**IAC GUIDING QUESTIONS TO IDENTIFY BARRIERS**

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| QUESTIONS | ACTION POINTS |
| **UNDERSTANDING HIGH VL**   * What dangers can result to you from a high VL? | * Diseases e.g Mulalama * Bad body appearance. * No energy for work. * Poor marks at school. |
| * What do you think has made your viral load increase? | * Patient can identify their own barriers to adherence. |
| * Did you know ARVs can stop working if you swallow them badly for a long time? * When this happens, we change to another type. | * Understands why we switch to 2nd line. |
| **ATTITUDE TOWARDS COUNSELOR**   * Counsellor is a friend to help you solve this problem. Not POLICE to point out your wrongs. * Promise to only tell the truth. No LIES. | * Patient cooperates with counsellor. |
| **TIME KEEPING**   * What time do you take the pills? * What reminder do you use to keep the time? | * Learns to use reminder to keep time for swallowing ARVs. |
| * Have you missed some days or delayed by more than 1hr? | * Stop missing doses. * Keep time. |
| * What challenges have been preventing you from swallowing your medicine well, at the right time, every day without missing? | * Stop forgetting. * Move with pills when travelling. * Can come before date. |
| **SIDE EFFECTS OF ART**   * What side effects from the ARVs are stopping you from taking your medicine sometimes? | * Tell doctor about side effects. |
| **PILL STORAGE**   * How do you store the medicine? * Do you always keep the medicine inside the tin and only remove the ones to be swallowed? | * keep the medicine inside the tin and only remove the ones to be swallowed. |
| **WORK ISSUES**   * What work do you do? Where do you work? * How much money do you get? | * Patient has financial support. |
| * What time do you go to work and time to return home? | * Keep time for swallowing ARVs |
| * What challenges do you get from work that prevent you from swallowing your medicine well, at the right time, every day without missing? | * Learns to overcome work challenges and keep time for swallowing ARVs. |
| * Have you disclosed to anyone at work? If no, what do your fear? | * Identify someone at work who can support. |
| * What work does your partner (other parent of the child) do? | * Can get financial support from partner. |
| **SCHOOL ISSUES for Children**   * What is the name of your school – day or boarding? | * Learns to overcome school challenges for children. |
| * What time do you go to school and time to return home? | * Keep time for swallowing ARVs |
| * What challenges do you get from school that prevent you from swallowing your medicine well, at the right time, every day without missing?? | * Learns to overcome school challenges and keep time for swallowing ARVs. |
| **LIFE GOALS & FUTURE AMBITIONS**   * What are your life goals and desires that you want to achieve before you die? | * Understands that ARVs can help him/ her to live longer and reach his/her life goal |
| * What do you think would happen to those left behind when you die from AIDS? | * Patient shows care for his/her children |
| **RELATIONSHIP WITH PARTNER**   * Do you have current and/or previous partners? Are you together, separated (why) or partner died (died of what)? | * Know current and previous relationships of patient. |
| * How is the current relationship, do you trust each other and share information freely? Is the partner supportive? | * Patient creates a good relationship with partner. |
| * Have you disclosed to partner? Do you know your partner’s HIV status? Is partner also in care? If YES, where? | * Encourage partner disclosure. |
| * Do you have children? How many? Do you know their status? Where are the positive children getting care? | * Know your children’s status. |
| * Have you disclosed to the older children? Are they supportive after disclosure? | * Can get support from older children. |
| * Are there other people living at home? How are you related to them? * Whom have you disclosed to among them? | * Keep time for swallowing ARVs. * Keeps ARVs safe from other people. |
| * Of other relatives, whom have you disclosed to? Do they give you any support and help? | * Can get support from other relatives. |
| * Which friends have you disclosed to? Are they supportive? | * Can get support from friends. |
| **STIGMA and DISCRIMINATION**   * Have you ever been treated BADLY(abused, beaten, isolated, rejected, punished, lost your job, exclusion from parties, etc) by others because of your status? * If YES, can you tell me about your experience? **(who, where, when, what happened)** | * Can overcome stressful situation and Keep swallowing ARVs at the right time every day. |
| * Does client use alcoholic drinks while on ART? * Is client going to stop taking alcohol? | * Knows alcohol can stop ARVs from working. |
| * Do you use local herbal medicine? Why do you use them? Is client going to stop? | * Knows herbal medicines can stop ARVs from working. |
| * How many sexual partners do you have? Have you disclosed your status to all of them and do you know their status? Do you use condoms consistently? Do you exchange sex for money? | * Understands the dangers of re-infection with HIV from multiple partners |
| **NUTRITION SUPPORT**   * How many meals do you have in a day? * Do you wait for 1 hour to pass after eating food and take your ARVs? | * Must wait for 1 hour to pass after eating food and then swallow the ARVs. |
| * What drink do you use to swallow the ARVs? | * Only use water or fresh juice. |
| **TREATMENT SUPPORTER**   * What is the name and phone number of your treatment supporter? How are you related? * Have you disclosed to them? | * Must bring that person to see the counsellor for at least 1 IAC session. |
| * Where do they live? Where do they work? * Can this person help you to pick your medicine when you are not able to come? | * Supporter must be able to help client to pick the ARVs. |