see if food intake is going down, even if the client does not feel he is eating less. If you find that he is eating less, identify the reasons (e.g. diarrhoea, sore mouth, feeling weak) and follow the guidelines provided to increase food intake.

Meal	Breakfast <i>7 am</i>	Snack <i>10 am</i>	Lunch <i>1 pm</i>	Snack <i>4 pm</i>	Supper <i>7 pm</i>	Bedtime <i>10 pm</i>
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						



Module 5

Submodule 3: The role of diet and nutrition in the management of PLHA

Time allotted: 1 hour

TRAINING MATERIALS

- HO
- PPT presentation
- Activity sheet
- Question box

CONTENTS

- Introduction
- HIV/AIDS and nutrition
- Increased nutrient needs of PLHA
- Dealing with diet-related problems in PLHA

SESSION INSTRUCTIONS

1. Conduct Activity 1: Brainstorm on the importance of diet and nutrition in the life of PLHA.
2. Lecture using the PPT presentation.
3. Conduct Activity 2: Micronutrients, their role and source.
4. Continue the lecture with the PPT presentation.
5. Conduct Activity 3: Weight management.
6. Summarize the key points of the session.
7. Ask the group if they have any questions and remind them of the question box.

