

CASE STUDY FACILITATOR GUIDE

1. A 38-year old mother of 3 children recently recovered from an episode of malaria with chest infection. In the course of her stay in the hospital, a series of investigations were carried out, including HIV screening. She is HIV-positive, with a CD4 count of less than 200. Her doctor wants to start her on ARVs within the next 3-4 weeks.

- How would you explore the patient's readiness to commence ARVs?

We need to know what kind of counseling she received to know her HIV status. Some patients are referred for drugs without being told their HIV status.

What does she know about her disease and the treatment? How does she feel about both?

What is her lifestyle like? She has 3 children and might have trouble adhering to medicine.

Have her partner and children been tested? They are at risk for HIV.

- What would necessitate further discussions before a final strategy selection is made for commencement?

2. A young woman in Kaduna was found to be positive around when she had a baby. You had been asked to go see her at home, and you had educated her about mother-to-child transmission, risks to the infant, and treatment options. She was very excited for the child to receive treatment.

The woman came to the center, where she became very upset and was crying. She said that she could not bring the child to the center everyday because no one in her family knows her status and she does not want them to find out. She said she could not bring the child and prepared to leave.

3. There is a new family in the center today. All three family members (mother, father, 3 year old son) are HIV positive. They all qualify for ARV treatment. The diagnosis has come as a surprise, and they are quite anxious. The husband and wife appear to disagree on the need for treatment. The husband says he doesn't believe the results.

Why does the husband not believe the results? It may be important to counsel the couple separately. Perhaps the wife should be started on medication while the husband thinks about it. If she becomes healthy, perhaps that will encourage him to start medication.

4. Mrs. Hadiza is 29 years old and was diagnosed HIV-positive over 3 years ago. Ever since, she has been on ARVs with her husband and their 4 year-old daughter. The husband travels a lot and stays away 2-3 months. He gets his supplies of ARV from the GON program, while Mrs. Hadiza and their daughter access their drugs through ACTION. Both retrieve their drugs from the same facility, although Mrs. Hadiza has been absent from several visits. She is in the clinic for a refill.

- How would you assess her adherence level?

- What are the possible issues you will need to address?

She may be sharing her drugs with her husband, and we don't know what drugs he's on. They could be different drugs. In addition, we don't know if she's taking the right doses. She may be only taking 50% of drugs since she may be sharing with her husband.

5. Mr. Joseph has been a patient at the ACTION clinic for four months. He was placed on treatment four months ago but missed his last clinic visit. He says he is taking his medication, but he continues to lose weight and his CD4 count continues to go down. Upon probing, he admits that he sometimes takes his medications late because he forgets.

How would you help Mr. Joseph remember to take his medication?

Why does he forget? He has never improved, so it sounds like his adherence is very poor. Who knows about his treatment? Is there someone who can help him? Does he carry his drugs around?

6. Fatima has been coming to your clinic for 10 months. She has been on ART for 9 months. She was very ill when she started but over time has greatly improved. After 6 months of treatment, her CD4 had increased to 280. She always demonstrated good understanding of her disease and the need for good adherence.

Over the last few months, Fatima has had problems. She came in once and said she had lost all her meds on the bus. Another time she said she had run out and was not given enough.

She is here today with her child and seems unhappy and nervous. When you discuss with her, she tells you that her HIV+ husband is jealous of her medications (his CD4 count is above 300). He told her that it is more important for him to be on drugs and she needs to share her supply with him.

Probably her husband needs to come in for counseling. He doesn't understand why he doesn't need drugs, and it should be made clear to him that if he needs drugs, he will get them.

7. Ekaita brought her child for treatment for the first time 4 weeks ago. Her child has had ongoing problems with nausea, headache, and the child now has a fine rash. Ekaita has become distrustful and says she now thinks you are not helping her child. She thinks you are making the child worse. Her family is also upset and thinks she should take her child to a traditional doctor, instead. She tells you she is going to stop her child's medication today.