

Contraception for Clients with HIV Curriculum  
*Facilitator Manual*

The *Contraception for Clients with HIV Curriculum* and the accompanying materials, including this *Facilitator Manual*, were developed by Family Health International (FHI) in collaboration with the ACQUIRE Project at EngenderHealth, as one of the resources for *Increasing Access to Contraception for Clients with HIV: A Toolkit*.

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# Contraception for Clients with HIV Curriculum

## *Facilitator Manual*

### **Purpose**

This curriculum is designed to orient health care providers to the reproductive decisions and concerns of clients with human immunodeficiency virus (HIV). Health care facilities that adopt an integrated client-centered approach to addressing the concerns of clients with HIV can better meet clients' needs. An integrated approach to providing reproductive health (RH) services can create programmatic synergies that make services more attractive to clients with HIV and reduce the stigma associated with the disease. To ensure that these programmatic synergies are realized, program managers, administrators, and supervisors, in conjunction with providers and other support staff, must reach a common consensus about how integrated services will be provided within the community or a given facility. Refer to the toolkit resource *Family Planning–Integrated HIV Services: A Framework for Integrating Family Planning and Antiretroviral Therapy Services* (EngenderHealth, 2007; included on the Toolkit CD) for guidance on family planning (FP) and HIV integration. After integration goals are established, a training course – like this one – can be used to ensure that providers develop the knowledge and skills to provide high-quality integrated services for clients with HIV.

With the growing HIV epidemic, FP can play a key role in preventing further transmission of the virus. This curriculum will help providers determine how best to incorporate FP into the integrated RH services that they offer to all their clients, especially those clients with HIV.

The curriculum also helps participants to acquire knowledge and practice skills specific to the FP needs of clients with HIV.

### **Audience\***

Integrated services can be offered by a variety of providers in health centers, clinics, hospitals, or home-based settings that offer primary care; palliative care; maternal and child health; family planning; or HIV prevention, care, and treatment.

The primary audience for this curriculum is nurses, midwives, and physicians who have some knowledge and experience providing family planning or HIV and AIDS services. They may be family planning providers who want to better serve their clients by understanding the eligibility criteria for clients with HIV or AIDS or on antiretroviral (ARV) therapy. Or they may be providers of HIV care and treatment who want to offer family planning counseling, contraceptive methods, and referral services. Although not the primary audience for this curriculum, trainers of lay counselors can adapt and use portions of the curriculum for lay counselor training.

\* *Providers who have never offered contraceptive methods may need additional practice independent of this course to master the skills required for providing specific methods. This course does not include comprehensive objectives for skills development in providing contraceptive methods.*

### **Capabilities upon Completion of Training**

Upon completion of this training course, and with appropriate organizational support for their performance, participants should be able to offer integrated FP and HIV services by performing these essential tasks:

- Counsel clients with HIV to enable them to make informed decisions about reproductive health issues (e.g., assess individual risks, determine fertility intentions, make informed decisions regarding contraception).
- Provide contraceptive methods to clients with HIV or refer as appropriate.\*
- Maintain a safe, efficient, and welcoming integrated service environment, free from stigma and discrimination, for clients and colleagues.

\* The term “refer as appropriate” has been included to accommodate providers with various levels of experience in providing family planning services. Realistic expectations that consider both the provider’s capability and facility’s capacity to offer integrated services must be defined by the facility administrators and the participant’s supervisors (preferably in consultation with the trainer) prior to initiation of training.

### **Using the Curriculum**

The curriculum should be used as part of a comprehensive program in which the reproductive needs of community members have been evaluated and the solution involves offering some level of integrated FP and HIV services. The desired level of integration must be practical, and a strategic plan that describes how the implementation of integrated services will be instituted must be in place and endorsed by key stakeholders. The strategic plan should describe:

- Specific services to be offered
- How community members and clients will be informed about the expanded or integrated services
- What administrative policies, service delivery guidelines, and clinical procedures will be adapted and how these changes will be communicated to staff
- Where, when, and by whom the new services will be offered
- Who will supervise the new services
- How workers, including supervisors, will acquire and maintain required knowledge and skills

- How supplies and equipment will be acquired and maintained
- When and where referrals will be made
- How services will be reported, monitored, and evaluated

Once the desired level of integration is established and the job functions of the health care workers are revised, this curriculum can be adapted to address specific training needs. The objectives are grouped by content area to facilitate the selection of appropriate training activities to address specific knowledge and skills deficits. It is rare that a course will require inclusion of all the objectives included in the curriculum. A thorough understanding of the provider’s revised job expectations and specific knowledge and skills deficits is necessary to establish the training objectives. This requires that trainers, in collaboration with supervisors and providers, complete a needs assessment. The assessment will document the providers’ current skills, identify the knowledge and skills to be acquired during training, expose provider biases and behaviors that demonstrate intolerance, and indicate other changes and resources in the work environment necessary to offering the family planning methods and services that will be adopted at the facility.

*Learning for Performance: A Guide and Toolkit for Health Worker Training and Education Programs* (included on the Toolkit CD) provides valuable insights into how to develop performance-based learning interventions. To ensure that providers can transfer the knowledge and skills gained during training and perform their new job responsibilities to standard, training facilitators should follow the guidance provided in *Transfer of Learning: A Guide for Strengthening the Performance of Health Care Workers* (included on the Toolkit CD). The guide provides advice about what can be done before, during, and after training by supervisors, trainers, learners, and their co-workers and endorses use of an action plan to coordinate these efforts and ensure that investments in training are maximized.

**Requirements for Facilitators and Trainers:** The curriculum is designed for use by experienced trainers with competency in a variety of RH content areas, but particularly family planning and HIV prevention, care, and treatment. The specific areas of expertise required to facilitate the training depend on the current knowledge and skills of the participants and their post-training job expectations.

**Requirements for Participants:** The curriculum is designed for nurses, midwives, and physicians who will be providing direct client care in integrated FP and HIV service settings. The typical pre-service training and in-service experience of these cadres of health care workers generally provides them with the necessary prerequisite skills for the training activities included in the curriculum (e.g., offer primary patient care including counseling, screening, diagnosis, and treatment as indicated; assure clients' rights; and maintain a safe environment).

### ***Curriculum and Collateral Materials***

This curriculum includes the following materials:

**Facilitator Manual.** This manual includes instructions and resource materials for conducting the training activities (e.g., pre-/post-knowledge

test, game pieces, PowerPoint presentations with speaker notes and discussion questions, case studies, a counseling skills checklist, and a course evaluation). It also includes advice on how to adapt the objectives and training activities for various audiences.

**Participant Manual.** This manual includes reference information on the topics and materials that participants need for the training activities. It also includes an action plan that participants and their supervisors can use to facilitate learning.

Collateral materials to facilitate learning and provision of integrated services:

- ***Counseling Tool: Reproductive Health Choices for Clients with HIV*** to be used when counseling clients with HIV and their partners to make informed reproductive health decisions (*also referred to as the “flip book”*)
- **Screening checklists** to determine medical eligibility for combined oral contraceptives (COCs), injectables (DMPA or NET-EN), intrauterine devices (IUDs), and contraceptive implants
- **Fact sheets** about contraceptive methods and other HIV or AIDS related topics (included at the back of the participant's manual, can be used as job aids)
- **Client brochures** on various topics that can be adapted to meet the needs of clients at a specific facility (e.g., materials on infant feeding)
- **Facility checklists** to help providers and administrators determine what level of integrated services are reasonable or evaluate the quality of the integrated services they are offering
- **Supervisory tools** for assessing the performance of supervisors at facilities where integrated services are being provided
- **Full-text reference materials** that can be shared with interested participants (e.g., *Family Planning: A Global Handbook for Providers*, CCP and WHO, 2007; updated 2008)

## **Course Objectives**

The course objectives are organized into six content areas:

### ***Overview of HIV, AIDS, and ARV Therapy***

Participants will be able to:

- Define HIV and AIDS.
- Describe the progression of HIV disease.
- Describe the ways HIV is transmitted and how it may be prevented.
- Describe the scope of the HIV epidemic in their country or community.
- Explain how HIV affects women, especially the factors that make women more vulnerable to HIV infection.
- Explain (in general terms) how ARV drugs work for treatment of AIDS, what is included in highly active antiretroviral therapy (HAART) therapy, and how ARV drugs can be used for prophylaxis.

### ***Why Integrate Family Planning and HIV Prevention, Care, and Treatment***

Participants will be able to:

- List the benefits of offering family planning to clients with HIV.
- Explain the potential benefits and challenges of integrating family planning and HIV services.

### ***Provider Values and Attitudes and Client's Rights (Stigma Reduction)***

Participants will be able to:

- Examine their personal values and attitudes toward people with HIV.
- Explain how personal values and attitudes may affect interactions with clients who have HIV.
- Discuss the sexual and reproductive rights of clients with HIV.
- Discuss HIV-related stigma and discrimination as it applies to sexual and reproductive rights.

- Describe how to identify and address stigma and discrimination when providing RH services.
- Explore the range of reproductive health choices for clients with HIV and related issues or concerns that may influence their decisions and fertility intentions.
- Describe how a provider can address the reproductive health concerns of clients with HIV.

### ***Contraceptive Methods and Family Planning for Clients with HIV***

Participants will be able to:

- List method characteristics that affect contraceptive method choice.
- Explain the rationale for medical eligibility criteria and how they are applied.
- Provide an overview of available contraceptive methods, including effectiveness, characteristics, mechanisms of action, benefits, side effects, eligibility criteria, protection against sexually transmitted infections (STIs) including HIV, how to use, when to return to the clinic, and common myths and misconceptions.
- List contraceptive methods available to women and couples with HIV.
- Describe how the presence of HIV, AIDS, and the use of or response to ARV therapy affects method eligibility.
- Explain the concerns, theoretical or otherwise, related to the use of hormonal contraception among women with HIV, including those who are taking ARV drugs.
- State the main counseling messages for women on ARV therapy who are planning to use hormonal contraception.
- Explain the concerns related to the use of the lactational amenorrhea method (LAM) by women with HIV, infant feeding options, and recommendations to reduce mother-to-child transmission during breastfeeding.

### ***Counseling and Client-Provider Interaction***

Participants will be able to:

- Identify opportunities where family planning messages or services can be offered.
- Describe the process and content of counseling sessions tailored to services provided to clients with HIV.
- Demonstrate the ability to counsel clients with HIV during role-plays while addressing RH issues relevant to the clients described in the case studies.

### ***Safe and Efficient Work Environment***

Participants will be able to:

- Describe standard precautions applicable in clinical settings.
- Assess their individual occupational risk for HIV, including risk reduction strategies that should be in place.
- Assess how integrating FP services affects standard precautions currently in place and what measures may need to be added.
- Describe the management of occupational exposure to HIV.  
*Note: Since the risk of occupational exposure through provision of contraception is minimal, this objective is recommended only for participants providing injectables, IUDs, implants, tubal ligations, or vasectomies.*
- Describe measures to minimize stress and enhance support for health workers in integrated service settings.
- Develop a plan to facilitate the transfer of knowledge and skills from the training to their workplace, with a focus on clarifying changes in job expectations with supervisors and colleagues; clarifying procedures for record keeping, resupply, and referral related to the new services; and creating mechanisms for practicing, using, and maintaining new skills.

***Optional objective:*** Participants will be able to track, refer, report, log, order, and maintain supplies for new services [note: training about how to use forms related to new services will require advance planning and the availability of revised record-keeping forms]. Alternatively, interim record-keeping tools, e.g., log or register book to track FP service activities, can be introduced.

Possible Course Schedule for Participants Requiring All Training Objectives\*

Day 1 (~8 hours)	Day 2 (~8½ hours)	Day 3 (~8 hours)	Day 4 (~8 hours)	Day 5 (~5 ¼+ hours)
<p>1.1 Welcome/Introductions 30 minutes</p> <p>1.2 Objectives/Structure/Rules 30 minutes</p> <p>1.3 Knowledge Pre-test 45 minutes</p> <p>BREAK – 15 minutes</p> <p>2.1 HIV and AIDS Overview 45 minutes – Facts Game</p> <p>2.2 Scope of Epidemic 15 minutes – Presentation</p> <p>2.3 Impact on Women 15 minutes – Brainstorm/Present</p> <p>2.4 ARV Therapy Intro 20 minutes – Small Group Present</p> <p>LUNCH – 60 minutes</p> <p>3.1 Benefits of FP 15 minutes – Discuss/Present</p> <p>3.2 Integration Benefit/Challenges 15 minutes – Present/Discuss</p> <p>4.1 Values/Attitudes to HIV 30 minutes – Reflect/Discuss</p> <p>4.2 Values/Attitudes to HIV 30 minutes – Small Group</p> <p>BREAK – 15 minutes</p> <p>4.3 Attitudes/Opinions about HIV 60 minutes – Agree/Disagree</p> <p>4.4 HIV+ Clients' Rights/Stigma 30 minutes – Present/Discuss</p> <p>DAILY WRAP-UP Assigned Reading – first half of flip book</p>	<p>4.5 Identify/Address Stigma 30 minutes – Group Work/Discuss</p> <p>4.6 Stigma/Facility Evaluation 60 minutes – Evaluate/Discuss</p> <p>BREAK – 15 minutes</p> <p>4.7 RH Choices for HIV+ Clients 30 minutes – Group Work/Present</p> <p>5.1 FP Method Characteristics 10 minutes – Brainstorm 20 minutes – Present/Discuss</p> <p>5.2 FP Method Overview 30 minutes – Small Group Prep</p> <p>LUNCH – 60 minutes</p> <p>6.1 FP Methods – Condoms 15 minutes – Small Group Present 15 minutes – Present/Discuss</p> <p>6.2 Dual Protection 5 minutes – Brainstorm/Present 10 minutes – Present/Discuss</p> <p>6.3 Condom Demonstration 15 minutes – Condom Race 20 minutes – Demo/Practice</p> <p>6.4 Condom Myths 25 minutes – Small Group/Discuss</p> <p>6.5 Negotiating Safer Sex 15 minutes – Brainstorm/Negotiate</p> <p>BREAK – 15 minutes</p> <p>7.1 HCs and HIV/ARV Concerns 30 minutes – Present 15 minutes – Fact/Theory Game</p> <p>7.2 FP Methods – COCs 15 minutes – Small Group Present 45 minutes – Present/Discuss</p> <p>DAILY WRAP-UP Assigned Reading – second half of flip book</p>	<p>7.3 FP Methods – Injectables 15 minutes – Small Group Present 45 minutes – Present/Discuss</p> <p>7.4 FP Methods – Other HCs 45 minutes – Present/Discuss</p> <p>BREAK – 15 minutes</p> <p>7.5 HIV/ARV Counseling Messages 5 minutes – Review Key Points 10 minutes – Brainstorm Messages</p> <p>8.1 FP Methods – IUDs 15 minutes – Small Group Present 30 minutes – Present/Discuss</p> <p>8.2 IUD Eligibility HIV+ 15 minutes – Present/Discuss</p> <p>9.1 FP Methods – Sterilization/FAB 30 minutes – Present/Discuss</p> <p>9.2 LAM/Infant Feeding Options 30 minutes – Present/Discuss</p> <p>9.3 FP Methods – Summary 15 minutes – MEC Matching Game</p> <p>LUNCH – 60 minutes</p> <p>10.1 Contact Points 60 minutes – Group Maps/Present</p> <p>BREAK – 15 minutes</p> <p>10.2 Counseling Process/Content 60 minutes – Present/Discuss</p> <p>DAILY WRAP-UP Assigned Reading – counseling section of <i>Participant's Manual</i></p>	<p>10.3 Counseling Process/Content 60 minutes – Brainstorm/Group Work</p> <p>10.4 Counseling Sensitive Topics 60 minutes – Brainstorm/Discuss</p> <p>BREAK – 15 minutes</p> <p>10.5 Counseling Practice 90 minutes – Practice Case Sessions 30 minutes – Group Discussion</p> <p>LUNCH – 60 minutes</p> <p>10.5 Counseling Practice (<i>continued</i>) 90 minutes – Practice Case Sessions 30 minutes – Group Discussion</p> <p>BREAK – 15 minutes</p> <p>11.1 Standard Precautions 30 minutes – Define/Discuss</p> <p>11.2 FP-related Occupational Risk 30 minutes – Discuss/Share</p> <p>DAILY WRAP-UP</p>	<p>11.3 HIV Risk Management 30 minutes – Discuss/Present</p> <p>11.4 Minimize Stress 45 minutes – Brainstorm/Discuss</p> <p>BREAK – 15 minutes</p> <p>11.5 Reporting TBD – Demonstrate/Discuss</p> <p>11.6 Action Planning 60 minutes – Develop/Review</p> <p>LUNCH – 60 minutes</p> <p>12.1 Review/Ask 5 minutes – Write Question Cards</p> <p>12.2 Knowledge Post-test 45 minutes</p> <p>BREAK – 15 minutes</p> <p>12.3 Review/Answer 15 minutes – Answer Question Cards</p> <p>12.4 Course Evaluation/Closure 15 minutes – Evaluation 10 minutes – Wrap-up</p> <p>CLOSE COURSE</p>

\* This course schedule allots time to conduct all the activities in the curriculum. It is rare that a group of participants will require training in all of the course objectives. Adapt the objectives and activities as appropriate, revise the schedule accordingly, and include a copy of the schedule in the *Participant's Manual*.

## Session 1: Introduction

### Objectives

Participants will:

- Learn each other's names, job responsibilities, and expected changes to job descriptions and responsibilities.
- Describe their expectations of the course and review course objectives.
- Become familiar with the general structure of the training.
- Establish ground rules for participation.
- Discover their current level of understanding of course topics.

### Methods

Icebreaker

Discussion

Knowledge pre-test

### Materials

Name tags

Registration form

Flip chart paper, markers, masking tape

Prepared flip charts (partner interview questions/items, course content/objectives, agenda, ground rules)

Training Resource 1.1. Statements for Determining Pairs (number of statements selected should equal half the number of participants)

Knowledge Pre-test (one copy for each participant; see the Appendix for master copy of test; adapt as necessary to match the objectives of the training)

Training Resource 1.3. Knowledge Pre-/Post-Test Answer Key

Pens and pencils (at least one for each participant)

Packets of materials, including the *Participant Manual*, *Counseling Tool* (flip book), checklists, MEC chart, other job aids (one copy for each participant)

### Duration

1¾ hours

Objectives	Session Plan and Activities
<b>DAY 1</b>	
<p>Learn each other's names, job responsibilities, and expected changes to job descriptions and responsibilities.</p> <p><i>Allow: 25–30 minutes (icebreaker – varies based on number of participants)</i></p>	<p><b>Activity 1.1</b></p> <ol style="list-style-type: none"> <li>1. Greet participants as they come into the room. Ensure that each participant receives a name tag. Ask participants to sign the register and to make themselves comfortable.</li> <li>2. Welcome the participants and introduce yourself and any cofacilitators.</li> <li>3. Inform participants that the next activity will help them to learn more about one another. Ask each participant to select one strip of paper containing one-half of a statement about HIV and contraception and then mingle with the other participants to locate the person with the other half of the statement (see Training Resource 1.1 for statements, page 10). If the number of participants is uneven, the facilitator should participate. Tell the participants to stay in pairs.</li> <li>4. Instruct the pairs to spend a few minutes interviewing each other to find out: name, title, main job responsibilities, how they expect their job to change after training, and their favorite thing to do. Post the interview questions so that participants can refer to them during the activity. After five minutes, ask the pairs to assemble in a large group and to take turns introducing their partners to the entire group. Encourage the participants to limit the introductions to about one minute.</li> </ol>
<p>Describe their expectations of the course and review course objectives.</p> <p>Become familiar with the general structure of the training.</p> <p>Establish ground rules for participation.</p> <p><i>Note: Ideally, participants will have had discussions with supervisors prior to attending the course so that all participants will have some expectations about how services will be integrated and their role in providing these services. Each individual's objectives for participation in the</i></p>	<p><b>Activity 1.2</b></p> <ol style="list-style-type: none"> <li>1. Introduce the course, <i>Contraception for Clients with HIV</i>, and ask participants what they expect to learn. Record participants' responses on a flip chart. Compare the participants' responses with the prepared flip chart of course content areas and the detailed list of course objectives (included in the <i>Participant Manual</i>, page 3). Describe how the course objectives match the participants' expectations and discuss outliers and how these will be managed.</li> <li>2. Distribute and introduce the materials included in the participant's packets. Ask the participants to look at the table of contents in the <i>Participant Manual</i> and how the manual is organized. Draw the participant's attention to the action plan and ask them to keep in mind, throughout the training, how they will apply what they are learning after they return to work. Ask the participants to look at the <i>Counseling Tool</i> (flip book); explain generally how to use it and encourage the participants to begin reading it during their free time so that they become familiar with its design and contents. Briefly introduce any other materials that have been included in the packets (e.g., checklists, job aids).</li> </ol>

<p><i>training should be established by the supervisor and the participant prior to the training. It will be difficult for participants to develop action plans without understanding the changes to their job responsibilities.</i></p> <p><i>Allow: 30 minutes (discussion)</i></p>	<ol style="list-style-type: none"> <li>3. Provide an overview of the agenda, the general structure of the entire training, and the schedule for day one, using prepared flip charts and the schedule included in the <i>Participant Manual</i>, page 5.</li> <li>4. Propose a standard set of ground rules (prepared flip chart); solicit and include additional guidelines as suggested by participants. Possible ground rules include: <ul style="list-style-type: none"> <li>- Start and finish on time (facilitator may set time limits on activities).</li> <li>- One person talks at a time (avoid side conversations).</li> <li>- Avoid judgmental comments.</li> <li>- Show respect for each other through language, posture and tone of voice.</li> <li>- Protect confidentiality (what is said in the group may be generally discussed with others but without identifying the individual who said it).</li> <li>- Cell phones off (except at breaks).</li> <li>- Ask questions. (There are no silly questions!)</li> <li>- Participate in activities. (All participation is voluntary.)</li> <li>- Contribute to discussions.</li> <li>- Attend to our own comfort needs. (Provide directions to restrooms).</li> <li>- Enjoy ourselves!</li> </ul> </li> <li>5- Post the course objectives, agenda, and ground rules on the wall so they can be easily referenced throughout the training.</li> </ol>
<p>Discover the current level of understanding of course topics.</p> <p><i>Allow: 45 minutes (pre-test)</i></p> <p><b>Hint for adaptation:</b> <i>Modify the items on the Knowledge Pre-/Post-test to match the objectives of the training.</i></p>	<p><b>Activity 1.3</b></p> <ol style="list-style-type: none"> <li>1. Introduce the Knowledge Pre-test to participants. Remind them that they are not expected to know all the answers. The test is to help determine what they need to learn so that training activities can be adapted accordingly. Explain that the test is anonymous (no names are used on test forms – just a code known only to the individual (e.g., day/month/year of birth). The codes allow the facilitator to measure knowledge gain as a group as well as individually and for individual participants to compare their pre- and post-test scores.</li> <li>2. Distribute one copy of the test to each participant. Ask participants to record their code at the top of their test form. Tell participants to carefully follow the instructions. <b>More than one response is correct for many test items.</b> Allow 45 minutes for the participants to complete the test.</li> <li>3. Collect completed tests. Use Training Resource 1.3 Knowledge Pre-/Post-Test Answer Key to score the tests (see page 11). If possible, review the test results before the start of day two of training to get a general sense of the group’s level of knowledge. Record pre-test scores by codes for later comparison with post-test scores.</li> </ol>

## Training Resource 1.1. Statements for Determining Pairs

*Instructions: Determine the number of full statements that you need based on the number of participants. Each full statement consists of two halves, so if there are 10 participants, select five full statements (which will make 10 halves); if there are more than 24 participants, additional statements will need to be created. After you have selected the appropriate number of statements, cut along the dotted lines and place all halves of the statements in a box, hat, or large envelope and mix them up. Each participant will withdraw one slip of paper (one-half of a statement) and search for the participant holding the other half of the statement.*

HIV is a disease that ...	... affects our immune system.
HIV can be transmitted during ...	... sexual intercourse, direct contact with blood, and pregnancy/delivery/breastfeeding.
ARV drugs do not cure HIV but ...	... reduce viral load and improve general health.
Condoms (male and female) are the only methods that ...	... prevent both pregnancy and HIV when used properly and consistently.
Oral contraceptive pills must be taken ...	... every day to be effective.
Emergency contraception can prevent pregnancy ...	... after unprotected intercourse.
An IUD is a small plastic device that ...	... is inserted into a woman's uterus.
The injectable contraceptive DMPA should be ...	... injected once every three months to be effective.
Sterilization is a good option for couples ...	... who have decided that they want to have no more children.
To be fully effective, condoms must be used correctly ...	... with every act of sexual intercourse.
A couple can choose to use two contraceptive methods ...	... a condom for STI prevention plus another method for increased pregnancy prevention.
Counseling helps couples ...	... to make informed decisions about their reproductive health.

## Training Resource 1.3. – Knowledge Pre-/Post-Test Answer Key *Contraception for Clients with HIV*

*Instructions: Use this key to score the participant's pre- and post-tests. The checks ✓ indicate correct answers. A short explanation is also included for each incorrect response. There are 130 responses on the test; when scoring, count items that should have been checked but were not and items that were selected but should not have been. If desired, convert the score to a percent (e.g., 25 incorrect responses = 105/130 = 81%).*

1. People with HIV are most infectious during the primary (acute) infection and end-stage AIDS.
  - ✓ a. True.
  - b. False. <Blood levels of the HIV virus are highest during primary (acute) infection and end-stage AIDS>
  
2. People become infected with HIV through:
  - ✓ a. Unprotected sex with an infected person.
  - b. Improper washing of linen in health facilities. <false>
  - ✓ c. An HIV-positive mother to her infant before birth, during birth, and during breastfeeding.
  - ✓ d. Blood-to-blood transmission, including injecting drug use or accidental injury by contaminated sharp instruments, such as scalpel blades and needles.
  - e. Among people who live in the same house and share knives, spoons, towels, or blankets. <false>
  
3. Women are more vulnerable to HIV infection because:
  - ✓ a. Gender inequities often make women economically dependent on men.
  - ✓ b. It is more difficult for women than men to refuse unwanted sex or to negotiate safer sex.
  - ✓ c. During intercourse, the vagina has a large surface area that is exposed to sexual fluids containing HIV.
  - d. Women are genetically predisposed to acquiring HIV. <false; they are not genetically predisposed>
  - ✓ e. Cervical ectopy may increase the risk of chlamydia infection, which may then increase infection by the HIV virus.
  
4. Women and couples with HIV receive the following benefits from using family planning:
  - a. Better long-term health, by preventing pregnancy that speeds the progression of HIV disease. <false; pregnancy does not alter the progression of HIV disease>
  - ✓ b. Reduced HIV infections among children by preventing unintended pregnancies.
  - ✓ c. Reduced number of orphans.
  
5. Which of the following statements are true?
  - a. Pregnancy accelerates HIV disease. <false>
  - ✓ b. Pregnancy does not alter the progression of HIV disease.
  - ✓ c. ARV therapy improves the health of persons with AIDS.
  - ✓ d. Pregnant women with HIV have an increased rate of stillbirths and delivery of low-birth-weight infants.
  - e. At least two-thirds of women with HIV pass the virus to their infants during pregnancy, delivery, or breastfeeding. <false>
  - ✓ f. Without treatment, approximately one-third of HIV-positive mothers pass the virus to their newborns during pregnancy, delivery, or breastfeeding.
  - ✓ g. There are effective means for reducing mother-to-child transmission of HIV.

6. Which of the following statements about how antiretroviral (ARV) drugs work are true?
  - ✓ a. The various classes of ARV drugs attack the HIV virus at different stages of replication.
  - b. ARV drugs kill the HIV virus before it can infect cells. <false; drugs do not kill the virus>
  - ✓ c. The standard “HAART cocktail” combines three drugs from two different classes of antiretrovirals and attacks at least two targets.
  - ✓ d. ARV drugs decrease viral load, thus improving immune function.
  
7. ARV drugs are used for prophylaxis (prevention) against HIV infection, including:
  - ✓ a. Transmission from mother to child.
  - b. Potential occupational exposure, with single-drug therapy being highly effective. <false; recommended in cases of known exposure; multidrug therapy when started immediately is most effective>
  - ✓ c. Cases of rape.
  
8. Women with HIV who are taking ARV therapy benefit from using contraception because:
  - ✓ a. They can focus more on their ARV therapy and other demands related to HIV disease when their risk of unintended pregnancy is reduced.
  - ✓ b. It allows them to avoid a potentially complicated pregnancy.
  - c. All ARV drugs are contraindicated during pregnancy. <false>
  - ✓ d. A wider range of ARV drugs can be used by women who are not at risk of pregnancy.
  
9. All clients seeking family planning services have the right to:
  - ✓ a. Access information and services, free from any barriers.
  - ✓ b. Choose from a variety of modern contraceptive methods.
  - ✓ c. Be supported to make an informed, voluntary choice of contraceptive method.
  - d. Receive the contraceptive method of their choice, even though they may not be medically eligible. <false>
  - e. Have a knowledgeable provider who will choose the contraceptive method that he or she considers to be the best choice for the client. <false>
  
10. When providing services, effective counselors:
  - ✓ a. Listen carefully and empathize with the client.
  - ✓ b. Help clients make their own reproductive health decisions.
  - c. Allow personal preferences and individual experience to influence the information they give to clients. <false>
  - ✓ d. Provide clients with the information required to use their chosen method safely and effectively.
  
11. Where practical, we should consider integrating HIV and FP services because:
  - ✓ a. Clients using HIV-related services and those using family planning services have many common needs and concerns.
  - b. It is always less expensive to provide integrated services. <false>
  - ✓ c. Many family planning service clients are at risk of HIV infection or are already infected.
  - ✓ d. Clients using family planning and HIV-related services are sexually active, are usually fertile, and need to know how HIV affects their contraceptive options.
  - ✓ e. Integrated services may be more attractive to clients.
  - f. The quality of integrated services is always better than separate services. <false>
  - ✓ g. Offering more than one service gives providers more opportunities to support drug and method adherence and to follow up on issues raised by clients.

12. We should involve men in family planning and other reproductive health programs because when male partners cooperate and participate:
- ✓ a. Women are better able to act on the HIV prevention messages delivered through reproductive health services.
  - ✓ b. Male partners may be more likely to seek HIV counseling and testing and to discuss their HIV status with their partners.
  - c. Women do not need to do anything about HIV or STI prevention because their partners will take care of it. <false>
  - ✓ d. Couples can make joint informed decisions about their reproductive health goals and prevention strategies.
  - ✓ e. Client satisfaction is improved and the adoption, continuation, and successful use of a contraceptive method are more likely.
13. Male and female condoms offer the following advantages to clients with HIV:
- ✓ a. Condoms are 98 percent effective in preventing both pregnancy and STIs when used consistently and correctly.
  - b. As commonly used, condoms are one of the most effective methods for preventing pregnancy. <false; in typical use, condoms are 85 percent effective>
  - ✓ c. Condoms prevent superinfection with different HIV strains.
  - ✓ d. In “dual method use,” people use condoms to prevent HIV or STI transmission plus an additional FP method for increased pregnancy prevention.
14. Which of the following statements concerning the use of hormonal contraceptives by women who take ARV drugs are true:
- a. Research has proved that combined oral contraceptives do not affect the efficacy of ARV drugs. <false>
  - ✓ b. Some ARV drugs reduce the blood levels of contraceptive hormones; lower blood levels could reduce the effectiveness of hormonal contraceptives.
  - ✓ c. Some ARV drugs increase the blood levels of contraceptive hormones; higher blood levels could increase the side effects of hormonal contraceptives.
  - d. Women who take ritonavir as part of their ARV therapy should not use any method of hormonal contraception. <false; injectables and implants are category 1 or 2>
15. Which of the following statements accurately summarize the WHO eligibility criteria recommendations:
- ✓ a. There are no restrictions on the use of male condoms by clients with HIV and AIDS.
  - b. Female condoms can generally be used by clients with HIV and AIDS, but some caution is required. <false; female condoms are category 1>
  - ✓ c. Women with HIV and AIDS can use oral contraceptives (OCs) without any restrictions.
  - ✓ d. Women on ARV drugs (with the exception of ritonavir) can generally use COCs.
  - ✓ e. Women with HIV and AIDS can use injectables and implants without any restrictions.
  - f. Injectables and implants are usually not recommended for women who are taking ARV therapy. <false; ARV therapy is a category 1 or 2 depending on the type of drug>
  - ✓ g. An IUD can generally be inserted in a woman with HIV if she has no symptoms of AIDS.
  - h. A woman who develops AIDS while using an IUD should have the IUD removed. <false>
  - ✓ i. A woman with AIDS who is doing clinically well on ARV therapy can generally both initiate and continue IUD use.
  - j. Spermicides and diaphragms are appropriate for women with HIV and AIDS. <false>
  - ✓ k. There are no medical reasons to deny sterilization to clients with HIV as long as they are not experiencing any acute AIDS-related illness, in which case the procedure should be delayed.
  - ✓ l. Women with HIV who are planning to use the lactational amenorrhea method (LAM) should be counseled about the risks and benefits of various infant feeding options and the risk of transmitting infection through breast milk.
  - ✓ m. Women with HIV and AIDS can use fertility awareness-based methods without restrictions.

16. Which of the following statements apply when counseling clients with HIV?
- ✓ a. Demonstrate sensitivity to the circumstances of women and couples with HIV.
  - b. Explain exceptions to clients' rights for clients with HIV. <false>
  - ✓ c. Ensure that all women, regardless of HIV status, are free to make an informed choice about pregnancy and contraception.
  - d. Counsel about long-acting contraceptive methods only because they provide the best protection from pregnancy. <false>
  - ✓ e. Assure privacy and confidentiality.
  - ✓ f. Help clients consider how HIV affects individual circumstances and needs.
  - ✓ g. Tailor counseling sessions to the client's needs.
  - h. Avoid involving a client's partner in counseling sessions because he may affect the woman's choices. <false>
  - ✓ i. Provide comprehensive, factual, unbiased information.
  - j. If you disagree with a client's choice of FP method, persuade him or her to use what you consider to be the right one. <false>
17. What issues should providers discuss when counseling women with HIV who are considering pregnancy?
- a. Pregnancy accelerates HIV disease. <false>
  - ✓ b. Risks and rates of mother-to-child transmission.
  - ✓ c. ARV drugs administered around the time of delivery reduce HIV transmission to the child.
  - d. A combination of breastfeeding and artificial feeding is best for reducing postpartum HIV transmission. <false>
  - ✓ e. Implications of rearing a child with HIV and availability of family support.
  - ✓ f. Condom use during pregnancy to avoid STIs, HIV, or HIV superinfection.
  - ✓ g. Location and logistics of care and treatment.
18. What issues should providers discuss when counseling clients with HIV who are considering contraception?
- a. Need for couples with HIV to abstain from sexual intercourse. <false>
  - ✓ b. Characteristics of contraceptive methods, including possible side effects and complications.
  - ✓ c. Ability to use a method correctly (e.g., take pills on schedule, especially if taking ARV drugs).
  - d. Less need to consider method effectiveness due to reduced fertility caused by HIV. <false>
  - ✓ e. Implications of drug interactions for women who choose oral contraceptives and are on ARV therapy.
  - ✓ f. Each contraceptive method's effectiveness in preventing pregnancy and STI or HIV transmission.
  - ✓ g. Advantages of dual protection, including dual method use.
  - ✓ h. A partner's willingness to use condoms and condom negotiation strategies.
  - ✓ i. When to return for questions, problems, and method resupply.
  - j. Need to return for frequent follow-up, even when they do not have problems, because of their HIV status. <false>
19. In addition to information specific to pregnancy or contraception, what other topics should providers discuss while counseling clients with HIV?
- ✓ a. The importance of knowing a partner's HIV status, including encouraging partner testing if the partner's HIV status is unknown.
  - b. There is no benefit in using condoms if both partners are HIV infected. <false>
  - ✓ c. Considerations in disclosing HIV status, including risk of abandonment, violence, or loss of financial support.
  - d. Requirement to bring one's partner for testing. <false; encouraged but not required>
  - ✓ e. Referrals to other reproductive health services as needed, such as STI management and treatment; postpartum, postabortion, and antenatal care; and HIV care and treatment.
  - ✓ f. Available support systems that may include family, community, social, legal, nutritional, or child health services.

20. To address the contraceptive needs of clients with HIV, programs should:
- ✓ a. Ensure that providers have necessary skills.
  - ✓ b. Ensure the availability of family planning supplies.
  - c. Focus on long-acting, more reliable contraceptive methods. <false; all methods should be available to clients with HIV>
  - ✓ d. Provide adequate counseling and storage facilities.
  - e. Offer on-site comprehensive STI and HIV testing and treatment. <false; referrals are an acceptable alternative>
  - ✓ f. Ensure supervision and management support for family planning services.
  - ✓ g. Have a functional system for referring clients to services not provided on-site.
21. Which of the following statements accurately describe the role that FP services can play in caring for clients with HIV?
- ✓ a. Provide information and FP methods.
  - ✓ b. Assist with preventing HIV transmission.
  - c. Educate clients about harmful effects of pregnancy on HIV disease progression. <false; pregnancy does not alter disease progression>
  - ✓ d. Help clients consider the effect of HIV on family health.
  - e. Help ensure that clients with HIV do not have children. <false>
22. Following an injury at work, routine management should include:
- ✓ a. Assessment of the nature of the injury and risk for HIV infection.
  - ✓ b. Periodic HIV testing of the health worker for six months after injury.
  - ✓ c. If the injury is high-risk, take ARV drugs for four weeks (postexposure prophylaxis).
  - ✓ d. Monitoring for adverse effects of ARVs (if taken).
  - ✓ e. Monitoring for acute seroconversion illness.
  - ✓ f. Counseling on adherence with PEP therapy (if taken) and the emotional stress of dealing with exposure to HIV infection.
23. Which type(s) of exposure at work pose a risk for HIV transmission?
- a. Blood from an HIV-positive client drips onto intact skin. <false; HIV virus cannot penetrate intact skin>
  - ✓ b. A needle-stick injury after drawing blood from the vein of an HIV-positive client.
  - ✓ c. A splash of blood from a patient with AIDS onto skin that has a cut or sore.
  - d. A splash of urine on mucous membrane from a client of unknown HIV status. <false; body fluids containing HIV include blood, semen, vaginal secretions, and breast milk – saliva, tears, sweat, feces, or urine contain very small amounts of HIV with no risk of transmission>

## Session 2: Overview of HIV, AIDS, and ARV Therapy

### Objectives

Participants will:

- Define HIV and AIDS.
- Describe the progression of HIV disease.
- Describe the ways HIV is transmitted and how it may be prevented.
- Describe the scope of the HIV epidemic in your country or community.
- Explain how HIV affects women, especially the factors that make women more vulnerable to HIV infection.
- Explain (in general terms) how ARV drugs work for treatment of AIDS, what is included in HAART therapy, and how ARV drugs can be used for prophylaxis.

### Methods

HIV and AIDS Facts Game

PowerPoint presentation

Brainstorming/discussion

Small group presentations

### Materials

Flip chart paper, markers, masking tape

Participant question sheets for HIV and AIDS Facts Game (included in the *Participant Manual*, pages 8–10)

Training Resource 2.1. Score Sheet and Answer Key for HIV and AIDS Facts Game (one pie/score sheet for each group posted on a sheet of flip chart paper)

Prizes for winning team (candy or other small items)

PowerPoint presentation 1. HIV and AIDS Epidemic (adapt as appropriate for the country/region/district/community/facility where the training is held)

PowerPoint presentation 2. Women Are More Vulnerable to HIV

PowerPoint presentation 3. ARV Therapy Basics

Information on HIV, AIDS, and ARVs (included in the *Participant Manual*, pages 6–7 and pages 11–14 )

### Duration

1½ hours

Objectives	Session Plan and Activities
<p>Define HIV and AIDS.</p> <p>Describe the progression of HIV disease.</p> <p>Describe the ways HIV is transmitted and how it may be prevented.</p> <p><i>Allow: 45 minutes (game)</i></p> <p><i>The HIV and AIDS Facts Game was adapted from: Prevention of Mother-to-Child Transmission of HIV Generic Training Package: Trainer Manual. Geneva: World Health Organization, 2004.</i></p>	<p><b>Activity 2.1</b></p> <ol style="list-style-type: none"> <li>1. Inform participants that the purpose of the HIV and AIDS Facts Game is to review basic information about: HIV and AIDS, HIV disease progression, and methods of HIV transmission and prevention.</li> <li>2. Divide the participants into three teams of equal size. If you have a mixed group, distribute the participants among the groups somewhat evenly by cadre and discipline, so that each group has the same number of nurses, doctors, and HIV or FP specialists. Number the teams 1, 2, and 3 (or ask them to create their own team names). Ask the participants to sit at a table with their teammates.</li> <li>3. Post the prepared flip chart containing the three score sheets (pies), one for each team (see Training Resource 2.1. Score Sheet, page 20). Explain that the objective is to be the first team to complete their pie. A team can fill a segment of the pie each time the team gets a correct answer in one of the following five categories: 1) General Information about HIV and AIDS, 2) HIV Transmission, 3) HIV Prevention, 4) Infant Feeding, and 5) Mother-to-Child Transmission. A team may only answer one question per category. Once a question has been answered correctly, no other team may use it. The first team to get a correct answer in each category wins the game.</li> <li>4. Ask participants to turn to page 8 in their manuals for the list of game questions in each category. Instruct members of each team to work together to answer all the questions in each category (ideally, all the members of the team will agree on the correct answer to each question). Allow the teams 15 to 20 minutes to answer the questions.</li> <li>5. Each team should record their answers on the question sheet so that they are ready to respond during the game. Suggest that they keep the answers simple and not linger on any one question. Remind participants that they each know more than they think they know and that by working together, they will be able to respond correctly to all or most of the questions in the game.</li> <li>6. To begin play, instruct the first team to choose a category and a question, read the question aloud and give the answer (allow the team 10 seconds to answer).</li> <li>7. If the answer is correct (as determined by group consensus and the facilitator using the Answer Key on page 21), color in the pie slice for the related category on the team's score sheet. Encourage the participants to write the correct answers in their manuals for later reference. If the answer is incorrect, the next team gets to answer that question or another question of its choosing. Teams continue taking turns answering questions.</li> </ol>

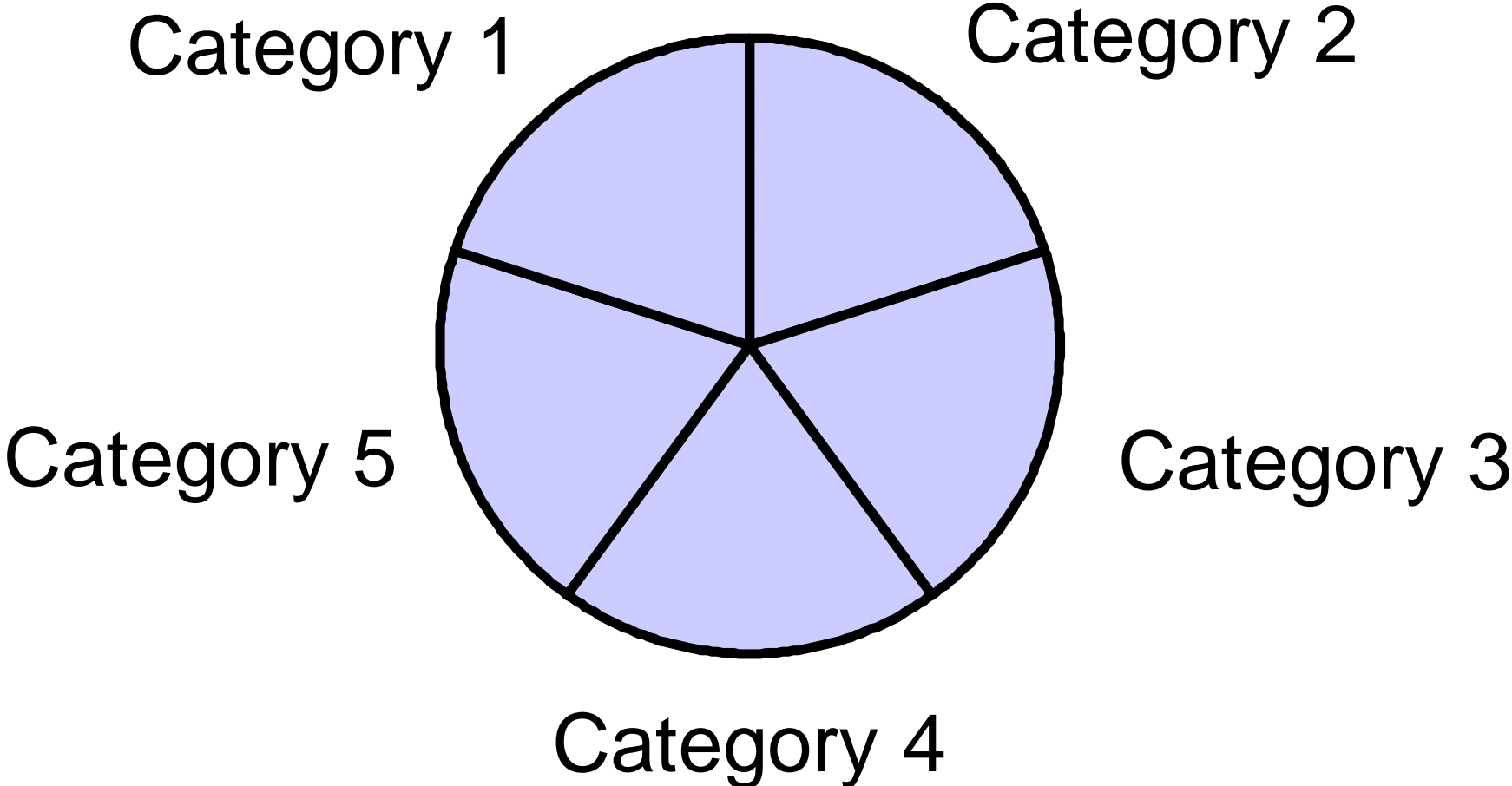
	<ol style="list-style-type: none"> <li>8. During the game, provide direction to the participants, correct misinformation, and clarify misconceptions that may arise during the discussion once the question is correctly answered.</li> <li>9. Award the prize(s) to the first team to complete its pie (representing five correct answers in five different categories). In the event of a two- or three-way tie, award prizes accordingly.</li> <li>10. Encourage participants to refer to the information about HIV and AIDS included in the <i>Participant Manual</i>, pages 6–7.</li> </ol>
<p>Describe the scope of the HIV epidemic in your country or community.</p> <p><i>Allow: 15 minutes (presentation/discussion)</i></p> <p><b>Hint for adaptation:</b> <i>Modify the visuals and speaker notes in the PowerPoint presentation to meet the specific information needs of the participants.</i></p> <p><i>See the Appendix (separate file) for an easy-to-use set of notes and discussion questions for this and other PowerPoint presentations included in the curriculum.</i></p>	<p><b>Activity 2.2</b></p> <ol style="list-style-type: none"> <li>1. Use PowerPoint presentation 1. HIV and AIDS Epidemic (8 slides) to present information about the HIV epidemic; its disproportionate impact on women, especially young women; and the impact on children.</li> <li>2. Present national and local information about the epidemic as available or appropriate (prepare in advance).</li> <li>3. Ask participants to share information regarding the situation in their community or at their facility.</li> </ol>
<p>Explain how HIV affects women, especially the factors that make women more vulnerable to HIV infection.</p> <p><i>Allow: 15 minutes (brainstorming/presentation/discussion)</i></p>	<p><b>Activity 2.3</b></p> <ol style="list-style-type: none"> <li>1. Ask participants to brainstorm what factors make women more vulnerable to HIV.</li> <li>2. Write their responses on the flip chart.</li> <li>3. Depending on the responses, encourage the participants to consider biological, cultural, and societal factors.</li> <li>4. Use PowerPoint presentation 2. Women Are More Vulnerable to HIV (3 slides) to add, correct, or reinforce information as necessary. Note that the third slide reinforces the fact that married couples are also at risk for HIV. While marriage may protect against HIV when both partners are uninfected and have no other sexual partners, marriage is also a risk factor because some married couples also have unprotected sexual intercourse with partners outside their marriage. In fact, many HIV-positive married women have contracted the virus from their husbands.</li> </ol>

Explain (in general terms) how ARV drugs work for treatment of AIDS, what is included in HAART therapy, and how ARV drugs can be used for prophylaxis.

*Allow: 20 minutes (small groups)*

**Activity 2.4**

1. Explain to participants that having a basic understanding of ARV therapy is necessary for them to comprehend how ARVs affect the contraceptive options of women with HIV. This activity is designed to provide an overview of the information that they will need.
2. Break the large group into three small groups; mix cadres and specialties so that there is a good mix of expertise in each small group (if groups from Activity 2.1 were well-balanced, use them again).
3. Describe the activity to the participants. Assign one topic to each group 1) how ARV drugs work, 2) an overview of HAART therapy, or 3) how ARV drugs can be used for prophylaxis. Instruct the groups to prepare a presentation on their assigned topic using the “10-5-1” guidelines (ten minutes to prepare, five facts on the assigned topic, one minute to deliver). Encourage each group to create a flip chart of their facts and select a presenter to share their facts with the large group. Refer participants to the *Participant Manual*, pages 11–14 for resource information.
4. Verify or clarify the correctness and completeness of the information as each group gives their presentation. As appropriate, draw on the expertise of all the participants to complement the presentations given by the small groups.
5. Use PowerPoint presentation 3. ARV Therapy Basics (6 slides) to reinforce information as necessary. Note that slide #6 can be used to reinforce why clients on ARV therapy benefit from contraception. Remind participants that the *Counseling Tool* (flip book) provides information (page 52) that providers can use with clients to help describe the basic facts about ARV therapy.



Team name: \_\_\_\_\_

## Training Resource 2.1. HIV and AIDS Fact Game Answer Key

Category 1: General Information about HIV and AIDS	
Question	Answer
What do HIV and AIDS stand for?	Human immunodeficiency virus Acquired immunodeficiency syndrome
What is the “window period”?	The time (approximately three months) after a person is infected with HIV when the body has not produced sufficient antibodies to be detected by HIV antibody screening tests. During this time, the infection cannot be detected by standard HIV screening tests, but the virus can be transmitted to others. In fact, transmission risk is very high during this period, because the viral load in the person’s blood, semen, vaginal secretions, and breast milk is extremely high.
Name at least four signs or symptoms that suggest a patient may have AIDS.	<ul style="list-style-type: none"> <li>• Night sweats</li> <li>• Fatigue</li> <li>• Weight loss</li> <li>• Diarrhea</li> <li>• Thrush or yeast infection</li> <li>• Opportunistic infection</li> </ul>
Category 2: HIV Transmission	
Question	Answer
List three main ways in which HIV infection is transmitted.	<ol style="list-style-type: none"> <li>1. Unprotected sex (especially unprotected vaginal and anal intercourse) with an infected person.</li> <li>2. From an infected mother to her infant before birth, during birth, or during breastfeeding.</li> <li>3. Blood-to-blood transmission, including any of the following:               <ul style="list-style-type: none"> <li>- Needles shared by injecting drug users or injury by sharps (e.g., needles, razors, scalpels, lancets, or scissors) – that were used on a person with HIV and not cleaned correctly</li> <li>- Blood transfusion with blood that is not screened correctly</li> </ul> </li> </ol>
What four body fluids may contain high concentrations of HIV?	<ul style="list-style-type: none"> <li>• Blood</li> <li>• Semen</li> <li>• Vaginal secretions</li> <li>• Breast milk</li> </ul>
What specific system of the body does HIV attack?	HIV attacks the immune system, specifically the CD4 cells.

Category 3: HIV Prevention	
Question	Answer
What are the ABCs of prevention?	<p>A. <b>A</b>bstain from penetrative sex completely.</p> <p>B. <b>B</b>e mutually faithful to one partner who is uninfected.</p> <p>C. <b>C</b>orrectly use a condom every time you have sexual intercourse.</p>
Name at least four infection prevention techniques that protect both health care providers and patients from HIV.	<ul style="list-style-type: none"> <li>• Do not recap needles. If you do recap needles, always use the single hand technique.</li> <li>• Dispose of needles (hypodermic and suture) and other sharps (scalpels, lancets, razors, and scissors) safely – by putting them immediately into puncture- and leak-proof safety containers.</li> <li>• Wear gloves to prevent direct contact with body fluids, broken skin, and mucous membranes.</li> <li>• Wear a mask, eye protection, and gown (and sometimes a plastic apron) if blood or other body fluids might splash.</li> <li>• Promptly and carefully clean up spills of blood and other body fluids with bleach solution.</li> <li>• Use sterile or highly disinfected instruments during invasive procedures.</li> <li>• Use disposable syringes whenever possible. If they are not available, ensure that both syringes and needles are sterile.</li> </ul>
Why should an individual consider being tested for HIV? Name at least two reasons.	<ul style="list-style-type: none"> <li>• Individuals who engage in risky behavior may unknowingly contract HIV and pass the virus to their partners.</li> <li>• HIV-positive individuals who know their status can prevent transmission to others, including their sex partners, and pregnant or breastfeeding mothers can prevent transmission to their infants.</li> <li>• An individual who knows he or she is negative may be more motivated to use prevention and continue staying HIV-free.</li> <li>• An individual who knows he or she has HIV may make an informed decision to adopt more healthful practices.</li> </ul>

Category 4: Infant Feeding	
Question	Answer
Define exclusive breastfeeding.	Exclusive breastfeeding is defined by WHO as giving an infant only breast milk (including expressed breast milk), with the exception of drops or syrups consisting of vitamins, mineral supplements, or medicines.
What is the latest age that WHO recommends switching an infant from breastfeeding to replacement feeding when the mother is an HIV-positive woman who elects to breastfeed?	Six months (However, if at six months, replacement feeding is still not acceptable, feasible, affordable, sustainable, and safe, continuation of breastfeeding with complementary foods is recommended.)
What are the infant feeding options for women with HIV and what type of feeding is not recommended for infants of HIV-positive women?	Artificial feeding or exclusive breastfeeding are recommended; mixed feeding is not.
Category 5: Mother-to-Child Transmission	
Question	Answer
If 100 women with HIV gave birth to 100 infants, how many of the infants would typically become infected during pregnancy, delivery, and breastfeeding without any intervention?	Without intervention, approximately 35 infants would become infected.
Name two maternal factors that increase the risk of HIV transmission during pregnancy.	<ul style="list-style-type: none"> <li>• Contracts a new HIV infection during pregnancy</li> <li>• Contracts a sexually transmitted infection</li> <li>• Develops late-stage, advanced HIV or AIDS</li> </ul>
Name two factors that increase the risk of HIV transmission during breastfeeding.	<ul style="list-style-type: none"> <li>• New maternal HIV infection during breastfeeding</li> <li>• Duration of breastfeeding; the longer breastfeeding continues, the greater the cumulative risk of transmission</li> <li>• Mixed feeding (breast milk along with supplemental feeding, such as foods and fluids other than breast milk)</li> <li>• Breast abscesses, nipple fissures (cracked nipples), and mastitis</li> <li>• Advanced HIV or AIDS in the mother</li> <li>• Oral disease in the infant, such as thrush and mouth sores</li> </ul>

## Session 3: Why Integrate Family Planning and HIV Prevention, Care, and Treatment

### Objectives

Participants will:

- List the benefits of offering family planning to clients with HIV.
- Explain the potential benefits and challenges of integrating family planning and HIV services.

### Methods

Brainstorming

PowerPoint presentation

Discussion

### Materials

Flip chart paper, markers, masking tape

Prepared flip chart (brainstorming question: How can family planning reduce the number of HIV infections?)

PowerPoint presentation 4. Role of Family Planning in Alleviating the Burden of HIV

PowerPoint presentation 5. Integrated Services Meet the Needs of Clients with HIV

Information on integration of FP and HIV (included in the *Participant Manual*, pages 15–18)

### Duration

½ hour

Objectives	Session Plan and Activities
<p>List the benefits of offering family planning to clients with HIV.</p> <p><i>Allow: 15 minutes (brainstorming/ presentation)</i></p> <p><b>Hint for adaptation:</b> <i>If the participants are primarily FP providers, then they may already be providing FP services to clients with HIV. For these participants, it will be a matter of better understanding the special RH needs of clients with HIV. If this is the case, you may either skip or shorten the activities in this session. However, if participants primarily work in HIV prevention, care, and treatment, it will be important for them to understand the rationale for integrating FP services.</i></p>	<p><b>Activity 3.1</b></p> <ol style="list-style-type: none"> <li>1. Explain to participants that the objectives of this activity are to explore the role of family planning in HIV prevention, to identify the benefits of providing family planning to women and couples with HIV, and to examine the struggle to meet the demand for effective contraception.</li> <li>2. Post the prepared flip chart with the question: “How can family planning reduce the number of HIV infections?” Ask participants to brainstorm possible reasons. Write the participants’ responses on the flip chart.</li> <li>3. Use PowerPoint presentation 4. Role of Family Planning in Alleviating the Burden of HIV (6 slides) to highlight the role of family planning in HIV prevention and the unmet need for family planning. Compare the information on the slides with the participants’ responses on the flip chart. Use the questions included in the speaker notes of the PowerPoint presentation to conduct a discussion with participants regarding access to family planning.</li> <li>4. Encourage participants to review the information on this topic included in the <i>Participant Manual</i>, page 15.</li> </ol>
<p>Explain the potential benefits and challenges of integrating family planning and HIV services.</p> <p><i>Allow: 15 minutes (presentation/ discussion)</i></p>	<p><b>Activity 3.2</b></p> <ol style="list-style-type: none"> <li>1. Use PowerPoint presentation 5. Integrated Services Meet the Needs of Clients with HIV (7 slides) to describe the rationale for integration, including the goals of integrated FP/HIV services, why it makes sense to integrate, the potential benefits (including the benefit of involving men), and some of the practical challenges to integration.</li> <li>2. Use the questions included in the speaker notes of the PowerPoint presentation to conduct a discussion with participants about the possible advantages, disadvantages, and practical issues involved in integrating FP and HIV services.</li> <li>3. Address any questions raised by participants.</li> <li>4. Encourage participants to review the information on this topic included in the <i>Participant Manual</i>, page 16.</li> </ol>

## Session 4: Provider Values and Attitudes and Client's Rights (Stigma Reduction)

### Objectives

Participants will:

- Examine their personal values and attitudes toward people with HIV.
- Explain how personal values and attitudes may affect interactions with clients who have HIV.
- Discuss the sexual and reproductive rights of clients with HIV.
- Discuss HIV-related stigma and discrimination as it applies to sexual and reproductive rights.
- Describe how to identify and address stigma and discrimination when providing RH services.
- Explore the range of reproductive health choices for clients with HIV and related issues or concerns that may influence their decisions and fertility intentions.
- Describe how a provider can address the reproductive health concerns of clients with HIV.

### Methods

Reflection/discussion

Small group activity

Values clarification exercise

PowerPoint presentation

Facility evaluation

### Materials

Flip chart paper, markers, masking tape

Reflection handout (statements included in the *Participant Manual*, page 19)

Prepared flip charts (small group discussion questions 1 through 3, one question per sheet)

Signs that say “agree,” “disagree,” and “uncertain” (posted on opposite walls of the room)

Training Resource 4.5. Recognizing Stigmatizing Language and Discriminatory Actions

Training Resource 4.6. Facility Checklist: Client's Rights and Prevention of Stigma and Discrimination (also included in the *Participant Manual*, page 23)

PowerPoint presentation 6. Reproductive Health Rights of Individuals with HIV

Cards or sheets of white paper for writing examples

Large sheets of paper labeled “Stigmatizing/Discriminatory” and “Nonstigmatizing/Nondiscriminatory”

PowerPoint presentation 7. Reproductive Choices and Decisions for Clients with HIV

Information on reproductive rights, choices, and decisions for clients with HIV (included in the *Participant Manual*, pages 20–21 and pages 24–25)

### Duration

4½ hours

Objectives	Session Plan and Activities
<p>Examine participants' personal values and attitudes toward people with HIV.</p> <p>Explain how personal values and attitudes may affect interactions with clients who have HIV.</p> <p><i>Allow: 30 minutes (reflection/discussion)</i>  <i>30 minutes (small groups)</i>  <i>60 minutes (values clarification)</i></p>	<p><b>Activity 4.1</b></p> <ol style="list-style-type: none"> <li>1. Introduce the reflection activity by reminding participants that anyone can be infected. This exercise is designed to help them to think about how HIV can affect their own lives and how they would like to be treated in that instance.</li> <li>2. Instruct participants to open their participant manuals to page 19. Read and contemplate each item under "What if you had HIV or AIDS?" including: <ul style="list-style-type: none"> <li>- If you were told that you had HIV, in what ways would it change your life?</li> <li>- What do you think would be the most difficult part about being HIV-positive?</li> <li>- Would you tell your sexual partner(s) that you have HIV? Why or why not?</li> <li>- If you had HIV, whom would you <i>not</i> tell? Why would you want to keep the information from them?</li> <li>- What would you think about having a(nother) child? Why?</li> <li>- What factors might make you want to have a(nother) child?</li> <li>- If you were trying to decide about having a(nother) child, with whom would you discuss this? Why? With whom would you not discuss it? Why?</li> <li>- If you had HIV, how would you want clinic staff to behave toward you?</li> <li>- How comfortable would you be talking to someone in <i>your facility</i> about having sex, having another child, family planning or family planning methods? Why or why not?</li> </ul> </li> <li>3. Allow participants 5 to 8 minutes for quiet reflection on the questions.</li> <li>4. Encourage the participants to think about their answers to the questions above when considering their responses during the discussion. Remind the participants that they are not obligated to respond to questions if they are not comfortable. Use the following questions to conduct a discussion with the participants: <ul style="list-style-type: none"> <li>- Which questions were the most difficult to answer and why?</li> <li>- How can thinking about these issues help you become a better counselor?</li> <li>- How can your own attitudes and personal experiences with HIV affect your work?</li> <li>- How can you confront and overcome your own concerns and fears about talking with HIV-positive women and men about sex, sexuality, pregnancy, and contraception?</li> </ul> </li> </ol>

### **Activity 4.2**

1. Explain to the participants that they are going to continue the reflection exercise in small groups to allow participants to share their ideas and discuss them in greater depth. Break the participants into three small groups; mix cadres and specialties so that there is a variety of expertise and experience in each small group. When possible, assign a cotrainer to each group to facilitate the discussion.
2. Assign one discussion question to each group:  
*Question 1-* If you work directly with clients, recall the first time you interacted with a client you knew to be HIV-positive. How did you behave when providing health services for that person? Thinking back, what things would you do differently now than what you did then?  
*Question 2-* Do you think HIV-positive clients should be treated differently from clients who are not infected? Why or why not? How should providers behave toward them?  
*Question 3-* What are your fears or concerns about providing health services to clients who are or might be HIV-positive?
3. Instruct the groups to discuss their assigned question, write their responses on flip chart paper, and select a reporter to post their question and present their responses to the large group. Allow 10 minutes of discussion in the small groups and limit the presentations to 5 minutes per group.
4. After each presentation, ask other participants to share reactions to the responses provided by the small group or experiences or thoughts that are different from those presented. Thank the participants for sharing their ideas.

### **Activity 4.3**

1. Explain that the next part of this exercise is designed to help us understand viewpoints that are different from our own, and to consider how attitudes and beliefs about HIV and AIDS might affect the way we treat clients. Emphasize that there are no right or wrong answers and that each person is entitled to his or her own opinion.
2. Ask participants to gather in the center of the room and direct their attention to the “agree,” “disagree,” and “uncertain” signs. Explain that you will be reading aloud a series of statements; after listening to the statement, each participant decides whether they agree or disagree with the statement, or are uncertain, and stands under the sign that reflects their opinion. Tell participants that if something is said during the discussion that changes their minds, they should move from one sign to the other.
3. Read the first statement aloud and ask participants to move to the sign that corresponds with their opinion. Statements include:
  - People with HIV should abstain from having sex.

	<ul style="list-style-type: none"> <li>- An HIV-positive person has a right to have a(nother) child if he or she wants to.</li> <li>- There is no point in encouraging married couples to use condoms because they will not use them.</li> <li>- HIV-positive women should be encouraged to use contraception.</li> <li>- Individuals with HIV should not have sexual relations without informing partners of their status.</li> <li>- HIV-positive individuals should be encouraged to accept sterilization.</li> </ul> <p>4. After reading the statement, as participants make their decisions, invite participants under each sign to explain why they agree, disagree, or are uncertain. Remain neutral by not offering interpretations for the statement that would influence participants' responses. Share factual information for clarity as necessary. Give participants the chance to switch positions; ask participants who move to explain their decision to change positions. If all the participants respond in the same manner to one of the statements, ask the group to speculate how a person with the opposite opinion might defend that position. Repeat this process until all statements have been considered.</p> <p>5. Ask participants to return to their seats. Facilitate a group discussion to explore differences of opinion and values more deeply, using the following questions:</p> <ul style="list-style-type: none"> <li>- How did you react when other people expressed values or beliefs that were different from yours?</li> <li>- What was it like to hold a minority opinion?</li> <li>- What was it like to hold a majority opinion?</li> <li>- What do you think affects our values and attitudes as individuals? As health workers? How different may they be from the values and attitudes of HIV-positive women and men and why?</li> </ul> <p>At the conclusion of the discussion, remind participants that HIV is an emotionally charged issue that is frequently associated with fear, stigma, and prejudice. As health care workers, it is important to be aware of our personal beliefs and attitudes that may negatively influence the manner in which we treat our clients, diminish the quality of care we provide, and create an uncomfortable working environment. Questions about sexuality, pregnancy, and HIV may be difficult for clients to raise and discuss. Remaining objective, open-minded, and nonjudgmental about these issues can facilitate communication with clients and coworkers.</p>
<p>Discuss the sexual and reproductive rights of clients with HIV.</p> <p>Discuss HIV-related stigma and discrimination as it applies to sexual and reproductive rights.</p> <p><i>Allow: 30 minutes (presentation/discussion)</i></p>	<p><b>Activity 4.4</b></p> <p>1. Introduce this activity by reminding participants that individuals with HIV have sexual and reproductive rights, as do all other clients seeking reproductive health care. Providers must be able to identify and overcome stigma and discrimination related to HIV so that they can ensure that the rights of their clients are upheld. The presentation and discussion questions included in this activity will facilitate the participants' self-awareness and understanding of these issues.</p>

	<ol style="list-style-type: none"> <li>2. Use PowerPoint presentation 6. Reproductive Health Rights of Individuals with HIV (8 slides) to highlight the sexual and reproductive rights of individuals with HIV and the importance of protecting those rights and ensuring that clients make free and informed choices about their reproductive health.</li> <li>3. Use the questions included in the speaker notes of the PowerPoint presentation to discuss with participants the reasons why women with HIV may not be able to exercise their reproductive rights, factors that may affect an HIV-positive client's decision to use contraception, and what happens when clients are not allowed to make their own decisions or carry out their decisions.</li> <li>4. Address any questions raised by participants.</li> <li>5. Encourage participants to refer to the information about the reproductive health rights of individuals with HIV in the <i>Participant Manual</i>, pages 20–21.</li> <li>6. Conclude the day's events by asking participants which activities they found most pertinent for their work and suggest that they make notes on their action plans as applicable. Encourage participants to review the information in the <i>Participant Manual</i> related to the objectives addressed during the day's activities. Ask participants to review the first half of the <i>Counseling Tool</i> (flip book) as their homework for the evening. Remind them that the more familiar they become with the flip book, the easier it will be to use during counseling sessions.</li> </ol>
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**DAY 2**

<p>Describe how to identify and address stigma and discrimination when providing RH services.</p> <p><i>Allow: 30 minutes (group work/discussion) 60 minutes (group evaluation/discussion)</i></p> <p><b>Hint for adaptation:</b> <i>Activity 4.6 is designed to be conducted with small groups from the same facility, so it may not be applicable when participants are not based at a common facility or facilities. In this case, participants could consider the Facility Checklist as a take-home exercise to be completed with colleagues after returning from training.</i></p>	<p><b>Activity 4.5</b></p> <ol style="list-style-type: none"> <li>1. Welcome the participants and ask if there are any questions from the previous activities or homework. Review the agenda for the day and remind participants that the ground rules are still applicable (e.g., turn off cell phones).</li> <li>2. Introduce the activity by reviewing the objective: describe how to identify and address stigma and discrimination that can occur during the provision of RH services.</li> <li>3. Ask participants to form four small groups. Each group will brainstorm one of the following lists:  <i>A Groups</i> – stigmatizing words and phrases that may be disconcerting to individuals with HIV  <i>B Groups</i> – actions and practices that may stigmatize or discriminate against individuals with HIV</li> <li>4. Explain that each group should come up with as many examples of these as they can but have at least five, and write each one on a separate card or sheet of paper. Give one example for each group from the Training Resource 4.5. Recognizing Stigmatizing Language and Discriminatory Actions, page 33. Allow 10 minutes for the groups to generate and write examples. Ask participants not to look in the <i>Participant Manual</i> but to think of their own examples. Encourage participants to include examples from their local language and experiences.</li> </ol>
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5. After the groups have generated their answers, ask them to spend another 10 minutes brainstorming the following lists, writing each idea on a separate card or sheet of paper:  
*A Groups* – Nonstigmatizing words and phrases that can be used when referring to HIV-related issues  
*B Groups* – Actions and practices that do not stigmatize or discriminate against individuals with HIV
6. Place the large sheets of paper labeled “Stigmatizing/Discriminatory” and “Nonstigmatizing/ Nondiscriminatory” on the wall and ask the group members to post their examples under the appropriate headings.
7. Keep the participants at the wall and ask them to review the cards written by the other groups. After the participants finish reviewing the examples and while they are still standing (or seated) near the wall, lead a group discussion using the following questions:
  - Do you agree with the placement of the examples under the “Stigmatizing/Discriminatory” label? Why? Why not?
  - Do you agree with the placement of the examples under the “Nonstigmatizing/nondiscriminatory” label? Why? Why not?
  - In your community, what are the most respectful and appropriate terms to use when referring to a person with HIV?
  - What are the most respectful and appropriate ways to treat a person with HIV?
8. Consider each of the examples under the “Stigmatizing/Discriminatory” label. If there is not an equivalent appropriate example under the “Nonstigmatizing/Nondiscriminatory” label, brainstorm some possibilities and add them to the chart. Use the information in the Training Resource 4.5. Recognizing Stigmatizing Language and Discriminatory Actions, page 33, to identify additional examples. Encourage participants to record examples in their manuals on page 22.

**Activity 4.6**

1. Ask the participants to break into small groups (by facility or, if all participants are from the same facility in equal numbers). Explain that during this activity they will consider what they can do at their own facility to ensure clients’ rights and to eliminate stigmatizing language and discriminatory practices.
2. Instruct the groups to identify specific situations where stigma or discrimination have been observed in their facility. Encourage the groups to use items 1 through 17 on the Facility Checklist: Recognizing Stigmatizing Language and Discriminatory Actions (Training Resource 4.6, page 34 and *Participant Manual*, page 23) to guide their review. Groups should consider each item on the checklist as candidly as possible and discuss what they can do to meet the standard. Each group should appoint a recorder to write the group’s suggestions on flip chart paper and a reporter to share the group’s suggestions with the large group. Allow 45 minutes for small group discussion.
3. Ask the reporter in each group to mention two items identified by their group where the standard is not being met at their facility and describe how they plan to address these issues. After the reporter presents an

	<p>issue, ask the participants if they have any additional suggestions that the group may want to consider. Save the flip chart pages containing the suggestions for later use in developing action plans.</p> <p>4. Conclude this activity by reminding participants of the importance of being aware of stigmatizing language and discriminatory practices. Sometimes we use language and do things without realizing their implications. However, by raising awareness about language and practices and making an effort to ensure that all clients feel welcome, we can create a caring and supportive environment for both clients and staff.</p>
<p>Explore the range of reproductive health choices for clients with HIV and related issues or concerns that may influence their decisions and fertility intentions.</p> <p>Describe how a provider can address the reproductive health concerns of clients with HIV.</p> <p><i>Allow: 30 minutes (group work/ presentation)</i></p>	<p><b>Activity 4.7</b></p> <ol style="list-style-type: none"> <li>1. Introduce this activity by reviewing the objectives and reminding participants that their clients with HIV confront many challenges and must make many tough decisions. This activity will help the participants to better understand some of these issues and what might influence these decisions.</li> <li>2. Divide the participants into two groups. Instruct group one to brainstorm ideas about why women with HIV may desire pregnancy while group two generates ideas about why women with HIV may want to avoid childbearing. Each group should write their ideas on a flip chart and select a presenter to share their ideas with the large group. Allow 10 minutes for idea generation.</li> <li>3. Ask the presenter from each group to present their group’s ideas. After the presenters share the groups’ ideas, encourage other participants to add to each group’s list.</li> <li>4. Use PowerPoint presentation 7. Reproductive Choices and Decisions for Individuals with HIV (8 slides) and compare the groups’ responses with the slides. Emphasize that pregnancy does not accelerate HIV disease progression (make sure to dispel this myth during the group presentations as necessary).</li> <li>5. Use the questions included in the speaker notes of the PowerPoint presentation to discuss the issues surrounding the choices faced by clients with HIV.</li> <li>6. To conclude this session, remind participants that even the most well-intentioned staff members can sometimes introduce stigma and discrimination into their workplace. It is the responsibility of each individual to be vigilant in maintaining a welcoming atmosphere in the health care facility. Fostering supportive relationships among coworkers and supervisors is essential. Encourage participants to reach out to networks of people living with HIV to build working relationships that will reinforce nondiscrimination in their communities.</li> <li>7. Encourage participants to refer to the information about the reproductive choices and decisions for clients with HIV included in the <i>Participant Manual</i>, pages 24–25. Remind participants that the <i>Counseling Tool</i> (flip book) provides a variety of pages that providers can use with clients who are considering whether to get pregnant or use contraception.</li> </ol>

## Training Resource 4.5. Recognizing Stigmatizing Language and Discriminatory Actions

*Instructions: Use these examples to supplement the responses generated by the participants during the brainstorming session. Write in additional examples relevant to the culture or community.*

Stigmatizing Language	Nonstigmatizing Language
<ul style="list-style-type: none"> <li>• <i>AIDS victims</i> or <i>AIDS sufferers</i> experience opportunistic infections.</li> <li>• <i>AIDS carriers</i> can infect others with HIV.</li> <li>• HIV is transmitted from people with <i>bad blood</i>.</li> <li>• HIV is no longer a <i>death sentence</i>.</li> <li>• Adolescents are in a <i>high-risk group</i>.</li> <li>• You wouldn't want your child to become an <i>AIDS orphan</i>.</li> <li>• People with <i>HIV/AIDS</i> ...</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Individuals living with HIV</i> may experience opportunistic infections.</li> <li>• <i>People living with HIV or AIDS</i> can transmit infection to others.</li> <li>• HIV can be transmitted by <i>blood containing the HIV virus</i>.</li> <li>• People can <i>live positively</i> with HIV.</li> <li>• Some adolescents may engage in <i>high-risk behaviors</i>.</li> <li>• Have you thought about what happens if your child loses a parent?</li> <li>• People who are <i>HIV-positive</i> ...</li> <li>•</li> </ul>
Discriminatory Actions and Practices in Health Care Settings	Nondiscriminatory Actions and Practices in Health Care Settings
<ul style="list-style-type: none"> <li>• Putting on gloves when taking a pulse, blood pressure, or doing other noninvasive tests on a patient with HIV</li> <li>• Change of facial expression when learning that a patient has HIV</li> <li>• Denial of full, unconditional, high quality care and treatment</li> <li>• Isolating patients with HIV in a corner or special ward, simply because they have HIV (<i>Note: It is good medical practice to ensure that HIV patients are not placed near another patient who has an infectious disease, such as TB or diarrhea, to protect the patient with HIV from contracting that infection.</i>)</li> <li>• Refusing to touch a patient with HIV</li> <li>• Expressing a fatal prognosis – there are “no options” or “there is nothing that we can do”</li> <li>• Treating HIV differently from other chronic medical conditions when coding or labeling charts and patient records</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Not wearing gloves during noninvasive exams or when giving pills</li> <li>• Warm greetings that show care and compassion</li> <li>• Ensuring that each client's right to respect, privacy, dignity, and holding an opinion are upheld</li> <li>• Positive nonverbal communication (nodding, smiling eye contact, touching)</li> <li>• Emotional support</li> <li>• Listening</li> <li>• Ensuring confidentiality</li> <li>•</li> </ul>

## Training Resource 4.6. Facility Checklist: Client’s Rights and Prevention of Stigma and Discrimination

*Instructions: Encourage participants to use these items as they consider how well their facility meets the standards for ensuring clients’ rights and for preventing stigma and discrimination. Refer participants to page 23 in their manuals for a copy of this checklist.*

<b>Clients’ Rights</b>	Achieved	<b>Prevention of Stigma and Discrimination</b>	Achieved
<ol style="list-style-type: none"> <li>1. Clients are provided with accurate, appropriate, understandable information related to their health care.</li> <li>2. Providers use educational materials to support information sharing.</li> <li>3. Services are affordable and convenient to clients, without physical and social barriers.</li> <li>4. Providers support informed choice by providing accurate, complete, and understandable information with options that promote well-considered decision-making.</li> <li>5. Providers are skilled and practice in accordance with service delivery guidelines.</li> <li>6. Staff maintains client privacy and confidentiality at all times.</li> <li>7. All clients are treated with respect and consideration, ensuring comfort during procedures.</li> <li>8. Continuity of services and supplies are ensured; follow-up and referral are the norm.</li> </ol>		<ol style="list-style-type: none"> <li>9. Clients are welcome to services regardless of age, class, color, ethnicity, sexual orientation, sexual or drug use behavior, marital status, or HIV status.</li> <li>10. All clients are treated competently, equally, fairly, and respectfully, regardless of age, class, ethnicity, sexual orientation, sexual or drug use behavior, marital status, or HIV status.</li> <li>11. Services are provided to clients known to be HIV-positive without separating them from the general client population.</li> <li>12. Prior to invasive procedures, patients are not selectively tested for HIV without their consent.</li> <li>13. Health care staff do not wear gloves or masks inappropriately with people who are HIV-positive or presumed to be (only use gloves and masks as indicated by standard precautions).</li> <li>14. Providers help clients to develop a personal strategy to improve their health regardless of their HIV status.</li> <li>15. The facility avoids posting labels or signs that would draw attention to clients with HIV.</li> <li>16. Staff avoids nonverbal communication that portrays disgust, scorn, or disrespect (facial expression or hand gestures) when interacting with clients known or thought to be HIV-positive or when handling their utensils or clothing.</li> <li>17. HIV awareness and sensitization training are provided to all staff (as needed).</li> </ol>	

## Session 5: Factors Affecting Contraceptive Method Choice and Overview of Medical Eligibility Criteria

### Objectives

Participants will:

- List method characteristics that affect contraceptive method choice.
- Explain the rationale for medical eligibility criteria and how they are applied.

### Methods

Brainstorming

Presentation

Small group discussion/activity

### Materials

Flip chart paper, markers, masking tape

PowerPoint presentation 8. Contraceptive Options for Women and Couples with HIV

Fact Sheet 12. If 100 women use a method for one year, how many will become pregnant? (included with course materials – optional)

*Quick Reference Chart for the WHO Medical Eligibility Criteria for Contraceptive Use* (included with course materials)

Contraceptive method fact sheets and other method-specific information included in the *Participant Manual*, pages 29–76, pages 103–116, and page 119

### Duration

1 hour

Objectives	Session Plan and Activities
<p>List method characteristics that affect contraceptive method choice.</p> <p>Explain the rationale for medical eligibility criteria and how they are applied.</p> <p><i>Allow: 10 minutes (brainstorming) 20 (presentation/discussion) 30 minutes (small groups)</i></p> <p><b>Hint for adaptation:</b> <i>Review the national FP/RH guidelines to determine if they conform to the guidance provided by WHO’s medical eligibility criteria and selected practice recommendations (updated 2008) – the source of the technical information in the course materials. Some adaptation of the curriculum materials may be required if the national guidelines do not comply with the WHO guidance.</i></p>	<p><b>Activity 5.1</b></p> <ol style="list-style-type: none"> <li>1. Explain to participants that the objective of this activity is to explore the characteristics of contraceptives so that they can better understand 1) the issues that clients may consider when making choices about contraceptive methods, and 2) the criteria that help determine whether a client is medically eligible to use a particular method (i.e., the client has no health conditions that would prohibit method use).</li> <li>2. Ask participants to brainstorm as a large group a list of characteristics of the theoretical “ideal” contraceptive (i.e., 100 percent safe and effective, no side effects, easy to use, nothing to remember, does not require resupply, can be initiated and discontinued by the client, provides protection from STIs, inexpensive, does not require action at the time of intercourse, can be used without partner knowledge). Write participants’ suggestions on a flip chart. Post the flip chart where participants can see and refer to it during activities. Remind participants that no method has all of these qualities, but every method has some. A client’s informed choice is based on the method characteristics that are the most important to the client and how these characteristics fit the client’s lifestyle, needs, and preferences. Everyone’s perspective of ideal is different.</li> <li>3. Use PowerPoint presentation 8. Contraceptive Options for Women and Couples with HIV (10 slides) to present general information regarding contraception, including: <ul style="list-style-type: none"> <li>- Factors affecting method choice</li> <li>- Comparison of method effectiveness</li> <li>- Introduction to WHO eligibility criteria</li> <li>- List of appropriate contraceptive methods for individuals with HIV</li> </ul> </li> <li>4. Ask the questions included in the speaker notes of the PowerPoint presentation to initiate a discussion comparing the participant’s ideal contraceptive with factors that have been shown to influence method choice, explore the importance of method effectiveness in clients’ decision-making about a method, and examine the medical eligibility criteria established by WHO, using the <i>Quick Reference Chart for the WHO Medical Eligibility Criteria for Contraceptive Use</i> included with the course materials.</li> </ol>

### **Activity 5.2**

1. Explain to participants that the next sessions will review each contraceptive method in detail, one method at a time. To prepare for these sessions, this small group activity will help participants think about the unique characteristics of each method and consider how these may affect a client's choices.
2. Divide the participants into four groups. Assign each small group a method (condoms, COCs, DMPA, and IUDs). Instruct each small group to compare their assigned method to the list of ideal characteristics generated during the previous activity and make a flip chart that highlights the similarities and differences between their assigned method and the ideal method.
3. Each group should appoint a recorder to write the group's ideas on a flip chart and a reporter to present their ideas when the method is discussed in detail during the session related to that method. Allow 30 minutes for groups to review the method-specific information and fact sheets included in the *Participant Manual*, pages 29–76, pages 103–116, and page 119; and create their flip charts.
4. Conclude this activity by telling participants that upcoming sessions will examine the characteristics of each contraceptive method, including how HIV status may affect method eligibility and how each method compares with the ideal (the small group presentations address this objective). The next session will feature condoms because condoms are the only method that prevents transmission of STIs and HIV as well as preventing pregnancy.
5. Encourage participants to take time this evening to study the information in their manuals and the *Counseling Tool* (flip book) regarding the various contraceptive methods – this is especially important for participants who have not provided family planning methods previously and are trying to learn this information for the first time.

## Overall Objectives for Sessions 6 through 9

After completing the activities and mastering the knowledge and skills described in sessions 6 through 9, participants will be able to:

- Provide an overview of available contraceptive methods, including effectiveness, characteristics, mechanisms of action, benefits, side effects, eligibility criteria, protection against STIs including HIV, how to use, when to return to the clinic, and common myths and misconceptions.
- List contraceptive methods available to women and couples with HIV.
- Describe how the presence of HIV, AIDS, and the use of or response to ARV therapy affects method eligibility.
- Explain the concerns, theoretical or otherwise, related to the use of hormonal contraception among women with HIV, including those who are taking ARV drugs.
- State the main counseling messages for women on ARV therapy who are planning to use hormonal contraception.

## Session 6: Contraceptive Method Options for Clients with HIV – Barrier Methods and Dual Protection

### Objectives

Participants will:

- Provide an overview of condoms (male and female), including effectiveness, characteristics, mechanism of action, benefits, side effects, eligibility criteria, protection against STIs including HIV, how to use, and common myths and misconceptions.
- Explain the concerns about use of spermicides and diaphragms by women with HIV.
- Describe approaches to dual protection, including dual method use.
- Demonstrate (on a model) the steps involved in using male and female condoms.
- Describe how to address myths and misconceptions about condoms, including how to negotiate safer sex and condom use.

### Methods

Brainstorming

PowerPoint presentation

Discussion

Condom race game

Negotiation, demonstration, and practice

### Materials

Flip chart paper, markers, masking tape

PowerPoint presentation 9. Condoms and Other Barrier Methods

Fact Sheet 1. Male and Female Condoms (included in the *Participant Manual*, page 103)

Information on male and female condoms (included in the *Participant Manual*, pages 29–30 and pages 33–36; and the *Counseling Tool*, pages 19–24)

PowerPoint presentation 10. Dual Protection

Information on dual protection (included in the *Participant Manual*, pages 31–32 and the *Counseling Tool*, page 16)

Training Resource 6.3. Male and Female Condom Race Cards (one set per team; for ease of use, photocopy each set on a different color of paper)

Prizes for winning team (candy or other small items)

Training Resource 6.4. Condom Biases

Prepared flip chart (strategy for negotiating safer sex)

Training Resource 6.5. Negotiating Safer Sex (also included in the *Participant Manual*, page 37)

Male and female condoms, penis and pelvic models or appropriately shaped fruits or vegetables (one condom per participant and one model per pair)

### Duration

2 hours

Objectives	Session Plan and Activities
<p>Provide an overview of condoms (male and female), including effectiveness, characteristics, mechanism of action, benefits, side effects, eligibility criteria, protection against STIs including HIV, how to use, and common myths and misconceptions.</p> <p>Explain the concerns about use of spermicides and diaphragms by women with HIV.</p> <p><i>Allow: 15 minutes (small group presentation) 15 minutes (presentation/discussion)</i></p>	<p><b>Activity 6.1</b></p> <ol style="list-style-type: none"> <li>1. Briefly review the overall objectives for sessions 6 through 9 common to all the contraceptive methods. Tell participants that as they learn more about the specific methods, they will develop a broader appreciation and understanding of the entire array of contraceptive options available.</li> <li>2. Ask the small group assigned to condoms to present their list of condom characteristics compared to the “ideal” method flip chart. Ask the participants to agree or disagree with the characteristics or suggest additional characteristics of condoms. Record new items on the flip chart previously prepared by the group.</li> <li>3. Use PowerPoint presentation 9. Condoms and Other Barrier Methods (9 slides) to present information regarding condoms, including: <ul style="list-style-type: none"> <li>- Effectiveness for pregnancy prevention and STI and HIV prevention</li> <li>- Medical eligibility criteria for use by clients with HIV</li> </ul> <p>The presentation also describes why other barrier methods – spermicides and diaphragms – are not suitable for clients with HIV.</p> </li> <li>4. Emphasize that condoms, male and female, are the only methods that provide protection from both STIs and pregnancy. Use the questions included in the speaker notes of the PowerPoint presentation to discuss the apparent contradiction between condoms’ effectiveness in preventing pregnancy and avoiding STI or HIV transmission or acquisition.</li> <li>5. Encourage participants to review the information about male and female condoms and other barrier methods and Fact Sheet 1. Male and Female Condoms included in the <i>Participant Manual</i>, pages 29–31, pages 33–36, and pages 103–104.</li> </ol>
<p>Describe approaches to dual protection, including dual method use.</p> <p><i>Allow: 5 minutes (brainstorming) 10 minutes (presentation/discussion)</i></p>	<p><b>Activity 6.2</b></p> <ol style="list-style-type: none"> <li>1. As a large group, ask participants to brainstorm a list of approaches that would allow a client to achieve “dual protection” – a strategy to prevent both HIV and STI transmission and unintended pregnancy through the use of condoms alone, the use of condoms combined with other methods (dual method use), or avoiding risky sex. Record the participants’ suggestions on a flip chart.</li> <li>2. Use PowerPoint presentation 10. Dual Protection (5 slides) to clarify the various approaches for achieving dual protection. Compare the approaches presented on the slide with those suggested by the participants.</li> <li>3. Ask the question included in the speaker notes of the PowerPoint presentation to initiate a discussion identifying situations where dual method use may be appealing to certain individuals or couples.</li> </ol>

	<ol style="list-style-type: none"> <li>4. Encourage participants to review to the information on dual protection included in the <i>Participant Manual</i>, pages 31–32 and the <i>Counseling Tool</i> (flip book), page 16.</li> <li>5. To conclude this activity, remind participants of their role in helping clients to sort out what they need to do to protect themselves. Whether clients think about it or not, everyone either takes risks or protects themselves – providers can help clients to make healthy choices and maintain healthy behaviors.</li> </ol>
<p>Demonstrate (on a model) the steps involved in using a male condom.</p> <p><b>Hint for adaptation:</b> <i>In locations where female condoms and pelvic models are available, include this objective: Demonstrate (on a model) the steps involved in using a female condom.</i></p> <p><i>Allow: 15 minutes (condom race) 20 minutes (demonstration/ practice)</i></p>	<p><b>Activity 6.3</b></p> <ol style="list-style-type: none"> <li>1. Explain to participants that the objective of this activity is to reinforce the correct steps for using condoms.</li> <li>2. Divide the group into teams of 4 to 5 people to participate in the condom race. Explain that the first team to assemble the 10 steps for using condoms in the correct order wins.</li> <li>3. Distribute one set of 10 steps to each team; Training Resource 6.3. Male Condom Race Cards, page 44. Instruct the team members to assemble all the steps in the correct order.</li> <li>4. When a team indicates that they believe they have the steps correct, check the order for accuracy. If the order is correct, the team wins; if not, the game continues until one team gets the order correct. Award prizes to the winning team.</li> <li>5. To conclude the condom race, conduct a step-by-step condom demonstration using a penis model or appropriately shaped fruits or vegetables. Ask a member of the winning team to read the correct steps one at a time as you demonstrate. Draw special attention to common mistakes that people make when using male condoms.</li> <li>6. Display and describe how to use the pages in the participant’s <i>Counseling Tool</i> (flip book) related to male and female condoms (pages 19–24). Encourage the participants to locate the pages and quickly review both the client message pages and the provider cue sheets. Answer any questions that may arise.</li> <li>7. Instruct participants to form pairs and practice demonstrating correct condom use as though they were instructing clients about how to use the method. The practice partner should confirm the correctness of the demonstration using the condom instructions included in the <i>Participant Manual</i>, pages 33–34 or the <i>Counseling Tool</i>, flip book, pages 20–21.</li> <li>8. Review the steps for using female condoms included in the <i>Participant Manual</i>, pages 35–36 or the <i>Counseling Tool</i> (flip book), pages 23–24. Draw special attention to common mistakes that people make when using female condoms. If providers will be offering female condoms, conduct the activity above using the Training Resource 6.3. Female Condom Race Cards, page 45.</li> <li>9. Emphasize that condoms rarely break and when they do, it is usually because they were handled incorrectly. Review the handling instructions for condoms that minimize breakage (i.e., store in a cool, dry</li> </ol>

	<p>place; check expiry date; do not use teeth or scissors; avoid fingernails, rings, other sharp objects; ensure adequate vaginal lubrication; do not use petroleum-based lubricants; do not unroll or re-roll; do not use if it has expired or is sticky, brittle, or changed in color) included in the <i>Participant Manual</i>, page 34 or <i>Counseling Tool</i> (flip book), pages 21 and 24.</p>
<p>Describe how to address myths and misconceptions about condoms, including how to negotiate safer sex and condom use.</p> <p><b>Hint for adaptation:</b> <i>Observe the manner in which participants discuss and demonstrate condom use to help determine their level of bias surrounding condoms. If participants seem open-minded and well-informed about condoms, it may be possible to shorten or eliminate activity 6.4, rather than draw attention to an issue that is not relevant for the participants.</i></p> <p><i>Allow: 25 minutes (small groups) 15 minutes (brainstorming/negotiation)</i></p>	<p><b>Activity 6.4</b></p> <ol style="list-style-type: none"> <li>1. Explain to participants that they will be discussing why people, including health care workers, are biased against condoms (both male and female) and how we can help ourselves and our clients feel more comfortable and confident about them.</li> <li>2. Divide the participants into small groups of 4 to 5 participants each. Give each group markers and flip chart paper. Assign each group one of the questions below. <ul style="list-style-type: none"> <li>- What are some of the professional biases that health workers have against male and female condoms?</li> <li>- What are some of the personal biases and misconceptions that people have about male and female condoms?</li> </ul> </li> <li>3. Allow 10 minutes for groups to brainstorm and record responses to their questions. Each group should appoint a recorder to write the group's ideas on a flip chart and a reporter to share their ideas with the large group.</li> <li>4. Ask each group to share their responses to the assigned question. After the presentations, encourage participants to make additional suggestions. Record any new items on the flip charts. Use the suggestions included in the Training Resource 6.4. Condom Biases, page 46 to supplement their responses.</li> <li>5. Encourage participants to consider the items on the flip charts while discussing the following questions: <ul style="list-style-type: none"> <li>- How can we address each of these biases?</li> <li>- How can health workers help clients feel more confident and comfortable about using male and female condoms?</li> </ul> </li> <li>6. Record possible solutions suggested by participants on the flip chart. Ensure that the suggestions offered during the discussion address each bias included on the groups' flip charts.</li> </ol> <p><b>Activity 6.5</b></p> <ol style="list-style-type: none"> <li>1. Explain to participants that they will be discussing how biases against condoms impact clients – specifically a client's ability to negotiate use of condoms with a reluctant partner. Remind participants that negotiating for safer sex is a skill that many clients, especially women, may need to develop to ensure their reproductive health. In this exercise, they will review some of the techniques to share with clients to help them negotiate safer sex.</li> </ol>

2. Post the prepared flip chart on the strategy for negotiating safer sex; Training Resource 6.5. Negotiating Safer Sex, page 47.
3. Review the negotiation steps and ask participants to comment on whether they find this to be an acceptable and straightforward strategy that they could assist clients to adopt. Include additional suggestions from participants but keep the strategy short and simple.
4. Introduce the next part of this activity by reminding participants that just as they need to practice interpersonal skills to improve their counseling ability, so do their clients need to practice negotiating safer sex. The upcoming “He Said/She Said” exercise can be used to help clients brainstorm responses in advance of discussing condom use with a reluctant partner. This exercise highlights condoms as one feature of safer sex. A similar approach can be used to help clients address other safer sex and RH issues with their partners.
5. Ask participants to brainstorm reasons a partner may give for not wanting to use condoms. Record their suggestions on a flip chart. Probe for additional suggestions until they have generated a list of the typical reasons. Refer to Training Resource 6.5. Negotiating Safer Sex, page 47, for possible ideas.
6. Ask participants to brainstorm ideas about how a person could respond to each of the reasons. Record their suggestions on a flip chart. There can be more than one effective response to each reason.
7. Encourage participants to locate the section on Negotiating Safer Sex, page 37 in the *Participant Manual* and write down some of the unique responses generated during this exercise.
8. Conclude this session by emphasizing what condoms can do to prevent pregnancy and STIs including HIV. Reinforce the importance of being able to address client concerns about condoms; of teaching clients to use condoms, including opportunities for them to practice putting condoms on a model; and of clients learning how to negotiate condom use with a reluctant partner.

Training Resource 6.3. Male Condom Race Cards

*Instructions: Photocopy this page onto various colored sheets of paper (to make each set easy to identify). Cut along the dotted lines. Mix the steps and distribute one set of the 10 steps to each group prior to the start of the race. The order shown on this page reflects the correct order of the steps.*

<b>Remove the condom from the package.</b>	<b>After ejaculation, hold on to the condom at the base of the penis.</b>
<b>Make sure the condom will unroll properly (rolled edge out).</b>	<b>Withdraw the penis while still erect.</b>
<b>Place the condom on the tip of the erect penis.</b>	<b>Remove the condom from the penis without spilling semen.</b>
<b>Unroll the condom all the way to the base of the penis.</b>	<b>Check the used condom for visible damage (i.e., holes).</b>
<b>With the condom on, insert the penis for intercourse.</b>	<b>Dispose of the condom safely.</b>

Training Resource 6.3. Female Condom Race Cards

*Instructions: Photocopy this page onto various colored sheets of paper (to make each set easy to identify). Cut along the dotted lines. Mix the steps and distribute one set of the 12 steps to each group prior to the start of the race. The order shown on this page reflects the correct order of the steps.*

<b>Remove the condom from the package.</b>	<b>Place the index finger on the inside of the condom and push the inner ring up as far as it will go without twisting the sheath. The outer ring remains on the outside of the vagina.</b>
<b>Examine the condom to make sure that it is suitably lubricated.</b>	<b>When ready, gently guide the partner's penis into the sheath's opening with your hand to make sure that it enters the condom.</b>
<b>Hold the sheath at the closed end, grasp the flexible inner ring and squeeze it with the thumb and second or middle finger so it becomes long and narrow.</b>	<b>As needed, add more lubricant to either the inside of the condom or the outside of the penis.</b>
<b>Choose a position that is comfortable for insertion.</b>	<b>To remove the condom, twist the outer ring and gently pull the condom out.</b>
<b>With the other hand, separate the outer lips of the vagina.</b>	<b>Wrap the condom in its package or a tissue.</b>
<b>Gently insert the inner ring into the vagina. Feel the inner ring go up and move into place.</b>	<b>Dispose of the condom safely.</b>

## Training Resource 6.4. Condom Biases

*Instructions: Use these examples as necessary to supplement the responses generated by the participants during the small group activity.*

<b>Personal Biases</b> <i>Individuals may believe that:</i>	<b>Professional Biases</b> <i>Health workers may believe that:</i>	<b>What Health Workers Can Do to Improve the Image of Condoms</b>
<ul style="list-style-type: none"> <li>• Condoms are messy, unpleasant, and difficult to use.</li> <li>• Condoms break or slip off and, therefore, are not very effective.</li> <li>• Female condoms are difficult to insert.</li> <li>• Female condoms are noisy to use.</li> <li>• Male and female condoms ruin the spontaneity and fun of sex.</li> <li>• Using condoms is like wearing a rain coat. They ruin the “skin-to-skin” sensation.</li> <li>• If your partner suggests using a condom, either he or she has been unfaithful or presumes that you are being unfaithful.</li> <li>• Condoms are only used by sex workers and promiscuous teenagers.</li> <li>• Condoms encourage promiscuity.</li> </ul>	<ul style="list-style-type: none"> <li>• Married women who come to FP clinics are not at risk for STIs or HIV infection.</li> <li>• If they talk about male and female condoms, they will encourage people with HIV to have sex and thus spread more infection.</li> <li>• Their clients are not sufficiently motivated to use condoms properly.</li> <li>• Unless condoms are used absolutely every time a person has intercourse, they do not provide any protection.</li> <li>• Condoms are not very effective in preventing STIs or HIV infection or pregnancy.</li> <li>• Married couples will not use male or female condoms long term. They may use them while waiting to start another method or as a backup method.</li> <li>• Married women will not talk with their husbands about using condoms.</li> <li>• Clients do not want condoms and will be offended if the health worker suggests them.</li> <li>• Female condoms are too difficult for most women to use.</li> <li>• Condoms are associated with promiscuous teenagers, unfaithful husbands, and sex workers.</li> </ul>	<ul style="list-style-type: none"> <li>• Overcome personal biases that may interfere with the ability to promote condoms objectively.</li> <li>• Provide complete, accurate, unbiased information to clients about the effectiveness of male and female condoms in preventing both pregnancy and STI and HIV infection (refer to information on condoms and dual protection in the <i>Participant Manual</i>, pages 29–32).</li> <li>• Provide factual information that corrects myths that circulate in the community.</li> <li>• Answer clients’ questions about using male and female condoms frankly and objectively.</li> <li>• Show clients how to use male and female condoms correctly using a penis model and vagina model (refer to information on how to use male and female condoms in the <i>Participant Manual</i>, pages 33–36, and the <i>Counseling Tool</i>, pages 19–24).</li> <li>• Get clients used to touching and handling condoms by having them repeat the condom demonstration on a model.</li> <li>• Teach clients how to negotiate condom use with reluctant partners.</li> <li>• Discuss ways to make condoms more appealing to use.</li> <li>• Break taboos and fears by making condoms fun.</li> <li>• Reassure clients that “practice makes perfect” – male and female condoms become easier to use the more often they are used.</li> </ul>

## Training Resource 6.5. Negotiating Safer Sex

*Instructions: Write the steps for negotiating safer sex on a sheet of flip chart paper. Use the examples as necessary to supplement the responses generated by the participants during the brainstorming activity. Write in additional examples relevant to the culture or community.*

Steps for Negotiating for Safer Sex	Things Reluctant Partners May Say	Responses to Use During Negotiation
<ol style="list-style-type: none"> <li>1. Decide what you want and what you are willing to offer in return.</li> <li>2. Focus on safety rather than blame or lack of trust.</li> <li>3. Use other people as examples. If others are doing it, it is more acceptable.</li> <li>4. Ask for help if you need it. A trusted person can facilitate difficult partner discussions.</li> </ol>	<ul style="list-style-type: none"> <li>• It will not feel as good.</li> </ul>	<ul style="list-style-type: none"> <li>• It may feel different, but it will still feel good. Here, let me show you.</li> <li>• You can last even longer and then we will both feel good.</li> <li>•</li> </ul>
	<ul style="list-style-type: none"> <li>• I do not have any diseases!</li> </ul>	<ul style="list-style-type: none"> <li>• I do not think that I have any either. But one of us could and not know it.</li> <li>•</li> </ul>
	<ul style="list-style-type: none"> <li>• You are already using a family planning method.</li> </ul>	<ul style="list-style-type: none"> <li>• I would like to use a condom anyway. One of us might have an infection from before that we did not know about.</li> <li>• It will enhance the pregnancy prevention of the other method.</li> <li>•</li> </ul>
	<ul style="list-style-type: none"> <li>• Just this once without a condom.</li> </ul>	<ul style="list-style-type: none"> <li>• It only takes one time without protection to get an STI or HIV. And I am not ready to be pregnant.</li> <li>•</li> </ul>
	<ul style="list-style-type: none"> <li>• Condoms are for prostitutes. Why do you want to use one?</li> </ul>	<ul style="list-style-type: none"> <li>• Condoms are for everyone who wants protection. No condoms, no sex!</li> <li>• Condoms are for people who care for each other; I care for you and you care for me.</li> <li>•</li> </ul>
	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

## Session 7: Contraceptive Method Options for Clients with HIV – Hormonal Methods

### Objectives

#### Participants will:

- Explain the concerns, theoretical or otherwise, related to the use of hormonal contraception among women with HIV, including those who are taking ARV drugs.
- Provide an overview of combined oral contraceptives, injectables, implants, progestin-only pills (POPs), and emergency contraception, including effectiveness, characteristics, mechanisms of action, benefits, side effects, eligibility criteria, how to use, when to return to the clinic, and common myths and misconceptions.
- Describe how the presence of HIV, AIDS, and the use of ARV therapy affects a woman's eligibility for hormonal contraception.
- State the main counseling messages for women on ARV therapy who are planning to use hormonal contraception.

### Methods

PowerPoint presentation

Small group presentation

Fact or Theory Game

Discussion

Brainstorming

### Materials

Flip chart paper, markers, masking tape

PowerPoint presentation 11. Hormonal Contraceptives – Considerations for Women with HIV and AIDS

Training Resource 7.1. Fact and Theory Game Cards (one set of 10 cards for each team)

Prizes for winning team (candy or other small items)

Fact Sheet 2. COCs; information related to concerns about COC and ARV interactions (included in the *Participant Manual*, pages 105–106; pages 38–42)

Fact Sheet 3. Progestin-Only Injectables (included in the *Participant Manual*, pages 107–108)

Fact Sheet 4. Progestin-Only Implants (included in the *Participant Manual*, pages 109–110)

Fact Sheet 5. Emergency Contraceptive Pills ECPs (included in the *Participant Manual*, pages 111–112)

Information on COCs, injectables, implants, and ECPs (included in the *Counseling Tool*, pages 25–35 and pages 42–44)

PowerPoint presentation 12. Combined Oral Contraceptive Pills (COCs)

PowerPoint presentation 13. Injectable Contraceptives

PowerPoint presentation 14. Implants, POPs, and Emergency Contraception

*Quick Reference Chart for the WHO Medical Eligibility Criteria for Contraceptive Use* (included with course materials)

*How to Be Reasonably Sure a Client Is Not Pregnant* (included with course materials)

*Checklist for Screening Clients Who Want to Initiate Combined Oral Contraceptives* (included with course materials)

*Checklist for Screening Clients Who Want to Initiate DMPA or NET-EN* (included with course materials)

*Checklist for Screening Clients Who Want to Initiate Contraceptive Implants* (included with course materials)

Prepared flip chart (Summary of Key Points for Clients with HIV Who Are Planning to Use Hormonal Contraception)

### Duration

3¾ hours

Objectives	Session Plan and Activities
<p>Explain the concerns, theoretical or otherwise, related to the use of hormonal contraception among women with HIV, including those who are taking ARV drugs.</p> <p><i>Allow: 30 minutes (presentation) 15 minutes (game/discussion)</i></p>	<p><b>Activity 7.1</b></p> <ol style="list-style-type: none"> <li>1. Use PowerPoint presentation 11. Hormonal Contraceptives – Considerations for Women with HIV and AIDS (13 slides) to introduce the topic of hormonal contraceptives and explain the issues around the interaction between hormonal contraceptives and ARVs and theoretical concerns about how hormonal methods may affect HIV transmission, acquisition, and disease progression. Encourage participants to ask questions throughout the presentation if there is something that they do not understand, as the theories and concepts are complex and interrelated.</li> <li>2. Explain to participants that the objective of this activity, the Fact or Theory Game, is to reinforce the complicated and sometimes confusing information about hormonal contraceptives and the implications for HIV transmission, acquisition, and disease progression and possible interactions with ARV drugs.</li> <li>3. Divide the group into three or four equal teams. Explain that the first team to correctly sort the 8 Fact and Theory Game Cards (Training Resource 7.1, page 54) into “factual statements” and “theoretical statements” wins the game. There are four of each kind of statement.</li> <li>4. Distribute one set of 8 statement cards to each team. Instruct the team members to sort the cards into factual statements and theoretical statements and indicate when they believe they are done.</li> <li>5. Check the teams’ sorted statements for accuracy. If the statements are correctly sorted, the team wins; if not, the game continues until one team correctly sorts the statements. If time permits, allow the other teams to continue working until they have correctly sorted the cards.</li> <li>6. When all the teams have finished sorting the cards, ask the winning team to read aloud their sorted statements. Instruct the groups to compare the placement of their cards with the winners. Review each statement and discuss why it is either factual or theoretical. Answer questions from participants and reinforce correct information as needed. Award prizes to the winning team.</li> <li>7. To conclude the game, remind participants that information about this topic is included in the <i>Participant Manual</i>, page 38–42. Suggest that they take time to review the information on their own, since the more they understand these issues, the better able they will be to address concerns raised by clients with HIV, especially those who are taking ARV drugs.</li> </ol>

Provide an overview of combined oral contraceptives, including effectiveness, characteristics, mechanisms of action, benefits, side effects, eligibility criteria, how to use, when to return to the clinic, and common myths and misconceptions.

Describe how the presence of HIV, AIDS, and the use of ARV therapy affects a woman's eligibility for COCs.

*Allow: 15 minutes (small group presentation)  
45 minutes (presentation/discussion)*

**Hint for adaptation:** *The approach to presenting the method-specific content will vary based on background of the participants and their intended job responsibilities. For participants with little knowledge of family planning, use the activities as described; for experienced FP providers who may only need a quick refresher, use the discussion of the method compared to the “ideal” as an opportunity for an informal update about method-specific information.*

*If participants will be providing COCs at their facility, and if it has been established that the COC screening checklist will be made available as a job aid at the workplace, consider incorporating the training activities included in the Training and Reference Guide for a Screening Checklist to Initiate COCs <included on the Toolkit CD> to facilitate participants' learning about how to use the checklist. Ensure that regardless of when the participants learn to use the checklist – during this training or as part of an on-the-job follow-up – they have ample opportunities to practice with the checklist during supervised counseling sessions.*

### Activity 7.2

1. Ask the small group that was assigned oral contraceptives during activity 5.2 to present their list of COC characteristics compared to the “ideal” method flip chart. Ask the participants to agree or disagree with the characteristics or suggest additional characteristics of COCs. Record new items on the flip chart previously prepared by the group.
2. Use PowerPoint presentation 12. Combined Oral Contraceptive Pills (COCs) (23 slides) to provide an overview of oral contraceptives, including effectiveness, characteristics, mechanisms of action, benefits, side effects, eligibility criteria, how to use, when to return to the clinic, and common myths and misconceptions. Encourage participants to ask questions during the presentation and to use the note-taking pages included in the *Participant Manual*, pages 43–48.
3. Ask the questions from the speaker notes of the PowerPoint presentation to encourage participants to think about how the information relates to their practice and clients. As suggested in the speaker notes, introduce the *Checklist for Screening Clients Who Want to Initiate Combined Oral Contraceptives* (included with the course materials). When introducing the COC checklist, mention that it should be used by providers to determine whether a client is medically eligible to use the method that she selected during an informed decision-making process. The questions on the checklist identify women who have health conditions – WHO Category 3 or 4 – that make it unsafe for them to use COCs. The checklist also incorporates questions that allow a provider to determine with reasonable certainty that a client is not pregnant. (*Note: This set of pregnancy questions is also available as a separate checklist, How to Be Reasonably Sure a Client is Not Pregnant. Medical eligibility checklists have also been developed for DMPA/NET-EN, copper IUDs, and contraceptive implants.*)
4. Display and describe how to use the pages in the *Counseling Tool* (flip book) related to combined oral contraceptives (pages 25–28). Encourage the participants to locate the pages and quickly review both the client message pages and the provider cue sheets. Answer any questions that may arise. Encourage participants to review Fact Sheet 2. Combined Oral Contraceptives (COCs) in the *Participant Manual*, pages 105–106, and to consider how they will use the information and job aids at their workplace.
5. Conclude the day's events by asking participants which activities they found most pertinent for their work and suggest that they make notes on their action plans as applicable. Encourage participants to review the information in the *Participant Manual* related to the objectives addressed during the day's activities. Ask participants to review the second half of the *Counseling Tool* (flip book) as their homework for the evening; remind them that the more familiar they become with the flip book, the easier it will be to use during counseling sessions.

## DAY 3

Provide an overview of injectable contraceptives, including effectiveness, characteristics, mechanisms of action, benefits, side effects, eligibility criteria, how to use, when to return to the clinic, and common myths and misconceptions.

Describe how the presence of HIV, AIDS, and the use of ARV therapy affects a woman's eligibility for injectable contraceptives.

*Allow: 15 minutes (small group presentation)  
45 minutes (presentation/discussion)*

**Hint for adaptation:** *If participants will be providing DMPA or NET-EN at their facility, and if it has been established that the DMPA screening checklist will be made available as a job aid at the workplace, consider incorporating the training activities included in the Training and Reference Guide for a Screening Checklist to Initiate DMPA <included on the Toolkit CD> to facilitate participants' learning about how to use the checklist. Ensure that regardless of when the participants learn to use the checklist – during this training or as part of an on-the-job follow-up – they have ample opportunities to practice with the checklist during supervised counseling sessions.*

### Activity 7.3

1. Welcome the participants and ask if there are any questions from the previous activities or homework. Review the agenda for the day and remind participants that the ground rules are still applicable (e.g., turn off cell phones).
2. Ask the small group that was assigned injectable contraceptives during activity 5.2 to present their list of injectable characteristics compared to the “ideal” method flip chart. Ask the participants to agree or disagree with the characteristics or suggest additional characteristics of injectables. Record new items on the flip chart previously prepared by the group.
3. Use PowerPoint presentation 13. Injectable Contraceptives (25 slides) to provide an overview of injectable contraceptives, including effectiveness, characteristics, mechanisms of action, benefits, side effects, eligibility criteria, how to use, when to return to the clinic, and common myths and misconceptions. Encourage participants to ask questions during the presentation and to use the note-taking pages included in the *Participant Manual*, pages 49–55.
4. Ask the questions from the speaker notes of the PowerPoint presentation to encourage participants to think about how the information relates to their practice and clients. As suggested in the speaker notes, introduce the *Checklist for Screening Clients Who Want to Initiate DMPA or NET-EN* (included with the course materials). When introducing the DMPA checklist, mention that it should be used by providers to determine whether a client is medically eligible to use the method that she selected during an informed decision-making process. The questions on the checklist identify women who have health conditions – WHO Category 3 or 4 – that make it unsafe for them to use DMPA or NET-EN. The checklist also incorporates questions that allow a provider to determine with reasonable certainty that a client is not pregnant.
5. Display and describe how to use the pages in the *Counseling Tool* (flip book) related to progestin-only injectables (pages 29–32). Encourage the participants to locate the pages and quickly review both the client message pages and the provider cue sheets. Answer any questions that may arise. Encourage participants to review Fact Sheet 3. Progestin-Only Injectables in the *Participant Manual*, pages 107–108, and to consider how they will use the information and job aids at their workplace.

<p>Provide an overview of contraceptive implants, POPs, and emergency contraception, including effectiveness, characteristics, mechanisms of action, benefits, side effects, eligibility criteria, how to use, when to return to the clinic, and common myths and misconceptions.</p> <p>Describe how the presence of HIV, AIDS, and the use of ARV therapy affects a woman’s eligibility for implants, POPs, and emergency contraception.</p> <p><i>Allow: 45 minutes (presentation/discussion)</i></p> <p><b>Hint for adaptation:</b> <i>Determine in advance which types of pills are available for use as emergency contraception at the facilities where the participants work and be prepared to provide precise information about ECP regimens using the available pills.</i></p> <p><i>If it has been established that participants will use the implants checklist to screen clients, ensure that participants learn how to use the checklist – during this training or as part of an on-the-job follow-up.</i></p>	<p><b>Activity 7.4</b></p> <ol style="list-style-type: none"> <li>1. Use PowerPoint presentation 14. Implants, POPs, and Emergency Contraception (15 slides) to provide an overview of contraceptive implants, POPs, and emergency contraception, including effectiveness, characteristics, mechanisms of action, benefits, side effects, eligibility criteria, how to use, when to return to the clinic, and common myths and misconceptions. Emphasize the need for contraception immediately following ECP treatment to prevent pregnancy during subsequent acts of intercourse. Encourage participants to ask questions during the presentation and to use the note-taking pages included in the <i>Participant Manual</i>, pages 56–59.</li> <li>2. Ask the questions from the speaker notes of the PowerPoint presentation to encourage participants to think about how the information relates to their practice and clients. As suggested in the speaker notes, introduce the <i>Checklist for Screening Clients Who Want to Initiate Contraceptive Implants</i> (included with the course materials). When introducing the implants checklist, mention that it should be used by providers to determine whether a client is medically eligible to use the method that she selected during an informed decision-making process. The questions on the checklist identify women who have health conditions – WHO Category 3 or 4 – that make it unsafe for them to use implants. The checklist also incorporates questions that allow a provider to determine with reasonable certainty that a client is not pregnant.</li> <li>3. Display and describe how to use the pages in the <i>Counseling Tool</i> (flip book) related to implants (pages 33–35) and emergency contraception (pages 42–44). Encourage the participants to locate the pages and quickly review both the client message pages and the provider cue sheets. Answer any questions that may arise. Encourage participants to review Fact Sheet 4. Progestin-Only Implants and Fact Sheet 5. Emergency Contraceptive Pills in the <i>Participant Manual</i>, pages 109–110 and pages 111–112, and to consider how they will use the information and job aids at their workplace.</li> </ol>
<p>State the main counseling messages for women on ARV therapy who are planning to use hormonal contraception.</p> <p><i>Allow: 5 minutes (review) 10 minutes (brainstorming)</i></p>	<p><b>Activity 7.5</b></p> <ol style="list-style-type: none"> <li>1. Explain to participants that they will develop some counseling messages to share with women on ARV therapy who are planning to use hormonal contraception. Tell participants that a review of the topic will precede the development of the messages. Use a prepared flip chart to review the points raised in earlier presentations:  Summary of Key Points for Clients with HIV Who Are Planning to Use Hormonal Contraception <ul style="list-style-type: none"> <li>- Hormonal methods are safe and appropriate for women with HIV.</li> <li>- There is some concern about interaction between hormonal methods and ARV drugs because some ARVs may reduce blood levels of contraceptive hormones. <ul style="list-style-type: none"> <li>- Most ARV drugs do not reduce the levels of hormones to the point where efficacy of hormonal contraceptives may be affected.</li> </ul> </li> </ul> </li> </ol>

- Ritonavir is the exception – it significantly reduces blood levels of contraceptive hormones for oral contraceptives users which may increase their risk of pregnancy.
  - Because each dose of DMPA provides such a wide margin of contraceptive effectiveness, the effectiveness of DMPA is most likely not affected by any ARV drugs including ritonavir.
  - More research is needed on how hormonal contraceptives affect HIV transmission, acquisition, and disease progression.
  - Based on available evidence, the benefits of using effective contraception outweigh the theoretical risks.
2. Ask participants if they have any questions about these points and address them.
  3. Ask participants to think about these points and brainstorm how these facts can be translated into messages that clients can understand.
  4. Write their suggestions for client messages on the flip chart.
  5. Depending on the suggestions, encourage the participants to consider refining the messages for clients to a few succinct points. These are examples of possible counseling messages:
    - Hormonal methods are safe and appropriate for women with HIV.
    - Women with HIV who want to avoid pregnancy benefit from using effective contraception.
    - Some ARV drugs have the potential to reduce effectiveness of hormonal contraceptives; this is why it is especially important to use hormonal methods correctly when on ARV therapy.
    - Women taking COCs need to take the pills on schedule without missing any. If a woman is prescribed ritonavir as part of her ARV regimen, she should talk with her provider about using a method other than COCs. This is because the effectiveness of COCs may be significantly reduced by ritonavir.
    - Women on NET-EN need to return for the next injection on time. Although normally the next injection can be given as much as two weeks late; in the presence of ARV therapy, it is safer to closely follow the recommended injection schedule.
    - Women should consider using condoms to ensure additional protection from pregnancy because the effectiveness of hormonal contraceptives – other than DMPA which provides a wide margin of effectiveness in each dose – may be compromised by ARV therapy. Focusing on the pregnancy prevention role of condoms may help when negotiating condom use with a partner.
  6. Conclude this activity by encouraging participants to review the information about this topic included in the *Participant Manual*, pages 38–42. Remind participants that their colleagues may be biased against hormonal contraceptive use by clients with HIV who are using ARVs. Encourage them to keep an open mind, review the research that is currently available, and keep abreast of new findings as more research is conducted and published.

Training Resource 7.1. Fact or Theory Game

*Instructions: Photocopy this page onto various colored sheets of paper (to make each set easy to identify). Cut along the dotted lines. Mix the “Facts” and “Theories” cards together and distribute one mixed set of cards to each group.*

<b>Facts</b>	<b>Theories</b>
<b>All hormonal methods offer some non-contraceptive health benefits, including reduced risk of reproductive tract cancers, anemia, and clinical pelvic inflammatory disease.</b>	<b>Use of hormonal contraceptives at the time of HIV infection hastens progression of the HIV disease.</b>
<b>Serious complications are extremely rare with all the hormonal methods.</b>	<b>Some ARVs may increase hormone-related side effects of COCs.</b>
<b>Hormonal contraceptives are appropriate for women with HIV.</b>	<b>Contraceptives affect the efficacy of some ARV drugs.</b>
<b>Ritonavir significantly reduces blood levels of contraceptive hormones which may increase the risk of pregnancy for women who use oral contraceptives.</b>	<b>Hormonal contraceptive use by women with HIV increases cervical HIV shedding, thereby increasing risk of HIV transmission to an uninfected partner.</b>

## Session 8: Contraceptive Method Options for Clients with HIV – Intrauterine Devices (IUDs)

### Objectives

#### Participants will:

- Provide an overview of IUDs including effectiveness, characteristics, mechanisms of action, benefits, side effects, eligibility criteria, how to use, when to return to the clinic, and common myths and misconceptions.
- Explain how the presence of HIV, AIDS, and response to ARV therapy affect a woman's eligibility to initiate or continue using an IUD.

### Methods

PowerPoint presentation

Small group presentation

Discussion

Brainstorming

### Materials

Flip chart paper, markers, masking tape

Fact Sheet 6. Intrauterine Device – TCu-380A (included in the *Participant Manual*, pages 113–114)

Information on IUDs (included in the *Participant Manual*, pages 60 – 61 and the *Counseling Tool*, pages 36–38)

PowerPoint presentation 15. Intrauterine Devices (IUDs)

*Quick Reference Chart for the WHO Medical Eligibility Criteria for Contraceptive Use* (included with course materials)

*Checklist for Screening Clients Who Want to Initiate Use of the Copper IUD* (included with course materials)

Prepared flip chart (Summary of WHO Categorizations Related to the Initiation and Continuation of IUDs)

### Duration

1 hour

Objectives	Session Plan and Activities
<p>Provide an overview of IUDs including effectiveness, characteristics, mechanisms of action, benefits, side effects, eligibility criteria, how to use, when to return to the clinic, and common myths and misconceptions.</p> <p><i>Allow: 15 minutes (small group presentation) 30 minutes (presentation/discussion)</i></p> <p><b>Hint for adaptation:</b> <i>The approach to presenting the method-specific content will vary based on the participants' background and their intended job responsibilities. Many providers or facilities may not be providing IUDs, but they can still provide counseling that will allow a client to make an informed choice to use an IUD and then refer the client for screening and insertion.</i></p> <p><i>If participants will be either screening for or providing IUDs at their facility, and if it has been established that the IUD screening checklist will be used as a job aid at the workplace, consider incorporating the training activities included in the Training and Reference Guide for a Screening Checklist to Initiate Use of the Copper IUD &lt;included on the Toolkit CD&gt; to facilitate participants' learning about how to use the checklist. Ensure that regardless of when the participants learn to use the checklist – during this training or as part of an on-the-job follow-up – they have ample opportunities to practice with the checklist during supervised counseling sessions or pelvic exams.</i></p>	<p><b>Activity 8.1</b></p> <ol style="list-style-type: none"> <li>1. Ask the small group that was assigned IUDs during activity 5.2 to present their list of IUD characteristics compared to the “ideal” method flip chart. Ask the participants to agree or disagree with the characteristics or suggest additional characteristics of IUDs. Record new items on the flip chart previously prepared by the group.</li> <li>2. Use PowerPoint presentation 15. Intrauterine Devices (IUDs) (23 slides) to provide an overview of IUDs, including effectiveness, characteristics, mechanism of action, benefits, side effects, eligibility criteria, how to use, when to return to the clinic, and common myths and misconceptions. Encourage participants to ask questions during the presentation and to use the note-taking pages included in the <i>Participant Manual</i>, pages 62–67.</li> <li>3. Ask the questions from the speaker notes of the PowerPoint presentation to encourage participants to think about how the information relates to their practice and clients. Introduce the <i>Checklist for Screening Clients Who Want to Initiate Use of the Copper IUD</i> (included with the course materials). When introducing the IUD checklist, mention that it should be used to determine whether a client is medically eligible to use the method that she selected during an informed decision-making process. The questions on the checklist identify women who have health conditions – WHO Category 3 or 4 – that make it unsafe for them to use IUDs. Because inserting an IUD into a woman who is already pregnant can cause a septic abortion, the checklist incorporates questions that allow a provider to determine with reasonable certainty that a client is not pregnant.</li> <li>4. Display and describe how to use the pages in the <i>Counseling Tool</i> (flip book) related to intrauterine devices (pages 36–38). Encourage the participants to locate the pages and quickly review both the client message pages and the provider cue sheets. Answer any questions that may arise. Encourage participants to review Fact Sheet 6. Intrauterine Device – TCu-380A in the <i>Participant Manual</i>, pages 113–114, and to consider how they will use the information and job aids at their workplace.</li> </ol>

Explain how the presence of HIV, AIDS, and response to ARV therapy affect a woman's eligibility to initiate or continue using an IUD.

*Allow: 15 minutes (presentation/discussion)*

### **Activity 8.2**

1. Explain to participants that during this activity they will review and elaborate on the information from the PowerPoint presentation regarding the categorization of the conditions related to HIV, AIDS, and ARVs and the initiation and continuation of IUD use. This information may contradict what providers believe, so it is important to ensure that they understand the rationale for these categorizations. Use a prepared flip chart to share these more detailed explanations of the rationale for the WHO categorizations related to IUDs:  
Summary of WHO Categorizations Related to the Initiation and Continuation of IUDs
  - IUDs are safe and appropriate for women at risk of acquiring HIV, Category 2; among women at risk for HIV, copper IUDs do not increase risk of HIV acquisition
  - IUDs are safe and appropriate for women with HIV, Category 2:
    - a. no increased risk of overall complications or infection-related complications was found in IUD users with HIV compared to noninfected IUD users
    - b. IUD use among HIV-positive women was not associated with increased risk of transmission to sexual partners
  - Women with AIDS that is not controlled by ARVs may be at greater risk of pelvic infection, thus:
    - a. Women with AIDS who are not taking ARV therapy should not initiate an IUD, Category 3
    - b. Women with AIDS who are doing clinically well on ARV therapy can initiate and continue using an IUD, Category 2
    - c. Women who develop AIDS while using an IUD can continue using it, Category 2; women who are already using an IUD are less likely to develop PID because the risk of pelvic infection associated with the IUD is the highest during the first four weeks after insertion and diminishes dramatically afterwards
    - d. IUD users with AIDS should be closely monitored for pelvic infection
2. Ask participants if they have any questions or concerns about the rationale for these categorizations and address them.
3. Ask the participants to locate these conditions on the *Quick Reference Chart for the WHO Medical Eligibility Criteria* (included with the course materials) so that they can easily find the information later.
4. Conclude this activity by encouraging participants to review the information about this topic included in *Participant Manual*, pages 60–61. Encourage participants to consider how they will use this information on the job, whether to counsel clients to make an informed choice and then refer to a qualified provider, or to counsel, screen, and provide IUDs for eligible clients. Remind participants that their colleagues may be biased against clients with HIV using IUDs. Encourage them to keep an open mind, review the research that is currently available, keep abreast of new findings as more research is conducted and published, and discuss issues and concerns regarding IUD use among women with HIV with their colleagues.

## Session 9: Contraceptive Method Options for Clients with HIV – Sterilization, FAB Methods, LAM and Infant Feeding

### Objectives

#### Participants will:

- Provide an overview of male and female sterilization including effectiveness, characteristics, mechanism of action, benefits, and side effects.
- Provide an overview of fertility awareness-based methods (FAB), including effectiveness, characteristics, mechanism of action, benefits, and side effects.
- Provide an overview of the lactational amenorrhea method (LAM), including effectiveness, characteristics, benefits to mother and child, and how to use.
- Explain the concerns related to the use of LAM by women with HIV, infant feeding options, and recommendations to reduce mother-to-child transmission during breastfeeding.
- List contraceptive methods available to women and couples with HIV and describe how the presence of HIV, AIDS, and use of or response to ARV therapy affects method eligibility. (*Overall objective for sessions 6 through 9.*)

### Methods

PowerPoint presentation

Discussion

Brainstorming

### Materials

Flip chart paper, markers, masking tape

Fact Sheet 7. Female and Male Sterilization (included in the *Participant Manual*, pages 115–116)

Fact Sheet 8. HIV and Breastfeeding (included in the *Participant Manual*, pages 117–118)

Information on sterilization, LAM and infant feeding (included in the *Participant Manual*, pages 68 and 73, and the *Counseling Tool*, pages 41, 39, and 13)

PowerPoint presentation 16. Female and Male Sterilization

PowerPoint presentation 17. Fertility Awareness-based (FAB) Methods

PowerPoint presentation 18. Lactational Amenorrhea Method (LAM) and Infant Feeding Concerns

Training Resource 9.2. Medical Eligibility Review Game (draw game board on flip chart and cut out game pieces)

### Duration

1¼ hours

Objectives	Session Plan and Activities
<p>Provide an overview of male and female sterilization and fertility awareness-based methods (FAB), including effectiveness, characteristics, mechanism of action, benefits, and side effects.</p> <p><i>Allow: 30 minutes (presentation/discussion)</i></p>	<p><b>Activity 9.1</b></p> <ol style="list-style-type: none"> <li>1. Use PowerPoint presentation 16. Female and Male Sterilization (8 slides) to provide an overview of male and female sterilization, including effectiveness, characteristics, mechanism of action, benefits, and side effects.</li> <li>2. Use PowerPoint presentation 17. Fertility Awareness-based methods (FAB) (5 slides) to provide an overview of fertility awareness-based methods (FAB), including effectiveness, characteristics, and mechanism of action.</li> <li>3. Ask the questions from the speaker notes of the PowerPoint presentations to encourage participants to think about how the information relates to their practice and clients. Encourage participants to ask questions during the presentations and to use the note-taking pages included in the <i>Participant Manual</i>, pages 69–70 and page 71–72.</li> <li>4. Conclude this activity by encouraging participants to review the information regarding sterilization included in the <i>Participant Manual</i>, page 68. Also encourage participants to review Fact Sheet 7. Female and Male Sterilization in the <i>Participant Manual</i>, pages 115–116. Display and describe how to use the pages in the <i>Counseling Tool</i> (flip book) related to female and male sterilization (page 41) and fertility awareness-based methods (page 40). Encourage the participants to locate the pages, quickly review both the client message pages and the provider cue sheets, and consider how they will use the information and flip book at their workplace. Answer any questions that may arise.</li> </ol>
<p>List contraceptive methods available to women and couples with HIV and explain how method eligibility is affected by HIV, AIDS, and ARV therapy.</p> <p><i>Allow: 15 minutes (game)</i></p>	<p><b>Activity 9.2</b></p> <ol style="list-style-type: none"> <li>1. Explain to participants that during this activity they will play a game that will review the medical eligibility criteria for COCs, DMPA, copper IUDs, implants, and condoms as they pertain to these conditions: a) high risk for HIV, b) HIV-positive, c) AIDS (no ARV therapy), and d) ARV therapy.</li> <li>2. Post the game board (see Training Resource 9.2. Medical Eligibility Review Game Board and Answer Key, page 61) where all participants can easily see and access it. Instruct participants to select one game piece (see Training Resource 9.2 – Medical Eligibility Review Game Pieces, page 62).</li> <li>3. Instruct the participants that the object of the game is to place the pieces on the game board to reflect the correct WHO medical eligibility category for each method and condition. Taking turns, participants should use a small piece of tape to fasten their piece to the game board. When the board is completed, each method should appear</li> </ol>

	<p>only once under each condition (with the exception of the IUD under the “AIDS (no ARV therapy)” condition, since the categories for initiation and continuation are not the same; and COCs under the “ARV therapy” condition, since the categories for ARV therapy with and without ritonavir are not the same). Encourage participants to provide feedback to each other as they place their pieces on the board. If a participant incorrectly places his or her piece, the other participants, or if necessary, the facilitator should immediately provide feedback about the correct placement. If there are extra game pieces remaining after all the participants have placed their pieces, solicit volunteers to place the remaining game pieces until the board is complete.</p> <p>4. Conclude the activity by calling participants’ attention to how the game pieces (methods) cluster into Categories 1 and 2 – reinforcing the message that – with few exceptions for clients at risk of HIV, who are HIV-positive, have AIDS, and are on ARV therapy – contraceptive methods are safe to use. Ask the participants a bonus question: identify the two methods that are not on the chart but that are WHO category 3 and 4 (diaphragm with spermicides and spermicides alone are category 4 for clients at high risk of HIV and category 3 for clients who are HIV-infected or have AIDS).</p>
<p>Provide an overview the lactational amenorrhea method (LAM), including effectiveness, characteristics, benefits to mother and child, and how to use.</p> <p>Explain the concerns related to the use of LAM by women with HIV, infant feeding options, and recommendations to reduce mother-to-child transmission during breastfeeding.</p> <p><i>Allow: 30 minutes (presentation/discussion)</i></p> <p><b>Hint for adaptation:</b> <i>If participants will be providing in-depth counseling about infant feeding options at their facility, and if it has been established that copies of counseling materials related to infant feeding will be available at the workplace – consider orienting the participants to the Question &amp; Answer Guide: Infant and Young Child Feeding in the Context of HIV and AIDS and related provider job aids and client brochures &lt;included on the Toolkit CD&gt;.</i></p>	<p><b>Activity 9.3</b></p> <ol style="list-style-type: none"> <li>1. Use PowerPoint presentation 18. Lactational Amenorrhea Method (LAM) and Infant Feeding Concerns (11 slides) to provide an overview of LAM, including effectiveness, characteristics, benefits to mother and child, and how to use. The presentation also includes a description of infant feeding options for women with HIV, including recommended breastfeeding behaviors for women with HIV who elect to breastfeed and rely on LAM. Encourage participants to ask questions during the presentation and to use the note-taking pages included in the <i>Participant Manual</i>, page 74–76.</li> <li>2. Ask the questions from the speaker notes of the PowerPoint presentation to encourage participants to think about how the information relates to their practice and clients.</li> <li>3. Conclude this activity by encouraging participants to review the information about LAM and infant feeding options included in the <i>Participant Manual</i>, page 73. Also encourage participants to review Fact Sheet 8. HIV and Breastfeeding in the <i>Participant Manual</i>, pages 117–118. Display and describe how to use the pages in the <i>Counseling Tool</i> (flip book) related to LAM and infant feeding (page 39 and page 13). Encourage the participants to locate the pages, quickly review both the client message pages and the provider cue sheets, and consider how they will use the information and the flip book at their workplace. Answer any questions that may arise.</li> </ol>

Training Resource 9.2 Medical Eligibility Review Game Board and Answer Key

*Instructions: Create a version of this game board with only the column and row labels (conditions and categories) on flip chart paper. Use this answer key to verify accuracy of participant responses during the game.*

<b>Conditions →</b>	<b>High Risk of HIV</b>	<b>HIV-positive</b>	<b>AIDS (no ARV therapy)</b>	<b>ARV Therapy</b>
<b>Category 1</b>	<b>COC DMPA Implants Condom</b>	<b>COC DMPA Implants Condom</b>	<b>COC DMPA Implants Condom</b>	<b>DMPA Condom</b>
<b>Category 2</b>	<b>IUD</b>	<b>IUD</b>	<b>IUD (continuation only)</b>	<b>COC (ARV regimen without ritonavir) Implants IUD (clinically well on ARV therapy)</b>
<b>Category 3</b>			<b>IUD (initiation only)</b>	<b>COC (ARV regimen with ritonavir)</b>
<b>Category 4</b>				

Training Resource 9.2. Medical Eligibility Review Game Pieces

*Instructions: Photocopy and cut along the dotted lines. Place the game pieces in a box, hat, or envelope, or put the pieces face down on a table and affix a small piece of tape to the back of the game piece prior to the start of the game. Ask each participant to select one game piece.*

Method Game Pieces				
DMPA	DMPA	DMPA	DMPA	DMPA
COCs	COCs	COCs	COCs (ARV regimen <i>without</i> ritonavir)	COCs (ARV regimen <i>with</i> ritonavir)
IUD	IUD	IUD (initiation only)	IUD (continuation only)	IUD (clinically well on ARV therapy)
Implant	Implant	Implant	Implant	Implant
Condom	Condom	Condom	Condom	Condom

## Session 10: Integrating FP into HIV Services for Provision of Contraceptive Information, Counseling, and Methods

### Objectives

Participants will:

- Identify opportunities where family planning messages or services can be offered.
- Describe the process and content of counseling sessions tailored to services provided to clients with HIV.
- Demonstrate the ability to counsel clients with HIV during role-plays while addressing RH issues relevant to the clients described in the case studies.

### Methods

Brainstorming

Mapping

Discussion (small and large group)

Role-plays

### Materials

Flip chart paper, markers, masking tape

Training Resource 10.1. Mapping Exercise and Sample Map (examples of integration and sample map included in the *Participant Manual*, pages 77–81)

Training Resource 10.3. Integrating FP and HIV Issues into Counseling Sessions (copies of handout or prepared flip chart)

Training Resource 10.5. Role-Plays for Integrated FP and RH Counseling Practice (copies of relevant role-plays)

Training Resource 10.5. Provider Counseling Guide for Role Plays (one for each participant)

Training Resource 10.5. Counseling Observation Checklist (at least two copies per participant; one copy included in the *Participant Manual*, page 93)

Information on counseling HIV-positive clients (included in the *Participant Manual*, pages 82–92)

PowerPoint presentation 19. Client Provider Interaction (adapted for the participants' counseling knowledge and skill)

Prepared flip charts (brainstorming activity on talking about sensitive topics, small group evaluation of role-plays)

### Duration

8 hours

Objectives	Session Plan and Activities
<p>Identify opportunities where family planning messages or services can be offered.</p> <p><i>Note: Depending on the setting, opportunities or points of contact may include group talks, reception area check-in, individual and couple counseling, history-taking, follow-up appointments, and community outreach as part of PMTCT, VCT, FP, or ART services. For more ideas about how information and services can be integrated refer to: Family Planning – Integrated HIV Services: A Framework for Integrating Family Planning and Antiretroviral Therapy Services, &lt;included on the Toolkit CD&gt; especially: Thinking Integration: Service Entry Points, pages 5-7; and Levels of Integration for Facility-Based Services, pages 8-9; and Appendix C: Examples of FP Integration with RH Services, pages 33-34; excerpts are also included in the Participant Manual, pages 77–79.</i></p> <p><b>Hint for adaptation:</b> <i>If participants are all from VCT service settings, group the participants by district or facility where they work. If participants are from different service settings (e.g., VCT, PMTCT, ARV treatment programs), group them according to the type of service. If participants are from an FP clinic, adapt the activity so that the task becomes how to incorporate HIV prevention, care, and treatment messages or services at their facility (e.g., encourage condom use to prevent infection with HIV,</i></p>	<p><b>Activity 10.1</b></p> <ol style="list-style-type: none"> <li>1. Explain that the objective of this exercise is to identify the appropriate opportunities or points of contact where FP/HIV/RH integration can occur in their work places.</li> <li>2. Separate the participants into pairs or small groups of three to four participants by facility or district, trying to ensure that all cadres or roles are represented in each small group.</li> <li>3. Encourage participants to read the descriptions about levels A through E for integrating FP into HIV services, to consider the specific examples of how FP can be integrated with existing RH services, and to examine the sample map depicting client contact opportunities included in the <i>Participant Manual</i>, pages 77–81. Discuss the levels and types of integration and encourage participants to consider how these levels apply in their situations. Use the information from the Training Resource 10.1. Mapping Exercise and Sample Map, page 74 to highlight some of the features of the sample map. The map is an abstract representation (rather than a floor plan of the facility) that depicts a “client’s path” through various health care settings and specific locations where services are provided at each facility. Specifically: <p style="margin-left: 40px;">There are a number of opportunities where family planning can be integrated with other services for clients. In the example provided, the client may receive encouragement from a CBD worker to seek care at the primary health care (PHC) center to confirm her pregnancy or acquire contraception if not pregnant and she desires to postpone pregnancy. At the PHC center, the receptionist can provide information about the services offered, and a sign describing the services can be posted on the wall. The waiting area can include brochures and posters that describe healthy behaviors, contraceptive options, and other information of interest to clients. This area may also be a place where providers give group health talks or show videos about topics of interest.</p> <p style="margin-left: 40px;">The antenatal care (ANC) visit gives providers an opportunity to provide information tailored to the individual’s primary reason for coming to the facility but can also be an opportunity to query clients about secondary RH issues that may also be of concern to them. Although a pregnant woman has no need for contraception, she can be considering what contraceptive method she would like to use after delivery to ensure that her next pregnancy is spaced as desired. Counseling about this can occur during any ANC visit. Women seeking care for incomplete abortion should also receive counseling and the method of their choice.</p> <p style="margin-left: 40px;">For any client interested in family planning, including those with HIV, ensure that the client is prepared to make a fully informed decision about a contraceptive method (use flip charts and brochures to share information) and that the client is medically eligible to use her chosen method (use eligibility checklists). Be sure to note the client’s RH decisions or method choices in the client’s chart or record – this is especially important for</p> </li> </ol>

*importance of knowing partner's status, dual protection messages, effect of ARV therapy on contraceptive method use, issues around pregnancy and HIV, referrals for HIV tests).*

*If participants are from different service settings, complete the exercise as part of a large group discussion using a prepared fictional map. Ask participants to brainstorm opportunities or points of contact and possible messages to deliver at each point. Challenge participants to draw a point-of-contact map with their colleagues after returning to their workplace to help evaluate how they can improve integration at their facility.*

*Allow: 60 minutes (group work/presentation)*

women who plan to initiate a method immediately postpartum (e.g., LAM, IUD, female sterilization). Clients who are referred for ARV therapy should be encouraged to share their decisions about contraceptive methods with their ARV provider.

Labor and delivery generally do not present a good opportunity for sharing information that is not directly related to the birth (unless the woman has previously made a decision about immediate postpartum IUD insertion or female sterilization during a caesarian section). However, the maternity ward provides an opportunity to counsel a woman about contraceptive options and to ensure that she leaves the hospital with her method of choice. The six-week postpartum visit at the PHC center presents another opportunity to reach women with messages about the importance of contraception for maintaining their health and that of their infant. At six-weeks postpartum, women can initiate most contraceptive methods (except those that contain estrogen if they are breastfeeding). A mobile clinic or other community-based program can provide easy access to contraceptive resupply and ongoing support for contraceptive continuation and uptake.

4. Instruct the groups to construct a map of their own facility on flip chart paper, showing points of contact with typical clients and identifying where family planning (or HIV-related messages) can be incorporated into a client's visit. Remind participants that depending on the setting, points of contact may include group talks, reception area check-in, individual and couple counseling, history-taking, testing, follow-up appointments, and community outreach as part of PMTCT, VCT, FP, or ART services, in short, any contact with clients.
5. Instruct the participants to also define their individual role in providing integrated services at the points of contact on their maps. Each group member should consider their current interactions with clients at these points of contact and how their role will change as they begin offering integrated services. Encourage the groups to be creative as they develop their maps and to consider discussions that they may have had with supervisors and colleagues about changes that are occurring as a result of integrating services (e.g., new or reassigned staff, expanded services, revised job descriptions, or changes in the location of specific services).
6. Allow 30 minutes for the participants to draw maps and make notes about their changing roles.
7. Ask each group to take 5 to 7 minutes to present their map and describe their individual responsibilities to the entire group. Encourage the members of other groups to provide feedback on the adequacy or appropriateness of contact points and descriptions of new roles.
8. Encourage the participants to share their ideas from the mapping exercise and the information about FP/HIV integration, included in the *Participant Manual*, pages 77–81, with their supervisor and colleagues. To conclude this activity, remind participants that they will be referring to their notes from this activity during the remainder of this session and when they develop their action plans at the end of the course.

Describe the process and content of counseling sessions tailored to services provided to clients with HIV.

**Hint for adaptation:** *Adapt the slides used in the presentation to match the knowledge and skills of the participants. In particular, rather than introducing new counseling strategies, adapt strategies and use terms that are familiar to the participants, (e.g., if participants are familiar with GATHER, use that strategy rather than introducing another, and discuss how to expand the GATHER strategy to include making informed decisions about reproductive health – not just FP methods). The presentation describes a generic three-stage process but not a particular strategy.*

*Note: Depending on the setting where participants work, “counseling content” may include a wide range of topics such as basic HIV information; individual risk assessment; STI and HIV prevention, including dual protection; MTCT and prevention; benefits and hazards of HIV testing; HIV testing processes; implications of positive and negative test results; identification of treatment and support services; future fertility preferences and contraceptive options; or infant feeding options. Refer to the Training Resource 10.3. Integrating FP and HIV Issues into Counseling Sessions for suggestions about counseling content for various types of sites.*

*Allow: 60 minutes (presentation/discussion)*

### **Activity 10.2**

1. Explain to participants that the objective of this activity is to expand on the group discussion from the previous session and to explore the features of client-provider interaction that may occur at the identified points of contact, particularly during counseling.
2. Use PowerPoint presentation 19. Client Provider Interaction (32 slides) to present general information regarding counseling, including:
  - Definition of client-centered care
  - Desirable qualities of staff, providers, and counselors
  - How to ensure informed and voluntary decision-making
  - Overview of effective strategies and techniques, including communication skills and technical information used during the counseling process
  - Overview of counseling process and stages (beginning, middle, and end)
  - Overview of counseling issues specific to clients with HIV
3. Use the questions from the speaker notes of the PowerPoint presentation to conduct a discussion to help participants think about how the information relates to their practice and clients. As suggested in the speaker notes, encourage the participants to examine the relevant pages of the *Counseling Tool* (flip book) and discuss how providers might use specific pages to support various aspects of the counseling session.

Consider using the example below to illustrate how to incorporate the flip book into a counseling session. Ask participants to assume that a client, in response to the question about why she has come to the clinic, says that she is interested in talking with someone about family planning and perhaps starting a contraceptive method. Ask the participants the three questions below and challenge them to locate the pages in the *Counseling Tool* (flip book) that will facilitate the interaction. Relevant information can be found on pages 2, 3, 4, 5, 14, 15, 16, and 17 of the flip book.

*What basic information (reproductive, sexual, and medical history) would you ask this client?*

Depending on the client’s situation, the provider may inquire about: age; marital status and number of partners; number of pregnancies; number and ages of living children (probe if there are discrepancies between pregnancies and children); desire for future pregnancy, birth spacing, or no more children; last menstrual period and characteristics of bleeding cycle; smoking or other harmful behaviors; unprotected sex or other risky behaviors; breastfeeding; current or previous illnesses (also probe for pertinent history in partner) such as STIs, HIV, TB, cancers, diabetes, hypertension, pain during intercourse, difficulties during pregnancy or delivery, surgeries; possible exposure and current symptoms such as discharges, abnormal bleeding, feeling tired, fever, headaches; relevant previous test results; current medications; and nutritional status.

	<p><i>What questions would you ask regarding her knowledge and previous experience with family planning?</i></p> <p>Depending on the client’s situation, the provider may inquire about: methods used previously, including the client’s experience of side effects, ease of use, access, affordability, and other issues; knowledge of various contraceptive options; and possible initial preferences.</p> <p><i>What questions would you ask to discover other factors that may be important to choosing a method?</i></p> <p>Depending on the client’s situation, the provider may inquire about: partner support or cooperation; influence of a partner, mother, mother-in-law, or friend on the decision; willingness of the partner to use condoms as the primary method or for dual protection if indicated; history of physical abuse; and health of the partner and children.</p> <p>4. Conclude the day’s events by asking participants which activities they found most pertinent for their work and suggest that they make notes on their action plans as applicable. Encourage participants to review the information in the <i>Participant Manual</i> related to the objectives addressed during the day’s activities. Ask participants to read the information on counseling, pages 82–92, in the <i>Participant Manual</i> as their homework for the evening.</p>
<b>DAY 4</b>	
<p>Describe the process and content of counseling sessions tailored to services provided to clients with HIV (<i>continued from Day 3</i>).</p> <p><i>Allow: 60 minutes (brainstorming/group work)</i></p>	<p><b>Activity 10.3</b></p> <ol style="list-style-type: none"> <li>1. Welcome the participants and ask if there are any questions from the previous activities or homework. Review the agenda for the day and remind participants that the ground rules are still applicable (e.g., turn off cell phones).</li> <li>2. Explain that the objective of this exercise is to describe the process and content of a counseling session that features a practical “integrated” approach to reproductive health care.</li> <li>3. Ask participants to brainstorm the process and content of counseling sessions that are currently typical for where they work (presuming that participants are not currently offering integrated counseling). Record the participants’ responses regarding the steps and content of a typical session on flip chart paper. <i>Note: If all participants are from the same facility or if they are from many different types of facilities, this brainstorming activity can be done as a large group. If participants can be clustered into small groups from the same facility, break into the small groups used during the mapping activity 10.1 to complete this step.</i></li> <li>4. Post the description of the typical counseling session where participants can see it. <i>Note: If the brainstorming was completed in the large group, post the sheet at the front of the room. If the brainstorming was completed in small groups, ask each group to refer to the sheet they created.</i></li> </ol>

5. Ask the small groups (or participants, if working in a large group) to identify reproductive health concerns relevant to clients with HIV that should be integrated into the typical counseling session and where in the structure of a session it may be appropriate to integrate these concerns in the settings where they work. Each group should outline the process and content of their integrated counseling session on flip chart paper. Remind participants that although this exercise is designed to examine the general patterns common to integrated counseling sessions, each counseling session should be tailored to the needs of the individual client.
6. Allow 30 minutes for the groups to discuss and create an outline of the process and content of an integrated counseling session and record it on flip chart paper. If conducting the activity in the large group, ask participants to brainstorm a step-by-step list of process and content items and record participant's responses on flip chart paper. As much as possible, the outline should reflect the order of a counseling session. As necessary, prompt participants to think about and ensure that their outline reflects a logical order.
7. Share photocopies of the counseling content relevant to the setting(s) where the participants work using information from the Training Resource 10.3. Integrating FP and HIV Issues into Counseling Sessions, pages 75–77 (or prepare a flip chart in advance which outlines how counseling content can be integrated in the settings where the participants work). Ask the groups to compare the counseling content suggested in the handout (or prepared flip chart) with the content that they have generated. How are they similar? How are they different? Are there items on their list that are not included on the handout (or prepared flip chart)? Are there items from the handout (or prepared flip chart) that are not on their list but should be included? Are the items in a logical order?
8. Ask a participant from each group to share one item from their list that demonstrates how they changed the process or content of their typical counseling session to address the reproductive health needs of clients with HIV in an integrated manner. What content did they incorporate and where in the counseling process did they think it fit best? Ask participants from the other groups to comment. Do they agree that the content and process are appropriate? Repeat the process until each group has an opportunity to describe at least two instances where they would alter their typical session. *Note: Eliminate this step if the previous steps were conducted as a large group activity.*
9. Encourage participants to review to the information on counseling clients with HIV about pregnancy, contraception, and other related topics, included in the *Participant Manual*, pages 82–84. To conclude this activity, remind participants that they will be referring to their notes from this activity during the remainder of this session and when they develop their action plans at the end of the course.

Demonstrate the ability to counsel clients with HIV during role-plays while addressing RH issues relevant to the clients described in the case studies.

*Note: The case studies feature various points of contact in different health care settings and include an array of issues pertinent to clients with HIV. Select the cases that best match the situations that the participants are likely to encounter in their workplace.*

*Allow: 60 minutes (brainstorming/discussion)  
90 minutes (role-play/evaluation)  
30 minutes (group discussion)  
  
90 minutes (role-play/evaluation)  
30 minutes (group discussion)*

#### **Activity 10.4**

1. Introduce the exercise by acknowledging that many health workers find it difficult to discuss the intimate details of their client's sexual activities, and pregnancy- and contraception-related concerns, especially with clients who are HIV-positive. Explain that this activity will help providers identify appropriate approaches and questions that they can use when talking with clients about sensitive topics.
2. Brainstorm with the large group to answer the following questions. Use prepared flip charts to introduce the questions. Conclude the discussion of one question before proceeding to the next.
  - How can health workers put clients with HIV at ease?
  - How can health workers raise the subjects of sexual life, pregnancy, and contraception with HIV-positive clients?
  - What specific questions or statements can health workers use to explore the concerns of clients with HIV regarding these issues?
3. Record the participants' responses to each question on flip chart paper. Discuss the responses, making sure that the following points or examples are included:

##### *Putting the client at ease:*

- Be polite and cordial at all times.
- Be sure that the client is comfortable and seated in a chair in close proximity to the provider.
- Make sure that you discuss sensitive issues only in a private space where the conversation cannot be overheard.
- Reassure the client that everything discussed will be confidential and private between the two of you.
- Explain to the client what will be happening during the session.
- Discuss with the client the goals and purpose of the counseling session.
- Explain right away that there are some standard questions that you ask all clients. Let the client know that you do this to help him or her think through all the relevant issues.
- Inform the client that some questions are about sensitive and personal issues. Their responses will affect the decisions they make during the visit and their health care in general.
- Explain that you understand that many people with HIV continue to have sexual relations. Just because one has HIV, it does not stop one from having sexual desires or thinking about having children.
- Assure the client that you recognize that people with HIV have a right to plan their lives and families in a way that is best for them, and you are here to support and help her or him do so.
- Emphasize the importance of being honest and reassure the client that you are not judging him or her. Explain that he or she should not worry about what you might think.

*Raising sensitive topics:*

- Preface the questions by acknowledging that you understand that these are sensitive issues.
- Ask the questions in a straightforward manner, using simple, easy-to-understand language.
- Remind the client that this information is very important, because it helps you to fully appreciate the situation and offer guidance and services that are suitable for her or him.
- If a client is unwilling for any reason to discuss a particular issue, you could use hypothetical or anonymous real examples to reduce the client's anxiety.

*Specific questions or statements to use when exploring the concerns of clients with HIV during various stages of the counseling session are included in the Participant Manual, pages 86–92, and have not been reproduced here. The guidance consists of:*

- General questions to initiate conversation, gather basic information, and put the client at ease.
- Assurances that inquiries are routine and important and all personal information is confidential.
- Encouragement to share health information and personal experiences.
- Acknowledgment that people with HIV have sexual desires and feelings.
- Questions to solicit information about sexual relationship(s) and partner communication.
- Specific questions to elicit information about sexual activity, HIV status and disclosure, condoms, pregnancy, contraception, or other reproductive health issues likely to arise during counseling.

4. Ask the participants to open the *Participant Manual* to the homework reading from the previous day, the section titled *Sexual activity, pregnancy and contraception: Raising the subject with HIV positive clients*, page 82. Review the information with the participants and ask if they have any questions or comments. Compare the responses generated during the brainstorming activity with the suggestions included in the *Participant Manual*. How are they similar? How are they different? Are there items on their list that are not included in the manual? Are there items from the manual that are not on their list but should be included? Is there anything they would like to add or change in the suggestions mentioned in the *Participant Manual* to make them more appropriate for their clients? Remind the participants that when interacting with clients, it is important to build trust first and be unbiased and nonjudgmental throughout. Highlight how the sample questions and statements accomplish that.

5. Conduct a large group discussion with the participants using these questions:

- Which questions do you anticipate will be more or less difficult to ask clients? Why? How can you overcome your hesitancy to address sensitive topics?
- Are there any topics that you think clients might be particularly hesitant to talk about? If so, why? And how could you obtain the information if you cannot address the topic directly?
- How might gender, age, ethnicity, and other factors influence how a client and counselor interact, particularly when addressing sensitive topics such as sexual activity?

*Possible responses to discussion questions:*

- For participants who express concerns about asking certain questions, encourage the group to suggest possible solutions that will alleviate the discomfort (e.g., practice with colleagues first, use a job aid to help remember the questions).
  - If a client is hesitant for any reason to discuss a particular issue, you could use hypothetical or anonymous real clients as examples. For example, you could say, “I know women with HIV who have not yet disclosed their HIV status to their husbands and who continue to have intercourse without condoms. When they tell me this, I advise them ....”
  - In some places, it may be inappropriate to have a counseling session between a female counselor and a male client (or vice versa); it may also be inappropriate for a younger counselor to discuss these issues with an older client; and some clients may prefer to discuss these issues with a counselor of the same ethnic or religious group.
6. Conclude this activity by reminding participants that talking about sensitive issues with clients, especially those with HIV, is an important part of their job. These clients may be confused and ashamed but they need someone who can understand and help them with their concerns.

**Activity 10.5**

1. Introduce the next activity by explaining that participants will now have an opportunity to use the technical information and counseling techniques as they practice counseling sessions using role-plays (see Training Resource 10.5. Role-plays for Integrated FP and RH Counseling Practice, pages 78–97). The role-plays will provide an opportunity to address the reproductive health needs of a variety of clients in an integrated manner in a situation similar to where they work.
2. Ask participants to break into small groups of three participants each. Ask each group to decide who will play the client, who will play the provider, and who will be the observer – all participants will have an opportunity to play each role.
3. Distribute copies of the role-play description to the participants who will play the client and the observer (the groups do not need to do same role-play at the same time). Also distribute copies of the Training Resource 10.5. Counseling Observation Checklist to the observers and the Training Resource 10.5. Provider Counseling Guide for Role Plays to those playing providers. Ask the clients and observers not to show the role-play to the person who is playing the provider.

*Instruct the clients* that prior to beginning the role-play, they should reveal only their sex to the provider. Other personal information included in the role-play description should be shared with the provider only when the provider solicits it by asking appropriate questions. Clients should also pick a name for their character and reveal it when asked by the provider.

*Instruct the providers* to follow the guidance summarized in the Provider Counseling Guide for Role Plays. Remind them that during the role-plays, they are meeting with a client for the first time and need to assess his or her RH goals and concerns; address the primary and secondary reason(s) for the client's visit; facilitate a decision-making process with the client; as appropriate, integrate information about family planning; and assist the client to act on his or her decision(s). Encourage the providers to use the counseling process, content, techniques, and job aids that were reviewed in previous activities.

*Instruct the observers* to use the Counseling Observation Checklist to take notes on what happens between the provider and client. Prior to starting the role-play, the observer should carefully review the case-specific issues – a list of RH/FP/HIV issues that should be addressed by the provider while counseling the client included in the case study. Also included is a list of the contraceptive methods for which the client is eligible based on the description of the client provided in the case study. The observer should record, in the space provided on the checklist, whether and how well the provider addresses these issues during the role-play and be prepared to give feedback to the provider regarding how well they addressed the client's needs (e.g., uncover and help the client deal with anxiety, facilitate communication with the partner, allow the client to make an informed decision, ensure that the client's choice of a contraceptive method is one for which they are medically eligible, and assist the client in developing a plan to help implement his or her decision).

*Note: If participants are having difficulty understanding how to use the materials developed for the role-plays, distribute a copy of a role-play (one that will not be used during the practice session) to each participant and demonstrate how the participants should use the materials while playing the role of the provider, client, and observer.*

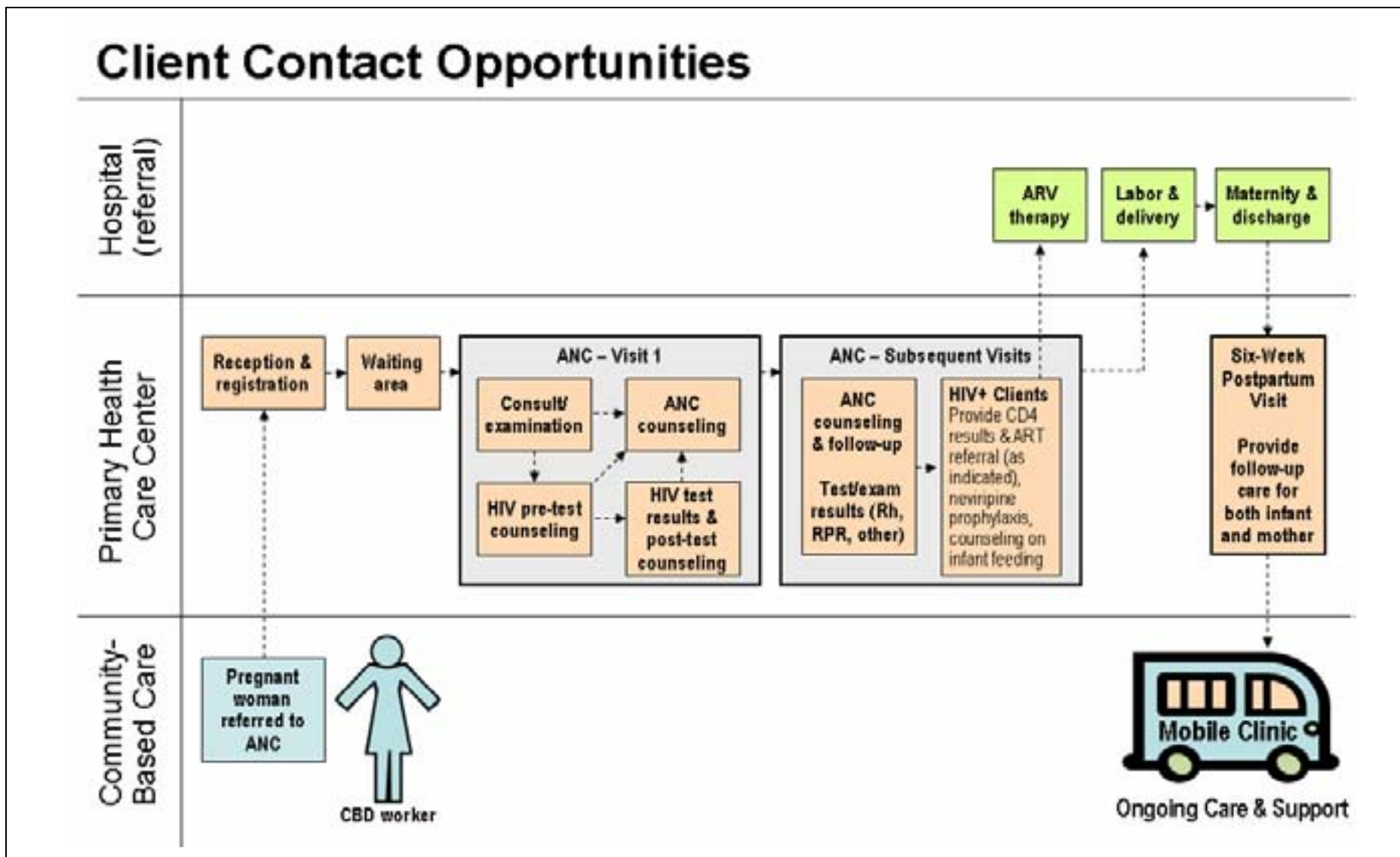
4. Give the groups 20 minutes to conduct the mock sessions. At the conclusion, ask the groups to take about 10 minutes to talk about what happened during the role-play from the perspective of the provider (self-assessment), the client (personal satisfaction with the interaction), and the observer (objective assessment using the Counseling Observation Checklist). The groups should discuss the following questions among themselves (post a prepared flip chart of the discussion questions where each group can see it):
  - What was going on between the provider and client?
  - What did the provider do that was effective in this situation?
  - What might the provider consider doing differently if this situation were to happen again?
  - How did the provider attend to the items on the checklist and the case specific observations included in the role-play description?

Rotate roles and substitute new role-plays so that each participant practices the provider role at least twice. Encourage participants to provide constructive criticism during their post-role-play discussions and to take breaks as needed between role-plays.

5. After the small groups have completed one round of role-plays (each participant has had an opportunity to play each role), conduct a discussion in the large group using the questions below:
  - While playing the role of the provider*
    - How did it feel to integrate new content, techniques, and job aids into your counseling session?
    - What worked well? What still feels awkward and requires more practice?
    - What did you think about the length of the counseling sessions?
    - Did the client raise issues or questions that you were not sure how to answer?
  - While playing the role of the client*
    - What did you think about the session?
    - Were you able to absorb the information provided?
    - Were all your concerns addressed?
    - Were you comfortable asking questions?
    - Were you satisfied that your main reason for coming to the clinic was adequately addressed (not lost in the integrated approach)?
  - While playing the role of the observer*
    - Did you think that the providers were able to create a comfortable environment and build adequate rapport with their clients?
    - Can you share some examples that you observed in the role-plays?
6. Ask the participants to return to their small groups and take turns practicing another set of role-plays so that each participant has a second opportunity to play the role of the provider.
7. After the small groups have completed a second round of role-plays (each participant has had an opportunity to play each role twice), repeat the discussion in the large group using the questions in step #5 above.
8. Conclude this activity by reminding participants that an integrated counseling approach can be a time-efficient and essential component of the services needed to ensure that the reproductive health needs of their clients are met.

Training Resource 10.1. Mapping Exercise and Sample Map

Instructions: Encourage participants to examine the sample map that appears in the Participant Manual and then develop a map that reflects the client contact opportunities in the settings where they work.



## Training Resource 10.3. Integrating FP and HIV Issues into Counseling Sessions

*Instructions: Prepare copies of the counseling content page(s) that is (are) relevant to the participants and distribute during the small-group activity or, if activity is completed in large group, prepare a flip chart that summarizes relevant content for counseling sessions in the settings where participants work.*

HIV Counseling/Testing Site – Pre-test Counseling Content	HIV Counseling/Testing Site – Post-test Counseling Content
<p><b>Upon initial contact</b></p> <ul style="list-style-type: none"> <li>• determine the reason for coming to the facility; define personal reproductive health (RH) goals</li> <li>• share basic facts about HIV infection and AIDS; clarify misconceptions</li> <li>• explain the meaning of the HIV test and the window period, including the implications of positive and negative test results</li> <li>• describe the HIV-testing procedure, including benefits, possible disadvantages (e.g., discrimination), and the policy on written results and confidentiality</li> <li>• conduct an individual risk assessment and develop a risk-reduction plan; consider partner status, willingness to test and to join counseling</li> <li>• discuss coping with a potential positive result; needs and support</li> <li>• gather and record biographical and medical history information (information varies by setting and if testing is anonymous)</li> <li>• obtain informed consent (after the client considers options)*</li> </ul> <p><b>While the test is performed</b></p> <p>While samples are being processed, assess the following:</p> <ul style="list-style-type: none"> <li>• client’s readiness to learn his or her HIV status</li> <li>• intentions after learning his or her status</li> <li>• potential barriers to behavior change</li> <li>• plans and ways of coping with results, especially if HIV-positive</li> <li>• potential for support by family and friends</li> <li>• any other special needs</li> </ul> <p><b>* For clients who decide not to have an HIV test</b></p> <ul style="list-style-type: none"> <li>• offer condom education and a demonstration; provide condoms for those who choose to use them; review plan for risk reduction</li> <li>• depending on the client’s RH goals, provide education and counseling on achieving desired pregnancy (as safely as possible) or family planning; offer contraceptive methods or referral as appropriate</li> <li>• provide counseling, information, and support on other RH topics</li> </ul>	<p><b>For HIV-positive test results †</b></p> <p>Discuss the meaning of the result and the client’s immediate concerns and feelings; allow the client to express emotions, ask questions, and contemplate implications; determine the client’s understanding and readiness to proceed; counsel about future plans and positive living, including:</p> <ul style="list-style-type: none"> <li>• maintain a positive attitude (emotional coping, sources of hope)</li> <li>• avoid additional exposure or re-exposure to the virus and other STIs with use of condoms, change in sexual practices, reduction in numbers of partners</li> <li>• seek prompt medical care, even for minor illnesses</li> <li>• maintain good hygiene and diet; reduce stress; get exercise and rest</li> <li>• develop a disclosure plan considering risk of violence and abandonment; identify options and resources; seek social supports and follow-up care</li> <li>• encourage client to return or refer for continuing support and counseling</li> </ul> <p><b>For HIV-negative test results †</b></p> <ul style="list-style-type: none"> <li>• encourage those who have exhibited recent risky behavior or had a known exposure to return for another test after three months (those who are HIV-negative and have no recent exposure do not need confirmatory testing)</li> <li>• encourage the client to practice risk-reduction behaviors during the window period</li> </ul> <p><b>† For both HIV-positive and -negative test results</b></p> <ul style="list-style-type: none"> <li>• encourage partner notification (learning results together is best)</li> <li>• offer condom education and a demonstration; provide condoms for those who choose to use them; review plan for risk reduction</li> <li>• depending on the client’s RH goals, provide education and counseling on achieving desired pregnancy (as safely as possible) or family planning; offer contraceptive methods or referral as appropriate</li> <li>• provide counseling, information, and support on other RH topics</li> <li>• refer according to the client’s emotional, social, and health needs</li> </ul> <p><i>Adapted from: HIV VCT Reference Guide, VCT Toolkit, FHI, 2004.</i></p>

ANC/PMTCT Site – Counseling Content	ANC/PMTCT Site – Post-test Counseling Content
<p><b>Content varies depending on whether visit is initial or follow-up:</b></p> <ul style="list-style-type: none"> <li>• determine the reason for coming to the facility; define personal reproductive health (RH) goals</li> <li>• obtain biographical and detailed medical history</li> <li>• assess nutrition and advise on diet and supplements</li> <li>• counsel about importance of a birth plan and assisted delivery</li> <li>• provide information and instructions on pregnancy danger signs</li> <li>• screen for STIs and other infections (e.g., conduct an individual risk assessment) and develop a risk-reduction plan (e.g., use condoms)</li> <li>• share basic facts about HIV infection and AIDS, including detailed information about how HIV is transmitted from mother to child (during pregnancy, delivery, or breastfeeding)</li> <li>• encourage the woman (and her partner) to learn his or her HIV status; it allows her (the couple) to make informed choices about the pregnancy – early testing improves planning, and potentially, pregnancy outcomes</li> <li>• explain the meaning of the HIV test and the window period, including the implications of positive and negative test results</li> <li>• describe the HIV-testing procedure, including benefits and possible disadvantages (e.g., discrimination), and the policy on written results and confidentiality</li> <li>• offer the test and obtain informed consent from those who choose to test (on-site or through referral)</li> <li>• discuss programs and medicines to reduce the risk of mother-to-child (MTCT) transmission</li> <li>• discuss infant feeding options, including safer feeding practices for mothers with HIV</li> <li>• discuss results of physical and pelvic examinations and laboratory test(s)</li> <li>• explain the treatment for acute or chronic conditions identified during screening and examinations</li> <li>• encourage the client to consider postpartum contraceptive options; provide a method when appropriate (e.g., at delivery, at the six-week follow-up visit, or immediately if receiving postabortion care)</li> <li>• offer condom education and a demonstration and provide condoms</li> <li>• provide counseling, information, and support on other RH topics</li> </ul>	<p><b>In addition to the content described for a post-test session at a counseling and testing site (see previous page), include these targeted messages for pregnant women and their partners:</b></p> <p><b>For HIV-negative test results and clients who decline HIV testing</b></p> <ul style="list-style-type: none"> <li>• inform the client about the high risk of transmitting HIV to the infant if she is newly infected during pregnancy or breastfeeding</li> <li>• inform the client or couple about essential steps to prevent MTCT during the antenatal period, labor, delivery, and postpartum (i.e., importance of avoiding exposure/re-exposure to STIs/HIV during pregnancy)</li> <li>• encourage re-testing after three months in cases where the client may be in window period</li> </ul> <p><b>For HIV-positive test results</b></p> <ul style="list-style-type: none"> <li>• inform the client or couple about essential steps to prevent MTCT during the antenatal period, labor, delivery, and postpartum (i.e., importance of avoiding exposure/re-exposure to STIs and HIV during pregnancy)</li> <li>• explain the value of and provide ARV treatment for the mother and prophylaxis for the infant (explain PMTCT regimens, possible side effects, and the negligible impact of pregnancy on HIV progression)</li> <li>• discuss infant feeding options and support the mother’s choice</li> <li>• counsel about and provide (if appropriate) a contraceptive method that the client or couple can use immediately postpartum to space or avoid future pregnancies</li> <li>• provide guidance on care of the child (i.e., health issues, guardianship)</li> <li>• emphasize the importance of subsequent ANC visits and of delivering at a PMTCT facility (where applicable)</li> <li>• encourage participation in peer support groups or couple counseling</li> </ul> <p><i>Adapted from: PMTCT Generic Training Package, WHO, 2004.</i></p>

AIDS Care and Treatment Site – Counseling Content	Family Planning Site – Counseling Content
<ul style="list-style-type: none"> <li>• determine the reason for coming to the facility</li> <li>• when appropriate, involve the client’s family and friends in all aspects of antiretroviral (ARV) therapy, including basic education, treatment, and psychosocial support</li> <li>• review basic information on HIV (e.g., transmission, affect on immune system, disease progression)</li> <li>• assess the client’s understanding of and interest in ARV therapy</li> <li>• explain what ARV therapy is and dispel common myths (e.g., treatment versus cure, benefits and risks, side effects, multiple drugs used, drug resistance and the importance of adherence)</li> <li>• obtain biographical and detailed medical history (including the risk of depression or suicide, alcohol use or abuse, and current medications)</li> <li>• perform a social assessment (including family status, financial status, employment, social networks, and history of domestic violence)</li> <li>• explore potential barriers to adherence and options to maintain it (e.g., family and support groups, daily adherence schedule, drug storage, and refills)</li> <li>• describe the influence of nutrition on health, HIV illness, and successful ARV therapy (i.e., special nutritional considerations, the possible reduction of ARV side effects, linking adherence with meals)</li> <li>• determine client’s reproductive health (RH) goals</li> <li>• counsel on reproductive choice – if the client is considering pregnancy, consider the current health status and if pregnancy is a safe option at this time; explain mother-to-child transmission (MTCT) and the need for MTCT interventions; advise on the risk of transmission via breast milk and options for infant feeding; counsel about the need to avoid pregnancy if taking efavirenz as part of ARV treatment; if using or interested in family planning, offer counseling and contraceptive methods (or refer); if considering hormonal methods, reinforce guidance for use with ARVs</li> <li>• encourage disclosure of HIV status – assist with support and mediation</li> <li>• explain ART program and medical criteria used for client selection</li> <li>• prepare the client to receive ARV therapy and treatment (review potential side effects of ARV drugs, reporting procedures, procedure for discontinuation, and risks of discontinuation without follow-up)</li> <li>• ensure that the client is motivated and willing to undertake ARV therapy</li> <li>• obtain informed consent</li> <li>• arrange for follow-up visits according to treatment and stage</li> <li>• provide counseling, information, and support on other RH topics as needed</li> </ul> <p><i>Adapted from: Core Competencies, WHO, 2005.</i></p>	<ul style="list-style-type: none"> <li>• determine the reason for coming to the facility; define personal reproductive health (RH) goals</li> <li>• if family planning is desired, obtain pertinent biographical and medical history</li> <li>• determine if the client wants a particular method (display actual methods or a flip book depicting methods to facilitate the discussion)</li> <li>• depending on the client’s response, ask questions to determine if the client has made an informed decision or desires additional information to help her determine the method best suited for her (e.g., Do you wish to have children in the future? Are you breastfeeding an infant less than 6 months old? Do you have the cooperation of your partner in family planning? Are there any methods that you do not want to use or have not tolerated in the past?)</li> <li>• give information about method(s) that are of interest to the client (e.g., efficacy, potential side effects, how the method is used)</li> <li>• ask the client to choose a method that is most convenient for her or him</li> <li>• determine if there are any conditions that may preclude the client from using the chosen method (use medical eligibility checklist when available)</li> <li>• discuss the client’s chosen method in detail (use a flip book and client brochures to reinforce important information)</li> <li>• determine the client’s comprehension and reinforce key information (e.g., the need for correct and consistent use of hormonal methods for a client with HIV who is taking ARV drugs, danger signs)</li> <li>• based on the client’s goals and personal situation: <ul style="list-style-type: none"> <li>– conduct an HIV risk assessment; encourage safe behavior</li> <li>– discuss STI and HIV prevention; encourage and refer for an HIV test as appropriate; screen and treat other STIs</li> <li>– discuss dual protection; offer condoms and instruct in correct use</li> <li>– discuss other issues (e.g., cancer screening, partner communication)</li> </ul> </li> <li>• ensure that the client has made informed decisions related to his or her personal RH situation and has a realistic plan of action</li> <li>• if the client has decided to use contraception, give the chosen method (or a referral and backup method), follow-up instructions, and brochures</li> <li>• conclude the session (arrange a follow-up for concerns and resupply)</li> </ul> <p><i>Adapted from: Balanced Counseling Strategy User’s Guide, Population Council, 2006.</i></p>

## Training Resource 10.5. Role-plays for Integrated FP/RH Counseling Practice

*Instructions: Select role-plays that reflect situations that the participants will typically encounter in the facilities where they work. Choose a sufficient number of cases so that groups will have enough for each participant to practice the provider role twice without repeating the plays. Prepare copies of the role-plays and cut the role-play descriptions in half. Distribute the appropriate parts to the “clients” and observers in each group during each round of practice. Make copies of the Counseling Observation Checklist, page 98, and the Provider Counseling Guide, page 99, and distribute copies to the observers and “providers” during each round of practice.*

### **Case 1 – Client**

#### **HIV/AIDS Care/Treatment Site – Discordant Couple/Wants Children**

##### **Client Description**

You are a 30-year-old married woman. You were diagnosed with HIV three years ago at the antenatal clinic during your first pregnancy. Your husband subsequently had an HIV test, and he was negative. Your son died a year ago from malaria and you have no other children. You have come to the ARV treatment facility to determine eligibility for ARV treatment.

*Client: Offer this information only when the provider solicits it by asking relevant questions.*

##### **Client Responses When Elicited by Provider**

- at your last clinic visit, the doctor mentioned that you might need to start taking ARVs because you were feeling progressively worse
- you and your husband desperately want to have another child at some point
- you and your husband have been using condoms consistently since you learned your HIV status
- your relatives, who do not know about your HIV, are also pushing you to become pregnant again
- you are afraid that if you become pregnant, the baby may be born with HIV; you do not know if taking ARVs will stop you from becoming pregnant or if you can take ARVs while pregnant
- you are concerned that the health worker will simply tell you that HIV-positive women have no right to become pregnant

### **Case 1 – Observer**

#### **HIV/AIDS Care/Treatment Site – Discordant Couple/Wants Children**

*Observer: Make note of whether these case-specific issues are addressed during the role-play, along with other counseling topics included in the observation checklist.*

##### **Case-Specific Issues the Provider Should Address**

- discuss what to expect from ARV therapy and determine if she is eligible; explain the importance of regaining health prior to becoming pregnant
- explain what contraceptive methods are available on-site and refer for methods not provided on-site; if the client chooses COCs, counsel on the importance of correct and consistent use while taking ARV drugs
- discuss ways to minimize the risk of HIV transmission to her husband while trying to achieve pregnancy (e.g., artificial insemination; have unprotected intercourse during the ovulation window only and use condoms at other times; delay unprotected intercourse until ARVs reduce the viral load to undetectable levels)
- emphasize the need to use condoms in addition to any other chosen FP method to protect her uninfected partner from HIV

##### **Eligible Methods**

- male or female condoms (either alone – if they want to continue to rely on condoms – or in addition to another method)
- COCs (not eligible if ARV regimen includes ritonavir)
- DMPA (may delay return of fertility when pregnancy is desired)
- implants (while medically eligible, this may not be practical considering her desire to become pregnant soon)
- fertility awareness-based methods (while medically eligible, these may not be the best options, as these methods rely solely on the client’s ability to use them correctly and have higher rates of failure in typical use)

**Case 2 – Client**  
**HIV/AIDS Care/Treatment Site – ARV User/Wants to Delay Children**

**Client Description**

You are a 28-year-old single woman with AIDS. You have been focused on your career and have no children. You started taking ARV drugs seven months ago and have been feeling much better since then. You have come to the ARV treatment facility for a follow-up appointment. You are worried because you think the health worker will be critical of your lifestyle.

*Client: Offer this information only when the provider solicits it by asking relevant questions.*

**Client Responses When Elicited by Provider**

- you have resumed having sexual relations with your long-time boyfriend
- your boyfriend has not been tested for HIV
- you and your boyfriend do not like condoms much, so you usually do not use them; you still want to avoid having children, but you might change your mind in the future
- you used COCs in the past but stopped because you think they caused you to gain weight
- you and your boyfriend are currently using withdrawal and sometimes spermicides to avoid unintended pregnancy
- you are certain that your boyfriend has no other partners

**Case 2 – Observer**  
**HIV/AIDS Care/Treatment Site – ARV User/Wants to Delay Children**

*Observer: Make note of whether these case-specific issues are addressed during the role-play, along with other counseling topics included in the observation checklist.*

**Case-Specific Issues the Provider Should Address**

Assume that the standard check-up for ARV users has been conducted, including resupplying ARV drugs and reinforcing compliance; then:

- explain what methods of contraception are available on-site and what methods are available through referral
- if the client chooses COCs, counsel on the importance of correct and consistent use while taking ARV drugs
- if the client chooses the IUD, assess the current risk for STIs and consider the need to rule out an infection prior to insertion
- explain concerns about using spermicides when HIV-positive
- counsel about partner notification, counseling and testing, and the importance of consistent condom use
- invite her partner to counseling (couple counseling)

**Eligible Methods**

- COCs (not eligible if ARV regimen includes ritonavir)
- DMPA
- implants
- male or female condoms for dual protection
- IUD
- fertility awareness-based methods

**Case 3 – Client**  
**HIV/AIDS Care/Treatment Site – Married Woman/DMPA User**

**Client Description**

You are a married woman, 40 years old who has been on ART for six months and doing well. You have come to the AIDS treatment center for a regular check-up and for resupply of ARV drugs.

*Client: Offer this information only when the provider solicits it by asking relevant questions.*

**Client Responses When Elicited by Provider**

- you have been using long-acting injectables for almost three months and are having bleeding between periods, so you worry that something is wrong (although you would like to keep using the injectable)
- you are not aware of possible side effects of long-acting injectables
- you have been married to an HIV-positive man for five years and neither of you have other partners
- you are using condoms only some of the time because you are not worried about STIs and you are using another method for pregnancy prevention
- you have no other complaints

**Case 3 – Observer**  
**HIV/AIDS Care/Treatment Site – Married Woman/DMPA User**

*Observer: Make note of whether these case-specific issues are addressed during the role-play, along with other counseling topics included in the observation checklist.*

**Case-Specific Issues the Provider Should Address**

Assume that the standard check-up for ARV users has been conducted, including resupplying ARV drugs and reinforcing compliance; then:

- counsel about common side effects of injectables and reassure her that an irregular bleeding pattern is common with DMPA and not harmful; explain how long irregular bleeding may last and the possibility of eventual amenorrhea
- discuss possible management options for irregular bleeding
- offer to provide a three-month reinjection
- emphasize the need to receive the next injection on time
- explain the benefit of using condoms even when both partners are positive (dual method use)
- counsel about availability of other FP methods if she finds DMPA side effects unacceptable and decides to switch

**Eligible Methods**

- DMPA
- male or female condoms (dual protection or dual method use)
- COCs (may also reduce or stop bleeding between periods; not eligible for COCs if ARV regimen includes ritonavir)
- implants
- IUD
- fertility awareness-based methods
- tubal ligation (for her) or vasectomy (for her husband)

**Case 4 – Client  
HIV/AIDS Care/Treatment Site – Married Woman/COC Interest**

**Client Description**

You are a married woman, 30 years old, with AIDS. You have three children; the last was unplanned and is HIV-positive. You have come to the AIDS treatment center for a regular check-up and for resupply of ARV drugs.

*Client: Offer this information only when the provider solicits it by asking relevant questions.*

**Client Responses When Elicited by Provider**

- your husband is also HIV-positive
- you have been on ART for almost one year and doing really well
- you and your husband use condoms some of the time; your husband does not like to use them
- your husband is often away on trips for two or three weeks at a time; you have no other partners, but you suspect that your husband has other partners
- you took oral contraceptives once before and would like to take them now to avoid another pregnancy
- you do not want to have more children, but you are not interested in permanent contraception because you never know about the future

**Case 4 – Observer  
HIV/AIDS Care/Treatment Site – Married Woman/COC Interest**

*Observer: Make note of whether these case-specific issues are addressed during the role-play, along with other counseling topics included in the observation checklist.*

**Case-Specific Issues the Provider Should Address**

Assume that standard check-up for ARV users has been conducted, including resupplying ARV drugs and reinforcing compliance; then:

- ask if the client knows about other methods and ensure that the decision to use COCs is well-informed
- counsel on the importance of correct and consistent use of COCs while taking ARV drugs
- explain the benefit of using condoms even when both partners are HIV-positive
- offer couple or male-peer counseling (if available)

**Eligible Methods**

- COCs (not eligible if ARV regimen includes ritonavir)
- DMPA
- implants
- male or female condoms for dual protection
- fertility awareness-based methods (while medically eligible, these may not be the best options, as these methods rely solely on the client's ability to use them correctly and have higher rates of failure in typical use)

**Case 5 – Client  
HIV Counseling/Testing Site – Single Male/HIV+**

**Client Description**

You are a 25-year-old single man. When you applied for a job after leaving university two years ago, you had a pre-employment HIV test. The result was positive. All this time you have been feeling healthy. You have come to the counseling and testing facility where you were originally tested in hopes of talking with a health care provider about some personal concerns, but you are worried about discussing these concerns with the health worker because you are afraid that he or she will judge you to be an immoral person.

*Client: Offer this information only when the provider solicits it by asking relevant questions.*

**Client Responses When Elicited by Provider**

- you believe that, being HIV-positive, you are not supposed to have sex, but sometimes the urge is just too great; afterwards, you feel guilty, but the guilt is not strong enough to stop you next time
- you know about condoms, but people tell you that they do not really work; you are also concerned that if you use them, your partner will believe that you are promiscuous
- you have a new girlfriend whom you want to marry; you are afraid to tell her that you are HIV-positive because you are sure she will leave you if she knows

**Case 5 – Observer  
HIV Counseling/Testing Site – Single Male/HIV+**

*Observer: Make note of whether these case-specific issues are addressed during the role-play, along with other counseling topics included in the observation checklist.*

**Case-Specific Issues the Provider Should Address**

- reassure the client that people with HIV have similar desires and goals as their peers without infection
- encourage partner notification and partner counseling and testing
- explain that there is no reason to be ashamed to use condoms – it just shows that a person is responsible
- explain that condoms are very effective for preventing HIV transmission if used consistently and correctly; review instructions and practice putting a condom on a penis model
- explain the need to use condoms with a partner and benefits of using condoms even if both partners are HIV-positive
- ensure the client’s interpersonal skills for discussing condom use; encourage couple counseling if available and appropriate
- counsel about the availability of emergency contraception for his female partner for times when their regular method is not used, is used incorrectly, or when an accident occurs (e.g., condom slips off)
- encourage the client to discuss reproductive health goals with his partner, including if she wants to consider another contraceptive method in addition to condoms

**Eligible Methods**

- male or female condoms to prevent HIV transmission to the partner and avoid undesired pregnancy
- any other short- or long-acting method depending on the partner’s eligibility, and the preferences and fertility intentions of the couple

**Case 6 – Client**  
**HIV Counseling/Testing Site – Single Female/Status Unknown**

**Client Description**

You are 20 years old and unmarried with no children but have a steady boyfriend. You have come to the counseling and testing center to learn about the HIV-testing process. You are interested in contraception and were planning to go to the family planning clinic, but keep postponing because you worry that the provider will judge you for having sex while not married.

*Client: Offer this information only when the provider solicits it by asking relevant questions.*

**Client Responses When Elicited by Provider**

- your boyfriend recently tested positive for HIV; you have never been tested
- you were treated for a cervical infection a few months ago
- you want to use a contraceptive method now, but are planning to have children in a few years, when the time is right
- you have heavy and sometimes painful periods
- you and your boyfriend occasionally use condoms

**Case 6 – Observer**  
**HIV Counseling/Testing Site – Single Female/Status Unknown**

*Observer: Make note of whether these case-specific issues are addressed during the role-play, along with other counseling topics included in the observation checklist.*

**Case-Specific Issues the Provider Should Address**

- commend the client for coming to learn about HIV testing and explain the importance of knowing one’s HIV status and how testing is conducted
- explain what methods of contraception are available on-site and what methods are available through referral
- explore if her partner was treated for STIs when she was treated for the cervical infection; explain how important it is to use condoms to prevent infection and reinfection, even if she chooses another method for family planning
- if the IUD is her method of choice, explain the role of cervical infections (chlamydia or gonorrhea) in determining medical eligibility for IUD initiation and consider the likelihood of current STIs and how to reliably rule them out;\* if it is determined that she has no current STIs, she may still choose to avoid using an IUD since cramping and pain are common side effects and may make her painful periods worse (while painful or heavy menses is not a contraindication for the IUD, she may find these side effects unacceptable)

**Eligible Methods\***

- male or female condoms (dual protection or dual method use)
- COCs (may also reduce problem periods)
- DMPA
- implants
- fertility awareness-based methods

\* *IUD (if it is possible to reliably rule out chlamydia and gonorrhea)*

**Case 7 – Client  
HIV Counseling/Testing Site – Single Male/HIV+**

**Client Description**

You are a single man, 18 years old, with HIV. You have come to the counseling and testing center for a follow-up visit with a counselor after testing positive for HIV several weeks ago.

*Client: Offer this information only when the provider solicits it by asking relevant questions.*

**Client Responses When Elicited by Provider**

- you have a new girlfriend your age but have not had sexual intercourse with her yet
- you have not told her you have HIV, but you want to protect her from infection and want information on condoms
- you do not have much experience using condoms and feel uncomfortable suggesting them to her
- you have no genital sores or discharge

**Case 7 – Observer  
HIV Counseling/Testing Site – Single Male/HIV+**

*Observer: Make note of whether these case-specific issues are addressed during the role-play, along with other counseling topics included in the observation checklist.*

**Case-Specific Issues the Provider Should Address**

- praise the client for caring about and wanting to protect his partner
- support disclosure and couple counseling
- explain the advantages of delaying intercourse and explain the importance of condom use while HIV-positive and sexually active; provide a condom demonstration and skill-building practice
- if he becomes sexually active with his girlfriend, encourage him to consider and discuss with his partner whether they will rely on condoms for both pregnancy and STI and HIV prevention or whether they would prefer another method for pregnancy prevention along with condoms
- counsel about the availability of emergency contraception for the female partner when a regular method is not used, is used incorrectly, or when an accident occurs (e.g., condom slips off)

**Eligible Methods**

- male or female condoms (to prevent STI and HIV infection and unintended pregnancy)
- possible dual method use (use of a second contraceptive method by the partner)

**Case 8 – Client  
ANC/PMTCT Site – Pregnant Woman/HIV+**

**Client Description**

You are a 22-year-old married woman, four-months pregnant with your second child. At your first antenatal clinic visit six weeks ago, you had an HIV test that came back positive. Since then you have been very worried and confused. You have come to the clinic for your next antenatal visit and hope the provider can help you, but you are afraid to discuss this with the health worker because you feel dirty and ashamed for being HIV-positive.

*Client: Offer this information only when the provider solicits it by asking relevant questions.*

**Client Responses When Elicited by Provider**

- your husband, who is five years older, is a policeman; he sometimes gets drunk, and he has hit you a few times when he was under the influence
- you have been too scared to tell him the results of your HIV test
- you have been avoiding having sex, telling your husband that you do not want to harm the unborn baby; he seems suspicious because you continued to have sex the last time you were pregnant

**Case 8 – Observer  
ANC/PMTCT Site – Pregnant Woman/HIV+**

*Observer: Make note of whether these case-specific issues are addressed during the role-play, along with other counseling topics included in the observation checklist.*

**Case-Specific Issues the Provider Should Address**

Assume that the standard ANC visit has been conducted, including related counseling and evaluation as indicated; then:

- discuss prophylaxis to reduce the risk of MTCT
- discuss partner notification and partner counseling and testing (taking into consideration possible violence); explore with the client who among family and friends could help prevent violence; offer couple counseling and a domestic violence support group if available and agreeable
- offer HIV testing for the older child (unless the client knows she was not infected with HIV during her previous pregnancy and breastfeeding)
- encourage condom use to avoid STI infection or reinfection with HIV during pregnancy
- ensure condom negotiation skills and help her to develop a strategy for talking to her husband about the need to use condoms (e.g., to protect the health of the child); with consent of woman, invite husband to joint counseling
- explore her desire to use family planning after delivery

**Eligible Methods**

- male or female condoms to prevent STI infection and HIV reinfection

**Case 9 – Client**  
**ANC/PMTCT Site – Single Female/HIV+**

**Client Description**

You are a single woman, 25 years old, HIV-positive, with a six-week old baby. During your pregnancy, you were in a PMTCT program and have now come for your six-week follow-up visit. You are devoted to making sure your baby stays healthy.

*Client: Offer this information only when the provider solicits it by asking relevant questions.*

**Client Responses When Elicited by Provider**

- you decided not to breastfeed and are using formula
- you are feeling well and enjoying being a first-time mother – spending many hours caring for your new infant
- you wish to use a family planning method to properly space your next pregnancy – you hope to stay healthy and have at least one more child; you sometimes used condoms before
- you do not live with the baby’s father, but you still see him; you are also sure that he is seeing other women

**Case 9 – Observer**  
**ANC/PMTCT Site – Single Female/HIV+**

*Observer: Make note of whether these case-specific issues are addressed during the role-play, along with other counseling topics included in the observation checklist.*

**Case-Specific Issues the Provider Should Address**

Assume that the standard six-week postpartum visit has been conducted, including counseling and evaluation of the woman and her infant as indicated; then:

- commend her for her efforts to ensure the health of her baby
- emphasize the importance of also using condoms even if another method of contraception is selected
- explore if the client and her partner(s) have disclosed their HIV status to each other, as it may affect method choice and condom negotiation

**Eligible Methods\***

- COCs
- DMPA
- male or female condoms (dual protection or dual method use)
- fertility awareness-based methods (after menses returns and periods are regular)
- implants

\* *IUD (if it is possible to reliably rule out chlamydia and gonorrhea)*

**Case 10 – Client  
ANC/PMTCT Site – Pregnant Married/Discordant Couple**

**Client Description**

You are a 24-year-old pregnant woman. You and your husband, who is HIV-positive, are very happy. You are six-months pregnant with your first child, and you want to prevent HIV infection for yourself and your unborn baby – both now and after the baby is born. You have come to the ANC center to request advice and support.

*Client: Offer this information only when the provider solicits it by asking relevant questions.*

**Client Responses When Elicited by Provider**

- you were tested for HIV when you became pregnant and retested a few weeks ago, and you are negative
- you are planning to breastfeed
- you are arguing with your husband because you refuse to have intercourse until he agrees to use condoms (he dislikes condoms)
- you have never heard of female condoms
- you also want to start making plans for after the birth (e.g., spacing future pregnancies and learning about breastfeeding)

**Case 10 – Observer  
ANC/PMTCT Site – Pregnant Married/Discordant Couple**

*Observer: Make note of whether these case-specific issues are addressed during the role-play, along with other counseling topics included in the observation checklist.*

**Case-Specific Issues the Provider Should Address**

Assume that a standard ANC visit has been conducted, including counseling and evaluation as indicated; then:

- commend her efforts to ensure the health of herself and her baby
- offer to counsel her husband about the need to use condoms to protect her and the baby from HIV, which is particularly important during pregnancy and breastfeeding
- discuss fertility intentions for after this baby is born – how many children, healthy spacing, the need for contraception
- discuss which contraceptive methods are available, when she should start using them after the birth, and where she can get them
- counsel about optimal breastfeeding practices

**Eligible Methods**

During the immediate postpartum period:

- male or female condoms (during pregnancy and as dual protection after the baby is born)
- LAM
- IUD (immediate postpartum insertion)

After six-weeks postpartum:

- DMPA\*
- POPs\*
- Implants\*
- IUD (interval insertion)

\* *In some countries, guidelines allow for initiation of DMPA, POPs, and implants prior to six-weeks postpartum.*

**Case 11 – Client  
Family Planning Site – Woman/HIV+ wants no children**

**Client Description**

You are a 37-year-old married woman with four healthy children. Both you and your husband were diagnosed with HIV three years ago. Your husband is currently being treated for tuberculosis. The staff in the HIV clinic are always nice to you, but you do not think that they would know much about family planning (they have never raised the subject). You are wary of disclosing your status to the providers at the FP clinic and nervous about how they will respond if you tell them that you are HIV-positive.

*Client: Offer this information only when the provider solicits it by asking relevant questions.*

**Client Responses When Elicited by Provider**

- you began taking antiretroviral drugs four months ago; you have been feeling much better and you have resumed having regular sexual relations with your husband
- you and your husband are faithful to each other
- you and your husband have decided against using condoms because you are both HIV positive, but you do not want to become pregnant again
- you used oral contraceptive pills previously, liked them, and would like to start using them again
- your TB tests have been negative

**Case 11 – Observer  
Family Planning Site – Woman/HIV+ wants no children**

*Observer: Make note of whether these case-specific issues are addressed during the role-play, along with other counseling topics included in the observation checklist.*

**Case-Specific Issues the Provider Should Address**

- commend her for disclosing her HIV status
- if the client chooses COCs, inform her that because of possible interactions with ARV drugs, she should be very careful about taking COCs on time and not missing any pills
- inform the client that she may need to switch from COCs to another method if she should become infected with TB and require treatment with rifampicin or rifabutin
- ensure the client’s understanding of long-acting and permanent methods
- explain the benefits of using condoms even when both partners are HIV-positive (also for additional protection from pregnancy in case the effectiveness of COCs is affected by ARVs)

**Eligible Methods**

- COCs (not eligible if ARV regimen includes ritonavir)
- DMPA
- implants
- tubal ligation (for her) or vasectomy (for her husband)
- male or female condoms for dual protection
- IUD (since she seems to be clinically well on ARV therapy)
- fertility awareness-based methods (while medically eligible, these may not be the best options, as these methods rely solely on the client’s ability to use them correctly and have higher rates of failure in typical use)

**Case 12 – Client  
Family Planning Site – Woman/HIV+/Wants No Children**

**Client Description**

You are a 30-year-old mother, HIV-positive, with three children. The youngest is nine-months old. You have come to the family planning clinic to talk with a provider.

*Client: Offer this information only when the provider solicits it by asking relevant questions.*

**Client Responses When Elicited by Provider**

- you and your husband are both HIV-positive; you were diagnosed with HIV four years ago, after your husband tested positive
- you recently began ARV therapy and are feeling better but still somewhat weak
- you are uncertain about having more children (you are not sure if you want more or if you are healthy enough to have more); in the interim, you would like an effective temporary FP method
- you have always had slightly irregular periods with some breakthrough bleeding, but previous evaluations show no problems and you have come to accept this as normal for you
- you exclusively breastfed your infant but stopped at six months

**Case 12 – Observer  
Family Planning Site – Woman/HIV+/Wants No Children**

*Observer: Make note of whether these case-specific issues are addressed during the role-play, along with other counseling topics included in the observation checklist.*

**Case-Specific Issues the Provider Should Address**

- commend her for planning to avoid an unintended pregnancy
- if the client chooses a hormonal method (other than DMPA), counsel her about correct and consistent use to compensate for the possible reduction of effectiveness due to potential interaction with ARVs; consider using condoms for dual protection
- if the IUD is her method of choice, explain that women with AIDS who are taking ARVs must be clinically well at the time of insertion, so she is not eligible at this time
- encourage appropriate nutrition and rest and compliance with ARV therapy
- encourage HIV testing for the children and reinforce the need for immunizations and appropriate nutrition

**Eligible Methods**

- DMPA
- implants
- male or female condoms (depending on commitment by both client and her partner to use them consistently and correctly)
- COCs (not eligible if ARV regimen includes ritonavir)

**Case 13 – Client  
Family Planning Site – Woman/HIV+/Wants to Space Pregnancy**

**Client Description**

You are a 35-year-old mother of three. You have come to the family planning clinic to talk with a provider.

*Client: Offer this information only when the provider solicits it by asking relevant questions.*

**Client Responses When Elicited by Provider**

- you learned that you were HIV-positive at a prenatal visit during your last pregnancy; your husband is aware of your status but has not been tested
- you are faithful to your husband and believe he also has no other partners
- you participated in a PMTCT program where you and the baby received prophylactic treatment with nevirapine
- you are currently exclusively breastfeeding your one-month-old baby
- you are worried about becoming pregnant again and wish to start an FP method; you have never used modern contraception previously
- your husband may want another child in the future
- you are currently on treatment for moderately high blood pressure but otherwise feel fine

**Case 13 – Observer  
Family Planning Site – Woman/HIV+/Wants to Space Pregnancy**

*Observer: Make note of whether these case-specific issues are addressed during the role-play, along with other counseling topics included in the observation checklist.*

**Case-Specific Issues the Provider Should Address**

- commend her for her efforts to ensure the health of her baby
- clarify her understanding of LAM criteria
- if the client chooses LAM, encourage her to make an early decision and plan for which contraceptive she would like to use next
- encourage partner and couple counseling (if woman consents)
- encourage partner testing and explore her partner's attitude toward contraception (she may want to use a method without her partner's knowledge)
- present other FP options, including dual method use, and discuss when they can be initiated\*; provide desired method that will not interfere with breastfeeding; explain the correct use of exclusive breastfeeding, warn against introducing any supplementary foods while breastfeeding and encourage rapid weaning at six months (if acceptable, feasible, affordable, sustainable, and safe replacement feeding is available)

**Eligible Methods**

- LAM
- IUD
- male or female condoms (dual protection or dual method use)

\* *DMPA, POPs, implants (progestin-only methods) should not generally be initiated before six-weeks postpartum unless country guidelines permit earlier postpartum initiation.*

**Case 14 – Client  
Family Planning Site – Woman/HIV+/Wants No Children**

**Client Description**

You are a 35-year-old mother, HIV-positive, with three children. You were having health problems recently and were told at the TB clinic that contraceptive pills may not be effective with the other medicines you are taking. You came to the family planning clinic to talk with a provider about possibly switching to another method.

*Client: Offer this information only when the provider solicits it by asking relevant questions.*

**Client Responses When Elicited by Provider**

- you currently take COCs but cannot continue because of your TB medication (rifampicin)
- you are not taking ARVs
- you think that you would like an IUD because you know someone who is very satisfied with it, but you were told that women with HIV cannot use an IUD
- you do not want any more children
- your husband is also HIV-positive
- you used to have another partner occasionally
- you use condoms with your husband and partner sometimes
- you have lost a lot of weight and are not feeling well

**Case 14 – Observer  
Family Planning Site – Woman/HIV+/Wants No Children**

*Observer: Make note of whether these case-specific issues are addressed during the role-play, along with other counseling topics included in the observation checklist.*

**Case-Specific Issues the Provider Should Address**

- ask about current medications
- explain why the client is currently ineligible for COCs (increased pregnancy risk due to reduced efficacy of COCs from interaction with rifampicin) and the IUD (increased risk of infection if the IUD is inserted in a woman with AIDS who is not on ARVs) and when she may become eligible if she still wants to use one of these methods
- explain the benefit of using condoms even when both partners are positive
- the client is probably a good candidate for ARVs; refer to an ART center to assess her eligibility for treatment

**Eligible Methods**

- DMPA
- male or female condoms (dual protection or dual method use)
- tubal ligation (for her) or vasectomy (for her husband)
- fertility awareness-based methods (while medically eligible, these may not be the best options, as these methods rely solely on the client's ability to use them correctly and have higher rates of failure in typical use)

**Case 15 – Client  
Family Planning Site – Adolescent/HIV+/Wants to Avoid Pregnancy**

**Client Description**

You are a 17-year-old adolescent female who has been referred from the PMTCT clinic for contraception. You were pregnant but miscarried one month ago. You do not know anything about family planning methods.

*Client: Offer this information only when the provider solicits it by asking relevant questions.*

**Client Responses When Elicited by Provider**

- you have had a steady boyfriend for about six months
- you are both HIV-positive
- your boyfriend was taking antibiotics recently after he went to see a doctor at the STI clinic
- you do not use condoms
- you feel healthy
- you would like to have a child, but your boyfriend says he is not ready

**Case 15 – Observer  
Family Planning Site – Adolescent/HIV+/Wants to Avoid Pregnancy**

*Observer: Make note of whether these case-specific issues are addressed during the role-play, along with other counseling topics included in the observation checklist.*

**Case-Specific Issues the Provider Should Address**

- assess the client’s reproductive health goals, fertility intentions, life plans
- ensure her understanding of conception and the menstrual cycle
- if the client wants to avoid pregnancy, review contraceptive options, including emergency contraception
- explain the benefit of using condoms even when both partners are HIV-positive
- offer couple counseling, especially since the partner does not want to have a child yet

**Eligible Methods\***

- COCs
- DMPA
- implants
- male or female condoms (dual protection or dual method use; to prevent unintended pregnancy and HIV reinfection)
- fertility awareness-based methods (if menses has returned and her periods are regular)

\* IUD (if it is possible to reliably rule out chlamydia and gonorrhea)

**Case 16 – Client**  
**Primary Care Site – Woman/Unknown Status with HIV+ Partner**

**Client Description**

You are a 32-year-old married woman with two children. Your husband was admitted to the hospital last year and diagnosed with TB. During the admission, he was also found to be HIV-positive. Since he has been on treatment, his health has improved. Today you brought your 12-month infant to the clinic for a well-baby check-up; you also have some RH concerns, but you are reluctant to discuss these with providers because you fear that they will scold you.

*Client: Offer this information only when the provider solicits it by asking relevant questions.*

**Client Responses When Elicited by Provider**

- your baby has been healthy; you breastfed and recently weaned the baby
- you were concerned that you and your baby might be infected with HIV, but you both seem healthy; you have not had an HIV test – your attitude is, “What is the point? Life will take its course.”
- you have resumed sexual intercourse since your husband’s health has improved; you do not use condoms because neither of you like them – you like the feel of skin-to-skin
- you and your husband have been faithful to each other for many years
- even though there is pressure from both families to have more children, you have both decided that you do not want to have any more children because you do not want to leave any orphans behind

**Case 16 – Observer**  
**Primary Care Site – Woman/Unknown Status with HIV+ Partner**

*Observer: Make note of whether these case-specific issues are addressed during the role-play, along with other counseling topics included in the observation checklist.*

**Case-Specific Issues the Provider Should Address**

Assume that a standard well-baby check-up has been conducted, including counseling and evaluation of the infant as indicated; then:

- commend the client for her efforts to ensure the health of her baby
- explain what methods of contraception are available on-site and what methods are available through referral
- encourage HIV counseling and testing for the client and her children
- ensure the client’s understanding of long-acting and permanent methods
- explain the concept of dual protection and the benefits of using condoms; strongly encourage condom use, particularly since her husband has HIV and she may not

**Eligible Methods**

- tubal ligation (for her) or vasectomy (for her husband)
- male or female condoms for dual protection
- IUD
- implants
- DMPA
- COCs
- fertility awareness-based methods (while medically eligible, these may not be the best options, as these methods rely solely on the client’s ability to use them correctly and have higher rates of failure in typical use)

**Case 17 – Client  
Primary Care Center – Married Female/HIV+**

**Client Description**

You are an HIV-positive, 28-year-old married mother of four children. Your main reason for coming to the health center is for treatment of severe respiratory problems, but you have concerns about avoiding an unintended pregnancy as well.

*Client: Offer this information only when the provider solicits it by asking relevant questions.*

**Client Responses When Elicited by Provider**

- you are afraid that you have tuberculosis
- your symptoms include chest pain, productive cough, shortness of breath, fever, and feeling tired and weak
- you believe your husband has a girlfriend
- you were using COCs but kept forgetting to take them on time; that is how you became pregnant last time
- you and your husband have decided that four children are enough
- you want a method that you can use without having to bother with it all the time
- your husband does not know your HIV status; to your knowledge, he has not been tested
- you tested HIV-positive when you delivered your last child; the infant received prophylaxis at birth, was exclusively breastfed for six months, and tested negative for HIV at eighteen months

**Case 17 – Observer  
Primary Care Center – Married Female/HIV+**

*Observer: Make note of whether these case-specific issues are addressed during the role-play, along with other counseling topics included in the observation checklist.*

**Case-Specific Issues the Provider Should Address**

Assume that the primary reason for her visit has been addressed, including counseling, evaluation, and treatment or referral as indicated; then:

- discuss contraceptive options with an emphasis on methods that offer the most reliable, long-term protection
- encourage follow-up to determine her eligibility for ARV therapy
- encourage HIV testing for her partner and older children
- offer support in disclosing her status to her husband

**Eligible Methods**

- implants
- DMPA
- tubal ligation (for her, after the respiratory infection is resolved) or vasectomy (for her husband)
- male or female condoms (to prevent possible reinfection; use in addition to another contraceptive method)
- COCs (although the client specified that she does not want a method that requires daily action, she is still medically eligible for COCs unless she is diagnosed with TB and is prescribed rifampicin or rifabutin)

*Note: There is not enough information to determine eligibility for an IUD (need to rule out AIDS).*

**Case 18 – Client  
Primary Care Center – Single Male/Unknown Status**

**Client Description**

You are a 16-year-old male student going to a school dance with your girlfriend tomorrow. You go to the health center for advice during the special clinic hours set aside for adolescents.

*Client: Offer this information only when the provider solicits it by asking relevant questions.*

**Client Responses When Elicited by Provider**

- you have been dating your girlfriend for the entire school year and have been very intimate but have not had sex
- you think you might be ready for sex soon, but you and your girlfriend have not discussed it
- you are not ready for a family, so you want to take precautions against pregnancy
- you are interested in getting circumcised because your friends have read in the paper that circumcised men cannot get HIV; this sounds good because the preacher at your church says that condoms are sinful and do not prevent HIV
- neither you nor your girlfriend have had an HIV test
- neither you nor your girlfriend have had sexual intercourse before

**Case 18 – Observer  
Primary Care Center – Single Male/Unknown Status**

*Observer: Make note of whether these case-specific issues are addressed during the role-play, along with other counseling topics included in the observation checklist.*

**Case-Specific Issues the Provider Should Address**

- ensure the client’s understanding of conception and how STI and HIV infection occurs
- explore what the client means by “been very intimate, but not had sex”
- explain the benefits of delaying sexual intercourse and encourage him to continue abstaining
- explain that if, after careful consideration, they decide to have sex, there are ways to minimize the risk of pregnancy and STIs and HIV
- offer couple counseling
- explain that circumcised men can get HIV but not as easily as uncircumcised men; to avoid infection, circumcised men still need to use condoms properly, every time they have sex; when used properly, every time, condoms provide reliable protection against HIV; refer him for circumcision if acceptable and available
- explain that condoms can be used to prevent both STI and HIV infection and pregnancy
- counsel about the availability of emergency contraception for female partners when a regular method is not used, is used incorrectly, or when an accident occurs (e.g., condom slips off)
- demonstrate how to use condoms; allow the client to practice putting a condom on a model until he feels confident and can demonstrate it correctly; supply condoms as needed

**Eligible Methods**

- male condoms (for dual protection against pregnancy and STIs) or partner can use female condoms plus any other method (except sterilization, if she wants children in the future)

**Case 19 – Client  
Primary Care Center – Single Male/Unknown Status**

**Client Description**

You are a 21-year-old man studying at university. You have recently had sex and are in considerable pain or you would not come to the health clinic. You are uncomfortable and vague with the provider about what is bothering you and say that you have been having some painful diarrhea and problems “down there.”

*Client: Offer this information only when the provider solicits it by asking relevant questions.*

**Client Responses When Elicited by Provider**

- you are very embarrassed to discuss your problem with anyone
- you do not want anyone to know that last week you had sex with a man and have done so twice before
- you have also had sex a few times with your ex-girlfriend; it was good, but it was not as exciting as when you have done it with men
- you have painful sores in the anal area
- you have no sores on the penis or penile discharge
- you have never had these symptoms before
- you do not currently have a regular partner
- you have never used condoms
- you have not had an HIV test and are afraid to have one

**Case 19 – Observer  
Primary Care Center – Single Male//Unknown Status**

*Observer: Make note of whether these case-specific issues are addressed during the role-play, along with other counseling topics included in the observation checklist.*

**Case-Specific Issues the Provider Should Address**

Assume that the primary reason for his visit has been addressed, including counseling, evaluation, and treatment or referral as indicated; then:

- ensure his understanding of STIs and HIV and the risks associated with various sexual behaviors
- discuss the advantages and disadvantages of HIV testing and offer HIV testing or referral
- explain the risks for unintended pregnancy if he has unprotected sex with women
- counsel about the need to use condoms with all sexual partners (men and women) to prevent STIs and HIV; emphasize that unprotected anal sex carries a high risk of HIV transmission
- counsel about the availability of emergency contraception for female partners when a regular method is not used, is used incorrectly, or when an accident occurs (e.g., condom slips off)
- demonstrate how to use condoms; allow the client to practice putting a condom on a model until he feels confident and can demonstrate it correctly; supply condoms as needed
- examine and treat appropriately or refer for STI care
- encourage examination and treatment for partner(s)

**Eligible Methods**

- condoms (to prevent STI and HIV infection with all partners and unintended pregnancy with female partners)

**Case 20 – Client  
Primary Care Center – Single Female/HIV+**

**Client Description**

You are a 29-year-old mother. You work in a bar and sometimes have sex for money so you can feed your two children. Your husband left you when he found out you were HIV-positive last year. You have come to the health center to get medicine for a sore in your vagina.

*Client: Offer this information only when the provider solicits it by asking relevant questions.*

**Client Responses When Elicited by Provider**

- you do not use condoms because some men have threatened not to pay for sex if you do
- you do not use contraception because your periods are not regular and you think you cannot get pregnant
- you definitely do not want another child

**Case 20 – Observer  
Primary Care Center – Single Female/HIV+**

*Observer: Make note of whether these case-specific issues are addressed during the role-play, along with other counseling topics included in the observation checklist.*

**Case-Specific Issues the Provider Should Address**

Assume that the primary reason for her visit has been addressed, including counseling, evaluation, and treatment or referral as indicated; then:

- inquire about irregular periods to determine if it is a common pattern or it is unusual and may be indicative of a health condition
- offer information on fertility and available contraceptive methods, including emergency contraception when a regular method is not used, is used incorrectly, or when an accident occurs (e.g., condom slips off)
- discuss the need for condom use and help with negotiation skills
- examine and treat appropriately or refer her for STI care
- link her with social services for possible alternative income-generating skills

**Eligible Methods**

- male or female condoms (for dual protection against pregnancy and STIs)
- COCs
- DMPA
- implants
- tubal ligation

## Training Resource 10.5. Counseling Observation Checklist

Case: \_\_\_\_\_ Provider: \_\_\_\_\_ Client: \_\_\_\_\_ Observer: \_\_\_\_\_ Date: \_\_\_\_\_

Overall	Yes	No	N/A		Yes	No	N/A
Establishes and maintains rapport .....				<b>Facilitate Informed Decision-making and Problem-solving</b>			
Shows respect and is nonjudgmental .....				Facilitates analysis of options in context of client's situation .....			
Uses simple, clear language .....				Determines if medically eligible or appropriate .....			
Actively listens to client .....				Reaches agreement on decision or plan in collaboration with client .....			
Attends to client's emotional needs .....				<b>Provide Assistance to Support Client's Decision</b>			
Encourages client participation .....				Helps to plan, rehearse, carry out decision .....			
Explains what will occur during session or procedure .....				Provides contraceptive method and instructions on correct use .....			
Ensures client understanding and corrects misunderstandings .....				Reinforces correct use, including when to return .....			
Uses appropriate nonverbal communication (body language) .....				Gives instructions and demonstrates correct condom use .....			
Ensures confidentiality and privacy .....				Corrects and reinforces demonstration of condom use by client .....			
Offers to involve client's partner (as appropriate) .....				Gives condoms .....			
Uses job aids appropriately (if available) .....				Gives treatment, supplies, medications (as indicated) .....			
<b>Assess Client's Needs and Concerns</b>				Ensures comprehension of facts and implications .....			
Asks about reason for visit .....				Arranges follow-up visit for supplies, health check, etc. ....			
Asks about client's partner(s), children, family relationships .....				Offers referral to support group (if applicable) .....			
Reviews RH goals and concerns (fertility intentions, FP, STIs) .....				Arranges referral to outside services (for client or partner as applicable) .....			
Explores sexual behavior and risks, sexuality, physical changes .....				<b>Case-Specific Observations or Questions:</b>			
Queries pregnancy status and other pertinent medical history .....				.....			
Identifies areas to evaluate during physical exam (if indicated) .....				.....			
<b>Provide Information and Options Related to Client's Concerns</b>				.....			
Advises on safer sex, STI and HIV prevention .....				.....			
Advises on achieving desired pregnancy as safely as possible .....				.....			
Advises on use of contraceptive methods and preventing pregnancy .....				.....			
Advises on client's other identified issues or concerns .....				.....			

Training Resource 10.5. Provider Counseling Guide for Role Plays

*Instructions: Photocopy, cut along dotted lines, and distribute to participants playing the role of the provider to review prior to the role-play.*

<p>Provider Counseling Guide for Role Plays</p>	<p>Provider Counseling Guide for Role Plays</p>
<p>During the role-play, pretend that you are meeting a client for the first time. Remember to:</p> <ul style="list-style-type: none"> <li>• assess his or her RH goals and concerns and fertility intentions</li> <li>• address the primary and secondary reason(s) for the client’s visit</li> <li>• facilitate a decision-making process with the client</li> <li>• as appropriate, integrate information and services related to family planning</li> <li>• assist the client to act on her or his decision(s)</li> </ul> <p>As much as possible, incorporate knowledge and skills related to the counseling process, content, and techniques previously reviewed.</p>	<p>During the role-play, pretend that you are meeting a client for the first time. Remember to:</p> <ul style="list-style-type: none"> <li>• assess his or her RH goals and concerns and fertility intentions</li> <li>• address the primary and secondary reason(s) for the client’s visit</li> <li>• facilitate a decision-making process with the client</li> <li>• as appropriate, integrate information and services related to family planning</li> <li>• assist the client to act on her or his decision(s)</li> </ul> <p>As much as possible, incorporate knowledge and skills related to the counseling process, content, and techniques previously reviewed.</p>
<p>Provider Counseling Guide for Role Plays</p>	<p>Provider Counseling Guide for Role Plays</p>
<p>During the role-play, pretend that you are meeting a client for the first time. Remember to:</p> <ul style="list-style-type: none"> <li>• assess his or her RH goals and concerns and fertility intentions</li> <li>• address the primary and secondary reason(s) for the client’s visit</li> <li>• facilitate a decision-making process with the client</li> <li>• as appropriate, integrate information and services related to family planning</li> <li>• assist the client to act on her or his decision(s)</li> </ul> <p>As much as possible, incorporate knowledge and skills related to the counseling process, content, and techniques previously reviewed.</p>	<p>During the role-play, pretend that you are meeting a client for the first time. Remember to:</p> <ul style="list-style-type: none"> <li>• assess his or her RH goals and concerns and fertility intentions</li> <li>• address the primary and secondary reason(s) for the client’s visit</li> <li>• facilitate a decision-making process with the client</li> <li>• as appropriate, integrate information and services related to family planning</li> <li>• assist the client to act on her or his decision(s)</li> </ul> <p>As much as possible, incorporate knowledge and skills related to the counseling process, content, and techniques previously reviewed.</p>

## Session 11: Creating and Maintaining a Safe and Efficient Work Environment

### Objectives

Participants will:

- Describe standard precautions applicable in clinical settings.
- Assess their individual occupational risk for HIV, including risk reduction strategies that should be in place.
- Assess how integrating FP services affects standard precautions currently in place and what measures may need to be added.
- Describe the management of occupational exposure to HIV.
- Describe measures to minimize stress and enhance support for health workers in integrated service settings.
- Develop a plan to facilitate the transfer of knowledge and skills from the training to their workplace, with a focus on clarifying changes in job expectations with supervisors and colleagues; clarifying procedures for record-keeping, resupply, and referral related to the new services; and creating mechanisms for practicing, using, and maintaining new skills.

**Optional objective:** Participants will be able to track, refer, report, log, order, and maintain supplies for new services [note: training about how to use forms related to new services will require advance planning and the availability of revised record-keeping forms]. Alternatively, interim record-keeping tools, e.g., log or register book to track FP service activities, can be introduced.

### Methods

Brainstorming

Discussion

Presentation

Action and work planning

### Materials

Flip chart paper, markers, masking tape

Information on standard precautions, post-exposure care and prophylaxis, and coping with stress (included in the *Participant Manual*, pages 94–100)

Prepared flip charts (definition of standard precautions, discussion questions regarding standard precautions, questions and considerations for action plans)

PowerPoint presentation 20. Postexposure Care and Prophylaxis for Providers

Training Resource 11.6. Sample Completed Action Plan (included in the *Participant Manual*, page 101; extra blank copies may also be needed)

**Advance preparation for optional activity:** *Identify a trainer or a supervisor with expertise in record-keeping and management information systems (MIS) for family planning and integrated RH services to conduct the session. Collect appropriate FP service delivery statistics forms and FP records (one copy for each participant). Develop simple sample cases for an MIS-form-completion exercise, if these do not already exist. Where there are no daily record-keeping forms available, offer suggestions for capturing daily FP activities within the integrated service setting; develop a plan with a supervisor and a senior level administrator to combine FP-related data collection and reporting with data collection and reporting for HIV-related services.*

### Duration

3+ hours (total time depends on whether the optional objective is included in the training)

Objectives	Session Plan and Activities
<p>Describe standard precautions applicable in clinical settings.</p> <p><i>Allow: 30 minutes (discussion)</i></p>	<p><b>Activity 11.1</b></p> <ol style="list-style-type: none"> <li>1. Introduce the exercise by acknowledging that many health workers are concerned about their individual risk of exposure to HIV when providing services to clients with HIV. This activity reviews the standard precautions that will prevent transmission of HIV and other infections.</li> <li>2. Display the prepared flip chart showing the definition of standard precautions:  A broad set of recommendations designed to help minimize the risk of exposure to infectious material, such as blood and other body fluids. Standard precautions help break the disease transmission cycle at the “mode of transmission” step and decrease the risk of infection transmission to both clients and health care workers.   Ask participants to share how this definition compares with their understanding of the term. Ask participants, “What clinical practice recommendations do they use in their facilities to reduce exposure to hazardous materials?” Record their responses on a flip chart. Prompt for these responses: hand washing, wearing gloves and eye protection, standard processing of instruments, handling sharps with care, appropriate cleaning and waste disposal, and proper processing of linen.</li> <li>3. Review how to maintain a clean and safe clinic environment. For each recommendation mentioned above (i.e., hand washing, gloves, eye protection, etc.) conduct a large-group discussion to answer these questions (post the prepared flip chart): <ul style="list-style-type: none"> <li>- How does it protect against infection?</li> <li>- What is the correct procedure? Can you describe or demonstrate it?</li> <li>- What are the challenges to implementing the procedure?</li> </ul> </li> <li>4. Encourage the participants to review the section in the <i>Participant Manual</i>, Creating and Maintaining a Safe and Efficient Work Environment, Standards and Precautions in Health Care Settings, pages 94–96, which describes each standard precaution in more detail. While reviewing the information in the <i>Participant Manual</i>, be sure to emphasize that transmission of HIV in clinical settings, which mostly happens through blood-to-blood contact such as through broken skin, is rare. Remind participants that the standard precautions apply to all bacterial and viral infections, many of which are more contagious than HIV – such as Ebola (transmitted through any body fluid) and the common cold (transmitted through touch and through air). Thus, the standard precautions assume that everyone is infected with harmful, highly contagious germs and that others can be easily infected. However, the actual risk of HIV transmission is small, and following the standard precautions is adequate for preventing its spread.</li> </ol>

Assess their individual occupational risk for HIV, including risk reduction strategies that should be in place.

Assess how integrating FP services affects standard precautions currently in place and what measures may need to be added.

*Allow: 30 minutes (discussion/sharing)*

### **Activity 11.2**

1. Introduce this activity by acknowledging that even after reviewing the standard precautions, some participants may still have concerns about their occupational risk of exposure to HIV. This activity will more closely examine participants' individual occupational risk and evaluate the risk reduction strategies that should be in place as new services are added.
2. Separate the participants into small groups of three to four participants by facility or district and, if possible, ensure they are clustered based on the services that they currently provide and the contraceptive methods that they will offer.
3. Ask each group to confer about the following issues; post them on a prepared flip chart where all groups can see them:
  - List the procedures and services that you currently offer that may put you at risk of HIV and what you do to reduce this risk. Recall the standard precautions currently employed at your facility (refer to the flip chart created in the previous activity).
  - Consider what precautions may need to be added based on the FP methods you will be providing (e.g., precautions for safe injections if they will offer DMPA; precautions for processing pelvic exam instruments if they will conduct IUD insertions; and precautions for inserting and removing implants, or conducting tubal ligations and vasectomies).
  - List the additional supplies, equipment, and training needs that will be required in your facility to implement these additional precautions (e.g., gloves, containers to clean and boil instruments, alcohol, disinfectant, job aids that describe processes).
  - What concerns, if any, do you anticipate with implementation and what can be done to address these?
4. Allow groups 20 minutes to discuss the issues. Ask one group to share with the other participants the additional precautions that will be required for the newly added FP services, the anticipated problems or concerns in implementing these precautions, and their suggestions for addressing the problems or concerns. Ask participants from other groups if they have any other suggestions. Ask the next group to share their additional precautions and anticipated problems or concerns, and repeat the process until each group has presented. If a group raises a concern based on erroneous information, correct the misunderstanding. *Note: Keep in mind that concerns over standard precautions will apply only to settings that add particular FP services. Those who will provide only FP counseling or contraceptive options such as condoms and COCs will not need any additional precautions and thus should not have any concerns.*
5. Conclude the activity by reminding the participants that standard precautions should be used with all clients regardless of their known or presumed infection status. The standard precautions are simple, practical, and can be implemented everywhere. When standard precautions are followed, the individual risk of exposure to infections is reduced. Each individual is responsible for helping to create and maintain a safe environment for the benefit of colleagues and clients.

	<p>6. Conclude the day's events by asking participants which activities they found most pertinent for their work and suggest that they make notes on their action plans as applicable. Encourage participants to review the information in the <i>Participant Manual</i> related to the objectives addressed during the day's activities.</p>
<p><b>DAY 5</b></p>	
<p>Describe the management of occupational exposure to HIV.</p> <p><i>Note: Since the risk of occupational exposure through provision of contraception is minimal, this objective is recommended only for participants providing injectables, IUDs, implants, tubal ligations, or vasectomies.</i></p> <p><i>Allow: 30 minutes (discussion/presentation)</i></p>	<p><b>Activity 11.3</b></p> <ol style="list-style-type: none"> <li>1. Welcome the participants and ask if there are any questions from the previous activities. Review the agenda for the day and remind participants that the ground rules are still applicable (e.g., turn off cell phones).</li> <li>2. Introduce this activity by acknowledging that even when standard precautions are in place and observed by health workers, accidents do sometimes occur. When they do, it is important to have a plan in place to manage cases of occupational exposure to HIV.</li> <li>3. Conduct a discussion with the entire group. Ask the following questions: <ul style="list-style-type: none"> <li>- Describe a situation you know of where a provider suffered a sharps injury at work.</li> <li>- Do you have guidelines for what to do in case a provider is potentially exposed to HIV?</li> <li>- What do you do if you are exposed to HIV at your workplace?</li> <li>- Given what you currently do, what are the situations that may expose you to HIV (e.g., giving injections, drawing blood, performing deliveries)?</li> <li>- If you are adding new FP services, how will your risk of exposure change?</li> </ul> <p>Solicit as many responses as possible to each question and record the responses on a flip chart. Record only the relevant responses; if a participant offers a suggestion that is incorrect, clarify why this is not the case and do not put it on the flip chart.</p> </li> <li>4. Use PowerPoint presentation 20. Postexposure Care and Prophylaxis for Providers (8 slides) to present information about the risks of being infected with HIV after occupational exposure and the procedures to be followed after possible exposure, including immediate care and evaluation to determine if prophylaxis with ARV drugs is warranted. Adapt the presentation as appropriate to include any additional guidance used in the country or at the facilities where the participants work. Use the questions included in the speaker notes of the PowerPoint presentation to discuss with participants their understanding of the risk of occupational exposure and their knowledge of the guidelines for postexposure prophylaxis at their facility.</li> <li>5. Encourage the participants to review the section in the <i>Participant Manual</i>, Post-exposure Care and Prophylaxis for Injured Health Care Staff, pages 97–99 for more detailed information.</li> <li>6. To conclude this activity, remind participants that the risk of occupational exposure to HIV is very low. But, in the event of exposure, simple procedures can be followed that reduce the risk of infection. The provision of most contraceptive methods involves little or no risk of exposure to HIV.</li> </ol>

Describe measures to minimize stress and enhance support for health workers in integrated service settings.

*Note: Clarify that this activity will focus on stress from new or added responsibilities in clinics that are already busy and dealing with chronic and sometimes fatal illness. Providers may also experience stress from other sources (e.g., personal and family-related causes) which cannot be addressed in this exercise.*

*Allow: 45 minutes (brainstorming/discussion)*

**Hint for adaptation:** *This activity should be discussed in advance with the facility supervisors. Many of the factors contributing to workplace stress will be systems challenges that exist before integration is initiated. Initiating some problem-solving measures to resolve these issues before attempting to integrate services may be a desirable approach.*

#### **Activity 11.4**

1. Introduce this activity by acknowledging that health workers experience stress from a variety of sources in the workplace and that unmanaged stress can be detrimental to workers and their clients.
2. Conduct a discussion with the entire group. Ask participants to brainstorm the major sources of stress in their workplace and the emotions that accompany stressful situations.
3. Record the responses in a table format on multiple sheets of flip chart paper. Label the first column, “Sources of Stress” and the second column, “Emotions Experienced.” Leave space on the flip chart for a third column but do not label it yet.

*Responses to “Sources of Stress” may include:* heavy work load, sharing bad news with clients, pressure to share lots of information or conduct procedures with clients in a short period of time, supply shortages, absence of infrastructure for referrals, staff turnover, coworkers who do not adhere to standard precautions and procedures, absent or weak supervisory support, negative attitudes among staff, negative attitudes within the community, or stigma against providers or the facility because of services offered.

*Responses to “Emotions Experienced” may include:* confusion, fatigue, exhaustion, impatience, frustration, anger, impotence, boredom, burnout, sadness, ambivalence, competition, envy, fear, and (sometimes) satisfaction when stressful challenges are successfully addressed.

4. Continue to probe until all the major sources of stress and emotions are identified.
5. Conduct a discussion to identify possible solutions for improving these situations and maintaining the well-being of providers at your facility. Label the third column of the chart “Possible Solutions” and record the participants’ suggestions.

*Responses to “Possible Solutions” may include:* weekly provider-support groups for discussing difficult cases; regular discussions between providers and supervisors to review and streamline administrative procedures; alternating or flexible schedules so that more providers are available at the busiest times; health talks and patient brochures and posters to inform groups of clients and reduce some of the need for information sharing during individual counseling sessions; periodic observation and review by supervisors to ensure that health workers are meeting job expectations; outreach programs to improve community understanding; job aids and posters that encourage providers to be optimistic about HIV care and treatment – people can live positively and there is hope for the future as additional treatments become available.

6. Conclude this session by encouraging participants to review (in their own time) the related section in the *Participant Manual*, Recognizing and Coping with Stress in Health Care Settings, page 100 and consider how to overcome negative emotions and stress-related issues. Remind participants that it may be possible for them to implement some of the solutions they have proposed by including them in the action plan that they will develop during the closing session.

<p><b>Optional objective:</b> Participants will be able to track, refer, report, log, order, and maintain supplies for new services.</p> <p><i>(duration depends on complexity and number of procedures and forms)</i></p>	<p><b>Activity 11.5</b></p> <ol style="list-style-type: none"> <li>1. Introduce this activity by acknowledging the importance of accurate reporting in the provision of high quality, integrated services. Remind participants that as expectations regarding their jobs expand, so do the reporting requirements for ensuring that new services are seamlessly integrated.</li> <li>2. Share copies of the new or revised reporting forms and related administrative procedures with the participants.</li> <li>3. Review each administrative procedure and related form(s) one at a time and discuss how the forms should be completed and processed. Use appropriate case studies to demonstrate procedures and the proper manner for completing the form(s). Discuss the various data indicators included in the forms so that participants understand and appreciate how the data will be used in the decision-making and administrative process. Participants may be more motivated if they understand how reporting can contribute to improved client care by facilitating monitoring and evaluation of client treatment and progress, including improved continuity of care; ensuring the availability of ample commodities, supplies, and equipment; and ensuring that appropriate budgets are developed for the financial obligations of the services provided and forecasted as a result of careful tracking and decision-making.</li> <li>4. Encourage participants to ask questions, including questions about cases in their own practice, and ensure that they understand how to report the cases correctly using the revised forms.</li> </ol>
<p>Develop a plan to facilitate the transfer of knowledge and skills from the training to their workplace, with a focus on clarifying changes in job expectations with supervisors and colleagues; clarifying procedures for record-keeping, resupply, and referral related to the new services; and creating mechanisms for practicing, using, and maintaining new skills.</p> <p><i>Allow 60 minutes (development and review of plans)</i></p>	<p><b>Activity 11.6</b></p> <ol style="list-style-type: none"> <li>1. Introduce this activity by reminding participants that the purpose of learning new knowledge and skills is so they can use them in their workplace. Developing an action plan can facilitate the transfer of knowledge and skills to their day-to-day work.</li> <li>2. Instruct participants to complete an individual plan using blank copies of the action plan, which can be found in the <i>Participant Manual</i>, page 102. Encourage participants to work individually, in pairs, or in small-group clusters based on where they work. Suggest that participants use pencil when writing their action plans so that they can adjust it as necessary.</li> <li>3. Review with the participants Training Resource 11.6. Sample Completed Action Plan, found in the <i>Participant Manual</i>, page 101. Review the sample plan briefly with the participants, highlighting the important features (e.g., overall goal is something that the individual can actually achieve, the plan reflects a systematic approach to implementing changes, the steps reflect increments that contribute to the whole, the plan describes the resources necessary to achieve results).</li> </ol>

	<p>4. Encourage participants to consider the following questions as they complete their plans. Post these questions on flip chart paper to prompt participants.</p> <ul style="list-style-type: none"><li>– What steps will help you acquire support from your supervisor or colleagues to implement the changes?</li><li>– What needs to happen within your clinic to implement integrated services? Are they things that you are directly responsible for or do you need assistance from your supervisor or colleagues?</li><li>– What is the optimal order of the steps required to bring about the changes?</li><li>– How can you incorporate continued practice and coaching for skills that you have not yet mastered?</li><li>– What is a reasonable time frame for implementing the changes?</li><li>– What activities from the training can you use to develop your plan (e.g., point-of-contact maps, process and content adaptations for counseling sessions, standard precautions, or workplace stress solutions)?</li></ul> <p>5. Encourage participants to discuss their action plans with their supervisors and colleagues when they return to their workplaces. Remind participants that the more others are aware of your goals, the more likely they are to assist and support you.</p>
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## Action Plan

**Instructions:** If possible, meet with your supervisor prior to the start of the training course and agree on expectations of the course and anticipated changes in your job/responsibilities post-training. During the training activities, consider how you will apply what you learn back at your workplace and use this sheet to document your step-by-step plan of action.

**Learner:** Mary Catherine

**Training Intervention:** FP/HIV Integration Training **Date:** 9-13 April 2007

**Supervisor:** Mrs. Matatu

**Trainer:** Miss Sokoma

**Co-workers:** Florence, Jedida, Pauline, Fatu (*attended training with me and co-developed action plans*)

**Integrate FP counseling and contraceptive method provision with other services offered to clients.**

**Problems to Overcome:** (*Describe the barriers that must be eliminated or reduced and how this will be done.*)

Finalize procedures for integrating services through discussions with supervisor and facility administrators.

Update procedure manual and orient other clinic staff to ensure high-quality client care.

Step	Detailed Specific Actions in Sequence <i>(Include regular progress reviews with the support team as part of specific actions.)</i>	Responsible persons	Resources	Date/Time	Changes to Look For
Step 1	Participate in post-training meeting to review and endorse individual/group action plan (co-workers who attended training); compare with procedure manual.	support team including trainer	action plan, procedure manual	April 16 <sup>th</sup> 3pm	plans and procedure manual complementary; team roles and actions clarified
Step 2	Procure supplies of condoms, COCs, and ECPs; request FP posters to hang on wall in waiting area.	Mrs. Matatu	requisition forms	April 17 <sup>th</sup>	completed requisition forms submitted
Step 3	Update procedure manual to reflect revised expectations about offering FP counseling and methods.	Mrs. Matatu (w/ trainees' assistance)	procedure manual, job aids	April 17 <sup>th</sup> - 20 <sup>th</sup>	updated procedure manual and revised job aids available
Step 4	Arrange space for FP counseling in client exam rooms. Collect FP method samples; place in boxes in counseling spaces with referral forms, flip charts, client brochures.	Mary, Mercy, Mrs. Matatu	boxes, charts, FP methods, brochures, referral forms	April 17 <sup>th</sup> - 18 <sup>th</sup>	samples, flip charts, forms, client brochures ready for use in rooms where clients are seen
Step 5	Review counseling job aids and resources from training course and conduct practice sessions with another co-worker from training course.	Mary and Jedida	job aids and reference materials from training course	April 19 <sup>th</sup> 3pm	demonstrate confidence and preparedness during practice counseling session
Step 6	Conduct supervised counseling session with client who expresses interest in family planning.	Mary and Mrs. Matatu	client consent for observation; counseling checklist	April 20 <sup>th</sup> (or whenever a client is available)	providing accurate FP information in a culturally appropriate manner
Step 7	Stock shelves in supply cabinet with supplies of condoms, COCs, and ECPs.	Mrs. Matatu and stock clerk	condoms, COCs, ECPs and inventory tracking cards	April 20 <sup>th</sup>	supply cabinet stocked with FP methods and inventory tracking system updated
Step 8	Conduct training follow-up meetings with trainer and supervisor.	Ms. Sokoma, Mrs. Matatu, Mary	action plan, individual journal	April 23 <sup>rd</sup>	outstanding technical questions clarified
Step 9	Conduct staff orientation meeting(s) to inform and discuss procedural changes with staff involved in providing integrated services.	Mrs. Matatu (w/ trainees' assistance)	procedure manual, job aids	April 23 <sup>rd</sup> 3pm	staff prepared to implement revised procedures
Step 10	Hang FP posters on wall in waiting area.	Florence	two posters from district health team	April 24 <sup>th</sup> 8am	presence of posters that encourage clients to ask providers about FP
Step 11	Conduct health talk on benefits of family planning and inform clients of the new services being offered at the facility.	Mary, Florence, and Fatu	FP method flip chart and client brochures	April 24 <sup>th</sup> 9am	clients informed about the benefits of FP and new services offered at clinic
Step 12	Offer FP services to clients who are interested.	trained providers	as specified in previous steps	official start date: April 24 <sup>th</sup>	staff providing accurate, culturally appropriate FP information/services
Step 13	Include integrated services on agenda item at regular bi-weekly staff meetings to troubleshoot problems, provide feedback, and adopt changes.	Mrs. Matatu	observation and suggestion log or individual journals	May 4 <sup>th</sup> 18th June 1 <sup>st</sup> 15 <sup>th</sup> and 29 <sup>th</sup> 3pm	mechanism established for ensuring integrated services are maintained at a high level of quality
<p><b>Commitment of Support Team/Network:</b></p> <p>I support the action plan described above and will complete the actions assigned to me. If I am unable to complete an activity, I will help make arrangements to modify the plan accordingly.</p>					
Signature of learner: <i>Mary Catherine</i>		Date: 16 April 2007			
Signature of supervisor: <i>Lilian Matatu</i>		Signature of trainer: <i>Terese Sakuma</i>			
Signatures of co-workers: <i>Florence, Jedida</i>		<i>Pauline, Fatu</i>			

## Training Resource 11.6. Sample Completed Action Plan

**Instructions:** Encourage participants to review the sample action plan in their manual and begin work on their own individual or group plan.

## Session 12: Post-test and Wrap Up

### Objectives

Participants will:

- Discover their level of understanding of course topics after exposure to training activities and materials.

### Methods

Questions and answers

Post-test

Discussion

### Materials

White cards (at least one for each participant)

Knowledge post-test (one for each participant)

Answer key (several copies for participants to share)

Course evaluation form (one copy for each participant; select from one of the samples provided, adapt it for your purposes, or use one of your own)

### Duration

1¼ hours

Objectives	Session Plan and Activities
<p>Discover the level of understanding of course topics after exposure to training activities and materials.</p> <p><i>Allow: 5 minutes (questions) 45 minutes (knowledge test) 15 minutes (answers) 10 minutes (wrap-up)</i></p>	<p><b>Activity 12.1</b></p> <ol style="list-style-type: none"> <li>1. Distribute one white card to each participant.</li> <li>2. Ask participants to write on the card one question that they still have or an issue on which they would like further clarification.</li> <li>3. Collect the cards from participants.</li> </ol> <p><b>Activity 12.2</b></p> <ol style="list-style-type: none"> <li>1. Introduce the post-test to the participants. It is the same test used at the beginning of the training. Remind participants to include their code on the top of the test page. Encourage the participants to do the best they can; if there are answers that they do not know, they may want to review that section of their manual again after they return home.</li> <li>2. Distribute one copy of the test to each participant. Allow 45 minutes for them to complete the test.</li> <li>3. Collect the completed tests. Use Training Resource 1.3. Knowledge Pre-/Post-Test Answer Key to score the tests while the other participants are finishing the tests and taking a break. If there is not sufficient time to score the tests and participants are curious to learn how they scored, you may want to share copies of the answer key with them to self-score the test. This activity should be done quietly and away from participants who are still taking the test. If possible, provide time to return tests and have participants find the answers in their reference materials; clarify lingering questions as needed. Ensure that all tests and answer keys are returned at the end of the activity.</li> </ol> <p><b>Activity 12.3</b></p> <ol style="list-style-type: none"> <li>1. Give the question cards that participants wrote before taking the post-test to one of the participants. Instruct the participant to read the question from the card on the top of the pile and answer it. If the participant cannot provide the correct answer, ask the group to try to answer. If no one knows or they give a partial or incorrect response, clarify.</li> <li>2. Continue passing the stack of cards from participant to participant until all the questions have been addressed.</li> <li>3. Remind participants that as they start practicing, they will continue to have questions. It is a normal part of learning. They should continue to write down questions and seek answers from coworkers, during support</li> </ol>

groups, from supervisors, or from more experienced colleagues. Also, encourage participants to write down interesting cases or situations and share them with colleagues during meetings and support groups or even in the hall at work. Remind participants that information about HIV is still developing, and it is important to keep up with new developments as these will affect how you treat clients.

4. If there is an ongoing support mechanism after the training, explain how participants can use it to answer questions or concerns and receive technical assistance once they return to their workplaces. If no support mechanism is available, at least provide the contact information of a trainer or subject matter expert who is willing to help.

**Activity 12.4**

1. Distribute copies of the course evaluation form (from one of the options provided or an existing form used by your department) to each participant. Encourage them to provide honest and constructive feedback – the more detail they can provide, the better. Their feedback is a very important component for improving the course.
2. Thank the participants for their enthusiasm and participation during the training and encourage them to follow their action plans when they return to their workplaces.
3. Address any administrative issues related to the training (e.g., schedule appointments to observe participants at their work sites or meet with supervisors and participants to review progress and expectations).

## End-of-Course Evaluation

*Instructions: Please complete the following evaluation for this course. We are interested in learning your views so we can improve the sessions for future participants. Please complete all sections, using the spaces provided for comments. Thank you for your time.*

Please circle or tick the choice that best reflects your overall evaluation of this training:

<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
Very Good	Good	Fair	Poor	Very Poor

How well did the course content meet your expectations?

<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
Very well	Mostly well	Somewhat	Not very well	Not at all

Which three sessions were the **most** useful, and why?

- a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which three sessions were the **least** useful, and why?

- a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How well did the training methods contribute to achieving the workshop objectives?

- |           |             |          |               |            |
|-----------|-------------|----------|---------------|------------|
| <b>5</b>  | <b>4</b>    | <b>3</b> | <b>2</b>      | <b>1</b>   |
| Very well | Mostly well | Somewhat | Not very well | Not at all |

Comments:

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Please check any of the following that you feel could have improved the workshop.

- Use of more realistic examples and case studies
- More time to become familiar with ideas
- More time to practice counseling skills
- More effective group interaction
- More effective training activities
- Other

Comments:

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What three things could the organizers of this training have done to make the training more effective for you?

- a. 

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- b. 

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- c. 

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## Training Course and Materials Evaluation

*Instructions: For each of the statements, tick or check YES if you agree with the statement and NO if you disagree with it. If you would like, please explain your answer in the space for comments.*

**YES NO**

**Comments**

### Course

- |                          |                          |   |       |
|--------------------------|--------------------------|---|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | The learning objectives were related to my work.  | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I will apply my new knowledge, skills, and attitudes in my workplace.                                 | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | The learning objectives were clear and easy to understand.  | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | The course content corresponds with the stated objectives.  | _____ |
|                          |                          | The learning activities (case studies, role-plays, assignments, exercises, slide presentations) were: |       |
| <input type="checkbox"/> | <input type="checkbox"/> | - clear and easy to understand  | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | - related to the course objectives and content  | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | - interesting (stimulated me to learn and think)  | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | - involved me in my learning  | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | - given with enough time to complete  | _____ |
|                          |                          | I was able to receive necessary help from the:  |       |
| <input type="checkbox"/> | <input type="checkbox"/> | - facilitator   | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | - other participants  | _____ |

### Participant Manual

- |                          |                          |   |       |
|--------------------------|--------------------------|---|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | The contents of the manual were arranged in an order that was easy to follow. | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | The information to be learned was clear.                                      | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | The amount of information was appropriate.                                    | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | The information was complete (nothing missing).                               | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | The language (words used) was easy to understand.                             | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I had enough space to write in my manual.                                     | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | The pages in the manual were attractive.                                      | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | The manual will be a useful resource in my work.                              | _____ |

### Counseling Tool (flip chart)

- |                          |                          |  |       |
|--------------------------|--------------------------|--|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | The contents of the flip chart were arranged in an order that was easy for me to follow and use in counseling. | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | The amount of information was appropriate.   | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | The information was complete (nothing missing).  | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | The illustrations were clear.  | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | The client messages were clear and easy to understand.   | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | The provider pages offer appropriate prompts.  | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | The flip chart will be a useful resource in my work.   | _____ |

*Please complete the statements:*

The information and activities I liked the most were:

\_\_\_\_\_

The information and activities I liked the least or had the most problems with were:

\_\_\_\_\_

*On the back of this page, please include any other comments, suggestions, or observations that you feel would help improve the course or the materials.*



## Appendices

Pre-test

Post-test

Speaker Notes for Presentations (see separate document)

References and Resources (see separate document)



Contraception for Clients with HIV  
**Workshop Knowledge Pre-Test**

*Instructions: For each question below, circle or tick all responses that apply.*

1. People with HIV are most infectious during the primary (acute) infection and end-stage AIDS.
  - a. True.
  - b. False.
2. People become infected with HIV through:
  - a. Unprotected sex with an infected person.
  - b. Improper washing of linen in health facilities.
  - c. An HIV-positive mother to her infant before birth, during birth, and during breastfeeding.
  - d. Blood-to-blood transmission, including injecting drug use or accidental injury by contaminated sharp instruments, such as scalpel blades and needles.
  - e. Among people who live in the same house and share knives, spoons, towels, or blankets.
3. Women are more vulnerable to HIV infection because:
  - a. Gender inequities often make women economically dependent on men.
  - b. It is more difficult for women than men to refuse unwanted sex or to negotiate safer sex.
  - c. During intercourse, the vagina has a large surface area that is exposed to sexual fluids containing HIV.
  - d. Women are genetically predisposed to acquiring HIV.
  - e. Cervical ectopy may increase the risk of chlamydia infection, which may then increase infection by the HIV virus.
4. Women and couples with HIV receive the following benefits from using family planning:
  - a. Better long-term health, by preventing pregnancy that speeds the progression of HIV disease.
  - b. Reduced HIV infections among children by preventing unintended pregnancies.
  - c. Reduced number of orphans.
5. Which of the following statements are true?
  - a. Pregnancy accelerates HIV disease.
  - b. Pregnancy does not alter the progression of HIV disease.
  - c. ARV therapy improves the health of persons with AIDS.
  - d. Pregnant women with HIV have an increased rate of stillbirths and delivery of low-birth-weight infants.
  - e. At least two-thirds of women with HIV pass the virus to their infants during pregnancy, delivery, or breastfeeding.
  - f. Without treatment, approximately one-third of HIV-positive mothers pass the virus to their newborns during pregnancy, delivery, or breastfeeding.
  - g. There are effective means for reducing mother-to-child transmission of HIV.

6. Which of the following statements about how antiretroviral (ARV) drugs work are true?
  - a. The various classes of ARV drugs attack the HIV virus at different stages of replication.
  - b. ARV drugs kill the HIV virus before it can infect cells.
  - c. The standard “HAART cocktail” combines three drugs from two different classes of antiretrovirals and attacks at least two targets.
  - d. ARV drugs decrease viral load, thus improving immune function.
7. ARV drugs are used for prophylaxis (prevention) against HIV infection, including:
  - a. Transmission from mother to child.
  - b. Potential occupational exposure, with single-drug therapy being highly effective.
  - c. Cases of rape.
8. Women with HIV who are taking ARV therapy benefit from using contraception because:
  - a. They can focus more on their ARV therapy and other demands related to HIV disease when their risk of unintended pregnancy is reduced.
  - b. It allows them to avoid a potentially complicated pregnancy.
  - c. All ARV drugs are contraindicated during pregnancy.
  - d. A wider range of ARV drugs can be used by women who are not at risk of pregnancy.
9. All clients seeking family planning services have the right to:
  - a. Access information and services, free from any barriers.
  - b. Choose from a variety of modern contraceptive methods.
  - c. Be supported to make an informed, voluntary choice of contraceptive method.
  - d. Receive the contraceptive method of their choice, even though they may not be medically eligible.
  - e. Have a knowledgeable provider who will choose the contraceptive method that he or she considers to be the best choice for the client.
10. When providing services, effective counselors:
  - a. Listen carefully and empathize with the client.
  - b. Help clients make their own reproductive health decisions.
  - c. Allow personal preferences and individual experience to influence the information they give to clients.
  - d. Provide clients with the information required to use their chosen method safely and effectively.
11. Where practical, we should consider integrating HIV and FP services because:
  - a. Clients using HIV-related services and those using family planning services have many common needs and concerns.
  - b. It is always less expensive to provide integrated services.
  - c. Many family planning service clients are at risk of HIV infection or are already infected.
  - d. Clients using family planning and HIV-related services are sexually active, are usually fertile, and need to know how HIV affects their contraceptive options.
  - e. Integrated services may be more attractive to clients.
  - f. The quality of integrated services is always better than separate services.
  - g. Offering more than one service gives providers more opportunities to support drug and method adherence and to follow up on issues raised by clients.

12. We should involve men in family planning and other reproductive health programs because when male partners cooperate and participate:
  - a. Women are better able to act on the HIV prevention messages delivered through reproductive health services.
  - b. Male partners may be more likely to seek HIV counseling and testing and to discuss their HIV status with their partners.
  - c. Women do not need to do anything about HIV or STI prevention because their partners will take care of it.
  - d. Couples can make joint informed decisions about their reproductive health goals and prevention strategies.
  - e. Client satisfaction is improved and the adoption, continuation, and successful use of a contraceptive method are more likely.
  
13. Male and female condoms offer the following advantages to clients with HIV:
  - a. Condoms are 98 percent effective in preventing both pregnancy and STIs when used consistently and correctly.
  - b. As commonly used, condoms are one of the most effective methods for preventing pregnancy.
  - c. Condoms prevent superinfection with different HIV strains.
  - d. In “dual method use,” people use condoms to prevent HIV or STI transmission plus an additional FP method for increased pregnancy prevention.
  
14. Which of the following statements concerning the use of hormonal contraceptives by women who take ARV drugs are true:
  - a. Research has proved that combined oral contraceptives do not affect the efficacy of ARV drugs.
  - b. Some ARV drugs reduce the blood levels of contraceptive hormones; lower blood levels could reduce the effectiveness of hormonal contraceptives.
  - c. Some ARV drugs increase the blood levels of contraceptive hormones; higher blood levels could increase the side effects of hormonal contraceptives.
  - d. Women who take ritonavir as part of their ARV therapy should not use any method of hormonal contraception.
  
15. Which of the following statements accurately summarize the WHO eligibility criteria recommendations:
  - a. There are no restrictions on the use of male condoms by clients with HIV and AIDS.
  - b. Female condoms can generally be used by clients with HIV and AIDS, but some caution is required.
  - c. Women with HIV and AIDS can use oral contraceptives (OCs) without any restrictions.
  - d. Women on ARV drugs (with the exception of ritonavir) can generally use COCs.
  - e. Women with HIV and AIDS can use injectables and implants without any restrictions.
  - f. Injectables and implants are usually not recommended for women who are taking ARV therapy.
  - g. An IUD can generally be inserted in a woman with HIV if she has no symptoms of AIDS.
  - h. A woman who develops AIDS while using an IUD should have the IUD removed.
  - i. A woman with AIDS who is doing clinically well on ARV therapy can generally both initiate and continue IUD use.
  - j. Spermicides and diaphragms are appropriate for women with HIV and AIDS.
  - k. There are no medical reasons to deny sterilization to clients with HIV as long as they are not experiencing any acute AIDS-related illness, in which case the procedure should be delayed.
  - l. Women with HIV who are planning to use the lactational amenorrhea method (LAM) should be counseled about the risks and benefits of various infant feeding options and the risk of transmitting infection through breast milk.
  - m. Women with HIV and AIDS can use fertility awareness-based methods without restrictions.

16. Which of the following statements apply when counseling clients with HIV?
- Demonstrate sensitivity to the circumstances of women and couples with HIV.
  - Explain exceptions to clients' rights for clients with HIV.
  - Ensure that all women, regardless of HIV status, are free to make an informed choice about pregnancy and contraception.
  - Counsel about long-acting contraceptive methods only because they provide the best protection from pregnancy.
  - Assure privacy and confidentiality.
  - Help clients consider how HIV affects individual circumstances and needs.
  - Tailor counseling sessions to the client's needs.
  - Avoid involving a client's partner in counseling sessions because he may affect the woman's choices.
  - Provide comprehensive, factual, unbiased information.
  - If you disagree with a client's choice of FP method, persuade him or her to use what you consider to be the right one.
17. What issues should providers discuss when counseling women with HIV who are considering pregnancy?
- Pregnancy accelerates HIV disease.
  - Risks and rates of mother-to-child transmission.
  - ARV drugs administered around the time of delivery reduce HIV transmission to the child.
  - A combination of breastfeeding and artificial feeding is best for reducing postpartum HIV transmission.
  - Implications of rearing a child with HIV and availability of family support.
  - Condom use during pregnancy to avoid STIs, HIV, or HIV superinfection.
  - Location and logistics of care and treatment.
18. What issues should providers discuss when counseling clients with HIV who are considering contraception?
- Need for couples with HIV to abstain from sexual intercourse.
  - Characteristics of contraceptive methods, including possible side effects and complications.
  - Ability to use a method correctly (e.g., take pills on schedule, especially if taking ARV drugs).
  - Less need to consider method effectiveness due to reduced fertility caused by HIV.
  - Implications of drug interactions for women who choose oral contraceptives and are on ARV therapy.
  - Each contraceptive method's effectiveness in preventing pregnancy and STI or HIV transmission.
  - Advantages of dual protection, including dual method use.
  - A partner's willingness to use condoms and condom negotiation strategies.
  - When to return for questions, problems, and method resupply.
  - Need to return for frequent follow-up, even when they do not have problems, because of their HIV status.
19. In addition to information specific to pregnancy or contraception, what other topics should providers discuss while counseling clients with HIV?
- The importance of knowing a partner's HIV status, including encouraging partner testing if the partner's HIV status is unknown.
  - There is no benefit in using condoms if both partners are HIV infected.
  - Considerations in disclosing HIV status, including risk of abandonment, violence, or loss of financial support.
  - Requirement to bring one's partner for testing.
  - Referrals to other reproductive health services as needed, such as STI management and treatment; postpartum, postabortion, and antenatal care; and HIV care and treatment.
  - Available support systems that may include family, community, social, legal, nutritional, or child health services.

20. To address the contraceptive needs of clients with HIV, programs should:
- Ensure that providers have necessary skills.
  - Ensure the availability of family planning supplies.
  - Focus on long-acting, more reliable contraceptive methods.
  - Provide adequate counseling and storage facilities.
  - Offer on-site comprehensive STI and HIV testing and treatment.
  - Ensure supervision and management support for family planning services.
  - Have a functional system for referring clients to services not provided on-site.
21. Which of the following statements accurately describe the role that FP services can play in caring for clients with HIV?
- Provide information and FP methods.
  - Assist with preventing HIV transmission.
  - Educate clients about harmful effects of pregnancy on HIV disease progression.
  - Help clients consider the effect of HIV on family health.
  - Help ensure that clients with HIV do not have children.
22. Following an injury at work, routine management should include:
- Assessment of the nature of the injury and risk for HIV infection.
  - Periodic HIV testing of the health worker for six months after injury.
  - If the injury is high-risk, take ARV drugs for four weeks (postexposure prophylaxis).
  - Monitoring for adverse effects of ARVs (if taken).
  - Monitoring for acute seroconversion illness.
  - Counseling on adherence with PEP therapy (if taken) and the emotional stress of dealing with exposure to HIV infection.
23. Which type(s) of exposure at work pose a risk for HIV transmission?
- Blood from an HIV-positive client drips onto intact skin.
  - A needle-stick injury after drawing blood from the vein of an HIV-positive client.
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  - A splash of urine on mucous membrane from a client of unknown HIV status.



Contraception for Clients with HIV  
**Workshop Knowledge Post-Test**

*Instructions: For each question below, circle or tick all responses that apply.*

1. People with HIV are most infectious during the primary (acute) infection and end-stage AIDS.
  - a. True.
  - b. False.
  
2. People become infected with HIV through:
  - a. Unprotected sex with an infected person.
  - b. Improper washing of linen in health facilities.
  - c. An HIV-positive mother to her infant before birth, during birth, and during breastfeeding.
  - d. Blood-to-blood transmission, including injecting drug use or accidental injury by contaminated sharp instruments such as scalpel blades and needles.
  - e. Among people who live in the same house and share knives, spoons, towels, or blankets.
  
3. Women are more vulnerable to HIV infection because:
  - a. Gender inequities often make women economically dependent on men.
  - b. It is more difficult for women than men to refuse unwanted sex or to negotiate safer sex.
  - c. During intercourse, the vagina has a large surface area that is exposed to sexual fluids containing HIV.
  - d. Women are genetically predisposed to acquiring HIV.
  - e. Cervical ectopy may increase the risk of chlamydia infection, which may then increase infection by the HIV virus.
  
4. Women and couples with HIV receive the following benefits from using family planning:
  - a. Better long-term health, by preventing pregnancy that speeds the progression of HIV disease.
  - b. Reduced HIV infections among children by preventing unintended pregnancies.
  - c. Reduced number of orphans.
  
5. Which of the following statements are true?
  - a. Pregnancy accelerates HIV disease.
  - b. Pregnancy does not alter the progression of HIV disease.
  - c. ARV therapy improves the health of persons with AIDS.
  - d. Pregnant women with HIV have an increased rate of stillbirths and deliver of low-birth-weight infants.
  - e. At least two-thirds of women with HIV pass the virus to their infants during pregnancy, delivery, or breastfeeding.
  - f. Without treatment, approximately one-third of HIV-positive mothers pass the virus to their newborns during pregnancy, delivery, or breastfeeding.
  - g. There are effective means for reducing mother-to-child transmission of HIV.

6. Which of the following statements about how antiretroviral (ARV) drugs work are true?
  - a. The various classes of ARV drugs attack the HIV virus at different stages of replication.
  - b. ARV drugs kill the HIV virus before it can infect cells.
  - c. The standard “HAART cocktail” combines three drugs from two different classes of antiretrovirals and attacks at least two targets.
  - d. ARV drugs decrease viral load, thus improving immune function.
7. ARV drugs are used for prophylaxis (prevention) against HIV infection, including:
  - a. Transmission from mother to child.
  - b. Potential occupational exposure, with single-drug therapy being highly effective.
  - c. Cases of rape.
8. Women with HIV who are taking ARV therapy benefit from using contraception because:
  - a. They can focus more on their ARV therapy and other demands related to HIV disease when their risk of unintended pregnancy is reduced.
  - b. It allows them to avoid a potentially complicated pregnancy.
  - c. All ARV drugs are contraindicated during pregnancy.
  - d. A wider range of ARV drugs can be used by women who are not at risk of pregnancy.
9. All clients seeking family planning services have the right to:
  - a. Access information and services, free from any barriers.
  - b. Choose from a variety of modern contraceptive methods.
  - c. Be supported to make an informed, voluntary choice of contraceptive method.
  - d. Receive the contraceptive method of their choice, even though they may not be medically eligible.
  - e. Have a knowledgeable provider who will choose the contraceptive method that he or she considers to be the best choice for the client.
10. When providing services, effective counselors:
  - a. Listen carefully and empathize with the client.
  - b. Help clients make their own reproductive health decisions.
  - c. Allow personal preferences and individual experience to influence the information they give to clients.
  - d. Provide clients with the information required to use their chosen method safely and effectively.
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