Training of Labour Room Nurses
In their
Roles and Responsibilities for Prevention of Parent-to-Child Transmission (PPTCT) of HIV

Trainers’ Guide
DRAFT – July 17, 2014
Said is not yet heard,
Heard is not yet understood,
Understood is not yet approved,
Approved is not yet applied.
How we learn
1% through taste
2% through touch
3% through smell
11% through hearing
83 % through sight

What we remember
10% of what we read
20% of what we hear
30% of what we see
50% of what we see and hear
60% of what we say
90% of what we say and do
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Introduction

This trainer’s guide is developed for trainers who have limited experience in facilitating participatory training programmes that are based on adult learning principles. It therefore provides detailed explanation of session plans, underlying principles behind each session plan and facilitation tips to manage situations that may hinder implementation of recommended session plans.

Irrespective of your experience with adult learning principles and participatory training programmes, it is desirable that you go through the entire guide. Subsequently, those with rich experience in participatory programmes can refer only to the summary session plans before each training programme.

The foundation of this training is three main principles of adult learning:

a. Adults learn best when they feel a need to learn
b. Adults have responsibilities and problems to solve. They learn best when they believe that the learning will help them solve their problems and help them discharge their responsibilities more effectively
c. Adults learn from their experiences. Participants in this training will learn from their past experience and the experiences they will go through during the training

Teacher, Facilitator and Trainer

It is common for teachers to become facilitators and trainers in different situations. While it is possible for the same person to play all the three roles depending on the need, it is important to know the difference. In any training for adults, trainers are more effective in helping participants acquire new knowledge and skills, and develop desired attitudes required for specific tasks. Described below are the distinctive features of a teacher, facilitator and trainer.

Teacher/instructor: A person who has certain amount of knowledge, concepts and theories that he/she transfers through lecturing or presenting to a group of participants.

A teacher provides information and presents right answers.

Facilitator: A person who has the skills to moderate and run sessions, exercises, discussions and work groups where knowledge is shared by, and extracted from the participants themselves.
A facilitator brings out and focuses the experience and wisdom of the group, often as the group creates something new or solves a problem. A facilitator therefore guides processes and provides right questions.

**Trainer:**
A person who has knowledge and practical experience in a specific topic that he/she transfers through wide range of methods such as discussions, exercises, case studies, examples, presentations, etc. after extracting, sharing and synthesizing existing knowledge and experience of the group.

A trainer is a blend between a Teacher/Instruction and a Facilitator. Thus the personal skills are as crucial as the knowledge and expertise of that person.

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### How to use the guide

As said earlier, irrespective of your experience in conducting participatory training, it is desirable that you read each session plan carefully. This will help you facilitate the proposed methodology more effectively. The trainers’ guide is divided into the following sections:

a. **Each day’s training:** This section will begin with the day’s agenda and objectives, an overview of expected outcomes for sessions planned for the day and materials for each session. It is followed by detailed session plans for the day.

b. **Worksheets:** Some sessions require worksheets for the participants, which are included in this section. Most of these worksheets help identify learning gaps of the group.

c. **Reference notes:** These are meant for you, the trainer, and are intended to help you understand better how information can be presented to the group.

The session plans provide the following information:

**Time**

The time required for each session has been estimated depending on its content and method. However, some sessions may take longer while others may not require the allocated time. Do not get perturbed if you are not able to adhere to the proposed time schedule. It is important to ensure that (a) the discussions and/or activities are relevant to the session objectives, and (b) you achieve the objectives of each session and each day.

**Materials**
The list of materials for each session has been listed. You may need to calculate the quantity depending on the number of participants. Since it is desirable the number of participants is limited to 20 – 25 in a participatory programme, you can prepare the materials before the start of the programme and keep additional stationery material, for contingencies. Since this is a participatory training programme, the use of electronic material has been discouraged. It has however been suggested as an alternative in sessions that require new knowledge to be imparted.

**Method**

Methods described in this guide are meant to promote spontaneous participation of the group and enable learning through experience. It is desirable that you practice these methods before doing a formal session in case you have not used them earlier. It will also be useful to have a colleague or co-trainer observe and critique your facilitation skills till you get comfortable with the processes.

**Session Objectives**

This describes what the participants would have done by the end of the session. Session objectives can be changed based on your assessment of the group’s existing knowledge and skills as long as the overall programme objectives are not affected. Conclude the session only after the group concurs that the session objectives have been achieved.

**Processes – brief**

This summarises the key tasks and activities to be taken up during each session and the estimated time for each task. You may need to modify these, especially the time allocated, depending on the group outcomes and pace of learning.

**Processes – detail**

This section gives a detailed description of every task and activity to be taken up during the session. It is not necessary that you follow the instructions verbatim. It is however important that you familiarise yourself with the session plans and practice the instructions to be given to the participants in order to ensure specific and simple communication during the sessions. It will also minimise the need to clarify instructions for group assignments and/or the risk that different participants interpret the instructions differently.
Facilitation tips

This describes a few situations that may not allow you to follow the session plan as recommended. Desired actions in such situations are described in this section.

Underlying principles behind session plan

This describes two main principles or assumptions behind each session plan. It is meant to enhance your understanding of reasons for choosing the recommended methods.

Advantages and disadvantages of the chosen session plans

This is meant to help you understand the benefits or otherwise of the chosen session plan.

Reflections and quality circle

Almost all effective training programmes end the day with feedback, which is valuable for improving the training processes. Similarly, most training programmes start the day with revision of the previous day and clarifications of previous day’s session, if necessary. This training programme also proposes similar processes with a few additions, which are described in detail. It is desirable that you invest as much time as is required for the measurement of learning during Quality circle before starting the sessions of the day. It is important to ensure that participants learn fully a few things rather than learn partially a lot of things. As you will note, most tools for measurement of learning are based on assessing the participants’ ability to apply the knowledge in their work.

Agenda

The training has been designed for two full days. Reducing the duration of training may adversely affect the outcome of training in terms lower levels of knowledge and skills gained and a reduced focus on building desired attitudes.

In case nurses are unable to participate for two full days, it may be useful to increase the duration of training, if resources allow. The proposed agenda for the two-day training is as follows:

<table>
<thead>
<tr>
<th>Time</th>
<th>Day One</th>
<th>Day Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>0900</td>
<td>1. Introduction</td>
<td>Quality circle</td>
</tr>
<tr>
<td>0945</td>
<td>2. HIV transmission in health settings</td>
<td>5. HIV screening test</td>
</tr>
</tbody>
</table>
### General Objectives

By the end of two-day of training of labour room nurses in their “Roles and responsibilities for prevention of parent to child transmission (PPTCT) of HIV”, the participants would have **demonstrated enhanced competency for preventing mother to child transmission of HIV during labour by:**

1. Prioritised facts to be discussed during pre- and post-test counselling for HIV screening
2. Practicing steps for doing HIV screening test
3. Assessing their knowledge of lifelong ART for positive mothers and ARV prophylaxis for HIV-exposed infants using case scenarios, and
4. Committing to practice guidelines for delivering HIV positive women

### Mapping learning domains of General objectives

Bloom’s Taxonomy of learning domains is the foundation on which the objectives have been set. The training design focuses on higher levels of knowledge and attitude domains. Skills enhancement is the focus for only one activity – doing whole blood finger prick test for HIV screening. As mentioned earlier, reduction the duration of training will require that the objectives are set for lower levels of knowledge domain, and forego attempts to develop desired attitudes. Given below is the level of learning in each domain for the General Objectives.

<table>
<thead>
<tr>
<th>Knowledge Category</th>
<th>Attitude Category</th>
<th>Practice Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fact</td>
<td>Receiving</td>
<td>Imitation or copying</td>
</tr>
<tr>
<td>Knowledge Category</td>
<td>Attitude Category</td>
<td>Practice Category</td>
</tr>
<tr>
<td>--------------------</td>
<td>------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>B</td>
<td>Comprehension</td>
<td>Responding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Following directions</td>
</tr>
<tr>
<td>C</td>
<td>Valuing</td>
<td>Precision</td>
</tr>
<tr>
<td></td>
<td></td>
<td>General Objective2</td>
</tr>
<tr>
<td>D</td>
<td>Analysis</td>
<td>Organisation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Addition</td>
</tr>
<tr>
<td></td>
<td></td>
<td>General Objective1</td>
</tr>
<tr>
<td>E</td>
<td>Synthesis</td>
<td>Integration</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Habit</td>
</tr>
<tr>
<td>F</td>
<td>Evaluation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>General Objective3</td>
</tr>
</tbody>
</table>

**Levels of learning**

Bloom’s taxonomy describes the levels of learning in three domains – cognitive (knowledge), affective (attitude) and psychomotor (skills). Cognitive domain has six levels of learning while the other two have five each. The different levels for each domain are described below.

**Cognitive or knowledge domain**

<table>
<thead>
<tr>
<th>Level</th>
<th>Behaviour descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Facts</td>
</tr>
<tr>
<td>2.</td>
<td>Comprehension</td>
</tr>
<tr>
<td>3.</td>
<td>Application</td>
</tr>
<tr>
<td>4.</td>
<td>Analysis</td>
</tr>
<tr>
<td>5.</td>
<td>Synthesis</td>
</tr>
<tr>
<td>6.</td>
<td>Evaluation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level</th>
<th>Behaviour descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Facts</td>
</tr>
<tr>
<td>2.</td>
<td>Comprehension</td>
</tr>
<tr>
<td>3.</td>
<td>Application</td>
</tr>
<tr>
<td>4.</td>
<td>Analysis</td>
</tr>
<tr>
<td>5.</td>
<td>Synthesis</td>
</tr>
<tr>
<td>6.</td>
<td>Evaluation</td>
</tr>
</tbody>
</table>

**Affective or attitude domain**

<table>
<thead>
<tr>
<th>Level</th>
<th>Behaviour descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Receive</td>
</tr>
<tr>
<td>2.</td>
<td>Respond</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level</th>
<th>Behaviour descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Receive</td>
</tr>
<tr>
<td>2.</td>
<td>Respond</td>
</tr>
</tbody>
</table>
take interest in sessions and discussions

3. Value
   Attach values and express personal opinions, decide worth and relevance of ideas and experiences, accept or commit to a particular action or stance

4. Organize or conceptualise values
   Resolve or reconcile internal conflicts, develop value system, qualify and quantify personal views, state persona positions and reasons

5. Integrate or internalise
   Adopt belief systems and philosophy, become self reliant, behave consistently with stated values and beliefs

**Psychomotor or practice domain**

<table>
<thead>
<tr>
<th>Level</th>
<th>Behaviour descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Imitation</td>
<td>Copy action of another, observe and replicate</td>
</tr>
<tr>
<td>2. Following directions</td>
<td>Reproduce or repeat activity from memory or from instructions, carry out task from written or verbal instructions</td>
</tr>
<tr>
<td>3. Precision</td>
<td>Perform the task or activity with expertise and to high quality without assistance or instruction, able to demonstrate activity to other learners</td>
</tr>
<tr>
<td>4. Addition or articulation</td>
<td>Adapt and integrate expertise or combine associate activities to develop methods to meet varying requirements</td>
</tr>
<tr>
<td>5. Habit or naturalisation</td>
<td>Being able to do an activity skilfully in an unconscious manner</td>
</tr>
</tbody>
</table>
Day One
<table>
<thead>
<tr>
<th><strong>Day One – Agenda</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>0900</td>
</tr>
<tr>
<td>0945</td>
</tr>
<tr>
<td>1100</td>
</tr>
<tr>
<td>1115</td>
</tr>
<tr>
<td>1200</td>
</tr>
<tr>
<td>1315</td>
</tr>
<tr>
<td>1400</td>
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<tr>
<td>1430</td>
</tr>
<tr>
<td>1515</td>
</tr>
<tr>
<td>1530</td>
</tr>
<tr>
<td>1630</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Day One – Objectives</strong></th>
</tr>
</thead>
</table>

By the end of Day One of training of labour room nurses in their “roles and responsibilities for prevention of parent to child transmission (PPTCT) of HIV”, the participants would have:

a. Described factors that increase the risk of HIV transmission in healthcare settings  
b. Prioritised facts to be discussed during pre- and post-test counselling for HIV screening

<table>
<thead>
<tr>
<th><strong>Overview of Day One</strong></th>
</tr>
</thead>
</table>

The first day of the training programme will commence at 9:00 AM with need assessment and conclude around 5.00 PM with reflections of the participants on their learning during the day.

The first session will focus on listing the group’s concerns and challenges for providing services to the people living with HIV (PLHIV). Discussing these in relevant sessions of the training is likely to remove barriers for doing HIV screening test for direct-in-labour cases. Fear of acquiring HIV has been reported to be one of the main causes of discrimination of PLHIV in health facilities. A session on HIV transmission in health settings is intended to alleviate such fears and clarify the group’s doubts on the same.

The session on roles and responsibilities of labour room nurses in PPTCT programme will help participants learn ways to integrate counselling and testing for HIV screening for direct-in-labour cases in their busy work schedules, which in turn can enhance their motivation to follow PPTCT guidelines. The last session of the day will help participants learn about facts.
to be included pre- and post-test counselling for HIV screening. The expected outcomes for each session for Day One are as illustrated below.

### Overview of Sessions of Day One

<table>
<thead>
<tr>
<th>Session</th>
<th>Expected Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction</strong></td>
<td>★ Listing group’s views on (a) concerns about providing services to PLHIV and (b) challenges related to providing services to PLHIV</td>
</tr>
<tr>
<td>Estimated duration: 45 minutes</td>
<td>★ Consensus on General Objectives and Day One Objectives</td>
</tr>
<tr>
<td></td>
<td>★ Agreement on ground rules for training</td>
</tr>
<tr>
<td><strong>HIV transmission in Health Settings</strong></td>
<td>Participants gain greater clarity on:</td>
</tr>
<tr>
<td>Estimated duration: 2 Hours</td>
<td>★ Factors influencing HIV transmission, especially in health care settings</td>
</tr>
<tr>
<td></td>
<td>★ HIV testing guidelines</td>
</tr>
<tr>
<td></td>
<td>★ Ethical issues related to HIV and AIDS</td>
</tr>
<tr>
<td></td>
<td>★ Participants fears of acquiring HIV likely to be reduced</td>
</tr>
<tr>
<td><strong>Roles and responsibilities of labour room nurses in PPTCT programme</strong></td>
<td>Participants:</td>
</tr>
<tr>
<td>Estimated duration: 1 Hour 45 minutes</td>
<td>★ Agree that they have an important role to play in preventing mother to child transmission of HIV</td>
</tr>
<tr>
<td></td>
<td>★ Agree on options for addressing common barriers that can prevent them from taking steps to prevent mother to child transmission of HIV</td>
</tr>
<tr>
<td><strong>Pre- and post-test counselling for HIV screening</strong></td>
<td>Participants:</td>
</tr>
<tr>
<td>Estimated duration: 1 Hour 45 minutes</td>
<td>★ List facts to be discussed during pre- and post-test counselling related to HIV screening</td>
</tr>
<tr>
<td></td>
<td>★ Able to prioritise key messages to be given during pre- and post-HIV screening based on stage of labour, time availability and patient’s needs</td>
</tr>
</tbody>
</table>

### Materials required for Day One
Posters to be pasted on the wall:
1. General Objectives
2. Objectives of Day One
3. Agenda for Day One

Material for each session:

<table>
<thead>
<tr>
<th>Session</th>
<th>Posters</th>
<th>Worksheets</th>
<th>Stationary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>✓ Objectives of Session 1</td>
<td>✓ “My Perceptions.....”</td>
<td>✓ Flipcharts ✓ Markers for trainer</td>
</tr>
<tr>
<td>HIV transmission in health settings</td>
<td>✓ Objectives of Session 2</td>
<td>✓ Quiz on HIV transmission in health settings</td>
<td>✓ Flipcharts ✓ Markers for trainer</td>
</tr>
<tr>
<td>Roles and responsibilities of labour room nurses in PPTCT programme</td>
<td>✓ Objectives of Session 3 ✓ Roles and responsibilities of labour room nurses</td>
<td>✓ Guidelines for fishbowl exercise – 1 per participant</td>
<td>✓ Chart paper – 2 to 3 for each of the two groups ✓ Flip charts ✓ Maker pens</td>
</tr>
<tr>
<td>Reflections</td>
<td>✓ Monitoring format</td>
<td>✓ Flip charts ✓ Markers</td>
<td></td>
</tr>
</tbody>
</table>
Session 1: Introduction

Time: Forty-five minutes  
Method: Dynamic introductions  
Materials:  
- Poster on General Objectives, pasted on a wall  
- Poster on Objectives of Day One, pasted on a wall  
- Poster on Agenda for Day One, pasted on a wall  
- Poster on Objectives for Session 1  
- Worksheet 2: My perceptions.............. on page 63  
- Flip charts  
- Marker pens for trainer

Session Objectives:

By the end of forty-five minutes session on “Introduction”, the participants would have listed the group’s views on:

a. Concerns they have about providing services to HIV positive patients, and  
b. Challenges they (can) face while providing services to HIV positive patients

Process (Summary)

<table>
<thead>
<tr>
<th>No.</th>
<th>Activity</th>
<th>Duration (min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Introduce yourself and explain the activity. Distribute and explain</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Worksheet-1</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Participants fill “Worksheet- on My perceptions.....” and facilitate the</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>process of dynamic introductions</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>First round of introductions. Summarise group’s “concerns and challenges”</td>
<td>12</td>
</tr>
<tr>
<td>4.</td>
<td>Conduct second round of introductions.</td>
<td>5</td>
</tr>
<tr>
<td>5.</td>
<td>Comment on outcome of the session, if necessary</td>
<td>5</td>
</tr>
<tr>
<td>6.</td>
<td>Review General Objectives and Agenda, Clarify doubts, if any</td>
<td>5</td>
</tr>
<tr>
<td>7.</td>
<td>Refer to session objectives. Summarise key outputs of the session</td>
<td>3</td>
</tr>
</tbody>
</table>

Total duration 45
Process (Detailed)

Step 1: **Introduce** yourself and **explain** the need to deviate from conventional self introduction or partner introduction by **giving** information such as:

- ✓ Learning other participants’ names is the first step towards forming a cohesive group where people together work towards common objectives
- ✓ It is difficult to remember names of more than just a few people through self-introduction or partner introduction
- ✓ In addition to learning names of participants, it is also helpful to learn about their perceptions and experiences about HIV as they can be the foundation on which participants will develop competencies related to their responsibilities for preventing mother to child transmission of HIV

**Distribute** “Worksheet 2: My perceptions............” and **review** each question of the worksheet. **Invite** volunteers to give examples of “Challenges” and “concerns”. In case none of the participants volunteer, you can **give** them some examples. **Explain** the process of introduction as follows:

- ✓ “Your responses to the worksheet will be anonymous. The training will be more useful and relevant for your needs if you fill the worksheet honestly
- ✓ Mark “X” in the boxes to the left of the response you think most appropriate for:
  - o Your risk of acquiring HIV infection
  - o Frequency of practicing universal precautions
  - o Your perception on blood borne infection you are most likely to acquire
  - o Number of HIV positive patients who have received your services in the last three years
- ✓ Write the most important concern you have about providing services to HIV positive patients, and the most important challenge that you have faced or think you will face while providing services to HIV positive patients
- ✓ You need to fill the worksheet within five minutes
- ✓ Once you have filled the worksheet, fold the paper into half
- ✓ I will give you instructions for the next step once you have filled the worksheet”

(5 minutes)

Step 2: **Observe** the participants as they fill their Worksheet. **Clarify doubts**, if any. After all participants have filled the worksheets and folded them in half, give instructions for dynamic introduction as follows:
“In the next four minutes, you need to introduce yourself to as many participants as possible and remember their names.”

Each time you introduce yourself to a participant, exchange the worksheet in your hand. This way, no one will know whose worksheet they have.

At the end of ten minutes, you will identify participants you have interacted with in a plenary.

The participant who can identify maximum number of people by name will be given the title of Most Friendly Participant.”

Observe the participants as they move within the group to interact with other participants. If necessary, gently urge participants reluctant to get out of their chairs to participate in the introduction.

(10 minutes)

**Step 3:** Identify the participant who has interacted with maximum number of people. Ask her to identify the participants by name. Continue to identify participants by name till all of them have been identified.

Identify number of participants sharing similar responses to each question of the worksheet by asking the participants to raise their hands based on what is written in the worksheet they have in their hands and NOT what they had written in their worksheet. Count the number of hands. Summarise the outcome of the exercise as follows:

**Perception of risk of acquiring HIV infection**

<table>
<thead>
<tr>
<th>Risk of HIV infection</th>
<th>No. of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>No risk</td>
<td></td>
</tr>
<tr>
<td>Low risk</td>
<td></td>
</tr>
<tr>
<td>Medium risk</td>
<td></td>
</tr>
<tr>
<td>High risk</td>
<td></td>
</tr>
</tbody>
</table>

**Practice of universal precautions**

<table>
<thead>
<tr>
<th>Frequency of practicing universal precautions</th>
<th>No. of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td></td>
</tr>
<tr>
<td>Most of the times</td>
<td></td>
</tr>
<tr>
<td>Sometimes</td>
<td></td>
</tr>
<tr>
<td>Rarely or never</td>
<td></td>
</tr>
</tbody>
</table>
Blood borne pathogen with highest risk of transmission to labour room nurses

<table>
<thead>
<tr>
<th>Blood borne pathogen</th>
<th>No. of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>No risk</td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
</tr>
<tr>
<td>Hepatitis C</td>
<td></td>
</tr>
</tbody>
</table>

Experience of providing services to HIV positive patients

<table>
<thead>
<tr>
<th>No. of HIV positive patients given services to in last 3 years</th>
<th>No. of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td>1-5</td>
<td></td>
</tr>
<tr>
<td>6-10</td>
<td></td>
</tr>
<tr>
<td>More than 10</td>
<td></td>
</tr>
</tbody>
</table>

Most important concern about providing services to HIV positive women

<table>
<thead>
<tr>
<th>Concerns</th>
<th>No. of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>No concern</td>
<td></td>
</tr>
</tbody>
</table>

Most important challenge for providing services to HIV positive women

<table>
<thead>
<tr>
<th>Concerns</th>
<th>No. of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>No challenges</td>
<td></td>
</tr>
</tbody>
</table>

(12 minutes)

Step 4: Invite a volunteer to identify all or most participants by name. Continue the process till at least one participant is able to repeat all the names or five minutes are over.

(5 minutes)

Step 5: Comment on group’s concerns and challenges based on views shared by the majority. For example:
If some participants have expressed fear of acquiring HIV infection, inform them that they can protect themselves from not just HIV but all blood borne infections by consistent practice of universal precautions.

If majority of the participants fear HIV more than other blood borne pathogens, inform them that Hep B and Hep C are more infectious than HIV.

(5 minutes)

**Step 6:** Review the General Objectives and the Agenda. Link most common challenges and concerns of the group with specific sessions and objectives planned for the programme. Give clarifications on general objectives, if necessary.

(5 minutes)

**Step 7:** Review the Session Objectives and lead the group to summarise the outcome of the group work.

(5 minutes)

- Paste the flipcharts listing all the challenges and concerns on the wall. You will need to refer to these in relevant sessions throughout the training.

- Collect the worksheets and paste them on a wall during lunch break. Review them to ensure that all responses are documented on the flipchart.

**Facilitation tips**

The desirable actions in certain situations that can make it difficult for you to follow the recommended session plans are described below.

1. **Participants arrive late, or some other reason(s) delays starting of the training programme**

   **Desirable actions:** This session should not be skipped, as it lays a strong foundation for participatory training and helps identify emotional barriers for providing quality services to PLHIV. There will be several opportunities during the subsequent days to make up for the lost time.
You can limit the worksheet to (a) concerns about providing services to PLHIV and (b) challenges they (can) face while providing services to PLHIV.

2. Participants are unable to articulate their feelings, views and opinions

This situation might arise in participants who have not attended any training programme on HIV that and have little or no experience of providing services to HIV infection. It may also be seen in participants who are hesitant to express themselves in front of a group.

Desirable actions: If just one or two participants are unable to express themselves, allow them to respond to as many sections of worksheet as possible while encouraging them to give priority to challenges and concerns. You can ask probing questions to help them articulate their thoughts.

Do not force them to respond. You can however encourage them to talk to a few participants and learn their names and years of experience.

3. Some participants want to share their experiences or are dominating the time

Desirable actions: Gently, but firmly, remind the participants that there will be several opportunities during the training to share experiences. Refer to the session objectives and emphasise that at this stage, only listing their challenges and concerns is expected.

4. All the participants have given similar responses

This situation can arise if the participants have similar experiences, fears or beliefs, or have merely copied what other participants have written.

Desirable actions: Respect the participants’ views, and accept that as of now, this is what they believe. However, inform the group they can add to the list as and when they get ideas during the training.

From a training perspective, few and similar emotional responses shared by the group give you ample time to address each one of them in relevant sessions.

5. There is not enough space to paste posters on the wall, or permission to paste posters has not been granted

Desirable actions: It is useful to have posters on general objectives, objectives of the day and agenda displayed at all times. If you are unable to paste them on the wall, you can
explore other options such as pinning them on hardboard (if available), hanging them from strong thread/think ropes tied between doors and/or windows or nails, if any.

If none of the options for pasting posters on the wall are available, you will need to ask the participants to refer to the handouts on objectives and agenda as and when required.

6. *The training venue does not allow easy movement of participants*

**Desirable actions:** The success of this training programme will considerably depend on space for movement within the room. So, this situation should be avoided as far as possible. However, in case the training is scheduled on a venue where classroom of conference seating is the only option, ask the participants to step out into the corridor, interact with other participants and return to their seats after ten minutes.

7. *It is not feasible to make copies of the worksheet*

**Desirable actions:** You can make a sample worksheet on a flip chart and participants can use a card or A4 size paper to write their responses. A symbol of nurse, or just “N” in the middle is also enough.

**Underlying principles behind the session plan**

a. To lay a foundation for a cohesive group focussed on common objectives in the shortest possible time, and
b. To identify biases, fears, opinions and concerns that can prevent participants from providing quality care to HIV positive patients, irrespective of their knowledge levels

**Laying foundation for a cohesive group:** Every trainer is aware that a cohesive group of participants is able to maximise learning through collective sharing of experiences and shared responsibility for achieving training objectives. Typically, participants who do not know each other, or know each other very little, take a day or more to bond as a group. Creating opportunities for participants to interact with a large number of participants right at the beginning of training can greatly reduces time required to form a unified group.

**Identifying emotional barriers for providing quality services to PLHIV:** There is persuasive evidence that many healthcare providers are uncomfortable providing services to PLHIV because of the fear of acquiring HIV infection and perceptions that “wrong” or “immoral” behaviours lead to HIV infection. This is why having the required technical knowledge does not automatically translate to empathetic and non-judgmental services for PLHIV.
Identifying the group’s feelings, beliefs and opinions about HIV infection and PLHIV helps the trainer prioritise those that need to be modified in order to motivate healthcare providers acquire relevant technical knowledge and use it for providing services to PLHIV. The proposed session plan for introduction, therefore, also serves as a needs-assessment by identifying the group’s attitudes that need to be modified.

Advantages of dynamic introduction
1. It sets the tone for a non-threatening, participatory training programme
2. It helps reduce inhibitions, discomfort and any other similar feeling among the participants, which may prevent their active participation during the training
3. It helps participants identify several others by name in a short time
4. It allows the participants to identify others with similar views in a short time
5. It facilitates documentation of large number of feelings on key emotions related to HIV and AIDS in a short time

Disadvantages of dynamic introduction
1. Some participants may be disappointed that they are not allowed to express their views, feelings and opinions
2. The session may take longer than estimated if the participants take longer than expected to fill the worksheet
3. Some participants may not believe or understand the anonymous nature of the activity while filling the worksheet and may therefore say what they believe the trainer wants to hear
Session 2: HIV transmission in health settings

**Time:** Two hours  
**Method:** Group quiz  
**Materials:** Poster on Objectives for Session 2  
Worksheet on “Quiz on HIV transmission in health settings” – 1 per participant (refer to page 65)  
Reference notes on HIV and AIDS – for the trainer (refer to page 70)  
Flip charts  
Marker pens for trainer

**Session Objectives:**

By the end of two-hour session on “HIV transmission in health settings”, the participants would have demonstrated enhanced knowledge about:

a. HIV transmission in healthcare settings  
b. universal precautions for low, medium and high risk procedures, and  
c. post-exposure prophylaxis

**Process (Summary)**

<table>
<thead>
<tr>
<th>No.</th>
<th>Activity</th>
<th>Duration (min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Introduce the session and review session objectives</td>
<td>5</td>
</tr>
<tr>
<td>2.</td>
<td>Explain the process of quiz. Divide the participants into groups of 3 or 4 and distribute worksheet on quiz on HIV and AIDS</td>
<td>10</td>
</tr>
<tr>
<td>3.</td>
<td>Participants review the quiz statements in small groups</td>
<td>45</td>
</tr>
<tr>
<td>4.</td>
<td>Review the quiz statements in a plenary. Provide additional information, as necessary.</td>
<td>45</td>
</tr>
<tr>
<td>5.</td>
<td>Refer to session objectives. Ask questions based on common learning gaps identified through the quiz to measure learning. Clarify doubts, if any are still persisting</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td><strong>Total duration</strong></td>
<td><strong>120</strong></td>
</tr>
</tbody>
</table>

**Process (Detailed)**

**Step 1:** *Introduce* the session by explaining that having adequate knowledge about HIV transmission in health settings is important to reduce their fears of acquiring HIV infection. *Explain* also that most of them would have, by now, gained considerable
knowledge about HIV and AIDS, and this session therefore focuses only on facts related to HIV transmission in workplace. Review the session objectives.

(5 minutes)

**Step 2:** Explain once again that they would have acquired knowledge about HIV transmission in health facilities through training programmes, experience, interactions with other hospital staff, media and other sources. In this session, they have an opportunity to assess their knowledge about HIV transmission in health facilities, learn from one another, and seek clarifications, if necessary. Explain the process of the quiz as follows:

- “You will work in groups of 3 or 4
- There are 20 quiz statements. You have to discuss and come to a consensus on whether the statement is true, false or partially true. A statement is partially true when the information is correct, but some information is missing. For example, a statement that “HIV transmits through unprotected sexual intercourse, sharing needles and syringes and blood transfusion” is partially correct as it does not include mother to child transmission of HIV
- You can refer to reference notes on HIV and AIDS that have been provided to you
- Please read the language very carefully before taking a decision on each statement
- You need to conclude the group work within 45 minutes and reconvene in a plenary to clarify doubts, if any”

Distribute the Worksheet 1: Quiz on HIV transmission in health facilities and divide the participants into random groups of 3 or 4.

(10 minutes)

**Step 3:** Observe each group during the exercise. Clarify doubts on the process and/or language of quiz statements, if necessary. Avoid giving answers to any quiz statements. Remind the participants that the need to conclude the discussions within ten minutes at the end of 35 minutes. Give a similar warning for concluding within five minutes at the end of 40 minutes.

(45 minutes)

**Step 4:** Review the quiz statements in a plenary. By rotation, give each group the first opportunity to give their opinion on a quiz statement. Ask how many groups share
the same opinion about the statement. *Allow* other groups to speak only if they have something more or different to say.

The Reference notes for the quiz statements are included in 70.

(45 minutes)

**Step 7:** *Ask* the group if they have additional questions about HIV and AIDS, universal precautions or PEP. *Respond* to the questions, if any. Refer to session objectives. *Ask* questions related to each objective, with special emphasis on quiz statements where a large number of groups had given wrong answers. *Clarify doubts*, if any.

(15 minutes)

**Facilitation tips**

A group quiz is best suited for participants who have either received training on HIV and AIDS before or have acquired some knowledge through other means. Described below are actions that you may wish to follow in certain special circumstances.

1. *Two hours are not available for the session*

   **Desirable actions:** The action will need to depend on your assessment of the group’s of existing knowledge.

   In case the group has high levels of knowledge of HIV and AIDS, the quiz discussion will not take a very long time. So, you can proceed as necessary and allocate less time for small group discussion and the plenary.

   In case you feel that the participants will benefit from the exercise, you can allocate 10 quiz statements to half the groups and the remaining ten to other groups and discuss all of them in the plenary. This way, even though participants would not have responded to each statement in their small groups, they would benefit from plenary discussion.

2. *The group is heterogeneous with some participants having high levels of knowledge of on HIV and AIDS and some others who have never received training in HIV and AIDS*

   **Desirable actions:** Groups such as these have one major advantage – rich resources of learning among the participants. If there are just four or five participants with high levels of knowledge on HIV and AIDS, divide the participants into four or five random groups and assign each knowledgeable participant to one group. Explain to these participant
resource persons that they should not “give” information to others in the group but observe them as they discuss each statement. They should explain the facts only if others demonstrate low knowledge levels.

In case about half the participants are knowledgeable, let the participants work in triads as suggested. It is important to ensure that each triad has at least one person with higher knowledge levels.

3. The participants have high levels of knowledge of basic facts on HIV and AIDS and the session has completed much before allocated time

Desirable actions: Depending on the time availability, you can decide on either proceeding to the next session on stigma and discrimination or invite random participants to demonstrate bedside patient education on some aspects of HIV and AIDS such as:

- Importance of taking HIV test at ICTC
- Advice on safe sex practices
- Education on symptoms of STIs
- Education on consequences of untreated, or partially treated STIs

The emphasis during such demonstration should be on specific language. This means using words that cannot be interpreted in more than one way.

4. Some participants, who believed that they knew “everything” about HIV and AIDS complain that the statements were purposefully written in confusing language to make them feel “less than”

Desirable actions: Remind the participants what you had said in the beginning, and what is written in the instructions; that the main purpose of the quiz is to generate a discussion. It is only through discussion that they can acquire greater clarity on basic facts, and learn to use specific language while educating patients. Emphasize that using specific language will increase the probability of patients learning facts and reduce the risk of myths and misconceptions.

Explain also that if the participants’ learning gaps were identified, it is not because they were “wrong” or “less knowledgeable”. It is because the quiz attempts to make them think of basic facts from a different perspective. A similar quiz may not be ideal for participants who have had no exposure to HIV and AIDS before.

Underlying principles behind the session plan
a. Participants learn most when they feel a need to learn, and
b. Participants can be rich resource of learning in a training programme

**Applying adult learning principle:** One of the important principles of adult learning affirms that participants learn most when they feel a need to learn. Quiz allows participants to assess their own knowledge and thereby identify learning gaps. This greatly enhances their motivation to acquire new knowledge.

**Helping participants learn from one another:** It is highly likely that participants will have varied experience and expertise on HIV and AIDS. Discussing quiz statements in small groups allows participants to learn from one another, thereby allowing use or learning resource from the group.

**Advantages of quiz for sessions aimed at enhancing knowledge**
1. It helps participants learn from one another
2. Those with higher levels of knowledge are recognised as richer resources of learning, from who other participants can seek clarifications outside of training environment with fewer inhibitions
3. Participants can express themselves and freely in small groups, as there is less fear of disclosing their ignorance
4. The trainer can focus only the learning gaps existing in majority of the participants, thereby ensuring meaningful utilisation of time
5. The method is non-threatening as it focuses on group’s learning gaps and not on individual’s learning gaps
6. The language of the quiz provokes discussion on various HIV related issues and thereby enhances learning
7. Quiz emphasises the value of using specific language while stating facts about HIV and AIDS

**Disadvantages of quiz for sessions aimed at enhancing knowledge**
1. Participants with little or no information on HIV and AIDS are likely to need longer time to learn facts
2. The success of the quiz method will depend on the judicious use of language: the language should be simple and yet allow different people to interpret the statement in different ways. Using statements that have an easy “yes” and “no” answers will not generate rich discussion
3. Some participants may feel the need to say the same things someone else has said but in a different language. Such situations will not only take longer time in the plenary, but may also reduce participants’ focus and attention on the learning
Session 3: Roles and responsibilities of labour room nurses in PPTCT programme

Time: One hour and forty-five minutes
Method: Fish-bowl
Materials: Poster on Objectives for Session 3
          Posters on roles and responsibilities of labour room nurses
          Chart papers – 2 to 3 for each group of about 10 to 12 participants
          Worksheet on guidelines for Fishbowl exercise (refer to page 67)
          Marker pens – 4 to 5 for each group
          Flip charts for trainer
          Marker pens for trainer

Session Objectives:

By the end of one hour and forty-five minutes session on “Roles and responsibilities of labour room nurses in PPTCT programme”, the participants would:

a. Be in agreement with their defined roles and responsibilities related to PPTCT programme, and
b. Discussed options for overcoming barriers related to their roles and responsibilities for preventing mother-to-child transmission of HIV

Process (Summary)

<table>
<thead>
<tr>
<th>No.</th>
<th>Activity</th>
<th>Duration (min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Introduce the session and review session objectives</td>
<td>5</td>
</tr>
<tr>
<td>2.</td>
<td>Discuss roles and responsibilities of labour room nurses in PPTCT programme</td>
<td>15</td>
</tr>
<tr>
<td>3.</td>
<td>Explain fishbowl technique</td>
<td>5</td>
</tr>
<tr>
<td>4.</td>
<td>Distribute worksheet. Divide participants in two groups and observe as they discuss in fishbowl</td>
<td>55</td>
</tr>
<tr>
<td>5.</td>
<td>The two groups review each other’s output</td>
<td>20</td>
</tr>
<tr>
<td>6.</td>
<td>Summarise key points. Review session objectives</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td><strong>Total duration</strong></td>
<td><strong>105</strong></td>
</tr>
</tbody>
</table>
Process (Detailed)

Step 1: *Introduce* the session by explaining that changes in PPTCT guidelines have necessitated the need to redefine roles and responsibilities of labour room nurses for prevention of mother to child transmission of HIV. *Review* the session objectives.

(5 minutes)

Step 2: *Present* the poster on roles and responsibilities of labour room nurses and associated tasks as listed in the PPTCT manual for labour room nurses. Posters are preferred over presentation slides as all the three responsibilities will be visible to all the participants at all times. *Ask* the participants to identify roles and responsibilities that are new. Clarify doubts, if any.

(15 minutes)

Step 3: *Inform* the participants that they will now discuss options to overcome common barriers that can stop them from playing their role in prevention of mother to child transmission of HIV using a technique called fishbowl method of group discussion. *Explain* the process of fishbowl based on reference notes included on page 85. *Emphasize* that the success or failure of the fishbowl exercise is largely dependent on the role played by the outer group.

(5 minutes)

Step 4: *Distribute* the worksheet on fishbowl discussion on barriers related to responsibilities of labour room nurses in the PPTCT programme. *Encourage* the participants to look at options to overcome these barriers that they can address on their own.

Divide the participants into two groups. Observe them as they discuss the barriers and suggestions to overcome them. Pay extra attention to the outer group and gently remind them of the guidelines, if you see them flouting them.

(55 minutes)

Step 5: *Display* the final output of both the groups and lead the group to review them. *Ask* them to identify barriers that were listed by both the groups and discuss feasibility of suggestions listed by them. *Discuss* other barriers in the same way. *Give* additional inputs for overcoming the barriers, if necessary.

(20 minutes)
Step 6: Lead the group to summarise key points discussed during the session. Review the session objectives and get the group’s consensus on their achievement.

(5 minutes)

Facilitation tips

Fishbowl is a very powerful method of small group discussion and generates a lot of points within a short time. Described below are some of the common situations that may not allow effective outcome of fishbowl discussions.

1. The venue is not conducive for seating inner and outer groups

   **Desirable actions:** In case it is not possible for participants to sit in inner and outer groups, they can sit around a table, and identify participants who will be discussants and observers. After ten minutes, they can reverse their roles. It is desirable that discussants and observers are placed alternately.

2. Some members of the outer group are not paying attention to the discussion and are engaged in personal activities such as texting on the mobile phone

   **Desirable actions:** Gently but firmly remind the participant(s) the responsibilities of the outer group. Remind them also of the ground rules.

   You will be able to assess the group’s readiness to participate in small group discussions based on your observations of the participants until the previous session. If you feel that some participants are not showing as much interest as desired, assign the outer group responsibilities related to guided observations of inner group’s discussion using a pre-defined tool.

3. After inner and outer group discussions, both sub groups have come together to prepare the final charts

   **Desirable actions:** Encourage the participants to write on the chart papers during the discussion itself so that there is little scope for preparing another chart for presentation. Remind the group that they are not two separate groups but one group where they rotate their responsibilities.
Underlying principles behind the session plan

a. People who are going through difficulties are best suited to find solutions, and
b. Several common problems faced by nurses in government health facilities located in different districts, regions or states

Participants can identify best options to overcome difficulties they face: It is indisputable that people who go through difficulties can find their own solutions effectively, even though occasional help may be necessary to facilitate the process of identifying their own solutions.

External trainers or others who are “outside” the group can never fully know the details of difficulties faced by a group. When people going through similar problems try to find solutions, they usually agree upon common solutions. The external trainers can at best help the group to look at the problems differently, and facilitate assessment of various options to identify those that are most feasible.

Common problems across government hospitals: Despite significant variations in the quality of services provided in different hospitals across the country, several problems are common for almost all categories of health staff. When nurses from various hospitals discuss problems and solutions, they will benefit from each other’s experience and perspective.

Advantages of using fishbowl in this session
1. It allows generation of large number of ideas in a short time
2. Participants take greater ownership of the final output as compared to other methods of small group discussion
3. The time taken for plenary discussion on group’s output is reduced by half
4. Participants’ confidence in their ability to overcome common problems they face at work increases
5. Participants have an opportunity to reflect upon issues being discussed, which enhances the usefulness and value of the discussions

Disadvantages of using fishbowl in this session
1. Despite repeated reminders, some members of the outer group may not pay attention to the discussions in the inner group
2. Some participants may find it very difficult to observe silently and may “jump in” to make their point even though they are in the outer group
3. Participants who are too “set” in their way of thinking, or who take their problems as “routine” may not be able to generate large number of ideas to counter the problems
Paste the final outputs of the two groups on the wall. The participants will need to refer to them during Session 6 on ART and ARV prophylaxis for prevention of vertical transmission.
Session 4: Pre- and post-test counselling for HIV screening

Time: One hour and forty-five minutes
Method: Anonymous survey, Relative ranking, role play
Materials: Poster on Objectives for Session 6
Box 2 on page 15 of manual for labour room nurses
Worksheet 5: Values and beliefs towards PLHIV on page 68 – 1 per participant
Cards – about 10 in two colours for each group of 5 participants
Marker pens – 4 to 5 for each group
Flip charts for trainer
Marker pens for trainer

Session Objectives:

By the end of three hours and fifteen minutes session on “Pre- and post-test counselling for HIV screening”, the participants would have:

a. Practiced relative ranking method to prioritise facts to be discussed with direct-in-labour cases during pre- and post-test counselling related to HIV screening test based on stage of labour, availability of time and existing knowledge of mother to child transmission of HIV, and

b. Participated and/or critiqued at least one role-play on pre and post test counselling for HIV screening test

Process (Summary)

<table>
<thead>
<tr>
<th>No.</th>
<th>Activity</th>
<th>Duration (min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Introduce the session and review session objectives</td>
<td>5</td>
</tr>
<tr>
<td>2.</td>
<td>Participants assess their own values related to HIV and AIDS</td>
<td>25</td>
</tr>
<tr>
<td>3.</td>
<td>Explain process of relative ranking</td>
<td>5</td>
</tr>
<tr>
<td>4.</td>
<td>Participants prioritise key messages to be discussed during pre- and</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>post-test HIV screening</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Volunteers demonstrate role-plays on pre and post-test counselling for</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>HIV screening</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Summarise key points. Review session objectives</td>
<td>5</td>
</tr>
</tbody>
</table>

**Total duration** 105

Process (Detailed)
Step 1: *Introduce* the session by explaining the importance in counselling for HIV screening and testing. *Give* an overview of the process and *review* the session objectives. *Refer* to Box 2 on page 15 of manual on PPTCT guidelines for labour room nurses and explain competencies related to pre- and post-test counselling for HIV screening.

(5 minutes)

Step 2: *Explain* that personal values and beliefs play an important role in a person’s ability to demonstrate non-judgmental attitude during counselling and education of HIV positive people. Some of their attitudes may not allow them to inspire confidence in the HIV positive patients. Understanding such attitudes and learning not to judge others based on one’s own values and beliefs are important for effective counselling before and after HIV screening test.

*Distribute* Worksheet 5: Values and beliefs towards PLHIV related to PLHIV and ask the participants to fill it as honestly as possible. *Inform* them since this is an anonymous survey, they should not write their names on the worksheet. *Allow* ten minutes for the participants to fill the survey form.

*Collect* the survey forms from the participants, *shuffle* them, and *redistribute* them among the group. This will ensure that participants get a worksheet filled by someone else.

*Review* each statement and find out how many participants had agreed or disagreed with each statement. *Provide* value clarification as required.

(25 minutes)

Step 3: *Explain* the process of relative ranking as follows:

- “You will be working in groups of 4 or 5 participants. Each group will be assigned a special situation either for pre-test counselling or post-test counselling
- Write all the issues that you think should be discussed with a woman in labour in the situation assigned to your group on the cards. Kindly follow standard guidelines for writing on the cards
- Pick up any two cards and place them side by side. Ask which of these two issues is more important for a woman to know in the situation assigned to you
- Place the card that you think is more important above the second card
- Pick up any other card and compare it with the first card asking the same question
If the third card is more important than the first card, place it on top. If it is less important, compare it with the second card
Repeat the process by comparing only two cards at a time
You will be given about 35 minutes to complete the exercise”

Clarify doubts about the process, if any. Invite a volunteer to repeat the instructions for relative ranking.

(5 minutes)

Step 4: Divide the participants into random groups of 4 or 5 participants. Distribute about 10 cards in two colours to each group. Assign one of the following situations to each group:

A pregnant woman who is getting contractions once in ten minutes. She has heard about HIV and knows the modes of transmission
A pregnant woman who is getting contractions once in five minutes. She has taken HIV test during earlier pregnancy
A pregnant woman who is getting severe contractions and is 8 cm dilated
A pregnant woman with history of labour pains for more than 8 hours without any progress in labour
A pregnant woman with severe contractions but only 60% effacement

Ask the participants to prioritise issues to be discussed during pre-test counselling and post-test counselling in case of reactive HIV screening test in the situation assigned to them. Observe the participants as they work in small groups. Intervene only if they seek clarifications on the process or if you see them deviate from the recommended process.

After 35 minutes of group work, lead the participants to review each group’s work in the plenary.

(45 minutes)

Step 5: Invite volunteers to demonstrate a role play on pre-test counselling for a primigravida in first stage of labour. It is desirable that the role play does not exceed 5 minutes. Invite the volunteers to critique their own role play before asking others in the group for their critique. Give your comments in the end. Comments should focus on:

- Process of counselling
- Technical accuracy and relevance of information provided
- Demonstration of empathy and non-judgemental attitude
✓ Active listening

*Invite* other volunteers to demonstrate a role-play on post-test counselling for a woman in first stage of labour and who has reactive HIV screening test. *Repeat* the process of giving feedback.

(20 minutes)

**Step 6:** *Lead* the group to summarise key points discussed during the training. *Ask* questions to measure learning. *Review* session objectives and get the group’s consensus that the objectives were achieved. *Refer* to Box 2 once again and ask participants to identify competencies related to pre- and post-test screening that they feel they have acquired. *List* those that they have not acquired and list them in the “parking lot”.

(5 minutes)

**Facilitation tips**

Certain circumstances may hinder implementation of the proposed session plans. Detailed below are steps you can take to make appropriate changes in the session plans without affecting the overall session objectives.

1. *The time available for the session is less than scheduled*

   **Desirable actions:** Each group can prioritise issues for either pre- or post-test counselling rather than for both. Also, rather than each group review other group’s outputs, you can give your inputs for each group’s output, further reducing the session plan by about 15 minutes.

   It is desirable that participants take the anonymous survey as it helps them understand their own values and beliefs that may adversely affect the quality of services they offer to HIV positive women. In case of extreme shortage of time, participants can take the survey and you can analyse it after the day’s training has concluded and discuss the outcomes during the next day’s quality circle.

   You could also avoid the role plays even though they are usually more effective in building desired skills and attitudes.

2. *Majority of the participants have no knowledge or experience of pre- and post-test counselling*
Desirable actions: Even if the participants have had no prior experience of counselling for HIV testing, adequate knowledge of basic facts should help them list facts that need to be discussed during counselling. You can ask questions to provoke their thinking, such as:

- What knowledge will motivate mothers to take the HIV screening test?
- What knowledge will inform the mothers that their newborns can be protected from HIV infection?
- What information will give confidence to women that they can live longer despite having HIV infection?

In case most participants are unable to list facts to be discussed during pre- and post-test counselling, you can list them in a plenary and then ask each group to prioritise it using relative ranking method.

3. Some participants have very strong views on some of the statements in the anonymous survey, which are contrary to the views of non-judgemental person

Desirable actions: It is desirable that you avoid labelling views as “right” or “wrong”. Instead, you can indicate which views can hinder development of a trusting relationship with the patient and which can be helpful in building patients’ confidence in your services. There can be an agreement to disagree, and a commitment to try and create a barrier between one’s personal beliefs and desired professional conduct.

4. No one volunteers for the role-play

Desirable actions: Since this is the first day of training, it is likely that some participants are not comfortable demonstrating a spontaneous role-play. This is more likely if the group do not have adequate experience of providing services to HIV positive patients. If so, you, and the co-facilitator can.

Underlying principles behind the session plans

The two principles guiding the session plans for pre- and post-test counselling for HIV screening are:

a. Personal beliefs and attitudes have a great influence on quality of counselling, and
b. Labour room nurses who are overworked, and who often see patients arrive in advanced labour may have little time for “ideal” counselling

Direct link between attitude of a nurse-counsellor and quality of counselling: It is well established that personal beliefs and values influence a person’s attitude and attitude
influences the quality of counselling. While each person has a right to hold on to their beliefs and values for their own life, it is not desirable to judge others based on them. An anonymous survey helps the group to identify personal beliefs and values that may reflect on the counselling.

**Busy work schedule of labour room nurses:** Most government facilities have large number of deliveries per day. The labour room nurses therefore usually struggle to cope with the multiple demands on their time. They may not be able to invest the necessary time for counselling before and after HIV screening test, especially if a woman is in advanced stage of labour or there are more patients than what the staff can easily handle. Being able to prioritise issues to be discussed during pre- and post-test counselling can help ensure that the woman in labour has the core knowledge required to decide on taking the test, and if the test is reactive, to take decisions on preventing vertical transmission of HIV.

**Advantages of relative ranking method in this session**
1. It is easier to decide relative importance between two issues rather than between multiple issues
2. The importance of an issue depends on several factors, which are taken into consideration in relative ranking
3. It is a systematic process of prioritising issues
4. It is easier to arrive at a consensus when only two issues are considered at a time

**Disadvantages of relative ranking method in this session**
1. This method works best when participants have knowledge of all the issues and only need to identify those that are most important. It is therefore not desirable for groups that have limited knowledge of issues to be discussed during pre- and post-test counselling
2. The method will not work if some participants have strong views and are not willing to find the “middle path”

**Advantages of role-play in this session**
1. Participants are able to experience different labour room scenarios in which they have to do pre- and post-test counselling
2. Practicing role-plays in a simulated environment can build more confidence than if participants were to either study the theory of pre- and post-test counselling or merely observe one or two role-plays by some participants

**Disadvantages of role-play in this session**
1. Just one role-play may not be enough for effective learning
2. The time required for feedback, and demonstrating “wrong” and “right” ways of pre- and post-test counselling is not available
Reflections on Day One

Time: Thirty-five minutes
Method: Individual feedback
Materials: Monitoring format, 1 per participant (refer to page 63)
          Flip charts
          Marker pen

Session Objectives:

By the end of thirty-five minutes reflections, the participants would have:

a. Described their most important learning of the day, and
b. Filled the monitoring format for Day One

Process (Summary)

<table>
<thead>
<tr>
<th>No.</th>
<th>Activity</th>
<th>Duration (min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Explain the importance and process of reflections</td>
<td>5</td>
</tr>
<tr>
<td>2.</td>
<td>Measure learning related to the day’s sessions. Facilitate individual</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>reflections on most important learning of the day</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Participants fill the monitoring format</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td><strong>Total duration</strong></td>
<td><strong>35</strong></td>
</tr>
</tbody>
</table>

Process (Detailed)

**Step 1:** Explain the importance of reflections in training and its benefits. You can refer to reference notes on page 77 if necessary.

   (5 minutes)

**Step 2:** Measure learning by asking questions on basic facts on HIV and AIDS and stigma and discrimination to the group. The questions should be based on the key learning gaps observed among the participants. The number of questions will also be influenced by the quantum of learning gap. Clarify doubts, if any. Review the day’s objectives and identify the group’s views on whether they were achieved or not.
Ask each participant to describe in two sentences what they think is their most important learning and how they will use it in their work. Document their responses on a flip chart.

(20 minutes)

**Step 3:** Distribute the monitoring format included on page 63 and explain that daily monitoring is necessary for assessing the training processes and their outcome, and for taking timely corrective measures to make training more effective. Review each training element and clarify doubts, if any. Collect the filled monitoring formats for analysis later.

(10 minutes)

Before the participants depart, get a consensus on the time for starting training the next day. Ask 2 or 3 volunteers who will ensure that the participants arrive on time.

**Analysing monitoring formats**

It is desirable that the monitoring formats are analysed by two to three volunteers from the group. However, if this is not feasible or acceptable, you will have to analyse them. The best way to analyse the monitoring formats is by using excel sheet. Steps include:

- Create an excel sheet by writing the ten training elements in the first row and assigning one column to one participant
- Fill scores in the columns as follows: 10 for every “yes”, 5 for every “needs improvement” and 0 for every “no”
- Calculate average score for each training element and present it the next day during “Quality Circle:

Table 1 gives a sample of analysis of monitoring feedback by ten participants. In this example, three main corrective measures need to be planned for the second day of training:

- Increasing the level of commitment to learning – both for self and for others
- Ensuring greater clarity on objectives – it is desirable that everyone is clear about the objectives of each day and each session
- Resolution of conflicts
### Table 1: Sample of analysis sheet of monitoring formats

<table>
<thead>
<tr>
<th>Training element</th>
<th>Participants</th>
<th>Total</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Clarity of objectives</td>
<td>10 5 5 10 10 0 10 5 10 10</td>
<td>75</td>
<td>7.5</td>
</tr>
<tr>
<td>2 Commitment to their own learning</td>
<td>10 5 5 10 5 5 5 10 5 10</td>
<td>70</td>
<td>7.0</td>
</tr>
<tr>
<td>3 Commitment to support others' learning</td>
<td>5 10 10 5 10 10 10 0 10 0</td>
<td>70</td>
<td>7.0</td>
</tr>
<tr>
<td>4 Level of involvement of participants</td>
<td>5 10 10 10 5 10 10 10 10 5</td>
<td>85</td>
<td>8.5</td>
</tr>
<tr>
<td>5 Following guidelines for each session</td>
<td>10 10 5 10 10 10 10 10 10 10</td>
<td>95</td>
<td>9.5</td>
</tr>
<tr>
<td>6 Sharing of responsibilities</td>
<td>5 10 5 10 5 10 10 5 10 10</td>
<td>80</td>
<td>8.0</td>
</tr>
<tr>
<td>7 Level of trust</td>
<td>5 10 10 5 10 10 10 10 10 5</td>
<td>85</td>
<td>8.5</td>
</tr>
<tr>
<td>8 Resolution of conflict</td>
<td>10 5 10 10 10 10 10 0 10 0</td>
<td>75</td>
<td>7.5</td>
</tr>
<tr>
<td>9 Effective use of time</td>
<td>5 10 5 10 10 10 10 10 0 10</td>
<td>80</td>
<td>8.0</td>
</tr>
<tr>
<td>10 Support by trainer</td>
<td>10 10 5 10 10 5 10 10 10 10</td>
<td>90</td>
<td>9.0</td>
</tr>
</tbody>
</table>

Table 2 illustrates a sample for presenting summary monitoring report during Quality Circle on each day. By documenting the average scores for all days, it is easy to assess the progress made.

### Table 2: Sample of summary monitoring report

<table>
<thead>
<tr>
<th>Training element</th>
<th>Monitoring scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Clarity of objectives</td>
<td>7.5</td>
</tr>
<tr>
<td>2 Commitment to their own learning</td>
<td>7.0</td>
</tr>
<tr>
<td>3 Commitment to support others' learning</td>
<td>7.0</td>
</tr>
<tr>
<td>4 Level of involvement of participants</td>
<td>8.5</td>
</tr>
<tr>
<td>5 Following guidelines for each session</td>
<td>9.5</td>
</tr>
<tr>
<td>6 Sharing of responsibilities</td>
<td>8.0</td>
</tr>
<tr>
<td>7 Level of trust</td>
<td>8.5</td>
</tr>
<tr>
<td>8 Resolution of conflict</td>
<td>7.5</td>
</tr>
<tr>
<td>9 Effective use of time</td>
<td>8.0</td>
</tr>
<tr>
<td>10 Support by trainer</td>
<td>9.0</td>
</tr>
<tr>
<td><strong>Total average</strong></td>
<td><strong>8.1</strong></td>
</tr>
</tbody>
</table>
Day Two
<table>
<thead>
<tr>
<th>Day Two – Agenda</th>
</tr>
</thead>
<tbody>
<tr>
<td>0900</td>
</tr>
<tr>
<td>0945</td>
</tr>
<tr>
<td>1100</td>
</tr>
<tr>
<td>1115</td>
</tr>
<tr>
<td>1315</td>
</tr>
<tr>
<td>1400</td>
</tr>
<tr>
<td>1515</td>
</tr>
<tr>
<td>1530</td>
</tr>
<tr>
<td>1630</td>
</tr>
</tbody>
</table>

| Day Two– Objectives |

By the end of Day Two of training of labour room nurses in their “roles and responsibilities for prevention of parent to child transmission (PPTCT) of HIV”, the participants would have:

a. Practiced doing HIV screening test using whole blood finger prick test

b. Assessed their knowledge of lifelong ART for positive mothers and ARV prophylaxis for HIV-exposed infants using case scenarios, and

c. Committed to practice guidelines for delivering HIV positive women

| Overview of Day Two |

The second day of the training programme will commence at 9:00 AM with quality circle wherein the participants will review monitoring scores of the previous day and plan corrective measures, if required, clarify their doubts, measure learning and agree with objectives of the day.

During the first session of the day, the participants will learn to do the HIV screening test using whole blood finger prick test. The longest session of the day is meant for learning about initiating lifelong ART for pregnant women and initiating NVP prophylaxis for HIV-exposed infants. The last session of the day will be on guidelines for delivering HIV positive women. The training is expected to conclude around 5:00 PM with reflections and
concluding remarks. The expected outcomes of the sessions of Day Two are illustrated below.

**Overview of Sessions of Day Two**

<table>
<thead>
<tr>
<th>Session</th>
<th>Expected Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Screening test</td>
<td>Participants have greater clarity on:</td>
</tr>
<tr>
<td>Estimated duration: 1 Hour 15 minutes</td>
<td>★ Dos and don'ts for doing whole blood finger prick test for HIV screening</td>
</tr>
<tr>
<td></td>
<td>Participants are able to:</td>
</tr>
<tr>
<td></td>
<td>★ Practice whole blood finger prick test for HIV screening</td>
</tr>
<tr>
<td>ART and ARV prophylaxis for prevention of vertical transmission of HIV</td>
<td>Participants know about:</td>
</tr>
<tr>
<td>Estimated duration: 3 Hours</td>
<td>★ Initiating lifelong ART for direct-in-labour cases with reactive HIV screening test</td>
</tr>
<tr>
<td></td>
<td>★ Ensuring adherence to ART schedule in pregnant women already on ART</td>
</tr>
<tr>
<td></td>
<td>★ Initiating ARV prophylaxis for HIV-exposed newborns</td>
</tr>
<tr>
<td></td>
<td>★ Linking pregnant women with reactive HIV screening test to ICTC for confirmation of HIV infection</td>
</tr>
<tr>
<td></td>
<td>Participants commit to:</td>
</tr>
<tr>
<td></td>
<td>★ Steps they will take to prevent vertical transmission of HIV</td>
</tr>
<tr>
<td>Guidelines for delivering HIV positive women</td>
<td>Participants know about:</td>
</tr>
<tr>
<td>Estimated duration: 1 Hour</td>
<td>★ Factors that increase the risk of HIV transmission during labour and delivery</td>
</tr>
<tr>
<td></td>
<td>★ Guidelines recommended for delivering HIV positive women</td>
</tr>
</tbody>
</table>

**Materials required for Day Two**

**Posters that should remain on the wall:**
1. General Objectives
2. Concerns and challenges related to providing services to PLHIV (output of Session 1)
**New posters to be pasted on the wall:**

1. Objectives of Day Two
2. Agenda for Day Two
3. Monitoring scores

**Material for each session:**

<table>
<thead>
<tr>
<th>Session</th>
<th>Posters</th>
<th>Worksheets</th>
<th>Stationary, etc.</th>
</tr>
</thead>
</table>
| Quality Circle                              | ✓ “My place in PPTCT programme”                                       | ✓ Tools to measure learning (only trainer)      | ✓ One marker per participant  
|                                              |                                                                        |                                                | ✓ Flip charts  
|                                              |                                                                        |                                                | ✓ Names of participants  
|                                              |                                                                        |                                                | – each written on one folded piece of paper |
| HIV screening test                           | ✓ Objectives of Session 5                                              |                                                 | ✓ Presentation on HIV screening test  
|                                              |                                                                        |                                                | ✓ HIV screening test kits  
|                                              |                                                                        |                                                | – 1 per participant plus few extra |
|                                              |                                                                        |                                                | ✓ Flip charts  
|                                              |                                                                        |                                                | ✓ Marker pen for trainer |
| ART and ARV prophylaxis for prevention of vertical transmission of HIV | ✓ Objectives of Session 6  
|                                              | ✓ Output of Session 3                                                 | ✓ Cards OR Presentation on ART and ARV  
|                                              |                                                                        | ✓ Case scenarios to measure learning (for trainer) | ✓ 3 cards in any one colour per group of 3 participants  
|                                              |                                                                        |                                                | ✓ Marker pens for participants  
|                                              |                                                                        |                                                | ✓ Flip charts  
|                                              |                                                                        |                                                | ✓ Marker pens |
| Guidelines for delivering HIV positive women | ✓ Objectives of Session 7                                             |                                                 | ✓ Flip charts  
|                                              |                                                                        |                                                | ✓ Marker pens |
Quality Circle on Day Two

**Time:** Forty-five minutes\(^1\)

**Method:** Self reflection, discussion

**Materials:**
- Poster on Objectives of Day Two
- Poster on Agenda for Day Two
- Poster on “My place in PPTCT programme”
- Poster on monitoring report
- Names of all participants written on small slips and folded
- Tools for measurement of learning on Day One (refer to page 80)
- Handouts on Objectives of Day Two
- Flip charts
- Marker pen

**Session Objectives:**

By the end of forty-five minutes Quality Circle, the participants would have:

a. Agreed to specific steps for strengthening the training
b. Concurred with the day’s objectives and agenda
c. Assessed their learning on the previous day(s), and
d. Clarified doubts about the previous day’s sessions, if any

**Process (Summary)**

<table>
<thead>
<tr>
<th>No.</th>
<th>Activity</th>
<th>Duration (min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Participants indicate their moods and level of energy on mood-o-meter and energy meter AND indicate their views on their position in the PPTCT programme.</td>
<td>3(^2)</td>
</tr>
<tr>
<td>2.</td>
<td>Comment on the group’s dominant moods and energy levels, and their place in the PPTCT programme</td>
<td>5</td>
</tr>
<tr>
<td>3.</td>
<td>Review monitoring scores. Arrive at consensus on training elements to be strengthened during the day</td>
<td>4</td>
</tr>
</tbody>
</table>

---

\(^1\) The duration of Quality Circle will depend mainly on the participants’ ability to articulate their responsibilities to case scenarios and real life situations based on previous day’s learning. The session should not be concluded in a hurry as it is important for the participants to have the confidence that they can apply the knowledge of basic facts on HIV and AIDS in their work.

\(^2\) This activity should start with the arrival of the first participant and should conclude within 3 minutes of the scheduled time for starting the day’s training.
<table>
<thead>
<tr>
<th>No.</th>
<th>Activity</th>
<th>Duration (min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Review day’s objectives and agenda</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>Measure learning related to the previous day’s sessions</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td><strong>Total duration</strong></td>
<td><strong>42</strong></td>
</tr>
</tbody>
</table>

**Process (Detailed)**

**Step 1:** *Prepare posters* on mood-o-meter and energy meters. You can use symbols of your choice in these two posters. A sample of both the posters is included in page 78. *Prepare* also a poster on “My place in the PPTCT programme”. A sample of this poster is as shown below. It is however desirable that you create your own poster. You can also draw a large circle on the flipchart and just write “M&C” in the centre.

Before the training starts, *paste* posters on the day’s objectives and agenda, and monitoring scores on the walls in front of the open “U” where the participants will be seated.

Paste the posters on mood-o-meter and energy meters on the door to the training venue or the wall adjacent to the door. Display the poster on “My place in the PPTCT programme” on a flipchart in front of the group.

When the first participant arrives, *ask* her to indicate her mood and energy levels on the respective posters. *Ask* her to also indicate her opinion on her place in the entire PPTCT programme by marking “★”.

My place in the PPTCT programme

![Poster Sample](image)
Ask the first participant to invite other participants to repeat the same actions before they are seated for the training. Clarify doubts, if any, about the three posters.

Conclude this activity three minutes after the scheduled time for starting the day’s training even if all the participants have not indicated their views.

Step 2: Explain the value of quality circle in training. You can refer to reference notes on page 78, if necessary.

Summarise the group’s dominant moods and energy levels. In case one or more participants are sad, angry, or disgusted, try to find the reasons for the same. If such moods are due to the training programme, plan actions to prevent situations that can make the participants feel such emotions. In case one or more participants are sleepy or have low energy levels, inform them that you will introduce more energisers during the training to rejuvenate them.

(5 minutes)

Step 3: Draw the group’s attention to the monitoring scores. Ask their opinions on the score for various training elements. Invite suggestions to strengthen training elements that had shown relatively low scores. If necessary, suggest options for strengthening the day’s training and get the group’s consensus.

(4 minutes)

Step 4: Review the day’s objectives and the agenda. Give an overview of the sessions and link the sessions to relevant general objectives and the challenges listed by the group during the first session.

(3 minutes)

Step 5: Explain the value of measuring learning before proceeding with the day’s session. Explain also that learning is meaningful if they are able to use the knowledge gained in their routine work. You may describe the process of measurement of learning as follows:

✓ “I will state a situation that requires you to apply the knowledge you have gained yesterday. Next, I will pick up a participants’ name from the bowl in front of me
✓ The participant whose name is on the slip I picked should respond to the question or situation
✓ This process will continue till all of you have had an opportunity to assess your learning
✓ You can refer to your notes or handouts, or even ask others in the group, if necessary"

*Refer* to page 80 for sample tools to measure learning on Day Two. Lead the group in measurement of learning and clarify doubts or provide additional information, if necessary.

(30 minutes)
Session 5: HIV screening test

Time: One hour and fifteen minutes
Method: Practicing whole blood finger prick test
Materials: Poster on Objectives for Session 7
         Box 2 on page 15 of manual on PPTCT guidelines for labour room nurses
         Presentation on HIV screening test
         HIV screening test kits – 1 per participant plus few extra
         Flip charts for trainer
         Marker pens for trainer

Session Objectives:

By the end of one hour and fifteen minutes session on “HIV screening test”, the participants would have:

a. Described dos and don’ts for doing whole blood finger prick test for HIV screening, and
b. Practiced steps for doing HIV screening test at least once

Process (Summary)

<table>
<thead>
<tr>
<th>No.</th>
<th>Activity</th>
<th>Duration (min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Introduce the session and review session objectives</td>
<td>5</td>
</tr>
<tr>
<td>2.</td>
<td>Make presentation on HIV screening test</td>
<td>15</td>
</tr>
<tr>
<td>3.</td>
<td>Demonstrate steps for doing whole blood finger prick test and observe participants as they practice</td>
<td>45</td>
</tr>
<tr>
<td>4.</td>
<td>Lead the group to describe steps for doing HIV screening test including dos and don’ts for the same. Review session objectives</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Total duration</td>
<td>75</td>
</tr>
</tbody>
</table>

Process (Detailed)

Step 1: *Introduce* the session by reminding the group the importance of HIV screening for direct-in-labour cases. *Give* an overview of the process and *review* the session objectives. Find out if anyone in the group has ever done whole blood finger prick test for HIV screening. If yes, ask she to describe the steps for doing the same. In the next step, you can ask the same participant to demonstrate the test. *Refer* to
relevant competencies listed in Box 2 on page 15 of manual on PPTCT guidelines for labour room nurses.

(5 minutes)

**Step 2:** In case no one in the group has ever done a whole blood finger prick test for HIV, *make* a presentation on HIV screening test detailing the following information:

- Four steps to prepare for the screening test
- Collecting whole blood sample from a finger prick
- Performing the screening test, and
- Interpreting the result
- Dos and don’ts for doing the HIV screening test

(15 minutes)

**Step 3:** In case one or more participants have prior experience of doing the test, *invite* one of them to demonstrate the test. *Ask* the participants if the presentation was as per the recommended guidelines. If no, what were the differences? *Give* your feedback on the demonstration of HIV screening test in the end.

*Invite* at least two more volunteers to demonstrate the whole blood finger prick test for HIV screening. *Seek* group’s feedback before giving yours. *Repeat* this process till the participants are able to critique the demonstration accurately.

*Divide* the participants into groups of three and ask them to practice the HIV screening test either on self or another participant who is willing to be tested. The participants who had demonstrated the test in a plenary can also act as observers.

*Lead* the group to list dos and don’ts for doing the HIV screening test based on their experience during the session. *Give* additional information, if necessary.

(45 minutes)

**Step 4:** *Ask* questions to help the group recall the steps for doing HIV screening test including dos and don’ts for the same. *Review* session objectives and conclude the session when the participants agree that objectives were achieved and no one needs any clarification. *Refer* to competencies related to HIV screening listed in Box 2 and list those that the participants feel they have not yet acquired. *List* them in the “parking lot”.

(10 minutes)

**7Facilitation tips**
Guidelines to modify the session plans in case of unexpected barriers are as follows.

1. **It is not possible to make presentation**

   **Desirable actions:** It may be difficult to make the presentation if the venue has interrupted power supply, the laptop or LCD fail to function or are not available. If you can anticipate such a situation, you can prepare cards with relevant information and present it to the group. In case the cards were not prepared in advance, you could write on the cards during the session and place them in front of the group. As a last resort, you could also give information using flipchart. Cards are preferred to both, PowerPoint presentations and flipcharts as all the information will be visible to the group throughout the discussions.

2. **Test kits are fewer than the total number of participants**

   **Desirable actions:** If most participants in the group have never done whole blood finger prick test, you could identify participants for practicing the test by randomly picking up names written on folded pieces of paper and kept in a bowl. In case some of the participants have conducted the test before, it is desirable that practice opportunities are given those who have never done the test before.

3. **Some of the participants had made mistakes during the practice**

   **Desirable actions:** If additional kits are available, ensure that the participants know the theory for doing the test and then supervise them while they practice the test again. In case additional test kits are not available, you could repeat the test using the same kits. While this will not allow participants to interpret the test results correctly, they would have at least learned how to draw blood in the pipette and add it to the test kit without letting air bubble enter it.

**Underlying principle behind the session plan**

Participants acquire a new skill best when they have opportunities to practice them in safe environment under supervision of a skilled professional. This is the only principle behind the session plan.

**Advantages of practicing HIV screening test**
1. Participants will have opportunity to practice the test in a safe environment and under supervision
2. Participants will be more confident about doing the test while at work

**Disadvantages of practicing HIV screening test**
1. A large number of HIV screening test kits are required
Session 6: ART and ARV prophylaxis for prevention of vertical transmission of HIV

Time: Three hours
Method: VIPP, case scenarios, Presentation
Materials: Poster on Objectives for Session 8
Box 3 on page 34 of manual on PPTCT guidelines for labour room nurses
Information Cards on ART and ARV in different situations
OR
Presentation on ART and ARV in different situations
Case scenarios to measure learning (refer to page 87)
3 cards in any one colour per group of 3 participants
Outputs of Session 5
Flip charts for trainer
Marker pens for trainer

Session Objectives:

By the end of three hours session on “ART and ARV prophylaxis for prevention of vertical transmission of HIV”, the participants would have:

a. Explained the difference between earlier and current ART regimen for direct-in-labour cases with reactive HIV screening test and dosage of ARV prophylaxis for HIV-exposed newborns, and
b. Assessed their knowledge of lifelong ART for positive mothers and ARV prophylaxis for HIV-exposed infants using case scenarios

Process (Summary)

<table>
<thead>
<tr>
<th>No.</th>
<th>Activity</th>
<th>Duration (min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Introduce the session and review session objectives</td>
<td>5</td>
</tr>
<tr>
<td>2.</td>
<td>Assess group’s knowledge on earlier guideline on single dose Nevirapine for prevention of vertical transmission and current guidelines</td>
<td>10</td>
</tr>
<tr>
<td>3.</td>
<td>Use cards to present information on ART and ARV prophylaxis OR make presentation on lifelong ART for pregnant women and ARV prophylaxis for HIV-exposed infants</td>
<td>35</td>
</tr>
<tr>
<td>4.</td>
<td>Using case scenarios, measure group’s learning about lifelong ART and ARV prophylaxis for mother and child respectively</td>
<td>30</td>
</tr>
<tr>
<td>No.</td>
<td>Activity</td>
<td>Duration (min)</td>
</tr>
<tr>
<td>-----</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>5.</td>
<td>Review output of Session 5. Participants work in triads to commit to steps they will take to implement guidelines for ART and ARV despite the barriers listed by them</td>
<td>40</td>
</tr>
<tr>
<td>6.</td>
<td>Lead a discussion on confirmation of HIV infection and linkages with ART Centre, in case HIV status is confirmed</td>
<td>10</td>
</tr>
<tr>
<td>7.</td>
<td>Participants work in triads to list issues they will include in education of HIV positive mother and her family</td>
<td>40</td>
</tr>
<tr>
<td>8.</td>
<td>Lead the group to summarise key points discussed during the session. Review session objectives</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td><strong>Total duration</strong></td>
<td><strong>180</strong></td>
</tr>
</tbody>
</table>

**Process (Detailed)**

**Step 1:** *Introduce* the session by emphasising the important role labour room nurses play in preventing HIV transmission from mother to child. *Give* an overview of the contents of the session and review session objectives. *Refer* to Box 3 on page 34 of manual for labour room nurses on PPTCT guidelines and explain competencies related to ART and ARV prophylaxis for mother and child respectively.  
(5 minutes)

**Step 2:** *Find out* how many participants know about earlier SD-NVP prophylaxis for mother and child and how many know about current guidelines by asking them to raise their hands. *Assess* the participants’ knowledge by asking questions such as:

- What was the regimen for mother and child to prevent vertical transmission of HIV?
- What was the rationale behind the regimen?
- What were the limitations of the regimen?
- What is the new regimen for HIV positive pregnant woman and her baby?
- What is the rationale behind the new regimen?

In case some participants respond to the questions, find out how many agree with the answers before telling them if the answers were correct or not.  
(10 minutes)

**Step 3:** *Using cards*, explain the technical information on lifelong ART and ARV prophylaxis for HIV-exposed infants OR *make* PowerPoint presentation on:

Direct-in labour case with reactive HIV screening test
History taking
✓ Three drug regimen in case no HIV drug has been taken earlier
✓ Three drug regimen in case of exposure to SD-NVP during earlier pregnancy
✓ Recommended regimen in case woman had started ART but had given it up earlier or was taking it irregularly
✓ ART initiation and false labour
✓ ART initiation in case of caesarean section and
✓ Confirmation of HIV status by ICTC on the next working day

Adherence to ART in pregnant women who are already on lifelong ART
✓ History taking
✓ Ascertaining if woman has brought ART drugs. If not, options to ensuring adherence
✓ ART in case woman has had poor adherence
✓ ART continuation in case of false labour
✓ ART continuation in case of caesarean section

NVP prophylaxis for newborn
✓ Dose or NVP based on weight of the newborn
✓ Duration of NVP depending on when mother had started ART and its adherence
✓ Technique for administering NVP

Additional information
✓ Common side effects of ART
✓ Post-partum depression

Lead the group to list differences between earlier and current PPTCT guidelines.

(35 minutes)

Step 4: Using case scenarios listed on page 87, measure the group’s learning about lifelong ART and ARV prophylaxis for mother and child respectively. Ask each participant to respond to the case scenarios in a round robin (circular) manner. Clarify doubts, if any.

(30 minutes)

Step 5: Divide the participants into triads either randomly or as per their seating arrangements. Ask the participants to revisit output of Session 5 where they had listed barriers and options to overcome them. Ask each triad to list 3 steps they will take to implement PPTCT guidelines on the cards. Remind the participants
about the guidelines to write on cards. **Assign** 20 minutes for the task. Facilitate the process of collation of commitments made by the process. 

(40 minutes)

**Step 6:** **Lead** a discussion on role of labour room nurses to facilitate confirmation of HIV infection by ICTC, and linkages with ART centre, in case the HIV status is confirmed. 

(10 minutes)

**Step 7:** Participants once again work in triads to list issues that they would like to include in education of HIV positive mother and her family. **Ask** the participants to write the issues in their notebooks. In a plenary, list their suggestions on the flipchart. Provide additional information, if necessary. 

(30 minutes)

**Step 8:** **Lead** the group to summarise key points discussed during the session. **Give** special emphasis to initiating lifelong ART for direct-in-labour cases with reactive HIV screening test and NVP prophylaxis for the newborn. **Ensure** that you discuss questions listed in FAQ section of the participants’ handouts. **Review** session objectives. Conclude the session once participants concur that the objectives have been achieved. **Refer** to Box 3 again and ask participants to list competencies that they feel they do not have. List them in the “parking lot” 

(10 minutes)

- One hour of buffer time has been budgeted in case measurement of learning takes longer than expected
- If the buffer time is not required, participants can work in groups of 4 or 5 to practice relative ranking method to prioritise key messages on:
  - ART adherence despite initial side effects
  - Overcoming barriers, if any, for regular visit to the ART Centre
  - Giving NVP syrup to the baby as recommended
  - Motivating families to take responsibility for care of HIV positive mother and HIV-exposed infants

**Facilitation tips**
Guidelines to modify the session plans in case of unexpected barriers are as follows.

1. **The participants feel tired**

   **Desired actions:** Participants may feel tired if the plenary discussion is long and/or they perceive information overload. Take frequent energiser breaks to rejuvenate the group. It is desirable that you choose energisers that require the group to be physically active and is fun.

2. **The participants express that the technical details are not relevant for them as the drugs will be prescribed by the Medical Officer**

   **Desired actions:** Explain that even though the MO’s prescription is required to initiate ART and give NVP syrup to the newborn, they have a very important role in preventing vertical transmission. Compared to the doctors, they spend more time with the patients and are more effective in forming trusting relations with them and educating them on ART, ARV prophylaxis and other HIV related issues.

**Underlying principles behind the session plan**

a. The ability to learn new knowledge varies from person to person, and
b. Knowledge gained is of value only if it is applied

**Ability to learning varies among people:** A training programme is effective when the participants are able to set their own pace for learning, especially when new knowledge has to be acquired. Presentation of technical content using cards allows all the information to be displayed in front of the group at all times. It therefore becomes easier for participants to go back and forth in case of doubt. A PowerPoint presentation can also be adapted based on the group’s pace of learning. However, it does not allow all the information to be displayed at the same time.

**Applying new knowledge at work:** The training of labour room nurses in PPTCT guidelines will be effective only if they are able to apply the new knowledge gained for initiating lifelong ART, supporting positive women on ART to adhere to their schedule during labour and initiating NVP prophylaxis to the newborn. The tools designed to measure learning are therefore based on real life situations that the labour room nurses can face.

**Advantages of using information cards**
1. All the information is visible to the participants at all times, which makes it easier to go back and forth
2. Based on assessment of learning needs, it is easier to present only those facts that the participants are unaware of
3. Participants can refer to the cards during measurement of learning. Expecting all the participants to remember all the information presented during the session is unrealistic

Disadvantages of using information cards
1. The trainer has to invest time to prepare the cards
2. Space (either on the walls or floor) is required to place the cards as they are presented

Advantages of measuring learning during the session
1. Details about the PPTCT guidelines are the most important knowledge the participants are expected to acquire during the training. Assessing the participants’ ability to use the knowledge in their routine work during the session enables immediate clarification of doubts, if any, and enhances participants’ confidence to use the knowledge in their work
2. It helps measure learning of individual participants rather than group’s learning (which is the norm for other sessions)

Disadvantages of measuring learning during the session
1. It prolongs the plenary discussions, thereby increasing the probability of fatigue
2. Some participants may feel an information overload, especially if they were not aware of earlier PPTCT guidelines
Session 7: Guidelines for delivering HIV positive women

Time: One hour
Method: Plenary discussion
Materials: Poster on Objectives for Session 9
          Cards in any one colour – 1 per participant
          Marker pens – 1 per participant
          Flip charts for trainer
          Marker pens for trainer

Session Objectives:

By the end of one-hour session on “Guidelines for delivering HIV positive women”, the participants would have:

a. Described factors that increase the risk of HIV transmission during labour and delivery, and
b. Committed to practice recommended guidelines for delivering HIV positive women

Process (Summary)

<table>
<thead>
<tr>
<th>No.</th>
<th>Activity</th>
<th>Duration (min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Introduce the session and review session objectives</td>
<td>5</td>
</tr>
<tr>
<td>2.</td>
<td>Assess group’s knowledge on guidelines for delivering HIV positive women</td>
<td>5</td>
</tr>
<tr>
<td>3.</td>
<td>Lead a discussion on recommended guidelines</td>
<td>25</td>
</tr>
<tr>
<td>4.</td>
<td>Participants list anonymously their concerns about delivering HIV positive women</td>
<td>8</td>
</tr>
<tr>
<td>5.</td>
<td>Plenary discussion in concerns</td>
<td>12</td>
</tr>
<tr>
<td>6.</td>
<td>Summarise key points and review session objectives</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td><strong>Total duration</strong></td>
<td><strong>60</strong></td>
</tr>
</tbody>
</table>

Process (Detailed)

**Step 1:** *Introduce* the session by explaining that normal delivery is recommended for HIV positive women, unless there are obstetric indicators for a Caesarean section. Since the risk of HIV transmission from mother to child is higher during delivery as
compared to breast feeding and pregnancy, it is important to practice recommended guidelines to reduce such risks. Give an overview of the contents of the session and review session objectives.

(5 minutes)

Step 2: Ask questions to assess the group’s existing knowledge on guidelines for delivering HIV positive women. Questions you may wish to ask are:

✓ How many of you have delivered HIV positive women?
✓ What did you do differently while delivering the HIV positive women? What were the reasons for such difference?
✓ Have you ever been told about or read about guidelines for delivering HIV positive women? If yes, what? (This question is relevant if none, or very few have experience of delivering HIV positive women)

(5 minutes)

Step 3: Lead a discussion on recommended guidelines for delivering HIV positive women as follows:

a. Ask the participants to list factors that can increase damage to the baby’s skin and/or increase duration of contact between baby and mother’s body fluids (amniotic fluid and blood)

b. Give additional information, if any

c. Explain guidelines for reducing vertical transmission for each factor listed in “a” and “b” above by first acknowledging participants’ correct responses in Step 2 and then providing additional information as required

(25 minutes)

Step 4: Distribute 1 card per participant. Ask them to write concerns or fears that they have about delivering HIV positive women. These may also be concerns or fears they listed on Day 1, which have not yet been addressed. In case the participants do not have any concerns or fears, they should say so in the cards. Remind them that no blank card should be returned to you. Collect cards from all participants.

(8 minutes)

Step 5: Respond to their concerns and fears, if any. In the end, ask participants to raise their hands if they WILL practice guidelines recommended for delivering HIV positive women. Continue to clarify doubts till everyone commits to practice the recommended guidelines.

(12 minutes)

Step 6: Lead the participants to summarise key points discussed during the session. Conclude the session when group feels the objectives have been achieved.
Worksheets
Worksheet 1: Monitoring format

Date of training:

Instructions to the participants:

We have committed to working together as a team during this training programme. It is therefore important to assess our relationships with one another, process of training and progress on our objectives on a daily basis so that we can take corrective actions. Mark “✓” in the relevant column to indicate your opinion on each training element. Feel free to add any comments.

<table>
<thead>
<tr>
<th>No</th>
<th>Training element</th>
<th>Yes</th>
<th>Needs improvement</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Were the objectives of the day well defined and clear?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Were majority of the participants committed to learning?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Did majority of the participants show commitment to support others to learn?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Were all the participants involved in the training processes and eager to participate?</td>
<td></td>
<td></td>
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<tr>
<td>5.</td>
<td>Did all the participants follow the procedures and guidelines given by the trainer for various activities?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6.</td>
<td>Did the participants share responsibilities during training?</td>
<td></td>
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<td></td>
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<tr>
<td>7.</td>
<td>Was the trust among the participants adequate to allow everyone to express their opinions, doubts, etc. without any hesitation?</td>
<td></td>
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<tr>
<td>8.</td>
<td>Were all the conflicts and differences of opinions discussed and resolved by the end of the session?</td>
<td></td>
<td></td>
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<tr>
<td>9.</td>
<td>Was the time during each session spent on learning and clarifying doubts related to the session objectives?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>10.</td>
<td>Did the trainer give enough support to the participants in a way that they felt they were able to learn on their own?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

My suggestions to make the training more effective:

Worksheet 2: My perceptions.............
Kindly respond to the following questions honestly. It will help you identify the number of participants who share your views and experience, which in turn will help the facilitator adapt the sessions to your needs.

1. What do you think is the level of your risk of acquiring HIV infection?

- [ ] No Risk
- [ ] Low risk
- [ ] Medium Risk
- [ ] High risk

2. How often do you practice universal precautions?

- [ ] Always
- [ ] Most of the times
- [ ] Sometimes
- [ ] Rarely or never

3. Which blood borne infection has a greater risk of transmission to labour room nurses?

- [ ] No risk
- [ ] HIV infection
- [ ] Hepatitis B
- [ ] Hepatitis C

4. How many HIV positive people have you provided nursing services to in the last three years?

- [ ] 0
- [ ] 1-5
- [ ] 6-10
- [ ] More than 10

5. List the most important concern you have about providing services to HIV positive women.

6. List the most important challenge you (can) face while providing services to HIV positive women.
Worksheet 3: Quiz on HIV transmission in health settings

Instructions:
- Discuss the following statements with others in the group and try to arrive at a consensus on whether each statement is true, false or partially true. A statement will be partially true if every word in the sentence is correct, but some facts related to the statement are missing.
- Kindly read the language carefully before arriving at any conclusion.
- You will need to conclude the discussions within one hour.
- The main purpose of the quiz is to generate discussion and gain in-depth knowledge about some issues related to HIV and AIDS.
- In case you complete the discussions early, try to convert false or partially true statements to true statements.

<table>
<thead>
<tr>
<th>No.</th>
<th>Statement</th>
<th>True/Partially true/False</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Health care workers are at greatest risk of acquiring AIDS mainly from treating migrant workers and their spouses.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Contact with any body fluid of an HIV positive person can transmit HIV.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>HIV positive people are infectious.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>All breast fed babies born to HIV positive mothers have an equal risk of acquiring HIV infection.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>All surgical and invasive procedures carry an equal risk of HIV transmission from patient to healthcare providers.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>All needles stick injuries carry the same risk of HIV transmission.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>A negative result of an HIV test means that the person tested does not have HIV infection.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Except during window period, one blood test can detect HIV infection.</td>
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</tr>
<tr>
<td>9.</td>
<td>It is mandatory to test all pregnant women for HIV during the last trimester.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>HIV is highly infectious. It is therefore important that healthcare providers use extra protection while providing services to HIV positive patients.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>The protective equipment included in the safe delivery kit is of superior quality than the equipment normally used in hospitals.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Healthcare providers should wear gloves for giving all types of injection to protect themselves from HIV infection.</td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Statement</td>
<td>True/Partially true/False</td>
</tr>
<tr>
<td>-----</td>
<td>---------------------------------------------------------------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>13.</td>
<td>Making adequate gloves available for protection against exposure to body fluids can give healthcare providers total protection against HIV infection.</td>
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</tr>
<tr>
<td>14.</td>
<td>Nevirapine syrup is recommended for all newborns of HIV positive women if they are being breastfed.</td>
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</tr>
<tr>
<td>15.</td>
<td>HIV positive pregnant women who are put on lifelong ART are likely to develop resistance to ART drugs faster and therefore have shorter lifespan as compared to HIV positive people who start ART at CD4 count 350 or less.</td>
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<tr>
<td>16.</td>
<td>HIV positive people newly registered at the ART centre with CD4 less than 350 are immediately started on ART.</td>
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<td>17.</td>
<td>Top feeds are recommended for newborns and infants of HIV positive women who can afford them.</td>
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<tr>
<td>18.</td>
<td>Healthcare providers need to take post-exposure prophylaxis (PEP) after contact with any body fluid of HIV positive patients.</td>
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<tr>
<td>19.</td>
<td>Medicines for PEP are effective only if they are started within two hours of exposure.</td>
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<tr>
<td>20.</td>
<td>Doctors and nurses have a responsibility to inform family members of any patient who has tested HIV positive.</td>
<td></td>
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</tbody>
</table>
Worksheet 4: Roles and responsibilities of labour room nurses in PPTCT programme

**Instructions:**

a. You will divide yourself into two sub-groups A and B and follow steps for fishbowl technique of group discussion.

b. While in the outer group, you will make notes on the discussions in the inner group using a template as follows:

<table>
<thead>
<tr>
<th>Points discussed</th>
<th>Agree/disagree</th>
<th>Additional points that you wish to add</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
<td></td>
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<tr>
<td>4.</td>
<td></td>
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<tr>
<td>5.</td>
<td></td>
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</tbody>
</table>

c. As soon as you become the inner group, discuss additional points that you wished to make, and points that you wished to remove as you disagreed with them.

d. Continue the discussion.

e. Once the discussion is over, you need to prepare a final chart to present issues discussed and agreed upon by both sub-groups as follows:

<table>
<thead>
<tr>
<th>No.</th>
<th>Common barriers related to your responsibilities in PPTCT programme</th>
<th>Options to overcome the barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

f. It is desirable that you conclude the discussions within two to three rotations of inner and outer circles.
Worksheet 5: Values and beliefs towards PLHIV

**Instructions:**
For each statement, put a mark in the appropriate box, depending on whether you disagree, agree or are neutral. This questionnaire is anonymous and you do not need to share your responses with other participants.

<table>
<thead>
<tr>
<th>Statements about your beliefs and values related to PLHIV and HIV and AIDS</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. People who engage in multi-partner unprotected sexual intercourse are less concerned about their health than others.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Women have no choice but to accept their husband’s multiple sexual partners.</td>
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<td></td>
</tr>
<tr>
<td>3. I feel men who acquire HIV infection because of multiple sex partners deserve to suffer because of their irresponsible behaviour.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4. Number of people engaging in high risk sexual behaviours is increasing because of the influence of movies, TV, etc.</td>
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<td></td>
<td></td>
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<tr>
<td>5. I find it difficult to empathize with people who get HIV infection despite being aware of their risks.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>6. Children are innocent victims of HIV infection.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>7. Husbands whose wives have sex only with them should be held responsible for infecting their wives with HIV.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>8. If sex workers were to be trained in alternative livelihood options, it will be easier for men to avoid high-risk sexual behaviour.</td>
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</tr>
<tr>
<td>9. Promoting condoms in the community will encourage people to have sexual intercourse.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>10. Men who say that condoms reduce sexual pleasure are looking for excuses for not using condoms.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>11. Promoting Indian values and traditions is an effective way of reducing high risk behaviours.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. My need to protect myself from HIV infection is greater than the pregnant woman’s need for health services because she can go to higher centres where better services are available.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Even though many men are wrong in their sexual behaviours, it is their wives who face adverse consequences from the society.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Women prefer to hide their HIV status because they are afraid of being blamed for immoral behaviour.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. It is unfair to test women for HIV without testing their husbands first.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Reference Notes
Reference notes 1: Quiz on HIV transmission in health settings

1. Health care workers are at greatest risk of acquiring AIDS mainly from treating migrant workers and their spouses.

This statement is false.

HIV is transmitted and not AIDS. Discuss the difference between HIV and AIDS.

Healthcare providers are at risk of acquiring HIV infection if they do not practice universal precautions consistently. It is therefore not appropriate to “blame” or “stigmatise” any individual or groups of people.

2. Contact with any body fluid of an HIV positive person can transmit HIV.

The statement is false.

Body fluids such as sweat, saliva and urine cannot transmit HIV unless they are contaminated with fresh blood.

3. All HIV positive people are infectious.

There is sensitivity related to concluding this statement as either true or false. An infectious person is one who is able to transmit infection from one person to another. Therefore, technically, this statement is correct. However, given the stigma and discrimination of HIV positive people because of the perception that merely being with them or sharing anything used by a HIV positive person can transmit HIV, it is desirable that this statement is labelled as “false”.

It is important to differentiate between a person and his/her body fluids. Outside of health settings, HIV can transmit only when there is contact between at least two of the following four body fluids:

a. Vaginal secretions
b. Semen
c. Blood
d. Breast milk

A person with tuberculosis can transmit infection to others even without a close contact, whereas HIV can transmit only when certain behaviours allow contact between the above four body fluids.

4. **All breast fed babies born to HIV positive mothers have an equal risk of acquiring HIV infection.**

This statement is false.

The risk of HIV transmission from mother to baby depends on:

- Whether the mother is on ART or not, and if she is on ART, its compliance
- Viral load of the mother
- Whether safer delivery practices recommended for HIV positive women were practiced or not
- Whether the baby is exclusively breastfed or there is mixed feeding, which carries a significantly higher risk of HIV transmission
- Damage to the nipples, such as cracked nipples
- Prematurity and underweight babies

5. **All surgical and invasive procedures carry an equal risk of HIV transmission from patient to healthcare providers.**

The statement is false.

The risk of HIV transmission during surgery and other invasive procedure depends upon duration of surgery, amount of blood or fluid loss, number of needles and sharps used, use of irrigation fluids and use of high speed instruments.

It is desirable to discuss level of risk for various clinical procedures and recommended protective barrier as described in the following table, with special emphasis on procedures labour room nurses are involved in.
<table>
<thead>
<tr>
<th>Level of risk</th>
<th>Procedures that carry risk of exposure</th>
<th>Recommended protective barriers</th>
</tr>
</thead>
</table>
| **Low risk** – contact with skin but without any visible blood | • Injections  
• Minor wound dressing | Gloves are helpful but are not essential |
| **Medium risk** – Possibility of contact with blood or other body fluids, without the risk of a splash | • Vaginal examination  
• Insertion or removal of intravenous canula  
• Handling of laboratory specimens  
• Dressing large open wounds  
• Cleaning spills of blood  
• Venepuncture (puncturing veins to draw blood) | • Gloves  
• Aprons may be necessary |
| **Medium risk** – probable contact with splash of blood or other body fluids | • Intubation | • Gloves  
• Apron  
• Goggles  
• Mask |
| **High risk** – possibility of contact with blood, splashing or uncontrolled bleeding | • Major surgeries  
• Vaginal delivery | • Gloves  
• Water proof gown or apron  
• Goggles  
• Mask  
• Shoes |

6. All needle prick injuries carry the same risk of HIV transmission.

The statement is false.

- The risk of HIV transmission is greater with hollow bore needles. Larger the bore of the needle, greater will be the risk

- The type of injury also influences the risk. Superficial scratch or injuries with small quantity of blood has a lesser risk than an injury that has penetrated deep into the health care providers’ hands and caused bleeding from injury site

- A needle covered with fluids with higher viral load has a higher probability of HIV transmission

7. A negative result of an HIV test means that the person tested does not have HIV infection.
The statement is false.

A person with HIV infection will test negative during the window period.

Window period and its significance in HIV transmission should be discussed here.

8. *Except during window period, one blood test can detect HIV infection.*

The statement is true.

One blood test can detect HIV infection. Additional tests are required to confirm HIV status. Discuss the testing algorithm.

9. *It is mandatory to test all pregnant women for HIV during the last trimester.*

The statement is false.

HIV test is not mandatory. Pregnant women have an option of refusing the test. However, since testing is the first step towards preventing mother to child transmission, a pregnant woman who has refused to take the HIV test should be counselled to take it during every antenatal contact with healthcare provider.

HIV counselling and testing is recommended as early as possible during pregnancy.

10. *HIV is highly infectious. It is therefore important that healthcare providers use extra protection while providing services to HIV positive patients.*

This statement is false.

HIV is not “highly infectious”. Blood borne pathogens such as Hepatitis B and C transmit more easily than HIV. HIV transmission occurs only when there is contact between infectious body fluids of the patient and body fluids or non-intact skin of the service provider.

Examination of a patient, providing routine nursing care and treatment that requires contact with intact skin of the HIV patient does not carry a risk of HIV transmission.

Participants will learn about level of risk for clinical procedures and universal precautions recommended for each procedure in Session 10.
11. The protective equipment included in the safe delivery kit is of superior quality than the equipment normally used in hospitals.

The statement is false.

There is no difference in the level of protection offered by protective equipment included in the safe delivery kits and other equipment procured by the hospitals. The safe delivery kit provided for use during delivery of HIV positive women has all the protective gear that is recommended for all deliveries. Since such gear, especially elbow length gloves and goggles may not always be available, a special kit is provided only to ensure that health care providers use universal precautions while conducting deliveries on HIV positive women.

12. Healthcare providers should wear gloves for giving all types of injection to protect themselves from HIV infection.

The statement is false.

Risk of HIV transmission is higher for intravenous injections in case there is puncture wound with the needle inserted in patients’ vein and gloves should therefore be worn for giving IV injections to ALL patients. Giving intramuscular injections does not carry similar risk of HIV transmission as there is no contact between body fluids of healthcare providers and the patient. The guidelines for selecting protective barriers for low-risk, medium risk and high-risk procedures will be discussed in Session 10.

13. Making adequate gloves available for protection against exposure to body fluids can give healthcare providers total protection against HIV infection.

This statement is false.

Making gloves available does not mean that health care providers will use them.

Sterilisation of reusable gloves, process of checking gloves for leaks and factors that prevent healthcare providers from using gloves as recommended will be discussed in greater detail during Session 10.

14. Nevirapine syrup should be given to all infants of HIV positive women if they are being breastfed.
This statement is false.

Nevirapine syrup should be given to all babies born to HIV positive women for at least six weeks irrespective of whether they are breastfed or not. Decision on whether to continue the syrup for additional six weeks will be taken by medical officer based on well defined criteria. Discuss guidelines for NVP prophylaxis in brief and inform the group that these will be discussed in greater detail the next day.

15. *HIV positive pregnant women who are put on lifelong ART are likely to develop resistance to ART drugs faster and therefore have shorter lifespan as compared to HIV positive people who start ART at CD4 count 350 or less.*

This statement is false, if pregnant women adhere to the ART regimen.

Drug resistance to ART usually develops because of poor compliance. Strict adherence to the recommended ART regimen can help people remain asymptomatic for a long time.

Discuss treatment guidelines in brief and inform the group that these will be discussed in greater detail the next day.

16. *HIV positive people newly registered at the ART centre with CD4 less than 350 are immediately started on ART.*

The statement is false.

ART is not started until treatment counselling is done and there is persuasive indication that the HIV positive person has understood the guidelines for taking ART, common side effects and adverse impacts of discontinuing ART or taking it irregularly.

Except in cases of pregnant women and sometimes symptomatic patients, it is also desirable that baseline investigations are done before starting ART.

In case of HIV-TB co-infection in a person who is not on ART, TB treatment is initiated first and ART started later.

17. *Top feeds are recommended for newborns and infants of HIV positive women who can afford them.*

The statement is false.
Breastfeeding has several advantages and as far as possible, the baby should not be deprived of breast milk, irrespective of the mother’s HIV status. Babies on top feeds are more likely to have illness episodes such as diarrhoea and pneumonia.

To reduce the risk of mother to child transmission of HIV, ART is recommended for all pregnant women, to be continued for life, and Nevirapine syrup is recommended for all HIV-exposed infants for at least six weeks.

18. Healthcare providers need to take post-exposure prophylaxis (PEP) after contact with any body fluid of HIV positive patients.

This statement is false.

All body fluids of HIV positive patients do not carry a risk of HIV infection. PEP is taken on the basis of an assessment of the exposure and HIV status of the source patient.

Discuss in detail first aid after exposure and also discuss briefly guidelines for starting PEP.

19. Medicines for PEP are effective only if they are started within two hours of exposure.

The statement is false.

It is desirable to start PEP within two hours but is also effective if it is taken within 72 hours.

20. Doctors and nurses have a responsibility to inform family members of any patient who has tested HIV positive.

The statement is false.

It is unethical to disclose HIV status of an adult to anyone except the person who has been tested. The HIV positive person needs to be counselled, emotionally prepared and supported, if necessary, to disclose his/her status to the family. Social and ethical issues related to HIV and AIDS will be discussed in greater detail in Session 12.
Reference notes 2: Use of Reflections in training

Every participant in the training, including the trainer, go through a wide range of experiences during the training day. Some experiences are common and therefore everyone recognizes them. However, some may be unique to one or two participants. This is because the training relates in a specific way with each person’s past experience.

During a day’s training, everyone experiencing the training may have gained some new insight into the training content, or the process. Or, problems may arise which interfere with an individual’s or the group’s learning. In other words, some learning may be discoveries, others may be questions which may come up either immediately or after some time by reflecting back on the day's training.

All individual experiences are rare treasures of learning which can enrich the training programme if they are shared with others. Sometimes, if some participants’ experience has resulted in doubts or confusion, it is important to clarify them at the earliest so that they do not interfere with anyone’s learning.

In order to allow everyone the benefit of these insights or "second thoughts", it is desirable to end the day’s programme with a session called "REFLECTIONS". There are five main advantages of reflections:

a. When everyone shares with others their day’s learning, by the end of the session everyone would have learnt more than each person’s individual experience
b. Participants can end the day without having any distracting and unresolved difficulties about the day’s sessions
c. The reflections give valuable feedback to the trainer to modify the training content and processes, if necessary
d. Reflections allow time to summarize the most important learning experiences during the day
e. Participants are able to link their learning with their job responsibilities and commit to themselves and the group how they will use the learning during the course of their work.
Reference notes 3: Use of Quality Circle in training

Quality circle in training works on the principle that participation of every participant in decision-making and problem-solving improves the quality of the training programme. It adopts processes to capture thoughts, feelings, emotions, ideas and suggestions of the group that is committed towards common objectives.

Quality circle for improving the quality of training had four steps:

1. Planning objectives and processes to achieve the objectives
2. Determining tools to measure progress of learning and implementing the training design
3. Checking the progress of learning, and relevance and appropriateness of training
4. Taking timely and relevant remedial actions, if necessary, to achieve the planned objectives

Specific activities recommended during quality circle include:

- Plan: Agreement on objectives, sessions and methods
- Do: Participate in the training based on plans
- Check: The progress on the plans for day’s training
- Act: Take appropriate actions to achieve the objectives
a. An exercise on “exploration of self”, which is a warming activity that helps participants get into a training mode and at the same time helps discover newer facets of their personality or their attitudes related to the core theme of the training.

b. Review of monitoring scores for the previous day.

c. Presentation of training report for the previous day (if it is a planned activity).

d. Review of day’s objectives and agenda along with an overview of the day’s sessions.

e. Clarifying doubts, if any, about previous day’s learning.

f. Measurement of learning related to the previous day’s sessions with special emphasis on assessing the group’s ability to apply the knowledge gained in their work.

The day’s sessions should not be started till measurement of learning based on previous day’s learning is completed. Rather than focussing on quantum of knowledge imparted, it is better to focus on quantum of capacities gained.

It is better to cover “less but with complete learning” during training rather than cover “more with partial learning”.

Exploration of the self during training

The main purpose of training is to help participants acquire competencies required for specific tasks. However, since it is difficult to separate “self” from “one’s work”, an effective training focuses on both – developing participants as individuals and developing their capacities related to specific tasks. The relative weightage given to both aspects of development during training depends on the objectives of the training.

In this training programme, a ten minute activity every morning is meant to trigger participants’ exploration of themselves throughout the day. Such explorations of self help participants learn valuable lessons that may be difficult to measure but the impact will be visible in their work over a period of time.
Reference notes 4: Tools to measure learning on Day Two

Detailed below are the questions/situations and the desired responses that can be used to measure the participants’ ability to apply knowledge gained during the first day of training. You can select from the following questions those that are related to key learning gaps observed the previous day, or design your own tools.

1. One of your colleagues gets scratched with a needle while suturing perineum of a HIV positive woman. She is very anxious about getting HIV infection. What will you tell her?

   ✓ Give advice for first aid:
     - To remove gloves and wash the injured area and surrounding skin immediately with soap and water and rinse
     - Not to scrub the area
     - Not to squeeze the injured area
     - Not to use antiseptic solutions or skin washes such as bleach, betadine, alcohol, etc.

   ✓ Comfort her by explaining that it is a mild exposure and she can be protected if PEP is taken

   ✓ Ask her to report the injury to the MO in-charge of PEP immediately after completing services for the HIV positive woman and then follow his/her advice

2. One of the ayahs is refusing to pick up linen used by an HIV positive woman as some of the urine has leaked on the sheet. What will you tell the ayah to reduce her fear of acquiring HIV infection?

   ✓ Body fluids such as urine and stools do not transmit HIV unless there is visible blood

   ✓ Even if the urine or stools are blood stained, she can protect herself by wearing heavy duty gloves while handling linen, cleaning spills, etc.

3. You have recently joined a hospital as a staff nurse. You come to know that all pregnant women are advised HIV test one month before the delivery. What will you do?

   ✓ Share the NACO manual detailing protocol for testing HIV positive women to the concerned MO

   ✓ Educate other staff members about the recommended protocol for HIV test during pregnancy

4. One HIV positive pregnant woman asks you if she is being asked to take ART because she is going to die soon. She informs you that some outreach worker had informed her that she will require ART when her immunity is destroyed. What will you tell her?

   ✓ ART is recommended for her to protect her unborn baby
ART will reduce the viral load in the blood and increase her immunity, which in turn will reduce the risk of HIV transmission to her baby during pregnancy, labour and breastfeeding

She can live a healthy life for many years and watch her child grow into an adult if she adheres to the ART schedule

5. One of your colleagues informs you that she did not start ART for a woman with reactive HIV screening test as she had vomited twice during early labour. What will you tell her?

Some women vomit during the first stage of labour. This should however not be a deterrent to starting ART

The pregnant woman should take ART drugs in between contractions, preferably while she is sitting up

6. A HIV positive mother in the postnatal ward refuses to breastfeed the baby and also refuses Nevirapine syrup saying that the baby is not at risk as she will not give her milk. What will you tell her?

HIV positive mothers are sometimes in denial about their newborn’s risk of acquiring HIV. This is often due to inability to confront the risk

The mother should be educated on modes of transmission and the current PPTCT guidelines that reduce the risk of acquiring HIV by the newborn during pregnancy, labour and breastfeeding

It is important to help her believe that she can protect her baby from HIV infection by giving NVP prophylaxis

She should also be educated about the benefits of exclusive breastfeeding for six months and the reduced risk of HIV transmission during breastfeeding if the mother is on ART and baby is on NVP prophylaxis

7. You observe one of your colleagues wear two gloves while doing per vaginal examination on a HIV positive pregnant woman. What will you tell her?

Explain the efficacy of protective barriers as recommended in the universal precautions guidelines

Explain also increased risk of tears in the gloves if two are worn at the same time

8. One of your colleagues posted in a ward is upset because ward nurses are not given gloves even though they have to give injections to patients. What will you tell her?

Explain that gloves are not essential for giving intra-muscular injections as there is not contact between body fluids of nurse and patient

During intramuscular injection, the needle does not come in contact with patient’s body fluids as it does during intravenous injections. This is why risk of transmission is higher with intravenous injections
9. One of your colleagues complains that even though some amniotic fluid of a HIV positive woman fell on her hands while conducting delivery, she was refused PEP. She is very upset because she feels that she can get HIV. What will you tell her?

✓ PEP is not required when there is contact with patient’s body fluids on intact skin

10. One of your colleagues who had an exposure to HIV infected fluids during night duty was able to start PEP only at 10.00 AM the next morning. She is worried that the drugs may not be so effective now. What will you tell her?

✓ PEP is effective when taken up to 72 hours after exposure

11. Why is a family centric approach recommended for preventing mother to child transmission of HIV?

✓ Families can play an important role in providing emotional support, and help mother and child access HIV services and adhere to recommended treatment

12. What should be done if a pregnant woman refuses to take HIV test?

✓ She should be offered counselling during every subsequent contact with a healthcare provider
✓ Efforts should be made to find out reasons why she is refusing the test and counselled accordingly

13. What are the six steps for counselling and HIV screening in labour room?

1. Creating a conducive environment for counselling
2. Assuring confidentiality
3. History taking and pre-test counselling
4. Taking informed consent
5. Performing the screening test for HIV
6. Doing post-test counselling

14. What is the most important knowledge to be given to a woman in labour before doing HIV screening test?

✓ Medicines are available to protect her newborn from HIV infection
✓ Decision to take the medicines can be taken only if she is screened for HIV infection

15. What is the difference between consent and informed consent?

✓ Informed consent means the client has understood all the facts about HIV, its testing guidelines and his/her right to refuse the test, and then gives consent for doing HIV test
✓ Mere consent may not ensure that the client has understood the facts

16. What is the most important knowledge to be given to a woman in labour who has reactive HIV screening test?

✓ By taking ART, she not only ensures a long and healthy life for herself, but reduces the risk of HIV transmission to the baby, who is further protected by ARV prophylaxis
✓ Hospital staff, and other service providers involved in HIV treatment and care will do their best to give her timely support and care, as and when needed

17. What are the five essential skills for effective counselling?

1. Active listening
2. Using non-verbal communication to indicate support
3. Asking open-ended questions
4. Showing empathy
5. Avoiding judgemental words

Rephrase following statements to make them sensitive, empathetic and non-judgemental:

18. Why should an innocent child be punished for their parents’ mistakes that lead to HIV infection?

✓ HIV Positive parents can transmit the infection to the child. Steps should be taken to keep their baby HIV free

19. Mrs. X is so irresponsible. Even after I had asked her not to give mixed feeding to the baby, she has been giving some top milk saying she does not have enough milk for the baby.

✓ I need to help Mrs X assess her breastfeeding practices and take steps to correct them, if necessary
✓ I also need to try different ways of educating Mrs X about exclusive breastfeeding, and ways to overcome the common problems related to it

20. People make mistakes and get HIV infection and then demand special treatment in our hospitals. It is so unfair!

✓ HIV infected people often have greater need for emotional support and care
✓ Healthcare providers can give them confidence to manage their health better and lead positive lives

21. Why should I take the risk of acquiring HIV infection from the patients when my job is not going to give me special compensation if I get infected through exposure?
I have a responsibility towards myself to remain HIV free and will therefore practice universal precautions consistently.

22. The government is giving free ART to HIV positive people at great cost, and yet these people make excuses for not going to the ART centre.

- Several factors prevent people from accessing ART services regularly
- Health care providers need to help HIV positive people address these factors and ensure adherence to ART

23. Even if I give the best services to HIV positive patients, they will never be satisfied.

- I need to understand the needs of the HIV positive patients and then provide services accordingly
- This is especially true for addressing their concerns and fears about living with HIV

24. It is the duty of healthcare providers to advice people with high risk behaviours to remain faithful to their wives.

- Healthcare providers have a responsibility to support people with high-risk behaviours to adopt safer behaviours so that they can prevent adverse outcomes of such behaviours
Reference notes 5: Using fishbowl technique in training

The fishbowl is a powerful group involvement method. The fishbowl consists of an inner ring which is the discussion group, surrounded by an outer ring which is the observation group. There are several variations of fishbowl, and are used based on situations. The steps in using fishbowl for this session are as illustrated below.

**Step 1**
- Divide the participants into two equal groups - A and B.
- Group A will start the discussion in an inner circle while Group B will sit around in an outer circle.
- Group A will begin the first step of discussion while Group B will listen carefully and take notes.
- One member of Group B will also be the time keeper.
- At the end of ten minutes, Group A will stop the discussion even if they have not completed discussion of a point.

**Step 2**
- Group B will now move to the inner circle while Group A will observe from the outer circle.
- Group B will quickly summarise the discussion of Group A and make changes in case they don’t agree with something or want to add more points.
- Group B will then continue the discussion from where Group A had left it.
- At the end of ten minutes, Group B will stop the discussion.

**Step 3**
- Group A returns to the inner circle while Group B will observe from the outer circle.
- Group A will quickly summarise discussions of Group B and make changes, if necessary.
- Group A will then continue the discussion from where group B had left it.
- At the end of ten minutes, Group B will stop the discussion.

**Step 4**
- Group B will now move to the inner circle while Group A will observe from the outer circle.
- Group B will quickly summarise the discussion of Group A and make changes and/or add more points, if relevant.
- Group B will then continue the discussion from where Group A had left it.
- By this time, the exercise should be completed. If not, repeat steps 3 and 4.
- There will be one common presentation for Group A and B.

Fishbowls are most effective when the group size is about 10 to 12. This means that each sub group will have 5 to 6 participants. It is not effective if the groups are larger. This is because if there are more people, all of them will not have time and/or opportunity to express their opinions and views satisfactorily.

**Uses of Fishbowl**

The fishbowl has many uses, some of which are explained below.

1. **As a problem solving tool**: When one group listens and reviews discussion of the other group, they are able to view the problem from more than one angle. There is thus more interaction and stimulating and relevant discussion.
2. **For team building:** This method is very effective in getting people to open up, to generate different views, and allow these views to be analysed by the group

3. **For improving intergroup communication and relations:** Conflicts can be resolved by bringing together different groups with different and strong opinions because the two groups take turns to talk and listen

4. **To learn group behaviour:** The method allows study of different dimensions of the group such as leadership, membership, decision making, and communication processes. Feedback to the group on their group processes can help them grow more effectively

5. **To plan actions to overcome barriers:** This method allows participants to discuss barriers that prevent achievement of objectives or programme implementation and arrive at a consensus on steps to overcome them. The continuum of action – reflection – action allows the participants to think and decide if the suggestions being proposed are best for the situation or not
Reference notes 6: ART and ARV to prevent vertical transmission of HIV – Tools to measure learning

1. Sarita, a 25 year old unregistered pregnant woman has come for delivery. She has a 3 year old daughter. What history will you take if her HIV screening test is reactive?

✓ Was Sarita tested for HIV during earlier pregnancy or at any other time?
✓ If yes, what was the test result?
✓ Where was the delivery conducted?
✓ Has she taken any medicine to prevent HIV transmission to her baby?
✓ Was the baby given any medicine after birth to prevent HIV infection

2. Sarita reports that she had her first delivery at home and has never taken HIV test before. Her HIV screening test is reactive. What ART regimen should be given to her?

✓ The basic three drug regimen – TDF+3TC+EFV

3. Sarita has delivered at 1.25 AM on a Saturday morning, which was a holiday. You have given her the three drug regimen on Friday night and Saturday night. She wishes to go home on Sunday night. What will you tell her?

✓ Explain the importance of getting HIV status confirmed by ICTC
✓ Give her 3-drug regimen again on Sunday night
✓ Discharge her after consultation with the MO, if she insists on getting discharged

4. Sarita agrees to stay back in the hospital for a day more so that she can consult with the medical officer and get HIV confirmation done by ICTC. The ICTC Counsellor does not come for work on Monday. What will you do?

✓ Find out when the counsellor is coming back and if it is possible for her to wait until then
✓ Explain the benefits of accessing services at the ICTC
✓ Offer her pre- and post-test counselling through any hospital staff who has received training in counselling related to HIV testing. If no one is available, you can do it yourself
✓ Liaise with the ICTC lab technician for HIV confirmatory tests
✓ Ensure linkages with ART centre through MO

5. Sarita says that she will not be able to go to the ART Centre as her family believes that a woman should not go out of the house for 45 days after delivery. What will you do?

✓ Explain the importance of continuing to take ART from the ART Centre and the important role of ART MO, and treatment counsellor
✓ Explain that social visits are discouraged by many families for 45 days but the same rule does not apply for medical care
✓ Educate the family and get their commitment to take her to the ART Centre

6. The HIV screening test of Maya, an unregistered pregnant woman is reactive. She is unwilling to take the medicine before delivery as she is unable to swallow anything. What will you do?

✓ Find out the reasons for difficulty in swallowing the medicine and address them
✓ Remind her that the medicines will reduce the risk of HIV transmission to her newborn
✓ Every effort should be made to ensure that takes the medicines before delivery

7. You have initiated ART on Seema, an unregistered pregnant woman with reactive HIV screening test when she came with labour pains. When you arrive at duty the next day, you were told that she had false labour pains. You also come to know that she has not taken the ART drugs after the first dose you had given her. What will you do?

✓ Give the next dose as per the schedule
✓ Educate her once again about adherence to ART

8. Priya, a 26 year old pregnant woman in labour reports that she had started taking ART a year ago but gave up after two months because of side effects. She has a five year old child and had NOT taken Nevirapine during that delivery. What steps will you take to initiate her on lifelong ART once again? What regimen is recommended for Priya?

✓ Explain the importance of lifelong ART for her own health and for preventing HIV transmission to her second baby
✓ Regimen will be TDF+3TC+LPV/r

9. You had given Priya the first dose of ART based on MO’s prescription. She vomits about half hour later. What will you do?

✓ If the entire tablet has been vomited, she can be given the drug again
✓ If not, she should be given the second dose as per the schedule the next day

10. Priya had a normal labour and has given birth to a baby weighing 3.1 kg. How much NVP will you give to the newborn?

✓ 1.5 ml once a day

11. How long should Priya’s baby be given NVP prophylaxis?
✓ 12 weeks if baby is being breastfed
✓ 6 weeks if baby was exclusively on replacement feeding after birth
12. Beena, a 24 year old pregnant woman has come for delivery at 8.00 AM. She was initiated on ART when she was three months pregnant and has been taking the medicines every night at 9.00 PM. She has however forgotten to bring the ART drugs to the hospital. What will you do?

✓ Ask the family members to get the medicines before 7.00 PM
✓ If this is not possible, inform the MO, who may be able to make arrangements for one day’s dose

13. Beena’s brother has managed to bring ART drugs from the house. At 4.00 PM, the doctor has decided to perform a Caesarean section because of foetal distress. What steps will you take to ensure she adheres to ART regimen?

✓ Beena should be able to take the medicine as per the schedule in the post-natal ward, especially if she had received spinal anaesthesia
✓ Inform the staff nurse in the post-natal ward to administer the medicine

14. Beena’s has given birth to a female child with birth weight 2.8 kg. When will you give the baby NVP prophylaxis? What dose will you recommend for the baby?

✓ It is desirable that the baby’s NVP schedule matches that of the mother so that there is better compliance
✓ The dose for baby will be 1 ml of the NVP syrup per day

15. You had given the first dose of NVP syrup to Beena’s baby at 8.30 PM on the day of birth. The next day, the baby was sleeping at 8.30 PM. What will you do?

✓ Efforts should be made to give the medicine at 8.30 PM
✓ Baby will swallow the medicine even if asleep if baby is held at 45 degree angle and medicine gently squirted at the back of the mouth towards the cheeks

16. Beena complains that she had breastfed her baby immediately after NVP was given. When she was trying to burp the baby, she vomits. She is worried her baby is at risk of HIV infection? What will you tell her? What will you do to ensure the baby is protected?

✓ Assure Beena that the baby will be protected, especially if she adheres to the ARV prophylaxis schedule for 6 weeks
✓ Explain that it is common for babies to bring out some amount of milk during burping. This does not mean that the medicine has also come out
✓ In case the entire medicine has been vomited before breastfeeding, and it is less than two hours since medicine was given, another dose can be administered

17. Sunanda, a HIV positive mother who has delivered 16 hours before, complained that after giving NVP syrup, her newborn choked and had a bout of coughing. What advice will you give her for preventing a recurrence?
✓ Ask Sunanda how she administered the medicine. Find out where she went wrong and train her again
✓ Observe her when she gives the NVP syrup to the baby on the next day, if she is still in the hospital

18. Tara has given birth to a baby at home and is brought to the hospital with severe post-partum bleeding. You had done a HIV screening test, which was reactive. What decision will you take about initiating her on ART?

✓ Based on history, ART should be initiated at the earliest after getting prescription from the MO

19. What decision will you take about giving NVP prophylaxis to Tara’s baby born at home?

✓ NVP should be started for the baby based on its weight taken at the time of admission and continued for at least 6 weeks
✓ It should be continued till 12 weeks the baby is breastfed

20. Manjula, a 28 year old HIV positive woman is 4 months pregnant. She refuses to take ART because her CD4 count is 850. She says that her husband was put on ART at CD4 count of 250. She is also concerned about the side effects she had seen her husband struggle with. What information will you give her motivate her to take ART during pregnancy and then continuing it for life?

✓ Explain the importance of taking ART to reduce viral load, and thereby reduce the risk of HIV transmission to the baby during pregnancy
✓ Discuss the common side effects, their short-lived nature and how to deal with them
✓ Ask her to talk to the ART treatment counsellor who can give her additional information and clarify her doubts

21. Anju, a 20 year old pregnant woman with reactive HIV screening test says that she cannot swallow a big tablet. She wants to know if she can break into smaller pieces the three-drug fixed dose combination tablet and then swallow the medicine pieces. What will you tell her?

✓ Explain that splitting the tablet may not give her the full dose
✓ Explain the technique of swallowing a tablet and be with her while she is taking it. Address her fears and give emotional support

22. A HIV positive mother who was initiated on ART during labour wants to know why the baby should be given NVP prophylaxis till 12 weeks even if the dried blood test at 6 weeks is negative. What will you tell her?

✓ Explain that six weeks is not adequate for optimal suppression of viral load
✓ Since there is a risk of baby acquiring HIV through breastfeeding, additional 6 weeks will offer greater protection to the baby.

23. A HIV positive mother is scared of giving many “strong” medicines to her baby. She wants to know if she can avoid giving CPT prophylaxis to the baby if dried blood test is negative and the baby is healthy. What will you tell her?

✓ Explain that CPT and NVP are not strong drugs if they are given as per the dose recommended
✓ CPT protects the baby from a wide range of bacterial infections
✓ An infant is vulnerable to infections, and CPT offers protection
✓ DBT is not confirmation of HIV negative status. HIV status is confirmed only at 18 months.

24. A HIV positive mother believes that ART will make her weak because of the side effects and therefore she will not have enough milk. What will you tell her?

✓ ART does not affect secretion of breast milk
✓ Remaining stress free, eating all natural colours of foods 3 to 4 times a day, drinking at least 2-3 litres of water per day will help in breast milk secretion.

25. A postnatal woman complains that some of the NVP syrup given to her baby comes out of the mouth. What will you tell her?

✓ Ask the mother to explain how she is administering the drug
✓ Find out which step she is doing wrongly and correct it
✓ Ask her to simulate the technique after you have explained the correct way of giving NVP to ensure she has learned it.