III.

# Using the Toolkit Materials:

## Implementation Workshop Trainer Manual

# Improving Retention, Adherence, and Psychosocial Support within PMTCT Services

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## Implementation Workshop Curriculum for Health Workers

**Trainer's Manual**
**2010**

ICAP
International Center for AIDS Care and Treatment Programs
MAILMAN SCHOOL OF PUBLIC HEALTH
Columbia University

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# List of Acronyms

| | |
|---|---|
| **ANC** | Antenatal care |
| **ART** | Antiretroviral therapy/treatment |
| **ARV** | Antiretroviral |
| **CD4** | Cluster of differentiation 4 cell |
| **CTX** | cotrimoxazole |
| **PCR** | Polymerase chain reaction |
| **HIV** | Human Immunodeficiency Virus |
| **ICAP** | International Center for AIDS Care and Treatment Programs |
| **MDT** | Multidisciplinary Team |
| **NVP** | nevirapine |
| **PLHIV** | Person (or people) living with HIV |
| **PMTCT** | Prevention of mother-to-child transmission (of HIV) |
| **SMS** | Short message service (text message) |
| **WHO** | World Health Organization |

# How to Use This Implementation Workshop Curriculum

This implementation workshop curriculum was designed to provide multidisciplinary team members (doctors, nurses, pharmacists, social workers, counselors, lay counselors, peer educators, etc.) with knowledge and skills to improve retention, adherence, and psychosocial support within PMTCT settings and throughout the spectrum of PMTCT care. The curriculum also provides practical guidance to health workers on using the materials contained within this Toolkit.

## Notes on the Training Agenda and Location

The curriculum consists of 5 sequential Modules that build upon one another, as well as a Supplemental Module (Module 6) on counseling and communication skills. This implementation workshop should be conducted at the health facility level, in a series of afternoon sessions. It is best to conduct the training in a meeting room, training room, or other area where distractions from the clinic are minimized. The total training time, including Supplemental Module 6, is approximately 15 hours. Conducting implementation workshops on-site allows time for practical experience and mentoring in the clinic during the mornings, keeps training costs low, and avoids taking health workers away from the clinic for extended periods. In some cases, the implementation workshop may also be conducted at the district or sub-district level with managers, supervisors, and health workers.

## General Notes on the Training Methodology

The training curriculum is designed to acknowledge and build upon the existing knowledge and experience of health workers. The training course is highly participatory and based on principles of adult learning. By using the suggested participatory training methodologies, participants will be able to share their thoughts and experiences openly, and will learn from one another as much as they learn from trainers. The training methods used should serve as a model for how participants should communicate with clients in their work. Lectures and trainer-led activities should be minimized, with emphasis instead on participatory activities, with the trainers supplementing information as needed. Some Modules contain a classroom practicum session, whereby participants can apply information and skills learned in the training to real world case studies they may encounter in their daily clinic work.

The key information covered in the training is intended to be practical and interesting to participants. Additionally, all Modules use simple language and participatory activities so that they are accessible to all members of the multidisciplinary team, as well as to trainers with varying experience and comfort with facilitation. The experiences, baseline knowledge, and literacy levels of participants may vary, so trainers should make adaptations as needed.

The participatory training methodologies used in the curriculum include:

- Interactive trainer presentation
- Large group discussion
- Small group work
- Brainstorming
- Cardstorming
- Individual work
- Individual evaluation
- Case studies
- Role play
- Values clarification

## Notes on Adapting this Curriculum

Because this was developed as a generic Implementation Workshop curriculum, trainers should allow ample time for adaptation of the materials (Trainer's Manual, slide sets, and Participant's Manual) well in advance of holding workshops. The curriculum, and the content and key information within, should be adapted to reflect national PMTCT and pediatric HIV care and treatment guidelines. The adaptation should also take into account the intended audience and participants of the workshop, their baseline levels of knowledge and experience around PMTCT and adherence and psychosocial support services, as well as the local context in which the curriculum is used. Please see the Toolkit section entitled, "How to Adapt the Toolkit Materials" for more information and guidance on the adaptation process.

## More About Supplemental Module 6

This Supplemental Module has been included for settings where all or some participants wish to have more training and practice on specific counseling and communication skills. Trainers may decide to include this Supplemental Module based on the time available and the skills and needs of participants.

## The Training Curriculum Design

There are 3 parts to the curriculum—a **Trainer's Manual, a training Slide Set,** and a **Participant's Manual**. Each trainer and participant should also have their own copy of the entire Toolkit, where the various Tools discussed and used during the workshop can be found. Each Module of the Trainer's Manual begins with the following information, followed by step-by-step trainer instructions and key information for each Session:

**Duration:** The approximate time it will take to facilitate the training Module.

**Learning Objectives:** The expected knowledge and skills participants will gain by the end of the Module.

**Content:** A list of the Sessions within the Module.

**Methodologies:** An overview of the training methods used in the Module.

**Materials Needed:** A list of materials the trainer should collect and prepare before the training sessions, such as flip chart, markers, tape or Bostik, etc.

**Work for the Trainer to Do in Advance:** Key preparatory activities for the trainers to do before facilitating the Module.



**Key Points:** A summary of key points, at the end of each Module.

**Step-By-Step Trainer Instructions:** Each Session begins with a shaded box, listing the training methodologies used in that Session, followed by suggested step-by-step guidance for trainers. The training is designed to be participant-focused instead of trainer-driven. Adults learn and retain more information when they participate fully, actively, and equally in the learning process. The trainer's main task is to facilitate the learning process and encourage active interaction and learning between participants, recognizing the significant experience that multidisciplinary team members already have working with PMTCT clients. The trainer's role is to draw out these experiences and encourage skills-building, exchange of information, and confidence-building among participants. Additionally, trainers should create an open environment free of hierarchy so that all participants – from all cadres – feel comfortable participating.

**Key Information:** The key content information for each Session follows the step-by-step trainer instructions. All trainers should be familiar and comfortable with their country's national PMTCT, HIV Counseling and Testing, and Pediatric HIV Care and Treatment Guidelines in advance of the implementation workshop. Trainers should adapt the key information as needed for their particular setting and on the baseline knowledge of participants. Some of the Modules also have Appendices, which contain additional information that will be useful for trainers and participants.

**Training Slides:** A set of training slides is also included as part of the workshop curriculum. Notes to trainers on which slides to use and when are included in the Trainer's Instructions boxes at the start of each Session. Trainers should review and adapt these slides in advance of the workshop. The slides are meant to reinforce key topics and give guidance to participants on some of the training activities. They should be used as a complement to the participatory methodologies suggested in the workshop curriculum, and not as a stand-alone material.

**The Participant's Manual:** The Participant's Manual is part of the Toolkit. It contains a simplified version of the Key Information in the Trainer's Manual, as well as relevant Appendices and tools. Trainers should encourage participants to refer to this Manual during the training and to take their own notes as needed. The Participant's Manual also serves as a useful reference for participants after the training and can be used in follow-up mentoring sessions with health workers. The Participant's Manual should be given to each participant, along with other contents of the Toolkit (which contains the counseling cue cards, forms and guides, etc.) as part of an overall package of materials.

## Evaluating the Training

A training evaluation form is included at the end of Module 5. Trainers should set aside time to review feedback from participants and make adjustments for subsequent implementation workshops and note where there are key areas for ongoing mentoring and follow-up.

## Some Useful Tips for Trainers

### How to be an Effective Training Facilitator

Trainers should always keep the following "dos and don'ts" in mind.

**DOs:**

- Maintain good eye contact
- Prepare in advance
- Involve participants and ask open-ended questions
- Use visual aids
- Speak clearly/ask if clarifications are needed
- Speak loud enough for all participants to hear you
- Encourage questions
- Recap at the end of each Session
- Connect one topic to the next and consecutive Modules with each other
- Encourage everyone to actively participate by asking questions, engaging quiet participants, and affirming contributions
- Discourage domination by one or a handful of participants
- Write clearly and boldly
- Summarize after each Session and Module
- Use logical sequencing of topics
- Use good time management
- K.I.S. (Keep It Simple)
- Give feedback
- Position visuals so everyone can see them
- Avoid distracting mannerisms and distractions in the room
- Be aware of the participants' body language
- Be aware of the participants' energy levels and use energizers as needed
- Keep the group focused on the task
- Provide clear instructions
- Check to see if your instructions are understood
- Evaluate as you go
- Be patient

**DON'Ts:**

- Talk to the flip chart or the slides
- Block the visual aids
- Stand in one spot—instead, move around the room
- Ignore the participants' comments and feedback (verbal and non-verbal)
- Read from the curriculum or the slides
- Shout at the participants
- Assume everyone has the same level of baseline knowledge
- Assume everyone can read and write at the same level
- Answer your mobile phone during the training

## A Note on Confidentiality

The success of this training depends on the active participation and engagement of each participant. Participants should be encouraged and be made to feel "safe" to share their own personal experiences. Trainers should remind participants that what is said in the training sessions is confidential (and they should respect this rule themselves), and that no one will be judged or stigmatized for their comments or questions.

**Note:** The Dos and Don'ts of training were taken from: Colton, T., Dillow, A., Hainsworth, G., Israel, E. & Kane, M. *Community Home-based Care for People and Communities Affected by HIV/AIDS: A Comprehensive Training Course for Community Health Workers.* Watertown, MA: Pathfinder International, 2006.

# MODULE 1:
# Introduction and PMTCT Update

## DURATION: 90 MINUTES (1 hour, 30 minutes)

## LEARNING OBJECTIVES:

**By the end of this Module, participants will be able to:**

- Know more about workshop participants and trainers
- Understand the workshop goal, objectives, and agenda
- Discuss changes and updates to the national PMTCT guidelines

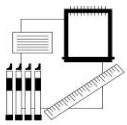
## CONTENT:

**Session 1.1: Introductions and Overview of the Workshop**

**Session 1.2: PMTCT Update**

## METHODOLOGIES:

- **Interactive trainer presentation**
- **Large group discussion**



## MATERIALS NEEDED:

- **Nametags**
- **Markers**
- **Tape or Bostik**
- **Slide set for Module 1**
- **Projector/LCD and screen (or white wall)**
- **Toolkit, including Participant's Manual (for each participant)**

## WORK FOR THE TRAINER TO DO IN ADVANCE:

- **Set up the training room and gather required materials.**
- **Read through the entire Module and Module 1 slide set and make sure you are familiar with the training methodologies and content.**
- **Plan and update the workshop agenda.**
- **Adapt the PMTCT update information (in Trainer's and Participant's Manuals and slide set) to your national guidelines.**

# SESSION 1.1:
# Introductions and Overview of the Workshop (40 minutes)

## TRAINER INSTRUCTIONS

**Methodologies: Interactive Trainer Presentation, Large Group Discussion**

**STEP 1:** Welcome all participants to the implementation workshop. Have participants sign in on a registration sheet and make themselves a nametag.

**STEP 2:** Tell participants that over the course of this 15-hour (less if Module 6 is not included) workshop, they will work as a team to learn more about how to improve retention, adherence, and psychosocial support services within PMTCT, and also learn how to use specific support materials.

**STEP 3:** Review the Module 1 learning objectives **(Slides 1-1 to 1-2).** Explain that first we will do a quick activity to get to know one another better. Have each participant and trainer state their name, position, and how long they have been working at the clinic (or organization). Then, choose one of the introductory activities below, or use another one that you like.

**STEP 4:** Discuss why we are doing a workshop on retention, adherence, and psychosocial support in PMTCT services. Review the workshop learning objectives **(Slides 1-3 to 1-4).**

**STEP 5:** Go over the workshop agenda **(Slide 1-5),** and make sure to mention logistics, such as breaks, start and end times, etc. Remind participants that their attendance and participation throughout the workshop is important to make it a success.

**STEP 6:** After reviewing the objectives and agenda, ask participants to quickly brainstorm some of their expectations for this workshop by asking:

- *What do you hope to take away from this workshop?*

**STEP 7:** Introduce the Toolkit, which contains the Participant's Manual as well as tools (cue cards, forms, guides, etc.) and make sure each person has a copy. Explain that the Manual contains the key points for each Module, as well as room for note-taking. The entire Toolkit, including the Participant's Manual should be used as a reference after the training.

**STEP 8:** Allow participants time to ask questions about the objectives, agenda, logistics, or other concerns.

## KEY INFORMATION:

### Introductory Activities:

Ask participants to state their name, position, and how long they have been working at the clinic. Then, choose one or more of the below activities:

- Ask participants to state 2 true things about themselves and 1 lie (not necessarily in this order). Encourage participants to be creative and share things that co-workers may not know about them. The other participants should then guess which statement is the lie.

- Ask participants to choose 2 items that they have with them (such as in their bag) or that they are wearing that mean something special to them, and to briefly explain why.

- Ask participants to say 3 things that motivate them—either at home, in the community, or at work.

### Implementation Workshop Goal and Objectives

**Workshop Goal:** This on-site implementation workshop for multidisciplinary team members working in PMTCT settings is intended to improve knowledge, skills, and confidence in improving retention and providing adherence and psychosocial support services throughout the PMTCT spectrum of care.

#### Workshop Objectives:

By the end of the implementation workshop, participants will be able to:

1. Understand changes to the national PMTCT guidelines and how they should be applied in clinical settings.
2. Define the PMTCT spectrum of care.
3. Define retention, adherence, and psychosocial support in the context of the PMTCT spectrum of care.
4. Understand the importance of retention, adherence, and psychosocial support to meet the needs of women and families enrolled in PMTCT services.
5. Identify strategies to improve retention, adherence, and psychosocial support within PMTCT programs.
6. Use counseling cue cards to conduct ongoing, supportive counseling for pregnant and postpartum women and their family members.
7. Use checklists to improve pre- and post-test counseling services for pregnant women, family members, and children.
8. Conduct a psychosocial assessment and document key points and next steps, as well as make necessary referrals.
9. Use guides to conduct adherence preparation and support sessions with clients and to provide ongoing adherence assessment and follow-up with clients.
10. Develop and use an appointment book and appointment reminder cards in PMTCT settings.

11. Use a patient education video to reinforce key messages on PMTCT with clients and family members.
12. Use improved communication and counseling skills with clients and family members (specific to Supplemental Module 6).

## Suggested Implementation Workshop Agenda (adapt as needed):

| DAY | SUGGESTED TIME | SUGGESTED ACTIVITY |
|---|---|---|
| DAY 1 | **12:30-13:00** | LUNCH and WORKSHOP OPENING |
| | **13:00-14:30** | Module 1: Introduction and PMTCT Update |
| | **14:30-17:10** | Module 2: Retention, Adherence, and Psychosocial Support in PMTCT Programs |
| DAY 2 | **12:30-13:00** | LUNCH |
| | **13:00-15:30** | Module 3: Using the PMTCT Counseling Cue Cards |
| | **15:30-17:00** | Module 4: Using the PMTCT Checklists, Guides, Forms, and Video |
| DAY 3 | **12:30-13:00** | LUNCH |
| | **13:00-14:15** | Module 4: Using the PMTCT Checklists, Guides, Forms, and Video (continued) |
| | **14:15-16:45** | Module 5: Monitoring Adherence to PMTCT and Planning the Way Forward |
| | **16:45-17:00** | WORKSHOP CLOSING |
| DAY 4 (OPTIONAL) | **12:30-13:00** | LUNCH |
| | **13:00-16:30** | Supplemental Module 6 (optional): Review of Counseling and Communication Skills |

# SESSION 1.2:
# PMTCT Update (50 minutes)

## TRAINER INSTRUCTIONS

**Methodologies: Interactive Trainer Presentation, Large Group Discussion**

**STEP 1:** Introduce the Session by reminding participants that the WHO has made some changes to the recommendations on PMTCT, infant feeding, and pediatric treatment. Based on these recommendations, many countries have also updated their national PMTCT and pediatric care and treatment guidelines.

**STEP 2:** Present the slides on the new WHO recommendations and country specific adaptations and updates to the PMTCT guidelines using the content below as well as the slide set and accompanying notes **(Slides 1-6 to 1-30).** Allow time for questions.

**STEP 3:** Facilitate a large group discussion, asking participants:

- *What changes have been made or need to be made at your clinic in order to implement these new guidelines?*
- *What successes have there been implementing the new guidelines? Challenges?*

**STEP 4:** Conclude the Module by answering any questions and emphasizing the following points **(Slide 1-31):**

- PMTCT does NOT end at delivery! The new guidelines emphasize the entire spectrum of PMTCT care, from pregnancy through the postpartum period, until weaning and knowing the final infection status of the infant.
- A higher CD4 cutoff (<350 cells/mm$^3$) for ART initiation means that we will have MORE pregnant women who need to initiate ART and who will need ongoing adherence and psychosocial support.
- Earlier initiation of AZT/ART prophylaxis for pregnant women not eligible for treatment means that they will need to be on prophylaxis for approximately 6 months of their pregnancy. They will need ongoing retention, adherence, and psychosocial support.
- The changes to the guidelines also have implications for human and financial resources, drug forecasting, and the organization of services. These implications should be discussed by the entire multidisciplinary team, including lay counselors and peer educators.
- In the postpartum period, the mother and/or baby (if mother is not on treatment) will need prophylaxis for an extended period. This is a challenging period and mothers and babies need ongoing support to ensure that medications are taken the right way, every day, and that they remain engaged in PMTCT care.
- The period of infant feeding, particularly weaning, can be complicated, and mothers need strong support to provide the best nutrition possible to keep their babies healthy and reduce the risks of transmission and malnutrition.
- Caregivers of PCR positive infants need ongoing adherence and psychosocial support, including support to immediately enroll their children in care and immediately initiate ART.

## KEY INFORMATION:

*Please see the Slide Set for Module 1.*

# MODULE 2:
# Retention, Adherence, and Psychosocial Support in PMTCT Programs

## DURATION: 160 MINUTES (2 hours, 40 minutes)

## LEARNING OBJECTIVES:

**By the end of this Module, participants will be able to:**

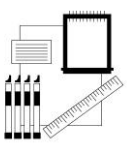
- Define the terms "retention," "adherence," and "psychosocial support"
- Understand the importance of retention, adherence, and psychosocial support in PMTCT programs
- Identify common barriers to retention, adherence, and psychosocial wellbeing among PMTCT clients, including those related to health services
- Identify challenges to providing quality retention, adherence, and psychosocial support services in the PMTCT setting
- Identify strategies to improve retention, adherence, and psychosocial support within the PMTCT program and throughout the PMTCT spectrum of care

## CONTENT:

**Session 2.1: Retention, Adherence, and Psychosocial Support Basics**
**Session 2.3: Improving Retention, Adherence, and Psychosocial Support in PMTCT Programs**
**Session 2.3: Case Studies**
**Session 2.4: Module Summary**

## METHODOLOGIES:

- **Interactive trainer presentation**
- **Brainstorming**
- **Large group discussion**
- **Small group work**
- **Cardstorming**
- **Case studies**



## MATERIALS NEEDED:

- **Flip chart and stand**
- **Markers**
- **Tape or Bostik**

- **Slide set for Module 2**
- **Projector/LCD and screen (or white wall)**
- **Toolkit, including Participant's Manual**
- **Small sheets of paper or index cards for Session 2.2**

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## WORK FOR THE TRAINER TO DO IN ADVANCE:

- **Set up the training room and gather required materials.**
- **Read through the entire Module and Module 2 slide set and make sure you are familiar with the training methodologies and content.**
- **Review and adapt the case studies in Session 2.3, as needed.**

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# SESSION 2.1:
# Retention, Adherence, and Psychosocial Support Basics
# (40 minutes)

## TRAINER INSTRUCTIONS

**Methodologies: Interactive Trainer Presentation, Brainstorming, Large Group Discussion, Small Group Work**

**STEP 1:** Review the Module learning objectives **(Slides 2-1 to 2-2)** and ask if there are any questions.

**STEP 2:** Ask participants **(Slide 2-3)**:

- *What do we mean by retention?*
- *What do we mean by adherence?*

Allow the group about 5 minutes to brainstorm. Record responses on flip chart.

**STEP 3:** Present the definitions of retention and adherence and the key concepts about adherence, especially in the context of PMTCT services, using the content below **(Slides 2-4 to 2-5).**

**STEP 4:** Write "ADHERENCE TO PMTCT and HIV CARE" on one piece of flip chart and "ADHERENCE TO MEDICATIONS" on another. Ask participants to list what we mean by each of these phrases. Record participants' answers on flip chart and fill in using the information below **(Slides 2-6 to 2-7).**

**STEP 5:** Write "NON-ADHERENCE" on a piece of flip chart and ask participants to discuss what this phrase means. Record participants' responses on the flip chart and fill in using the content below **(Slide 2-8).** Review why adherence is important and what can happen when a client does not adhere to care and medicines **(Slides 2-9 to 2-10).**

**STEP 6:** Next, ask participants **(Slide 2-11)**:

- *What do we mean by psychosocial support?*
- *Why is it important to providing psychosocial support services to pregnant and postpartum women, including those living with HIV?*

Allow the group about 5 minutes to brainstorm. Record responses on flip chart.

**STEP 7:** Present the definition of psychosocial support, building on participant responses and using the content below **(Slides 2-12 to 2-13).** Next, discuss why it is important to provide psychosocial support services to pregnant and postpartum women, drawing first on the input of participants and then filling in using the content below**.**

**STEP 8:** Ask participants to discuss how psychosocial support services are delivered to PMTCT clients (e.g. is it included as a routine part of care or only provided for clients with identified psychosocial issues?). Then, ask participants to discuss specific times when they have provided psychosocial support services to clients in the PMTCT program, including times they have referred clients for other clinical or community services. Record key points on flip chart.

**STEP 9:** Ask participants to turn to the person seated next to them and spend a few minutes discussing these questions in pairs **(Slide 2-14):**

- *What is the relationship among retention, adherence, and psychosocial support?*
- *Why is it important to offer ongoing retention, adherence, and psychosocial support services to PMTCT clients?*
- *What are the biggest challenges to offering these types of support to PMTCT clients?*
- *How is the referral system working now? What challenges exist with referrals for ongoing adherence and psychosocial support?*

After a few minutes, reconvene the large group and ask participants to share some of their ideas. Fill in using the content below.

**STEP 10:** Close the session by reminding participants that retention, adherence, and psychosocial support services should be ongoing – not one-time events – and that the entire multidisciplinary team, not just counselors or peer educators, is responsible for providing these services **(Slide 2-15).**

## KEY INFORMATION:

### Definition of retention:

Retention refers to keeping (or "retaining") clients in the care program, in this case throughout the spectrum of PMTCT care and services. A goal of all PMTCT programs is to retain women and their babies in the full program of care.

- For women who test positive for HIV, this means that they stay in care during pregnancy and throughout the period of breastfeeding. They are also enrolled in HIV care and treatment, with some women starting lifelong ART and others being monitored for eligibility.
- For HIV-exposed babies, this means staying in care until a final HIV infection status is determined, usually once breastfeeding has ended. For babies who become HIV-infected, this also means enrolling in HIV care services and starting ART as quickly as possible.

### Definition of adherence:

The standard clinical definition of adherence has been taking at least 95% of medications the right way, at the right time. Over time, this definition has been broadened to include more factors related to continuous care, such as following a care plan, attending scheduled clinic appointments, picking up medicines on time, and getting regular CD4 tests.

**Adherence describes how faithfully a person sticks to and participates in her or his HIV prevention, care, and treatment plan.**

**Adherence support is an important part of psychosocial support services and PMTCT and HIV clinical care services.**

### Key concepts of adherence:

**Adherence:**

- Is not the same as compliance and includes much more than following the doctor's orders
- Includes active participation of the client in her care plan

- Depends on a shared decision-making process between the client and health care providers
- Includes adherence to both care and to medicines
- Impacts the success of PMTCT and HIV care and treatment programs
- Changes over time

**Adherence to PMTCT and HIV care includes:**

- Entering into and continuing on a care and treatment plan (sometimes this is also called "retention in care")
- Taking medicines to prevent and treat opportunistic infections
- Planning for/having a safe delivery in a health facility
- Practicing safer infant feeding practices
- Bringing the baby back often for checkups and for HIV testing at 6 weeks and then again when the baby is weaned.
- Participating in ongoing education and counseling
- Attending appointments and tests (such as antenatal and postnatal appointments and regular CD4 tests) as scheduled
- Picking up medications for self and the child when scheduled, before running out
- Adopting a healthy lifestyle and understanding and minimizing risk behaviors, as much as is possible
- Recognizing when there is a problem or a change in health and coming to the clinic for care and support

**Remember: ALL PREGNANT WOMEN LIVING WITH HIV NEED TO TAKE ARVs, THE RIGHT WAY, EVERY DOSE, EVERY DAY!**

**Adherence to HIV treatment includes:**

- Taking ARVs correctly, as prescribed, even if the person feels healthy
- For women who are eligible for ART, taking ARVs as prescribed for their entire life—every pill, every day, for life
- Taking other medicines, such as cotrimoxazole, as prescribed
- Giving medications, including ARVs and cotrimoxazole, to HIV-exposed and HIV-infected babies and children as prescribed
- Not taking any breaks from treatment

**Non-adherence to care and treatment includes:**

- Missing one or many appointments at the hospital or health center, lab, or pharmacy – for the client or her baby
- Not following the care plan—of the client or her baby—and not communicating difficulties in following the care plan to health workers
- Missing one or more doses of medicine, or not giving the baby doses on time
- Sharing medicines with other people
- Stopping medicine for a day or many days (taking a treatment "break")
- Taking or giving medicines at different times than recommended by health workers
- Taking or giving medicines without following instructions about food or diet

- Not minimizing risk-taking behavior (for example, not practicing safer sex or not delivering a baby with a trained health care provider). Note that reducing risk-taking often depends on multiple factors and support from others (partner, family), so the ability to do so will depend on the client's specific situation.

**Remember: NO ONE IS PERFECT. It is important not to judge clients if they are non-adherent. Instead, we should try to uncover the underlying causes of non-adherence and help find ways to resume good adherence as soon as possible.**

### Why is near-perfect adherence to PMTCT and ART medications important?

- To reduce the chance of MTCT at all stages (e.g. during pregnancy, during labor and delivery, during breastfeeding)
- To ensure that ART and other medications do their job and keep clients healthy
- To increase the CD4 cells and decrease the amount of HIV in the body
- To avoid the body becoming resistant to certain medicines
- To make sure the person gets all the benefits that ARVs and other medicines have to offer, such as feeling better, not getting opportunistic infections, etc.
- To monitor the person's health and also to help her find community support resources for herself and her family
- To keep the person looking and feeling good so that she can get back to normal life
- To keep families, communities, and our nation healthy and productive

### What happens when a person doesn't adhere to his or her care and treatment plan?

- The levels of drugs in the body drop and HIV keeps multiplying.
- A baby is more likely to acquire HIV from his or her mother during pregnancy, delivery, or breastfeeding.
- The CD4 count will drop and the person will start getting more opportunistic infections.
- Children in particular will become ill very quickly.
- It is more likely that the person will pass HIV to others (during unprotected sex, for example).
- The person might become depressed or de-motivated due to illness or physical deterioration.
- The person can develop resistance to one or all of the drugs, meaning that the drugs will not work anymore even if they are taken correctly again. We can say that HIV is a very "smart" virus—it only takes a couple of missed doses for it to learn how to be stronger than the ARVs, to multiply, and to take over the body again.
- The person may have to start taking a new regimen or second-line ARVs. In many countries, there aren't many kinds of ARVs available, so individuals with poor adherence may run out of medication options.

## Definition of psychosocial support:

Psychosocial support addresses the ongoing psychological and social concerns and needs of people living with HIV (PLHIV), their partners, their family, and caregivers of children living with HIV. In the context of PMTCT services, psychosocial support addresses the psychological, social, and adherence needs of pregnant and postpartum women, their partners and families, and children throughout the spectrum of PMTCT care.

**Remember: Since pregnancy is a relatively short period of time, it is very important to assess and support pregnant women's psychosocial needs as soon as they are enrolled in ANC and PMTCT services.**

**It is important to provide psychosocial support to pregnant women and family members because:**

- HIV affects all dimensions of a person's life: physical, psychological, social, and spiritual.
- A woman who has just learned her HIV-status during prenatal HIV testing may need support in understanding and adjusting to this information, as well as planning what is going to happen next.
- It can help clients and caregivers cope more effectively with HIV and enhance their own and their children's quality of life.
- It can help facilitate the disclosure process.
- It can create opportunities to provide pregnant women and their families with needed information, specific to their situation.
- It can help clients gain confidence in themselves and their skills (coping with chronic illness, dealing with stigma or discrimination, adhering to the care and treatment plan, dealing with taking/giving medications every day, caring for an HIV-exposed or HIV-infected child, etc.).
- It can help build a trusting relationship between the client and the health worker.
- It can sometimes prevent more serious mental health issues from developing (like anxiety, depression, or withdrawal).
- Psychosocial wellbeing is related to better adherence to PMTCT and HIV care and treatment.
- Mental health is closely linked to physical health and wellbeing.
- It can provide people (or link people) with needed social, housing, and legal services.
- It can help people mentally and practically prepare for difficult circumstances, like ill health, having an HIV-infected baby, etc.
- When people can come together to solve problems and support one another, movements for change, acceptance, and advocacy are born.

**Retention, adherence, and psychosocial support are interrelated. A client is more likely to be retained in PMTCT care and adhere to her own and her baby's care and treatment if she receives ongoing information, education, and support at the clinic, in the community, and at home.**

# SESSION 2.2:
# Improving Retention, Adherence, and Psychosocial Support in PMTCT Programs (60 minutes)

## TRAINER INSTRUCTIONS

**Methodologies: Interactive Trainer Presentation, Cardstorming, Large Group Discussion, Small Group Work**

**STEP 1:** Introduce the Session by reminding participants that retention, adherence, and psychosocial support are multi-dimensional because every person is different, every person's health/life/family situation is different, and people's needs change over time. This is why retention, adherence, and psychosocial support services must be ongoing—and not one-time events—in PMTCT settings.

**STEP 2:** Pass out 5 small slips of paper or index cards to each participant. Ask participants to "cardstorm" and respond to the following question, writing a single response on each blank card **(Slide 2-16):**

- *Why don't clients stay in care and adhere to PMTCT care and medicines?*

While participants are cardstorming, post 4 pieces of flip chart, each with one of the following labels, around the training room ("HEALTH SERVICES FACTORS," "INDIVIDUAL FACTORS," "COMMUNITY AND CULTURAL FACTORS," "MEDICINE FACTORS").

**STEP 3:** After about 10 minutes, ask each participant to place their cards under one of the appropriate flip charts pasted around the training room. Facilitate an interactive discussion on the key factors affecting retention, adherence, and psychosocial wellbeing for pregnant and postpartum women, using participant inputs and filling in, as needed, from the content below. Remind participants that most clients do want to adhere to their PMTCT care plan, but there are often barriers that get in the way **(Slide 2-17)**.

**STEP 4:** Debrief by emphasizing that, while we, as health workers, are not always able to address all of the barriers, there are many factors that we CAN address in order to support clients' retention, adherence, and psychosocial needs. We can start by minimizing health service barriers, which includes improving the quality of counseling for clients **(Slide 2-17)**.

Ask participants to review the cards on the "HEALTH SERVICES FACTORS" flip chart. For each item listed, ask participants to discuss the following question (this can be done in a large group, or in small groups if time allows):

- *How can we address this health services challenge and improve the quality of services for our clients?*

For example, if one of the factors listed is lack of time for adherence counseling, participants can discuss why this is a challenge at their facility and what they can specifically do to allow more time for counseling of PMTCT clients (e.g. using job aides to standardize counseling messages, providing more supervision and mentoring to lay counselors, task shifting, conducting group sessions, spacing client appointments throughout the day, etc.). If one of the factors is long waiting times at the clinic, participants can discuss why this is a challenge and what they can do to decrease wait times and improve client flow.

**STEP 5:** As a way to remind participants of all of the points where retention, adherence, and psychosocial support can be offered, present the PMTCT spectrums of care **(Slides 2-18 to 2-19).**

**STEP 6:** Break participants into 4 small groups. Assign each small group one of the following stages: antenatal; labor and delivery; 1-8 weeks postpartum; 2-18 months postpartum. Ask each small group to discuss the following questions for their assigned stage and to record on flip chart **(Slide 2-20):**

- *What retention, adherence, and psychosocial support services do we **currently** offer to clients at this stage of PMTCT care? Who is responsible for offering these services?*
- *What are the **challenges** to offering quality retention, adherence, and psychosocial support services at this stage?*
- *What can we do better at this step in the **future** to improve retention, adherence, and psychosocial support services?*
- *What **tools** could help improve retention, adherence, and psychosocial support at this stage?*

After about 30 minutes, ask each of the small groups to present highlights of their discussions, focusing specifically on what can be done to support clients' retention, adherence, and psychosocial wellbeing and how to overcome specific challenges.

## KEY INFORMATION:

### Why don't clients stay in care and adhere to care and treatment?

- Most clients want to adhere to their own and their baby's care and treatment, but many times there are barriers that make this a challenge.
- Some of the barriers have to do with the client herself, her family situation, or characteristics of her community.
- Often, the health system itself creates challenges to retention, adherence, and psychosocial wellbeing.
- While the focus of this curriculum is not on these issues per se, they are extremely important and all health workers play a role in trying to make the system better as an individual and as part of a program.
- Retention, adherence, and psychosocial wellbeing can be improved when the client has clear information and practical guidance about her own and her baby's care and medications, as well as other aspects of PMTCT, such as safe infant feeding.
- It is important for health workers to have all of the information and present it to the client and her family using good counseling and communication skills and in ways that are easy to understand.

### Factors affecting retention, adherence, and psychosocial wellbeing

**Factors about health services** (note that as health workers, these are the factors that we have the most control in addressing and minimizing):

- Health worker attitudes
- Health worker language abilities
- Time available for individual counseling
- Space available for individual counseling
- Skills of counselors and other service providers

- Multidisciplinary approach to supporting adherence and psychosocial wellbeing
- Availability of tools to support quality counseling
- Standard procedures to assess and counsel on adherence at every visit
- PLHIV involvement in service delivery
- Drug stock-outs
- Distance to the clinic/transportation costs
- Convenience of clinic hours
- Patient record and tracking systems
- Number and type of health workers
- Youth-friendliness of services
- Waiting times
- Linkages between different services
- Referral systems
- Linkages to community services and support
- Support groups

**Factors about individual people:**

- How well they think they can adhere
- Acceptance of HIV-status
- Ability to disclose
- Acceptance of HIV-status and level of support from family
- Having a treatment supporter
- Understanding the benefits of HIV care and treatment and PMTCT services
- Quality of life while on treatment
- How sick or well people feel
- Travel and migration
- Health status
- Mental illness, like depression
- Drug or alcohol abuse
- Concern for the family's wellbeing

**Factors about our communities and our culture:**

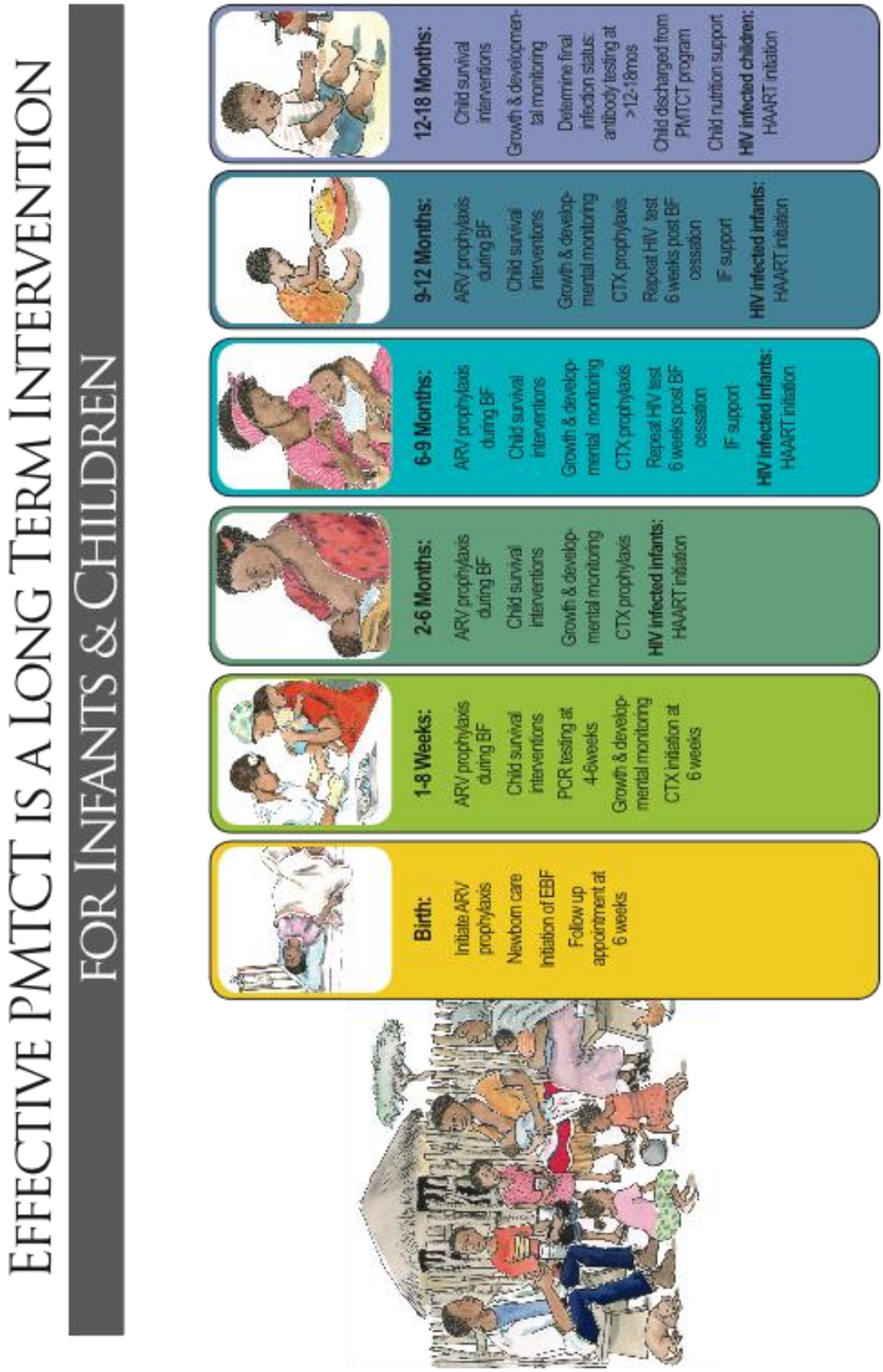
- Poverty
- Lack of food
- Stigma
- Social support at home and in the community
- Access to correct information
- Lack of childcare to attend clinic
- Ability to take time off work to attend clinic
- Family structure and decision-making
- Gender inequality
- Violence
- Forced migration
- Distrust of the clinic/hospital
- Use of traditional medicine
- Political instability or war
- Physical environment, e.g., mountainous, seasonal flooding, etc.

**Factors about medicines:**

- Side effects
- Number of pills in regimen
- Dose timing
- Need to take with food
- Availability of reminder cues—pill boxes, calendars, alarms, etc.
- Taste
- Changing pediatric doses
- Changes in drug supplier—changes in labeling, pill size, color, formulation
- Portability of medicines, especially syrups

## THE PMTCT CARE SPECTRUM FOR WOMEN

## THE PMTCT CARE SPECTRUM FOR CHILDREN



# SESSION 2.3:
# Case Studies (50 minutes)

## TRAINER INSTRUCTIONS

**Methodologies: Interactive Trainer Presentation, Small Group Work, Case Studies, Large Group Discussion**

**STEP 1:** Introduce the Session by explaining that participants will now work through case studies related to retention, adherence, and psychosocial support in PMTCT. Encourage participants to draw upon their own experiences when discussing the case studies and to think about the role of different multidisciplinary team members in the case study. If time allows, participants can also develop their own case studies for discussion **(Slide 2-21)**.

**STEP 2:** Break participants into multidisciplinary groups of 3 and assign each one of the case studies below. The case studies are also included in the Participant Manual. Ask each group to assign a facilitator and a notetaker. Give the groups 20-30 minutes to discuss their case study, noting key points of the discussion on flip chart.

Reconvene the large group and ask members of each small group to present key points of their case study. Allow time for group discussion.

**STEP 3:** Summarize and close the session by reminding participants that retention, adherence, and psychosocial support are ongoing processes, throughout the spectrum of PMTCT care for mothers, babies, and families. Emphasize that retention, adherence, and psychosocial support are everyone's job and emphasize the importance of documenting these activities **(Slide 2-22).**

## KEY INFORMATION:

### Case Studies

#### Case Study 1:

P___ is 18 years old, pregnant, and tested positive for HIV during her first ANC visit. During your session with P___, she discloses that it will be difficult for her to take medicines because she can't disclose to anybody. She expresses her fears of her boyfriend throwing her out of the house and not supporting her, but she really wants to protect her unborn baby.

#### Questions:

- ***What are the most important issues for P___ right now?***
- ***What kind of psychosocial support do you think P___ needs?***
- ***What kind of adherence support does P___ need?***
- ***What would your plan be for the current session with P___? What would you discuss?***
- ***How would you document your session and the next steps you agree upon with P___?***

- ***What roles would different members of the multidisciplinary team take in P___'s care and counseling?***
- ***What tools would help you, the health worker, provide quality counseling and care to P___?***
- ***Would you provide any referrals for P___? If yes, describe. How would you document this and find out if she went where she was referred?***

**Case Study 2:**

N___ is married and has 4 children. She is 5 months pregnant and at her last ANC visit she was referred to the ART clinic because her CD4 count was 200. She missed her next ANC visit, but returns to the clinic a few weeks later. When you meet with her, N___ says that she went to the ART clinic, but left because there was a long queue and people were gossiping about her. She decided she does not want to take any ARV medications and is feeling fine.

**Questions:**

- ***What are the most important issues for N___ right now?***
- ***What kind of psychosocial support do you think N___ needs?***
- ***What kind of adherence support does N___ need?***
- ***What would your plan be for the current session with N___? What would you discuss?***
- ***How would you document your session and the next steps you agree upon with N___?***
- ***What roles would different members of the multidisciplinary team take in N___'s care and counseling?***
- ***What tools would help you, the health worker, provide quality counseling and care to N___?***
- ***Would you provide any referrals for N___? If yes, describe. How would you document this and find out if she went where she was referred?***

**Case Study 3:**

M___ delivered her baby, a girl, 9 weeks ago. M___ took ARVs during her pregnancy and delivered at a health facility. She missed her 6-week postpartum visit, but comes to the clinic a couple of weeks later for a well-child visit. The baby was given ARVs at birth, but M___ said she has not been able to give the baby medications at home because she doesn't want her family to be suspicious. Right now, neither the baby nor M___ is taking any medications. The baby doesn't seem to be gaining very much weight even though M___ says she breastfeeds often.

**Questions:**

- ***What are the most important issues for M___ right now?***
- ***What kind of psychosocial support do you think M___ needs?***
- ***What kind of adherence support does M___ need?***
- ***What would your plan be for the current session with M___? What would you discuss?***
- ***How would you document your session and the next steps you agree upon with M___?***
- ***What roles would different members of the multidisciplinary team take in M___'s care and counseling?***
- ***What tools would help you, the health worker, provide quality counseling and care to M___?***
- ***Would you provide any referrals for M___? If yes, describe. How would you document this and find out if she went where she was referred?***

# SESSION 2.4:
# Module Summary (10 minutes)

## TRAINER INSTRUCTIONS

**Methodologies: Large Group Discussion, Interactive Trainer Presentation**

**STEP 1:** Ask participants what they think the key points are of this Module. What information will they take away from the Module?

**STEP 2:** Summarize the key points of the Module using participant feedback and the content below **(Slides 2-23 to 2-24).** Review the Module learning objectives **(Slide 2-2)** with participants and make sure all are confident with their skills and knowledge in these areas.

**STEP 3:** Ask if there are any questions or clarifications **(Slide 2-25).**

**STEP 4:** Ask each participant to share with the group one thing he or she will do differently in his or her work, based on the information and skills learned in this Module.

## KEY INFORMATION:

### THE KEY POINTS OF THIS MODULE INCLUDE:

- Retention refers to keeping clients (and their babies) in the care program, throughout the spectrum of PMTCT care.
- Adherence means how faithfully a person sticks to, and participates in, her or his HIV care and treatment plan.
- Adherence to PMTCT and HIV care is important to make sure women and babies stay healthy, get the ongoing care they need, understand how to live positively, know when and how to start ARVs or ART, and get psychosocial support.
- Adherence to medications is important to lower the amount of HIV in the body, to lower the chances that the baby will acquire HIV, and to make sure women and babies get all the benefits that ARVs and other medicines have to offer for their own health.
- Psychosocial support addresses the ongoing psychological and social concerns and needs of people living with HIV, their family, and caregivers of children living with HIV.
- Retention, adherence, and psychosocial support are interrelated. A client is more likely to be retained in PMTCT care and adhere to her own and her baby's care and treatment if she receives ongoing information, education, and support at the clinic, in the community, and in her family.
- There are many barriers and challenges to retention, adherence, and psychosocial wellbeing, including things related to people's lives, to our culture, to the health care program, and to the medicines themselves.

**(KEY POINTS, CONTINUED)**

- Retention, adherence, and psychosocial support are important services in PMTCT programs and throughout the PMTCT spectrum of care—from the time before a woman gets pregnant, through her pregnancy and delivery, the postpartum period, weaning, and until there is a final infection status for the child.
- The entire multidisciplinary team is responsible for providing retention, adherence, and psychosocial support to pregnant and postpartum women.

# MODULE 3:
# Using the PMTCT Counseling Cue Cards

## DURATION: 150 MINUTES (2 hours, 30 minutes)

## LEARNING OBJECTIVES:

**By the end of this Module, participants will be able to:**

- Understand why the PMTCT counseling cue cards were developed and how they can be used by health workers
- Discuss how the PMTCT counseling cue cards could be used in their clinic setting
- Be familiar with the key messages in each of the counseling cue cards
- Use the PMTCT counseling cue cards as an aide/guide when working with clients in various stages of the PMTCT care spectrum

## CONTENT:

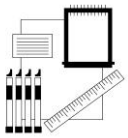
**Session 3.1: Overview of the PMTCT Counseling Cue Cards**

**Session 3.2: Classroom Practicum on Using the PMTCT Counseling Cue Cards**

**Session 3.3: Module Summary**

## METHODOLOGIES:

- **Interactive trainer presentation**
- **Individual work**
- **Large group discussion**
- **Small group work**
- **Case studies**
- **Role play**



## MATERIALS NEEDED:

- **Flip chart and stand**
- **Markers**
- **Tape or Bostik**
- **Slide set for Module 3**
- **Projector/LCD and screen (or white wall)**
- **Extra copies of the counseling cue cards for each participant**
- **Toolkit, including Participant's Manual and Counseling Cue Cards**

## WORK FOR THE TRAINER TO DO IN ADVANCE:

- **Set up the training room and gather required materials.**
- **Read through the entire Module and Module 3 slide set and make sure you are familiar with the training methodologies and content.**
- **Review the set of counseling cue cards in the Toolkit and ensure you are comfortable with each topic area and all of the counseling messages.**
- **Make extra copies of the PMTCT Counseling Cue Cards for each participant.**

# SESSION 3.1:
# Overview of the PMTCT Counseling Cue Cards (30 minutes)

## TRAINER INSTRUCTIONS

**Methodologies: Interactive Trainer Presentation, Individual Work, Large Group Discussion**

**STEP 1:** Review the Module learning objectives **(Slides 3-1 to 3-2)** and ask if there are any questions. Explain that, in this Module, we will learn more about the specific counseling messages and the information to discuss in sessions with pregnant women living with HIV. Explain that we will also become more familiar with counseling cue cards—job aides that counselors can use as tools to guide their sessions.

**STEP 2:** Ask participants to turn to the PMTCT counseling cue cards, which are part of their Toolkit. Explain why the cue cards were developed and how they can be used in the clinic setting **(Slide 3-3).** Remind participants that quality communication and counseling in the PMTCT setting can improve client's retention, adherence, and psychosocial wellbeing.

Tell participants that the cue cards were developed to serve as a job aide and guide to health workers in PMTCT settings. Explain that there are 20 cue cards in total, and that each card focuses on a specific topic important to the care and support of PMTCT clients, their children, and family members, across the spectrum of PMTCT care. Health workers can use these cue cards, based on the individual client's situation and where she is in the PMTCT spectrum.

**STEP 3:** Review how the cue cards are set up **(Slide 3-4),** including that key questions to ask the client and notes to the health worker are included in italics. References to other, relevant cards are included in the margins.

**STEP 4:** Give participants about 10-15 minutes to look through the cue cards. Ask participants if there are any questions and, if needed, refer back to the PMTCT Update Session and clarify any questions on the national PMTCT guidelines and cue card content.

**STEP 5:** Lead a large group discussion, using the following questions as a guide and reminding participants that each facility should develop a plan on how the counseling cue cards will be used **(Slide 3-5):**

- *What are your impressions of the counseling cue cards?*
- *How do you think the counseling cue cards could be used in your clinic?*
- *Who could use the cue cards? When? In what situations?*
- *What next steps would you take to use the cue cards in your clinic?*

## KEY INFORMATION:

### How to Use the Counseling Cue Cards

The counseling cue cards were developed to support a range of providers who work with pregnant women living with HIV and their families.

Each of the cards focuses on a specific topic important to the care and support of pregnant women living with HIV, their children, and families across the PMTCT continuum of care. Providers may use the cue cards as job aides and reminders of key information to cover during initial post-test and ongoing counseling sessions with pregnant women and newly delivered mothers, their partners, family members, and supporters. The cue cards do not have to be used in sequence, but instead should be used according to the client's specific needs and concerns during the session.

**Good counseling and communication skills, such as active listening, being attentive to the client's questions and needs, and avoiding one-way communication, should always be used, no matter what the counseling topic.**

**Counseling Cue Card Topics:**

1. PMTCT Basics
2. Staying Healthy During Your Pregnancy
3. Adhering to Your PMTCT Care Plan
4. Preparing to Start and Adhere to Lifelong ART
5. Continuing and Adhering to ART During Pregnancy
6. Preparing to Start and Adhere to AZT Prophylaxis
7. Preparing to Start and Adhere to ART Prophylaxis
8. HIV Testing for Your Partner and Family Members
9. Disclosing Your HIV-Status
10. Being Part of a Discordant Couple
11. Having a Safe Labor and Delivery
12. Taking Care of Yourself After Your Baby is Born
13. Caring for Your HIV-Exposed Baby and Adhering to Care and Medicines
14. Safely Feeding Your Baby
15. Exclusively Breastfeeding Your Baby
16. Exclusively Replacement Feeding Your Baby
17. Introducing Complementary Foods to Your Child at 6 Months
18. Making Decisions About Future Childbearing and Family Planning
19. Testing your Baby or Child for HIV
20. Caring for Your HIV-Infected Baby or Child and Adhering Care and Medicines

**Please note:**

- **Key questions** are included in *italics*, and may be used to initiate discussions, learn more about what the client already knows and her specific concerns, and to gauge understanding and elicit follow-up questions.
- **Notes to guide counselors** are also included in *italics*.
- The margins of each card contain **cross-references** to other cards on related topics (for example, if infant feeding is mentioned, there will be a cross-reference to the specific cue cards addressing infant feeding to which the provider may want to refer).

# SESSION 3.2:
# Classroom Practicum on Using the PMTCT Counseling Cue Cards (80 minutes)

## TRAINER INSTRUCTIONS

**Methodologies: Interactive Trainer Presentation, Small Group Work, Case Studies, Role Play**

**STEP 1:** Introduce the Session by telling participants that they will now learn more about the key counseling messages for PMTCT clients at different stages in the PMTCT care spectrum, and that they will get practical experience using the counseling cue cards.

**STEP 2:** Break participants into small groups of 4. Refer to the case studies written below and in the Participant's Manual. Explain that each small group will go through at least 2 of the case studies (assign at least 2 case studies to each small group), with group members shifting roles so that each person has the chance to play the role of the "health worker."

**STEP 3:** Once participants are in their small groups and have been assigned case studies, give each group flip chart paper and markers. Ask each group to discuss the following questions for each of their 2 case studies **(Slide 3-6):**

- *What are some of the retention, adherence, and psychosocial issues and challenges you think this client is facing?*
- *What are the key issues and messages you would focus on with this client?*
- *Which of the cue cards do you think would be helpful to guide your session with this client?*

**STEP 4:** Next, ask the groups to assign one person to play the role of a "health worker," one the role of the "client," and two the role of "observer." Have the small groups role play each of their case studies, switching roles after about 10 minutes.

Encourage participants to use the counseling cue cards to help guide the session and their key messages when they are playing the role of the "health worker." The "observers" should use the extra copies of the counseling cue cards as a checklist to ensure that all key messages are covered.

Continue until all of the small groups have worked through both case studies, and each has had the chance to play the role of the "health worker."

**STEP 5:** Bring the large group back together. Ask each small group to role play one of their case studies in front of the large group. Go over the key points and considerations of each case study as a large group and be sure to answer any questions. Allow participants time to give feedback and debrief the activity using these questions **(Slide 3-7):**

- *What were the key issues for the client in this case study? Key retention and adherence issues? Key psychosocial issues? Other issues?*
- *What did the "health worker" do well in the session?*
- *What other points do you think the "health worker" could have discussed with the client?*

- *How did the "health worker" use the counseling cue cards during the role play? Which cue cards did he or she use?*
- *For the "health worker:" What were your experiences using the counseling cue cards? What was easy? Challenging?*

**STEP 6:** Debrief the activity by reminding participants that all health workers should be comfortable discussing key counseling messages and providing necessary information during sessions with PMTCT clients, caregivers, and family members. The counseling cue cards can serve as a useful reminder of these key messages.

## KEY INFORMATION:

## Case Studies:

### Case Study 1:

N___ is 14 weeks pregnant and just came to the antenatal clinic for her first visit. You deliver the news that her HIV test was positive and provide post-test counseling. After talking with her, you sense that she does not have very much information on PMTCT. Counsel N___ on the key things she needs to know about PMTCT and having a healthy pregnancy.
*(see PMTCT Basics, Staying Healthy During Your Pregnancy, HIV Testing for Your Partner and Family Members, and Adhering to Your PMTCT Care Plan cue cards)*

### Case Study 2:

J___ is enrolled in the PMTCT program and will begin prophylaxis now that she is 14 weeks pregnant (and her CD4 count is 500). Counsel her on adherence to her PMTCT care plan and her prophylaxis regimen. Also talk with her about planning to have a safe labor and delivery.
*(see Adhering to Your PMTCT Care Plan, Preparing to Start and Adhere to AZT or ART Prophylaxis [depending on national guidelines], and Having a Safe Labor and Delivery cue cards)*

### Case Study 3:

L___ is enrolled in the PMTCT program. She began taking ART about one month ago, but complains that she is not feeling well and says that she wants to stop taking the medicine. Counsel L___ on having a healthy pregnancy, on why ART is important, and on how she can adhere to her care plan and ART.
*(see Adhering to Your PMTCT Care Plan, Preparing to Start and Adhere to Lifelong ART, and Staying Healthy During Your Pregnancy cue cards)*

### Case Study 4:

T___ has been on ART for about 3 years and her CD4 count is high. You meet her at the ANC clinic, where she is enrolled in the PMTCT program. She is worried that the ART she has been taking will hurt her baby. Counsel T___ on adherence to her PMTCT care plan and ART, and also on how she can safely breastfeed her baby once he or she is born.
*(see Adhering to Your PMTCT Care Plan, Continuing and Adhering to Your ART During Pregnancy, and Safely Feeding Your Baby – Breastfeeding cue cards)*

### Case Study 5:

A___ tests positive for HIV at her first antenatal visit. She is shocked and says she's only ever had sex with her husband. She has 2 other young children at home, but A___ says she has never thought about testing them for HIV since they are healthy. She is afraid to talk to her husband about her test result and says she will just keep it to herself. Counsel A___ on PMTCT basics, as well as on HIV testing for her husband and children, and disclosure to someone she trusts.
*(see PMTCT Basics, HIV Testing for Your Partner and Family Members, and Disclosing Your HIV-Status cue cards)*

### Case Study 6:

M___ found out that she is HIV-infected 7 months ago, while she was pregnant. She just gave birth to a baby girl and doesn't think it's safe for her to breastfeed the baby. She is willing to do anything to make sure her daughter remains HIV-uninfected. However, she also has to return to work soon and has 2 other children to support. M___ has not told her boyfriend about her or the baby's HIV-status. Counsel M___ on taking care of herself, talking with her partner, and caring for her HIV-exposed daughter.
*(see HIV Testing for Your Partner and Family Members, Disclosing Your HIV-Status, Taking Care of Yourself After Your Baby is Born; Caring for Your HIV-Exposed Baby and Adhering to Care and Medicines; Exclusively Breastfeeding Your Baby; and Testing Your Baby or Child for HIV cue cards)*

### Case Study 7:

B___ is a client in the PMTCT program. She gave birth to her son about 2 months ago. She missed the baby's 6-week follow-up appointment, but returns to the clinic 2 weeks later. B___ is breastfeeding her son, but complains that her nipples are very sore. B___'s family does not know she is HIV-infected and she is having trouble remembering to give her baby nevirapine. Counsel B___ on disclosure, adherence to care and medicines for her HIV-exposed baby, HIV testing for the baby, and also on safely feeding her baby.
*(see Disclosing Your HIV-Status, Caring for Your HIV-Exposed Baby and Adhering to Care and Medicines; Exclusively Breastfeeding Your Baby; and Testing Your Baby or Child for HIV cue cards)*

### Case Study 8:

P___ returns for her 8-week old baby's HIV test results. The results show that the baby is HIV-uninfected. P___ is exclusively breastfeeding her baby and taking lifelong ART. P___ is very happy about the results and says she thinks she should stop breastfeeding immediately since her baby is negative. Counsel P___ on caring for her HIV-exposed baby, safe breastfeeding and when to retest the baby, and on being part of a discordant couple.
*(see Caring for Your HIV-Exposed Baby and Adhering to Care and Medicines; Exclusively Breastfeeding Your Baby; and Testing Your Baby or Child for HIV cue cards)*

### Case Study 9:

C___ is a client in the PMTCT program and is taking lifelong ART. She recently delivered a healthy baby boy, who tested HIV-negative at 6 weeks. C___ comes back to the clinic for a checkup. She says she really wants to have another child in a couple of years, but that her husband does not think it's worth the risk of the baby being HIV-infected. C___'s husband is HIV-uninfected. Counsel C___ on how she can make safe decisions about having children in the future, how she can prevent or space pregnancies now, and about being part of a discordant couple.
*(see Making Decisions About Future Childbearing and Family Planning and Being Part of a Discordant Couple cue cards)*

**Case Study 10:**

V___ is the primary caregiver of her 8-month old nephew, who has been sick a lot and is not gaining weight. She is shocked to learn that the baby is HIV-infected and had no idea that her sister was HIV-infected. She feels frustrated because she already is caring for her own children and doesn't have much money or time to keep bringing her nephew to the clinic. Counsel V___ on caring for her HIV-infected nephew, including on adherence to care and medicines.
*(see Caring for Your HIV-infected Child and Adhering to Care and Medicines cue card)*

# SESSION 3.3:
# Module Summary (10 minutes)

## TRAINER INSTRUCTIONS

**Methodologies: Large Group Discussion, Interactive Trainer Presentation**

**STEP 1:** Ask participants what they think the key points are of this Module. What information will they take away from the Module?

**STEP 2:** Summarize the key points of the Module using participant feedback and the content below **(Slides 3-8 to 3-9).** Review the Module learning objectives **(Slide 3-2)** with participants and make sure all are confident with their skills and knowledge in these areas.

**STEP 3:** Ask if there are any questions or clarifications **(Slide 3-10).**

**STEP 4:** Ask each participant to share with the group one thing he or she will do to use the counseling cue cards at his or her clinic and in his or her work with PMTCT clients.

## KEY INFORMATION:

### THE KEY POINTS OF THIS MODULE INCLUDE:

- All health workers should be up-to-date and knowledgeable about their national PMTCT guidelines.
- Pregnant and postpartum women and caregivers of HIV-exposed and HIV-infected babies and children often have a number of retention, adherence, and psychosocial support needs that may change over time.
- Quality communication and counseling in the PMTCT setting can lead to increased retention, adherence, and psychosocial wellbeing among clients.
- Health workers can use counseling cue cards to help explain the basics of PMTCT care and remember key counseling messages for clients in different places along the PMTCT care spectrum.
- Each clinic should have a specific plan on how the counseling cue cards are used (who, when, where, how, etc.).
- Counseling is a part of everyone's job and all multidisciplinary team members should be familiar with and have copies of the counseling cue cards.
- When talking with clients, it is always important to use the 7 key counseling and communication skills (discussed in Supplemental Module 6).

# MODULE 4:
# Using the PMTCT Checklists, Guides, Forms, and Video

## DURATION: 150 MINUTES (2 hours, 30 minutes)

## LEARNING OBJECTIVES:

**By the end of this Module, participants will be able to:**

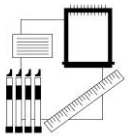
- Discuss the importance and relevance of each of the PMTCT Tools within the Toolkit
- Conduct pre-test and post-test education and counseling sessions with clients, using structured checklists
- Conduct a psychosocial assessment and fill in the psychosocial assessment reporting form
- Conduct and document adherence preparation and support counseling with clients, using a guide and reporting form
- Conduct and document adherence assessments and follow-up counseling with clients, using a guide and reporting form
- Discuss the importance of having an appointment system in PMTCT settings and how to use an appointment book and appointment reminder cards
- Describe how each PMTCT Tool might be applied in their specific clinic setting
- Discuss how to use the PMTCT video in their clinic and/or community settings

## CONTENT:

**Session 4.1: Overview of the PMTCT Checklists, Guides, and Forms**
**Session 4.2: Practical Session on Using the PMTCT Forms and Guides**
**Session 4.3: Orientation to the PMTCT Video**
**Session 4.4: Module Summary**

## METHODOLOGIES:

- **Interactive trainer presentation**
- **Large group discussion**
- **Individual work**
- **Small group work**
- **Case studies**
- **Role play**



## MATERIALS NEEDED:

- **Flip chart and stand**
- **Markers**
- **Tape or Bostik**
- **Slide set for Module 4**
- **Projector/LCD and screen (or white wall)**
- **VCD player or computer to play video**
- **Extra copies of all of the PMTCT Tools in the Toolkit for each participant**
- **Toolkit, including Participant's Manual and All Sample Checklists Guides, and Forms, as well as the PMTCT Video**

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## WORK FOR THE TRAINER TO DO IN ADVANCE:

- **Set up the training room and gather required materials.**
- **Read through the entire Module and Module 4 slide set and make sure you are familiar with the training methodologies and content.**
- **Review all of the PMTCT Tools and the PMTCT Video in the Toolkit and ensure you are comfortable with each Tool and the content within.**
- **Make extra copies of all of the PMTCT Tools in the Toolkit so that each participant has at least one extra copy to take notes on and use during role plays.**
- **Test the video player to make sure it is working and that the video can be projected and heard clearly by participants.**
- **Make sure there are at least 2 extra chairs in the front of the room that can be used during role plays.**

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# SESSION 4.1:
# Overview of the PMTCT Checklists, Guides, and Forms
# (45 minutes)

## TRAINER INSTRUCTIONS

**Methodologies: Interactive Trainer Presentation, Large Group Discussion, Individual Work**

**STEP 1:** Review the Module learning objectives **(Slides 4-1 to 4-3)** and ask if there are any questions. Explain that, in this Module, we will learn more about helpful tools (including checklists, guides, forms, etc.) that health workers can adapt and use to support their work with PMTCT clients.

**STEP 2:** Ask participants to turn to the PMTCT checklists, guides, and forms, which are part of their Toolkit. Explain that, here, there are 5 helpful tools for health workers to adapt and use **(Slide 4-4)**:

1. Counseling checklists for HIV testing in antenatal care settings
2. Psychosocial assessment guide and recording form
3. Adherence preparation and support guides
4. Adherence assessment and follow-up guides
5. Appointment book and appointment reminder card templates

**STEP 3:** For each of the 5 tools listed above, discuss the following and encourage participants to follow along in their Toolkit **(Slide 4-5):**

- *Why was the tool developed?*
- *How can the tool contribute to improved PMTCT services and improved adherence and psychosocial support for PMTCT clients?*
- *What are the major components of the tool?*
- *How do you think the tool could be used in your clinic?*

Give participants about 5 minutes to look through each tool on their own after it is discussed. Ask participants if there are any questions and, if needed, refer back to the PMTCT Update Session and clarify any questions on the national PMTCT guidelines or on the specific tools.

## KEY INFORMATION:

*Please see the "How to Use…" sections and individual tools in the Toolkit for more information.*

## There are 5 sets of forms and guides in the Toolkit:

- **PMTCT Pre- and Post- HIV Test Counseling Checklists** to be used by health workers when providing pre- and post- test counseling to PMTCT clients

**Pre-test information and education sessions and individual post-test counseling should be conducted with clients.**

- **A PMTCT Psychosocial Assessment Guide and Reporting Form** to be used by health workers when conducting initial and follow-up psychosocial assessments with PMTCT clients

**It is recommended that a psychosocial assessment be conducted with all clients upon entry into the PMTCT program**.

- **Adherence Preparation and Support Guides** to be used by health workers to help clients prepare to adhere to their own (and their baby's) care and treatment plans and when providing ongoing adherence support

**Initiation of ARVs or ART among pregnant women should NOT be delayed for any reason. Basic adherence preparation should be conducted in 1 visit (if possible) and follow-up adherence counseling provided at each subsequent clinic visit.**

- **Adherence Assessment and Follow-up Guides** to be used by health workers to assess adherence and learn more about adherence challenges the client may be facing, as well as to provide ongoing adherence support

**Adherence should be assessed at each clinic visit and ongoing counseling and support provided throughout the PMTCT spectrum of care.**

- **Appointment Book and Appointment Reminder Card Templates** to be adapted and implemented at the clinic level in order to help keep track of appointments and to help trace clients lost to follow-up, as well as to help clients keep track of upcoming appointments

**Functional appointment systems are the cornerstone of retention and adherence to PMTCT care. All clinics should have an appointment system, including systematic follow-up of clients who miss appointments.**

# SESSION 4.2:
# Practical Session on Using the PMTCT Forms and Guides (65 minutes)

## TRAINER INSTRUCTIONS

**Methodologies: Interactive Trainer Presentation, Small Group Work, Case Studies, Role Play**

**STEP 1:** Introduce the Session by telling participants that they will now learn more about each of the 5 tools and have an opportunity to practice using them.

**STEP 2:** Break participants into 5 small, multidisciplinary groups. Assign a station in the room for each of the 5 tools, and then assign each small group to one of the 5 stations. Make sure there is flip chart paper and markers at each station, as well as extra copies of the Tools. Ideally, a trainer or other facilitator should be at each station. The 5 stations include **(Slide 4-6)**:

1. Counseling checklists for HIV testing in antenatal care settings
2. Psychosocial assessment guide and recording form
3. Adherence preparation and support guides
4. Adherence assessment and follow-up guides
5. Appointment book and appointment reminder card templates

Ask each small group to move to its assigned station.

**STEP 3:** At each of the 5 stations, the small groups should carefully review their assigned Tool from the Toolkit and discuss the following questions, taking notes on flip chart **(Slide 4-7):**

- *How can the tool improve retention, adherence, and/or psychosocial support for PMTCT clients?*
- *Who at your clinic could use the tool? When? In what situations?*
- *Where would the Tool/forms be stored?*
- *Are there challenges (now or anticipated) in using this tool? Are there solutions to these challenges?*
- *What next steps would you take to use the tool in your clinic?*

**STEP 4:** Next, small group members should take turns using their assigned Tool as part of the case studies written below and in the Participant's Manual. As time allows, each member of the small group should role play the role of the "health worker" and use the Tool, including filling in forms, as applicable.

**STEP 5:** If small groups complete their role plays, they can move as a group to another station and conduct the same activities with a new Tool.

**STEP 6:** After about 45 minutes have passed, bring the large group back together. Ask each small group to present a brief summary of their assigned tool, based on the discussion questions. As time allows, ask some of the small groups to perform a role play on using their Tool in front of the large group. Open up the discussion of each Tool to the large group.

**STEP 7:** Summarize by explaining to participants that Tools can help health workers provide clients with retention, adherence, and psychosocial support services; however, we should remember that it is important that the tools are used in combination with good counseling and within a supportive, welcoming, and client-friendly environment at the health facility. Remind participants that they will be supported and mentored on using the tools over time **(Slide 4-8)**.

## KEY INFORMATION:

## Case Studies for Each of the 5 Tools:

### 1. Counseling checklists for HIV testing in antenatal care settings

Part A:
You are leading a group pre-test information session for pregnant women at the clinic. What would you say in the session? Use the checklist as a guide.

Part B:
O___ is a pregnant woman coming for her first antenatal appointment. She received HIV testing and her results are negative. Provide O___ with post-test counseling. Use the checklist as a guide.

Part C:
F___ is a pregnant woman who decided to be tested for HIV at her second antenatal visit. Her test results are positive. Provide F___ with post-test counseling. Use the checklist as a guide.

### 2. Psychosocial assessment guide and recording form

Part A:
G___ is a newly enrolled PMTCT client. Conduct a psychosocial assessment with G___. Be sure to complete the psychosocial assessment recording form.

Part B:
W___ is a client in the PMTCT program. She delivered a baby girl 6 weeks ago and has returned to the clinic for the 6-week checkup. Conduct a psychosocial assessment with W___. Be sure to complete the psychosocial assessment recording form.

### 3. Adherence preparation and support guides

Part A:
F___ is 14 weeks pregnant and her CD4 count is 650, so she will be starting PMTCT prophylaxis. Counsel and prepare F___ on adherence to her care and the ARVs that she will be given today. Use the appropriate Adherence Preparation and Support Guide, being sure to take notes on the form.

Part B:
S___ is pregnant and just started taking lifelong ART 2 weeks ago. Counsel and prepare S___ on adherence to her care and ART. Use the appropriate Adherence Preparation and Support Guide, being sure to take notes on the form.

Part C:
P___ goes for her first visit at the antenatal clinic. She has been taking ART for the last 3 years and is excited to have a baby. Counsel her on adherence to ART during her pregnancy and for life. Use the appropriate Adherence Preparation and Support Guide, being sure to take notes on the form.

Part D:
X___ is the primary caregiver of her sister's 1-month old baby. The baby, named C___ is HIV-exposed. Counsel X___ on adherence to the baby's care and medicines. Use the appropriate Adherence Preparation and Support Guide, being sure to take notes on the form.

**4. Adherence assessment and follow-up guides**

Part A:
R___ returns for her monthly antenatal visit and ARV refill. Assess R___'s adherence and provide follow-up adherence counseling and support.

Part B:
H___ is caring for her 3-month old baby, who is HIV-exposed and breastfeeding. The baby's 6 week PCR test was negative. They return for a checkup and medication refill. Assess H___ and the baby's adherence and provide follow-up adherence counseling and support.

**5. Appointment book and appointment reminder card templates**

Part A:
B___ is a PMTCT client. She needs to make a follow-up appointment for an ARV refill and checkup. Make a follow-up appointment with B___ being sure to fill in the appointment book and to give her an appointment reminder card to take home.

Part B:
I___ is a PMTCT client that was scheduled to come in for a checkup and refill on Monday. It is now Friday and I___ has not come to the clinic. How would you complete the appointment book and what next steps would you take?

# SESSION 4.3:
# Orientation to the PMTCT Video (30 minutes)

## TRAINER INSTRUCTIONS

**Methodologies: Interactive Trainer Presentation, Large Group Discussion**

**STEP 1:** Introduce the Session by explaining that a PMTCT video was created to reinforce key messages with PMTCT clients, family members, and caregivers of HIV-exposed and HIV-infected children. Remind participants that the video was created for use in many countries and settings, so while it may not completely reflect the situation in their clinic or setting, it still can be used to promote key PMTCT messages **(Slide 4-9)**.

**STEP 2:** Play the PMTCT video for participants.

**STEP 3:** After watching the video, lead a large group discussion using the following questions as a guide **(Slide 4-10):**

- *What are your impressions of the video?*
- *How do you think the video could help reinforce key PMTCT messages with clients?*
- *How do you think the video could be used in your clinic?*
- *Who could use the video? When? Where? In what situations?*
- *How could health workers (especially nurses, counselors, and peer educators) facilitate the video to help clients get the most out of it?*
- *What next steps would you take to distribute and use the video in your clinic?*
- *Do you think there are additional uses for the video in a community setting? If yes, explain.*

## KEY INFORMATION:

### How to Use the PMTCT Patient Education Video:

***"Saving Two Lives: A Patient Education Video on Adherence to PMTCT"*** was created to reinforce key PMTCT messages with clients, their family members, caregivers, and community members. The video was filmed in Port Elizabeth, South Africa and most of the actors are actual nurses, peer educators, mother mentors, and community members from the area.

The video was developed as a generic product, so while it may not completely reflect the specifics of PMTCT care in all countries, it is still useful in promoting the key concepts of PMTCT, including retention, adherence, and the importance of psychosocial support. The video is in English, so careful facilitation is especially required in settings where viewers do not use English as a first language.

**The video is divided into specific scenes. It may be played in its entirety, or by section, depending on the time available and the audience.**

- In the first scene, the viewer is introduced to Hope, a young woman who lives with her husband and mother-in-law. Hope goes to the clinic for her first ANC visit (despite her mother-in-law's insistence that this is a waste of time), where she is tested for HIV, and learns that she is HIV-infected. The nurse at the clinic gives Hope information on the meaning of her test results and how she can prevent MTCT. Afterwards, Hope meets an experienced mother and PMTCT client, Janet, who gives her information and support on what she needs to do to prevent MTCT.
- In the second scene, Janet returns to the clinic with Hope one week after they met. Hope picks up her CD4 test results and prepares to start taking ARVs. The nurse and Janet give Hope practical advice on how she can lower the chances that her baby will be HIV-infected, including the importance of adherence to her PMTCT care plan and medicines.
- In the third scene, we see Hope and her newborn baby attend a mother's support group meeting in the community. Hope shares some of her experiences caring for her HIV-exposed baby and learns more from other support group members and the Peer Educator who is facilitating the meeting.
- Each scene is separated by "commercials" that reiterate key messages on PMTCT.

**The video may be used in a number of settings, including:**

- In the ANC waiting area, if there is a TV and DVD/VCD player
- As part of group education sessions with PMTCT clients
- As part of individual counseling and education sessions with PMTCT clients
- As part of training and mentoring activities for lay counselors, peer educators, mother mentors, etc.
- In support group meetings
- In the community, for example at community meetings, religious gatherings, workplaces, marketplaces, and other venues where people come together
- In women's and youth group activities
- In PLHIV association activities
- As part of a public service announcement (PSA) on television

**The video will be most effective if a health worker (nurse, peer educator, counselor, etc.) facilitates the video with viewers.**

- Once programs decide on how and where the video will be used, it is recommended that tailored facilitation guides, including prompts and questions, be developed and implemented.
- For example, if the video is used as part of a group education session with PMTCT clients, the facilitator could stop the video at regular intervals and ask clients what they think is happening, what they think the characters are feeling, and how the situation shown in the video relates to their own PMTCT care and medicines. Similar questions can be asked at the end of the video in cases where the entire video is shown at once.
- Facilitation and guided discussion will also allow for more in-depth discussion of PMTCT care and medicines, for example discussing which specific ARVs pregnant women and HIV-exposed children take and for how long, specific examples of adherence challenges and reminders, and ways to safely feed and care for HIV-exposed infants.
- As mentioned above, guided facilitation will also help viewers understand what is happening in the video, especially if they do not speak/understand English as a first language.

# SESSION 4.4:
# Module Summary (10 minutes)

## TRAINER INSTRUCTIONS

**Methodologies: Large Group Discussion, Interactive Trainer Presentation**

**STEP 1:** Ask participants what they think the key points are of this Module. What information will they take away from the Module?

**STEP 2:** Summarize the key points of the Module using participant feedback and the content below **(Slides 4-11 to 4-12).** Review the Module learning objectives **(Slides 4-2 to 4-3)** with participants and make sure all are confident with their skills and knowledge in these areas.

**STEP 3:** Ask if there are any questions or clarifications **(Slide 4-13).**

**STEP 4:** Ask each participant to share with the group one thing he or she will do to use one or more of the Tools discussed in this Module in his or her work.

## KEY INFORMATION:

### THE KEY POINTS OF THIS MODULE INCLUDE:

- All health workers should be up-to-date and knowledgeable about their national PMTCT guidelines.
- Pregnant and postpartum women and caregivers of HIV-exposed and HIV-infected babies and children often have a number of retention, adherence, and psychosocial support needs. Their needs will depend on their specific situation and may also change over time and as they move along the PMTCT spectrum of care.
- Pre-test information, educational sessions, and individual post-test counseling are key to delivering basic information on the importance of HIV testing, the meaning of test results, and PMTCT basics to all women. Health workers can use the *pre- and post-test counseling checklists* as a guide when working with clients.
- It is recommended that a psychosocial assessment be conducted with all women upon entry into the PMTCT program and when there are any major changes in a client's life situation. Health workers can use the *Psychosocial Assessment Guide and Reporting Form* to guide this process. It is important to note key issues on the form and to retain these in the client's file to allow for follow-up and continuation of counseling at return visits.

**(KEY POINTS, CONTINUED)**

- Initiation of ARVs or ART among pregnant women should NOT be delayed for any reason. Basic adherence preparation should be conducted in 1 session if possible and follow-up adherence counseling and support provided at each subsequent clinic visit. Health workers can use the *Adherence Preparation and Support Guides* as reminder of the key messages to cover and key questions to ask clients.
- Adherence should be assessed at each clinic visit and ongoing counseling and support provided throughout the PMTCT spectrum of care. Health workers can use the *Adherence Assessment and Follow-up Guides* to assist in this process.
- Remember, adherence will change over time and as clients move through the PMTCT spectrum of care so it is important to provide ongoing adherence assessment, counseling, and support at every visit.
- Functional appointment systems are the cornerstone of retention and adherence to PMTCT care. All clinics should institute an *appointment system*, including systematic follow-up of clients who miss appointments.
- The *PMTCT Video* may be used to reinforce key PMTCT messages with clients at the clinic or in the community.
- Each clinic should have a specific plan on how the Tools discussed in this Module are used (who, when, where, how, etc.).
- Remember, retention, adherence, and psychosocial support are a part of everyone's job and all multidisciplinary team members should be familiar with and have copies of the counseling cue cards.
- When talking with clients, it is always important to use the 7 key counseling and communication skills (discussed in Supplemental Module 6).

# MODULE 5:
# Monitoring Retention and Adherence to PMTCT and Planning the Way Forward

**DURATION: 150 MINUTES (2 hours, 30 minutes)**

## LEARNING OBJECTIVES:

**By the end of this Module, participants will be able to:**

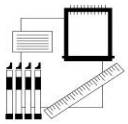
- Discuss the importance of documentation, record keeping, and routine monitoring and evaluation in PMTCT services
- Understand the differences between program- and client-level monitoring of retention and adherence
- Describe available data that could be used to monitor retention and adherence at a program level
- Describe available data that could be used to monitor retention and adherence at an individual client level
- Discuss which PMTCT materials will be prioritized for implementation at the clinic
- Develop a site-specific action plan to improve retention, adherence, and psychosocial support services, including roll out of the Toolkit materials
- Evaluate the implementation workshop

## CONTENT:

**Session 5.1: Monitoring and Evaluating Retention and Adherence to PMTCT**
**Session 5.2: Developing an Action Plan to Roll Out the PMTCT Materials**
**Session 5.3: Workshop Evaluation and Closure**

## METHODOLOGIES:

- **Interactive trainer presentation**
- **Large group discussion**
- **Individual evaluation**



## MATERIALS NEEDED:

- **Flip chart and stand**
- **Markers**
- **Tape or Bostik**
- **Slide set for Module 5**
- **Projector/LCD and screen (or white wall)**
- **Extra copies of Appendix 5A and 5B for each participant**
- **Toolkit, including Participant's Manual**

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## WORK FOR THE TRAINER TO DO IN ADVANCE:

- **Set up the training room and gather required materials.**
- **Read through the entire Module and Module 5 slide set and make sure you are familiar with the training methodologies and content.**
- **Make extra copies of Appendix 5A and 5B for each participant.**
- **Invite additional facility or district-based mangers and supervisors for these Sessions, as is feasible and appropriate.**

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# SESSION 5.1:
# Monitoring and Evaluating Retention and Adherence to PMTCT (45 minutes)

## TRAINER INSTRUCTIONS

**Methodologies: Interactive Trainer Presentation, Large Group Discussion**

**STEP 1:** **NOTE:** If possible, invite facility- or district-level managers and supervisors to participate in discussions around monitoring, evaluation, and action planning. The activities can by modified if the workshop is being conducted at the district- instead of the facility-level. For example, district-level participants could discuss: the types of data that are collected at the district level; how these data are used and fed back to improve clinical services; how retention, adherence, and psychosocial support activities are documented and reported; and how this process can be improved at health facilities within the district.

Review the Module learning objectives **(Slides 5-1 to 5-2)** and introduce the Session by telling participants that we will spend some time talking about documentation, monitoring, and evaluation of retention and adherence in PMTCT. Ask participants **(Slide 5-3)**:

- *Why is monitoring retention and adherence important?*
- *What are the differences between program-level monitoring and individual client-level monitoring related to retention and adherence?*
- *What could routine monitoring tell us about the overall program's progress in terms of retention and adherence?*
- *What could routine monitoring tell us about an individual client's retention and adherence?*

Fill in the discussion using the content below **(Slides 5-4 to 5-6)**.

**STEP 2:** Lead a discussion on the different ways that we can monitor and evaluate retention and adherence to PMTCT and the quality of services that are provided to clients. Discuss the differences between individual patient-level monitoring of adherence and program- or clinic-level monitoring of retention, adherence, and psychosocial support.

Ask participants to start with what is feasible to measure with the current information available. Ask participants the following questions and record answers on flip chart **(Slide 5-7)**:

- *What type of program-level information do we currently have (e.g. in registers, pharmacy records, or the appointment system)? How can this be used to measure retention and adherence?*
- *What type of client-level information do we currently have on mothers and babies in the PMTCT program (e.g. in patient records)? How can this be used to measure retention and adherence?*
- *How could we improve monitoring and evaluation of adherence to PMTCT services and medicines in the future? At the program level? At the client level?*

**STEP 3:** Lead a large group discussion on client records using the following questions. Be sure to acknowledge that many programs do not maintain individual client files in antenatal care **(Slide 5-8).**

- *Why is it important to keep records on each client?*
- *How are client records kept in your clinic? If there are no client records kept at the clinic, why not? What are the challenges?*
- *Are client retention and adherence and psychosocial services recorded and kept on file for PMTCT clients at your clinic? Why or why not? What are the challenges?*
- *How could we improve record keeping and ensure that each client has a file at your clinic?*
- *How could we improve record keeping and ensure that data are used for service strengthening at your clinic?*

**STEP 4:** Close the Session by reminding participants that monitoring and evaluation of retention and adherence in PMTCT is important at both the program and individual client level, and that systems need to be in place to support both. This can help ensure that clients get the support that they need, that the work done by health workers is documented, and that program level data are used for service strengthening **(Slide 5-9)**.

## KEY INFORMATION:

### Monitoring and evaluation at the individual client and program levels:

Routine monitoring and evaluation are necessary to gather information on both individual outcomes (are clients being retained in care, are clients adhering to care, are clients adhering to medicines/treatment?) as well as PMTCT program outcomes (is the program retaining clients overall, are mothers and babies completing the spectrum of PMTCT care?). Program outcomes are usually the cumulative tally of individual outcomes and can give insight into strengths and areas needing improvement within the PMTCT program—at an individual facility or in a district, province, etc.

**Systems need to be developed and strengthened to monitor BOTH individual clients' retention and adherence, as well as the program's ability to retain clients in care and support adherence and psychosocial wellbeing.**

**Why monitoring and evaluation are important at the *facility* or *program* level:**

- To tell us if clients are being retained in care across the PMTCT spectrum
- To tell us how many and which types of PMTCT clients are receiving adherence support
- To show us the successes and gaps in our PMTCT retention, adherence, and psychosocial support services
- To give us a sense of the number of clients discontinuing PMTCT care and/or treatment or prophylaxis, and the trends in these numbers over time
- To help us understand what is working and what isn't working and to plan improvements in PMTCT retention, adherence, and psychosocial support activities to best meet the needs of clients

**At the *individual* level, record keeping and monitoring of retention, adherence, and psychosocial support is useful:**

- To tell us whether or not individual clients and their babies are retained in care
- To tell us whether or not individual clients are adhering to their own and their baby's PMTCT care plan and medications
- To help us follow adherence and psychosocial support issues of individual clients over time

**Measuring retention and adherence support activities in PMTCT settings:**

Retention and adherence are a reflection of the ultimate quality of the PMTCT services we provide. It is important to look at what can actually be measured using existing data instead of creating new, parallel systems. Sometimes data to measure these indicators can be obtained as routine data from client registers, but others may need to be measured through the reviewing of individual client files or through client interviews.

**Depending on the information available, we may be able to measure the following:**

- The #/% of PMTCT clients and babies who are retained in care at specific service delivery points (ANC, under-5 clinic, etc.) and across the entire spectrum of care
- The #/% of PMTCT clients who return on time for clinic appointments
- The #/% of PMTCT clients who return on time for pharmacy appointments/refills
- The #/% of HIV-exposed and HIV-infected babies who return on time for clinic appointments (including follow-up appointments, early infant diagnosis, etc.)
- The #/% of HIV-exposed and HIV-infected babies who come back for pharmacy appointments/refills
- The #/% of PMTCT clients who are followed up after a missed appointment, and of these, the #/% who return to care
- The #/% of PMTCT clients who receive adherence preparation counseling
- The #/% of PMTCT clients who receive adherence assessment and follow-up counseling on return visits
- The #/% of PMTCT clients who have "near perfect" adherence to medicines
- The #/% of PMTCT clients for whom a psychosocial assessment has been conducted and documented
- The #/% of PMTCT clients given referrals to community support services, and, if possible the #/% of these that were "successful" referrals

**A note about patient files in ANC:**

Many ANC clinics do not have individual patient files, so each program/site will have to develop their own way of documenting the monitoring and evaluation of PMTCT retention and adherence. Some options to consider are:

- Using existing records, registers, and appointment books to gather and summarize information about retention and adherence at the program level. Pharmacy records are also a good source of information on retention and adherence.
- Starting an adherence register in PMTCT where each client's adherence is noted at each visit.
- Opening an adherence and psychosocial support file for each client, where there is the possibility to do so.

# SESSION 5.2:
# Developing an Action Plan to Roll Out the PMTCT Materials (75 minutes)

## TRAINER INSTRUCTIONS

**Methodologies: Interactive Trainer Discussion, Large Group Discussion**

**STEP 1:** Tell participants that we have learned a great deal about how we can improve retention, adherence, and psychosocial support activities for pregnant and postpartum women and their children over the past few days, as well as how we can apply updates to the PMTCT guidelines. A number of PMTCT Tools have also been introduced.

Explain that, in this Session, we will create a site-specific action plan to implement and improve retention, adherence, and psychosocial support activities over the coming 6 months (or, use a shorter time frame if preferred). **(Slide 5-10).**

**NOTE:** This action planning activity can by modified if the workshop is being conducted at the district instead of the facility level. For example, district-level participants could plan how they will improve retention, adherence, and psychosocial support activities within the PMTCT sites they support and plan/prioritize rollout of the various Tools at different types of sites.

**STEP 2:** Note that implementing/technical assistance partners and district and regional mentors and supervisors can use this action plan to guide their support to multidisciplinary PMTCT teams. The multidisciplinary team can also use the action plan to prioritize activities and measure progress.

**STEP 3:** Discuss with participants that, before we think about specific action planning, we need to ensure that we follow the national PMTCT guidelines, as well as certain standards, no matter what the prioritization of activities. Use the content below **(Slide 5-11)** to review these standards.

**STEP 4:** Explain that implementing the entire package at once would be difficult, so we need to prioritize as we develop the action plan. Ask **(Slide 5-12)**:

- *How would you prioritize rollout of the Tools at your site, given the current level of resources?*
- *What is your basis for this prioritization (e.g. monitoring data about certain aspects of the program or retention in care along the different phases of the PMTCT spectrum of care, etc.)?*
- *List the items in the Toolkit in order of priority for implementation at the site.*

**STEP 5:** Facilitate a large group discussion to complete the action plan **(Slide 5-13)**. Refer participants to Appendix 5A, which provides a template for the action plan. Distribute extra copies of the action plan template to each participant. One of the trainers should project the action plan on the screen and take notes as participants contribute items. Encourage participants to take notes as well.

For each action, type into the Action Planning Matrix:

- *The specific action*
- *Who is responsible*

- *What information or resources are needed*
- *When the action will happen*
- *How progress on the action will be measured*

**NOTE:** Participants should not feel pressure to list action items for each and every objective and Tool, and should only list actions that are realistic and achievable given staff's high workload and other challenges. Participants should be guided to focus on concrete actions that can be achieved in the timeframe.

**STEP 6:** After the group has gone through each of the objectives and Tools and made an action plan, ask participants to prioritize which of the actions can be realistically implemented in the next 2-3 months. Star these items in the action plan matrix **(Slide 5-14)**.

**STEP 7:** Summarize the priority actions for the next 2-3 months. Conclude the Session by thanking participants for their hard work to create an action plan. Remind participants that this plan will be typed and distributed to all participants in the coming days and that ongoing mentoring and assistance will be provided to complete these actions within the timeframe given.

**NOTE:** After the workshop, the trainers should provide printed copies to all participants and facility managers and supervisors within 1 week of the training. Site Action Plans should be revisited throughout the year (for example, during multidisciplinary team meetings) to determine the progress made and to make adjustments as needed.

## KEY INFORMATION:

Implementing all of the Toolkit materials at the same time and at multiple sites is likely not feasible. The MDT (with support from hospital administrators and managers, if possible) at each site will need to prioritize activities and materials according to its capacity and needs.

### When thinking about how to prioritize the activities, managers and health workers should keep 3 key standards in mind:

- All pregnant and postpartum women living with HIV need ongoing retention, adherence, and psychosocial support throughout the PMTCT care spectrum.
- All pregnant and postpartum women living with HIV need to have clear and correct information about their own and their baby's PMTCT care plan, as well as ongoing support for adherence to care and medicines.
- Every PMTCT site, to the best of its ability, should have systems in place to retain pregnant and postpartum women living with HIV and their infants in care.

# SESSION 5.3:
# Workshop Evaluation and Closure (30 minutes)

## TRAINER INSTRUCTIONS

**Methodologies: Interactive Trainer Presentation, Large Group Discussion, Individual Evaluation**

**STEP 1:** Congratulate participants on a job well done throughout the workshop and thank them for their active participation.

Review the overall Workshop learning objectives **(Slides 5-15 to 5-16)**. After each objective, ask participants if they feel they have achieved it, and if not, what additional information or training is needed.

**STEP 2:** Go around the room and ask each participant to say **(Slide 5-17):**

- *One thing they have learned about retention, adherence, and psychosocial support for PMTCT clients during the workshop*
- *One thing that they will prioritize in their work to improve retention, adherence, and psychosocial support services for pregnant and postpartum women living with HIV and their families*

**STEP 3:** The trainers should give a brief summary of how they will assist the site to move their Action Plan forward in the coming weeks and months **(Slide 5-18)**.

**STEP 4:** Give each participant a copy of the Workshop Evaluation Form (Appendix 6B).

**STEP 5:** Ask that participants take 10 minutes to give their honest feedback about the workshop. Remind participants that they do not have to write their name on the evaluation form and that the trainers appreciate constructive feedback so that the workshop can be improved in the future.

**STEP 6:** Ask that participants put their evaluation forms face down in a pile in the front of the room when they are finished.

Thank participants again for their active participation in the workshop and dedication to improving services for women, children, and families **(Slide 5-19)**.

**STEP 7:** Give participants their workshop completion certificates and formally close the workshop.

## KEY INFORMATION:

### Reminder of Workshop Objectives:

By the end of the implementation workshop, participants will be able to:

1. Understand changes to the national PMTCT guidelines and how they should be applied in clinical settings.
2. Define the PMTCT spectrum of care.
3. Define retention, adherence, and psychosocial support in the context of the PMTCT spectrum of care.

4. Understand the importance of retention, adherence, and psychosocial support to meet the needs of women and families enrolled in PMTCT services.
5. Identify strategies to improve retention, adherence, and psychosocial support within PMTCT programs.
6. Use counseling cue cards to conduct ongoing, supportive counseling for pregnant and postpartum women and their family members.
7. Use checklists to improve pre- and post-test counseling services for pregnant women, family members, and children.
8. Conduct a psychosocial assessment and document key points and next steps, as well as make necessary referrals.
9. Use guides to conduct adherence preparation and support sessions with clients and to provide ongoing adherence assessment and follow-up with clients.
10. Develop and use an appointment book and appointment reminder cards in PMTCT settings.
11. Use a patient education video to reinforce key messages on PMTCT with clients and family members.
12. Use improved communication and counseling skills with clients and family members (specific to Supplemental Module 6).

# Appendix 5A:

## Action Plan for Improving Retention, Adherence, and Psychosocial Support within PMTCT Services

**Clinic Name: _____ PMTCT Point Person's Name/Title: _____ Date:_____**

**OBJECTIVE 1:** *All pregnant and postpartum women living with HIV will receive ongoing retention, adherence, and psychosocial support throughout the PMTCT care spectrum.*

| What is the specific action? | Who is responsible? | What information or resources are needed? | When will the action happen? | How will we measure progress on this action? |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**OBJECTIVE 2:** *All pregnant and postpartum women living with HIV will have clear and correct information about their own and their baby's PMTCT care plan and ongoing support for adherence to care and medicines.*

| What is the specific action? | Who is responsible? | What information or resources are needed? | When will the action happen? | How will we measure progress on this action? |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**OBJECTIVE 3:** *Every PMTCT site will have systems in place to retain pregnant and postpartum women living with HIV and their infants in care.*

| What is the specific action? | Who is responsible? | What information or resources are needed? | When will the action happen? | How will we measure progress on this action? |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**PMTCT Counseling Cue Cards**

| What is the specific action? | Who is responsible? | What information or resources are needed? | When will the action happen? | How will we measure progress on this action? |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**Counseling Checklists for HIV Testing in Antenatal Care Settings**

| What is the specific action? | Who is responsible? | What information or resources are needed? | When will the action happen? | How will we measure progress on this action? |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**Psychosocial Assessment Guide and Recording Form**

| What is the specific action? | Who is responsible? | What information or resources are needed? | When will the action happen? | How will we measure progress on this action? |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**Adherence Preparation and Support Guides**

| What is the specific action? | Who is responsible? | What information or resources are needed? | When will the action happen? | How will we measure progress on this action? |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**Adherence Assessment and Follow-up Guides**

| What is the specific action? | Who is responsible? | What information or resources are needed? | When will the action happen? | How will we measure progress on this action? |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**Appointment Book and Appointment Reminder Card**

| What is the specific action? | Who is responsible? | What information or resources are needed? | When will the action happen? | How will we measure progress on this action? |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**PMTCT Video**

| What is the specific action? | Who is responsible? | What information or resources are needed? | When will the action happen? | How will we measure progress on this action? |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**Additional Notes:**

_____

_____

_____

_____

_____

_____

# Appendix 5B:

## Workshop Evaluation Form

**Name (optional): _____ Health Facility: _____ Position: _____**

*Please rate the following statements on a scale of 1 to 5.*

| | ☹ Strongly Disagree | Disagree | Neither agree nor disagree | Agree | ☺ Strongly Agree |
|---|---|---|---|---|---|
| 1. The workshop objectives were clear. | **1** | **2** | **3** | **4** | **5** |
| 2. This workshop met my expectations. | **1** | **2** | **3** | **4** | **5** |
| 3. The technical level of this workshop was appropriate. | **1** | **2** | **3** | **4** | **5** |
| 4. The pace or speed of this workshop was appropriate. | **1** | **2** | **3** | **4** | **5** |
| 5. The facilitators were engaging and informative. | **1** | **2** | **3** | **4** | **5** |
| 6. The information I learned in this workshop will be useful to my work. | **1** | **2** | **3** | **4** | **5** |

*How helpful were each of the workshop Modules to you and your work? You can write extra comments on the back.*

| | ☹ Not helpful | | | | ☺ Very helpful |
|---|---|---|---|---|---|
| Introduction and PMTCT Update | **1** | **2** | **3** | **4** | **5** |
| Retention, Adherence, and Psychosocial Support in PMTCT Programs | **1** | **2** | **3** | **4** | **5** |
| Using the PMTCT Counseling Cue Cards | **1** | **2** | **3** | **4** | **5** |
| Using the PMTCT Checklists, Guides, Forms, and Video | **1** | **2** | **3** | **4** | **5** |
| Monitoring Retention and Adherence to PMTCT and Planning the Way Forward | **1** | **2** | **3** | **4** | **5** |
| Review of Counseling and Communication Skills *(optional)* | **1** | **2** | **3** | **4** | **5** |

**What was the BEST THING about this workshop?**

**What was NOT USEFUL about this workshop?**

**Do you have other comments (use the back of the page if needed)?**

**NOTE:** THIS MODULE IS OPTIONAL AND MAY BE PARTICULARLY USEFUL FOR LAY AND PROFESSIONAL COUNSELORS, SOCIAL WORKERS, PEER EDUCATORS, MOTHER MENTORS, AND OTHER MEMBERS OF THE MULTIDISCIPLINARY TEAM WHO DEVOTE MUCH OF THEIR TIME TO COUNSELING IN PMTCT.

# SUPPLEMENTAL MODULE 6: Review of Counseling & Communication Skills

## DURATION: 210 MINUTES (3 hours, 30 minutes)

## LEARNING OBJECTIVES:

**By the end of this Supplemental Module, participants will be able to:**

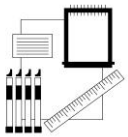
- Describe the importance of effective communication and counseling skills in PMTCT care and treatment settings
- Discuss the basic principles of counseling and challenges to putting these principles into practice
- Discuss what is meant by shared confidentiality and why it is important
- Reflect on their own attitudes, values, and beliefs, and discuss how these may affect the quality of counseling
- Demonstrate the 7 key counseling and communication skills
- Understand the main components of a counseling session

## CONTENT:

**Session 6.1: Counseling Basics**
**Session 6.2: Key Counseling and Communication Skills**
**Session 6.3: Classroom Practicum**
**Session 6.4: Module Summary**

## METHODOLOGIES:

- **Interactive trainer presentation**
- **Large group discussion**
- **Values clarification**
- **Role play**
- **Small group work**
- **Case studies**



## MATERIALS NEEDED:

- **Flip chart and stand**
- **Markers**
- **Tape or Bostik**
- **Slide set for Module 6**
- **Projector/LCD and screen (or white wall)**
- **Extra copies of Appendix 6A for each participant**
- **Toolkit, including Participant's Manual**

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## WORK FOR THE TRAINER TO DO IN ADVANCE:

- **Set up the training room and gather required materials.**
- **Read through the entire Module and Module 6 slide set and make sure you are familiar with the training methodologies and content.**
- **Make large "AGREE" and "DISAGREE" signs on flip chart.**
- **Review the counseling and communication skills checklist (Appendix 6A).**
- **Make extra copies of Appendix 6A for each participant. Review and practice the role plays in Sessions 6.2 with a co-trainer or training participant(s).**
- **Make sure there are at least 2 extra chairs in the front of the room that can be used during role plays.**

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**Note: Portions of this Module were adapted from: WHO & CDC *Prevention of Mother-to-Child Transmission of HIV Generic Training Package: Trainer Manual,* 2008.**

# SESSION 6.1:
# Counseling Basics (50 minutes)

## TRAINER INSTRUCTIONS

**Methodologies: Interactive Trainer Presentation, Large Group Discussion, Values Clarification**

**STEP 1**: Review the Supplemental Module learning objectives **(Slides 6-1 to 6-2)** and ask if there are any questions.

**STEP 2:** Start by asking participants to reflect on a time when they received good counseling—from a friend, a colleague, a counselor, etc. Ask some participants to share their experiences.

**STEP 3:** Write "WHAT IS COUNSELING?" on top of flip chart. Ask participants to brainstorm possible answers. Write participants' responses on flip chart. Fill in using the content below **(Slides 6-3 to 6-5).**

**STEP 4:** Write "WHY DO WE DO COUNSELING?" on top of flip chart. Ask participants to brainstorm possible answers. Write participants' responses on flip chart. Fill in using the content below **(Slide 6-6).**

**STEP 5:** Write "CONFIDENTIALITY AND SHARED CONFIDENTIALITY" on top of flip chart. Ask participants to brainstorm what is meant by these terms. Write participants' responses on flip chart. Fill in using the content below **(Slide 6-7).**

**STEP 6:** Ask participants to think about and discuss the challenges to providing good counseling. Ask **(Slide 6-8)**:

- *Even though we know what good counseling is, why don't we always provide good counseling?*

Record answers on flip chart.

**STEP 7:** Introduce the next activity by asking participants to discuss the meanings of the term "self-awareness" and why it is important for health workers to be aware of their own values, attitudes, and prejudices **(Slide 6-9)**.

**STEP 8:** Post the pre-prepared flip chart papers that say, "AGREE" and "DISAGREE" on opposite sides of the training room.

Ask participants to stand up and move to the open space in the room where the "AGREE" and "DISAGREE" signs are posted. Tell participants that you will read some statements out loud and that, after each statement, they should move to the "AGREE" or the "DISAGREE" sign, based on their opinions. If participants are not sure whether they agree or disagree with the statement, they can stand somewhere between the 2 signs.

**STEP 9:** Read each of the sentences listed below ("Statements for Values Clarification") out loud. Allow participants a few seconds to move to the side of the room that reflects their opinion. Ask a few participants to tell the group why they "AGREE" or "DISAGREE" with the statement.

Once you have read all of the statements below, or 15-20 minutes have passed, ask participants to return to their seats.

**Step 10:** Debrief the activity by discussing why it is important for health workers to be self-aware, reminding participants that although we ALL bring certain values and attitudes to our work, we must not let these values and attitudes affect the quality of counseling we provide to clients **(Slide 6-10).** By striving to be self-aware, counselors can make sure they are equally supportive of all of their clients.

## KEY INFORMATION:

### What is counseling?

- Counseling is a two-way communication process that helps people look at their personal issues, make decisions, and plan how to take action.

#### Counseling includes:

- Establishing supportive relationships
- Having conversations with a purpose (not just chatting)
- Listening carefully
- Helping people tell their stories without fear of stigma or judgment
- Giving correct and appropriate information
- Helping people to make informed decisions
- Exploring options and alternatives
- Helping people to recognize and build on their strengths
- Helping people to develop a positive attitude toward life and to become more confident
- Respecting everyone's needs, values, culture, religion, and lifestyle

#### Counseling does NOT include:

- Solving another person's problems
- Telling another person what to do
- Making decisions for another person
- Blaming another person
- Interrogating or questioning another person
- Judging another person
- Preaching to, or lecturing, another person
- Making promises that cannot be kept
- Imposing one's own beliefs on another person
- Providing inaccurate information

#### Why do we do counseling?

- To help people talk about, explore, and understand their thoughts and feelings
- To help people work out for themselves what they want to do and how they will do it

### Confidentiality:

In order for clients to trust health workers with their feelings and problems, it is important for them to know that anything they say will be kept confidential. This means that members of the multidisciplinary care team will not tell other people any information about the client, including what the client says or that the client is living with HIV. Confidentiality is especially important in HIV programs because of the stigma surrounding HIV and discrimination against PLHIV in the home, at work, at school, and in the community.

Because multidisciplinary teams take care of clients, sometimes they need to discuss a client's needs and health status with one another to provide the best care possible.

### Statements for Values Clarification Exercise:

1. I expect clients to do everything in their power to protect their health.
2. I feel comfortable discussing sex and sexuality with clients.
3. A woman who knows she has HIV and gets pregnant is irresponsible.
4. Health workers should always know which services exist for pregnant women in the community.
5. It is usually a waste of time to provide counseling to our clients—they rarely listen.
6. The biggest reason pregnant women do not adhere to their ARVs is because they are forgetful.
7. If I see that a client is acting irresponsibly, it's my job to correct her behavior.
8. Many people living with HIV have made irresponsible decisions in their lives.
9. HIV-infected children are victims.
10. Some clients do now know enough to make good decisions for themselves.

### Self-Awareness:

Listening and counseling require that the counselor be aware of his or her strengths and weaknesses, as well as his or her fears or anxiety about HIV. All health workers should strive to be self-aware and to understand how others affect them as well as how they affect others.

**Being self-aware** means knowing yourself, how other people view you, and how you affect other people.

**Attitudes and values** are feelings, beliefs, and emotions about a fact, thing, behavior, or person.

- For example, some people believe that having multiple sexual partners is okay as long as you practice safer sex, while other people believe that this is wrong.

**Prejudices** are negative opinions or judgments made about a person or group of people before knowing the facts.

- For example, when a health worker assumes that a person with HIV must be promiscuous or that a miner is probably sleeping around when he is away from home, the health worker is being prejudicial.

### Health Workers should always:

- Think about the issues related to their own attitudes, values, and prejudices, and how these can affect their ability to help provide effective counseling and support services to pregnant and postpartum women, families, and children
- Be sensitive to the culture, values, and attitudes of their clients, even if they are different from their own

- Learn as much as they can about the main culture, values, and attitudes of the clients at the facility
- Examine their own values and beliefs in order to avoid prejudice and bias, and make all people feel comfortable and that it is "safe" to talk with them openly and honestly.

**Remember: Prejudice, stigma, and negative attitudes drive the HIV epidemic, so we all need to work hard to provide quality, fair, equal, and non-judgmental services to all of our clients!**

# SESSION 6.2:
# Key Counseling and Communication Skills (90 minutes)

## TRAINER INSTRUCTIONS

**Methodologies: Interactive Trainer Presentation, Large Group Discussion, Role Play, Small Group Work**

**STEP 1:** Tell participants that, in this session, we will learn more about key counseling and communication skills needed to provide PMTCT (and all) clients with quality care and psychosocial support **(Slide 6-11)**.

**STEP 2:** Refer participants to Appendix 6A and explain that this is an observation checklist of the key counseling and communication skills that they are about to learn and practice. Participants should refer back to the checklist as each skill is introduced so they start to become familiar with it. Following the training, the checklist can be used for self-assessment and mentoring.

**STEP 3:** Ask participants to turn to the person sitting next to them. One person will talk about the best day of her or his life and the other will just listen without saying anything at all.

After 3 minutes, ask the pairs to switch roles. Debrief by asking participants how it felt to be the speaker and how it felt to be the listener.

**STEP 4:** Write **"Skill 1: Use helpful non-verbal communication"** on flip chart and ask participants to brainstorm what this means, thinking about the last activity. Record responses on flip chart and fill in using the content below **(Slide 6-12).**

With a co-trainer (or participant), perform the role plays under Skill 1 below. Then ask:

- *What were some examples of unhelpful non-verbal communication?*
- *What were some examples of helpful non-verbal communication?*

Ask participants to turn to the person sitting next to them again. This time, one person will talk about one of the hardest days of her or his life and the other will just listen, without saying anything, but applying helpful non-verbal communication skills.

After 3 minutes, ask the pairs to switch roles. Debrief by discussing what types of non-verbal communication were used and what was most effective.

**STEP 5:** Write **"Skill 2: Actively listen and show interest in the client"** on flip chart and ask participants to brainstorm what this means. Record answers on flip chart and fill in using the content below **(Slide 6-13).**

With a co-trainer (or participant), perform the role play under Skill 2 below. Ask:

- *What did the counselor do to show she or he was actively listening to the client?*
- *Why was it important that the counselor apply active listening skills in this example?*

Ask participants to turn to the person sitting next to them again. This time, one person will talk about their favorite family traditions and the other will use active listening skills.

After 3 minutes, ask the pairs to switch roles. Debrief by discussing how the listener practiced active listening and what was most effective.

**STEP 6:** Write **"Skill 3: Ask open-ended questions"** on flip chart and ask participants to brainstorm what this means, using examples. Record answers on flip chart and fill in using the content below **(Slide 6-14).**

With a co-trainer (or participant), perform the role plays under Skill 3 below. Ask:

- *What were the differences in the ways the counselor asked questions?*
- *Why was it important to use open-ended questions in this example?*

Ask participants to change close-ended questions into open-ended questions, using the examples below **(Slide 6-15).**

**STEP 7:** Write **"Skill 4: Reflect back what the client is saying"** on flip chart and ask participants to brainstorm what this means, using examples of how to reflect feelings and paraphrase content. Record responses and fill in using the content below **(Slide 6-16).** Go over the different formulas for reflection (e.g. "you feel _____ because _____", and others**) (Slide 6-17).**

With a co-trainer (or participant), perform the role plays under Skill 4 below. Ask:

- *How did the counselor use reflection in this session?*
- *Why was it important for the counselor to use reflection?*

Ask participants to reflect back the statements a client might say below **(Slide 6-18).**

**STEP 8:** Write **"Skill 5: Empathize—show that you understand how the client feels"** on flip chart and ask participants to brainstorm what this means, and how empathy is different from sympathy. Record responses on flip chart and fill in using the content below **(Slide 6-19).**

With a co-trainer (or participant), perform the role plays under Skill 5 below. Ask:

- *In which role play was the health worker sympathizing? Empathizing?*
- *How did the health worker show empathy for the client?*
- *Why was it important for the health worker to show empathy?*
- *How can you, as a health worker, better empathize with clients, and avoid sympathizing?*

**Step 9:** Write **"Skill 6: Avoid words that sound judging"** on flip chart and ask participants to brainstorm what this means, and to brainstorm examples of judging words in the local language(s). Record responses on flip chart and fill in using the content below **(Slide 6-20).**

With a co-trainer (or participant), perform the role plays under Skill 6 below. Ask:

- *Which words did you think were judging?*
- *How might these words make a client feel?*

**STEP 10:** Write **"Skill 7: Help your client set goals and summarize each counseling session"** on flip chart and ask participants to brainstorm what this means. Discuss why it is important to work with clients to set goals and plan next steps, and why it is important to summarize the session. Record responses on flip chart and fill in using the content below **(Slides 6-21 to 6-22).**

Break participants into pairs. One person should begin by telling the other (the "counselor") their plans to incorporate these 7 listening and learning skills into their work with clients.

After about 5 minutes, the "counselor" should help his or her partner set goals and summarize the session. Then participants should switch roles so each has a chance to practice goal setting and summarizing.

**STEP 11:** Tell participants that they should be aware of the different phases of a counseling session. Ask participants:

- *How do you normally structure your counseling sessions?*

Review the 4 main phases of a counseling session using the content below **(Slides 6-23 to 6-26).** Ask participants if they have any questions.

**STEP 12:** Summarize by asking participants to recall the key counseling and communication skills, and the phases of a counseling session.

## KEY INFORMATION:

### Counseling and Communication Skills

There are 7 essential skills that health workers should practice and use in their work:

**Skill 1:** Use helpful non-verbal communication.
**Skill 2:** Actively listen and show interest in the client.
**Skill 3:** Ask open-ended questions.
**Skill 4:** Reflect back what the client is saying.
**Skill 5:** Empathize—show that you understand how the client feels.
**Skill 6:** Avoid words that sound judging.
**Skill 7:** Help the client set goals and summarize each counseling session.

### Skill 1: Use Helpful Non-verbal Communication

- Make eye contact.
- Face the person.
- Be relaxed and open with your posture.
- Sit squarely facing the person. Do not sit behind a desk!
- Dress neatly and respectfully.
- Use good body language—nod your head and lean forward.
- Smile.
- Make the client feel that you have time, greeting the client warmly, and wait for the client to talk when she is ready.
- Do not look at your watch, the clock, or anything other than the person you are counseling.
- Try not to write during a counseling session, unless you are recording key information for the client to take home or for your records. Turn your mobile phone off and never take calls during a counseling session.

**Role play: Non-verbal communication**

| WHAT NOT TO DO<br>Unhelpful non-verbal communication | WHAT TO DO<br>Helpful non-verbal communication |
|---|---|
| Client walks in | Client walks in |
| **Health Worker:** Hello. My name is ___. *(Health worker is filling in the register from behind a desk, does not look at client)* | **Health Worker:** Hello. My name is ___. *(Health worker is filling in the register from behind a desk and looks up at client)* |
| **Client:** I have some questions about my baby getting HIV. | **Client:** I have some questions about my baby getting HIV. |
| **Health Worker:** Please sit down *(speaking in a hurried fashion)*. What were your questions? *(Health Worker still looking at the register)* | **Health Worker:** *(Looks at client, stops writing in the register, and moves chair so that it is not behind the desk)* Please sit down. What were your questions? *(Leans forward, open posture)* |
| **Client:** Well, I want to do everything I can to prevent my baby from getting HIV. But I'm not sure what I can do. | **Client:** Well, I want to do everything I can to prevent my baby from getting HIV. But I'm not sure what I can do. |
| **Health Worker:** Mm-Hmm. *(Does not look up and still filling in the register)* | **Health Worker:** I'm glad you are here. Let's talk about the ways you can lower the chances that your baby will be HIV-infected. *(Looks warmly, yet with concern, at client. Optional: demonstrate appropriate touch)* |
| **Client:** *(Clears throat to get counselor's attention)* | **Client:** Ok. |
| **Health Worker:** Oh sorry *(she finally stops writing and looks at watch)*. Yes, go ahead, you said that you are concerned about your medicines? *(Health Worker's hands are folded, legs crossed and facing away from client, looking across the room with expression suggesting disinterest)* | **Health Worker:** There are many things we can do to protect your baby and make sure you stay healthy. Why don't you tell me a bit more about how things have been going for you and what you have heard about mother-to-child transmission of HIV. *(Health Worker looks at client, leaning forward and not crossing legs)* |
| **Client:** Well not exactly, I want to know more about how I can protect my baby...Don't worry, sorry to have bothered you. | **Client:** *(Proceeds to tell her story)* |

## Skill 2: Actively Listen and Show Interest in the Client

It is important for the client to know that she has the counselor's full attention. Feeling that the counselor is actively listening will encourage the client to share more about her situation.

**Active listening skills:**

- Listen in a way that shows respect, interest, and empathy.
- Show the client you are listening by saying *"mm-hmm"* or *"aha."*
- Use a calm tone of voice.
- Listen to what the client is saying—do you notice any themes?
- Listen to how client is saying it—does she seem worried, angry, etc.?
- Allow the client to express her emotions. For example, if she is crying, allow her time to do so.
- Never judge or impose your own values on a client.
- Find a private place to talk and keep distractions, such as phone calls or visitors, to a minimum.
- Do not do other tasks while counseling a client.
- Do not interrupt the client.
- Ask questions or gently probe if you need more information. For example, if a client says, *"I can't exclusively breastfeed my baby,"* you could ask, *"In what way is exclusive breastfeeding a concern for you?"*
- Use open-ended questions that can't be answered with *"yes"* or *"no."* For example, *"Can you tell me a bit more about that?"*
- Summarize key points as you go along during the counseling session.

### Role play: Active listening

| WHAT TO DO<br>Gestures and responses that show interest |
|---|
| **Health Worker:** How do you think your partner will react if you tell him your HIV test results? |
| **Client:** Actually, I'm really very worried about it. I was hoping you wouldn't ask, to tell you the truth. |
| **Health Worker:** Mm-hmm. *(nods sympathetically)* |
| **Client:** I think my husband will accuse me of being unfaithful if he knows I have HIV. |
| **Health Worker:** He'll accuse you of being unfaithful then? |
| **Client:** Well, mostly he'll be angry that I went ahead and agreed to be tested without telling him first. And then he will probably say I was unfaithful. |
| **Health Worker:** Mm-hmm. |
| **Client:** Last time I was sick and went to the clinic without asking him, he got angry with me for spending the money to see the doctor and get some tests done. I think he's going to react the same way. |
| **Health Worker:** I'm hearing that he may get upset that you got tested without consulting with him first. So, how do you feel about bringing him to the clinic and then one of the counselors he talk with him about how HIV testing is a routine part of care for all pregnant women? And also that HIV testing is important to get the care you and the baby need and why he should you think about that? |

## Skill 3: Ask Open-ended Questions

### Closed-ended questions:

Closed-ended questions can be answered with a one-word or short answer. Examples of closed-ended questions are, *"How old are you?" "What is your CD4 count?"* and *"Do you have children?"*

Closed-ended questions are good for gathering basic information at the start of a counseling or group education session. They should not be used too much because they can make it seem like the counselor is being too direct. They are not helpful in getting at how the client is really feeling.

### Open-ended questions:

Open-ended questions cannot be answered in one word. People answer open-ended questions with more of an explanation. Examples of open-ended questions are, *"Can you tell me more about your relationship with your partner?"* or *"How does that make you feel?"*

Open-ended questions are the best kind to ask during counseling and group education sessions because they encourage the client to talk openly and they lead to further discussion. They help clients explain their feelings and concerns, and also help counselors get the information they need to help clients make decisions.

### Role play: Open-ended questions

| WHAT NOT TO DO<br>Closed-ended questions | WHAT TO DO<br>Open-ended questions |
|---|---|
| Client walks in | Client walks in |
| **Health Worker:** Hi, how are you? I'm ___. I am a nurse. Today, as part of your visit, I will be discussing with you the medicines you need to take to stay healthy and lower the chance that your baby will be infected. | **Health Worker:** Hi, how are you? I'm ___. I am a nurse. Today, as part of your visit, I will be discussing with you the medicines you need to take to stay healthy and lower the chance that your baby will be infected. |
| **Client:** OK | **Client:** OK |
| **Health Worker:** Do you know what ARVs are? | **Health Worker:** Tell me, what have you heard about ARV medicines? |
| **Client:** Yes, I think so. | **Client:** Well, I'm not sure, but I heard they can make people with HIV feel better. But I also heard they are dangerous for babies. |
| **Health Worker:** OK. And do you know that you have to take them at the same time every day? | **Health Worker:** You are right that ARVs are medicines that can help people with HIV feel better and stay healthy. They can also lower the chance that your baby will be HIV-infected. ARVs are safe for pregnant women and babies. How do you feel about taking ARVs during your pregnancy? |
| **Client:** Um, yes, I guess so. | **Client:** Well, I guess I will do anything to protect my baby. But, how long will I have to take them? |
| | |

| | |
|---|---|
| **Health Worker:** OK, good. So, here are the medicines you need to take every day. Don't miss any doses, OK? | **Health Worker:** Well, we recommend that you start taking ARVs now and every day during your pregnancy and your labor and delivery. You can stop taking them one week after you deliver, but you will need to give your baby ARV syrup every day as long as you are breastfeeding. This will protect your baby from HIV.<br><br>Tell me, what support do you have at home to take medicines every day and care for your baby? |
| **Client:** OK. | **Client:** Well, my sister helps me and she knows that I have HIV. |
| **Health Worker:** See you at your next visit then. | **Health Worker:** That's great. What are some of the ways that you think will help you to remember to come back for all of your appointments and to take your medicine every day? |
| | **Client:** Well…(*client continues to discuss with health worker)* |

**Additional practice on closed- and open-ended questions:**

| Closed-ended question | Open-ended question |
|---|---|
| Do you have safe sex? | How do you negotiate safe sex with your partner? |
| Do you have more than one sex partner? | There are a lot of ways to reduce risk for HIV—like not having sex, being faithful to your partner, and using condoms. Which would work best for you based on your situation? |
| Do you use condoms? | What challenges do you have using condoms with your partner? |
| Do you drink alcohol when you are upset? | What are some of the ways you cope with stress or anger? |
| Did your partner get tested? | How would you feel about asking your partner to get tested so you can both be as healthy as possible? |
| Do you want to have children in the future? | How do you feel about having a bigger family? What concerns to do you have? |
| Do you have someone you can talk with about taking your medicines the right way? | Tell me more about the people you have disclosed to and how they could help you remember to take your medicines. |
| Do you know how to prevent transmission of HIV to your baby? | I want to make sure that I have explained everything well to you – can you tell me what you understand about ways you can protect your baby from HIV? |
| Do you exclusively breastfeed your baby? | Can you tell me more about how you feed your baby? |

## Skill 4: Reflect Back What the Client is Saying

### Reflecting skills:

The counselor repeats back to the client the main feelings and themes that the client has just expressed.

Reflecting:

- Provides feedback to the client and lets her know that she has been listened to, understood, and accepted
- Encourages the client to say more
- Shows that the counselor has understood the client's story
- Helps the counselor check that he or she has understood the client's story
- Provides a good alternative to always answering with another question
- Can reflect the client's feelings and include a summary of the content of what the client has said (sometimes called paraphrasing)
- For example, the counselor can use the following formulas for reflecting:
    - *"You feel _____ because _____."*
    - *"You seem to feel that _____ because _____."*
    - *"You think that _____ because _____."*
    - *"So I sense that you feel _____ because _____."*
    - *"I'm hearing that when _____ happened, you didn't know what to do."*
- When reflecting back, try to say it in a slightly different way. Do not just repeat what the client said. For example, if a client says, *"I can't tell my partner about my HIV test result,"* the counselor could say, *"Talking to your partner about your result sounds like something that you are not comfortable doing."* Then say, *"Let's talk about that".*

### Role play: Reflecting skills

| WHAT TO DO<br>Reflecting back |
|---|
| **Health Worker:** I'm hearing that you are having some challenges remembering to take your medicines every day. What do you think about telling your partner about your HIV-status? Maybe he could be your treatment supporter? |
| **Client:** Well, I honestly don't think I could ever bring up the subject to him. I think he'd get really angry and say that I have been sleeping around. |
| **Health Worker:** It sounds like you could use some extra support, but that disclosing to your husband is something that you would actually be hesitant, maybe even afraid, to do right now. |
| **Client:** Yes, that's right… |

### Additional Practice on Reflecting:

Reflect back to the following statements:

- I missed a lot of my pills this month and I feel hopeless.
- My boyfriend does not know my test results—I'm scared to tell him.
- I feel like a bad mother because my baby does not want to suckle from me.
- My husband would just get angry if I asked him to use a condom, so I am not going to ask.
- My husband thinks it's dangerous to give the baby medicines and I am afraid of disobeying him.
- I am worried because my mother-in-law will assume I am living with HIV if I don't give the baby herbs.
- I feel so happy that my baby is growing well.

## Skill 5: Empathize—Show That You Understand How the Client Feels

### Empathy or empathizing:

- Is a skill used in response to an emotional statement
- Shows an understanding of how the client feels and encourages the client to discuss the issue further
- Is different than sympathy. When you sympathize, you feel sorry for a person and look at the situation from your own point of view. For example, if the client says: *"My baby wants to feed very often and it makes me feel so tired,"* the counselor can show empathy by saying: *"You are feeling very tired all the time then?"* However, if the counselor responds by saying, *"I know how you feel. My baby also wanted to feed often and I was exhausted!,"* this is sympathizing because the attention is on the counselor and her experiences instead of on the client.

### Role play: Showing empathy vs. sympathy

| WHAT NOT TO DO<br>Sympathizing | WHAT TO DO<br>Empathizing |
|---|---|
| **Health Worker:** What do you think about asking your partner to use condoms while you are breastfeeding? | **Health Worker:** What do you think about asking your partner to use condoms while you are breastfeeding? |
| **Client:** I'd be really afraid that he might hit me, or even worse. | **Client:** I'd be really afraid that he might hit me, or even worse. |
| **Health Worker:** Yes, I know what you mean, that happened to my sister. She actually did ask her husband to use condoms after the baby and you know what? He hit her then he made her leave the house. He didn't let her come back for two full days. | **Health Worker:** It sounds like you're afraid of your husband's response. |
| **Client:** So did your sister go back? | **Client:** Yes, I am. It's not just about asking him to use condoms. I'm also scared that he'll be upset if dinner is late, if the house isn't tidy, if the children aren't behaving well, and for a lot of other reasons. |

## Skill 6: Avoid Words That Sound Judging

**Judging words** are words that can include:

- "*right":* You should do the right thing.
- *"wrong":* That is the wrong way to feel.
- *"badly":* Why are you behaving badly and missing appointments?
- *"good":* Be a good girl and tell your boyfriend to use condoms.
- *"properly*": Why don't you take your medicine properly?
- *"these people"* or *"those people"* (referring to people living with HIV for example): Those people are irresponsible and should not have children.

If a counselor uses these words when asking questions, the client may feel that she is wrong, or that there is something wrong with her actions or feelings. Sometimes, however, counselors need to use the "good" judging words to build a client's confidence.

### Role Play: Avoiding judging words

| WHAT NOT TO DO<br>Using judging words | WHAT TO DO<br>Avoid words that sound judging |
|---|---|
| **Health Worker:** What do you think about asking your partner to use condoms during your pregnancy? | **Health Worker:** What do you think about asking your partner to use condoms during your pregnancy? |
| **Client:** Honestly I don't feel comfortable with it. | **Client:** Honestly I don't feel comfortable with it. |
| **Health Worker:** *(Surprised)* Really? That's the wrong way to feel! Have you had a conversation about condoms? | **Health Worker:** Mm-hmm. |
| **Client:** No, not really. | **Client:** It came up once many years ago before we got married. He said that condoms were uncomfortable and will give him kidney problems. |
| **Health Worker:** He's stupid, isn't he? I guess he doesn't care about you or the baby. Typical man. Be a good, responsible woman and talk with him about condoms—he should care more about his baby. | **Health Worker:** I've heard other women say that as well. Maybe, now that you are pregnant, you could try talking to him again—about using condoms to protect the baby's and your health? Also, condoms definitely won't cause any kidney problems, that is a myth. |
| **Client:** Yes, I will. | **Client:** That's a good idea, maybe I'll try that. |

## Skill 7: Help the Client Set Goals and Summarize Each Counseling Session

### Goal-setting:

Toward the end of a counseling session, the counselor should work with the client to come up with "next steps" to solve her issues in the short and long term.

Next steps and goals:

- Should be developed by the counselor and client together
- Can empower the client to achieve what she wants by agreeing to realistic short- and long-term goals and actions
- Provide direction and must be results-oriented
- Must be clear enough to help the client measure her own progress (people feel good when they achieve something they have set out to do)
- To start, the counselor could say, *"Okay, now let's think about the things you will do this week based on what we talked about."*

### Summarizing:

The counselor summarizes what has been said during a counseling session and clarifies the major ideas and next steps.

Summarizing:

- Can be useful in an ongoing counseling session or in making sure you are clear on important issues raised during a counseling session
- Is best when both the counselor and client participate and agree with the summary
- Provides an opportunity for the counselor to encourage the client to examine her feelings about the session
- The counselor could say, *"I think we've talked about a lot of important things today.* (List main points.) *We agreed that the best next steps are to _____. Does that sound right? Let's plan a time to talk again soon."*

## The Phases of a Counseling Session

**4 PHASES OF A COUNSELING SESSION**

1. Establishing the Relationship
2. Understanding the Problem
3. Supporting Decision-Making
4. Ending the Session

### 1. Establishing the Relationship

- The room should be quiet with doors that close and where there are no interruptions.
- **Introduce yourself:** Say your name and explain your role and the length of time you have together (i.e. half an hour).
- **Ask the client to introduce herself or himself.**
- **Explain that what is discussed will be kept confidential.**
- Ways to begin a counseling session:
    - *Can you tell me why you came here today?*
    - *Where would you like to start?*

### 2. Understanding the Problem

- Let the client talk about the thoughts, feelings, and actions around her or his issues or problems.
- Use the 7 essential counseling and communication skills.
- Help the client decide which issues or problems are the most important to talk about in the session.

### 3. Supporting Decision-Making

- Support the client to make her or his own decisions on next steps and focus for the future.
- The health worker can help the client explore the options, but it is ultimately the client's decision to make.

### 4. Ending the Session

- Summarize what was discussed during the session.
- Review the client's next steps.
- Give the client a chance to ask questions.
- Make referrals, if needed.
- Discuss when the client will return and make sure she or he has an appointment.

# SESSION 6.3:
# Classroom Practicum (60 minutes)

## TRAINER INSTRUCTIONS

**Methodologies: Small Group Work, Case Studies, Role Play, Large Group Discussion**

**STEP 1:** Break participants into small groups of 4 **(Slide 6-27)**. Ask each group to read through all of the case studies in the Participant's Manual. Encourage participants to add detail to the case studies, based on their own experiences and those of clients they see in the clinic. Ask the groups to select one person who will first play the role of the "health worker," another who will play the role of the "client", and 2 people who will act as "observers."

**STEP 2:** Refer participants back to the communication and counseling skills checklist, and provide extra copies for each participant. Ask the observers to use the checklist to observe and record the different skills used during the role plays.

Ask the groups to start a role play for Case Study 1. The "client" should spend 5-10 minutes talking to the "health worker" about her concerns. The "health worker" will practice as many of the counseling and communication skills possible in the time given.

After 5-10 minutes, stop the exercise and ask the "observers" to provide feedback on each of the skills and techniques observed, using the checklist as a guide.

As time allows, have the small groups go through all of the 4 case studies until everyone has had an opportunity to practice each role in at least one of the case studies. The trainers should participate in the small groups if possible.

**STEP 3:** Bring participants back to the large group and ask the groups to report on the things they saw the "health worker" doing to improve their counseling. If time allows, ask some of the small groups to present their role play.

**STEP 4:** Summarize by pointing out strengths observed and possible ways to improve counseling and communication skills. Remind participants that improving counseling skills takes practice, as well as continuous self-exploration.

## KEY INFORMATION:

### Case Studies:

#### Case Study 1:

M___ is at the ANC clinic for the first time. She is 16 and lives with her aunt. M___ is still in school, and just found out that she is pregnant and HIV-infected. She is concerned that being pregnant and having HIV will mean giving up her dream of becoming a nurse.

**Case Study 2:**
P___ is pregnant with her first baby and has found out she has HIV. P___'s husband is the boss of the house. She says she is so frightened that her husband might find out when he sees the medicines from the clinic.

**Case Study 3:**

D___ is enrolled in the PMTCT program and started taking ART about 4 months ago. She starts crying because she was not able to get enough money to pay for the bus to the clinic last month, so she has stopped taking her ARVs. D___ is very worried because she has no job, no money, and now she is feeling unwell.

**Case Study 4:**

L___ is living with HIV. She is enrolled in the PMTCT program and had her second child about 7 weeks ago. Her first child is HIV-uninfected. She comes to the clinic today to get her new baby tested for HIV. She is very worried that the baby is HIV-infected because he is sick a lot of the time.

# SESSION 6.4:
# Module Summary (10 minutes)

## TRAINER INSTRUCTIONS

**Methodologies: Large Group Discussion, Interactive Trainer Presentation**

**STEP 1:** Ask participants what they think the key points are of this Module. What information will they take away from the Module?

**STEP 2:** Summarize the key points of the Module using participant feedback and the content below **(Slides 6-28 to 6-29).** Review the Module learning objectives **(Slide 6-2)** with participants and make sure all are confident with their skills and knowledge in these areas.

**STEP 3:** Ask if there are any questions or clarifications **(Slide 6-30).** Refer participants to Appendix 3B, which is an optional review/practice exercise on the information contained in this Module. Give instructions to participants on how and when they should complete this review exercise (could be assigned as homework, or could be part of ongoing mentoring sessions after the workshop, etc.).

**STEP 4:** Ask each participant to share with the group one thing he or she will do differently in his or her work, based on the information and skills learned in this Module.

## KEY INFORMATION:

### THE KEY POINTS OF THIS MODULE INCLUDE:

- Counseling is a way of working with people to understand how they feel and help them decide what they think is best to do in their situation.
- Health workers are not responsible for solving all of the client's problems.
- The role of health workers is to support and assist the client's decision-making process.
- It is important for clients to know that what they say will be kept private. All health workers should practice shared confidentiality.
- The multidisciplinary care team should work to ensure that there is private counseling space available and that counseling sessions are not interrupted for any reason.
- Our own attitudes, values, and prejudices should not be a part of communication and counseling with clients and other community members.
- These are the 7 key counseling and communication skills health workers should use:
  - Use helpful non-verbal communication.
  - Actively listen and show interest in the client.
  - Ask open-ended questions.
  - Reflect back what the client is saying.

**(KEY POINTS, CONTINUED)**

- Empathize—show that you understand how the client feels.
- Avoid words that sound judging.
- Help the client set goals and summarize each counseling session.

- There are 4 main phases of a counseling session:
  - Establishing the relationship
  - Understanding the problem
  - Supporting decision-making
  - Ending the session
- There can be many challenges to providing quality counseling in PMTCT and ART clinics, including lack of time and lack of private counseling space.
- Improving counseling skills takes practice, as well as continuous self-exploration of our own values and attitudes.

# Appendix 6A:
## Counseling and Communication Skills Checklist

| COUNSELING AND COMMUNICATION SKILLS CHECKLIST | | |
|---|---|---|
| **Skill** | **Specific Strategies, Statements, Behaviors** | **(√)** |
| **Establish a relationship with the client** | • Ensure privacy (make sure others cannot see or hear). | |
| | • Introduce yourself (name and role). | |
| | • Ask the client to introduce herself (or himself) to you. | |
| | • Ensure client about confidentiality. | |
| | • Start the session with an open-ended question (*"Where would you like to start?"* or *"Tell me more about why you came today."*) | |
| **SKILL 1: Use helpful non-verbal communication** | • Make eye contact. | |
| | • Face the person (sit next to her or him) and be relaxed and open with posture. | |
| | • Use good body language (nod, lean forward, etc.). | |
| | • Smile. | |
| | • Do not look at your watch, the clock or anything other than the client. | |
| | • Do not write during the session. | |
| | • Other (specify) | |
| **SKILL 2: Actively listen and show interest in your client** | • Nod and smile. Use encouraging responses (such as *"yes," "okay"* and *"mm-hmm"*). | |
| | • Use a calm tone of voice that is not directive. | |
| | • Allow the client to express emotions. | |
| | • Do not interrupt. | |
| | • Other (specify) | |
| **SKILL 3: Ask open-ended questions** | • Use open-ended questions to get more information. | |
| | • Ask questions that show interest, care and concern. | |
| | • Other (specify) | |
| **SKILL 4: Reflect back what your client is saying** | • Reflect emotional responses back to the client. | |
| | • Other (specify) | |
| **SKILL 5: Show empathy, not sympathy** | • Demonstrate empathy: show an understanding of how the client feels. | |
| | • Avoid sympathy. | |
| | • Other (specify) | |
| **SKILL 6: Avoid judging words** | • Avoid judging words such as *"bad," "proper," "right," "wrong,"* etc. | |
| | • Use words that build confidence and give support (e.g., recognize and praise what a client is doing right). | |
| | • Other (specify) | |
| **SKILL 7: Help your client set goals and summarize each counseling session** | • Work with the client to come up with realistic "next steps." | |
| | • Summarize the main points of the counseling session. | |
| | • Make a next appointment date with the client and reassure her or him that you, or someone else at the clinic, are always available. | |

**Note:** This checklist was adapted from: WHO & CDC. *Prevention of Mother-to-Child Transmission of HIV Generic Training Package: Trainer Manual.* 2008.

# Appendix 6B:
## Optional Homework/Review of Counseling and Communication Skills

### INSTRUCTIONS:
Please answer the following questions. Refer to the Key Information from Supplemental Module 6 if you need additional help or a refresher.

1. **Why is non-verbal communication important? What are some ways to show good non-verbal communication?**

2. **Why is active listening important? What are some ways a counselor can show she or he is actively listening to the client?**

3. **What is the difference between closed- and open-ended questions?**

4. **Change the following into open-ended questions:**
    - Do you use condoms?
    - Did you take all of your medicines?
    - Did you tell someone about your HIV test results?
    - Do you have support at home to give the baby medicines?
    - Are you having any side effects?
    - Do you know you need to come back to the clinic in 4 weeks time?
    - Did you get your CD4 test results?
    - Are you breastfeeding?

**5. Why is reflection important? What are some of the formulas for reflection?**

**6. Reflect back the following statements:**

- I missed a lot of my pills this month and I feel hopeless.
- My boyfriend does not know my test results—I'm scared to tell him.
- I feel like a bad mother because my baby does not want to suckle from me.
- My husband would just get angry if I asked him to use a condom, so I am not going to ask.
- My husband thinks it's dangerous to give the baby medicines and I am afraid of disobeying him.
- I am worried because my mother-in-law will assume I am living with HIV if I don't give the baby herbs.
- I feel so happy that my baby is growing well.

**7. What is the difference between showing empathy and showing sympathy?**

**8. How would you use reflection and show empathy if your client said the following:**

- I am so dizzy and weak since I started taking these pills. I am going to stop.
- My milk looks so thin. I am worried it isn't enough for the baby.
- I am really scared to tell my boyfriend I have HIV.
- I will be so sad if my baby has HIV.
- I have to hide my medicines so it is hard for me to remember to take them at the right times.

**9. What are the key parts or phases of a counselling session? Why is each phase important?**

# Improving Retention, Adherence, and Psychosocial Support within PMTCT Services

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## Implementation Workshop Curriculum for Health Workers

**Thank you for participating!**