

**PREVENTION OF MOTHER TO CHILD  
TRANSMISSION OF HIV**



MINISTRY OF HEALTH  
ETHIOPIA  
APRIL 2005

**PARTICIPANT'S HANDBOOK**

Prevention of Mother to Child  
Transmission of HIV

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Disease Prevention and Control Department  
Federal Ministry of Health, Ethiopia  
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## INTRODUCTION

### COURSE DESIGN

This Prevention of Mother-to-Child-Transmission (PMTCT) of HIV training course is designed to prepare service providers (doctors, nurses, midwives, laboratory technicians, pharmacists, social workers, outreach workers, counselors, and program managers) to contribute to effective PMTCT programs in their health facilities and communities. The course builds on each participant's past knowledge and takes advantage of the individual's high motivation to accomplish the learning tasks in the minimum time.

Every setting that provides PMTCT services can maximize the effectiveness of its programs by involving staff in specialized training and encouraging other healthcare workers to expand their existing knowledge, defining them as key members of the PMTCT team.

Hands-on training is strongly recommended. Where feasible, complementary onsite or offsite clinical training -especially on HIV testing and counseling and infant-feeding counseling- will greatly improve the capacity of healthcare workers to use their new knowledge and skills.

The training course consists of three components:

- Knowledge update based on the most current global and/or local scientific evidence for the prevention of mother to child transmission of HIV.
- Standardization of critical PMTCT skills. The clinicians learn a standardized approach to HIV counseling and testing, safer obstetric and infant feeding practices that are essential for quality PMTCT programs. The clinical component could cover the following topics: general physical examination, abdominal examination of pregnant women, pelvic examination, pre- and post-test counseling, counseling on infant feeding options, preparation of replacement feeds etc. In addition to provision of updated information, time is scheduled in the classroom to practice skills using role-plays. However, the assumption is that the healthcare providers involved in providing clinical services have basic skills essential to their jobs.
- Transfer of knowledge and skills to the job situation: soon after completing the course, the participants will be followed up by the supervisor or a trainer who taught the course, to ensure that the knowledge and skills learnt are transferred to the job. The trainer and/or supervisor will help the participant identify constraints to the application of the knowledge and skills learnt and find solutions to the root causes of poor performance.

There is a model **course schedule** provided in this handbook.

This training course differs from traditional courses in several ways, as described below.

During the morning of the first day of the course, participants demonstrate their knowledge of PMTCT by completing a written test (Pre-test Questionnaire). In addition, participants' skills in counseling and problem solving are assessed throughout the course. Progress in knowledge base is measured at the end of the course using a standardized written test (Post-test Questionnaire). Successful completion of the course is based on mastery of the content of the course.

## COURSE SYLLABUS

**Course title:** Prevention of Mother-to-Child-Transmission (PMTCT) of HIV Knowledge Update

**Course description:** This 5-day PMTCT course is designed to update the knowledge and standardize the skills of PMTCT service providers and other healthcare workers who work in the area of prevention of HIV infection in infants and young children. This course is not intended to provide training in general counseling skills or other clinical skills relevant to providing MCH services including infant-feeding counseling. PMTCT service providers will be expected to refer clients to counseling colleagues if they face complex situations.

**Course goal:** The goal of the course is to provide the participants with updated knowledge and introductory skills necessary to deliver core PMTCT services in an integrated manner.

**Course objectives:** The objectives of this course are to offer basic information and introductory skills in the following areas.

- Module 1: Introduction to HIV/AIDS
- Module 2: Overview of HIV Prevention in Mothers, Infants, and Young Children
- Module 3: Specific Interventions to Prevent MTCT of HIV
- Module 4: HIV Testing and Counseling for PMTCT
- Module 5: Infant Feeding in the Context of HIV Infection
- Module 6: Linkages to Clinical and Social Care and Support for Mothers and Families with HIV Infection
- Module 7: Stigma and Discrimination Related to MTCT
- Module 8: Safety and Supportive Care in the Work Environment
- Module 9: PMTCT Program Monitoring

Healthcare workers are encouraged to pursue additional training to expand the expertise available to them. This can be done through specialized training in HIV testing and counseling, infant feeding counseling, or networking within local communities.

**Course participants:** This training course is designed for doctors, nurses, midwives, laboratory technicians, pharmacists, social workers, program managers and other healthcare workers that work in or intend to work in PMTCT programs of healthcare settings that provide PMTCT services. The participants should be currently working in a site providing MCH services, have an interest in providing PMTCT services, and have their supervisor's support to provide PMTCT services in their jobs.

**Course structure:** This PMTCT course is designed to last 5 days and does not include practical session in the field. It does include a field visit and PMTCT trainers are encouraged to design field visits as appropriate. If these experiences are added to the course, participants will need to be aware that they will have to work extra hours during the course.

The course is divided into a series of sessions based on the content in the reference manual. Refer to the course schedule in this handbook. In the event there are changes to the schedule, the participants should be made aware of these changes and receive timely information

regarding the revisions.

**Training methods:** The trainers are encouraged to use a variety of adult learning training methods such as,

- Interactive presentations
- Small-group exercises
- Demonstrations
- Role plays
- Case studies
- Brainstorming
- Discussion

**Course materials:** The training package for this course consists of the following components,

- The PMTCT Reference Manual containing the PMTCT technical content in nine modules.
- The Trainer's Guide describes the trainer's role in course planning and offers the trainer directions to conduct each session. It contains introduction and course information, course schedule, general suggestions for teaching the course, course outline of specific suggestions for teaching each module, and activities including exercises, role-plays, and case studies by individual module.
- The Participant's Handbook containing the course design, course syllabus, model course schedule and activities by modules.
- PowerPoint slide sets for use when presenting the information in each module
- Job aid: A pocket guide providing clear, concise information to support the delivery of services and is a handy reference for healthcare workers.
- The Wall Charts can be posted in the healthcare facility for ready reference to key PMTCT content areas.

Trainers are encouraged to collect copies of all relevant National Guidelines as reference during the course.

**Participant Selection Criteria.** The participants for this course should be service providers who are proficient in providing one or more MCH services (antenatal care, labor and delivery care, postnatal care, and infant care), family planning services, laboratory services, or are responsible for management of PMTCT services. In addition, they should be currently working in a facility or supervising a facility where these services are provided or are planned to be initiated.

**Methods of Evaluation.** The participants will be evaluated using pre-test questionnaire and a posttest questionnaire. The participants will complete a course evaluation form for overall evaluation of the course.

**Course duration:** 10 sessions in 5 days

**Suggested course composition.** Up to 24 participants and 2-3 PMTCT trainers and an assistant.

PMTCT KNOWLEDGE UPDATE COURSE SCHEDULE (5 days, 10 session)				
<p><b>Day 1</b></p> <p>AM (4 hours)</p> <ul style="list-style-type: none"> <li>Pre-course Session</li> <li>Introduction and course overview (Goals, Objectives, Schedule, Training material)</li> <li>Ice breaker; Px expectations and group norms</li> <li><b>Module 1: Introduction to HIV/AIDS</b></li> <li>HIV/AIDS pandemic</li> <li>Mode of transmission</li> <li>Exercise: 1-2,3 HIV/AIDS Knowledge game.</li> </ul> <p>LUNCH</p> <p>PM (3 hours)</p> <ul style="list-style-type: none"> <li><b>Module 2: Overview of HIV Prevention in Mothers, Infants and Young Children</b></li> <li>Comprehensive approaches to reducing HIV infection in infants and young children</li> <li>Mother-to-Child Transmission of HIV infection</li> <li>Four pronged approach to prevention of HIV in infants and young children</li> <li>Role of PCH services in prevention of HIV infection in infants and young children program</li> <li>Summary of the day</li> <li>Reading Assignment: Modules 1, 2, 3, and 4.</li> </ul>	<p><b>Day 2</b></p> <p>AM (4 hours)</p> <ul style="list-style-type: none"> <li>Agenda and warm up</li> <li><b>Module 3: Specific Interventions to Prevent MTCT of HIV</b></li> <li>In HIV-infected women and women with unknown status</li> <li>Antenatal management</li> <li>ARV prophylaxis for prevention of MTCT</li> <li>Management of labor and delivery, and immediate post partum care</li> <li>Immediate neonatal care of HIV-exposed infants and infants with unknown status.</li> </ul> <p>LUNCH</p> <p>PM (3 hours)</p> <ul style="list-style-type: none"> <li><b>Module 4: HIV Testing and Counseling for PMTCT (Cont...)</b></li> <li>Overview of HIV testing and counseling of pregnant women</li> <li>The testing process</li> <li>Provide pretest information and Post test information and counseling</li> <li>Summary of the day</li> <li>Reading Assignment: Modules 5 and 6</li> </ul>	<p><b>Day 3</b></p> <p>AM (4 hours)</p> <ul style="list-style-type: none"> <li>Agenda and warm up</li> <li><b>Module 4: HIV Testing and Counseling for PMTCT (Cont...)</b></li> <li><b>Module 5: Infant Feeding in the Context of HIV Infection</b></li> <li>Global recommendations for infant and young child</li> <li>Feeding options</li> <li>Infant feeding counseling and support</li> </ul> <p>LUNCH</p> <p>PM (3 hours)</p> <ul style="list-style-type: none"> <li><b>Module 6: Linkages to clinical care and social support for mothers and families with HIV infection</b></li> <li>Linkages with local care and support services for mothers and families</li> <li>Healthcare and support of the mother with HIV infection</li> <li>Healthcare and support of HIV-exposed infants and young children</li> <li>Summary of the day</li> <li>Reading Assignment: Modules 7 and 8</li> </ul>	<p><b>Day 4</b></p> <p>AM (4 hours)</p> <ul style="list-style-type: none"> <li>Agenda and warm up</li> <li><b>Module 7: Stigma and Discrimination Related to MTCT of HIV</b></li> <li>Introduction to concepts of stigma and discrimination and international human rights</li> <li>Values clarification</li> <li>Dealing with stigma and discrimination in healthcare settings and communities.</li> </ul> <p>LUNCH</p> <p>PM (3 hours)</p> <ul style="list-style-type: none"> <li><b>Module 8: Safety and Supportive Care in the Work Environment</b></li> <li>Standard precautions</li> <li>Linkages with local care and environment</li> <li>Handling and decontamination of equipment and materials</li> <li>Managing occupational exposure to HIV infection</li> <li>Supportive care for the caregiver</li> <li>Summary of the day</li> <li>Reading Assignment: Module 9</li> </ul>	<p><b>Day 5</b></p> <p>AM (4 hours)</p> <ul style="list-style-type: none"> <li>Agenda and warm up</li> <li><b>Module 9: PMTCT Program Monitoring</b></li> <li>Introduction to the program cycle</li> <li>Key components of a PMTCT program</li> <li>Global, national and health facility PMTCT indicators</li> <li>PMTCT program monitoring at the health facility level</li> <li><b>Posttest</b></li> <li><b>Closing Exercise</b></li> </ul> <p>LUNCH</p> <p>PM (3 hours)</p> <ul style="list-style-type: none"> <li>Review posttest results</li> <li>Developing plan of action</li> <li>Course summary</li> <li>Course evaluation</li> <li>Closing</li> </ul>

## PRECOURSE KNOWLEDGE QUESTIONNAIRE

The precourse questionnaire is not intended to be a test but rather an assessment of what the participants, individually and as group, know about the course topics. Participants, however, are often unaware of this and may become anxious and uncomfortable at the thought of being tested in front of their colleagues on the first day of a course. The trainer should be sensitive to this attitude and administer the questionnaire in a neutral and non-threatening way as the following guide illustrates:

- Participants draw numbers to assure anonymity.
- Participants complete the precourse questionnaire.
- The clinical trainer gives the answers to each question.
- The clinical trainer passes around the individual and group assessment matrix for each participant to complete according to her/his number.
- The clinical trainer posts the completed matrix.
- The clinical trainer and participants discuss the results of the questionnaire as charted on the matrix and jointly decide how to allocate course time.

**PRETEST QUESTIONNAIRE**

**Instructions:** In the space provided, write a capital **T** if the statement is **true** or a capital **F** if the statement is **false**.

1. The most common route of HIV transmission worldwide is mother-to-child transmission. \_\_\_\_\_
2. According to the adult WHO Staging System of HIV infection, a clinical symptom of Stage II is recurrent upper respiratory tract infection \_\_\_\_\_
3. The risk of mother-to-child transmission of HIV infection increases when maternal viral load is low. \_\_\_\_\_
4. Primary prevention of HIV infection includes correct and consistent use of condom. \_\_\_\_\_
5. Screening and treatment for tuberculosis should be available only to the women who are infected with HIV and are not receiving antiretroviral treatment. \_\_\_\_\_
6. The Ministry of Health Ethiopia recommends single dose Nevirapine for mother and infant, as the **first choice** antiretroviral prophylaxis for PMTCT. \_\_\_\_\_
7. Before HIV testing, pretest information may include benefits of partner testing. \_\_\_\_\_
8. HIV rapid test measures the presence of virus in the blood. \_\_\_\_\_
9. Standard diagnosis of infants for HIV infection according to WHO guidelines Occurs within 48 hours of birth using HIV-DNA PCR testing. \_\_\_\_\_
10. One advantage of using commercial infant feeding formula is that it is always available. \_\_\_\_\_
11. When exclusive breastfeeding with early cessation is the chosen infant feeding option, cessation of breastfeeding should occur at eight months. \_\_\_\_\_
12. Postnatal counseling and infant follow up is required mainly during the first few months of breastfeeding. \_\_\_\_\_
13. Prophylaxis for Pneumocystis Carinii Pneumonia (PCP) with Cotrimoxazole is recommended for all HIV-exposed infant until HIV infection is ruled out. \_\_\_\_\_
14. PLWHA have a 40% lifetime risk of becoming co-infected with Malaria. \_\_\_\_\_

**PRETEST QUESTIONNAIRE**

1. International human rights declarations include the rights of persons living with HIV/AIDS to socially isolate themselves within their communities. \_\_\_\_\_
2. The first step in making contaminated instruments and equipment safe to handle is to clean with soap and clean running water. \_\_\_\_\_
3. Managing occupational exposure to HIV infection include antiretroviral prophylaxis administered to the worker once clearance from the medical director is obtained. \_\_\_\_\_
4. Evaluation means routine assessment of ongoing activities through record keeping and regular reporting. \_\_\_\_\_
5. Percentage of orphans linked to HIV-infected mothers is a health facility level indicator that can be monitored to determine program activity. \_\_\_\_\_
6. Collection of usable data in program management requires standardizing collection tools and terms used. \_\_\_\_\_

**PMTCT KNOWLEDGE UPDATE COURSE: INDIVIDUAL AND GROUP ASSESSMENT MATRIX**

Course PMTCT Knowledge Update Course Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Clinical Trainers: \_\_\_\_\_

Question Number	CORRECT ANSWERS (Participants)																									Categories		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25			
1																											Module 1	
2																												
3																												
4																												Module 2
5																												
6																												Module 3
7																												Module 4
8																												
9																												
10																												Module 5
11																												
12																												
13																												
14																												Module 6
15																												
16																												
17																												Module 7
18																												Module 8
19																												
20																												Module 9

**OVERVIEW OF THE COURSE**

**Introduction Exercise I: "Getting to know each other" Card Game**

<b>Purpose</b>	To explore concerns about taking care of women with HIV, objectives of this training, and to provide an opportunity to get to know each other
<b>Duration</b>	30 minutes
<b>Instructions</b>	<ul style="list-style-type: none"> <li>Review the card you have just received; the card has 3 columns labeled "Concerns", "Objectives", and "Strengths"</li> <li>Think for a few minutes about your responses to each of the following questions:                      Concerns: What concerns you about taking care of women or children with AIDS?                      Objectives: What do you want to ensure you learn about PMTCT before the end of this course?                      Strengths: What three strengths do you bring to your work as a healthcare worker?                 </li> <li>Write your responses in the appropriate columns</li> <li>Share your responses in the large group discussion</li> </ul>

**Introduction Exercise 2: Determining the ground rules for the course**

<b>Purpose</b>	To develop and agree on a set of ground rules that will guide the development of an environment that facilitates learning.
<b>Duration</b>	20 minutes
<b>Instructions</b>	Participate in a discussion on the ground rules necessary to ensure a training environment that would make you feel more comfortable talking about the prevention of mother-to-child transmission of HIV. These ground rules will help guide the development of norms within this training

**MODULE 1****INTRODUCTION TO HIV/AIDS****Exercise 1.1 Hope Exercise: Group Discussion**

<b>Purpose</b>	To begin the PMTCT training with optimism despite the devastation left by decades of HIV.
<b>Duration</b>	20 minutes
<b>Instructions</b>	<ul style="list-style-type: none"> <li>Think for a few minutes about positive responses to the HIV/AIDS pandemic in your region</li> <li>Record your responses on a piece of paper and share in the large group discussion</li> </ul> <p><b>Examples</b></p> <ul style="list-style-type: none"> <li>Groups in the community that have never worked together before have connected with each other to address HIV/AIDS.</li> <li>The global community has allocated increased funding for healthcare system in the developing world, especially HIV/AIDS care systems</li> <li>The Ministry of Health in many countries has become a stronger advocate for the healthcare needs of people in all sectors of society.</li> <li>The global community has become more attentive to TB because of its connection to HIV.</li> <li>There is increased awareness of safer sex practices that protect people from HIV and STIs.</li> </ul>

**Exercise 1.2 HIV 1-2-3, Knowledge Game**

<b>Purpose</b>	To provide an interesting, challenging way to review basic HIV/AIDS information and to present advanced HIV/AIDS information
<b>Duration</b>	60 minutes
<b>Instruction</b>	<ul style="list-style-type: none"> <li>Review the HIV/AIDS-related questions in exercise 1.2 given below.</li> <li>Select one member of your team to record the group's answers on the question sheet provided</li> <li>You will be asked to choose a question from one of the categories above and answer it in 10 seconds. If the answer is correct, your team will be credited for a proper response. If the answer is not correct, the question will be passed on to the next team.</li> <li>You cannot choose a question that has already been answered</li> <li>The first team that correctly answers 6 questions from 6 different categories wins.</li> <li>The winning team will receive a prize.</li> </ul>

**Category I: HIV/AIDS Transmission**

Exercise 1.2 HIV 1, 2, 3 Knowledge Game

**Question - List at least three ways in which**

**Answer**

**Question - Name the two types of HIV**

**Answer**

**Question - Which body fluids contain high concentration of HIV?**

**Answer**

**Question - What specific part of the human body does HIV attack and what does this cause?**

**Answer**

**Category 2: Prevention**

Exercise 1.2 HIV 1, 2, 3 Knowledge Game

**Question - What are the ABCs of HIV prevention (on an individual level)?**

**Answer**

**Question - Standard precautions are a set of practices designed to protect health workers and patients from infection. Name at least four interventions that are standard precautions.**

**Answer**

**Category 3: Infant Feeding**

Exercise 1.2 HIV 1, 2, 3 Knowledge Game

**Question - Exclusive breastfeeding is defined by WHO as giving an infant only breast milk (including expressed breast milk), with the exception of**

**Answer**

**Question - List one reason why cup feeding is preferred over bottle feeding when the mother chooses replacement feeding**

**Answer**

**Question - At what age does WHO recommend starting a child on complementary feeding (food in addition to milk)?**

**Answer**

**Question - Name at least one reason why a woman may choose to breastfeed rather than give a breastmilk substitute to her infant?**

**Answer**

**Category 4: Testing**

**Question - What is specifically measured when an HIV screening test is done?**

**Answer**

**Question - With regard to HIV testing, what does the "window period" mean?**

**Answer**

**Question - Name one advantage of the HIV rapid screening test (compared with the traditional ELISA test)**

**Answer**

**Category 5: Mother-to-child Transmission**

**Question - If 100 HIV-positive women gave birth to 100 infants, how many of the infants will typically become infected during pregnancy?**

**Answer**

**Question - If 100 HIV-positive women gave birth to 100 infants, how many of these infants will typically have become infected during labor and delivery?**

**Answer**

**Question - Name one factor that may increase the risk of HIV transmission during pregnancy**

**Answer**

**Question - Name one factor that may increase the risk for HIV transmission during breastfeeding.**

**Answer**

**Category 6: Linkages to clinical and social Care and Support**

Exercise 1.2 HIV 1, 2, 3 Knowledge Game

**Question - Name at least two activities that should be included in the 5-week postnatal visit for the HIV-positive woman**

**Answer**

**Question - Name one test that will tell you if an infant is infected with HIV.**

**Answer**

**Question - Name one of the more common symptoms associates with HIV infection in the infant or child**

**Answer**

**Category 7: Prevention in Healthcare settings**

Exercise 1.2 HIV 1, 2, 3 Knowledge Game

**Question - Name one disinfectant that is capable of inactivating HIV**

**Answer**

**Question - If a healthcare worker accidentally got stuck with a needle that had previously been used on a patient with HIV (and not decontaminated) what is the chance that he or she would become HIV infected? A. 0.1% / B. 0.5% / C. 0.3% / D. 20%**

**Answer**

**Question - List two things that you can do when attending to a client in obstetrics to reduce the risk of occupational exposure to HIV.**

**Answer**

Exercise 1.2 HIV 1, 2, 3 Knowledge Game

**Category 8: Wild Card**

**Question - AIDS is the \_\_\_\_\_ (choose number) cause of death in Africa?**  
**A.Number 1 / B.Number 2 / C.Number 3 / D.Number 4**

**Answer**

**Question - The HIV/AIDS epidemic is growing fastest in which region of the world.**

**Answer**

**Question - In Sub-Saharan Africa, women represent what percentage of all people living with HIV/AIDS?**  
**A.78% / B.72% / C.58% / D. 48%**

**Answer**

**Question - What is the difference between stigma and discrimination?**

**Answer**

**Question - What is the difference between monitoring and evaluation?**

**Answer**

**MODULE 2**  
**OVERVIEW OF HIV PREVENTION IN MOTHERS, INFANTS AND YOUNG CHILDREN**

**Exercise 2.1 Interactive Discussion Group Work: Local Epidemiology**

<b>Purpose</b>	To learn about HIV and PMTCT-related statistics for your region and share your understanding of the meaning of these data
<b>Duration</b>	10 minutes
<b>Instructions</b>	<ul style="list-style-type: none"> <li>Review the HIV-related statistics and contribute your perspective as a healthcare worker to the group discussion about factors that are fuelling the HIV epidemic</li> </ul>

**Exercise 2.2 Interactive Discussions: Local Terminology Exercise**

<b>Purpose</b>	To share knowledge about the local terms used in HIV/AIDS prevention, care, and treatment programs
<b>Duration</b>	10 minutes
<b>Instructions</b>	<ul style="list-style-type: none"> <li>• One person in the group will be asked to discuss the risk of HIV transmission from a mother to her baby during pregnancy, during labor and delivery, and when breastfeeding as she would explain these concepts to a client.</li> <li>• Discuss the words/concepts used locally that are useful and clear when working with pregnant women. Concepts where consensus might be important include: window period, condom, HIV, ARVs, replacement feeding, stigma, and disclosure.</li> <li>• Also share with the group your knowledge of local terms used to describe people living with HIV.</li> </ul>

**Exercise 2.3 Interactive Group Game: STI handshakes**

<b>Purpose</b>	To explore the concepts of HIV and STI transmission when individuals are sexually active with multiple partners, either with or without the use of condoms
<b>Duration</b>	30 minutes
<b>Instructions</b>	<ul style="list-style-type: none"> <li>• Take a piece of paper from the basket and do not look at it.</li> <li>• Approach three other people in the group and shake hands with them. It is important to remember with whom you shook hands.</li> <li>• After you have shaken hands with three people return to your seat and open up the sheet of paper.</li> <li>• The trainer will give you specific directions about standing up or sitting down based on what is written on your piece of paper and the people with whom you shook hands</li> <li>• Repeat this process again as requested by the trainer.</li> </ul>

## MODULE 3

### SPECIFIC INTERVENTIONS TO PREVENT MTCT

#### Exercise 3.1 Case Studies: Antenatal Care

<b>Purpose</b>	To review national or local policies on ANC and PMTCT To review antenatal management practices for women infected with HIV
<b>Duration</b>	25 minutes
<b>Instructions</b>	<p>Part 1</p> <ul style="list-style-type: none"> <li>• Take a few minutes to become familiar with the national or local policies on ANC and PMTCT</li> <li>• Review the key points of the policies that the trainer has written on the flipchart</li> <li>• Share your perceptions of how these policies are/are not applied in your clinical setting.</li> </ul> <p>Part 2</p> <ul style="list-style-type: none"> <li>• Review copies of the two antenatal case studies, exercise 3.1, and think about your response to the question posed</li> <li>• Share your perceptions on the similarities and differences in these case studies and the situations you encounter in your work setting.</li> <li>• Describe HIV/PMTCT-related experiences that you have found challenging in the ANC setting.</li> </ul>

#### Exercise 3.1 Case Studies – Antenatal care

##### Case Study 1

Selam, a 22-year-old woman, tested positive at her first antenatal visit at 24 weeks gestation. At that time, she received individual posttest counseling and was encouraged to bring her partner for testing. She is now 28 weeks pregnant with her first child.

*What are the ANC management steps that should be taken?*

##### Case Study 2

You are an antenatal clinic midwife. Fatuma, your patient, is 30 weeks pregnant. When you ask her about her delivery plans, she says that she wants to have the baby at home. She informs you that this is her third child and even though she is HIV-positive, this (like her previous two pregnancies) has been a healthy pregnancy. You can see that she is determined to have a home delivery.

*What do you tell Fatuma? How would you approach meeting ANC and PMTCT care needs in the context of home delivery? What would your next steps be?*

### Exercise 3.2 Labor and Delivery ARV Prophylaxis for Mothers: Case Studies

<b>Purpose</b>	To review national policies on testing and counseling during labor and on ARV prophylaxis To discuss the administration of ARV prophylaxis during labor and delivery
<b>Duration</b>	25 minutes
<b>Instructions</b>	<p><b>Part 1</b></p> <ul style="list-style-type: none"> <li>• Take few minutes to become familiar with the national policies on testing and counseling in labor and on ARV prophylaxis</li> <li>• Review the key points written on the flipchart.</li> <li>• Comment on how these policies are applied in your clinical setting and share the challenges and obstacles you face when applying these policies in your practice.</li> </ul> <p><b>Part 2</b></p> <ul style="list-style-type: none"> <li>• Review the 2 case studies given below</li> <li>• Think about the questions posed in the case studies and participate in the group discussion to answer the questions.</li> <li>• Review the key points written on the flipchart</li> <li>• Share your perspective on the similarities and differences in these case studies and the situations you encounter in your clinical setting.</li> <li>• Describe challenging HIV/MTCT experiences in the labor and delivery care setting.</li> </ul>

#### Exercise 3.2 Case Studies – Labor and Delivery ARV Prophylaxis for Mother

##### Case Study 1

Tigist arrives at the labor and delivery unit. This is her first baby. She hands you her ANC card, which indicates that she was tested during pregnancy and is HIV-positive. Her water broke 4 hours ago and her contractions are now less than 3 minute apart. Tigist earlier received a NVP tablet to take at home. When you examine her, you find that her cervix is 5 centimeters dilated.

*After providing general labor support, what is your first priority?*

*If you discover that she has not taken her NVP tablet, what do you do?*

##### Case Study 2

Alemnesh arrives to deliver. This is her fourth child and she tells you that she has had a good pregnancy. Alemnesh has received no antenatal care though, and was never tested for HIV. At this time, her contractions are regular and about 2 minute apart. During your examination, you find that her cervix is 7 centimeters dilated.

*Considering your national policy on testing and counseling during labor and delivery, what are your next steps?*

### Exercise 3.3 Immediate Postpartum Care of Women who are HIV-Infected: Case Studies

<b>Purpose</b>	To review postnatal management of a woman with HIV infection.
<b>Duration</b>	25 minutes
<b>Instructions</b>	<ul style="list-style-type: none"> <li>• Take a few minutes to become familiar with the national policies on postpartum care.</li> <li>• Review the case studies below on immediate postpartum care of women infected with HIV and women with unknown HIV status.</li> <li>• Think about the questions posed in the case studies and participate in the group discussion to answer the questions.</li> <li>• Review the key points of the policy the trainer has written on the flipchart.</li> <li>• Share your perspective on the similarities and differences in these case studies and the situation you encounter in your clinical setting.</li> <li>• Describe experiences that you have found challenging in the postnatal care setting.</li> </ul>

#### Exercise 3.3 Case Studies – Immediate Postpartum Care of HIV-Infected Women

##### Case Study 1

Alemnesh presented to the labor and delivery ward without having had HIV test during her pregnancy. The results of the rapid HIV test done during labor and delivery are positive. When told of the test results Alemnesh became upset but agreed to take the NVP tablet. Subsequently, she had an uneventful labor and delivered a 2.5 kg healthy boy named Mengistu. Although breastmilk substitute is available at the clinic, Alemnesh is determined to breastfeed her baby. It is now two hours after her delivery and she is resting. Her mother and husband are staying with her.

*What postpartum care does she require?*

*What HIV-specific services does she need?*

*What can you accomplish before she leaves the facility in 24 hours?*

##### Case Study 2

Tigist, who is HIV-positive, received NVP tablet. After a short labor, she delivered a 2 kg girl named Kidist. Tigist has chosen to use breastmilk substitute; she will be discharged in 48 hours.

*What postpartum care does she require?*

*What HIV-specific services does she need?*

*What can you do to support her infant feeding choice?*

*What services can you provide to her before she leaves in 24 hours?*

*What support do you anticipate providing her?*

### Exercise 3.4 Immediate Postnatal Care of HIV- Exposed Infants: Case Studies

<b>Purpose</b>	To review ARV prophylaxis for and newborn care of infants exposed to HIV.
<b>Duration</b>	25 minutes
<b>Instructions</b>	<ul style="list-style-type: none"> <li>• Take a few minutes to become familiar with the national policies on newborn care of infants exposed to HIV.</li> <li>• Read the case studies below on immediate newborn care of infants exposed to HIV.</li> <li>• Read the key points of the policies the trainer has written on the flipchart.</li> <li>• Discuss your responses with other participants in the large group discussion.</li> </ul>

#### Exercise 3.4 Immediate Neonatal Care of HIV-Exposed Infants: Case Studies

##### Case Study 1

Alemesh has just delivered her son, Mengistu. She tested HIV-positive during labor.

*What HIV-specific infant interventions are required after the birth?*

*What are the components of follow-up care for Mengistu?*

*How can you help Alemesh manage ongoing HIV-related care for herself and her infant?*

##### Case Study 2

Kidist, the newborn daughter of Tigist, is irritable and crying a lot. Tigist's mother in law, who is visiting her at the facility and will be helping care for the infant after discharge, is worried. You overhear her repeatedly telling Tigist that the baby needs breastmilk, and that the breastmilk substitute is not satisfying the baby.

*What can you do to help Tigist at this stressful time?*

*What support will Tigist need from the PMTCT program to continue using breastmilk substitute after discharge?*

##### Home Birth Case Study

Almaz was diagnosed as HIV-positive during her one ANC visit prior to delivery at home. She has returned to the health center 6 days after the birth of Beza, her daughter. The baby appears happy, well hydrated and thriving. Almaz remains convinced she is not infected with HIV and that the baby is not at risk. In fact, she did not give the NVP syrup to Beza because the baby "didn't need it" and is breastfeeding.

*Is this a typical response in your setting?*

*What services will you offer?*

*What follow-up and referrals are necessary for this mother and her infant?*

*How will you deal with her denial of her diagnosis and risk for her infant?*

## MODULE 4

### HIV TESTING AND COUNSELING FOR PMTCT

#### Exercise 4.1 Confidentiality Role Play

<b>Purpose</b>	To review and apply principles of confidentiality
<b>Duration</b>	20 minutes
<b>Instructions</b>	<ul style="list-style-type: none"> <li>• Two participants will be requested to volunteer to take part in a role-play and will be asked to sit on chairs in front of the room facing each other.</li> <li>• One participant will play the role of the healthcare worker and the other will be the patient (Hana).</li> <li>• Read the scripts provided by the trainer and role-play according to the situation described in the scripts.</li> <li>• After the role-play, all participants will be asked to respond to the following questions. <ul style="list-style-type: none"> <li>- Is the space appropriate for this interaction?</li> <li>- How do you think Hana felt about this arrangement?</li> <li>- How would you improve this?</li> <li>- Who else at the clinic is permitted access to Hana's records?</li> <li>- How do you explain this to Hana?</li> <li>- Comment on the greatest challenge to preserving confidentiality in your clinical setting.</li> </ul> </li> </ul>

**Exercise 4.2 Providing Information: Small Group Activity**

<b>Purpose</b>	To review pre-test information and to practice providing information.
<b>Duration</b>	45 minutes
<b>Instructions</b>	<ul style="list-style-type: none"> <li>You will be asked to participate in one of three groups; each group will be assigned a set of topics from one of three “Information Session” given at the end of this exercise.</li> <li>Select one participant to record the group discussion.</li> <li>At the completion of the activity, one person in the group will present one of the topics to the larger group.</li> </ul>

**Exercise 4.2 Group Information Summary****Information Session: Group 1****Introduction**

Group information session can be offered in several clinical settings. For this exercise, let us consider the ANC clinic as the setting.

As a group, review the following bulleted topics one at a time and discuss which key points should be covered in a group information session. Use the questions and answers below to guide you.

- HIV and AIDS, an overview
- HIV transmission, sources, and prevention
- STIs and HIV
- Mother-to-child transmission of HIV and prevention

**What is the difference between HIV and AIDS?**

HIV is the virus that causes AIDS. Someone can be infected with HIV and not know it. An infected person might not feel ill for many years. AIDS is the disease caused by the virus that causes AIDS. When you get AIDS your body’s defense system has been very weakened by the HIV.

There is no cure for HIV and AIDS, but drugs are available that can help prevent related infections. Some drugs are available that slow the virus and help HIV-infected people stay healthy for longer.

**What is happening in our country?**

Share recent national statistics on the spread of HIV and its prevalence in antenatal and STI clinics.

**What are some common myths about HIV?**

Share commonly held beliefs and myths about HIV and AIDS.

**How can you get HIV?**

The most common way to get HIV is by having unprotected sex with an HIV-infected person. A baby can get HIV from and HIV-infected mother during pregnancy, during labor and delivery, or through breastfeeding.

**What are some ways to prevent HIV infection?**

- Abstain from sex
- Limiting sexual contact to one partner who is HIV negative
- Avoid drugs abuse
- Avoidance of sharing contaminated needles

**What kinds of things may put you at risk for HIV?**

- Unprotected sex with a person with HIV-infection
- High-risk behaviors, including having several sex partners, having anal sex
- Using drugs of abuse or sharing contaminated needles
- Not knowing whether your partner is HIV negative or positive
- Having a sexually transmitted infection can increase the risk of getting HIV by 2-5 times

**What are ways to decrease the risk of getting HIV?**

- Do not have unprotected sex with a high-risk partner
- Talk to your partner about HIV testing
- Talk about HIV concerns with a partner or friend
- Reduce alcohol or drug use
- Increase condom use
- Avoid places where you often participate in high-risk behavior
- Abstain from sex or use condoms until you and your partner have been tested

**What are choices that could decrease risks for you?**

Emphasize the importance of making small, reasonable changes rather than setting unrealistic goals, such as never having sex again. Ask clients to share their plans with a close friend or someone they trust.

**How do babies get HIV from their HIV-infected mothers?**

- If you are a woman who is HIV-infected and pregnant, there are three ways your baby can get infected with HIV in the womb during the pregnancy, during labor and delivery, and through breastfeeding.
- Although the risk of infecting the baby is always there, an HIV infected woman can give birth to an HIV-negative baby. Let me explain how this happens. Inside the womb the placenta acts like filter between the mother and the baby. So the mother and the baby have completely separate blood system. This helps her prevent giving HIV to the baby. But sometimes blood does cross between the blood systems of the mother and baby. So some babies get HIV in the womb.
- There are two other ways an HIV-infected mother can give the virus to her baby. The most likely way is during labor and delivery. This is because the baby comes into direct contact with the mother's blood. A mother also can give HIV to her baby through breastfeeding.
- It is hard to tell whether a newborn baby is infected. However, the baby can be tested for infection. Share the testing policy at your site as per the national guidelines.
- There are medicines that can greatly reduce the risk of a mother transmitting HIV to the baby during delivery. Those medicines offer new hope to families.

**What is the Prevention of Mother-to-child transmission of HIV, or PMTCT program?**

This program helps reduce the chance that babies born to HIV-infected women will be infected with HIV. The program has several parts:

- Counseling and testing to help uninfected women remain free of HIV and protect their families from the disease and to help HIV-infected women receive special care to reduce HIV-transmission to their babies.
- Medicine-antiretroviral treatment-to reduce the babies' risk of getting HIV
- Education and support for safer infant-feeding practices.

**Information Session: Group 2****Introduction**

Group information session can be provided in a number of clinical settings. For purpose of this exercise, let us consider the antenatal care clinic as the setting. As a group, review the following bulleted topics one-by-one and discuss what key points should be covered in a group information session. Use the questions and answer below to guide you.

- HIV testing process
- Benefits and risks of HIV testing
- Confidentiality
- Implications of test results, both positive and negative.

**How does HIV testing work?**

- Testing is offered to all pregnant women and encouraged for STI clients. Everyone has the right to refuse HIV testing.
- The test tells you if you are infected with HIV or not infected with HIV. If you have had recent risk or exposure, it may not be known through the test results. There is a window period of approximately 4 to 6 weeks when antibodies in the blood are not detectable. In this case, it is recommended that you be retested in 3 months.
- A positive HIV test means you have been exposed to the virus that causes AIDS. It does not mean you have AIDS, it does not tell you when you will get sick. A negative HIV test means you have not been infected with the virus that causes AIDS.
- Share the testing process at your site, whether rapid or standard ELISA.

**What are the advantages of knowing your test results?**

- Knowing your HIV status can help you make informed decisions about your pregnancy.
- If you are HIV-infected, knowing your status can help you to access, HIV services for yourself and to prevent transmission of HIV infection to your baby.
- Knowing your HIV status allows you to reduce the risk of infecting other people.
- Early testing makes it easier to plan for your future.
- If you find out you are HIV negative, you can learn how to stay uninfected and keep your family safe from HIV infection.

**What are the disadvantages of testing for HIV?**

- You might experience a little discomfort or bruising during the blood sampling process (a finger prick or blood test from the arm).

- If programs are not available for help or treatment, or if they are unaffordable, benefit may be limited.
- There is sometimes the risk of being stigmatized or discriminated against.

#### Who can receive information about your test results?

Test results are confidential. That means that they become part of your medical records. They can only be shared with other health professionals who are involved in your care and treatment and only on an “as-needed” basis. You have the right to decide who else can receive this information and are entitled to support in that disclosure process.

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### Information Session: Group 3

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#### Introduction

Group information session can be provided in a number of clinical settings. For purposes of this exercise, let us consider the antenatal care clinic as the setting.

As a group, review the following bulleted topics one-by-one and discuss what key points should be covered in a group information session. Use the questions and answers below to guide you.

- Identification of supportive HIV services
- Family planning
- Individual counseling for risk assessment
- Testing and counseling for couples

#### What types of services are available in your community for the HIV-infected person?

Think of what might be needed if you were found to be HIV-infected. PMTCT programs can help link you to many services for yourself, your infant or child and your family such as:

- Nutritional support
- Couples counseling
- Medical treatment and medicines to prevent transmission to your baby
- Spiritual support, refer to a faith based organization.
- Peer support groups
- Classes to teach you safer infant feeding practices.

#### Who can attend family planning classes?

Couples are encouraged to attend classes together when possible. Information can be presented on use of condoms and safer sex practices to prevent spread of HIV infection as well as unintended pregnancies. In some cultures, where sexual relations are limited during pregnancy and right after childbirth, information can be provided to help couples maintain closeness through non-risk behaviors. Fathers can learn to appreciate their role as responsible guardians of the health and welfare of their wife and family.

#### When is it better to refer someone for individual counseling?

Persons who may be at high-risk for HIV infection may benefit by one-on-one counseling. During this time, sensitive issues can be discussed more openly with the assurance of complete confidentiality. Questions about STIs and sexual practices that put persons at risk for HIV infection and be answered and suggestions provided to help reduce harm to the individuals and their partner(s).

#### What are the benefits of couples counseling?

- Each person has the right to complete information about HIV/AIDS and its transmission
- Both partners can come to understand the benefits and risks of testing, the benefit of knowing their status and receive assurance that confidentiality will be maintained.
- Together, they can work on family planning issues, accepting responsibility for preventing unintended pregnancies and the spread of HIV infection.
- Together, they can come to understand the value of their partnership in protecting their family's health and planning for the future.

**Exercise 4.3 Demonstration of Rapid-Testing Procedure**

<b>Purpose</b>	To review the steps involved in rapid testing
<b>Duration</b>	25 minutes
<b>Instructions</b>	<ul style="list-style-type: none"> <li>• Identify 2 or 3 types of HIV antibody tests available.</li> <li>• One volunteer will be asked to sit facing the trainer; the volunteer participant will not actually be tested but will participate as a client in the role-play of a testing session.</li> <li>• Observe the interaction between the healthcare worker and the client including the use of “opt-in” or “opt-out” approaches.</li> <li>• Observe the steps of rapid testing:             <ol style="list-style-type: none"> <li>a) Assemble all materials- test kits, wipes, adhesive bandage/plaster, infection prevention supplies, gloves, etc.</li> <li>b) Confirm that client has received information on testing.</li> <li>c) Confirm that client has consented to test.</li> <li>d) Determine if client has any further question.</li> <li>e) Review steps in testing process.</li> <li>f) Allow participant to select testing site (finger for pin-prick or arm for drawing blood).</li> <li>g) Simulate sampling technique as indicated but not actually perform it.</li> <li>h) Simulate next steps in test completion.</li> <li>i) Assure participant that her counselor will notify her of results in a timely and confidential manner.</li> <li>j) Take opportunity to remind client that the partner may come in for testing as well.</li> <li>k) Process rapid test or send for processing as protocol allows.</li> </ol> </li> </ul>

**Exercises 4.4 Posttest Counseling: Small Group Role-Play**

<b>Purpose</b>	To practice post-test counseling skills
<b>Duration</b>	60 minutes
<b>Instructions</b>	<ul style="list-style-type: none"> <li>• In small groups (about six women), review the counseling checklist in appendix 4-F, one for an HIV-negative result and one for an HIV-positive result.</li> <li>• For each scenario, two participants will be asked to sit facing each other. One participant will be asked to play “client” and one will be asked to play “counselor”.</li> <li>• Following the Counseling Checklist, the pair will role-play the first scenario. If the counselor has difficulty, another member of the team may help by tapping the counselor on the shoulder and assuming the counselor’s role.</li> <li>• When the role-play is finished, the pair should spend 5 minutes reviewing the experience with the rest of their team and ask the question: “Was anything important left out of the session?”</li> <li>• Exchange roles and continue switching until each member practices post-test counseling (using both scenarios, time permitting)</li> <li>• Respond to the following questions:             <ul style="list-style-type: none"> <li>-How did you feel in your role as a counselor?</li> <li>-What was the hardest part of the counseling?</li> <li>-Do you understand how basic communication skills can be used during counseling sessions?</li> <li>-What positive reactions did you experience in the session?</li> </ul> </li> </ul>

**Exercise 4.4 Role Plays for Posttest Counseling****Scenarios for HIV-negative test results**

**Scenario 1** Alemshet is 17 years old and has been dating her boyfriend for one year. She started having sexual relations with him three months ago, without using protection and she is now pregnant. She suspects that her boyfriend might be HIV-infected although he denies this. She decided to be tested, just in case.

**Scenario 2** Abdi and Farhiya have been married for 2 years. They are now planning to start their family. Before they married, Abdi was involved in drugs, including needle sharing. Although he has never had any HIV symptoms, they have decided to both be tested prior to pursuing a family.

**Scenario 3** Abeba is in nursing school and is in her third trimester of pregnancy. The father of her child, who is HIV-infected, has taken a job in a city, miles away, and she no longer sees him. She was recently seen in the infirmary for fever, swollen glands and general tiredness; this frightened her and she decided to be tested for HIV.

**Scenarios for HIV-positive test results**

**Scenario 1** Mikir has had a hard life. She is working on a truck route as a commercial sex worker and sees many men each week. She has tried to get them to use condoms but many of them refuse. This is her third visit to the ANC clinic since finding out that she was pregnant. She is worried about her baby's safety and agreed to be tested for HIV this morning. Two different rapid tests were performed.

**Scenario 2** Abebech and Dereje have been married for six years and have three children. She is now in her second trimester of pregnancy and suspects they may be having twins. Last year, the couple had separated for approximately four months. During that time, Dereje had sexual relations with someone who he later found out, was HIV-infected. Abebech is aware of this and, because of this pregnancy, knows that the baby can be at risk for HIV-infection if she herself has HIV. Dereje has refused testing, but she was tested and he has accompanied her to the clinic today for her results.

**Scenario 3** Abigail works in housekeeping at an ANC clinic. She is well liked by all the staff and recently found out she is going to have her first baby. Prior to working at the clinic, she was in a community rehabilitation program in a nearby town. No one at the clinic is aware of this. She knows, because of her previous behaviors, that she needs to be tested for HIV. She approached one of the healthcare workers and asked for her help to be tested. She is very concerned that other staff will find out and wants her test result to be kept between her and the healthcare provider.

**MODULE 5****INFANT FEEDING IN THE CONTEXT OF HIV INFECTION****Exercise 5.1 Large Group Discussion on Strategies for Optimal Feeding**

<b>Purpose</b>	To review strategies for optimal feeding of infants and young children. To apply the national HIV infant-feeding policy or protocol.
<b>Duration</b>	15 minutes
<b>Instructions</b>	<ul style="list-style-type: none"> <li>• Identify the national HIV infant-feeding policy or protocol.</li> <li>• Is it clear; is it consistent with national/international recommendations, and does it provide guidance for your healthcare setting?</li> <li>• Read aloud the following criteria on the flipchart, whiteboard, or blackboard:             <ul style="list-style-type: none"> <li>-Acceptable</li> <li>-Feasible</li> <li>-Affordable</li> <li>-Sustainable</li> <li>-Safe</li> </ul> </li> <li>• Consider the mothers you have met in your work. Would they be prepared to implement replacement feeding based on the above criteria?</li> <li>• What other things can you think of that influence a mother's choice of feeding options? Example: cultural influences.</li> </ul>

### Exercise 5.2: Large Group Discussion National and Local Policies on Infant Feeding

<b>Purpose</b>	To review national policies on feeding options for infants of mothers who are HIV-positive To convey an understanding of the advantages and disadvantages of feeding options and how to make each option safer and healthier for the infants and mothers.
<b>Duration</b>	20 minutes
<b>Instructions</b>	<ul style="list-style-type: none"> <li>Review tables 5.1 and 5.6 in the Reference Manual. Share perception of the advantages and disadvantages of the infant-feeding options. Write the response on the flip chart.</li> <li>Review the responses written on the flipchart.</li> <li>Review the barriers to meeting the following criteria as discussed in the previous exercise (Exercise 5.1). <ul style="list-style-type: none"> <li>-Acceptable</li> <li>-Feasible</li> <li>-Affordable</li> <li>-Sustainable</li> <li>-Safe</li> </ul> </li> <li>For each feeding option, share your perspective on strategies to minimize the barriers to safe infant feeding practices</li> <li>For each feeding option, record on the flipchart the strategies for minimizing the barriers to safe infant-feeding practices.</li> </ul>

### Exercise 5.3 Role-play on Infant Feeding Counseling and Support

<b>Purpose</b>	To provide information on issues that may arise when counseling for infant feeding.
<b>Duration</b>	70 minutes
<b>Instructions</b>	<ul style="list-style-type: none"> <li>Join with one other person as requested by the trainer and review the "Infant-feeding counseling for women who are HIV-positive" flowchart in figure 5.1 of the reference manual.</li> <li>Decide which member of your pair will play the role of the infant-feeding counselor and which will play the role of the mother.</li> <li>The participant who will play the role of the mother will meet with the facilitator in a separate section of the training room to receive the role-play scenario.</li> <li>The "mothers" will then introduce themselves to the "infant-feeding counselor" while the later will take the lead in following the flow chart steps.</li> <li>Change roles to repeat the role-play as requested by the facilitator.</li> <li>After 30 minutes, join the entire group and share your experiences by answering the following questions: <ul style="list-style-type: none"> <li><b>"Infant-feeding counselors"</b></li> <li>"Were there difficulties with any of the steps?"</li> <li>"Which steps were most troublesome?"</li> <li>"Did you feel that you needed to use counseling skills to work with a mother who was fearful, anxious, or upset about her own or her child's welfare?"</li> <li><b>"Mothers"</b></li> <li>"What were the main points you learned in the session?"</li> <li>"How has the session changed the way you would feed your infant?"</li> <li>"If you will not make any changes, why not?"</li> <li>"What issues came up in the counseling session that no one anticipated?"</li> <li>"How would you have liked to address those issues?"</li> </ul> </li> </ul>

## MODULE 6

### LINKAGES TO CLINICAL AND SOCIAL CARE AND SUPPORT FOR MOTHERS AND FAMILIES WITH HIV INFECTION

#### Exercise 6.1 Small Group Discussion on Community Linkages

<b>Purpose</b>	Identify the range of services locally available to PLWHA Encourage interagency networking and linkages. Facilitate client referral to community services
<b>Duration</b>	60 minutes
<b>Instructions</b>	<ul style="list-style-type: none"> <li>• Participants will be divided into several small groups according to their geographic location or affiliation with a certain facility.</li> <li>• Each group will assign someone to record information on paper and another person to act as spokesperson for the group when reporting information later on.</li> <li>• Use copies of Appendix 6-A to help identify locally available community resources, and then record them on paper.</li> <li>• Under each resource category listed in the left-hand column, try to answer the following questions:             <ul style="list-style-type: none"> <li>-Can you list a resource under each heading?</li> <li>-Are you aware of the address, location and hours of operation of each service?</li> <li>-For each resource listed, do you know of a contact person for networking and referral?</li> <li>-Do you have resources missing from the list?</li> <li>-Can you think of other resources that are not included?</li> <li>-Are you in contact with key community members that you might partner with to expand your resource list?</li> </ul> </li> <li>• You will have 35 minutes to complete this exercise.</li> <li>• When you have finished, each group will present their findings to be shared with all participants.</li> </ul>

**Exercise 6.2 Problems Presenting at the Postpartum Visit: Case Study**

<b>Purpose</b>	To prepare participants to handle common problems that mothers may present with during postpartum visits
<b>Duration</b>	30 minutes
<b>Instructions</b>	<ul style="list-style-type: none"> <li>• In your group, read through the case study below</li> <li>• Select one member of the group as recorder to write down key issues that the group discusses.</li> <li>• In your group, list each issue that the healthcare worker needs to address and discuss for 15 minutes about strategies for resolving the issues on your lists. Ask the group recorder to write down the key issues.</li> <li>• When you have finished, each group will present the key issues and strategies to the larger group.</li> </ul>

**Case Study**

Almaz is a 24-year-old woman who was diagnosed as HIV-infected during her recent pregnancy. She and her infant received the appropriate medication to prevent MTCT, as prescribed by the country program. She has returned for her 6-week follow up visit.

Almaz has chosen to exclusively breastfeed. She feels, however, that the baby is always hungry and is wondering if her breastmilk is enough; she has also been giving him supplemental vitamins. Almaz and her husband, who is also HIV-infected, would like to resume sexual relations. She has been told that she will not need to use protection because breastfeeding eliminates her chances of getting pregnant.

Upon examination, Almaz's episiotomy appears to be healing well. She has a 3 cm fissure (crack) at the base of her right nipple. There is no observable redness, heat or signs of infection. Almaz reports that she has been feeling more tired than usual and have about half her normal energy, but do not have any other physical complaints. She wants to know if starting HIV medicine can help her feel better.

Almaz's husband has been sitting in the waiting room. He is currently unemployed. While Almaz is getting dresses, he says "I have always taken good care of my family, but now, without money coming in, I don't see how we are going to make it. I feel like God is punishing me, somehow for infecting my wife with HIV."

*What are important issues for Almaz and her husband?*

**Exercise 6.3 Clinical Presentation of HIV in Infants**

<b>Purpose</b>	To familiarize participants with signs and common conditions in infants infected with HIV.
<b>Duration</b>	20 minutes
<b>Instructions</b>	<ul style="list-style-type: none"> <li>• Comment on the most common presenting signs of HIV infection in an infant or child; the facilitator will list responses on the flipchart.</li> <li>• Identify which body systems or organs may be involved in early presentation of HIV infection; the facilitator will list responses on the flipchart</li> <li>• The large group will be divided into three smaller groups. Each small group will receive a card labeled: <ul style="list-style-type: none"> <li>-GI system</li> <li>-Pulmonary system</li> <li>-Immune function</li> </ul> </li> <li>• List on the card any symptoms indicating HIV infection that are related to the card heading. Determine if the symptom is HIV-specific and give your recommendations for care including prophylaxis.</li> <li>• Select a representative to present the group's work to the larger group.</li> </ul>

**MODULE 7****STIGMA AND DISCRIMINATION RELATED TO MTCT OF HIV****Exercise 7.1 Interactive Game “Labels”**

<b>Purpose</b>	To help recognize the role of stereotypes in stigma
<b>Duration</b>	20 minutes
<b>Instructions</b>	<ul style="list-style-type: none"> <li>• A “label” will be attached to your back using tape as you enter the room. Please do not look at the label that has been attached to you.</li> <li>• Move around the room and engage in conversation with other participants. With each participant, react as a member of society might react to a person with the label the participant is wearing. It is important to talk with other participants clearly, conveying societal attitudes toward the label they are wearing without telling them what their labels are.</li> <li>• After 5-7 minutes, return to your seats and comment on your feelings as you circulated in the room talking to each other.</li> <li>• Try to guess the label you were wearing based on the reactions of the other participants to you</li> <li>• Take the label off your back and look at it.</li> <li>• In the large group discussion, share your thoughts about the following questions: <ul style="list-style-type: none"> <li>- Did you guess what your label was?</li> <li>- How did it feel to be treated in a stereotyped way?</li> <li>- What was the experience like for you?</li> <li>- Were you puzzled or surprised by how you were treated?</li> </ul> </li> <li>• Identify some specific ways to combat stereotypes and help decrease stigma in your clinical setting.</li> </ul>

**Exercise 7.2 Examples of Stigma and Discrimination: Large Group Discussion**

<b>Purpose</b>	To consider examples of stigma and discrimination from your setting.
<b>Duration</b>	15 minutes
<b>Instructions</b>	<ul style="list-style-type: none"> <li>Share examples of stigmatizing and discriminatory messages or attitudes that you have seen in each of the following areas:               <ul style="list-style-type: none"> <li>- Media (newspapers, television or radio programs)</li> <li>- Health services</li> <li>- Workplace</li> <li>- Religion</li> <li>- Family</li> <li>- Community</li> </ul> </li> </ul>

**Exercise 7.3 PLWHA Panel**

<b>Purpose</b>	To learn about PLWHA experience in the healthcare system
<b>Duration</b>	60 minutes
<b>Instructions</b>	<ul style="list-style-type: none"> <li>Observe the interaction between the moderator and the panelists. Pay attention to the remarks of the PLWHA about their experiences with stigma and discrimination in the healthcare setting, family, and/or community.</li> <li>When the moderator indicates, please ask questions of the panelists. Be especially aware that questions should be non-judgmental.</li> </ul>

**Alternative Exercise 7.3: Case Study and Small Group Discussion**

<b>Purpose</b>	To explore our own culturally-conditioned feelings and attitudes with respect to HIV/AIDS-related stigma and discrimination and discuss any inadvertent breaches of confidentiality that may have perpetuated stigma and discrimination. To consider ways that we, as healthcare workers, can help combat HIV/AIDS-related stigma and discrimination
<b>Time</b>	30 minutes
<b>Instructions</b>	<ul style="list-style-type: none"> <li>Your trainer will assign you to a small group</li> <li>In your group review and discuss, for 15 minutes, the case study given below and identify the issues related to stigma and discrimination in the case study.</li> <li>One member of your group will present in the larger group when your trainer asks.</li> <li>Participate actively in the large group by answering questions and making comments.</li> </ul>

**Stigma and Discrimination Case Study**

Two PMTCT nurses, Mesay and Meskerem, were enjoying a cup of tea in the ANC clinic break room. Their conversation evolved from the usual discussion about family and children into a discussion about Beza, a client they saw earlier today. Mesay and Meskerem remembered Beza quite clearly from the morning clinic, maybe because she is such an attractive and outgoing woman or maybe because she was the first client in the morning. They couldn't help but talk about the fact that Beza, who is now 5 months pregnant with her first child, was just diagnosed with HIV. Nor could they help speculating whether Beza's husband (who is well-known in the community) is also HIV-infected-and if he is, where he got infected.

The nurses were unaware that the window in the break room was open to the outside courtyard, where Saba, an afternoon ANC client, had excused herself and her mischievous toddler to wait for her appointment.

Saba, who was related to Beza by marriage, went straight home after her appointment and told her husband about Beza's HIV diagnosis. The next day Saba's husband told a friend at work who, a week later in a shop, mentioned the story in front of Beza's husband. Beza's husband went home that night, accused Beza of being HIV-infected, and asked her to leave the house.

**Questions to consider:**

- What type of HIV/AIDS-related stigma and discrimination does this case study highlight? (e.g. How was Beza stigmatized? How was Beza discriminated against and by whom?)
- What issues does this raise in terms of PMTCT policies? How can these policies help minimize stigma and discrimination?
- What policies should be in place?
- What training should be provided to ensure staff adherence to the policies?
- What else needs to happen to ensure that the policies are implemented and enforced?
- What barriers do you foresee?
- What community-based initiatives could be implemented to reduce the kind of stigma and discrimination faced by Beza and her husband (and indirectly, her child)?
- Are any national policies/legal changes suggested by this case study? If so, what are they, and how would you go about ensuring them happen?

**MODULE 8**  
**SAFETY AND SUPPORTIVE CARE IN THE WORK ENVIRONMENT**

**Exercise 8.1 Reducing HIV Transmission Risk in MCH Settings: Case Study**

<b>Purpose</b>	To review the application of standard precautions as described in this session, focusing on high-risk settings.
<b>Duration</b>	20 minutes
<b>Instructions</b>	<ul style="list-style-type: none"> <li>• Read the case study below. As each paragraph is read aloud by a volunteer participant, consider your answers to the questions.</li> <li>• Review the key points written on the flipchart.</li> <li>• Comment on how these situations are dealt with in your clinical setting.</li> <li>• Share the challenges and obstacles you face in applying the standard precautions in your work settings.</li> </ul>

**Case Study: Exercise 8.1**

Seble arrives at the labor ward of your local hospital. She hands you a small card, which identifies her as someone who has received care at a neighboring ANC clinic. This card is coded to let you know that she is HIV-infected. She explains that her contractions are steady now and about two minutes apart. You perform a cervical examination and estimate that Seble has at least 2 more hours until delivery; you give her nevirapine prophylaxis at this time.

- Does your clinical protocol require healthcare workers to use special gloving procedures when caring for HIV-infected clients (e.g. double gloving)? According to SP would the same gloving requirements apply for all labor and delivery clients, regardless of HIV status?
- Are gloves in good supply and available in a variety of sizes?
- What do we know about the relationship between MTCT and cervical examination for pregnant HIV-infected women?

It has not been several hours since Seble's water broke (rupture of membranes). She is exhausted and crying. It is decided that a carefully administered dose of oxytocin may shorten her labor time so you prepare a set up of oxytocin drip.

- Why is it important to shorten the time between rupture of membrane and delivery in an HIV-infected woman?

Seble is now fully dilated and ready to deliver. An episiotomy is required to prevent significant tearing. As the head is delivered, you use gauze to carefully free the infant's mouth and nostrils from fluids. Then, with one final push the infant is delivered completely. You hand the beautiful infant boy to a gloved assistant who wipes him dry and continues with neonatal care. Then the placenta is delivered.

- Itemize the protective clothing that would be appropriate in a labor and delivery setting.
- Consider the need for proper disposal of sharps used in labor and delivery. Does your health facility have conveniently located containers for the disposal of sharps?
- At your facility, what are the policies for disposing of waste materials? What should be done with the placenta and other contaminated materials?

You are now physically and emotionally exhausted. Seble was your 12th delivery in the past 24 hours. You need to get home and tend to your family but your replacement has not yet arrived. You speak with your supervisor and she is able to locate someone else to take your place.

- Why is it important that you do not stay and continue to work tonight?
- In your facility, do you have someone who will help you find staffing relief if needed?

**Exercise 8.2 “Promoting a Safe Environment”: Resource List**

<b>Purpose</b>	To compare and contrast the availability of safety resources, practices, and materials in our programs.
<b>Duration</b>	15 minutes
<b>Instructions</b>	<ul style="list-style-type: none"> <li>• Review the “Promoting a Safe Environment” resource list below</li> <li>• Share in the large group discussion the use of each category of resources in your clinical setting. Share innovative ideas that your clinical setting has developed to address shortages of resources</li> <li>• Review the key points written on the flipchart</li> <li>• Comment on the challenges and obstacles you face in your practice.</li> </ul>

**Exercise 8.2 Promoting a Safe Work environment Resource List**

- Personal protective equipment
- Gloves—correct size
- Aprons
- Eyewear
- Footwear
- Waterproof dressings Materials
- Cleaning and disinfecting agents
- Equipment for sterilization
- Sharps disposal containers
- Water resistant waste containers for contaminated items
- Alcohol-based hand rubs or anti-microbial soap
- Safety standards
- Policies on use of universal precautions
- Procedures for disposal of infectious or toxic waste
- Procedures for sterilization of equipment
- Policies on handling and disposal of sharps
- Protocols for management of post-exposure prophylaxis (PEP), including ARVs and Hepatitis B immunization
- Procedures for minimizing exposure to infection in high-risk areas, such as labor and delivery
- Education
- New employee orientation to infection control procedures
- Ongoing training to build skills in safe handling of equipment
- M & E of safety practices to assess implementation and remedy deficiencies

**Exercise 8.3 PEP Case Study: Small Group Discussion**

<b>Purpose</b>	To review implementation of PEP protocol
<b>Duration</b>	30 minutes
<b>Instructions</b>	<ul style="list-style-type: none"> <li>• Review the case study below.</li> <li>• In your group, record on paper the steps needed to implement a PEP protocol</li> <li>• Share each step in the process with the larger group as requested by the trainer.</li> </ul>

**Exercise 8.3 PEP Case study**

Sister Mulumebet is working late in the labor and delivery unit. When removing an intravenous needle from the arm of a patient who is in labor, she accidentally punctures her finger.

**Instructions:**

*After this occupational exposure, what is the very first thing sister Mulumebet should do? List each subsequent step according to protocol.*

**Exercise 8.4 Compassion Fatigue and Burnout in PMTCT Programs**

<b>Purpose</b>	To examine factors which contribute to burnout syndrome and develop creative solutions to prevent compassion fatigue/burnout.
<b>Duration</b>	45 minutes
<b>Instructions</b>	<p>Volunteer participants will serve on a panel that addresses the following questions:</p> <ul style="list-style-type: none"> <li>• What is the greatest daily challenge in your clinical setting?</li> <li>• Comment on staffing for testing and counseling at your facility. Are there enough counselors? What are their training requirements?</li> <li>• Does your facility:             <ul style="list-style-type: none"> <li>- Orient staff to the workplace?</li> <li>- Meet staffing requirements?</li> <li>- Provide ongoing education to ensure adequate, updated skills?</li> <li>- Ensure that staff has all the necessary supplies and materials?</li> <li>- Support and assist staff?</li> </ul> </li> <li>• Is there someone you can turn to help you with your workplace concerns?</li> <li>• Are you connected to community services that make your job easier?</li> <li>• Do you have your own source of peer support? Who are your supporters?</li> <li>• Do you use your own stress-reduction techniques that work well for you?</li> <li>• What are three things that would make your job easier?</li> <li>• Share your personal experiences about burnout in your clinical setting with the group.</li> </ul>

**MODULE 9****PMTCT PROGRAM MONITORING****Exercise 9.1 Using Indicators: Small Group Discussion**

<b>Purpose</b>	To interpret monitoring data from a PMTCT service and consider recommendations to improve performance
<b>Duration</b>	15 minutes
<b>Instructions</b>	<p>Break into four groups of 5 persons each.</p> <ul style="list-style-type: none"> <li>• In each group, one person takes the role of a member of the national PMTCT monitoring team meeting with the Executive Director and healthcare workers in a busy PMTCT clinic on the outskirts of the national capital.</li> <li>• The Executive Director reports that the MOH has discovered that only 25% of HIV-positive pregnant women nationwide received ARV prophylaxis in 2003. He writes 25% on the flipchart, just to emphasize his point. The Executive Director continues by saying that your health facility is among the lowest, with just 18% of HIV-positive pregnant women taking ARV prophylaxis, and writes 18% on the flipchart. He explains to the group that he called the meeting to find out from “my best and brightest clinicians and administrators from the PMTCT Clinic” why the numbers are so low. He waits for a response.</li> </ul> <p>With the others in your small group, discuss the following topics:</p> <ul style="list-style-type: none"> <li>• What is your interpretation of the monitoring data, i.e., why do you think so few women accept ARV prophylaxis?</li> <li>• Identify any additional information needed to understand the figures better.</li> <li>• Choose the most plausible interpretation that your group produced. Determine a set of recommendations for your facility to respond to the gap between guidelines and practice.</li> </ul> <p>One member of the group will record the answers on flipchart paper for presentation to the larger group.</p>

**Exercise 9.2 Understanding Indicator Requirements: Small Group Discussion**

<b>Purpose</b>	To discuss the information needed to measure and track a specific indicator, and how to collect and compile data. To understand the importance of shared definitions of terminologies in data collection. To view monitoring from a national level.
<b>Duration</b>	25 minutes
<b>Instructions</b>	In your group, pretend to be a member of the national PMTCT monitoring team that advises the MOH on PMTCT monitoring indicators. Focus on the percentage of pregnant women who were infected with HIV and received ARV prophylaxis as recommended in the national guidelines, then address the following questions: <ul style="list-style-type: none"> <li>• What is the definition of the indicator? (What does it measure?)</li> <li>• What information is needed to fully understand this indicator? (Such as knowing the PMTCT protocol, drug(s) used for ARV prophylaxis, etc)</li> <li>• Why is the indicator important?</li> <li>• What healthcare facility information is used to calculate this indicator?</li> <li>• One member of the group will record the answer on a flipchart and present them to the larger group.</li> </ul>

**Exercise 9.3 Completing Local PMTCT Forms**

<b>Purpose</b>	To understand the use of local PMTCT forms
<b>Duration</b>	15 minutes
<b>Instructions</b>	As the trainer reviews the local PMTCT forms, participate in the discussion about the information needed to complete these forms and ways to obtain these data.





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